North Western Melbourne - Aged Care 2022/23 - 2026/27 Activity Summary View

AC-EI - 6 - Early intervention initiatives to support healthy ageing and chronic conditions - Operational 23/24

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-EI

Activity Number *

6

Activity Title *

Early intervention initiatives to support healthy ageing and chronic conditions - Operational 23/24

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 *

The aim of this activity is to support senior Australians to live at home for as long as possible through commissioning early intervention activities and models of care for chronic disease management that support healthy ageing and reduce pressure on local health services. The aim of this activity strategically aligns and will be delivered with NWMPHN's CF-1000 – Improve the physical and mental health and wellbeing of people with chronic conditions. This activity also aims to support the empowering of GPs and other primary health care workers through training, tools and resources which contribute to improved health and care outcomes for older adults living in the community.

Description of Activity *

NWMPHN has:
• reviewed the Health Needs Assessment and supplementary health needs assessment (SHNA) developed for the Care Finder Program to identify the specific local needs of senior Australians in our region.
• used findings and outcomes to develop a funding allocation model that apportions funding by LGA based upon i) the number of people in the LGA that meet the target population (50 years and older) and ii) consideration of a range of equity factors and geographical size of the LGA.
• conducted a literature review to find the evidence-based practices to address the identified needs and developed case studies to support engagement of the market in the commissioning processes.
• Received feedback on its approach from GPs, practice managers and nurses.

NWMPHN will:
• run a procurement process to commission general practice to deliver early intervention initiatives to older people to promote healthy ageing and the ongoing management of chronic conditions.
• increase awareness in the local primary health care workforce of the needs of the local senior Australian population, and the availability of these initiatives
• implement monitoring and evaluation standards and capabilities to ensure that commissioned services are effective and efficient and meet the needs of the community

The approaches or mechanisms, I.e. enablers, that may be used to support implementation of this activity include quality improvement, health literacy, workforce development, clinical and referral pathways for chronic disease management and older adults, and digital health. After hours initiatives will also be considered, as appropriate.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Preventative health checks - lower rates of screening	185
Chronic conditions - range, higher rates, lower uptake of management plans	186
Comorbid conditions - complexity and demand	184

Activity Demographics

Target Population Cohort

Older adults 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

14/02/2022

Activity End Date

29/06/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

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-VARACF - 7 - Support RACHs to increase availability and use of telehealth aged care residents - Operational 23/24

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-VARACF

Activity Number *

7

Activity Title *

Support RACHs to increase availability and use of telehealth aged care residents - Operational 23/24

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 *

Support participating Residential Aged Care Facilities (RACHs) in our region to have appropriate virtual consultation facilities and technology so residents can access timely and clinically appropriate care with primary health care professionals, specialists and other clinicians.

Description of Activity *

NWMPHN has engaged with 100% of RACHs in our region. Of those, 98% have reported that they would be interested in participating in this commissioning activities. Sixty two per cent of those engaged already offer virtual consultations in some form.

NWMPHN will run a process offering RACHs in our region grants of up to $20,000.00 to support the aim of this activity. To support equity and access, grants will be prioritised based on whether the facility:
• operates in a Local Government Area with lower SEIFA index ratings.
• Operates as a small, independently run and/or not for profit business model
• Operates to support priority populations such as caring for Aboriginal and Torres Strait Islander peoples, and or Culturally and Linguistically Diverse (CALD) backgrounds
As part of the grant process, RACHs are required to:
• deliver this activity in line with the Australian College of Rural and Remote Medicine's Telehealth Framework and Guidelines.
• Participate in telehealth training provided by NWMPHN.

• Actively participate in a community of practice where knowledge and lessons on implementation of telehealth will be shared.
• Provide an implementation plan, including details of current (baseline) usage of telehealth and how they will engage stakeholders to ensure successful implementation and sustainability of the activity.
• Complete an end-of-grant survey evidencing successful use of telehealth by the facility.

NWMPHN will facilitate RACHs participating in the telehealth grant process to also participate and engage with the activities delivered under the 'Enhanced out of hours support for residential aged care measure'. This will include access to factsheets, service directories, person-centred after hour action plans and self-assessment audit tools.

To implement the education component of this activity, Victorian & Tasmanian PHNs have collaborated to develop consistent, high-quality, tailored training for families, resident-end and clinical providers training, to support adoption of telehealth within participating RACHs.

