

South Eastern Melbourne - Aged Care 2024/25 - 2027/28 Activity Summary View



AC-OSP - 1 - AC-OSP-1 2025 Aged Care On-site Pharmacist Measure



Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-OSP

Activity Number *

1

Activity Title *

AC-OSP-1 2025 Aged Care On-site Pharmacist Measure

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Assist residential aged care homes (RACHs) to engage aged care on-site pharmacists to work in clinical roles under the Aged Care On-site Pharmacist (ACOP) Measure to improve medication management for residents.

Description of Activity *

SEMPHN is designing an approach to this activity which is intended to:

- increase the uptake of aged care on-site pharmacists by Residential Aged Care Homes across the SEMPHN region; and
- improve access to on-site pharmacists in RACHs.

SEMPHN will continue developing its understanding of the market including which RACHs are interested in participating in the

ACOP measure and eligible pharmacists available to work on-site. This includes coordinating and collaborating across the aged care and pharmacy sectors to identify the RACHs and pharmacists, and with PHNs in neighbouring regions.

Work is also underway to develop processes and materials that will enable SEMPHN to:

- manage requests for support and information from RACHs wanting to engage an eligible pharmacist including the role of an on-site pharmacist, eligible pharmacists seeking to be employed by RACHs, and facilitate meetings between eligible pharmacists and RACH representatives
- assist RACHs already participating in the ACOP measure with their understanding of the measure and avenues for further assistance
- encourage and ensure pharmacists interested in participating in the ACOP Measure meet the eligibility requirements
- support engagement between RACHs, pharmacists employed under the ACOP Measure, residents' General Practitioners and other relevant health professionals.

SEMPHN's Strategy 2023-2028: Path to Impact

- Pillar 3: Vibrant primary health services
- Pillar 4: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Identify opportunities to improve access to primary care for communities with high rates of potentially preventable hospitalisations (PPHs)	192
Develop integrated models of care for consumers experiencing comorbidity across a continuum of care	201



Activity Demographics

Target Population Cohort

RACHs in the SEMPHN region interested in obtaining a pharmacist(s) under the ACOP measure and pharmacists interested in participating.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

SEMPHN may consult across the aged care and pharmacy sectors, including with peak bodies, providers of Australian Pharmacy Council (APC)-accredited training programs and the Department of Health and Aged Care.

Collaboration

SEMPHN is collaborating across the aged care and pharmacy sectors, with PHNs in neighbouring regions.



Activity Milestone Details/Duration

Activity Start Date

10/03/2025

Activity End Date

29/06/2027

Service Delivery Start Date

11/03/2025

Service Delivery End Date

30/06/2027

Other Relevant Milestones



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-CF - 3 - AC-CF3 2025 Transition of Assistance with Care and Housing (ACH) navigation providers to CF



Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

3

Activity Title *

AC-CF3 2025 Transition of Assistance with Care and Housing (ACH) navigation providers to CF

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 *

Separate the funding for the eight Assistance with Care and Housing (ACH) providers that form part of the Care Finder network. Care Finders provide specialist and intensive assistance to help people within the Care Finder Target Population to understand and access aged care and connect with other relevant supports in the community.

Description of Activity *

SEMPHN is currently evaluating its existing Care Finder program, which includes ACH providers, with a view to recommissioning the Care Finder program. It is SEMPHN's intention to provide all existing Care Finder providers with a short-term extension to allow sufficient time for the service planning and recommissioning process. Additional detail regarding the recommissioning can be found in activity CF-1 Care Finder.

SEMPHN currently has a network of 11 Care Finders across the catchment. Eight existing ACH providers were transitioned to Care Finder providers and a further three new Care Finders have been commissioned in 2023/24. The eight transitioned ACH providers began Care Finder service delivery on 3 January 2023 with all providers delivering full services from 1 May 2023.

SEMPHN has Care Finder coverage, including the ACH providers that transitioned to the Care Finder program, across the entire SEMPHN region.

