

# Eastern Melbourne - Aged Care

## 2023/24 - 2027/28

### Activity Summary View



## AC-OSP - 1 - Aged Care On-site Pharmacist Measure – RACH Support Grant Program - Nov 2025 (OPERATIONAL)



### Activity Metadata

**Applicable Schedule \***

Aged Care

**Activity Prefix \***

AC-OSP

**Activity Number \***

1

**Activity Title \***

Aged Care On-site Pharmacist Measure – RACH Support Grant Program - Nov 2025 (OPERATIONAL)

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

**Other Program Key Priority Area Description****Aim of Activity \***

Execution of the ACOP Measure

**Description of Activity \***

Execution of the ACOP Measure

**Needs Assessment Priorities \*****Needs Assessment**

**Priorities**

Priority	Page reference
Aged Care (AC)	136
PHC - Incentivise primary care for GPs, nursing, and allied health providers as a career, thereby increasing availability of the primary care workforce.	140
PHC - Improve collaborative partnerships and shared models of care between primary, community and acute care.	140



## Activity Demographics

**Target Population Cohort**

Older people, RACHs and pharmacists

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

No

**Indigenous Specific Comments**

**Coverage**

**Whole Region**

Yes



## Activity Consultation and Collaboration

**Consultation**

**Collaboration**



## Activity Milestone Details/Duration

### Activity Start Date

10/03/2025

### Activity End Date

29/06/2027

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones

#### Contractual milestones

30.05.2025 - Design workshop

#### 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

30.04.26 - Activity Work Plan and Budget

30.09.26 - Performance Report

30.09.26 - Financial Acquittal Report

30.09.27 - Performance Report

30.09.27 - Financial Acquittal Report



## 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:** Yes

**Open Tender:** No

**Expression Of Interest (EOI):** Yes

**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?

Yes

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

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

To be determined in consultation with the National PHN Co-Op for Medicines Safety



## AC-OSP - 2 - Aged Care On-site Pharmacist Measure – RACH Support Grant Program - Nov 2025 (FLEXIBLE)



### Activity Metadata

**Applicable Schedule \***

Aged Care

**Activity Prefix \***

AC-OSP

**Activity Number \***

2

**Activity Title \***

Aged Care On-site Pharmacist Measure – RACH Support Grant Program - Nov 2025 (FLEXIBLE)

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

**Other Program Key Priority Area Description****Aim of Activity \***

This activity aims to:

- increase uptake of aged care on-site pharmacists by RACHs around Australia, and
- improve access to aged care on-site pharmacists in RACHs.

**Description of Activity \***

This grant program provides funding for PHNs to assist residential aged care homes to engage aged care on-site pharmacists to work in a clinical role to improve medication management for residents under the Aged Care On-site Pharmacist (ACOP) Measure.

The intended outcomes of this program include:

- Improved uptake of the ACOP Measure by RACHs
- Improved medicines management with RACHs
- Increased engagement of the pharmacy sector within the catchment

Activities include:

- Market analysis of residential aged care homes to assess interest in, and barriers to uptake of, on-site pharmacists and the ACOP measure.
- Provide information on the ACOP Measure to RACHs in the EMPHN region.

- Identify eligible pharmacists who are seeking to work on-site in RACHs under the ACOP Measure.
- Connect interested RACHs with eligible pharmacists seeking to be employed by RACHs under the Measure.
- Collaborate with other PHNs to provide on-going support to RACHs and ACOP pharmacists with implementation of the ACOP Measure

EMPHN will also engage with a national PHN collaborative to share lessons and scale opportunities.

### Needs Assessment Priorities \*

#### Needs Assessment

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

#### Priorities

Priority	Page reference
Aged Care (AC)	136
PHC - Incentivise primary care for GPs, nursing, and allied health providers as a career, thereby increasing availability of the primary care workforce.	140
PHC - Improve collaborative partnerships and shared models of care between primary, community and acute care.	140



### Activity Demographics

#### Target Population Cohort

Older people and pharmacists

#### 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.

In addition to the above, we will also be consulting with RACHs, community pharmacies in our catchment, Pharmaceutical Society of Australia and the National PHN Co-Operative for Medicines Safety.

