

phn
EASTERN MELBOURNE

An Australian Government Initiative

Charting progress,
driving impact



Annual Report

2024-25



Acknowledgements

The Australian Government is the principal funding body for Primary Health Networks (PHN).

Eastern Melbourne PHN (EMPHN) acknowledges the Wurundjeri People and other peoples of the Kulin Nation on whose unceded lands our work in the community takes place. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present. EMPHN is committed to the healing of Country, working towards equity in health outcomes, and the ongoing journey of reconciliation.

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them; and celebrate their strength and resilience in facing the challenges associated with recovery. We acknowledge the important contribution they make to the development and delivery of health and community services in eastern and north-eastern Melbourne.



A message from our Board Chair

2024-25 was a year of promise and change, both nationally and here at Eastern Melbourne PHN (EMPHN).

Towards the end of 2024 key reports, presaging significant change in primary care, landed on Commonwealth Health Minister Butler's desk, including the Review of GP incentives, of which I was a member, and the Unleashing Potential review of scope of practice chaired by Mark Cormack. If the recommendations of these reports were to be implemented, we would see a welcome change in the way primary care is funded, with a change to the balance/blend of fee for service and other payment modes, and in the composition of primary care teams. The incentives review made explicit that its recommendations require an uplift in funding. Neither of these reports can or should be implemented overnight, and PHNs will have a key role in supporting their implementation.

At EMPHN, 2024-25 saw a new Strategic Plan based on three pillars: Driving equitable access and outcomes, Enabling integration and change, and Leveraging data insights to improve outcomes. We are now reorienting our work to be more intentional about what we do and how we support GPs and community health centres.

This year we saw the foundations laid for major changes on what and in how we work.

Our first major change project builds on a University of Melbourne randomised control trial which showed how identifying general practice patients according to their prognosis for common mental health concerns, and providing patients so identified with supports aligning to patient goals, yields benefits for the individual. This project tests whether an intervention which works in a randomised control trial will work at scale. It will provide direct support to general practices to assist them to manage people with mental illness.

The second major change project is quite different and aims to boost innovation in our commissioned services. It recognises that most of the clients in the services we fund experience multi-morbidity, and yet most of our funding assumes a single morbidity focus e.g. mental health or alcohol and drug issues, not both. We currently commission services in line with our funding deeds, organised (sic) into 43 separate programs.

During 2024-25 we did the preparatory work so that we can commission in four broad funding streams rather than 43 small trickles. The idea is to recognise client complexity and help agencies manage their response to client needs more flexibly. EMPHN will still be accountable to the Commonwealth to meet the requirements of the 95 contracts.

Changing primary care takes time – both nationally and for EMPHN – and requires community and clinician engagement and other good foundational work. This has been a critical part of what 2024-25 has been about for EMPHN. In many ways, we won't see the fruits of that labour until 2026-27, but we can see there are exciting times ahead.

I would like to thank our CEO, Janine Wilson, and the Executive Team and staff at EMPHN for all the good work put in during this year. I would also like to thank our Consultative Councils for their time and advice and the members of the board of EMPHN for their commitment and contributions during the year, especially Jason Mifsud, who offered sage, strategic advice on many fronts during his time on the board, including his role as the inaugural Chair of our Aboriginal Consultative Council.



Dr Stephen Duckett AM
Board Chair

Note, the views expressed here are my own.

Our Board

Eastern Melbourne PHN is governed by a Board in accordance with its Constitution.



Dr Stephen Duckett AM
Board Chair
Nomination, Remuneration & People Committee (Chair)

Strategy & Risk Committee (Member)
Clinical & Practice Council (Member)
Community & Consumer Council (Member)
Aboriginal Consultative Council (Chair)

Stephen Duckett has a reputation for creativity, evidence-based innovation and reform in health care. An economist, he is a Fellow of the Academy of the Social Sciences in Australia, the Australian Academy of Health and Medical Sciences, and the Australian Institute of Company Directors. He is an Honorary Enterprise Professor in the School of Population and Global Health and in the Department of General Practice and Primary Care in The University of Melbourne. He was a member of the Strengthening Medicare Task Force and the Mental Health Reform Group (both chaired by Minister Mark Butler) as well as of the Expert Advisory Panel for the Review of General Practice Incentives. In 2024 he was appointed to the Department of Health, Disability and Ageing's National Early Intervention Service (NEIS) Expert Advisory Group. He is currently also a Board director of Healthdirect Australia.



Robyn Batten AM
Deputy Board Chair
Nomination, Remuneration & People Committee (Member)
Finance, Audit & Value Committee (Member)

Robyn Batten has held CEO and executive director positions in health, local government, community and aged care in Victoria, South Australia, Queensland and the Northern Territory. Robyn served as the Chair of Western Health and as a non-executive director of Uniting Victoria and Tasmania. Currently Robyn is the Chair of the Windana Board of Directors, Executive Chair of Leap in! and the Vice-Chair of MIM China Pty Ltd. Robyn has a Bachelor and Masters of Social Work, a Masters of Business Administration and is a Fellow of the Australian Institute of Company Directors.



Chris Altis
Board Member
Strategy & Risk Committee (Member)
Community & Consumer Council (Chair)
Aboriginal Consultative Council (Member)

Chris Altis holds Bachelor of Commerce and Master of Arts (Public Policy) degrees from the University of Melbourne and is a Graduate of the Australian Institute of Company Directors. He has worked in the health sector for thirty years in a policy, advisory and non-executive capacity at Victorian and national levels. As Chair of the North Richmond Community Health Service he oversaw the establishment of Melbourne's first medically supervised injecting facility, and he was formerly a director of the Northern Melbourne Medicare Local. Chris is also a non-executive director at the Peter MacCallum Cancer Centre, and is the Chair of the William Angliss Institute.



Associate Professor Dr Caroline Johnson
Board Member
Strategy & Risk Committee (Chair)
Clinical & Practice Council (Chair)

Caroline Johnson is a General Practitioner who has worked in EMPHN's catchment for over 25 years. She is an Associate Professor in the Department of General Practice and Primary Care at the University of Melbourne, with current roles as Director of Teaching and Learning, membership of the Primary Care Mental Health research team and Associate Investigator with the Alive National Centre for Mental Health Research Translation. Caroline is also actively involved in mental health advocacy via the RACGP.

Independent Committee Members



Gabrielle Bell
Nomination, Remuneration
& People Committee

Gabrielle Bell is a corporate lawyer with broad experience working in Australia and Southeast Asia. During her legal career, she has specialised in corporate advisory, including corporate governance, mergers and acquisitions and capital markets. She is an experienced non-executive Director and Company Secretary, and is currently also serving on the boards of Yarra Valley Water Corporation, BCI Minerals Ltd and Aware Real Estate Management Pty Ltd. Gabrielle holds a Bachelor of Law and Bachelor of Engineering (Chemical) from the University of Melbourne and is a graduate of the Australian Institute of Company Directors.



Anne Heyes
Nomination, Remuneration
& People Committee

Anne Heyes has over 35 years of experience in human resources having worked in Private Enterprise (Bank of Melbourne/ Westpac, Coles Myer), Public Enterprise (Telecom, OTC, Sydney Waterboard, the City of Melbourne and the Victorian Workcover Authority) and more recently in the NFP sector heading up the People and Culture function for the Australian Red Cross Blood Service. She has led HR functions and been part of the Executive team for the last 20 years, guiding organisations through transformational and cultural change in response to ever-changing market conditions. More recently Anne has transitioned from full-time employment to a portfolio career including consultancy services. Anne holds a Bachelor of Arts (Honours) from the University of Sydney and a Master of Commerce from UNSW.



