Gippsland PHN –After Hours Primary Health Care 2026-2027 Activity Work Plan Annual Update

Submitted: 30 April 2026 Approved: 7 July 2026
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Connecting new arrivals via immigration and refugee services in Gippsland to navigate health systems	
Activity Priorities and Description	
Program Key Priority Area	Population Health
Aim of Activity	This activity aims to identify and support services for people from multicultural backgrounds where it is demonstrated that there are challenges and barriers to accessing and navigating the primary healthcare system.
Description of Activity	**Previous activities** In the 2025/26 financial year, Gippsland PHN localised resources to assist with service navigation that have been shared via the National PHN Multicultural Community of Practice to ensure resources were not duplicated. Resources included plain language summaries of Ambulance membership, MBS eligibility, the PBS and digital health tools available in Australia. We also reviewed and localised the National PHN Multicultural Framework and Action Plan. In addition, Gippsland PHN worked collaboratively with Gippsland Multicultural Services including New Arrivals Education, Employment and Training Network delivered by Latrobe Community Health Service to reduce the duplication of resources and or co-create resources where there are identified gaps. This activity will cease on 30 June 2026 however Gippsland PHN will continue to work on actions from the National PHN Multicultural Framework and Action Plan. **Engagement with Local Hospital Networks (LHN) and/or State government:** Engagement occurred with local organisations including Gippsland Local Health Services Network, Gippsland Region Public Health unit and other relevant stakeholders. **Collection of data:** Data collection for this activity included the number of stakeholders engaged and resources localised. **Impact**: This activity coupled with the Care Connector has increased service access and improved the ability for refugees or people immigrating to Gippsland to navigate the health system and improve health outcomes.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1

Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Access to Primary Care for Marginalised Communities	

Activity Demographics	
Target Population Cohort	People immigrating to Gippsland and refugees
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes

SA3 Name	**SA3 Code**
Gippsland wide	

Activity Consultation and Collaboration	
Consultation	Gippsland PHN consulted with Gippsland Multicultural Services and Latrobe Community Health Services who have extensive connections with the multicultural community to identify gaps and develop resources where needed.
Collaboration	Gippsland PHN collaborated with Gippsland Multicultural Services and Latrobe Community Health Service to coordinate activities to avoid duplication Collaboration also occurs with the Gippsland Local Health Services Network, local hospitals, other PHNs as part of the multicultural CoP and Department of Health, Disability and Ageing

Activity Milestone Details/Duration	
Activity Start Date	31/01/2025
Activity End Date	30/06/2026
Other Relevant Milestones	-

Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Other approach
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-	No

commissioned or joint-commissioned?	
Decommissioning	No
Decommissioning details?	Activity to be ceased on 30 June 2026.
Co-design or co-commissioning comments	NA

Multicultural Access – Care Connector	
Activity Priorities and Description	
Program Key Priority Area	Population Health
Aim of Activity	This activity aims to support the multicultural community to understand, navigate and engage with healthcare services in a culturally responsive manner, particularly where it is demonstrated that there are challenges and barriers to accessing and navigating primary care services. The activity also aims to facilitate cross-sector collaboration to address the social determinants of health and enhance accessibility and equity within the healthcare system.
Description of Activity	Gippsland PHN commissioned Latrobe Community Health Service to be a Care Connector for the multicultural community across Gippsland, commencing service delivery in the 2025/26 financial year. The Care Connector supports the multicultural community to access primary health care and navigate the health care system. Key procurement objectives are below: · **Improve population health outcomes** for multicultural people in Gippsland by supporting access to primary healthcare services for people from multicultural backgrounds where there are limited or no services available in the local community. · **Improve the health equity of multicultural people** in Gippsland by providing a fully subsidised care connector service. · **Improve consumer experience of care** where it is demonstrated that there are challenges and barriers to accessing and navigating primary healthcare services. · **Improve healthcare cost efficiency** by promoting coordination between services at a local level. · **Improve the care connectors experience** by supporting the local service provider in having the skills and systems to provide effective care. After advice from DHDA that the Multicultural Access Program will not be re-funded, this program was de-commissioned effective 30 June 2026. Gippsland PHN worked with the contracted provider to identify referral options for consumers and supporting warm referrals; and prior to cessation of the program, clients were transitioned to other multicultural programs within Latrobe Community Health Service subject to eligibility criteria (i.e., Refugee Health Nurse, Settlement Engagement and Transition Support Program) and/or other community organisations as required. An underspend of $8,612.72 was identified for the 2025/2026 financial year. The provider proposes to use these funds to develop and distribute a “Welcome to Gippsland Guide” for Culturally and Linguistically Diverse communities across the Gippsland region, in both electronic and hard copy formats. The guide will include information on health service navigation, housing, financial services and other settlement-related topics to support CALD individuals and families as they establish themselves in Gippsland. This activity is anticipated to be completed by Q2 of the 2026/2027 financial year. Service Type: The service is designed to be reflective of community needs and includes in reach, outreach and digital models.