SEMPHN's Strategy 2023-2028: Path to Impact

- Pillar 1: Population health and service demand
- Pillar 2: Consumer-focused healthcare
- Pillar 4: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Ease the pressure on hospitals and EDs	193
Increase cultural appropriateness of primary healthcare services for priority populations	204
Increase support to vulnerable older people (65+) to navigate the aged care system	204
Increase integration of primary care services such as GPs and MH services with home and residential aged care services	205



Activity Demographics

Target Population Cohort

The care finder target population is people who are eligible for aged care services and have one or more reasons for requiring intensive support to:

- interact with My Aged Care (either through the website, contact centre or face-to-face in Services Australia service centres).
- access aged care services, and/or
- access other relevant supports in the community.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Kingston	20803
Mornington Peninsula	21402
Dandenong	21204
Casey - North	21202
Casey - South	21203



Activity Consultation and Collaboration

Consultation

SEMPHN has convened the Primary and Aged Care Reference Group to support the development and implementation of care finder and other aged care programs.

Collaboration

SEMPHN is working in collaboration with other Victorian and Tasmanian PHNs to provide a consistent approach to the market.



Activity Milestone Details/Duration

Activity Start Date

29/06/2022

Activity End Date

29/06/2026

Service Delivery Start Date

3 January 2023

Service Delivery End Date

30 June 2026

Other Relevant Milestones

Ramp up period ended 30 April 2023. Contract end date is 30 September 2025 to allow for the Final Performance Report and Final Acquittal Report. Service ends 30 June 2025.



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?

Existing providers, including ACH providers, recommissioned as part of the new Care Finder model will transition to the new program. Minimising the impact on people participating in the program will form part of the transition.

Co-design or co-commissioning comments



AC-EI - 1 - AC-EI-1 2025 Early intervention initiatives for healthy ageing & ongoing mgt of chronic conditions



Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-EI

Activity Number *

1

Activity Title *

AC-EI-1 2025 Early intervention initiatives for healthy ageing & ongoing mgt of chronic conditions

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 older people (including people not currently receiving aged care services) to live at home for longer through the commissioning of early intervention initiatives that promote health ageing and the ongoing management of chronic conditions.

Description of Activity *

In 2022, SEMPHN undertook an aged care needs assessment which noted our catchment has approximately 11,000 people living with a diagnosis of dementia, with nearly a third of this group residing in the Local Government Areas (LGAs) of Mornington Peninsula and Casey. Older residents in these LGAs are also more likely to live alone, have lower incomes and require physical assistance.

SEMPHN commissioned, via open tender, a Dementia Rehabilitation program which aims to help maintain function and quality of life so that people are supported to live in the community for longer. The program was extended in February 2024 to three additional LGAs (Frankston, Greater Dandenong and Kingston).

The program focusses on improving access to allied health-led rehabilitation activities in the home such as physical activity, social support, and education. Each participant in the program has personalised activities designed to support their independence and wellbeing.

SEMPHN is monitoring the provider's evaluation of the program using reporting developed under the ICHOM tool as a means of evaluating the delivery of this program to customers.

SEMPHN's Strategy 2023-2028: Path to Impact

- Pillar 1: Population health and service demand
- Pillar 2: Consumer-focused healthcare
- Pillar 4: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Identify opportunities to improve access to primary care for communities with high rates of potentially preventable hospitalisations (PPHs)	192
Increase support to vulnerable older people (65+) to navigate the aged care system	204



Activity Demographics

Target Population Cohort

Senior Australians living at home with dementia

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Kingston	20803
Frankston	21401
Mornington Peninsula	21402
Dandenong	21204
Casey - North	21202
Casey - South	21203



Activity Consultation and Collaboration

Consultation

Consultation with the SEMPHN Primary and Aged Care Reference Group.

Collaboration

Ongoing collaboration with the National Centre for Healthy Ageing – Monash University.



Activity Milestone Details/Duration

Activity Start Date

31/10/2021

Activity End Date

29/06/2025

Service Delivery Start Date

1 June 2023

Service Delivery End Date

30 June 2025

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: 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-EI - 2 - AC-EI-2 2025 Early intervention initiatives for healthy ageing & ongoing mgt of chronic conds Ops



Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-EI

Activity Number *

2

Activity Title *

AC-EI-2 2025 Early intervention initiatives for healthy ageing & ongoing mgt of chronic conds Ops

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 older people (including people not currently receiving aged care services) to live at home for longer through the commissioning of early intervention initiatives that promote health ageing and the ongoing management of chronic conditions.

Description of Activity *

In 2022, SEMPHN undertook an aged care needs assessment which noted our catchment has approximately 11,000 people living with a diagnosis of dementia, with nearly a third of this group residing in the Local Government Areas (LGAs) of Mornington Peninsula and Casey. Older residents in these LGAs are also more likely to live alone, have lower incomes and require physical assistance.