Andrew Saunders
Strategy & Risk Committee
Finance, Audit & Value
Committee

Andrew Saunders has a background in leading major business transformations leveraging digital technology in the Health, Government and the Financial Services sectors, and has a professional background in strategic planning, corporate governance, digital enablement, change management, risk management and benefits realisation. He was previously the Health Chief Information Officer and Director of Digital Health for the Victorian Department of Health & Human Services, and a Board Director for Eastern Health and Chair of its Community Advisory Committee. Andrew is currently a Board Director for Victorian Legal Aid and Chair of its Audit & Risk Committee and a Board Director for Care Connect and Chair of its ICT Committee.



Our Executive Team



Janine Wilson
Chief Executive Officer

Janine Wilson is an accomplished executive with more than 25 years' experience in the health sector, where she has held strategic, operational, marketing and general management roles. Prior to joining EMPHN on 1 June 2020, she oversaw the establishment and ongoing operation of Telstra Health's National Cancer Screening Register (NCSR), operated on behalf of the Commonwealth Department of Health and supporting screening for cervical and bowel cancer. Prior to her tenure with Telstra Health, Janine held a number of executive roles with the Australian Red Cross Blood Service (now "Lifeblood") and in the American healthcare system as Director of Strategy for the New York Blood Center. Janine holds an MBA from Melbourne Business School, where she was the recipient of the Helen McPherson-Smith Scholarship.



Jane London
Deputy Chief Executive Officer (from December 2024)
Executive Director Strategy and Service Design

Jane London is a seasoned health sector leader with more than two decades of experience driving innovation, strategy, and service transformation across Australia's primary health landscape. As Deputy CEO and Executive Director of Strategy and Service Design EMPHN, she leads organisational strategy, commissioning frameworks, and service design initiatives that deliver equitable, sustainable, and person-centred health outcomes.

Her career has spanned leadership roles across peak bodies such as RACGP, national quality organisations such as NPS MedicineWise, and health technology innovators, where she has shaped policy, strengthened governance, and advanced large-scale behaviour-change initiatives. Jane is recognised for her ability to integrate evidence, behavioural insights, and implementation science into practical solutions that influence clinical practice and system design.

With qualifications in behavioural science, social science, and planning, Jane combines analytical rigour with creative problem-solving to create innovative, sustainable health programs that improve care quality and community impact.



Narelle Quinn
Executive Director
Primary Care Innovation and Development

Narelle Quinn is a strategic health leader with 20+ years in primary care, driving system reform, service innovation, and sector capability building. She leads initiatives that strengthen clinical governance, commission high-quality services, and integrate care to deliver better health outcomes. She is known for collaborative leadership, working across government, providers, and communities to co-design patient-centred, sustainable solutions.



Our Executive Team (continued)



Natasha Levy
Executive Director Communications
and Engagement

Natasha Levy brings 20+ years of experience working across the full spectrum of marketing, communications and engagement with a focus on behaviour change in the health sector. Prior to her most recent stint in the corporate world, Natasha spent 10 years leading marketing, communication and engagement functions in the health sector, including five years on the agency side, as Group Account Director, Health for Fenton Communications, with clients in Federal and State government, hospitals, diabetes, cancer screening and not for profits. She has led marketing and communication functions at BreastScreen Victoria, VicHealth and Red Cross Blood Service before joining Specsavers where she led the marketing strategy and implementation for audiology, launching it into the Australian market. She also held global and general business management roles in her six years with Specsavers. Natasha started her working life as a writer and is passionate about work that makes a difference to the health and wellbeing of our community.



Manuel Escudero
Executive Director Corporate Services

Manuel Escudero is an experienced Finance professional with over 20 years of experience in strategic planning, financial management and corporate governance. Manuel holds a CPA designation and has a strong background in audit, accounting and finance. His experience spans multi-national accounting firms as well as responsibility for the ANZ Corporate Services for an international pharmaceutical subsidiary based in Melbourne prior to joining EMPHN. He plays a pivotal role in overseeing the organisation's corporate services, ensuring operational efficiency, and driving strategic initiatives. Manuel is responsible for key functions including Finance, Procurement, IT, Quality, Transformation Projects and Risk ensuring that the organisation meets its strategic goals and regulatory requirements. Manuel has extensive experience in continuous improvement and operational excellence demonstrated through his proactive approach to managing corporate services and his dedication to fostering a collaborative and innovative work environment. His dedication to the organisation and its mission is reflected in his strategic vision and ability to lead cross-functional teams effectively.



Our Advisory Groups

We value the knowledge, perspectives, and experience of people involved in both providing and using primary healthcare services within the eastern and north-eastern Melbourne catchment. The Community and Consumer Council, Clinical and Practice Council and Aboriginal Consultative Council are advisory groups to the Board and provide critical input into EMPHN's strategy, work planning and evaluation.

Clinical and Practice Council*

Our Clinical and Practice Council is comprised of clinicians and health professionals across the full spectrum of health care. This includes general practice, pharmacy, nursing and allied health. The Clinical and Practice Council plays a pivotal role in advising and assisting us to effectively listen to and respond to our community's priorities and concerns.

Clinical and Practice Council members:

- Lauren Barker
- Dr Malcolm Clark
- Dr Sunny Krishna
- Cathy Ngo
- Kylie Payne
- Dr Pallavi Prathivadi
- Cass Quilty
- Dr Tamsin Short

Board nominated members:

- Associate Professor Dr Caroline Johnson (Chair)
- Dr Stephen Duckett AM
- Dr Kelly Huang

**Meets EMPHN's Deed requirement for a Clinical Council*

***Meets EMPHN's Deed requirement for a Consumer Advisory Committee (CAC)*

Community and Consumer Council**

Our Community and Consumer Council is an active group of people with diverse experience, who provide subject matter expertise, insights and advice to support our organisation's strategy and the way in which we design our services.

Community and Consumer Council members:

- Sophy Athan
- Katherine Cummings
- Judith Drake
- Adrian Feegar
- Lara Gliana
- Elvin Lam
- William Lau
- Deanne McKenzie
- Heather McMinn
- Hamish Russell
- Kirsty Young

Board nominated members:

- Chris Altis (Chair)
- Dr Stephen Duckett AM
- Dr Kelly Huang

Also serving on the Community and Consumer Council during 2024:

- Jason Mifsud

Aboriginal Consultative Council

Our Aboriginal Consultative Council aims to build trust and strengthen shared decision-making to support self-determination within the catchment. The Council, consisting of Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Community Controlled Organisations (ACCOs), provides direction and advice to EMPHN. It offers insights and experiences across all levels of strategy, operations, planning, policy development, and strategic advice to the EMPHN Board.

Council members:

- Bubup Wilam
- First Peoples' Health and Wellbeing
- Oonah Aboriginal Health and Community Services
- Victorian Aboriginal Health Service (VAHS)

Board nominated members:

- Dr Stephen Duckett AM (Chair)
- Chris Altis (from April 2025)

Also serving on the Aboriginal Consultative Council during 2024:

- Jason Mifsud (Chair)

[Click to view our member profiles](#)

Eastern Melbourne PHN's community

The east and north-east of Melbourne catchment spans nearly 4,000 square kilometers, encompassing a mix of urban, suburban, and semi-rural communities across a diverse region of Victoria.

Our community is also growing. By 2030, EMPHN's population is projected to increase by 22% to approximately 1.9 million people, one of the largest growth corridors in the country.

The region is marked by a blend of densely populated urban areas, growing suburban developments, and expansive natural landscapes, offering a wide range of community needs and healthcare challenges.



How we work

We work across all or part of the 12 local government areas (LGAs) below.