	Location and population coverage of the activity: All people from Culturally and Linguistically Diverse (CALD) backgrounds in Gippsland. Any specific issues or gaps the activity will address: Having a specialist and intensive Care Connector service has assisted and supported new arrivals to understand, navigate and engage with the health services in Gippsland. Engagement with Local Hospital Networks (LHN) and/or State government: The provider engages collaboratively with health services, community organisations, social services, local health services networks and communities to support integration and care coordination, including cross-sector collaboration to address the social determinants of health. It is also intended that the provider continues to support, alongside Gippsland PHN, development of locally tailored multicultural-specific referral pathways to primary healthcare services. Collection of data: Gippsland PHN collect de-identified population health, and occasions of service monthly. We collect qualitative data and a case study. Key Performance Indicators in the Service Order Agreement are outcomes-based across the quintuple aim of effective primary care; Improved population health, Improved patient experience, Improved health equity, Improved provider experience, Improved cost efficiency. KPIs are assessed quarterly through a rigorous contract review process. Impact: People from multicultural backgrounds, particularly non-English speaking backgrounds, often face additional barriers to accessing and navigating the Australian health care system, including: · Language barriers, for example, accessing appropriate interpreting services; · Health literacy challenges; · Cultural safety and appropriateness of available health services; · Stigma and discrimination; and · Socioeconomic and systemic factors. The care connector service assists and supports multicultural people in Gippsland to understand, navigate and engage with healthcare services to optimise health and wellbeing outcomes. Gippsland PHN intends to extend the contract with the current provider should funding be extended. If funding is not extended, Gippsland PHN will decommission the service at the current contract end date of 30 June 2026 and work with the provider to ensure closure of existing clients and/or facilitate warm transfers to other services.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1
Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Access to Primary Care for Marginalised Communities Connected care	
Activity Demographics	

Target Population Cohort	People from Culturally and Linguistically Diverse (CALD) backgrounds in Gippsland
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes

SA3 Name	**SA3 Code**
Gippsland wide	

Activity Consultation and Collaboration	
Consultation	Consultation with multicultural people in Gippsland occurred as part of the Health Needs Assessment 2025-2028. Community consultation indicated that language barriers and a lack of cultural competency were major barriers to healthcare access for multicultural people in Gippsland. Community suggestions to address these barriers included utilising interpreters, providing multilingual information materials, and engaging with community groups to provide information. The care connector service assists and supports multicultural people in Gippsland to understand, navigate and engage with healthcare services to optimise health and wellbeing outcomes.
Collaboration	Gippsland PHN will continue to work with the commissioned service provider to ensure the program is implemented successfully through development of key collaborative partnerships with relevant social and community organisations, primary care providers and local hospital networks, ensuring that referral pathways and resources are developed as required to meet program objectives. Gippsland PHN collaborate with Gippsland Multicultural Services to avoid duplication of work and resources. Collaboration also occurs with the Gippsland Local Health Services Network, local hospitals, other PHNs as part of the multicultural CoP and Department of Health, Disability and Ageing
Activity Milestone Details/Duration	
Activity Start Date	01/05/2025
Activity End Date	30/09/2026
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Open Tender
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	No

joint-commissioning arrangements?	
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	Yes
Decommissioning details?	Gippsland PHN decommissioned the service as of 30 June 2026 and worked with the provider to ensure closure of existing clients and/or facilitate warm transfers to other services.
Co-design or co-commissioning comments	NA