## 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.

Key collaborators for this activity include:

- PHN Co-Op for Medicines Safety
- Pharmaceutical Society of Australia



## Activity Milestone Details/Duration

### Activity Start Date

10/03/2025

### Activity End Date

29/06/2027

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones

Contractual milestones

Design workshop 30/05/25

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

30.04.26 - Activity Work Plan and Budget

30.09.26 - Performance Report

30.09.26 - Financial Acquittal Report

30.09.27 - Performance Report

30.09.27 - Financial Acquittal Report

15.11.27 - Needs Assessment



## 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?**

Yes

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

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

To be determined in consultation with the national PHN cooperative for medicines safety



# AC-EI - 1 - Aged Care - Early Intervention (OPERATIONAL) - Nov 2025



## Activity Metadata

**Applicable Schedule \***

Aged Care

**Activity Prefix \***

AC-EI

**Activity Number \***

1

**Activity Title \***

Aged Care - Early Intervention (OPERATIONAL) - Nov 2025

**Existing, Modified or New Activity \***

Modified



## Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

**Other Program Key Priority Area Description****Aim of Activity \***

Ops funding for AC-EI

**Description of Activity \***

Ops funding for AC-EI

**Needs Assessment Priorities \*****Needs Assessment**

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

**Priorities**

Priority	Page reference
Aged Care (AC)	136
Health Conditions (HC)	138



## Activity Demographics

### Target Population Cohort

Older people living in the community

### 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 considers 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

28/11/2021

**Activity End Date**

29/06/2027

**Service Delivery Start Date**

27/06/2022

**Service Delivery End Date**

30/06/2027

**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 DHDA Needs Assessment is current

30.04.2026 Activity Work Plan

30.09.2026 12 Month Performance Report

30.09.2026 Financial Acquittal

30.09.2027 - Performance Report

30.09.2027 - Financial Acquittal Report

**Activity Commissioning****Please identify your intended procurement approach for commissioning services under this activity:****Not Yet Known:** Yes**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?**

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?**

N/A

**Co-design or co-commissioning comments**

APPROVED BY DHDA



## AC-EI - 2 - Aged Care - Early Intervention (FLEXIBLE) - Nov 2025



### Activity Metadata

**Applicable Schedule \***

Aged Care

**Activity Prefix \***

AC-EI

**Activity Number \***

2

**Activity Title \***

Aged Care - Early Intervention (FLEXIBLE) - Nov 2025

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this activity is to support senior Australians to live in the community for longer through the promotion of healthy ageing and support for the ongoing self-management of chronic disease.

**Description of Activity \***

Some older Australians are entering aged care earlier than they may otherwise need to due to a lack of support for healthy ageing or ability to manage their chronic conditions in the community.

The objectives of this activity are to:

- Support senior Australians to live in the community for longer (including those not currently receiving aged care services) through commissioning early intervention initiatives that promote healthy ageing, slow decline and support the ongoing management of chronic conditions
- Increase awareness in the primary health care workforce of the needs of the population and the availability of these initiatives.
- Educating primary health care providers on how to connect senior Australians with necessary psychosocial, health, social and welfare supports.
- Implement monitoring and evaluation standards and capabilities to ensure that commissioned Services are effective and efficient and meet the needs of the community.
- Other activities as identified through the health needs assessment and stakeholder engagement.

In addition to the EMPHN Health Needs Assessment 2024/25–26/27, a supplementary Health Needs Assessment was conducted in 2022, specifically focusing on older adults ahead of the commissioning of Care Finders. The insights gained from this analysis were utilized in shaping the design and commissioning of services for this activity.

This activity builds upon the existing Right Care Better Health (RCBH) program, which supports patients with complex and chronic conditions. A model of care review was conducted to evaluate the pre-existing RCBH model and included comparing and benchmarking the program against other models of care. The findings concluded there were no similar programs available targeting this cohort in the area, hence the RCBH program was selected and adapted to target this patient cohort. As part of the RCBH redesign process, a literature review was conducted to examine best practices for care coordination among older adults with chronic health conditions. The findings informed the refinement of the patient eligibility criteria to include patients considered frail and at high risk of falls.

