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

AC-OSP - 1 - Aged Care On-site Pharmacist Measure 26/27

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-OSP

Activity Number *

1

Activity Title *

Aged Care On-site Pharmacist Measure 26/27

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 ACOP Measure aims to:
• improve medication use and safety in RACHs, including safe and appropriate use of high-risk medications
• provide continuity in medication management, such as day-to-day reviews of medications and quick issue resolution
• provide easy access to pharmacist advice for residents and staff
• integrate on-site pharmacists with the health care team, including local general practitioners, nurses and the community pharmacy
• increase understanding of and response to individual resident needs

Description of Activity *

NWMPHN will promote awareness and uptake of the ACOP measure to RACHs and credentialed pharmacists. Activities will include:
• Engage with stakeholders including residential aged care homes, pharmacy peak bodies, GPs, ACCHOs to understand the barriers and opportunities to inform program uptake
• Run an environmental scan of eligible RACH investigating interest in participation of the ACOP measure
• Identify RACH requiring assistance to take up ACOP measure
• Coordinate information to RACHs in the PHN's region about the ACOP Measure
• Manage requests for support from RACHs seeking to engage eligible pharmacists to work on-site
• Identify eligible pharmacists who are available to work on-site in RACHs as part of the measure
• Assist RACH already participating in the ACOP measure with their understanding of the measure and avenues for further assistance
• Utilise the connections of the PHN to support engagement between RACHs, their pharmacists employed under the Measure, their residents' general practitioners and other relevant health professionals
• Promote Department of Health, Ageing and Disability website page for the ACOP measure to RACHs in our region.

NWMPHN will continue to collect data to inform the local implementation and development of processes to facilitate uptake of the measure. We will monitor, evaluate and improve the resources following implementation to ensure ongoing effectiveness and impact. Where feasible we will collaborate with our Victorian PHN partners on this activity to enhance efficiency and promote consistency across the state.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Health conditions-Increase access and coordinated care with culturally aware/diverse providers for people from diverse backgrounds with chronic conditions, while building GP capability and MDC (4.2.9)	186
Aged care - Change model of service delivery in light of primary care reforms to meet demand of older adults requiring health care (2.1.1)	184
Aged care - Improve integration of aged care services tailored to support physical emotional and social need (2.2.6)	184

Activity Demographics

Target Population Cohort

Residents living in Residential Aged Care Homes (RACHS)

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 seven activities that comprise our commissioning approach:
- Assess and prioritise needs
- Review evidence to inform planning and design
- Design services to address need
- Prepare the system for delivery
- Support implementation
- Manage performance and drive continuous improvement
- Evaluate the impact

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 homes
• 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

30/12/2024

Activity End Date

29/06/2027

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-EI - 6 - Early intervention initiatives to support healthy ageing and chronic conditions - Operational 26/27

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 26/27

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 *

Not required for operational funding

Description of Activity *

Not required for operational funding

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Health conditions - Focus on patient and carer education of conditions and improving health literacy of older adults regarding their health conditions (4.2.25)	187
Primary health care - Enhance primary care workforce capability to increase access to affordable primary care and allied health services to provide effective, person-centred care (6.2.1)	190
Primary health care - Improve health and system literacy among at-risk cohorts (6.1.12)	190
Primary health care - Improve health sector capability to implement data driven quality improvement to measure patient experience and health outcomes (6.3.9)	190
Primary health care - Increase access to flexible models of care to improve reach to at-risk cohorts (6.1.4)	190
Health conditions - Increase access to early intervention health programs to reduce the burden of chronic diseases and preventable deaths (4.2.1)	186
Health conditions-Increase access and coordinated care with culturally aware/diverse providers for people from diverse backgrounds with chronic conditions, while building GP capability and MDC (4.2.9)	186
Aged care - Change model of service delivery in light of primary care reforms to meet demand of older adults requiring health care (2.1.1)	184
Aged care - Improve integration of aged care services tailored to support physical emotional and social need (2.2.6)	184

Activity Demographics

Target Population Cohort

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

12/02/2022

Activity End Date

29/06/2027

Service Delivery Start Date

13/02/2022

Service Delivery End Date

30/06/2027

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

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

AC-VARACF - 7 - Support RACHs to increase availability and use of telehealth aged care residents - Operational 26/27

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 26/27

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 Homes (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 *

As part of this RACHs participated in telehealth training provided by NWMPHN and a community of practice where knowledge and lessons on implementation of telehealth will be shared.

In 2025 NWMPHN reviewed telehealth uptake and found RACHs face technical barriers such as poor Wi-Fi connectivity, lack of integration with appointment and scheduling systems. Moreover, it was found that staff need hands-on support and consultation to understand how digital health tools can reduce avoidable hospital transfers and increase timely access to health providers through telehealth.

To address these challenges NWMPHN commissioned a service provider to develop and deliver a bespoke change management program to address identified issues in at least eight RACHs in NWMPHN catchment in FY2026/2027. Lessons and insights from this program will be applied to the broader program and engagement with RACHs in our region.