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The program focusses on improving access to allied health-led rehabilitation activities in the home such as physical activity, social support, and education. Each participant in the program has personalised activities designed to support their independence and wellbeing.

SEMPHN is monitoring the provider's evaluation of the program using reporting developed under the ICHOM tool as a means of evaluating the delivery of this program to customers.

SEMPHN's Strategy 2023-2028: Path to Impact

- Pillar 1: Population health and service demand
- Pillar 2: Consumer-focused healthcare
- Pillar 4: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Identify opportunities to improve access to primary care for communities with high rates of potentially preventable hospitalisations (PPHs)	192
Increase support to vulnerable older people (65+) to navigate the aged care system	204



Activity Demographics

Target Population Cohort

Senior Australians living at home with dementia

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Kingston	20803
Frankston	21401
Mornington Peninsula	21402
Dandenong	21204
Casey - North	21202
Casey - South	21203



Activity Consultation and Collaboration

Consultation

Consultation with the SEMPHN Primary and Aged Care Reference Group.

Collaboration

Ongoing collaboration with the National Centre for Healthy Ageing – Monash University.



Activity Milestone Details/Duration

Activity Start Date

31/10/2021

Activity End Date

29/06/2025

Service Delivery Start Date

1 June 2023

Service Delivery End Date

30 June 2025

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: 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-VARACF - 1 - AC-VARACF-1 2025 Increase availability and use of telehealth care for Aged Care residents



Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-VARACF

Activity Number *

1

Activity Title *

AC-VARACF-1 2025 Increase availability and use of telehealth care for Aged Care residents

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 *

Support participating Residential Aged Care Facilities (RACFs) to have the appropriate virtual consultation facilities and technology so residents can access clinically appropriate telehealth care with primary health care professionals.

Description of Activity *

SEMPHN partnered with an IT Service Provider to purchase and distribute virtual consultation technology solutions to RACHs across the region. SEMPHN proactively engaged with RACH facilities to understand their digital maturity and telehealth capability before purchasing hardware on their behalf. A total of 159 RACFs received telehealth equipment, with two sets of equipment provided to 15 RACFs with 150+ residents or occupying multi-level properties. Basic training on how to use the equipment was provided at the time of installation.

The ongoing focus is to ensure staff at all facilities provided with equipment receive on-site digital health-related training and support. This includes upskilling and training on how to use the telehealth equipment to support the health and welfare of aged care residents, as well as promoting telehealth consultations as an effective consultation method. Telehealth consultations are valuable and offer residents in residential aged care the ability to access health care without having to leave an RACH.

The SEMPHN Aged Care team continues to engage with, support and train RACHs in the use of telehealth. Much of this occurs in person while undertaking GP Aged Care Incentive and Aged Care On-site Pharmacist Measure engagement. The Provider Support

and Digital Health teams support meaningful use of telehealth in general practice, with a particular focus on practices who measured as “low digital health maturity” and General Practices receiving the GPACIGeneral Practice in Aged Care Incentive GPs.

Online training is also available for staff at RACHs, families, residents and clinical providers.

SEMPHN collaborated with VTPHNA and PHNs across Victoria and Tasmania to develop high-quality, comprehensive, tailored training for all audiences to ensure the people who care for residents have access to support and advice when they need it. Approximately 60 modules are available with a “telehealth self-diagnostic” that provides personalised learning plans, including a list of priority modules based on knowledge gaps.

SEMPHN also collaborated with the Australian Digital Health Agency and VTPHNA to deliver educational webinars to RACHs and General Practitioners on My Health Record and other digital health platforms such as Healthdirect Videocall.

SEMPHN’s Strategy 2023-2028: Path to Impact

- Pillar 1: Population health and service demand
- Pillar 2: Consumer-focused healthcare
- Pillar 4: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Improve accessibility of services after-hours	192
Identify opportunities to improve access to primary care for communities with high rates of potentially preventable hospitalisations (PPHs)	192
Increase cultural appropriateness of primary healthcare services for people receiving home or residential aged care services	205
Increase digital health capabilities of service providers in the region	202
Facilitate local health system integration via increased digital health technologies utilisation	202



Activity Demographics

Target Population Cohort

Seniors in Residential Aged Care

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Primary Aged Care Reference Group, Residential Aged Care Facilities, South East Health Service Partnership, Local Health Networks, General Practice.

