

Country SA - Aged Care 2024/25 - 2027/28 Activity Summary View



AC-OSP - 1 - Aged Care On-Site Pharmacist Measure



Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-OSP

Activity Number *

1

Activity Title *

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 ***

This grant program provides funding for PHNs to assist residential aged care homes (RACHs) to engage aged care on-site pharmacists to work in a clinical role to improve medication management for residents under the Aged Care On-site Pharmacist (ACOP) Measure. The ACOP Measure provides funding to community pharmacies and RACHs to employ on-site pharmacists to work in RACHs.

This activity aims to:

- increase uptake of aged care on-site pharmacists by RACHs around Australia, and
- improve access to aged care on-site pharmacists in RACHs.

Description of Activity *

The ACOP Measure is a direct response to recommendation 38 of the Final Report of the Royal Commission into Aged Care Quality and Safety, which stated that aged care providers should actively seek to engage allied health practitioners, including pharmacists, by no later than 1 July 2024.

Grant activities include:

- a) Identifying eligible pharmacists who are available to work on-site in RACHs as part of the ACOP Measure.
- b) Ensuring that pharmacists seeking to participate in the ACOP Measure meet the eligibility requirements.
- c) Coordinating provision of information to RACHs in the PHN's region about the ACOP Measure.
- d) Managing requests for support from RACHs seeking to engage eligible pharmacists to work on-site.
- e) Providing participating RACHs with information about eligible pharmacists seeking to be employed by RACHs under the ACOP Measure.
- f) Supporting participating RACHs to engage eligible pharmacists to work on-site.
- g) Supporting engagement between RACHs, their pharmacists employed under the ACOP Measure, their residents' general practitioners and other relevant health professionals utilising the connections of the PHN.
- h) Supporting communication and collaboration between pharmacists employed by RACHs under the ACOP Measure within the PHN's region.
- i) Utilising the funding in accordance with the approved Activity Work Plan and the other provisions of the Aged Care Schedule to the PHN funding agreement.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Health services which prioritise equity and access for vulnerable population groups	190
Improved integration of Pharmacy in delivering primary health care	192
Appropriate support to allied health to improve individual and community health outcomes	194
Aged care workforce are supported with skill and knowledge opportunities to improve workforce capacity to deliver person-centred care	184
Appropriate support to older people to have an active role in their own health to stay independent and well in their place of residence	184



Activity Demographics

Target Population Cohort

Vulnerable and disadvantaged ageing population

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders and peak bodies across country SA regions has been embedded in the activity of the PHN. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

Stakeholder involvement in understanding the needs of older people living in Residential Aged Care Homes in country South Australia while working with peak agencies who are closely linked to the pharmaceutical workforce and can provide credible access to accredited ACOP pharmacists to deliver this activity in regional SA will be imperative to the successful delivery of this program.

Collaboration

Ongoing collaboration with the Residential Aged Care Home, peak bodies and any relevant commissioned providers will occur via regular meetings and six-monthly reporting.



Activity Milestone Details/Duration

Activity Start Date

01/07/2024

Activity End Date

30/06/2027



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?

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

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

Decommissioning

Co-design or co-commissioning comments

In collaboration with Residential Aged Care Home and the Pharmaceutical Society of SA



AC-EI - 1 - Aged Care - Early intervention initiatives for healthy ageing



Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-EI

Activity Number *

1

Activity Title *

Aged Care - Early intervention initiatives for healthy ageing

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 ***

This activity aims to provide people with early intervention activities that will support healthy ageing and ongoing management of their chronic conditions, to minimise the effects on functional decline and deterioration as they advance in years. This activity will commission early intervention activity to support:

- People with chronic condition self-management to minimise health decline and optimise health and wellbeing, and
- Carers, family, significant others, and health professionals in the management of people's care to support healthy ageing and reduce unnecessary transfers from home to hospital.

This activity will:

- Commission services which address identified needs and gaps in your local primary health and aged care systems.
- Enhance access to general practitioners (GPs) and other primary health care providers through quarterly regional Practice network meetings, bi-annual Primary Care Support on-site visits and ongoing dissemination of resources and materials via email, during workshops and education and service provider network forums.
- Build the capacity of health and aged care professionals to deliver high quality care through workshop hosting, education delivery, commissioned service provider forums and activity engagement and utilisation of newsletter, social media and other relevant digital platforms such as Health Connections Community. Stakeholders include General Practice, RACH, Commissioned Service Providers, Peak bodies and State agencies.