Maintain consumer access to after hours primary care	
Activity Priorities and Description	
Program Key Priority Area	Population Health
Aim of Activity	Gippsland PHNs After-Hours Primary Health Care Program addresses gaps in after-hours service arrangements, supports and supplements existing after-hours arrangements and seeks to improve service integration across Gippsland through the delivery of high quality, innovative and locally relevant care. The priority is to maintain existing after-hours primary care services that are not within the scope of the PIP After Hours Incentive scheme or Medicare Benefits Schedule and to facilitate access to primary health care after-hours through innovation and collaboration with regional stakeholders and communities.
Description of Activity	HealthAccess provided after-hours telehealth access to the whole of the Gippsland region. The service was accessed through the 1800 number and was then triaged by a nurse who booked the caller into a GP consult. The GP calls back within an hour. The GP uploaded summaries of the consult to MyHealthRecord with patient consent and forwarded a summaries to the patient's regular GP. Recurring Patient feedback themes include: - Excellent service and advice - No need for improvement, service was amazing - No suggestions for improvement as I could not fault the service I received - It's a fantastic service. I am very grateful to have this or I would have needlessly taken up space/resources in ED for antibiotics Where there has been a concern left in feedback HealthAccess have followed up where possible. Due to the positive impact HealthAccess has had in Gippsland, a grant application was lodged to extend funding to 30 June 2026. This was not successful; however 6 month funding was approved to transition HealthAccess Services to telehealth services at 1800Medicare. The HealthAccess contract was extended to 12 April 2026 using the additional funding and some underspend funds. This included coverage over peak holiday periods and the provision of a nurse concierge service to educate patients about the HealthDirect service. Gippsland PHN worked with HealthAccess to support the transition to 1800Medicare and to refer patients to 1800Medicare.

	Collection of data Gippsland PHN collected de-identified data for the program as well as qualitative information.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1

Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Healthy Ageing (people aged 65+) Aboriginal and/or Torres Strait Islander health and wellbeing Healthy ageing (65+) Alcohol and other drugs Mental health and wellbeing, including suicide prevention Health workforce Connected care Growing up healthy (0-25 years) Chronic conditions Family violence Access to primary care for marginalised communities	

Activity Demographics	
Target Population Cohort	Whole of Gippsland
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes

SA3 Name	**SA3 Code**
Gippsland wide	

Activity Consultation and Collaboration	
Consultation	- Gippsland PHN Health Needs Assessment and stakeholder engagement including local health service networks, Ambulance Victoria and general practice. - Engagement with Gippsland PHN's three sub-regional Clinical Councils and the Community Advisory Committee ensures that clinical leadership and a patient-centred approach is considered throughout all after hours service planning. - Other key stake holders included State Department of Health, Latrobe Community Health Services, Ambulance Victoria, Rural Workforce Agency of Victoria, Local Health Services Network, six Shire Councils and ten regional hospitals provide intelligence and evidential information to assist with locally planned and effective after hours service models. - Consultation occurred with Healthdirect and Department of Health, Disability and Ageing. - Gippsland PHN liaised with the online GP consultation market which is well established in Australia and available to anyone with internet access and a