Collaboration

Australian Digital Health Agency, The Victorian Tasmanian PHN Alliance (VTPHNA).



Activity Milestone Details/Duration

Activity Start Date

29/11/2021

Activity End Date

29/06/2025

Service Delivery Start Date

1 June 2022

Service Delivery End Date

30 June 2025

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: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments



AC-VARACF - 2 - AC-VARACF-2 2025 Increase availability & use of telehealth for Aged Care residents Ops



Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-VARACF

Activity Number *

2

Activity Title *

AC-VARACF-2 2025 Increase availability & use of telehealth for Aged Care residents Ops

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 *

Support participating Residential Aged Care Facilities (RACFs) to have the appropriate virtual consultation facilities and technology so residents can access clinically appropriate telehealth care with primary health care professionals.

Description of Activity *

SEMPHN partnered with an IT Service Provider to purchase and distribute virtual consultation technology solutions to RACHs across the region. SEMPHN proactively engaged with RACH facilities to understand their digital maturity and telehealth capability before purchasing hardware on their behalf. A total of 159 RACFs received telehealth equipment, with two sets of equipment provided to 15 RACFs with 150+ residents or occupying multi-level properties. Basic training on how to use the equipment was provided at the time of installation.

The ongoing focus is to ensure staff at all facilities provided with equipment receive on-site digital health-related training and support. This includes upskilling and training on how to use the telehealth equipment to support the health and welfare of aged care residents, as well as promoting telehealth consultations as an effective consultation method. Telehealth consultations are valuable and offer residents in residential aged care the ability to access health care without having to leave an RACH.

The SEMPHN Aged Care team continues to engage with, support and train RACHs in the use of telehealth. Much of this occurs in person while undertaking GP Aged Care Incentive and Aged Care On-site Pharmacist Measure engagement. The Provider Support

and Digital Health teams support meaningful use of telehealth in general practice, with a particular focus on practices who measured as “low digital health maturity” and General Practices receiving the GPACIGeneral Practice in Aged Care Incentive GPs.

Online training is also available for staff at RACHs, families, residents and clinical providers.

SEMPHN collaborated with VTPHNA and PHNs across Victoria and Tasmania to develop high-quality, comprehensive, tailored training for all audiences to ensure the people who care for residents have access to support and advice when they need it. Approximately 60 modules are available with a “telehealth self-diagnostic” that provides personalised learning plans, including a list of priority modules based on knowledge gaps.

SEMPHN also collaborated with the Australian Digital Health Agency and VTPHNA to deliver educational webinars to RACHs and General Practitioners on My Health Record and other digital health platforms such as Healthdirect Videocall.

SEMPHN’s Strategy 2023-2028: Path to Impact

- Pillar 1: Population health and service demand
- Pillar 2: Consumer-focused healthcare
- Pillar 4: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Improve accessibility of services after-hours	192
Identify opportunities to improve access to primary care for communities with high rates of potentially preventable hospitalisations (PPHs)	192
Increase cultural appropriateness of primary healthcare services for people receiving home or residential aged care services	205
Increase digital health capabilities of service providers in the region	202
Facilitate local health system integration via increased digital health technologies utilisation	202



Activity Demographics

Target Population Cohort

Seniors in Residential Aged Care

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Primary Aged Care Reference Group, Residential Aged Care Facilities, South East Health Service Partnership, Local Health Networks, General Practice.

Collaboration

Australian Digital Health Agency, The Victorian Tasmanian PHN Alliance (VTPHNA).



Activity Milestone Details/Duration

Activity Start Date

29/11/2021

Activity End Date

29/06/2025

Service Delivery Start Date

1 June 2022

Service Delivery End Date

30 June 2025

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: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments



AC-AHARACF - 1 - AC-AHARACF-1 2025 V1 Enhanced Out of Hours Support for Residential Aged Care



Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-AHARACF

Activity Number *

1

Activity Title *

AC-AHARACF-1 2025 V1 Enhanced Out of Hours Support for Residential Aged Care

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 *

Address any awareness or utilisation issues amongst Residential Aged Care Facilities (RACFs) of available local after hours services.