NWMPHN will also promote the use of digital health enablers in RACHs, such as My Health Record, PRODA and HPOS and the use of electronic national residential medication charts (eNRMC) through its regular communication with RACHs as well as through the Community of Practice forums.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Chronic conditions - range, higher rates, lower uptake of management plans	186
Preventative health checks - lower rates of screening	185
Comorbid conditions - complexity and demand	184

Activity Demographics

Target Population Cohort

Older Adults residing in RACFs

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

14/02/2022

Activity End Date

29/06/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

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-CF - 3 - Care Finder Program 23/24 - ACH

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

3

Activity Title *

Care Finder Program 23/24 - ACH

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 *

North Western Melbourne PHN aims to establish and maintain a network of care finders in our region that provide specialist and intensive assistance to help older people within the care finder target population to understand and access aged care services, and connect with other relevant supports in our community.

Description of Activity *

NWMPHN utilised the care finder supplementary health needs assessment (SHNA) to identify the specific local needs of our region in relation to care finder supports and services, and to guide who we commission to deliver care finder services in our region. Key insights that emerged from the SHNA, which included analysis of data and synthesis of stakeholder and community consultations, were:
• People from culturally and linguistically diverse backgrounds and people living with a disability are the largest cohorts and are relatively evenly distributed across the NWM region, except for peri-urban areas.
• Older people with a disability who live alone, are on a low income and who rent are particularly vulnerable.
• Face-to-face communication and trust-building are very important for older people in our region.
• Staff recruitment and retention is difficult, particularly for diverse staff which reflects the care finder target population to achieve workforce mutuality and those that have the necessary cultural understanding and language skills.
• Trauma-informed care is critical given the historical experiences of many Aboriginal and Torres Strait Islander people, LGBTIQ+ people, Care Leavers, and Veterans.

• Cost of services (and of transportation) is a barrier for older people, many of whom live on low, fixed incomes.

From these insights, it was evident that there are many diverse population groups in our region that have specific needs that would need to be recognised and met by care finder providers. Therefore, NWMPHN commissioned providers that have demonstrated capability and capacity to deliver generalist or mainstream services as part of the care finder program, with commissioning intentions to take a robust quality/service improvement approach in the first 1-2 years, with a specific focus on:
• Establishing and improving access to care finder services for people from Culturally and Linguistically Diverse communities, Aboriginal and Torres Strait Islander communities (that choose to access care finder services rather than Trusted Indigenous Facilitators services), and people who live with a disability; and
• establishing/improving access to care finder services for people at risk of homelessness or homeless, through the transition of ACH providers in our region.

NWMPHN will work with commissioned providers and other stakeholders to:
• Ensure care finder services are delivered in line with Care Finder Program policy guidance, and the terms and conditions and schedule of contracts.
• Support the evaluation, and promote continuous improvement, of the care finder program by utilising data and insights from the care finder minimum dataset and evaluation to support care finder providers to understand:
o the population accessing their service
o the needs of their population
o referral pathways
o workforce and workforce training needs.
o identify and address opportunities to enhance integration between the health, aged care, and other systems at the local North Western Melbourne level.
• Support the integration of the care finder network into the local aged care and health system. This will include developing pathways between local care finder providers and providers of the Trust Indigenous Facilitators program to ensure client choice and outcomes are achieved for Aboriginal and Torres Strait Islander communities, as well as with other relevant local services.
• Develop, implement, and maintain processes to meet data collection and reporting requirements. This will include support with data quality and integrity and survey completion. Victorian PHNs are taking a consistent approach to setting Key Performance Indicators to compare performance and support providers to engage in continuous quality improvement.

NWMPHN will use the care finder communities of practice to highlight, discuss and share solutions for common issues or trends identified through the data. Other topics covered at the communities of practice will include integration and workforce development.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Preventative health checks - lower rates of screening	185
Chronic conditions - range, higher rates, lower uptake of management plans	186
Mental Health - demand, prevalence, complexity	183

Activity Demographics

Target Population Cohort

Older people across the north western Melbourne region 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.