The RCBH program model facilitates coordinated and integrated care within general practice settings, delivered by community health providers. The program aims to strengthen primary care for patients with complex and chronic conditions by improving access to ongoing treatment, enhancing care coordination, and building GP capacity to manage these conditions effectively. Through better multidisciplinary collaboration and disease prevention at the primary care level, it aims to reduce the burden of chronic disease, lower avoidable hospital and Emergency Department (ED) admissions, and improve patient quality of life.

Beyond providing direct patient care, the in-house care coordinator plays a crucial role in enhancing the practice team's capability in care coordination. This is achieved through peer mentoring, education, community of practice meetings, resource sharing and the development of a service directory.

The RCBH program currently commissions two providers to deliver these services, one operating in the eastern region of the EMPHN catchment and the other in the northern region. The provider operating in the north was a new provider in this area. A rigorous RFT procurement process was implemented to procure this provider. The program is also being expanded to deliver across additional small and solo general practices in the north region, utilizing funding from the 'Commissioning of Multidisciplinary Teams' grant. The existing provider in the north will be commissioned to deliver the program in these new practices, with service commencement expected by June 2025.

Monitoring and data collection will continue to focus on patient experience of care and quality of life outcomes (via the EQ5D5L), equity, impact on hospital admissions and health service usage, clinician experience measures and provider experience. An independent evaluation of the program is scheduled to be commissioned and conducted between April and October 2025. This evaluation will assess key aspects of the program, including its overall effectiveness in meeting program objectives, cost-effectiveness, and long-term sustainability and scalability potential.

## Needs Assessment Priorities \*

### Needs Assessment

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

### Priorities

Priority	Page reference
Aged Care (AC)	136
HC - Increase, promote disease prevention initiatives targeting behavioural, environmental risk factors to reduce the prevalence of chronic conditions. This includes CALD communities.	138
HC - Increase access to early intervention health programs, such as lifestyle changes, and ongoing primary care management of chronic conditions, including improved multidisciplinary care coordination	138
HC - Build GP capability to manage complex,	138

comorbid health conditions	
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## Activity Demographics

### Target Population Cohort

Older people living in the community

### 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.

The two currently commissioned service providers have been involved in planning and design workshops to understand the challenges of service implementation and delivery and opportunities for collaboration and improvement. The providers have collaborated with EMPHN in the co-design of the program logic, program objectives and model of care.

General practices and practice staff involved in delivering the program are routinely engaged by EMPHN to provide continuous improvement feedback via routine reports and surveys. Additionally, practice staff are involved in providing input into the development of capability building activities, such as topic prioritization and agenda setting for the Community of Practice meetings.

The providers and practices will be actively engaged and involved in the upcoming evaluation of the program, providing qualitative and quantitative data to the evaluation team and participating in review and feedback sessions to discuss the implications of the findings and recommendations.



## Activity Milestone Details/Duration

### Activity Start Date

29/11/2021

### Activity End Date

29/06/2027

### Service Delivery Start Date

27/06/2022

### Service Delivery End Date

30/06/2027

### 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

30.04.2026 Activity Work Plan

30.09.2026 12 Month Performance Report

30.09.2026 Financial Acquittal

30.09.2027 - Performance Report

30.09.2027 - Financial Acquittal Report



## 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?**

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?**

N/A

**Co-design or co-commissioning comments**



# AC-VARACF - 1 - Aged Care - Virtual Access in RACHs (OPERATIONAL) - Nov 2025



## Activity Metadata

**Applicable Schedule \***

Aged Care

**Activity Prefix \***

AC-VARACF

**Activity Number \***

1

**Activity Title \***

Aged Care - Virtual Access in RACHs (OPERATIONAL) - Nov 2025

**Existing, Modified or New Activity \***

Modified



## Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

**Other Program Key Priority Area Description****Aim of Activity \***

AC-VARACF Ops

**Description of Activity \***

AC-VARACF Ops

**Needs Assessment Priorities \*****Needs Assessment**

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

**Priorities**

Priority	Page reference
Aged Care - Improve workforce competency among nurses and case workers for complex aged care.	136

Aged Care (AC)	136
PHC - Increase access to affordable primary care and allied health services to provide early assessment, preventative care and referral in the general population.	140

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## Activity Demographics

### Target Population Cohort

Older people living in residential aged care facilities.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

