

Eastern Melbourne - After Hours Primary Health Care

2024/25 - 2027/28

Activity Summary View



AH-MAP-Ops - 1 - After Hours Multicultural Access Program Operational (May 2025)



Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH-MAP-Ops

Activity Number *

1

Activity Title *

After Hours Multicultural Access Program Operational (May 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

After Hours

Aim of Activity *

The program aims to support primary health care access by people from CALD backgrounds by addressing service gaps, barriers, health impacts, navigation, and integration issues. The program should promote local service coordination and skills to provide care with a patient's usual primary care provider.

Description of Activity *

The PHN will engage a consultant to undertake a Health Needs Assessment (HNA) which addresses challenges and barriers faced by people from CALD backgrounds when accessing primary health care. The HNA will consider gaps in service arrangements, how to improve service integration, and service delivery models which avoid duplication which facilitate access to primary health care services. The HNA will include stakeholder and community engagement to promote

awareness and access to primary care and will support general practices to link patients to appropriate services. The HNA will inform ways to improve the effectiveness or viability of medical deputising services for people from CALD backgrounds.

Needs Assessment Priorities *

Needs Assessment

Priorities



Activity Demographics

Target Population Cohort

Multicultural

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning.

EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

30/06/2023

Activity End Date

29/06/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



AH-MAP - 1 - After Hours Multicultural Access Program (May 2025)



Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH-MAP

Activity Number *

1

Activity Title *

After Hours Multicultural Access Program (May 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

After Hours

Aim of Activity *

The program aims to support primary health care access by people from CALD backgrounds by addressing service gaps, barriers, health impacts, navigation, and integration issues. The program should promote local service coordination and skills to provide care with a patient's usual primary care provider.

Description of Activity *

Multicultural Access Primary Health Care Planning:

A Multicultural Health Needs Assessment was conducted in 2024 to identify services barriers and gaps relating to CALD patients. Consultations were undertaken with a range of people from diverse communities and services who work with communities. n=156 people were consulted at workshops or site visits, 50 surveys were conducted in language and 23 service provider representatives participated.

Key recommendations included enhancing service navigation, reduce language barriers, strengthen understanding of digital health tools, and improving access to mental health service, including equipping GP's with information about appropriate and accessible mental health services for multicultural communities.

Service Directory:

It is difficult for busy clinicians and allied health to find appropriate services (health, social and other) for CALD consumers. A

complex network of help is required that can be hard for care providers to piece together. Feedback from the HNA and associated conversations with clinicians noted that they find it difficult to identify appropriate supports, and that interpreter services slow care and make it frustrating for both clinicians and consumers.

The purpose of the Service Directory is to enable health practitioners, providers and consumers in the EMPHN catchment to easily navigate health and social prescribing services for people from different cultures and languages. Very practically, GPs can use this tool to identify and refer to relevant services to support their ongoing needs and care. The service directory will include services for a range of priority hardly reached populations, including culturally and linguistically diverse people and those who are homeless or at risk of homelessness. Extension to women's health, LGBTQIA+, family violence and other priority populations is anticipated.

The directory will draw from existing sources (e.g. National Health Services Directory) but enhance this through web-scraped AI informed searches, enabling small and more local services (e.g. local council food support, shelters etc.). This will reduce update administration in future and create a model that is extensible to other PHNs. Analytics from the service will collect data on homelessness services searched for, clicked on, saved etc. These analytics will provide a 'service map' to EMPHN from where we can build a strong awareness of services used and conduct appropriate engagement.

In summary, the Service Directory aims to:

- Be the trusted, 'go-to' directory in the EMPHN catchment to find and refer to local health and social support services.
- Simplify the process of finding and referring to local health and social support services.
- Support social prescribing by linking patients to the health and social support services
- Increase the uptake of social services so patients have more immediate, targeted and personalised care and thereby, lessen the load on clinical wait lists.
- Innovate to improve user experience and overcome existing directory limitations.
- Ensure equity by making services accessible to hardly reached populations, particularly CALD communities and those that are homeless or at risk of homelessness.

Establishment of supports in EMPHN:

EMPHN will utilize relationships identified during the HNA to explore the establishment of CALD support services in the catchment, particularly for older consumers. The service being explored provides telehealth consults from in-language allied health providers (e.g. nurse care coordination). This service has been tested to great effect in South Australia.