	Medicare card. Gippsland PHN collaborated with potential vendors demonstrating reach and affordability into Gippsland with emphasis on accessible services to low socio-economic population groups.
Collaboration	Collaboration occurred with key stakeholders in Gippsland and more broadly across Victoria (for example via the Victorian, Adelaide and Tasmanian PHN Alliance), who were involved in collating population health data which assists to determine local after-hours priorities of the region. Working with General Practice to understand that the HealthAccess After-Hours telehealth program was to support and supplement existing after-hours arrangements across Gippsland and to decrease the number of people attending emergency departments and accessing Ambulance Victoria for non-emergency conditions in the after-hours period. Engaging with Pharmacists who promoted the telehealth after-hours service to people presenting for medical advice of a Category 4/5 nature. Promotion of after hours service access to mental health commissioned services was inclusive of headspace centres, HeadtoHealth hubs and more broadly on the Gippsland PHN website where access to Gippsland Pathways can be accessed for referral options. Gippsland PHN collaborated with existing after-hours services across general practice in Gippsland to further support their existing arrangements. Gippsland PHN promoted the after-hours opportunities in Gippsland to Ambulance Victoria, pharmacies and local hospitals with a view to lower non-urgent presentations into emergency departments. Gippsland PHN worked with HealthAccess to support the transition to telehealth services at 1800Medicare.
Activity Milestone Details/Duration	
Activity Start Date	25/06/2015
Activity End Date	12/04/2026
Other Relevant Milestones	Nil
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Continuing service provider/contract extension for Health Access, until 12 April 2026
Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No

Decommissioning	Yes
Decommissioning details?	Gippsland PHN worked with HealthAccess to support the transition to telehealth services to 1800Medicare.
Co-design or co-commissioning comments	NA

Homelessness Access Program 2- Homelessness Training Needs Analysis (TNA) and Training	
Activity Priorities and Description	
Program Key Priority Area	Workforce
Aim of Activity	Identify and provide services for people experiencing homelessness and those at risk of homelessness where it is demonstrated that there are physical, geographic or other barriers to accessing primary care services, by developing training for primary care providers to improve safe and inclusive general care for people experiencing homelessness.
Description of Activity	Gippsland PHN commissioned Larter Consulting to develop training and deliver this activity in the Latrobe LGA. There was a delay in this project therefore these activities took place in 2025/2026 financial year, with the in-practice training sessions and implementation of the online learning modules to be carried over into the 2026/2027 financial year. A training needs analysis in consultation with key stakeholders and interested practices in Latrobe LGA was conducted in 2025 with subsequent training modules developed for primary care providers to improve safe and inclusive practice for people experiencing homelessness and reduce barriers to access. Training is being delivered via different modalities, including in-person, online and via Gippsland PHN's Learning Management System (LMS). A concurrent Expression of Interest has been released to all Latrobe LGA general practices in 2026 seeking interest to participate in the stakeholder engagement and training once developed with an incentive of $1,500.00 (ex GST) per general practice. This training will be available to all primary health care providers in Gippsland. Activity to cease on 30 June 2026 as funding has concluded however the training will continue to be available post 30 June 2026 via our LMS system and we will continue to promote the training to all primary care providers across Gippsland. Service type: Training is being delivered via different modalities, including in-person, online and via Gippsland PHN's Learning Management System (LMS), dependent on the need of the general practice. Engagement with LHN and/or State Government: Engagement with LHNs and State Government has not been conducted specifically for this activity; however, engagement has been undertaken as part of the PHN Homelessness Access Program 1 - Health Needs Assessment activity which has in turn informed and provided insights into this activity. The Training Needs Analysis has involved extensive consultations with individuals and organisations, including primary care providers and those working directly with people experiencing homelessness. General practitioners and practice teams have spoken of their commitment to providing accessible healthcare to people within these communities, but there are challenges they face in doing this while ensuring practice viability. Engagement work so far indicates there is a shared desire to build long-term, meaningful relationships with homeless patients but acknowledge the difficulty in doing so with people living transient lives.