Description of Activity *

SEMPHN has developed a range of templates to create an 'After Hours service tool kit' in collaboration with Victorian and Tasmanian PHNs. The template is based on knowledge collected through consultations with local RACHs and is designed to support RACHs to put processes in place to reduce emergency presentations, along with evidence-based resources on how to best support RACHs to access and utilise after-hours services. The toolkit includes a template action plan RACHs can use to develop action plans for each resident.

The tools made available to RACHs are intended to:

- provide RACHs with templates that provide clear instructions and suggestions to facility staff on how to create their own after-hours action plans and why these plans are so important for residents
- educate RACH staff on after hours health care options and processes for residents to access services
- encourage RACHs to implement procedures for keeping residents' digital medical records up to date, particularly following an episode where out of hours care is required
- support engagement between RACHs and resident's General Practitioner (and other relevant health professionals), as part of developing and updating after-hours action plans.

The After-Hours resources and templates are intended to be dynamic documents, meaning RACHs and residents' plans should be revised and updated regularly by the facility. These resources detail their policies and procedures, available services and changes in care. They are stored online and are accessible to facilities day and night. The templates are all editable and easily printed; SEMPHN understands that facilities work differently and wants to make sure resources are flexible and able to be used in different ways. These resources are available to all RACHs in Victoria and Tasmania.

The ongoing focus is to ensure all facilities are effectively utilising the After Hours resources and templates in consultation with resident's GPs and other health professionals, to ensure all residents in RACHs experiencing problems in the after-hours period receive the appropriate care, and do not present at an emergency department or are admitted into hospital. This can include education and support to RACHs and updating SEMPHN's website based on service change, internal review or feedback.

SEMPHN commenced rolling out this activity to RACHs after they received their telehealth hardware and training. SEMPHN sees trust in telehealth and video calls as an important part of after-hours planning. Engagement with facilities and managers on the ground in each facility is crucial to the uptake of this capacity building work.

SEMPHN also collaborated with Ambulance Victoria and our three health services—Peninsula Health Alfred Health and Monash Residential in-reach teams—to provide education regarding how the tool kit is used to understand a patient's condition and options for management. Planned work encompasses providing education to general practitioners of the use of telehealth, in the context of after-hours action plans, and providing after-hours services via telehealth.

SEMPHN's Strategy 2023-2028: Path to Impact

- Pillar 1: Population health and service demand
- Pillar 2: Consumer-focused healthcare
- Pillar 4: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Improve accessibility of services after-hours	192
Identify opportunities to improve access to primary care for communities with high rates of potentially preventable hospitalisations (PPHs)	192
Increase integration of primary care services such as GPs and MH services with home and residential aged care services	205
Increase digital health capabilities of service providers in the region	202
Facilitate local health system integration via increased digital health technologies utilisation	202



Activity Demographics

Target Population Cohort

Residents and staff of RACHs

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

SEMPHN Primary and Aged Care Reference Group, Residential Aged Care Facilities, South East Melbourne Health Service Partnership, Local Health Networks, General Practice and Ambulance Victoria.

Collaboration

Residential Aged Care facilities, Victorian and Tasmanian PHNs, Ambulance Victoria, Victorian Virtual Emergency Department, Residential in Reach teams at the three Local Health Networks.



Activity Milestone Details/Duration

Activity Start Date

29/11/2021

Activity End Date

29/06/2025

Service Delivery Start Date

1 June 2022

Service Delivery End Date

30 June 2025

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: Yes
Open Tender: No
Expression Of Interest (EOI): No
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?

Working with RACFs, Ambulance Victoria and South east Melbourne Health Service Partnership.

Co-design or co-commissioning comments



AC-CF - 2 - AC-CF-2 2025 Care Finder Program - Ops



Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

2

Activity Title *

AC-CF-2 2025 Care Finder Program - Ops

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 ***

Establish and maintain a network of Care Finders to provide specialist and intensive assistance to help people within the Care Finder Target Population to understand and access aged care and connect with other relevant supports in the community.

Description of Activity *

SEMPHN is currently evaluating its existing Care Finder program which will inform a recommissioning process. A closed tender process is currently being explored with the tender expected to commence in September 2025. A reduction in the number of providers is being considered as is providing greater scope in geographic coverage. Further elements of the program under consideration include:

- providing sufficient notice time for existing providers to plan and implement approaches to transition, cessation, continuation or expansion of services
- supporting the vulnerable and “hard to reach” older Australians that form the Care Finder cohort both during the period of building rapport and connecting people with services, and later when providers undertake high level check ins to ensure connections are in place.

