Eastern Melbourne - Aged Care
2025/26 - 2028/29
Activity Summary View

AC-OSP - 2 - Aged Care On-site Pharmacist Measure – RACH Support Grant Program - (FLEXIBLE) April 2026

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 - (FLEXIBLE) April 2026

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:
a) increase uptake of aged care on-site pharmacists by RACHs around Australia, and
b) 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

Over the past 12 months, EMPHN has established the foundations for ACOP implementation through the launch of a digital RACH self-assessment. The self-assessment collects baseline data on ACOP awareness and readiness, identifies barriers to uptake, and directs RACHs to relevant resources. Supporting infrastructure has also been developed, including a dedicated webpage, communication through existing RACH channels (e.g. RACH Bulletin and direct email), and contact pathways for both RACHs and pharmacists seeking information about the measure. EMPHN has also engaged with sector partners and collaborated with other PHNs through the Victoria-Tasmania PHN Alliance Aged Care Working Group and the national PHN ACOP Community of Practice to share insights and understand implementation barriers and enablers across regions, including active exploration of commissioning opportunities such as a potential national EOI registry and shared education initiatives – work that remains ongoing.

Planned activities for the next 12 months include:
- Continuing to promote the RACH digital self-assessment and using response data to understand ACOP interest, barriers and readiness across the region
- Providing clear and consistent information to RACHs on the ACOP Measure, including eligibility, funding tiers and implementation pathways
- Providing targeted support to RACHs actively exploring ACOP, including practical guidance on engaging an on-site pharmacist and facilitating connections with eligible pharmacists in the region
- Promoting ACOP to pharmacists and community pharmacies using resources and tools developed in the previous year, through the website, existing communication channels and engagement
- Actively connecting interested RACHs and eligible pharmacists and community pharmacies in the region
- Continuing engagement with RACHs through visits and existing communication channels
- Ongoing collaboration with the Victoria-Tasmania PHN Alliance and the National PHN Community of Practice, including active exploration of commissioning opportunities such as a national EOI registry and shared education initiatives
- Monitoring engagement and uptake through CRM and self-assessment data to inform future approaches

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

11/03/2025

Service Delivery End Date

30/06/2027

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

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AC-CF - 2 - Care Finder Program (FLEXIBLE) - April 2026

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

2

Activity Title *

Care Finder Program (FLEXIBLE) - April 2026

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 *

EMPHN is optimising how services are commissioned through the EMPHN OneCare program (OneCare), a place-based commissioning model that is designed to align service delivery more closely with the distinct health needs of local communities within the catchment, as identified through the EMPHN health needs assessments and other community and provider co-design activities.

The OneCare model was co-designed through extensive engagement, including consultation with more than 120 consumers, 45

providers and EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council. OneCare covers the entire EMPHN catchment and is organised into three defined regions: North, East and Inner South. These regions are structured planning and commissioning areas, not eligibility boundaries. They were developed through detailed analysis of population need, referral patterns, local hospital networks, and community and provider consultation to ensure services reflect local health system dynamics. Consumers continue to access care where it best meets their needs.

This approach enables investment to be directed proportionately to quantifiable health need (both between Regions and within them) while considering population growth and maintaining clear alignment with Commonwealth Deed funding requirements. The OneCare approach strengthens integration, reduces service duplication and administrative burden, and supports more efficient use of Commonwealth funding through fewer, broader regional contracts. By aligning services to local health catchments, OneCare enables deeper collaboration between providers, general practice, hospitals and community services, with clearer intake pathways and smoother handovers across care settings.

For consumers, this means a more connected care experience. For providers, it means more secure contracts, structured collaboration over competition, and shared learning across regions. For EMPHN it means standardised KPIs and blended payment mechanisms (base, activity and outcome-based components) to drive performance and value for money, and a unified data model that tracks activity, outcomes and performance across cohorts and regions.
Through this model, services are commissioned and delivered across four cohorts of Youth Mental Health, Adult Mental Health, People with Chronic Conditions, and Older People. The Care Finder Program requirements will be delivered through the Older People Cohort.