This program complements the education that the Victorian & Tasmanian PHNs have collaborated to develop consistent, high-quality, tailored training for families, residents and clinical providers, to support adoption of telehealth within participating RACHs. NWMPHN will continue to support RACHs to access and use the models to underpin service delivery and support sustained integration of telehealth into workflows.

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 RACHs

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

12/02/2022

Activity End Date

29/06/2027

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): 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?

Co-design or co-commissioning comments

AC-EI - 5 - Early intervention initiatives to support healthy ageing and chronic conditions_AWP 26/27

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 26/27

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 older 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. Informed by both the PHN strategic and care Finders needs assessments, this activity strategically aligns and is being delivered with NWMPHN's CF-1000 – Improve the physical and mental health and wellbeing of people with chronic conditions. This activity also supports 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:
Completed an independent evaluation of Phase 1, drawing on evaluation findings and program management data to assess provider performance across effectiveness, process, comparative analysis, value for money and program implications.

Recontracted eight high-performing general practices into Phase 2 of the program, based on evaluation findings identifying providers that consistently delivered high-quality, coordinated care aligned with program objectives and the funding's early intervention objective

NWMPHN will:

- support participating practices to design and implement multidisciplinary, person-centred models of care that address clinical needs alongside the social determinants of health, using flexible funding to complement existing Medicare arrangements.

- deliver Communities of Practice to support shared learning, strengthen system integration and drive continuous quality improvement.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Health conditions - Focus on patient and carer education of conditions and improving health literacy of older adults regarding their health conditions (4.2.25)	187
Primary health care - Enhance primary care workforce capability to increase access to affordable primary care and allied health services to provide effective, person-centred care (6.2.1)	190
Primary health care - Improve health and system literacy among at-risk cohorts (6.1.12)	190
Primary health care - Improve health sector capability to implement data driven quality improvement to measure patient experience and health outcomes (6.3.9)	190
Primary health care - Increase access to flexible models of care to improve reach to at-risk cohorts (6.1.4)	190
Health conditions - Increase access to early intervention health programs to reduce the burden of chronic diseases and preventable deaths (4.2.1)	186
Health conditions-Increase access and coordinated care with culturally aware/diverse providers for people from diverse backgrounds with chronic conditions, while building GP capability and MDC (4.2.9)	186
Aged care - Change model of service delivery in light of primary care reforms to meet demand of older adults requiring health care (2.1.1)	184
Aged care - Improve integration of aged care services tailored to support physical emotional and social need (2.2.6)	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 seven activities that comprise our commissioning approach:
- Assess and prioritise needs
- Review evidence to inform planning and design
- Design services to address need
- Prepare the system for delivery
- Support implementation
- Manage performance and drive continuous improvement
- Evaluate the impact

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils, Expert Advisory Groups (EAGs), Primary Care Voices and People Bank members.

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 EAGs 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

People Bank is a register of people who would like to participate in activities that help to improve the health of people in the region. Members participate in a range of different activities including workshops, governance groups, surveys, and tender evaluation panels.

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 health services and 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

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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, and people with lived experience, priority populations, community leaders

- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local health services and hospital networks
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Other PHNs

Activity Milestone Details/Duration

Activity Start Date

13/02/2022

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2027

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

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

NA

Co-design or co-commissioning comments

AC-CF - 1 - Care Finder Program 26/27

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

1

Activity Title *

Care Finder Program 26/27

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 *

North Western Melbourne PHN has established and maintained 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 continue to 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, and reporting streams to support care finder providers to understand:
    • the population accessing their service
    • the needs of their population
    • referral pathways
    • workforce and workforce training needs.
• Identify and address opportunities to enhance integration between the health, aged care, and other systems at the local North Western Melbourne level.
• Maintain the integration of the care finder network into the local aged care and health system. This includes developing

pathways between local care finder providers and providers of the Elder Care Support, program to ensure client choice and outcomes are achieved for Aboriginal and Torres Strait Islander communities, as well as with other relevant local services.
• Maintain processes to meet data collection and reporting requirements. This includes support with data quality and integrity and survey completion. Victorian PHNs are continuing to take a consistent approach to setting Key Performance Indicators to compare performance and support providers to engage in continuous quality improvement.

NWMPHN will continue to host regular communities of practice to highlight, discuss and share solutions for common issues or trends identified through the data and provider reporting and feedback. Other topics covered at the communities of practice will continue to include integration and workforce development.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Health conditions-Strengthen data collection processes to increase understanding and address the chronic health needs of LGBTIQ+ population/people experiencing homelessness/marginally housed (4.2.28)	187
Aged care - Improve capacity and support for family and carers of older people (2.1.6)	184
Aged care - Improve integration of aged care services tailored to support physical emotional and social need (2.2.6)	184

Activity Demographics

Target Population Cohort

Older people and those experiencing premature ageing 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

Stakeholder engagement occurs throughout all seven activities that comprise our commissioning approach:
• Assess and prioritise needs
• Review evidence to inform planning and design
• Design services to address need
• Prepare the system for delivery
• Support implementation
• Manage performance and drive continuous improvement
• Evaluate the impact
We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils, Expert Advisory Groups (EAGs), Primary Care Voices and People Bank members.