### Collaboration



## Activity Milestone Details/Duration

### Activity Start Date

29/11/2021

### Activity End Date

29/06/2027

**Service Delivery Start Date**

01/05/2023

**Service Delivery End Date**

30/06/2027

**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

30.04.2026 Activity Work Plan

30.09.2026 12 Month Performance Report

30.09.2026 Financial Acquittal

30.09.2027 - Performance Report

30.09.2027 - Financial Acquittal Report

**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:** Yes

**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?**

N/A

**Co-design or co-commissioning comments**

Codesign commentary - extensive consultation was conducted with RACFs to understand their current Telehealth support requirements, key barriers and enablers to Telehealth and these have been incorporated into the grant planning.

APPROVED BY DHDA



## AC-VARACF - 2 - Aged Care - Virtual Access in RACHs (FLEXIBLE) - Nov 2025



### Activity Metadata

**Applicable Schedule \***

Aged Care

**Activity Prefix \***

AC-VARACF

**Activity Number \***

2

**Activity Title \***

Aged Care - Virtual Access in RACHs (FLEXIBLE) - Nov 2025

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this activity is to improve timely access to primary health care professionals for residents in Residential Aged Care Homes (RACH), particularly through improvement in access, capacity and capability to utilise telehealth facilities.

**Description of Activity \***

Timely access to primary health care professionals, whether through face-to-face consultation or telehealth, is recognised as an issue for many RACHs, that in some cases can lead to potentially preventable hospitalisations. RACHs require adequate telehealth facilities to support access to virtual consultations for their residents.

**Activities include:**

- Ongoing consideration of assessment of RACHs in the EMPHN region to understand their current engagement with telehealth and perceived barriers and enablers.
- Provide training to RACH staff to support them to have the capability and knowledge to assist their residents in accessing virtual consultation services
- Provide support to National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATISFACP) and Multi-Purpose Services (MPS) services where a local need is identified and there is available funding without disadvantaging RACHs.
- Ongoing monitoring of RACH tiering (high and low needs), based on a number of factors including socio-economic area, size etc. to inform RACH support.

- Supporting RACHs to embed the deliverables of a grants process (including proactive outreach) to upgrade RACH telehealth capabilities, particularly for the use of video conferencing.
- Collaboration with Victorian and Tasmania PHN Alliance (VTPHNA) to develop telehealth education aimed at upskilling RACH staff in operating and using telehealth equipment to assist the residents in accessing virtual consultation services. Each RACH engaging in the grant opportunity will need to put forward staff to engage in the training.
- Work with EMPHNs digital health team and ADHA to promote and onboard RACHs to MyHealthRecord
- Assess RACHs need to improve telehealth infrastructure and capability as part of the grant application process to avoid duplication of efforts
- Other activities as identified through health needs assessment and other stakeholder engagement.

## Needs Assessment Priorities \*

### Needs Assessment

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

### Priorities

Priority	Page reference
Aged Care - Improve workforce competency among nurses and case workers for complex aged care.	136
PHC - Increase access to affordable primary care and allied health services to provide early assessment, preventative care and referral in the general population.	140



## Activity Demographics

### Target Population Cohort

Older people living in residential aged care facilities

### 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.

Key stakeholders were identified, including general practitioners and RACH staff were consulted with to identify the barriers for uptake of telehealth and virtual consultation from both the clinician and client sides. Their input informed the program design and evaluation.

Future consultation will engage these stakeholders to ensure program design aligns with the needs of the community.

## 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.

There is ongoing collaboration with the VTPHNA to develop and evaluate training modules that increase the capability of RACH staff in assisting the residents with accessing care using telehealth equipment. Collaboration with the VTPHNA also plays a role in the design of the program and alignment of activities.

Ongoing collaboration will continue to shape and improve the program to align with the community needs.



## Activity Milestone Details/Duration

### Activity Start Date

29/11/2021

### Activity End Date

29/06/2027

### Service Delivery Start Date

01/05/2023

### Service Delivery End Date

30/06/2027

### 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

30.04.2026 Activity Work Plan

30.09.2026 12 Month Performance Report



## 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:** Yes

**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?**

N/A

**Co-design or co-commissioning comments**

Codesign commentary - extensive consultation was conducted with RACHs to understand their current Telehealth support requirements, key barriers and enablers to Telehealth and these have been incorporated into the grant planning.