More specifically, the following population groups have identified needs that emerged through the SHNA data analysis and consultations:
• Cultural and Linguistically Diverse
• Disability
• Aboriginal and/or Torres Strait Islander
• LGBTIQ+
• Care Leavers
• Veterans

Additionally, while this activity is intended to be broad reaching to all older people across our PHN region, there were identified needs specifically in the following geographic locations that will be prioritised for care finder support:
• Brimbank
• Darebin
• Moreland
• Hume
• Wyndham
• Melton

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

NWMPHN's recent Health Needs Assessment 2022–25 provided a comprehensive compilation of health and wellbeing research and data, plus contextual information gathered through interviews, workshops and surveys of community members, general practices, commissioned services, peak bodies, community health, acute health care and local government.

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils and Expert Advisory Groups (EAGs). NWMPHN's Older Adults EAG was consulted to provide subject matter expertise, insights, and advice on the current aged care system landscape and opportunities for better service integration.

Throughout the commissioning process for care finders, our Older Adults EAG will continue to be engaged to test the identified needs areas and refine our approach to market. NWMPHN recently undertook a targeted and comprehensive consultation process, as part of our broader stakeholder and community consultation approach to inform the SNHA. In total, 15 stakeholders and 8 consumers completed structured consultation interviews with staff members from NWMPHN between 20 July and 3 August 2022. Staff members documented responses from the interviews into a prepared template, and all interview responses were then collated and analysed thematically.

Finally, there are numerous organisations in the NWMPHN region providing support under the ACH program, which is currently funded under the Commonwealth Home Support Programme (CHSP). NWMPHN is engaging with these providers to support their transition to care finder services (excluding hoarding and squalor services, which will remain funded by the CHSP).

The outcomes from these consultations will inform and guide NWMPHN's commissioning approach to the care finder program.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation - Inform, Consult, Involve, Collaborate and Empower.

Collaboration with consumers and community members was at the forefront of our collaboration approach when seeking to understand the needs of older adults for the care finder program. NWMPHN engaged with 8 consumers through the structured interview process, to gain better understanding of their personal insights and perspectives on their needs as an older adult.

NWMPHN has also had significant ongoing engagement and collaboration with the Victorian PHNs during the development of the SHNA. This included regular (weekly) meetings of the staff members working on the needs assessment to discuss approach, opportunities for collaboration and sharing of tools and templates. This was particularly useful for planning stakeholder engagement activities, to ensure that providers that service across PHN boundaries where not engaged on multiple occasions. A workshop was held in mid-August for each PHN to share learnings from their needs assessment and identify what this may mean in relation to care finder commissioning and/or support.

Collaboration with the Victorian PHNs will continue to be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering care finder services.

Broader collaboration with key stakeholders across the local aged care, health, and social care systems/services will continue to occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, and monitoring and evaluation of the care finder commissioning activities:
• Community participants – consumers within the care finder target population, carers, other people with lived experience, priority populations, community leaders
• Organisations delivering other programs such as Access & Support services
• Community health services
• Community-based organisations
• Peak and professional bodies, including Council on the Ageing (FECCA, COTA)
• Local government and councils
• Residential aged care facilities
• Community aged care providers
• Health care professionals
• General practice
• NWMPHN regional and strategic partnerships and collaboratives
• Local hospital networks
• Pharmacy
• Allied health
• Research institutes
• Academic and training institutions
• Victorian Department of Health

Activity Milestone Details/Duration

Activity Start Date

10/04/2022

Activity End Date

29/06/2025

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Establishment Period End Date for new provider - 30/4/2023

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 This program relates to the transition of ACH providers to the care finder program

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?
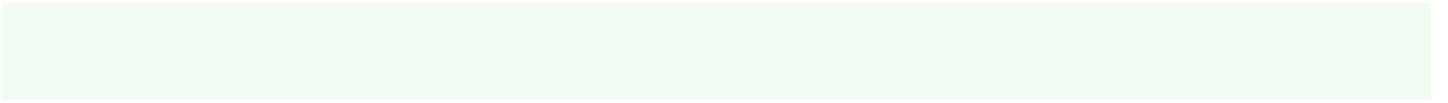
No

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

No

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

AC-EI - 5 - Early intervention initiatives to support healthy ageing and chronic conditions_AWP 23/24

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-EI

Activity Number *

5

Activity Title *

Early intervention initiatives to support healthy ageing and chronic conditions_AWP 23/24

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 *

The aim of this activity is to support senior Australians to live at home for as long as possible through commissioning early intervention activities and models of care for chronic disease management that support healthy ageing and reduce pressure on local health services. The aim of this activity strategically aligns and will be delivered with NWMPHN's CF-1000 – Improve the physical and mental health and wellbeing of people with chronic conditions. This activity also aims to support the empowering of GPs and other primary health care workers through training, tools and resources which contribute to improved health and care outcomes for older adults living in the community.