These LGAs are entirely within EMPHN's catchment:

- City of Whittlesea
- Shire of Nillumbik
- City of Banyule
- City of Manningham
- City of Maroondah
- City of Boroondara
- City of Whitehorse
- City of Knox
- City of Monash

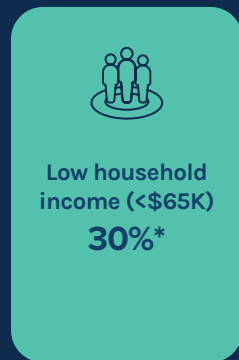
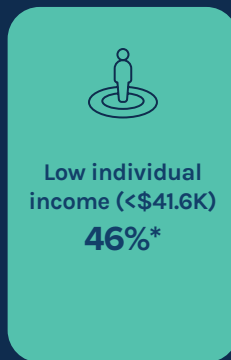
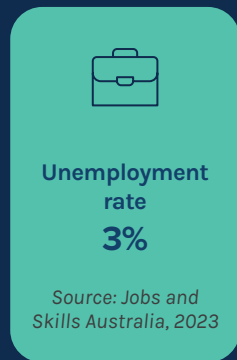
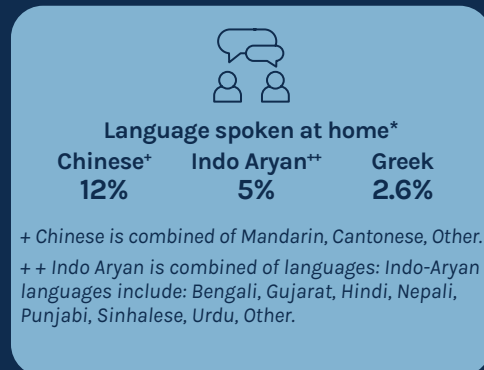
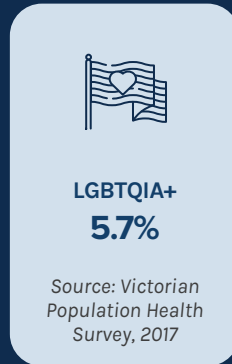
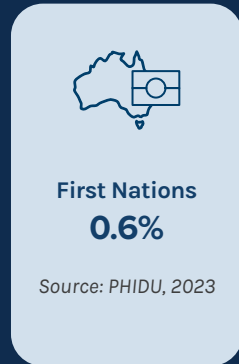
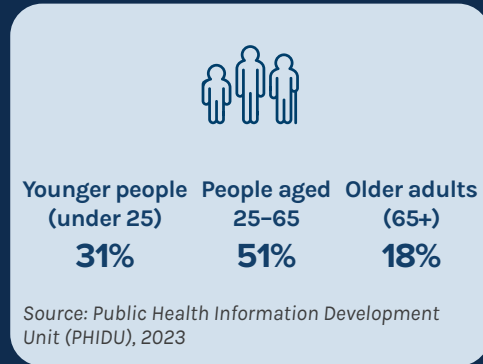
EMPHN's catchment also covers part of:

- Shire of Mitchell (35% of population)
- Shire of Murrundindi (27% of population)
- Shire of Yarra Ranges (portion which falls outside the EMPHN catchment is largely uninhabited national park)

HOVER TO VIEW

HOVER TO VIEW

A snapshot of the community



Within the community that EMPHN operates, there is:

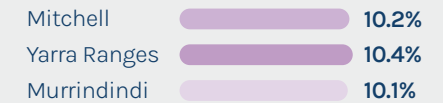
18.5%
estimated people living with one health condition*

5.3%
estimated people living with two chronic health conditions*



The top three chronic conditions within the catchment are:

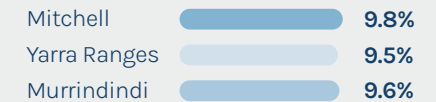
1. Mental health conditions*
(an average of 8.3% across the catchment)



2. Asthma*
(an average of 7.9% across the catchment)



3. Arthritis*
(an average of 8.2% across the catchment)



Whittlesea LGA is projected to grow at over twice the rate of the rest of the catchment

Source: PHIDU, 2023



The LGAs of **Whittlesea**, **Murrindindi** and **Mitchell** experience the greatest burden of disadvantage

Source: ABS, 2021; PHIDU, 2023

*ABS census data, 2021

The role of EMPHN in the PHN Network

EMPHN is funded by the Australian Government to:

- **Improve health outcomes;** by targeting services where they are needed most, EMPHN helps reduce hospital admissions and improve population health.
- **Ensure value for money;** utilising a commissioning framework which promotes transparency, good governance, and efficient use of taxpayer funds.
- **Support national priorities;** EMPHN aligns its work with federal health strategies, ensuring that local efforts contribute to broader national goals.

In essence, EMPHN is funded to be a strategic connector - bridging gaps, enhancing care quality, and ensuring that health services are responsive to the evolving needs of the community.

As identified by the Federal Government's strategy on PHNs, critical to a PHN's success are the 'three CCCs':



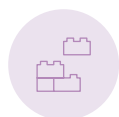
Coordination

EMPHN plays a pivotal role in strengthening the local health system through coordination. This happens in many and varied ways, including identifying gaps in care and bringing stakeholders together to find a solution. Examples of this includes our Care Synergy initiative which funds projects to improve the integration between hospitals and general practice care, our coordination of innovation events to share the latest sector developments and amplifying the voices of health professionals, organisations and consumers to impact the work we do.



Commissioning

Commissioning remains at the heart of EMPHN's strategic approach to improving health outcomes across eastern Melbourne. Through a data-driven and community-informed process, EMPHN identifies local health needs, designs tailored service models, and partners with providers to deliver high-quality, accessible care. This year, EMPHN's commissioning efforts focused on enhancing mental health support, strengthening primary care integration, and addressing health inequities. By fostering innovation and accountability, EMPHN ensures that commissioned services are responsive, sustainable, and aligned with the evolving needs of the community. We are focused on being innovative and integrated through collaborative commissioning approaches in the coming years.



Capability building

Capability building is central to EMPHN's commitment to fostering a resilient and responsive primary health system. Over the past year, EMPHN has supported health providers through targeted training and events, workforce development initiatives, and quality improvement programs. By equipping general practices, allied health professionals, and community organisations with the tools, knowledge, and support they need, EMPHN has strengthened service delivery and enhanced care coordination. These efforts ensure that providers are well-prepared to meet evolving community needs and deliver person-centred care across the catchment. A number of projects are in pilot phase, which are designed to enhance EMPHN's impact on clinical services, helping general practitioners to manage their productivity and the most effective patient outcomes.

Our Strategic Direction 2025 - 2028

This financial year, EMPHN released its new Strategic Plan – paving a way forward for improving health outcomes across eastern and north-eastern Melbourne. Recognising the ongoing challenges in the health system, including disparities in access and outcomes, this plan aims to target investment where it is needed most, ensuring services are safe, appropriate, and designed to enhance equity. This includes a strong focus on Aboriginal and Torres Strait Islander communities, people with lived experience, and those facing barriers to care.

Grounded in a commitment to equity, reconciliation, and community-led design, the plan outlines EMPHN's strategic intent, priorities, and the outcomes the organisation aims to achieve over the next three years. A set of outcomes have been defined for each priority to articulate where the organisation wants to be by 2028.

This plan is not only a roadmap for action but a reflection of EMPHN's values: integrity, courage and working together. It builds on past achievements and lessons learned, while embracing innovation and future-focused thinking. Through this strategy, EMPHN reaffirms its commitment to a healthier, more equitable region - where everyone has access to the care they need, when and where they need it.

Strategic priorities

Strategic outcomes



1.