# AC-AHARACF - 1 - Aged Care - After Hours Access in RACHs (OPERATIONAL) - Nov 2025



## Activity Metadata

**Applicable Schedule \***

Aged Care

**Activity Prefix \***

AC-AHARACF

**Activity Number \***

1

**Activity Title \***

Aged Care - After Hours Access in RACHs (OPERATIONAL) - Nov 2025

**Existing, Modified or New Activity \***

Modified



## Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

**Other Program Key Priority Area Description****Aim of Activity \***

AC-AHARACF Ops

**Description of Activity \***

AC-AHARACF Ops

**Needs Assessment Priorities \*****Needs Assessment**

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

**Priorities**

Priority	Page reference
Aged Care - Increase GP availability and engagement in aged care to meet demand in older adults requiring health care.	136

Aged Care - Improve workforce competency among nurses and case workers for complex aged care.	136
Aged Care (AC)	136

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## Activity Demographics

### Target Population Cohort

Older people living in residential aged care facilities

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

### Collaboration



## Activity Milestone Details/Duration

### Activity Start Date

29/11/2021

### Activity End Date

29/06/2027

**Service Delivery Start Date**

30/06/2023

**Service Delivery End Date**

30/06/2027

**Other Relevant Milestones**

Department milestones:

28.05.25 - Activity Work Plan and Budget

30.09.25 - Final Performance Report

30.09.25 - Final Financial Acquittal Report

15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current

30.04.2026 Activity Work Plan

30.09.2026 12 Month Performance Report

30.09.2026 Financial Acquittal

30.09.2027 - Performance Report

30.09.2027 - Financial Acquittal Report

**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):** Yes

**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?**

N/A

**Co-design or co-commissioning comments**

This activity is a result of an in-depth consultation with Aged Care Providers, Residential Inreach and Ambulance Victoria. The metro PHNs have collaborated to share findings from their consultations and co-develop aspects of the after hours toolkit

APPROVED BY DHDA



## AC-CF - 1 - Care Finder Program (OPERATIONAL) - Nov 2025



### Activity Metadata

**Applicable Schedule \***

Aged Care

**Activity Prefix \***

AC-CF

**Activity Number \***

1

**Activity Title \***

Care Finder Program (OPERATIONAL) - Nov 2025

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

**Other Program Key Priority Area Description****Aim of Activity \***

AC-CF Ops

**Description of Activity \***

AC-CF Ops

**Needs Assessment Priorities \*****Needs Assessment**

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

**Priorities**

Priority	Page reference
Aged Care - Increase GP availability and engagement in aged care to meet demand in older adults requiring health care.	136
Aged Care (AC)	136
Primary health care (PHC)	140
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

People who are eligible for aged care services and have one or more reasons for requiring intensive support to:

- interact with My Aged Care and access aged care services and/or
- access other relevant supports in the community.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

### Collaboration



## Activity Milestone Details/Duration

### Activity Start Date

29/11/2021

### Activity End Date

29/06/2029

### Service Delivery Start Date

03/01/2023

### Service Delivery End Date

30/06/2029

### Other Relevant Milestones

Department milestones

28.05.25 - Activity Work Plan and Budget  
30.09.25 - Performance Report  
30.09.25 - Financial Acquittal Report  
30.04.26 - Activity Work Plan and Budget  
30.09.26 - Performance Report  
30.09.26 - Financial Acquittal Report  
30.09.27 - Performance Report  
30.09.27 - Financial Acquittal Report  
15.11.27 - Needs Assessment  
30.04.28 - Activity Work Plan and Budget  
30.09.28 - Performance Report  
30.09.28 - Financial Acquittal Report  
15.11.28 - Needs Assessment  
30.04.29 - Activity Work Plan and Budget  
30.09.29 - Final Performance Report  
30.09.29 - Final Financial Acquittal Report



## 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:** Yes

**Open Tender:** Yes

**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?**

**Co-design or co-commissioning comments**



## AC-AHARACF - 2 - Aged Care - After Hours Access in RACHs (FLEXIBLE) - Nov 2025



### Activity Metadata

**Applicable Schedule \***

Aged Care

**Activity Prefix \***

AC-AHARACF

**Activity Number \***

2

**Activity Title \***

Aged Care - After Hours Access in RACHs (FLEXIBLE) - Nov 2025

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this activity will be to provide education and support to RACHs to develop their processes for managing the health of residents in the after-hours period in order to reduce clinically inappropriate transfer to hospital.