Description of Activity *

NWMPHN has:
• reviewed the Health Needs Assessment and supplementary health needs assessment (SHNA) developed for the Care Finder Program to identify the specific local needs of senior Australians in our region.
• used findings and outcomes to develop a funding allocation model that apportions funding by LGA based upon i) the number of people in the LGA that meet the target population (50 years and older) and ii) consideration of a range of equity factors and geographical size of the LGA.
• conducted a literature review to find the evidence-based practices to address the identified needs and developed case studies to support engagement of the market in the commissioning processes.
• Received feedback on its approach from GPs, practice managers and nurses.

NWMPHN will:
• run a procurement process to commission general practice to deliver early intervention initiatives to older people to promote healthy ageing and the ongoing management of chronic conditions.
• increase awareness in the local primary health care workforce of the needs of the local senior Australian population, and the availability of these initiatives
• implement monitoring and evaluation standards and capabilities to ensure that commissioned services are effective and efficient and meet the needs of the community

The approaches or mechanisms, I.e. enablers, that may be used to support implementation of this activity include quality improvement, health literacy, workforce development, clinical and referral pathways for chronic disease management and older adults, and digital health. After hours initiatives will also be considered, as appropriate.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Preventative health checks - lower rates of screening	185
Chronic conditions - range, higher rates, lower uptake of management plans	186
Comorbid conditions - complexity and demand	184

Activity Demographics

Target Population Cohort

Older adults in the community

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

Stakeholder engagement occurs throughout all five stages of commissioning and project lifecycles:
• Assessing health needs
• Planning and design
• Procurement
• Implementation
• Monitoring and evaluation

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils and Expert Advisory Groups (EAGs).

The Clinical and Community Councils provide advice to the Board about the unique needs of the region, and principles and mechanisms for engaging local stakeholders.

The Expert Advisory Groups provide subject matter expertise, insights, and advice to support operational model and service design, focusing on safety, quality, and integration. NWMPHN has EAGs for:
• General Practice
• Alcohol and Other Drugs
• Mental Health
• Aboriginal Health
• Older Adults

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector, and local hospital networks. Interviews and focus groups with community members (older adults) and key sector informants e.g. Council of The Aging (COTA) will continue to be undertaken.

This activity will also include meaningful key stakeholder input in the procurement and program development process. Commissioned provider(s) will also be expected to consult with community members when designing and implementing their activities.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation - Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:
• Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
• Peak and professional bodies
• Residential aged care facilities
• Health care professionals
• General practice
• NWMPHN regional and strategic partnerships and collaboratives

• Community health services
• Local hospital networks
• Pharmacy
• Allied health
• Community-based organisations
• Other service providers with experience delivering within RACHs
• Research institutes
• Academic and training institutions
• Victorian Department of Health
• Local government.

Activity Milestone Details/Duration

Activity Start Date

15/02/2022

Activity End Date

28/06/2024

Service Delivery Start Date

07/2023

Service Delivery End Date

30/06/2024

Other Relevant Milestones

NA

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): Yes
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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?

na

Co-design or co-commissioning comments

NWMPHN is committed to engagement and partnership with community, consumers and their families and clinicians at all key phases of the commissioning and project lifecycles (needs assessment, planning and design, service procurement, implementation and monitoring and evaluation).

Co-design methodologies will be employed to ensure service users and clinicians have genuine input in the design and development of interventions that may be generated as part of this activity.

NWMPHN's parent body, Melbourne Primary Care Network, has a Stakeholder Engagement Framework and a Community Participation Plan that outlines the role of consumers at all levels of the organisation's work.

NWMPHN has access to data and insight on community need, existing service provision and service evaluations. This information is included in the design of projects, programs, and services to ensure that they address the prioritised needs of the community, and that appropriate level of funding is available to deliver these services. We do this by:

• Exploring and identifying problems and their root causes
• Co-designing and testing better solutions with the right people.
• Working with our partners to implement programs and to achieve agreed outcomes.
• Reviewing each program to assess what it achieved and what we can learn to build even better services in the future.