Drive equitable access and outcomes for communities

Commissioned services in our region deliver improved outcomes for hardy reached populations

All of our commissioned programs are appropriate and safe

Affordable services are available in areas where they are needed most

First Nations people and communities in our region have access to appropriate services and choice about where and how to access services



2.

Connect our partners and communities to enable integration and change

The service system is better connected and integrated around consumers and practitioners

Our commissioned programs are integrated with primary care and local hospital networks

General practices in our region are enabled to deliver team-based chronic and complex care across settings

Our commissioned programs are informed by active consumer and community participation



3.

Leverage insights to improve outcomes, drive value and demonstrate impact

The impact and quality of services has improved through monitoring, evaluation and learning

Our commissioned programs are achieving greater value for money

We share learnings, research and evidence that drive improved models of care and better consumer outcomes

Aboriginal and Torres Strait Islander health and wellbeing



EMPHN is committed to supporting Aboriginal and Torres Strait Islander peoples' right to self-determination, working towards equity in health outcomes and the ongoing journey of reconciliation.

One of EMPHN's three strategic priorities is driving equitable access and outcomes for communities. Safe and appropriate care for First Nations people and communities is vital for achieving equitable outcomes. EMPHN does this by working closely with Aboriginal and Torres Strait Islander stakeholders and investing in healthcare that is culturally safe and accessible.

Aboriginal Consultative Council

In 2024, EMPHN established the Aboriginal Consultative Council to support the commitment to reforms made in the Closing the Gap initiative, the National Aboriginal and Torres Strait Islander Health Plan, and the 2024 recommendations from the Aboriginal and Torres Strait Islander Federal funding review (undertaken by Ninti One and First Nations Co).

The Council comprises of representatives from Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Community Controlled Organisations (ACCOs) in our region.

The Council plays a pivotal role in strengthening cultural safety in mainstream services in the catchment, supporting the development and sustainability of the community-controlled sector, and facilitating a move towards self-determination.

Aboriginal and Torres Strait Islander health and wellbeing (continued)

Aboriginal and Torres Strait Islander programs

EMPHN commissions a wide range of programs delivered by ACCHOs, ACCOs and mainstream providers to support the health and wellbeing of Aboriginal and Torres Strait Islander communities.

Integrated Team Care (ITC) and ITC Support

The Integrated Team Care (ITC) program contributes to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions. The Victorian Aboriginal Health Service, Each, Eastern Health, HealthAbility and Holstep Health deliver these programs in partnership with EMPHN. ITC Providers support clients in actively managing and improving their health by coordinating care, facilitating access to multidisciplinary care, and encouraging self-management.

ITC Support provided by the Victorian Aboriginal Health Service, First People's Health and Wellbeing and Oonah Health and Community Services Aboriginal Corporation complement the ITC program by supporting existing ITC providers and strengthening cross-sector linkages across the catchment.

Psychological Support Service

The Aboriginal Health Team at Holstep Health (formerly Banyule Community Health) provides a holistic model of responsive, culturally specific and trauma-informed care for Aboriginal and Torres Strait Islander clients. The Psychological Support Service (PSS) supports clients in a culturally specific and safe environment, providing counselling, social work, support from an Aboriginal Mental Health Liaison and the opportunity to attend facilitated groups such as the Heart and Soul group, the Djiak Djirri Playgroup and a FoodShare program in partnership with Babunnin Beek Gathering Place.

Social and Emotional Wellbeing Service

Oonah Health and Community Services Aboriginal Corporation provide access to a range of culturally safe programs at an individual level and in group settings. The Oonah Social and Emotional Wellbeing Service helps individuals live their best lives. The team use a range of culturally informed, holistic, person-centred therapeutic techniques to encourage clients to achieve their goals. Oonah provides playgroup sessions for children and their guardians, a youth club, and an adolescent program for Deadly Young Leaders. Participation in these programs supports uptake of health and wellbeing programs, community engagement and health promotion and primary prevention initiatives such as smoking cessation, immunisation, cancer screening, and eye health.

Child and Family Health and Wellbeing and Education

Bubup Wilam Aboriginal Child and Family Centre facilitate the learning and development of lifelong skills for children their families. The program focuses on providing a range of culturally safe wrap-around services, including developmental screens and general practice health screens, speech pathology, occupational therapy, and ear health screening for infants and children. Employing a strengths-based preventative health and wellbeing model, Bubup Wilam supports families and children to be self-determining of their own lives.





Mental health and wellbeing programs

A large proportion of EMPHN’s work is focused on improving the mental health and wellbeing of those who live in the catchment.

When it comes to finding support for mental health and suicide prevention, it is not always easy to find the right help, at the right time.

Programs and services funded by EMPHN are designed to put the patient at the centre of care, ensuring that they are culturally safe, accessible and involve shared decision making.

It is recognised that the community within the catchment has a diverse range of needs, which require collaborative support from service partners, general practitioners, specialists, support staff and peer workers.

EMPHN’s work across the region involves:

- **Commissioning** - Identifying gaps in services across the region and working with the community to design and fund programs that improve care and support.
- **A Stepped Care approach** - Delivering person-centred care by offering a range of support options.
- **Partnerships and alliances** - Partnering with Local Hospital Networks, peak mental health bodies, community organisations, consumers and carers, and other key stakeholders.

Mental health programs

Stepped Care

Stepped Care aims to ensure those in the catchment experiencing mental health concerns and/or psychological distress, and cannot afford or access other services to meet their needs, have equitable access to high-quality support so that they can live their lives to their best potential.

EMPHN’s Stepped Care programs are delivered in partnership with Access Health & Community, healthAbility in the inner and outer east of the EMPHN catchment and Holstep Health (formally Banyule Community Health) in the north-east.

Stepped Care encompasses a range of services and care levels delivered locally by multidisciplinary teams. Care options can include peer support workers, psychologists, mental health nurses, counsellors and social workers. The Mental Health Stepped Care program aims to engage with under-represented communities, including children, young people, LGBTIQ+ people, culturally and linguistically diverse people, and Aboriginal and/or Torres Strait Islander people.



15,580 hours
of support delivered

Head to Health Hubs

The Head to Health program offers individual and group-based support via multidisciplinary teams. These teams collaborate with other community-based providers, including general practices, allied health professionals and hospitals.

EMPHN’s Head to Health services are delivered in partnership with Access Health & Community, healthAbility in the inner east of the EMPHN catchment and Holstep Health (formally Banyule Community Health) in the north-east.



7,650 hours
of support delivered



Mental health and wellbeing programs (continued)

Medicare Mental Health Phone Service

Previously known as the Head to Health Phone Service, the Medicare Mental Health Phone Service is a national service that navigates people to mental health, alcohol and other drug, and suicide prevention services appropriate to their needs.

The team, consisting of experienced mental health clinicians and practitioners, assess and support consumers, carers, general practitioners, and health professionals within the EMPHN and Murray PHN catchment areas.



5,016
phone calls received



3,539
unique consumer interactions

“ The staff member I spoke to made what I anticipated to be a hard experience really easy and worthwhile; she was so lovely to talk to and made me feel very cared for.”

- Medicare Mental Health client

After-Hours Mental Health Nursing Service

The After-Hours Mental Health Nursing Service is designed to support people with mild mental health concerns seeking help in the evening and on weekends, when other mental health services are unavailable. A key aim is to support the diversion of such presentations from emergency departments. Individuals may receive an assessment, brief intervention, information on navigating mental health services or medication advice. The service operates 365 days per year and is staffed by credentialed mental health nurses.