	Collection of data: The Training Needs Analysis seeks to understand the complex interplay between healthcare and homelessness in the Gippsland PHN catchment. Qualitative and quantitative data analysis has informed this work. Training modules have been developed, utilising best practice methodology and informed by stakeholder insights. Data will be collected in alignment with the PHN Program Performance and Quality Framework. Gippsland PHN will conduct a follow up survey to see how the training has addressed the needs mentioned in the consultation and any improvements in the number of homeless people, or those experiencing homelessness, accessing primary health care. These insights will be gathered in late 2026. Impact: The insights gathered to inform the Training Needs Analysis reflect the willingness of specialist homelessness services and community organisations across Latrobe to advocate for improved outcomes for their homeless clients. It is intended that this activity will identify areas for improvement with the intention to increase the efficiency and effectiveness of general practices to provide safe and inclusive services for people experiencing homelessness and those at risk of homelessness.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1
Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Health Workforce	
Activity Demographics	
Target Population Cohort	General practice staff in Latrobe LGA and primary care providers across Gippsland. People experiencing or at risk of homelessness
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes however focus on Latrobe
SA3 Name	**SA3 Code**
Activity Consultation and Collaboration	
Consultation	Consultation to inform the Training Needs Assessment has occurred with 14 primary care providers in the Latrobe LGA: · Breed Street Clinic · Central Gippsland Family Practice · Churchill Family Practice · Family Health Traralgon · Hillcrest Family Medicine · Latrobe Community Health Services · Latrobe Medical Centre · Maryvale General Practice · Morwell Medical Centre · Ramahyuck

	· Royal Medical Centre · Saint Luke's Medical Centre · The Healthcare Centre · United Medical Centre Moe. Consultation to inform the Training Needs Assessment has occurred with 11 community organisations: · Churchill Neighbourhood House · Community Housing Ltd · Gippsland and East Gippsland Aboriginal Cooperative · Gippsland Family Violence Alliance · Gippsland Homelessness Network · Latrobe Community Health Services · Morwell Neighbourhood House · Ngwala Willumbong Aboriginal Corporation · Quantum · Ramahyuck · Traralgon Neighbourhood House. Consultation will continue with primary health care providers as required to determine that the training meets the needs of providers.
Collaboration	Collaboration has occurred and will continue to occur with General Practices and the Commonwealth Department of Health, Disability and Ageing. Collaboration has also occurred internally with the teams at Gippsland PHN, Larter Consulting and other Victorian Primary Health Networks as part of the A3HN (Australian Health, Housing and Homelessness Network) Community of Practice. Current collaboration is ongoing with consumers to provide unique insight into barriers and challenges of accessing health services in Gippsland.
Activity Milestone Details/Duration	
Activity Start Date	01/07/2024
Activity End Date	30/06/2027
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	N/A
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	No

joint-commissioned?	
Decommissioning	Yes
Decommissioning details?	Activity to be ceased on 30 June 2027.
Co-design or co-commissioning comments	The training needs analysis has been co-designed with Gippsland PHN and involved consultation with Latrobe General Practices, and the training is being aligned to the needs analysis.

Homelessness Access Program 3 - Neighbourhood House Telehealth Support	
Activity Priorities and Description	
Program Key Priority Area	Population Health
Aim of Activity	Identify and support services for people experiencing homelessness and those at risk of homelessness where it is demonstrated that there are physical, geographic or other barriers to accessing primary care services: Improve access to primary care services
Description of Activity	This program concluded on 31 October 2025 and was not renewed. **What was delivered and how:** Findings from the HNA as described in PHN Homelessness Access Program 1 - Health Needs Assessment, indicates that people experiencing or at risk of homelessness fear attending mainstream services due to past negative experiences when accessing healthcare. Gippsland PHN commissioned the four Neighbourhood Houses in Latrobe LGA (via Neighbourhood Houses Gippsland) to establish and maintain a schedule to support people experiencing or at risk of homelessness people access primary health services via telehealth. The funding was used to: - provide funding to the Neighbourhood Houses to purchase telehealth systems and subscriptions to support the target cohort access primary care services via the telehealth systems - train Neighbourhood House staff in using the telehealth system - train Neighbourhood House staff in confidentiality requirements and booking appointments via systems such as HotDoc - develop and disseminate resources to support Neighbourhood Houses to support consumers to schedule self-referred appointments where appropriate Gippsland PHN worked with the Neighbourhood Houses to deliver training in a method appropriate to the needs of the staff and within the budget parameters. **Service type:** Face to face support services from Neighbourhood Houses to facilitate access to primary care services via telehealth for people experiencing homelessness. **Location and population coverage of the activity:** This activity was undertaken as a pilot project in the Latrobe LGA for 2024-25 to 2025-26, as initial health needs have identified Latrobe LGA as having the greatest number of people experiencing homelessness per 100,000 population. **Engagement with Local Hospital Networks (LHN) and/or State government:** Gippsland PHN engaged with the state-funded Latrobe Health Assembly to ensure there was a coordinated, rather than duplicative approach to this activity. **Collection of data:** Data was collected in alignment with the PHN Program Performance and Quality Framework. Gippsland PHN worked with the provider to collect data for reporting