AC-VARACF - 3 - Support RACHs to increase availability and use of telehealth aged care residents_AWP 23/24

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-VARACF

Activity Number *

3

Activity Title *

Support RACHs to increase availability and use of telehealth aged care residents_AWP 23/24

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 *

Support participating Residential Aged Care Facilities (RACHs) in our region to have appropriate virtual consultation facilities and technology so residents can access timely and clinically appropriate care with primary health care professionals, specialists and other clinicians.

Description of Activity *

NWMPHN has engaged with 100% of RACHs in our region. Of those, 98% have reported that they would be interested in participating in this commissioning activities. Sixty two per cent of those engaged already offer virtual consultations in some form.

NWMPHN will run a process offering RACHs in our region grants of up to $20,000.00 to support the aim of this activity. To support equity and access, grants will be prioritised based on whether the facility:
• operates in a Local Government Area with lower SEIFA index ratings.
• Operates as a small, independently run and/or not for profit business model
• Operates to support priority populations such as caring for Aboriginal and Torres Strait Islander peoples, and or Culturally and Linguistically Diverse (CALD) backgrounds
As part of the grant process, RACHs are required to:
• deliver this activity in line with the Australian College of Rural and Remote Medicine's Telehealth Framework and Guidelines.
• Participate in telehealth training provided by NWMPHN.

• Actively participate in a community of practice where knowledge and lessons on implementation of telehealth will be shared.
• Provide an implementation plan, including details of current (baseline) usage of telehealth and how they will engage stakeholders to ensure successful implementation and sustainability of the activity.
• Complete an end-of-grant survey evidencing successful use of telehealth by the facility.

NWMPHN will facilitate RACHs participating in the telehealth grant process to also participate and engage with the activities delivered under the 'Enhanced out of hours support for residential aged care measure'. This will include access to factsheets, service directories, person-centred after hour action plans and self-assessment audit tools.

To implement the education component of this activity, Victorian & Tasmanian PHNs have collaborated to develop consistent, high-quality, tailored training for families, resident-end and clinical providers training, to support adoption of telehealth within participating RACHs.

NWMPHN will also promote the use of digital health enablers in RACHs, such as My Health Record, PRODA and HPOS and the use of electronic national residential medication charts (eNRMC) through its regular communication with RACHs as well as through the Community of Practice forums.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Preventative health checks - lower rates of screening	185
Chronic conditions - range, higher rates, lower uptake of management plans	186
Comorbid conditions - complexity and demand	184

Activity Demographics

Target Population Cohort

Older Adults residing in RACFs

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.
Stakeholder engagement occurs throughout all five stages of commissioning and project lifecycles:
• Assessing health needs
• Planning and design
• Procurement
• Implementation
• Monitoring and evaluation

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils and Expert Advisory Groups (EAGs).

The Clinical and Community Councils provide advice to the Board about the unique needs of the region, and principles and mechanisms for engaging local stakeholders.

The Expert Advisory Groups provide subject matter expertise, insights, and advice to support operational model and service design, focusing on safety, quality, and integration. NWMPHN has EAGs for:
• General Practice
• Alcohol and Other Drugs
• Mental Health
• Aboriginal Health
• Older Adults
We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local hospital networks.

This activity will also include meaningful key stakeholder input in the procurement and program development process. Commissioned provider(s) will also be expected to consult with community members when designing and implementing their activities.

Collaboration

NWMPHN has collaborated with Victorian & Tasmania PHNs on this activity through the RACH Telehealth and After Hours Support Working Group. This working group has enabled shared understanding, knowledge and capability. An output of this collaboration includes the development and endorsement of a list of recommended telehealth equipment and software products that RACHs can refer to when choosing the solution they require. The products on the list also conform with the Australian College of Rural and Remote Medicine's Telehealth Framework and Guidelines.

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation - Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:
• Community participants – consumers, patients, carers, other people with lived experience, priority populations, community

leaders
• Peak and professional bodies
• Residential aged care facilities
• Health care professionals
• General practice
• NWMPHN regional and strategic partnerships and collaboratives
• Community health services
• Local hospital networks
• Pharmacy
• Allied health
• Community-based organisations
• Other service providers with experience delivering within RACHs
• Research institutes
• Academic and training institutions
• Victorian Department of Health
• Local government.

Activity Milestone Details/Duration

Activity Start Date

15/02/2022

Activity End Date

29/06/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

NA

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?