1,276
consultations



After hours support was sought predominantly by an older cohort, with **46% of service users** over the age of 65

Healthy Ageing Service (HAS)

HAS aims to improve the mental health and quality of life for older adults by providing a mild to moderate response for clients residing in Residential Aged Care Homes (RACHs) and older people in the community.

Recognising the mental health challenges facing older persons, the Healthy Ageing Service involves:

- Identifying people at risk of mental health issues.
- Providing support and workforce training in mental health to general practitioners, practice staff, and residential aged care home staff, to drive collaborative team-based care.
- Increasing support to older people with mental health issues (and their families) who are living in the community or in residential aged care facilities by providing up to six free brief intervention sessions for the older person.

HAS is delivered in partnership with St Vincent’s Hospital Melbourne.



4,825 hours
of service delivered



44% of clients
resided in Residential Aged Care




43.4% of clients
reported significant improvement


Mental health and wellbeing programs (continued)

Support After Suicide

Support After Suicide provides free support to improve the lives of children, young people and adults bereaved by suicide. The program, delivered in partnership with Jesuit Social Services, offers free individual and family counselling, professionally facilitated and peer support groups and online resources to support those who have lost a loved one. Specific group programs for parents, partners, siblings, adult children, and a men's program are available, as well as programs for children and young people. Victoria Police are a key partner of Support After Suicide, providing 34% of all referrals to the program of people bereaved by suicide.

 **969**
episodes of support

 **805**
individual counselling appointments

 **164**
group sessions were delivered

Commonwealth Psychosocial Support

This non-clinical program is designed to help people with severe mental health challenges connect to community services and strengthen their social, educational and vocational skills.

The service, delivered in partnership with Neami National and Wellways Australia, includes helping people to:

- Connect with the clinical care and other services they need.
- Build their capacity in managing day-to-day activities.
- Strengthen social skills, friendships and relationships with their family.
- Increase their educational, vocational and training skills.
- Test, and where applicable re-apply, for National Disability Insurance Scheme (NDIS) eligibility.



The teams at Neami National and Wellways Australia delivered **27,258** hours of support to over **750** individuals

“ The best thing about this service for me was my support worker who was my touchstone through some of my toughest times. They had professionalism and empathy and the ability to help me re-frame things and events in my life, which was overwhelmingly appreciated.”

- Commonwealth Psychosocial Support client



Mental health and wellbeing programs (continued)

Youth mental health programs

EMPHN commissioned youth mental health programs focus on young people who are disadvantaged, at risk, or have complex needs. Where possible, these services provide support options that involve family and carers. These services take both a Stepped Care and whole-of-person approach.

headspace

headspace centres provide early identification, intervention strategies and holistic care for young people aged 12 to 25 years and their families/carers who are at risk or showing early signs of developing mental health, physical health and/or drug and alcohol problems.

EMPHN delivers headspace in partnership with Access Health and Community (Hawthorn centre), Alfred Health (Syndal centre), Each (Knox centre and Lilydale satellite) and Mind Australia Ltd. (Greensborough centre, Plenty Valley satellite and Box Hill centres).

EMPHN was proud to fund The Dialectical Behaviour Therapy (DBT) program at headspace Knox during this financial year. This service is unique to the Knox area, and specifically targets young people aged 18-25 who have either:

- A formal diagnosis of borderline personality disorder (BPD), or
- Persistent difficulties with emotion dysregulation significantly impacting behaviour, cognition, sense of self, or interpersonal relationships.

This service has been critical in addressing the needs of high-risk young people who would otherwise have limited access to such critical, evidence-based care.



2,630
new young people
accessed the service



23,275
occasions of service

“ headspace offers a responsive model for working within the community and alongside community organisations.”

- headspace provider

Enhancing Mental Health Services in Secondary Schools (EMHSS)

The EMHSS program is aimed at young people currently enrolled in secondary schools who would benefit from access to mental health services.

The program is delivered in partnership with Access Health and Community (headspace Hawthorn), Alfred Health (headspace Syndal), Each Social and Community Health (headspace Knox and headspace satellite Lilydale) and MIND Australia (headspace Greensborough and Plenty Valley satellite).



330
young people serviced through the program



1,197
sessions of support delivered

Youth Enhanced Service (YES)

Youth Enhanced Service (YES) provides a range of mental health supports and treatment for young people aged 12-25 and their families. This service is specifically designed for youth with more complex presentations. YES is delivered in partnership with Each across the catchment. For those unable to access physical services, outreach support is also available.

“ I felt seen, heard and cared for when working with YES. I felt like I gained so much confidence in myself, self-regulating skills and emotional regulation skills.”

- YES client

Alcohol and Other Drugs (AOD) programs

EMPHN's commissioned programs aim to reduce harm caused by alcohol, illicit drugs, and prescription medication misuse. Services within the catchment are built on the best available knowledge and involve collaboration with various service partners. Programs range from diagnosis, recovery and family support.

Dual Diagnosis Program

The Dual Diagnosis program supports individuals and their families to address substance use and their mental health in the community, or at inpatient units in Eastern Health. Dual Diagnosis is delivered in partnership with Anglicare Victoria.



The Dual Diagnosis Program delivered **377** episodes of care and **1,576** hours of service

“ The connection that I have made with my counsellor has been life changing. She continues to be my rock of stability, someone who continues to support and guide me.”

- Dual Diagnosis client

Hope and Thrive

The Hope and Thrive programs offer short or long-term one-to-one therapy, peer support or structured recovery groups to individuals struggling with drug or alcohol addiction and those who are also experiencing a mental health condition. These programs are delivered in partnership with Each.

Northeast Recovery and Support Program (NeRASP)

NeRASP provides an eight-week recovery-oriented group program with individual and peer support to enhance AOD treatment outcomes. Outcomes could include significantly reduced or ceased substance use, improved quality of life, a return to parenting responsibility, education, or employment. NeRASP is delivered in partnership with Holstep Health.



825 sessions were delivered to participants by NeRASP

AOD Relate

AOD Relate identifies and supports people with complex AOD issues within primary healthcare. Delivered in partnership with Holstep Health, the program offers peer support, dual diagnosis care coordination and psychological interventions, enabling direct client care and secondary consultation.



Family Alcohol and Drug Service (FADS)

FADS supports families with children under 25 facing substance use issues. Delivered in partnership with Anglicare Victoria, FADS also assists individuals affected by a family member's alcohol or drug use. Focusing on harm minimisation and relapse prevention, the program is underpinned by integrated family therapy, including individual counselling and family therapy.



180 episodes of care and **938** hours of service were delivered

Family Focus

Family Focus provides individual and family counselling, supporting individuals, couples, and families with, or connected to, a person with an alcohol and/or drug dependency. This program, delivered in partnership with Each, focuses on comprehensive family-concentrated interventions, assisting to navigate the complexities of mental health crises and substance use disorders.

Alcohol and Other Drugs (AOD) programs (continued)

Medication Support and Recovery Service (MSRS)

The MSRS supports people with non-prescribed use of medication. The program, delivered in partnership with Access Health and Community, provides individual or family counselling, nursing and withdrawal support, peer support groups, brief interventions, and harm reduction services.

Mental Health and AOD Integrated Care Pilot Project

This project focused on improving integrated care for individuals with co-occurring mental health and alcohol and other drug needs, their support networks, and staff across multiple teams at Access Health and Community and Holstep Health. The initial funded pilot concluded in May 2025.

The project aimed to enhance care practices, empower staff, and increase collaboration among services while involving lived and living experience in service design and delivery.

Activities included forums, self-assessments, staff surveys, governance through leadership teams, client journey mapping, participatory research, and presentations.