	and monitoring processes including de-identified data on how many people have used the service. **Impact:** This activity helped reduce barriers to accessing primary health care services and improve referrals to general practices. The Neighbourhood Houses built good relationships with one practice in particular (Breed Street) and were able to offer telehealth however were also able to assist Breed Street with making connections with the community. This program assisted 113 people.

Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1

Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Mental Health and Wellbeing, including Suicide Prevention Aboriginal and/or Torres Strait Islander health and wellbeing Healthy ageing (65+) Alcohol and other drugs Health workforce Connected care Growing up healthy (0-25 years) Chronic conditions Family violence Access to primary care for marginalised communities	

Activity Demographics	
Target Population Cohort	Neighbourhood housing staff and people experiencing homelessness, or those at risk of homelessness.
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	No

SA3 Name	**SA3 Code**
Latrobe	

Activity Consultation and Collaboration	
Consultation	Consultation occurred with general practices and Neighbourhood Houses in the establishment phase of this activity to determine needs and foster relationships between the services. Consultation was undertaken with the Latrobe Health Assembly to understand current homelessness activities being undertaken by them and ensure the proposed activities were not duplicative.
Collaboration	Collaboration with digital health platform providers, Neighbourhood Houses and general practices facilitates coordination of care to ensure consumers receive the right care in the right place at the right time.

	Collaboration was ongoing with consumers to provide unique insight into barriers and challenges of accessing health services in Gippsland.
Activity Milestone Details/Duration	
Activity Start Date	01/07/2024
Activity End Date	31/10/2025
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Direct engagement. Gippsland PHN direct approached the Latrobe Neighbourhood Houses to determine their interest in the project, given that the Neighbourhood Houses have pre-established linkages with people experiencing or at risk of homelessness in the Latrobe LGA.
Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	Yes
Decommissioning details?	Activity concluded on 31 October 2025. Gippsland PHN supported providers to ensure all activity was complete and that all consumer services were concluded by this date.
Co-design or co-commissioning comments	-