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 EAGs 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 and Torres Strait Islander Health
• Older Adults

People Bank is a register of people who would like to participate in activities that help to improve the health of people in the region. Members participate in a range of different activities including workshops, governance groups, surveys, and tender evaluation panels.

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 health services and 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'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.

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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, and people with lived experience, priority populations, community leaders
• Health care professionals
• NWMPHN regional and strategic partnerships and collaboratives
• Local health services and hospital networks
• Community health services
• General practice
• Residential aged care facilities
• Pharmacy
• Allied health
• Community-based organisations
• Research institutes
• Academic and training institutions
• Peak and professional bodies
• Victorian Department of Health
• Local government
• Other PHNs
• Media
• Other identified providers

Activity Milestone Details/Duration

Activity Start Date

07/04/2022

Activity End Date

29/06/2029

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2029

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

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

AC-CF - 2 - Care Finder Program - Operational 26/27

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

2

Activity Title *

Care Finder Program - Operational 26/27

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 *

Not required for operational funding

Description of Activity *

Not required for operational funding

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Health conditions-Strengthen data collection processes to increase understanding and address the chronic health needs of LGBTIQ+ population/people experiencing homelessness/marginally housed (4.2.28)	187
Health conditions-Increase access and coordinated care with culturally aware/diverse providers for people from diverse backgrounds with chronic conditions, while building GP capability and MDC (4.2.9)	186
Aged care - Improve capacity and support for family and carers of older people (2.1.6)	184
Aged care - Improve integration of aged care services tailored to support physical emotional and social need (2.2.6)	184
Aboriginal and Torres Strait Islander Health - Improve integrated care pathways between mainstream mental health services, ACCHOs & ACCO services to provide an inclusive/safe/holistic approach(1.2.4)	183
Aboriginal and Torres Strait Islander Health - Mandate cultural safety training in mainstream services to understand historical and contemporary impacts of colonisation and racism (1.1.9)	183

Activity Demographics

Target Population Cohort

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

07/04/2022

Activity End Date

29/06/2029

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

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

AC-AHARACF - 4 - Enhanced out of hours support for residential aged care 26/27

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-AHARACF

Activity Number *

4

Activity Title *

Enhanced out of hours support for residential aged care 26/27

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 build capability of Residential Aged Care Homes (RACHs) in the NWMPHN region to be able care for patients in the after hours period, be aware of the local after-hours services and care options. The intended outcome of this activity is to help reduce unnecessary hospital presentations among RACH residents and to increase the number of facilities with after-hours care plans.

Description of Activity *

NWMPHN continue to support RACHs as they develop and implement after hours care plans. Working with the Victorian & Tasmanian PHN Allianca (VPTHNA), NWMPHN created an after hours toolkit that features resources like an audit tool for after hours readiness, a service directory, an introduction to VVED, and a patient plan. From 2023 to 2025, NWMPHN held face-to-face education sessions with faciliates introducing them to the tools. Since the toolkit's creation, there have been many changes in policy and practice.

In 2026/27, the focus shifts to reviewing current workflows, planning, and identifying pressure points in residents' after hours care. The main goal is to produce an updated after hours planning document that is endorsed by key stakeholders.

NWMPHN will consult key stakeholders to identify barriers, enablers, policies, and practices. Insights from this process will guide updates for after hours promotional materials. NWMPHN will lead these efforts and share results with other VicTasPHNs, allowing

them to tailor resources to their regions. Key activities will include:

- Engaging with Residential Aged Care Homes (RACH) to review the relevance, practicality, and usability of the current after hours planning toolkit.

- Assessing how effective existing after hours plans are across five RACHs to determine what's working, what isn't, and the barriers or supports involved.

- Consulting with RACH staff and leadership to find ways the Primary Health Network (PHN) can better help homes address after hours challenges and pressure points.

- Providing training to RACH staff on the updated planning document to ensure successful implementation.

- Consulting with stakeholders to better understand the roles, policies, and processes of Victorian Virtual Emergency Department, Ambulance Victoria, Residential-In-Reach, GPs, and RACH nursing staff during the after hours period.

- Analysing Ambulance Victoria data to spot trends in call outs and avoidable hospital admissions.

- Partnering with the VTPHNA after hours working group to: 1) lead and share revised workflows and 2) promote other PHN-led RACH education and training initiatives.

In addition, this work will support RACH digital health initiatives:
- This 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 26/27- 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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Aged care - Enhance the competency of the workforce including nurses and case workers, to effectively manage complex aged care, including individuals with co-morbidities (2.1.3)	184
Aged care - Improve capacity and support for family and carers of older people (2.1.6)	184

Activity Demographics

Target Population Cohort

Residential aged care home 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 seven activities that comprise our commissioning approach:
- Assess and prioritise needs
- Review evidence to inform planning and design
- Design services to address need
- Prepare the system for delivery
- Support implementation
- Manage performance and drive continuous improvement
- Evaluate the impact

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 homes
• 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

12/02/2022

Activity End Date

29/06/2027

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