Exploration of this activity is in train, and will seek to:

- Identify areas of need within the EMPHN catchment.
- Work with relevant general practices and residential aged care homes to embed the model.
- Test the establishment of a service and the sustainability of this when modeling potential MBS funding.
- Work with providers (e.g. Amplar Health) to establish the service.
- Ensure appropriate data capture and reporting is in place where it relates to PHN commissioned services.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
PHC - Increase access to flexible models of care to improve reach to LGBTIQ+ cohorts, multicultural communities, Aboriginal and Torres Strait Islander people, and people experiencing homelessness.	140



Activity Demographics

Target Population Cohort

Multicultural and CALD Population

In Scope AOD Treatment Type ***Indigenous Specific ***

No

Indigenous Specific Comments**Coverage**

Whole Region

Yes

**Activity Consultation and Collaboration****Consultation**

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate. EMPHN is also consulting with other PHNs who have developed and/or host service directories. The Multicultural HNA consulted with 23 service provider representatives consulted (page 3).

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed. As part of the Service Directory design and development we are consulting and collaborating with community stakeholders including, GP's, Care Navigators, Community Advisers to persons who are Homeless or at risk of homelessness. EMPHN will also be reaching community advisers through the participants in the recent HNA.

**Activity Milestone Details/Duration****Activity Start Date**

30/06/2023

Activity End Date

29/06/2025

Service Delivery Start Date**Service Delivery End Date****Other Relevant Milestones**

Contractual milestones:

Service Directory is currently undergoing co-design with community stakeholders. A prototype will be piloted as part of the GP Demo program from April 2025 until June 2025.

Department milestones:

28.05.2025 Activity Work Plan

30.09.2025 12 Month Performance Report

30.09.2025 Financial Acquittal Report

15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current

**Activity Commissioning****Please identify your intended procurement approach for commissioning services under this activity:****Not Yet Known:** No**Continuing Service Provider / Contract Extension:** No**Direct Engagement:** No**Open Tender:** No**Expression Of Interest (EOI):** No**Other Approach (please provide details):** No**Is this activity being co-designed?**

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Email from DoHAC on 15 May 2025 further confirmed that an upcoming deed of variation (DOV) for forward year funding is anticipated. EMPHN will submit an AWP to capture this funding once the new DOV has been executed.

Co-design or co-commissioning comments

APPROVED BY DHDA



AH-HAP-Ops - 1 - After Hours Homelessness Access Program Operational (May 2025)



Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH-HAP-Ops

Activity Number *

1

Activity Title *

After Hours Homelessness Access Program Operational (May 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

After Hours

Aim of Activity *

The PHN is funded to support primary health care access for people experiencing homelessness or at risk of homelessness, where it is demonstrated that there are physical, geographic, or other barriers to accessing primary care services, by addressing service gaps, barriers, health impacts and integration issues in the PHN region. The program should promote local service coordination and skills to provide care with a patient's usual primary care provider.

Description of Activity *

A consultant will be engaged to undertake a Health Needs Assessment (HNA) which;

- addresses gaps in primary health care service arrangements accessed by people experiencing homelessness or at risk of homelessness
- addresses barriers to accessing primary health care service arrangements by people experiencing homeless or at risk of homelessness
- addresses the health impacts of people experiencing homelessness or at risk of homelessness
- Improves primary health care service integration
- Improves patient and community awareness and access to information on primary health care services for people experiencing homelessness or at risk of homelessness; and
- Supports general practices to improve primary health care access for the target group.
- The HNA will inform relevant commissioned services.

Needs Assessment Priorities *

Needs Assessment

Priorities



Activity Demographics

Target Population Cohort

Homeless or at risk of homelessness

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

30/06/2023

Activity End Date

29/06/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

APPROVED BY DHDA



AH-HAP - 1 - After Hours Homelessness Access Program (May 2025)



Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH-HAP

Activity Number *

1

Activity Title *

After Hours Homelessness Access Program (May 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

After Hours

Aim of Activity *

The PHN is funded to support primary health care access for people experiencing homelessness or at risk of homelessness, where it is demonstrated that there are physical, geographic, or other barriers to accessing primary care services, by addressing service gaps, barriers, health impacts and integration issues in the PHN region. The program should promote local service coordination and skills to provide care with a patient's usual primary care provider.