- Improve coordination, integration, and continuity of care at the aged care and primary health care interface through implementation, promotion and education of electronic health records and integrated care platforms to facilitate seamless information sharing and communication. Further activities include scoping for a Community of Practice and regular attendance and participation in Aged Care stakeholder meetings.

Description of Activity *

As people age, the number of chronic conditions that impact on health, wellbeing and independence, can become more complex and additional early targeted intervention and care, at the right time, can prevent deterioration and functional decline.

Early intervention activities to support healthy ageing well in place, or chosen place of residence, and manage ongoing chronic conditions, is tailored to the needs of people living in Country SA regions in an integrated model of care. This activity will include but are not limited to:

- Providing adequate supports in primary care that recognise and respond to chronic conditions in the advancing age population to ensure self-management that minimises the impacts that ageing and chronic conditions have on each other. Support provided includes:
 - ICHOM, to ensure that commissioned services are effective and efficient and meet the needs of the community.
 - Establish clear performance indicators and outcome measures aligned with the objectives of the commissioned services, integrating ICHOM standard sets where applicable, allowing for systematic tracking and assessment of service delivery quality and impact.
 - Develop robust data collection and reporting mechanisms to capture relevant metrics, including service utilization rates, client satisfaction scores, health outcomes, and cost-effectiveness measures.
 - Foster stakeholder engagement and feedback mechanisms to solicit input from service users, caregivers, healthcare providers, and community representatives, ensuring that commissioned services remain responsive and relevant to evolving community needs
 - Conduct regular audits, reviews, and performance assessments to identify strengths, areas for improvement, and emerging needs, enabling evidence-based decision-making and continuous quality improvement.
 - Utilise evaluation findings and insights to inform CSAPHN strategic planning, resource allocation and service redesign efforts, maximising the efficiency and effectiveness of commissioned services while optimising outcomes for the community.
- Establishment and implementation of flexible models of care, including telehealth solution, that can identify and respond to early changes in chronic conditions, encourage self-management and maintain quality of life.
- Early identification and activation of a primary health response where risk of deterioration and frailty are identified.
- Early intervention when diagnosed with dementia, supported to create a better quality of life, reduce the need for crisis care, manage chronic conditions and symptoms and when the time comes, die with dignity in their place of choice.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Health services which prioritise equity and access for vulnerable population groups	190
Improved integration of Pharmacy in delivering primary health care	192
Primary health care providers and RACH are supported to implement digital health initiatives	195
Appropriate support to allied health to improve individual and community health outcomes	194
Aged care workforce are supported with skill and knowledge opportunities to improve workforce capacity to deliver person-centred care	184
Appropriate support to older people to have an active role in their own health to stay independent and well in their place of residence	184



Activity Demographics

Target Population Cohort

Vulnerable and disadvantaged ageing population

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been embedded in the activity of the PHN. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

Stakeholder involvement in understanding the needs of older people in Country South Australia has been crucial for ensuring a comprehensive and inclusive approach. Engaging with community leaders and advocacy groups representing older individuals allows for capturing grassroots perspectives and priorities. These stakeholders provided valuable insights into the specific challenges faced by seniors in different localities within Country SA and included organisations such as: COTA, Dementia SA, Resthaven Inc, Aged Care Alternatives, LGA's and Community Health Clusters, along with an extensive RACH survey process undertaken in 2023. This engagement enabled CSAPHN to have a link to older individuals and their caregivers to ensure that their perspectives integrated into CSAPHN decision-making processes.

Further consultation occurred at Regional Annual Aged Care Stakeholder Expos gathering insights, and being available to disseminate information about available resources, services, and support networks for the elderly population. Promotion of early intervention commissioning ensured raised awareness about preventive healthcare measures, lifestyle modifications, and community-based programs to support healthy aging and mitigate age-related health risks.

Collaboration

Ongoing collaboration with the commissioned providers will occur via regular meetings and six-monthly reporting.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2025



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: Yes

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?