Program overview and purpose
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. Under OneCare, Care Finder is delivered through the Older People cohort and operates across all three regions of the EMPHN catchment: North, East and Inner South. The program supports the full Care Finder target population across the region. While implementation is coordinated within the regional structure to align with local service systems and referral pathways, the program model, eligibility criteria and core functions remain consistent across all regions.

The intended outcomes of the care finder program is to improve outcomes for people in the care finder target population including:
- improved coordination of and access to aged care support
- increased engaged 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
- improved care continuity
- strengthened integration between the health, aged care and other systems at the local level

Positioning within OneCare
Under the EMPHN OneCare program, Care Finder is commissioned within the Older People cohort and delivered across the three defined regions: North, East and Inner South.

Delivery through the OneCare Older People cohort enables Care Finder consumers – who often have multi-morbid, social and functional needs – to be referred directly into other relevant services beyond Care Finder should they require it (e.g. aged mental health services, chronic disease management etc.).

Under OneCare, Care Finder requirements (including intensive, person-centred care for vulnerable adults) are delivered in accordance with the Care Finder Policy Guidance and operates within clearer a place-based regional model that support coordinated responses across services.

This commissioning arrangement places Care Finder within a coordinated regional structure so that:
• Referral pathways and service interfaces are defined at a regional level, reducing ambiguity for referrers and system partners.
• Escalation pathways are established for clients whose needs extend beyond Care Finder into primary care, chronic disease

management or mental health services (with funding arrangements remaining appropriate to each program).
• Activity and access are monitored regionally through consistent KPIs and unified data, enabling oversight of demand and service gaps.
• Structuring Care Finder within the OneCare model strengthens coordination around clients' holistic needs but does not alter Care Finder scope or functions.
• Under the OneCare program, Care Finder is positioned within a defined Older People commissioning structure delivered across the three regions covering the full EMPHN catchment, with delivery prioritized to sub-regions with greatest need. This changes Care Finder from operating alongside multiple discrete programs to operating within a coordinated regional service system.
• Care Finder funding remains quarantined within contracts and financial systems to ensure full traceability to Aged Care Deed requirements. There is no commingling of Care Finder funds with other Commonwealth funding streams

The key benefits for Care Finder are:
• Clear regional accountability for access and demand. Regional commissioning enables visibility of service activity, unmet need and pressure points across the catchment, allowing targeted response to emerging gaps.
• Stronger integration with adjacent services. Care Finder now sits within a defined Older People service architecture, improving alignment with chronic condition management, mental health and primary care supports for clients with multi-morbid needs.
• Embedded regional collaboration expectations. Providers commissioned within each region are expected to participate in shared planning and integration mechanisms, strengthening coordination between Care Finder, general practice, hospitals and community services.
• Consistent performance and data settings. Standardised KPIs and a unified data model enable comparative oversight across regions and strengthen performance monitoring without changing Commonwealth reporting requirements.
• Defined regional interfaces for referrers. General practice, hospitals, home care providers and community partners have clearer regional entry points and escalation pathways.
• Greater provider stability. Broader region-based contracts support workforce sustainability and structured collaboration across providers.

Program fidelity and funding integrity
Care Finder will continue to be delivered in full accordance with the Aged Care Deed and Care Finder Policy Guidance. The OneCare does not alter eligibility, scope, target population, reporting requirements, or mandated functions. OneCare strengthens how Care Finder operates within the local health system; it does not alter the core service model.

Providers will continue to deliver specialist and intensive assistance, including outreach, supported referrals, system navigation and coordination with aged care and community services, consistent with the Deed.

Although Care Finder is commissioned within the Older People cohort under OneCare , Care Finder activity remains separately identifiable within contracts and reporting systems. Commonwealth reporting requirements, including submission of Care Finder data through existing reporting channels, remain unchanged.

Monitoring and reporting
Objectives and outcomes will continue to be measured through:
• Existing Care Finder reporting requirements under the Aged Care Deed and AHA Care Finder Data Collection Guide
• Contractual performance monitoring and regular review
• Standardised KPI dashboards and data governance arrangements introduced under OneCare
• Commonwealth data submission processes remain unchanged

Key activities from April 2025 to date
• Completed a health needs assessment to understand local needs in relation to care finder support, including the needs of CALD communities and other specific population groups requiring Care Finder support.
• Commissioned a network of Care Finders to provide specialist and intensive assistance to help eligible people understand and access aged care and other relevant supports in the community.
• Established and supported a local community of practice to enable shared learning, service improvement and collaboration across Care Finder providers.
• Progressed integration activities with home care providers, general practice and key stakeholders including hospitals, pharmacies and local councils to strengthen referral pathways and coordination.
• Delivered local industry briefings to increase awareness of Care Finder and support appropriate referrals from system partners.