Description of Activity *

Homelessness Primary Health Care Planning:

A homelessness or at risk of homelessness Health Needs Assessment (HNA) was conducted in 2024. The HNA identified the needs, barriers to accessing primary health care, and service gaps of people experiencing homelessness or at risk of homelessness across the catchment. Engagement and consultation were undertaken with a range of service providers and people experiencing homelessness. Throughout the process, n=49 people experiencing homelessness and 28 service provider representatives were consulted across 7 service visits.

Results demonstrated the need for easier navigation, integration (with mental health in particular) and highlighted the critical roles of GP's in addressing the health needs of people experiencing homelessness or at risk of homelessness. The HNA described challenges GP's experience in supporting the health needs of the community.

Service Directory:

It is difficult for busy clinicians and allied health to find appropriate services (health, social and other) for people at risk of, or experiencing homelessness. A complex network of help is required that can be hard for care providers to piece together. Feedback from the HNA and associated conversations with clinicians noted that they find it difficult to identify appropriate supports.

The purpose of the Service Directory is to enable health practitioners, providers and consumers in the EMPHN catchment to easily navigate health and social prescribing services. Very practically, GPs can use this tool to identify and refer a homeless patient to relevant services to support their ongoing needs and care. The service directory will include services for a range of priority hardly reached populations, including homelessness and culturally and linguistically diverse people. Extension to women's health, LGBTQIA+, family violence and other priority populations is anticipated.

The directory will draw from existing sources (e.g. National Health Services Directory) but enhance this through web-scraped AI informed searches, enabling small and more local services (e.g. local council food support, shelters etc.). This will reduce update administration in future and create a model that is extensible to other PHNs. Analytics from the service will collect data on homelessness services searched for, clicked on, saved etc. These analytics will provide a 'service map' to EMPHN from where we can build a strong awareness of services used and conduct appropriate engagement.

In summary, the Service Directory aims to:

- Be the trusted, 'go-to' directory in the EMPHN catchment to find and refer to local health and social support services.
- Simplify the process of finding and referring to local health and social support services.
- Support social prescribing by linking patients to the health and social support services
- Increase the uptake of social services so patients have more immediate, targeted and personalised care and thereby, lessen the load on clinical wait lists.
- Innovate to improve user experience and overcome existing directory limitations.
- Ensure equity by making services accessible to hardly reached populations, particularly CALD communities and those that are homeless or at risk of homelessness.

Establishment of supports in EMPHN:

EMPHN will utilize relationships identified during the HNA to explore the establishment of a 'street side' health clinic in the catchment. Similar services currently exist in the south of Melbourne (e.g. St Kilda) and in inner city Sydney.

Exploration of this activity is in train, and will seek to:

- Identify areas of need within the EMPHN catchment.
- Work with relevant local councils to secure appropriate site/s for a street side health clinic.
- Test the establishment of a service and the sustainability of this when modeling potential MBS funding.
- Work with providers (e.g. Street Side Medics) to establish the service.
- Ensure appropriate data capture and reporting is in place where it relates to PHN commissioned services.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
PHC - Increase access to flexible models of care to improve reach to LGBTQI+ cohorts, multicultural communities, Aboriginal and Torres Strait Islander people, and people experiencing homelessness.	140



Activity Demographics

Target Population Cohort

Homeless or at risk of homelessness

In Scope AOD Treatment Type ***Indigenous Specific ***

No

Indigenous Specific Comments**Coverage****Whole Region**

Yes

**Activity Consultation and Collaboration****Consultation**

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate. EMPHN is also consulting with other PHNs who have developed and/or host service directories. Refer to page 3 of EMPHN's 2024 Homelessness HNA for the 28 service provider representatives that were consulted.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed. As part of the Service Directory design and development we are consulting and collaborating with community stakeholders including the GP Demo Expert Work Group, GP's, Care Navigators, Community Advisers to persons who are Homeless or at risk of homelessness. EMPHN will also be reaching community advisers through the participants in the recent HNA.

**Activity Milestone Details/Duration****Activity Start Date**

30/06/2023

Activity End Date

29/06/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Contractual milestones:

Service Directory is currently undergoing co-design with community stakeholders. The prototype will be piloted as part of the GP Demo program from April 2025 until June 2025.

Department milestones:

28.05.2025 Activity Work Plan

30.09.2025 12 Month Performance Report

30.09.2025 Financial Acquittal Report

15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Email from DoHAC on 15 May 2025 further confirmed that an upcoming deed of variation (DOV) for forward year funding is anticipated. EMPHN will submit an AWP to capture this funding once the new DOV has been executed.