**Description of Activity \***

RACH residents can experience deterioration in their health during the after-hours period, but immediate transfer to hospital is not always clinically necessary or appropriate. Lack of awareness and utilisation of out of hours services provided by GPs and other health professionals leads residents to unnecessary hospital presentations.

**Activities include:**

- Conducted an environmental scan to assess the presence and quality of after-hours action plans in RACHs. An initial survey indicated all RACHs had plans; however further engagement revealed variability in plan and limited utilisation. While over 50% of homes engaged in an initial capability assessment, 90 homes (of 160) have since applied for and received EMPHN Telehealth grants, which include after-hours planning components.
- Encouraging RACHs to maintain up-to-date digital medical records for residents.
- ADHA training on My Health Record is included as a requirement for the 90 Telehealth grant recipients.
- Development of an after-hours toolkit in collaboration with metro PHNs and key stakeholders.
- Working with RACHs in the region to implement the toolkit alongside key partners, such as Victorian Virtual Emergency

Department, Ambulance Victoria and Residential In Reach services.

- Collaboration with Victorian PHNs to develop and implement early deterioration training.
- Other activities as identified through health needs assessment and stakeholder engagement.

Ongoing engagement includes:

- Promoting the After-Hours Toolkit and sustainable planning through streamlined communications, including a dedicated RACH bulletin.
- Continue to engage with ADHA and support RACHs in My Health Record adoption and sharing resources.
- Supporting RACHs with resources and training on after-hours planning, including the distribution of recorded training sessions.

## **Needs Assessment Priorities \***

### **Needs Assessment**

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

### **Priorities**

<b>Priority</b>	<b>Page reference</b>
Aged Care - Increase GP availability and engagement in aged care to meet demand in older adults requiring health care.	136
Aged Care - Improve workforce competency among nurses and case workers for complex aged care.	136
Aged Care (AC)	136



## **Activity Demographics**

### **Target Population Cohort**

Older people living in residential aged care facilities

### **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.

Consultation for this activity has involved key stakeholders, including clinicians, aged care providers, and sector representatives, to ensure alignment with sector needs and best practices. Specific consultations include:

- RACHs engaged through surveys and targeted discussions to assess after-hours action plans and training needs.
- Victorian PHNs collaboration on the development of early deterioration training and toolkit implementation strategies.
- Ambulance Victoria & Victorian Virtual Emergency Department provided insights on optimising after-hours care pathways.
- ADHA engaged to support My Health Record adoption and digital record-keeping training.

### 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.

This activity involves collaboration with multiple stakeholders to co-design and implement after-hours planning and support initiatives:

- Victorian PHNs in jointly developing and delivering early deterioration training and after-hours planning resources.
- RACHs in partnering to assess, refine, and implement after-hours action plans.
- Ambulance Victoria & Victorian Virtual Emergency Department in supporting training and system integration to enhance access to telehealth and urgent care services.
- ADHA in providing My Health Record training and digital health resources.



## Activity Milestone Details/Duration

### Activity Start Date

29/11/2021

### Activity End Date

29/06/2027

### Service Delivery Start Date

30/06/2023

### Service Delivery End Date

30/06/2027

### 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  
30.04.2026 Activity Work Plan  
30.09.2026 12 Month Performance Report  
30.09.2026 Financial Acquittal  
30.09.2027 - Performance Report  
30.09.2027 - Financial Acquittal Report



## 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):** Yes

**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?**

N/A

**Co-design or co-commissioning comments**

This activity is a result of an in-depth consultation with Aged Care Providers, Residential Inreach and Ambulance Victoria. The metro PHNs have collaborated to share findings from their consultations and codevelop aspects of the after hours toolkit



## AC-CF - 2 - Care Finder Program (FLEXIBLE) - Nov 2025



### Activity Metadata

**Applicable Schedule \***

Aged Care

**Activity Prefix \***

AC-CF

**Activity Number \***

2

**Activity Title \***

Care Finder Program (FLEXIBLE) - Nov 2025

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of the activity is to establish and maintain a network of care finders that provide specialist and intensive assistance to help eligible patients understand and access aged care and other relevant supports in the community.