Homelessness Access Program 4 - Homelessness Outreach Services	
Activity Priorities and Description	
Program Key Priority Area	Population Health
Aim of Activity	Commission services to support primary health care access to people experiencing homelessness and those at risk of homelessness in areas where there are limited or no services available in the local community through addressing service gaps in the PHN region via outreach services.
Description of Activity	**What will be delivered and how:** Findings from the HNA in the 2025/26 financial year, as described in PHN Homelessness Access Program 1 - Health Needs Assessment, indicate that due to a mistrust of mainstream services and significant transport issues, healthcare services need to go to where people experiencing or at risk of homelessness are. Locations may include Neighbourhood Houses, crisis accommodations centres, foodbanks and other community services. Gippsland PHN commission three programs as part of this funding. Gippsland PHN commissioned Gippsland Lakes Complete Health in the 2025/26 financial year to deliver a mobile outreach healthcare service that provides free, culturally responsive, trauma-informed care to people experiencing or at risk of homelessness in the Wellington and East Gippsland Local Government Areas (LGAs). The service operates in community settings and provides primary healthcare and facilitates connections to social and housing services. The service travels to different locations every weekday to provide care with a registered nurse and an outreach worker. Whilst this program has only been running for a short amount of time they are seeing three to four patients per day and have assisted people with mental health concerns, infections, acute pain, diabetes management and general health assessments. Gippsland PHN commissioned Breed Street Medical Centre to deliver outreach and in-clinic healthcare to people experiencing homelessness or at risk of homelessness in a flexible manner. Breed Street Centre were commissioned via a Limited Request for Proposal. Breed Street have worked with the neighbourhood houses to deliver healthcare including preventative healthcare for example influenza vaccinations. Gippsland PHN commissioned Quantum Support Services to identify people experiencing homelessness and those at risk of being homeless that need healthcare and link those individuals into healthcare services. Quantum provide transport, coordination and are able to cover costs of medications. After receipt of funding advice for FY26-27 which included a reduction in funding available, Quantum Support Services elected not to accept an offer to extend their contract and services and the contract was de-commissioned effective 31/07/2026. Gippsland PHN have offered an extension of contract to Gippsland Lakes Complete Health. Gippsland Lakes Complete Health will continue to run the outreach bus to the Wellington and East Gippsland LGAs. The provider will introduce a dedicated Care

	Coordinator role in FY26-27, at a proposed 0.4 FTE to further strengthen local service coordination, capacity building across the service system, and enhance care coordination activities already undertaken by the team. Additionally, this activity will support increased integration between health, housing and community service providers across East Gippsland. Currently the only assertive outreach program in Gippsland is Gippsland Lakes Complete Health's new Health on Wheels service as mentioned above. Gippsland PHN is evaluating options to support Homelessness Support Services in Latrobe. **Service type:** Services are being delivered via an integrated homelessness support and primary health model via a blended model: · the homelessness support and primary health services are providing outreach together as a team in situ or to a neighbourhood house, library or other gathering place **Location and population coverage of the activity:** This activity was undertaken as a pilot project in the Latrobe LGA for 2024-25, using attributed funds and a small amount of carry forward funds from 2023/24, and 2025-26 as initial health needs have identified Latrobe LGA as having the greatest number of people experiencing homelessness per 100,000 population. The program expanded to East Gippsland and Wellington given the growing need in these LGAs. Gippsland will continue to leverage current relationships with organisations to facilitate this work. **Engagement with Local Hospital Networks (LHN) and/or State government:** Gippsland PHN have engaged with the State Government Department of Families, Fairness and Housing (Inner Gippsland Agency Performance and System Support) and Community Housing advisors to discuss homelessness programs to ensure there is no duplication of services and that there is a collaborative process in commissioning outreach services. **Collection of data:** Data will be collected in alignment with the PHN Program Performance and Quality Framework. Gippsland PHN work with the providers to collect de-identified data for reporting and monitoring processes. **Impact:** This activity is increasing access to primary care services for people experiencing homelessness and those at risk of homelessness. It builds on care coordination between primary care, specialists homelessness services and reduces the requirement of hospitalisation by reducing barriers to care.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1
Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference

Mental Health and Wellbeing, including Suicide Prevention Aboriginal and/or Torres Strait Islander health and wellbeing Healthy ageing (65+) Alcohol and other drugs Mental health and wellbeing, including suicide prevention Health workforce Connected care Growing up healthy (0-25 years) Chronic conditions Family violence Access to primary care for marginalised communities	
Activity Demographics	
Target Population Cohort	People experiencing or at risk of homelessness
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	No
SA3 Name	**SA3 Code**
Latrobe, East Gippsland and Wellington	
Activity Consultation and Collaboration	
Consultation	Consultation has occurred with general practices, Neighbourhood Houses, specialist homelessness services and other relevant stakeholders as identified during the needs analysis and procurement process to determine needs and foster relationships between the services. Consultation has already occurred with Quantum Support Services to ensure efforts are coordinated and not duplicated. Consultation will continue with general practices and Quantum Support Services via a Community of Practice to ensure the model meets the needs of the community.
Collaboration	Current collaboration is ongoing with consumers to provide unique insight into barriers and challenges of accessing health services in Gippsland.
Activity Milestone Details/Duration	
Activity Start Date	01/07/2024
Activity End Date	30/06/2028
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Contract Extension
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	No