Planned activities till April 2027
• Commission Care Finder delivery within the Older People cohort and align service coverage to the three defined OneCare regions (North, East and Inner South).
• Update referral pathways so referrers and system partners have clearer region-based entry points and pathways for Care Finder access.
• Strengthen intake and navigation consistency by standardising key intake, triage and eligibility screening processes across regions (without changing Care Finder eligibility criteria).
• Continued quality improvement activities with providers, with performance review and service refinement undertaken within the OneCare regional framework.
• Continued Communities of Practice to drive shared learning and consistency across providers, with participation and learnings structured around the OneCare regional model.
• Continued engagement with VACCHO regarding the Elder Support Program to maintain alignment of referral pathways and better integration.
• Continued integration activities with general practice, hospitals and other key stakeholders, now structured through the OneCare regional model to support clearer pathways and coordination.
• Continued collaboration with Victorian and Tasmanian PHNs to share learnings, align implementation approaches and support consistent program delivery.
• Other activities identified through ongoing needs analysis, stakeholder feedback and performance monitoring under the OneCare framework.

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.

EMPHN OneCare Consultation Process

Engagement to date has been extensive with more than 120 consumers, providers, MPs, First Nations stakeholders and system partners consulted. Deep consultation occurred in particular with EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council. Co-design scenario testing workshops were held with service providers to test the model. An Expression of Interest (EOI) evoked a strong response from a diverse range of providers (43 EOIs received). Request for Tender (RFT) preparation is underway and ready to launch once Commonwealth funding deeds are received.

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
15.11.2026 - Other Report – Confirm with DOHAC Needs Assessment is current
30.04.27 - Activity Work Plan and Budget
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
15.11.29 - 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: 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?

• Decommissioning and recommissioning under the OneCare will occur through a staged and sequenced transition process.
• Service continuity will be maintained throughout transition. Delivery will continue during transition arrangements, and structured handover processes will be implemented where provider arrangements change to ensure uninterrupted access to Care Finder services.
• OneCare retains flexibility to maintain discrete commissioning arrangements where required to safeguard specialist capability, priority populations or service continuity.
• EMPHN will monitor access, demand, workforce stability and service performance throughout the transition period to identify and manage emerging risks.
Commonwealth reporting requirements and all obligations under the Aged Care Deed will continue to be met in full during and after transition

Co-design or co-commissioning comments

AC-AHARACF - 2 - Aged Care - After Hours Access in RACHs (FLEXIBLE) - April 2026

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-AHARACF

Activity Number *

2

Activity Title *

Aged Care - After Hours Access in RACHs (FLEXIBLE) - April 2026

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 *

Residents in RACHs may experience health deterioration during the after-hours period. Hospital transfer is not always necessary with many presentations avoidable if facilities have clear after-hours processes and awareness of available clinical support services.

Over the past year, EMPHN has continued to promote sustainable after-hours planning through existing engagement channels, including the RACH Bulletin and targeted communications. EMPHN has also commenced a review of the existing After-Hours Toolkit in collaboration with the Victorian–Tasmanian PHN Alliance to improve clarity and usability.

EMPHN has also introduced a digital self-assessment for RACHs, which includes questions on after-hours planning. The tool enables RACHs to identify gaps in their processes and receive relevant resources directly. Responses also provide EMPHN with insight into common barriers and areas where further guidance or engagement may be required.