Youth Alcohol and Other Drugs (AOD) programs

EMPHN also commissions services to assist young people struggling with drug and/or alcohol misuse in the catchment. These programs are designed to provide holistic care, including both the individuals and their carers.

Youth Northern Outreach Team (YNOT 2.0)

YNOT 2.0 provides personalised, confidential outreach counselling, support, education, and referrals for young people with alcohol and/or other drug use and dependence issues living in the City of Whittlesea. The program is delivered in partnership with Youth Projects.



52
young people accessed
the YNOT 2.0 service

Yarra Ranges Youth Outreach (YRYO)

YRYO is an outreach drug and alcohol counselling service for young people and their families who live in isolated, under-served communities in the Yarra Ranges. Delivered in partnership with Each, the program involves individual counselling, AOD education in schools, and assistance with referrals to other AOD services as required.

Supporting Health Education, Recreation, and Personal Autonomy (SHERPA)

SHERPA offers therapeutic recreation and adventure-based group activities in conjunction with one-on-one case management and care coordination to young people (aged 12-21) experiencing substance use. The program is delivered in partnership with Youth Support and Advocacy Service (YSAS).



56
recreation activities with
158
young people delivered

Youth Primary Health Support and Coordination Service (YPHSCS)

Also delivered in partnership with YSAS, YPHSCS provides vulnerable young people aged 12-21 with substance use management and holistic treatment. The program involves high-quality, tailored and timely community-based psychosocial support along with safe, supervised and clinically appropriate home-based AOD withdrawal support.

Innovative Primary Care

“ My husband got fantastic care for a small open wound his head - the nurse and Dr working were so friendly, caring and got him glued back together in one piece. Was a busy afternoon but were seen, treated and out the door within an hour and a half. Thank you so much to all the staff.”

- MUCC client



Medicare Urgent Care Clinics and Urgent Care Clinics

These clinics are designed to provide an alternative care pathway for people who require urgent, but not emergency treatment. Led by general practitioners and supported by nursing and administrative staff, the clinics aim to alleviate the pressure on hospital emergency departments by offering timely care for non-life-threatening conditions such as mild infections, burns, suspected fractures or broken bones.

The clinics welcome people of all ages with low acuity conditions and provide free care regardless of Medicare status. Operating 14-hours a day, 7 days a week, these clinics make urgent care more accessible to the community.

The clinics are operated by ForHealth (Epping and Forest Hill), Interconnect Healthcare (Mount Waverly, Heidelberg and Monash Children's) and M3 Health (Maroondah).



84,817
patients were seen across sites within the EMPHN region



38%
of patients seen at clinics were children



51.5%
of visits occurred in the after-hours period

Vulnerable Vaccination Program

The Vulnerable Vaccination Program was designed to increase the vaccination uptake among at-risk communities in the catchment. This was done through:

- Actively engaging with vulnerable communities and provider tailored vaccinations.
- Providing information and support to vulnerable patients.
- Improving access to COVID-19 and influenza vaccinations for vulnerable populations.

Vaccination 'hubs' were created, with nine general practices and five pharmacies providing vaccination services to the community.



2,608
COVID 19 vaccines administered



903
influenza vaccines administered



Innovative Primary Care (continued)

Endometriosis and Pelvic Pain Clinics

The Endometriosis and Pelvic Pain Clinics are led by experienced general practitioners and supported by a skilled multidisciplinary team including nurses and allied health professionals. These clinics are committed to providing timely, appropriate care for endometriosis, improving patient outcomes through early diagnosis and a coordinated, multidisciplinary treatment approach.


The clinics aim to:

- Improve access to diagnostics, treatment, and referral services for endometriosis and pelvic pain.
- Build capability within the primary care workforce to manage this chronic condition.
- Enhance access to up-to-date information, support resources, care pathways, and networks.

Services are operated by Each Ringwood and For Health at Epping Plaza Medical and Dental Centre.

Healesville After Hours General Practice Clinic

The Healesville After Hours General Practice Clinic is designed to support individuals residing in Healesville and neighbouring communities who require access to after-hours primary care services. Delivered in partnership with Eastern Health, the service has been designed to address gaps in availability of after-hours primary health care services, and reduce non-urgent attendances to emergency departments during after hour periods. The Healesville After Hours General Practice Clinic operates 7 days a week, opening until 8pm on weekdays and 5pm on weekends.



“ For several years, I endured chronic pelvic pain that affected my daily life. After visiting numerous doctors, I finally found the Endometriosis and Pelvic Pain Clinic, which uses a multidisciplinary approach to manage pain, combining treatments like the pill with support from other healthcare professionals such as physiotherapists and dieticians. It was only until the integration of all these services that I found significant relief. Their approach was not a one size fits-all solution to my health concerns.”

- Endometriosis and Pelvic Pain Clinic client

Primary Care Innovation and Development

EMPHN is committed to supporting primary care, with a particular focus on general practice and strengthening primary care systems and capabilities. Wherever possible, EMPHN aims to drive change in primary care, addressing the needs of the community and improving health outcomes.

EMPHN supports improved accessibility and quality of primary health care delivered by general practices through educational initiatives, training programs, and the implementation of digital health systems. The EMPHN General Practice Development Facilitators deliver initiatives aimed at helping general practice businesses meet current standards, adapt to changing priorities, and maintain awareness of best practice principles.

The organisation's approach involves:

- Collaborating closely with primary care providers to understand and identify their needs and the appropriate supports.
- Delivering education activities to support and enhance the capabilities of primary healthcare staff.
- Equipping providers with innovative tools and resources designed to facilitate the delivery of optimal care practices.

Over the 2024-25 financial year, the EMPHN team have run several online and face-to-face training events within the catchment to help enhance primary care in general practices. This included:



71 events on a variety of clinical and non-clinical topics including lung cancer screening and psychotropic deprescribing



1,088 people in attendance

Our support for general practice includes:

- Providing tailored support to develop and implement local solutions, to improve care quality and build capacity.
- Promoting and improving the uptake of practice accreditation and assisting practices with reaccreditation under the National General Practice Accreditation Scheme.
- Encouraging the engagement, participation and understanding of compliance obligations of general practices in programs led by the Department of Health, Disability and Ageing, such as MyMedicare, Workforce Incentive Program (WIP) and Practice Incentive Payment (PIP).
- General practice workforce capability and capacity building for general practitioners practice nurses and practice managers.

Over the year, EMPHN has worked with practices through a variety of channels and methods to adopt national and state primary care policy directions aimed at strengthening primary care in the catchment such as:

- Increase general practice participation in Workforce Incentive Program – Practice Stream (WIP-PS):



80% of EMPHN general practices participating in WIP-PS

- Increase in general practice participation in accreditation under the National General Practice Accreditation Scheme:



88% of EMPHN general practices are accredited in the catchment

Digital Enablement and Quality Improvement (QI)

Data analytics tools

Data analytics tools (POLAR and Walrus) extract data from general practice clinical information systems to improve quality and patient care, and for business development. General practices can use the free web tools to analyse practice data to support quality improvement, business development, and identify patients who are at risk of hospitalisation/ and or chronic diseases with the goal of providing better patient-centred care.

POLAR is used to promote health prevention activities such as immunisation, health screening and health assessments. Specific projects maximising these digital tools have enabled planned and effective primary prevention care responses to conditions such as viral hepatitis and liver cancer, reducing patient risk.



86%
of practices in the EMPHN
catchment have POLAR installed

This financial year, EMPHN also launched an improved Practice Report and the new MBS Opportunity Report for all practices who have POLAR installed.

Designed to be easily digestible and user friendly, the Practice Report analyses POLAR data from the individual practice, which can then be used for improving patient management, data monitoring to track progress, and to meet business requirements such as Practice Incentives Program Quality Improvement (PIP QI).