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?

na

Co-design or co-commissioning comments

na

AC-CF - 1 - Care Finder Program 23/24

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

1

Activity Title *

Care Finder Program 23/24

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 *

North Western Melbourne PHN aims to establish and maintain a network of care finders in our region that provide specialist and intensive assistance to help older people within the care finder target population to understand and access aged care services, and connect with other relevant supports in our community.

Description of Activity *

NWMPHN utilised the care finder supplementary health needs assessment (SHNA) to identify the specific local needs of our region in relation to care finder supports and services, and to guide who we commission to deliver care finder services in our region. Key insights that emerged from the SHNA, which included analysis of data and synthesis of stakeholder and community consultations, were:

• People from culturally and linguistically diverse backgrounds and people living with a disability are the largest cohorts and are relatively evenly distributed across the NWM region, except for peri-urban areas.

• Older people with a disability who live alone, are on a low income and who rent are particularly vulnerable.

• Face-to-face communication and trust-building are very important for older people in our region.

• Staff recruitment and retention is difficult, particularly for diverse staff which reflects the care finder target population to achieve workforce mutuality and those that have the necessary cultural understanding and language skills.

• Trauma-informed care is critical given the historical experiences of many Aboriginal and Torres Strait Islander people, LGBTIQ+ people, Care Leavers, and Veterans.

• Cost of services (and of transportation) is a barrier for older people, many of whom live on low, fixed incomes.

From these insights, it was evident that there are many diverse population groups in our region that have specific needs that would need to be recognised and met by care finder providers. Therefore, NWMPHN commissioned providers that have demonstrated capability and capacity to deliver generalist or mainstream services as part of the care finder program, with commissioning intentions to take a robust quality/service improvement approach in the first 1-2 years, with a specific focus on:
• Establishing and improving access to care finder services for people from Culturally and Linguistically Diverse communities, Aboriginal and Torres Strait Islander communities (that choose to access care finder services rather than Trusted Indigenous Facilitators services), and people who live with a disability; and
• establishing/improving access to care finder services for people at risk of homelessness or homeless, through the transition of ACH providers in our region.

NWMPHN will work with commissioned providers and other stakeholders to:
• Ensure care finder services are delivered in line with Care Finder Program policy guidance, and the terms and conditions and schedule of contracts.
• Support the evaluation, and promote continuous improvement, of the care finder program by utilising data and insights from the care finder minimum dataset and evaluation to support care finder providers to understand:
o the population accessing their service
o the needs of their population
o referral pathways
o workforce and workforce training needs.
o identify and address opportunities to enhance integration between the health, aged care, and other systems at the local North Western Melbourne level.
• Support the integration of the care finder network into the local aged care and health system. This will include developing pathways between local care finder providers and providers of the Trust Indigenous Facilitators program to ensure client choice and outcomes are achieved for Aboriginal and Torres Strait Islander communities, as well as with other relevant local services.
• Develop, implement, and maintain processes to meet data collection and reporting requirements. This will include support with data quality and integrity and survey completion. Victorian PHNs are taking a consistent approach to setting Key Performance Indicators to compare performance and support providers to engage in continuous quality improvement.

NWMPHN will use the care finder communities of practice to highlight, discuss and share solutions for common issues or trends identified through the data. Other topics covered at the communities of practice will include integration and workforce development.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Chronic conditions - range, higher rates, lower uptake of management plans	186
Mental Health - demand, prevalence, complexity	183

Activity Demographics

Target Population Cohort

Older people across the north western Melbourne region 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.

More specifically, the following population groups have identified needs that emerged through the SHNA data analysis and consultations:
• Cultural and Linguistically Diverse
• Disability
• Aboriginal and/or Torres Strait Islander
• LGBTIQ+
• Care Leavers
• Veterans

Additionally, while this activity is intended to be broad reaching to all older people across our PHN region, there were identified needs specifically in the following geographic locations that will be prioritised for care finder support:
• Brimbank
• Darebin
• Moreland
• Hume
• Wyndham
• Melton

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

NWMPHN's recent Health Needs Assessment 2022–25 provided a comprehensive compilation of health and wellbeing research and data, plus contextual information gathered through interviews, workshops and surveys of community members, general practices, commissioned services, peak bodies, community health, acute health care and local government.

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils and Expert Advisory Groups (EAGs). NWMPHN's Older Adults EAG was consulted to provide subject matter expertise, insights, and advice on the current aged care system landscape and opportunities for better service integration.