SEMPHN intends to provide all existing providers, including the Aged Care and Housing providers that transitioned to Care Finder, with an extension to allow sufficient time for the evaluation and re-commissioning processes.

SEMPHN's existing program began in 2022, when SEMPHN commissioned a Care Finder specific needs assessment. This assessment provided an understanding of the aged care service landscape in the SEMPHN region and identified where Care Finder services needed to be focused.

SEMPHN currently has a network of 11 Care Finders across the catchment. Eight Assistance with Care and Housing (ACH) providers were transitioned to Care Finder providers and three new Care Finder organisations were commissioned. Our transitioned ACH providers began Care Finder service delivery on 3 January 2023. All providers have been in full-service delivery since June 2023.

SEMPHN has Care Finder geographical coverage across the catchment. One provider, in the Mornington Peninsula area has an intake component and refers people to the most appropriate Care Finder organisation for assistance. More recently, one provider's coverage has been extended to establish a CALD focused program predominantly in the Dandenong LGA. This has been done in response to an increase in refugee migration into this LGA noted in SEMPHN's most recent needs assessment.

Early work by SEMPHN staff with the Care Finder providers focused on ensuring providers had undertaken training, were able to submit reporting using the reporting portal, and were using promotional collateral in line with DOHAC guidance. As the service has now been in place for more than 12 months, this has transitioned to SEMPHN staff being available for any questions or support providers may require.

Broader program support was also provided to Care Finder organisations when the program commenced. This included various meetings to promote and discuss the program within our region. Of ongoing interest to providers is funding for the Victorian only Access and Support (A&S) service as a result of overlaps between the Care Finder and A&S services and funding delays related to A&S services. The A&S service includes an outreach service that works with people of all ages to help identify, access and advocate for supports. SEMPHN staff manage questions by encouraging concerns be raised with DOHAC and the Department of Health, Victoria and reiterate the funding and programs are separate and PHNs do not play a role in A&S services.

Seeing the benefits of these relationships, SEMPHN has continued to meet regularly with our health system partners. An example of integration has been working with the Health Service Partnership. This collaboration has brought together Residential In Reach teams, Ambulance Victoria, Victorian Virtual ED, Residential Aged Care, General Practice and the PHN. Together we developed a communication tool for RACFs to integrate key messages from each of the providers and compile in one easy document.

To encourage consistency where possible, the Victorian and Tasmanian PHNs have developed a shared set of KPIs for our Care Finder providers

SEMPHN is collaborating with the Victorian Tasmania PHN Alliance to host regular forums for Care Finder providers. SEMPHN will also host local Care Finder CoP and appropriate training events to ensure the local needs of the SEMPHN community are met.

SEMPHN's Strategy 2023-2028: Path to Impact

- Pillar 1: Population health and service demand
- Pillar 2: Consumer-focused healthcare
- Pillar 4: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Increase support to vulnerable older people (65+) to navigate the aged care system	204
Increase integration of primary care services such as GPs and MH services with home and residential aged care services	205
Increase cultural appropriateness of primary	205

healthcare services for people receiving home or residential aged care services	
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Activity Demographics

Target Population Cohort

The care finder target population is people who are eligible for aged care services and have one or more reasons for requiring intensive support to:

- interact with My Aged Care (either through the website, contact centre or face-to-face in Services Australia service centres),
- access aged care services, and/or
- access other relevant supports in the community.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Kingston	20803
Mornington Peninsula	21402
Dandenong	21204
Casey - North	21202
Casey - South	21203



Activity Consultation and Collaboration

Consultation

SEMPHN has convened the Primary and Aged Care Reference Group to support the development and implementation of care finder for the program.

Collaboration

SEMPHN is working in collaboration with other Victorian and Tasmanian PHNs to provide a consistent approach to the market.



Activity Milestone Details/Duration

Activity Start Date

29/06/2022

Activity End Date

29/06/2029

Service Delivery Start Date

3 January 2023

Service Delivery End Date

30 June 2029

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: 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?

Existing providers, including ACH providers, recommissioned as part of the new Care Finder model will transition to the new program. Minimising the impact on people participating in the program will form part of the transition.

Co-design or co-commissioning comments