Activity using co-commissioning or joint-commissioning arrangements?	
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	Yes
Decommissioning details?	The Homelessness Access Support in Latrobe LGA was decommissioned at 31 July 2026. Gippsland PHN worked with Quantum support services and Breed St Clinic to ensure closure of existing clients and/or refer clients to other services
Co-design or co-commissioning comments	-

Cultural Competency Training (Multicultural Access Program)	
Activity Priorities and Description	
Program Key Priority Area	Population Health
Aim of Activity	To enhance the cultural competency of primary healthcare providers in Gippsland, improving the quality and accessibility of care for culturally and linguistically diverse (CALD) populations.
Description of Activity	This activity provides cultural competency training to primary healthcare professionals across Gippsland, including general practitioners, nurse practitioners, nurses, allied health professionals, and practice staff. The training aims to build awareness, skills, and confidence in delivering culturally responsive care to multicultural communities. As part of this activity, existing cultural competency training will be procured from high quality evidence-based training providers, ensuring it meets evidence-based standards and reflects best practice in working with multicultural communities. The training delivery method is via two modes, face to face and online modules to accommodate the region's geographical spread and provide flexibility for providers to complete the training at their convenience. Training is accessible at no cost to healthcare professionals and promoted via multiple communication channels. The online training modules will be released in FY26-27 and be 'live' for the next two years. Expected outcomes include increased provider knowledge, improved communication with multicultural patients, and a more culturally responsive primary healthcare system. Engagement with Local Hospital Networks (LHN) and/or State government: Gippsland PHN engage with the Gippsland Local Health Services Network on a regular basis and will be made aware that this training is being offered. Collection of data: Gippsland PHN will collect training participation data, including number and type of attendees and completion rates. Qualitative feedback will also be obtained to capture participant reflections. Impact: Anticipated short-term outcomes include the number of participants trained and geographic coverage, as well as the percentage of participants who report increased knowledge or confidence interacting with multicultural patients post-training (and associated workforce satisfaction). Long-term outcomes include improved multicultural patient satisfaction or engagement with primary healthcare services and improved health outcomes for this population.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1
Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Access to Primary Care for Marginalised Communities	
Activity Demographics	
Target Population Cohort	People from Culturally and Linguistically Diverse (CALD) backgrounds in Gippsland Gippsland primary healthcare professionals

In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes

SA3 Name	SA3 Code
Gippsland wide	

Activity Consultation and Collaboration	
Consultation	Consultation with multicultural people in Gippsland occurred in 2025 as part of the Health Needs Assessment 2025-2028. Thematic analysis indicated that the two major themes to emerge as barriers to multicultural people accessing primary healthcare services were i) access to interpreter services and ii) access to culturally competent care. Cultural competency training is being offered to primary healthcare providers across Gippsland. Cultural competency training will equip them with the knowledge and skills to understand, respect, and effectively interact with patients from diverse backgrounds. The training will help to reduce health disparities, improve patient trust and satisfaction, and ultimately lead to better health outcomes.
Collaboration	Gippsland PHN will work with the successful training provider to ensure the program is implemented successfully through development of key collaborative partnerships with relevant social and community organisations, primary care providers and local hospital networks, where appropriate, ensuring that training resources are developed as required to meet program objectives and region-specific needs.

Activity Milestone Details/Duration	
Activity Start Date	1/07/2025
Activity End Date	30/06/2027
Other Relevant Milestones	-

Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Competitive limited procurement
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-	No

commissioned or joint-commissioned?	
Decommissioning	Yes
Decommissioning details?	The contract will be decommissioned however online training will be available for two years from release.
Co-design or co-commissioning comments	