Planned activities for the next 12 months include:
- Continuing to promote the After-Hours Toolkit and sustainable after-hours planning through existing RACH communication channels
- Continuing to use the RACH digital self-assessment to identify gaps in after-hours planning and direct aged care homes to relevant resources, including after-hours action plan templates and staff training materials
- Continuing direct support to RACHs through visits, engagement and responding to implementation queries to support RACHs to develop, update and operationalize after-hours action plans and relevant policies and procedures
- Continuing to support RACHs to access a regular visiting GP, enhancing primary care access out of hours through our GP Matching service
- Promoting staff training resources to support RACHs in training staff on after-hours health care options for residents, including awareness of GP, ambulance and Virtual ED pathways
- Finalising and implementing refinements to the After-Hours Toolkit with the Victorian–Tasmanian PHN Alliance and exploring joint training opportunities for aged care staff
- Continuing engagement with RACHs and sector partners, including Ambulance Victoria and the Victorian Virtual Emergency Department, to improve awareness and utilisation of after-hours care pathways

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

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
15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current
30.04.2027 Activity Work Plan
30.09.2027 - Performance Report
30.09.2027 - Financial Acquittal Report
15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

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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-EI - 2 - Aged Care - Early Intervention (FLEXIBLE) - April 2026

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-EI

Activity Number *

2

Activity Title *

Aged Care - Early Intervention (FLEXIBLE) - April 2026

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 *

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.

FY26 and Right Care Better Health
In FY26, this activity funding continued to support the existing Right Care Better Health (RCBH) program. The RCBH program

supports older people with complex needs and chronic conditions through commissioning two community health providers to deliver nurse-led care coordination within general practice settings.

During the reporting period, RCBH underwent a comprehensive independent economic evaluation conducted by the University of Melbourne. The evaluation assessed program reach, patient experience and outcomes, and value for money. Findings indicated that the model was effective in activating care and delivering a high-quality patient experience for older adults with chronic and complex conditions, particularly in lower socio-economic communities. However, the evaluation also identified limitations in cost-effectiveness without sharper targeting, longer and more intensive engagement, and stronger outcome measurement.

In response to the evaluation findings and in alignment with EMPHN's planned transition to the OneCare model (see below), a decision was made to decommission the RCBH program at the conclusion of the current provider contracts, with the program scheduled to end on 30 June 2026.

For the remainder of FY26, EMPHN's focus will be on ensuring safe and effective RCBH program decommissioning. Approved FY25 carryforward funding will be used to complete the current provider contracts and the FY27 funds initially intended for RCBH will be reallocated to support the implementation of the OneCare model, ensuring continued investment in early intervention activities to support older people to live well in the community.

Future Plans and OneCare

EMPHN is optimising how services are commissioned through the EMPHN OneCare program (OneCare), a place-based commissioning model that is designed to align service delivery more closely with the distinct health needs of local communities within the catchment, as identified through the EMPHN health needs assessments and other community and provider co-design activities.

OneCare covers the entire EMPHN catchment and is organised into three defined regions: North, East and Inner South. These regions are structured planning and commissioning areas, not eligibility boundaries. They were developed through detailed analysis of population need, referral patterns, local hospital networks, and community and provider consultation to ensure services reflect local health system dynamics. Consumers continue to access care where it best meets their needs.

This approach enables investment to be directed proportionately to quantifiable health need (both between Regions and within them) while considering population growth and maintaining clear alignment with Commonwealth Deed funding requirements.

The OneCare approach strengthens integration, reduces service duplication and administrative burden, and supports more efficient use of Commonwealth funding through fewer, broader regional contracts. By aligning services to local health catchments, OneCare enables deeper collaboration between providers, general practice, hospitals and community services, with clearer intake pathways and smoother handovers across care settings.

For consumers, this means a more connected care experience. For providers, it means more secure contracts, structured collaboration over competition, and shared learning across regions. For EMPHN it means standardised KPIs and blended payment mechanisms (base, activity and outcome-based components) to drive performance and value for money, and a unified data model that tracks activity, outcomes and performance across cohorts and regions.

Through this model, services are commissioned and delivered across four cohorts of Youth Mental Health, Adult Mental Health, People with Chronic Conditions, and Older People. The Early Intervention activity requirements will be delivered through the Older People Cohort.