2,088
newly established
Practice Reports distributed

The MBS Opportunity Report provides a financial overview of actual claims based on MBS rebate amounts for Chronic Disease Items and Preventative Health Assessments, specific to the practice.



130
MBS Opportunity Reports
were distributed to practices

Delivering the Australian Digital Health Agency (ADHA) workplan

The Australian Digital Health Agency is a corporate Commonwealth entity that aims to improve the health of all Australians through digital innovation and connection. The EMPHN Digital Health team assist in delivering various activities from the ADHA including:

- Engaging with Residential Aged Care Homes (RACHs) in the catchment to increase meaningful use of My Health Record through training and awareness campaigns.
- Increasing awareness and encouraging uptake of Provider Connect Australia to general practices, allied health professionals and specialists.
- Engaging with primary health care providers to understand use and potential barriers of Electronic Prescribing and the Active Scripts List.



5
training sessions



370
attendees

Practice Incentive Program Quality Improvement (PIP QI) Incentive

The Practice Incentive Program (PIP) Quality Improvement (QI) Incentive supports general practice in continuous improvement and achieving better health outcomes. EMPHN's QI model guides practices in enhancing data management, improving processes, and positively impacting patient health outcomes.

The team mentored and supported practice staff in using their data to identify patients with chronic health needs and implement improvement activities. For example, the EMPHN General Practice team supported general practices to identify patients that were categorised as a high risk of hospitalisation or emergency department presentation through their data. They were then supported to implement a General Practice Chronic Conditions Management Plan for the identified patients, to ensure their needs were being met and the right support in place.

General Practice Improvement Support

Care Synergy

Care Synergy is a collaborative mechanism designed to bring together general practices, hospitals, and EMPHN to shape integrated care models. The forum facilitates co-commissioning decisions and includes representation from hospitals— Eastern Health, Austin Health, Northern Health, St Vincent's, and Mercy—as well as six general practices across the catchment. Care Synergy aims to reinforce EMPHN's role as a credible system integrator by fostering trust with hospitals and general practices, and by developing scalable models for integration.

Within Care Synergy, the General Practice Engagement Alliance has also been established. This consortium includes the six Local Hospital Networks (LHNs) and the north-eastern Public Health Unit.

Funding has supported various activities, including:

- Capturing general practitioner insights to inform LHN and PHN integration efforts, including the design and delivery of RACGP-accredited continuing professional development (CPD) opportunities.
- Establishing general practitioner reference groups.
- Conducting direct consultations with general practitioners onsite.

Link-me+ Model of Care

Developed by EMPHN and the University of Melbourne, Link-me+ is grounded in research and shaped by patient experiences and feedback from general practitioners. Link-me+ empowers general practitioners to provide personalised support for individuals with mental health concerns within the practice setting. This is achieved through access to a prognostic tool and a Care Navigation program, with Care Navigators co-located in general practices to assist with referral pathways and social prescribing. Link-me+ represents the culmination of two decades of research into practical, person-centred mental health care in general practice. The pilot of the model was launched July 2025 with a view to scale early 2026.



General Practice Improvement Support (continued)

MyMedicare

MyMedicare is a voluntary patient registration model that aims to strengthen the relationship between patients, their general practice, general practitioners and primary care teams. Further programs have been tied to enrolment, including the General Practice in Aged Care Incentive (GPACI) and Chronic Conditions Management. The EMPHN General Practice Development and MyMedicare teams are supporting general practices within the catchment, providing information and resources to meet accreditation requirements, encourage registrations and navigate changes to existing programs. This information has led to practices having access to incentives to improve patient care, and more information about regular patients, enabling continuity of care.



93%

of general practices in the EMPHN catchment are registered for MyMedicare

The General Practice in Aged Care Incentive (GPACI)

The General Practice in Aged Care Incentive (GPACI) is a program that aims to support healthcare providers to deliver quality primary care services to residents of Residential Aged Care Homes (RACHs). The EMPHN MyMedicare team is supporting the 165 RACHs in the catchment, providing information, training and resources to increase engagement and facilitate care coordination with general practice.



47%

of eligible EMPHN general practices are registered for GPACI

HealthPathways Melbourne

HealthPathways Melbourne is a collaborative online platform between EMPHN and North Western Melbourne Primary Health Network (NWMPHN), that provides health practitioners with access to localised assessment, management and referral information for several health conditions. The platform helps general practitioners make informed decisions with their patients about the care that is right for them.

The program aims to:

- Enhance clinical knowledge and promote best-practice care.
- Reduce the number of referrals to specialist care.
- Build collaboration and reduce fragmentation across the health services network.
- Support access to the right care, in the right place, at the right time.



936

referral pathways across a broad range of health conditions



“ Fantastic at helping the general practitioners to carry a patient’s care as far as possible until a further opinion is needed, at which point clear instructions are also available to guide referral. I have only recently just started using these pathways and absolutely love them for the way in which they “pitch” information and breadth of knowledge contained if I wish to read further.”

- General Practitioner and HealthPathways user

General Practice Improvement Support (continued)

The Initial Assessment and Referral Decision Tool (IAR-DST) for mental health

The IAR-DST assists general practitioners and clinicians to recommend a level of care for a person seeking mental health support. The IAR-DST provides a framework for general practitioners and other clinicians to conduct mental health assessments and referrals, based on existing assessment results. It does not replace existing results or require additional clinical assessment scales and processes.

Another goal of the IAR-DST is to provide a common approach and language for communicating the intensity of treatment response (level of care) across service providers.

EMPHN supports the use of the tool in general practice and the mental health sector by facilitating education, training, and networking.

In this financial year, EMPHN held:



45
online training courses



4
face-to-face clinic trainings



2
general practitioner networking events in collaboration with external stakeholders

Doctors in Secondary Schools (DiSS)

The DiSS program ensures that young people receive the necessary health support, advice, and treatment to reach their full potential. The program aims to make primary health care more accessible to students within the school environment, provide early identification of health issues, and alleviate the pressure on working parents.

Across the catchment, 12 schools participate in DiSS, covering the areas of Whittlesea, Darebin, Maroondah, Yarra Ranges, Knox and Mitchell.



A total of **1,584** consultations have occurred within the DiSS clinics this financial year

Right Care Better Health

The Right Care Better Health program aims to enhance the quality and coordination of care for people living with chronic and complex health needs within a general practice setting. The program particularly focuses on people with cardiovascular disease, people with respiratory conditions and people who are considered frail and/or at a high risk of falls.

The program includes the co-location of community-based nurses, delivered in partnership with Each and Silverchain, in participating general practices across the catchment to provide patient-centred and personalised care coordination to enrolled patients.



815
new patient enrolments were received for FY25



97%
of graduated patients who completed the patient experience survey reported a positive experience of care

“ The program has significantly enhanced the patient engagement and service provision at our clinic, which is very satisfying and fulfilling work, both for us and our patients.”

- Participating general practice



Supporting older people

Improving the health and wellbeing of the region's ageing population is a key priority for EMPHN.

Commissioning efforts focus on supporting, enhancing access to, and coordinating high-quality primary health care for older people - both in the community and in Residential Aged Care Homes (RACHs).

By assessing the health, social, and functional needs of older community members, EMPHN is working to build a sustainable, consumer-driven system that delivers greater choice, easier access, and better care.

Now in its third year of program delivery within aged care settings, EMPHN has partnered with service providers to focus on building connections, promoting education, and enhancing the quality of life for individuals.