Co-design or co-commissioning comments

APPROVED BY DHDA



AH - 1 - After Hours (May 2025)



Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH

Activity Number *

1

Activity Title *

After Hours (May 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

After Hours

Aim of Activity *

The aim of this activity is to increase access and improve systems related to after-hours care and support, particularly for vulnerable populations and those with mental health issues.

Description of Activity *

After Hours Primary Health Care Planning:

A discrete Health Needs Assessment of After-Hours Primary Care (AHPC) in the EMPHN region was conducted by Rebbeck in October 2023. The Needs Assessment Priorities from the AHPC HNA are referenced in the dot points below.

1. Mental health issues and paediatrics are the health categories presenting after hours - P2
2. The Northeastern LGAs of Mitchell, Whittlesea, Banyule, Murrindindi Yarra Ranges are priority areas for improving after hours access and provision – P79

The AH HNA identified priority geographies, populations and health issues with elevated needs or unmet demand for after hours primary health care provision.

EMPHN's After Hours Program includes activities such as:

1. After Hours GP Service

The AH GP Service is commissioned by EMPHN and based in the Healesville Hospital. This program aims to reduce non-urgent

attendances at hospital emergency departments in the after hours period. The after-hours service provides the community with access to after-hours GP care in an area with no access to Medical Deputizing services (MDS) in the Healesville and surrounding areas, therefore providing an alternative to the emergency department.

2. After-Hours Mental Health Nursing Service (AHMHNS)

This service provides mental health supports for clients experiencing mild to moderate mental health issues like anxiety, depression and grief who require assessment, brief intervention, navigation of mental health services or medication advice in the after hours. The service provides a walk-in alternative to the local emergency department, operates 365 days per year and is staffed by mental health nurses.

AH GP Service & AHMHNS promote collaboration via established referral pathways and regular connection and communication with local emergency departments, General practices and other potential referrers. Both services also offer community members seeking after-hours care the option to walk-in rather than needing to be referred. Finally, both services have identified key after-hour stakeholders and established alternate options including Medicare UCC's, Victorian Virtual Emergency Department (VVED) and Emergency Departments for patients seeking after-hours care that cannot wait for follow-up by a GP the next day.

After Hours Mental Health Nursing and Liaison Service will be transitioned to Mental Health Flex funding in July 2025 noting that this program will now be out of scope of DoHAC After Hours Program.

3. Monitoring & Evaluation of AH Programs

Nous Group (Nous) was commissioned by the Primary Care Branch of the Department of Health and Aged Care to develop and pilot a monitoring and evaluation framework for the AH, Multicultural Access and Homelessness Access programs. This work commenced in April 2024, with piloting of the Framework due to commence in early 2025.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Health Conditions (HC)	138
MH and SP - Access to community-based specialist mental health care for at-risk cohorts to provide early intervention and management and reduce need for hospital care for high-prevalence episodes.	139
Mental Health (MH) and Suicide Prevention (SP)	139
Alcohol and other drugs (AOD)	137



Activity Demographics

Target Population Cohort

Palliative care, Mental health, First Nation and other vulnerable populations

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Manningham - East	21102
Nillumbik - Kinglake	20903
Manningham - West	20702
Whittlesea - Wallan	20904
Banyule	20901



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

In the After-Hours Health Needs Assessment, consultations were conducted with consumers and service providers, including one Community Advisory Group, three GPs, three multicultural community members, and one staff member from a community centre. EMPHN was also engaged as key stakeholders in the Nous evaluation framework development.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

24/06/2015

Activity End Date

29/06/2025

Service Delivery Start Date

01/07/2022

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Department milestones:

28.05.2025 Activity Work Plan

30.09.2025 12 Month Performance Report

30.09.2025 Financial Acquittal Report

15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

After Hours Mental Health Nursing and Liaison Service will be transitioned to Mental Health Flex funding in July 2024 noting that this program will now be out of scope of DoHAC After Hours Program.

AH extension underway through grant proposal. DOV anticipated contingent on grant proposal being approved.

Email from DoHAC on 15 May 2025 further confirmed that an upcoming deed of variation (DOV) for forward year funding is anticipated. EMPHN will submit an AWP to capture this funding once the new DOV has been executed.

Co-design or co-commissioning comments

APPROVED BY DHDA



AH-Op - 1 - After Hours Operational (May 2025)



Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH-Op

Activity Number *

1

Activity Title *

After Hours Operational (May 2025)

Existing, Modified or New Activity *

Modified