Future FY27 plans

Planned activities from July 2026 include:

- Commission early intervention delivery within the Older People cohort and align service coverage to the three defined OneCare regions (North, East and Inner South). This includes activities that promote healthy ageing, slow functional decline and support the ongoing management of chronic conditions, consistent with Deed requirements
- Update referral pathways so referrers and system partners have clearer region-based entry points and pathways for early intervention access
- Strengthen intake and navigation consistency by standardising key intake and triage processes across regions
- Continued quality improvement activities with providers, with performance review and service refinement undertaken within the OneCare regional framework
- Continued integration activities with general practice, hospitals and other key stakeholders, now structured through the OneCare regional model to support clearer pathways and coordination
- Continued collaboration with Victorian and Tasmanian PHNs to share learnings, align implementation approaches and support

consistent program delivery
• Other activities identified through ongoing needs analysis, stakeholder feedback and performance monitoring under the OneCare framework

Needs Assessment Priorities *

Needs Assessment

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

Priorities

Priority	Page reference
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, comorbid health conditions	138
Aged Care (AC)	136

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.

EMPHN OneCare Consultation Process
Engagement to date has been extensive with more than 120 consumers, providers, MPs, First Nations stakeholders and system partners consulted. Deep consultation occurred in particular with EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council. Co-design scenario testing workshops were held with service providers to test the model. An Expression of Interest (EOI) evoked a strong response from a diverse range of providers (43 EOIs received). Request for Tender (RFT) preparation is underway and ready to launch once Commonwealth funding deeds are received.

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
15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current
30.04.2027 Activity Work Plan
30.09.2027 - Performance Report
30.09.2027 - Financial Acquittal Report
15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

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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: Yes
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?

No

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

No

Decommissioning

No

Decommissioning details?

The RCBH program is being decommissioned, with service delivery concluding on 30 June 2026. Providers were notified in February 2026, and contract closure plans have been developed with providers to manage risk, communication, patient safety, and continuity of care. Patient intake will close by 1 April 2026, with limited case-by-case enrolment thereafter to support patients at highest risk. All patients will be transitioned back to their usual GP by 30 June 2026. Provider contracts will remain active until November 2026 to enable final reporting and acquittals.
Activity funding previously directed to RCBH will be redirected to the OneCare model.

Co-design or co-commissioning comments

AC-VARACF - 2 - Aged Care - Virtual Access in RACHs (FLEXIBLE) - April 2026

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-VARACF

Activity Number *

2

Activity Title *

Aged Care - Virtual Access in RACHs (FLEXIBLE) - April 2026

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, remains a challenge for some RACHs. In some cases, limited access can contribute to potentially preventable hospital presentations. Telehealth capability within RACHs supports residents to access virtual consultations with GPs and other health professionals when appropriate.

Over the past year, EMPHN has continued promoting telehealth capability in RACHs through existing engagement channels and ongoing contact with facilities. EMPHN has also worked with other PHNs, including through the Victorian–Tasmanian PHN Alliance,

to review existing telehealth resources and identify materials that can support RACHs to improve telehealth capability.

EMPHN has also developed a digital RACH self-assessment, which includes questions on telehealth use, frequency of use, common barriers, and staff training policies. Based on responses, the tool directs facilities to relevant resources such as staff training modules, troubleshooting guides, policy templates and resident information materials. EMPHN has also invested in curating and adapting these resources so that RACHs can access practical guidance in one place.

Planned activities for the next 12 months include:
- Continuing to promote telehealth capability and awareness through existing RACH communication channels
- Using the RACH digital self-assessment to identify telehealth capability gaps, understand frequency of use and common barriers, and direct facilities to relevant resources
- Providing direct support to individual RACHs where telehealth capability gaps or barriers are identified, including through site visits and targeted follow-up
- Providing guidance and resources to support RACH staff to assist residents in accessing virtual consultations, including staff training modules, troubleshooting guides and policy templates
- Promoting telehealth training resources and best-practice materials for RACH staff
- Promoting digital health enablers to RACHs across the region, including My Health Record, electronic prescriptions and other tools supported by the Australian Digital Health Agency
- Providing direct support to individual RACHs to adopt and embed digital health tools, including through training and provision of resources
- Continuing collaboration with the Victorian–Tasmanian PHN Alliance, EMPHN Digital Health team and ADHA to support telehealth and digital health adoption in aged care

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. Thier 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
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15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

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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.