Throughout the commissioning process for care finders, our Older Adults EAG will continue to be engaged to test the identified needs areas and refine our approach to market. NWMPHN recently undertook a targeted and comprehensive consultation

process, as part of our broader stakeholder and community consultation approach to inform the SNHA. In total, 15 stakeholders and 8 consumers completed structured consultation interviews with staff members from NWMPHN between 20 July and 3 August 2022. Staff members documented responses from the interviews into a prepared template, and all interview responses were then collated and analysed thematically.

Finally, there are numerous organisations in the NWMPHN region providing support under the ACH program, which is currently funded under the Commonwealth Home Support Programme (CHSP). NWMPHN is engaging with these providers to support their transition to care finder services (excluding hoarding and squalor services, which will remain funded by the CHSP).

The outcomes from these consultations will inform and guide NWMPHN's commissioning approach to the care finder program.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation - Inform, Consult, Involve, Collaborate and Empower.

Collaboration with consumers and community members was at the forefront of our collaboration approach when seeking to understand the needs of older adults for the care finder program. NWMPHN engaged with 8 consumers through the structured interview process, to gain better understanding of their personal insights and perspectives on their needs as an older adult.

NWMPHN has also had significant ongoing engagement and collaboration with the Victorian PHNs during the development of the SHNA. This included regular (weekly) meetings of the staff members working on the needs assessment to discuss approach, opportunities for collaboration and sharing of tools and templates. This was particularly useful for planning stakeholder engagement activities, to ensure that providers that service across PHN boundaries where not engaged on multiple occasions. A workshop was held in mid-August for each PHN to share learnings from their needs assessment and identify what this may mean in relation to care finder commissioning and/or support.

Collaboration with the Victorian PHNs will continue to be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering care finder services.

Broader collaboration with key stakeholders across the local aged care, health, and social care systems/services will continue to occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, and monitoring and evaluation of the care finder commissioning activities:
• Community participants – consumers within the care finder target population, carers, other people with lived experience, priority populations, community leaders
• Organisations delivering other programs such as Access & Support services
• Community health services
• Community-based organisations
• Peak and professional bodies, including Council on the Ageing (FECCA, COTA)
• Local government and councils
• Residential aged care facilities
• Community aged care providers
• Health care professionals
• General practice
• NWMPHN regional and strategic partnerships and collaboratives
• Local hospital networks
• Pharmacy
• Allied health
• Research institutes
• Academic and training institutions
• Victorian Department of Health

Activity Milestone Details/Duration

Activity Start Date

10/04/2022

Activity End Date

29/06/2025

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Establishment Period End Date for new provider - 30/4/2023

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): 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-CF - 2 - Care Finder Program - Operational 23/24

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

2

Activity Title *

Care Finder Program - Operational 23/24

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 *

North Western Melbourne PHN aims to establish and maintain a network of care finders in our region that provide specialist and intensive assistance to help older people within the care finder target population to understand and access aged care services, and connect with other relevant supports in our community.

Description of Activity *

NWMPHN will work with commissioned providers and other stakeholders to:
• Ensure care finder services are delivered in line with Care Finder Program policy guidance, and the terms and conditions and schedule of contracts.
• Support the evaluation, and promote continuous improvement, of the care finder program by utilising data and insights from the care finder minimum dataset and evaluation to support care finder providers to understand:
o the population accessing their service
o the needs of their population
o referral pathways
o workforce and workforce training needs.
o identify and address opportunities to enhance integration between the health, aged care, and other systems at the local North Western Melbourne level.
• Support the integration of the care finder network into the local aged care and health system. This will include developing

pathways between local care finder providers and providers of the Trust Indigenous Facilitators program to ensure client choice and outcomes are achieved for Aboriginal and Torres Strait Islander communities, as well as with other relevant local services.
• Develop, implement, and maintain processes to meet data collection and reporting requirements. This will include support with data quality and integrity and survey completion. Victorian PHNs are taking a consistent approach to setting Key Performance Indicators to compare performance and support providers to engage in continuous quality improvement.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Chronic conditions - range, higher rates, lower uptake of management plans	186
Preventative health checks - lower rates of screening	185
Mental Health - demand, prevalence, complexity	183

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

10/04/2022

Activity End Date

29/09/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

AC-AHARACF - 4 - Enhanced out of hours support for residential aged care_AWP 23/24

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-AHARACF

Activity Number *

4

Activity Title *

Enhanced out of hours support for residential aged care_AWP 23/24

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 *

The aim of this activity is to address any awareness or utilisation issues of available local after-hours services and care options among participating Residential Aged Care Homes (RACHs) in the NWMPHN region. The intended outcome of this activity is to help reduce unnecessary hospital presentations among RACH residents.