**Description of Activity \***

The Care Finder Program supports individuals who face significant barriers in navigating the aged care system, particularly those with complex needs and limited access to services. The program addresses challenges identified by the Royal Commission into Aged Care Quality and Safety, ensuring that vulnerable populations receive targeted assistance to access aged care and community services. Commissioned in 2022 through an open tender process, EMPHN engaged four providers, with an additional five transitioning providers from the Commonwealth's Assistance with Care and Housing (ACH) program.

The intended outcomes of the care finder program is to improve outcomes for people in the care finder target population including:

- improved coordination of support when seeking to access aged care
- improved understanding of aged care services and how to access them
- improved openness to engage with the aged care system
- increased care finder workforce capability to meet client needs
- increased rates of access to aged care services and connections with other relevant supports

- increased rates of staying connected to the services they need post service commencement
- improve integration between the health, aged care and other systems at the local level within the context of the care finder program.

Activities include:

- Completed a health needs assessment that assists with understanding local needs in relation to care-finder support, including Care Finders that focus specifically on CALD and other specific community needs.
- Commissioned a network of care finders to provide specialist and intensive assistance to help eligible patients understand and access aged care and other relevant supports in the community.
- Continuing work with providers to improve the quality of their services to best meet the needs of the community.
- Support a local community of practice for the various Care Finder providers to work together and share learnings and innovations.
- Continue to engage with VACCHO as they develop the Elder Support Program to ensure cohesive future integration.
- Develop integration activities for home care providers, general practice and other key stakeholders such as hospitals, pharmacies and councils.
- Maintain the EMPHN Care Finder service map
- Conduct local industry briefings for stakeholders who may refer to Care Finder.
- Continue to collaborate with Victorian and Tasmanian PHNs to ensure consistency regarding program implementation and contract manage.
- Other activities as identified from the health needs assessment and stakeholder engagement.

EMPHN continues to refine service delivery through stakeholder engagement and continuous quality improvement initiatives.

## Needs Assessment Priorities \*

### Needs Assessment

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

### Priorities

Priority	Page reference
Aged Care - Increase GP availability and engagement in aged care to meet demand in older adults requiring health care.	136
Aged Care (AC)	136
Primary health care (PHC)	140
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

People who are eligible for aged care services and have one or more reasons for requiring intensive support to:

- interact with My Aged Care and access aged care services and/or
- access other relevant supports in the community.

Based on the Care Finder Supplementary Needs Assessment, priority sub-groups for care finder support across our region include Culturally and Linguistically Diverse (CALD) communities and people experiencing homelessness or at risk of homelessness, due to

their heightened need for intensive support in accessing aged care and community services.

**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.

Consultation was a key component in commissioning the Care Finder Program. Structured, formal consultations were conducted with local government, aged care assessment services, primary health providers, organisations supporting priority populations, carer organisations, advisory councils, homelessness organisations, and Assistance with Care and Housing (ACH) providers. These consultations informed the program design and helped identify key priority groups requiring intensive support.

The following organisations contributed to the consultation process:

- Care Leavers Australia Network
- Carers Victoria
- DPV Health
- EMPHN's Clinical Council members
- EMPHN's Community Advisory Committee members
- Ethnic Communities Council of Victoria
- Merri Outreach Support Service (ACH)
- Mullum Mullum Indigenous Gathering Place
- Murrindindi Shire Council
- Nexus Primary Health
- Salvation Army (ACH)
- St Vincent's Aged Care Assessment Service
- Val's LGBTI Ageing and Aged Care
- Villa Maria Catholic Homes (ACH)
- Whittlesea Council

Future consultation efforts will continue to engage these and other relevant stakeholders to ensure ongoing alignment with

community needs and evolving service delivery priorities.

## 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.

Key partners were identified and consulted through the Care Finder Supplementary Needs Assessment, ensuring collaboration played a central role in shaping the program. EMPHN has worked with health, aged care, and community organisations, as well as other PHNs, to enhance service integration. This includes engagement with the Victorian/Tasmanian PHN Alliance for alignment activities, provider collaboration, and joint communities of practice.