Care Finder

The Australian aged care system offers vital support to our ageing population. However, this system can be intricate and challenging to navigate when seeking the necessary services. Care Finders specialise in providing intensive assistance to older community members, helping them connect with aged care services and relevant community supports. Unlike service providers, Care Finders offer navigational support, aiding individuals to:

- Identify disconnected older individuals.
- Navigate the system and engage with My Aged Care.
- Understand and guide through the care assessment process.
- Access essential aged care services and other relevant community supports, including housing assistance for those at risk of homelessness.
- Maintain regular check-ins to ensure ongoing needs are met.

Care Finder is delivered in partnership with Care Connect, DPV Health, healthAbility, Migrant Information Centre, Merri Outreach Support Services, the Salvation Army, Villa Maria Catholic Homes, Wintringham, and Housing for the Aged Action Group (HAAG) - intake only.

Dementia Directory resources and hub

In collaboration with North Western Melbourne PHN (NWMPHN), EMPHN has developed dementia resources for people with lived experience of dementia and their support network. These resources aim to help make informed care choices and increase visibility of relevant local services. Resources include information sheets available in five languages, as well as a hub, www.dementiadirctory.org.au, which lists dementia supports and services across the EMPHN and NWMPHN catchments.



Over **5,000** resources sent out to community groups across the EMPHN and NWMPHN catchments



23,915 page views to the Dementia Directory website

Palliative Care

EMPHN is committed to enhancing the capacity of the primary care workforce and improving coordination between primary and palliative care providers to increase awareness and facilitate access to safe, quality palliative and end-of-life care at home.



Greater Choices for At Home Palliative Care Program

EMPHN works in partnership with the Eastern Metropolitan Region Palliative Care Consortium, including Eastern Palliative Care (EPC), Eastern Health, St Vincent's Health and Bolton Clarke, along with Banksia Palliative Care, to educate and support palliative care services in primary health and community care.

This financial year, EMPHN focused on:

- The launch of a Community of Practice for Palliative Care in General Practice, in partnership with the Eastern Metropolitan Region Palliative Care Consortium (EMRPCC) and Eastern Palliative Care (EPC). This initiative aims to promote best practices, build capacity, and support professional development for general practitioners.
- Education sessions with general practitioners to cover topics such as palliative care system funding in Victoria, accessing specialist palliative care, minimising barriers to timely medical care, palliative care in residential aged care homes, communication skills, and managing chronic pain in palliative care.

“ It was a privilege to meet and work with a group of general practitioners who are focussed on providing quality, person-centred, evidence-based care to those in our community who are living with life limiting illness.”

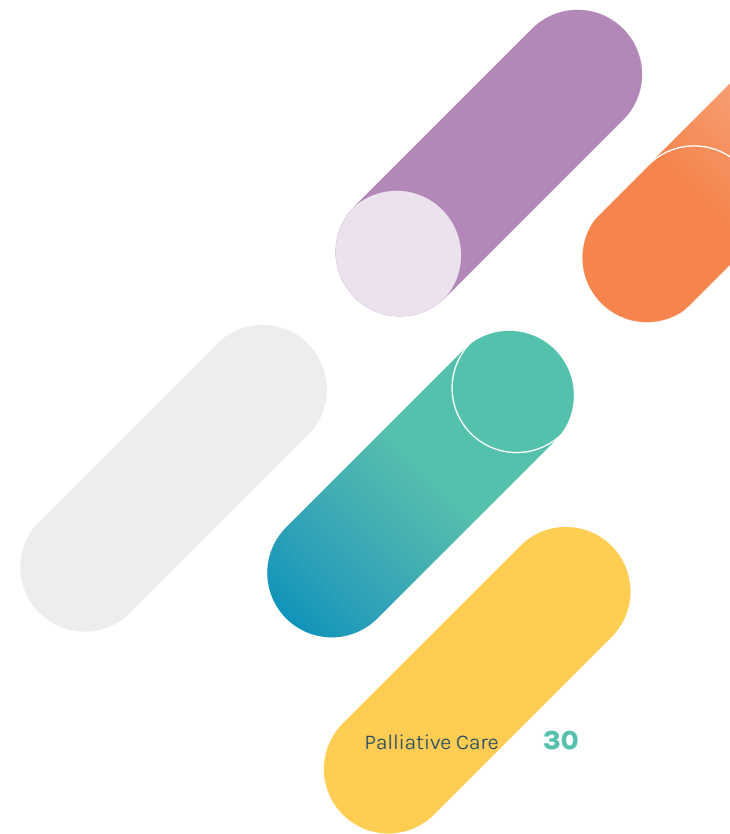
– Dr Katie Tham, Community of Practice for Palliative Care in General Practice facilitator

Palliative Care Access to Core Medicines (PCAM)

PCAM helps to support community pharmacies in stocking four essential medicines for home-based palliative patients in the terminal phase. The project aligns with the National Core Community Palliative Care Medicines List.



Currently, **88** community pharmacies are listed on the interactive map within the EMPHN catchment, with 19,179 views



Financial Statements



Statement of profit or loss and other comprehensive income for the financial year ended 30 June 2025

	2025 (\$)	2024 (\$)
Revenue		
Rendering of services	74,292,842	74,625,636
Other income	4,439,710	4,255,594
Total	78,732,552	78,881,230
Expenses		
Service delivery expenses	60,380,612	62,151,981
Employee benefit expenses	14,355,664	13,235,302
Depreciation expenses	519,485	597,400
Finance costs	35,715	61,763
Other expenses	2,916,333	2,556,948
Total	78,207,809	78,603,394
Surplus before income tax	524,743	277,836
Income tax expense	-	-
Net Surplus for the year	524,743	277,836
Other comprehensive income	-	-
Total comprehensive income for the year	524,743	277,836

Statement of financial position at 30 June 2025

	2025 (\$)	2024 (\$)		2025 (\$)	2024 (\$)
ASSETS			LIABILITIES		
Current Assets			Current Liabilities		
Cash and cash equivalents	9,373,700	9,417,849	Trade and other payables	10,440,027	7,141,088
Investments	20,000,000	24,000,000	Lease liabilities	482,568	470,216
Trade and other receivables	1,048,387	3,026,070	Contract liabilities	16,009,394	25,601,440
Other assets	788,224	840,640	Provisions	1,072,568	817,582
Total Current Assets	31,210,311	37,284,559	Total Current Liabilities	28,004,557	34,030,326
Non-Current Assets			Non-Current Liabilities		
Property, plant and equipment	372,410	410,016	Lease liabilities	-	482,568
Intangibles	468,681	-	Provisions	100,788	67,509
Right of use assets	289,562	596,704			
Total Non-Current Assets	1,130,653	1,006,720	Total Non-Current Liabilities	100,788	550,077
TOTAL ASSETS	32,340,964	38,291,279	TOTAL LIABILITIES	28,105,345	34,580,403
			NET ASSETS	4,235,619	3,710,876
			Members Funds		
			Accumulated Surplus	4,235,619	3,710,876
			TOTAL MEMBERS FUNDS	4,235,619	3,710,876

Full financial statements are lodged with the Australian Charities and Not-for-profits Commission (ACNC).



phn

EASTERN MELBOURNE

An Australian Government Initiative

E: info@emphn.org.au

Visit our website.

emphn.org.au

Eastern Melbourne PHN is primarily funded by the Australian Government to improve the care and support people receive from health services. We aim to support the health of our community by ensuring people receive the right care, in the right place, at the right time.

We work closely with health professionals, consumers and carers to identify health care gaps and emerging community needs, and commission or fund services that address these needs.

We invest in a range of initiatives to have an impact within our priority areas of Aboriginal and/or Torres Strait Islander health, chronic and complex disease, mental health, alcohol and other drug addictions, older people and palliative care and primary care improvement and development.