Description of Activity *

Building on the insights gained in 22/23 NWMPHN will continue to engage with RACHs to support access to appropriate after hours care for their patients and to recognise patient deterioration within hours.

Activity: RACH consultation and engagement
- Continue to engage with RACHs to gain insight into after hours planning and processes including barriers and enablers for access to appropriate after hours care. Method of engagement include surveys and face to face or virtual consultations with facility staff.
- Engage with NWMPHN Older Adults Expert advisory Group

Activity: Design of RACH After Hours Toolkit
- Work with VTPHNA to complete and implement After Hours Toolkit. Toolkit contains the following resources:
o Communication tool – based on ISBAR Communications Tool
o Resident and family education fact sheet

o Service directory – to be localised with RACH to services available to their facility
o Person centred after hours action plan
o Preparedness self-assessment audit tool
- Collaborate with participating RACHs and other Victorian PHNs to refine and digitise RACH After Hours Toolkit

Activity: Implementation of RACH After Hours Toolkit
- Broad communication with RACHs in catchment to raise awareness of after hours support project and After Hours Toolkit
- Direct support and engagement with RACHs to implement After Hours Toolkit
o Guidance to assist RACHs to localise After Hours Toolkit and implement after-hours action plans
o Educate participating RACH staff on the after-hours health care options and processes for residents
o Encourage participating RACHs to implement procedures for updating residents' digital medical records
o Support engagement between RACHs and their residents' GPs (and other relevant health professionals), as part of after-hours action plan development.
- Broad education (via webinar) for participating RACHs on implementation of After Hours Toolkit and other general support
- Ongoing monitoring of toolkit implementation and support of RACHs
- Evaluation of uptake and revision of After Hours Toolkit resources as required

Activity: Support RACH digital health initiatives
This price of work will support implementation and meaningful use of telehealth as described in AC-VARACF - 3 - NWMPHN Support RACHs to increase availability and use of telehealth aged care residents_AWP 23/24
- Support RACHs to utilise telehealth for after hours care where appropriate
- Promote the use of digital health enablers in RACHs, such as telehealth, My Health Record, PRODA and HPOS.
- Promote the use of electronic national residential medication charts (eNRMC)

The approaches or mechanisms, i.e. enablers, that may be used to support implementation of this activity include quality improvement, health literacy, workforce development, clinical and referral pathways for aged care, and digital health. After hours initiatives will also be considered, as appropriate.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Preventative health checks - lower rates of screening	185
Chronic conditions - range, higher rates, lower uptake of management plans	186
Comorbid conditions - complexity and demand	184

Activity Demographics

Target Population Cohort

Residential aged care facility residents

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.
Stakeholder engagement occurs throughout all five stages of commissioning and project lifecycles:
• Assessing health needs
• Planning and design
• Procurement
• Implementation
• Monitoring and evaluation

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils and Expert Advisory Groups (EAGs).

The Clinical and Community Councils provide advice to the Board about the unique needs of the region, and principles and mechanisms for engaging local stakeholders.

The Expert Advisory Groups provide subject matter expertise, insights, and advice to support operational model and service design, focusing on safety, quality, and integration. NWMPHN has EAGs for:
• General Practice
• Alcohol and Other Drugs
• Mental Health
• Aboriginal Health
• Older Adults

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local hospital networks. Interviews and focus groups with community members (older adults) and key sector informants e.g. Council of The Aging (COTA) will continue to be undertaken.

This activity will also include meaningful key stakeholder input in the procurement and program development process. Commissioned provider(s) will also be expected to consult with community members when designing and implementing their activities.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation - Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:
• Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
• Peak and professional bodies
• Residential aged care facilities
• Health care professionals
• General practice
• NWMPHN regional and strategic partnerships and collaboratives
• Community health services
• Local hospital networks
• Pharmacy
• Allied health
• Community-based organisations
• Other service providers with experience delivering within RACHs
• Research institutes
• Academic and training institutions
• Victorian Department of Health
• Local government.

Activity Milestone Details/Duration

Activity Start Date

15/02/2022

Activity End Date

28/06/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

NA

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: No

Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

na

Co-design or co-commissioning comments

na