EMPHN has also supported regional integration efforts with health and aged care partners, ensuring services remain coordinated, responsive, and aligned with community needs. Ongoing collaboration will continue to strengthen the program and improve outcomes for priority populations.



## Activity Milestone Details/Duration

### Activity Start Date

29/11/2021

### Activity End Date

29/06/2029

### Service Delivery Start Date

03/01/2023

### Service Delivery End Date

30/06/2029

### Other Relevant Milestones

Department milestones:

28.05.2025 Activity Work Plan

15.11.2025 - Other Report – Confirm with DOHAC Needs Assessment is current

30.09.25 - Financial Acquittal Report

30.04.26 - Activity Work Plan and Budget

30.09.26 - Performance Report

30.09.26 - Financial Acquittal Report

30.09.27 - Performance Report

30.09.27 - Financial Acquittal Report

15.11.27 - Needs Assessment

30.04.28 - Activity Work Plan and Budget

30.09.28 - Performance Report

30.09.28 - Financial Acquittal Report

15.11.28 - Needs Assessment

30.04.29 - Activity Work Plan and Budget

30.09.29 - Final Performance Report

30.09.29 - Final Financial Acquittal Report



## 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:** Yes

**Open Tender:** Yes

**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?**

N/A

**Co-design or co-commissioning comments**



## AC-CF - 3 - Care Finder Program - ACH Transition Funding (FLEXIBLE) - Nov 2025



### Activity Metadata

**Applicable Schedule \***

Aged Care

**Activity Prefix \***

AC-CF

**Activity Number \***

3

**Activity Title \***

Care Finder Program - ACH Transition Funding (FLEXIBLE) - Nov 2025

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of the activity is to contract ACH providers as care finders.

**Description of Activity \***

Within the Care Finder program funding was quarantined for existing Assistance with Care and Housing (ACH) as outlined in the Care Finder operating guidelines. ACH providers have now been fully integrated into the Care Finder program. See Care Finder AWP for further detail.

**Needs Assessment Priorities \*****Needs Assessment**

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

**Priorities**

Priority	Page reference
Aged Care - Increase GP availability and engagement in aged care to meet demand in older adults requiring health care.	136
Aged Care (AC)	136
Primary health care (PHC)	140
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

People who are eligible for aged care services and have one or more reasons for requiring intensive support to:

- interact with My Aged Care and access aged care services and/or
- access other relevant supports in the community.

### 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.

Consultation was a key component in commissioning the Care Finder Program. Structured, formal consultations were conducted

with local government, aged care assessment services, primary health providers, organisations supporting priority populations, carer organisations, advisory councils, homelessness organisations, and Assistance with Care and Housing (ACH) providers. These consultations informed the program design and helped identify key priority groups requiring intensive support.

The following organisations contributed to the consultation process:

- Care Leavers Australia Network
- Carers Victoria
- DPV Health
- EMPHN's Clinical Council members
- EMPHN's Community Advisory Committee members
- Ethnic Communities Council of Victoria
- Merri Outreach Support Service (ACH)
- Mullum Mullum Indigenous Gathering Place
- Murrindindi Shire Council
- Nexus Primary Health
- Salvation Army (ACH)
- St Vincent's Aged Care Assessment Service
- Val's LGBTI Ageing and Aged Care
- Villa Maria Catholic Homes (ACH)
- Whittlesea Council

Future consultation efforts will continue to engage these and other relevant stakeholders to ensure ongoing alignment with community needs and evolving service delivery priorities.

### **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.

EMPHN worked closely with Assistance with Care and Housing (ACH) providers to support their transition into Care Finder providers. EMPHN has also supported regional integration efforts with health and aged care partners, ensuring services remain coordinated, responsive, and aligned with community needs.



### **Activity Milestone Details/Duration**

#### **Activity Start Date**

29/11/2021

#### **Activity End Date**

29/06/2025

#### **Service Delivery Start Date**

03/01/2023

#### **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:** Yes  
**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**

Yes

**Decommissioning details?**

ACH providers have been fully integrated into the Care Finder program.

**Co-design or co-commissioning comments**