Yes

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

No

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

No

Decommissioning

No



AC-CF - 0 - AC-CF-Operational



Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

0

Activity Title *

AC-CF-Operational

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 establish and maintain a care finder network that will provide specialist and intensive assistance to help people in Country SA and within the Care Finder Target Population to understand and access aged care and connect with other relevant supports in the community for healthy ageing and to reduce unnecessary hospitalisations.

Description of Activity *

Operational activities will include:

- Working closely with other PHNs to identify where joint activities in the program will support efficiencies and collaboration and identification and monitoring of cross border referrals and impact on outcomes.
- Participating in and monitoring data collection by commissioned service providers to support national evaluation including development, implementation and maintenance of required infrastructure, systems and processes to meet data collection and reporting requirements, ensure accuracy, completeness and timeliness of data and reporting, and to monitor and manage data integrity.
- Supporting and promoting continuous quality improvement of the Care Finder Program.

Supporting improved integration of the Care Finder Program between health, aged care and other systems by:

- inclusion in locally developed Aged Care clinical referral pathways and assisting in development and embedding of equitable and consistent referral pathways.
- inclusion in aged care and primary care education and promotional resources and training materials, promoting awareness of care finder services.
- establishing, coordinating and maintaining Communities of Practice to share local experiences, lessons learned, innovations and key evaluation findings across care finder organisations and building key partnerships and relationships to support effective implementation and management.
- consultation and co-design of activities with relevant stakeholders.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Appropriate support to older people to understand and access the aged and primary healthcare system	184
Aged care workforce are supported with skill and knowledge opportunities to improve workforce capacity to deliver person-centred care	184
Early intervention services which are appropriate and accessible for older people to reduce risk of frailty and deterioration	184
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184



Activity Demographics

Target Population Cohort

Senior Australians 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.

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The 2025-2028 Country SA PHN Needs Assessment continues to demonstrate the care finder target population resides across country SA with greater populations in areas of the Yorke & North and Fleurieu Peninsula regions.

Stakeholder engagement has been broad; locally, statewide and on occasions interstate, focussing on integration of care finder into the health and aged care systems. Interagency collaborations including with the Elder Care Support program is established and will be maintained.

Ongoing consultation with commissioned care finder service providers across Country SA to support service alignment, share learnings, and address emerging issues.

Regular scheduled engagements with the Department of Health and Aged Care Local Network, SA Branch, to collaborate on program delivery, share data, and support continuous improvement.

Continued consultation with key stakeholders, including aged care providers, primary health care professionals, community organisations, and advocacy groups, to inform service refinement and strengthen referral pathways.

Outward facing engagement activities focused on raising awareness of the care finder program and enhancing integration with existing health and social support systems.

Ongoing implementation of client feedback mechanisms (via CSP's) to capture lived experience, inform service improvements, and ensure the program remains person-centred and responsive to individual needs.

Ongoing consultation with experts in specific areas, such as homelessness, mental health, and disability services, to ensure the care finder program is inclusive, responsive, and informed by specialist knowledge. This engagement will support staff development, enhance the program's capacity to meet complex needs, and ensure the integration of best practices within the program's delivery model.

Collaboration

Support the establishment of a collaborative community of practice and care finder networking meetings to continuously enhance the care finder service, ensuring an integrated approach that meets the needs of the target population. The PHN will continue to strengthen relationships with a wide range of stakeholders supporting the care of older Australians in Country SA, including:

Building strong partnerships with aged care and community service providers to ensure efficient and effective referrals.

Collaborating with the Department of Health and Aged Care Local Network, SA Branch

Engaging with GP practices, Local Government Areas (LGAs), Aged Care Assessment Teams, SA Health, Country North & South Homelessness Alliances, and Country SA PHN cross portfolio collaborations through information sharing and learning.

Contributing to community of practice and care finder network meetings and other continuous improvement activities.

Participating in training and education sessions and opportunities to enhance care finder support knowledge and skills.

Collaborating with Adelaide and other PHNs to share insights, learnings and a continuous improvement approach.

Partnering with the Aboriginal Health Council of SA and the Country SA Elder Care Support Program workforce, ensuring mutual awareness and effective referral pathways as indicated.



Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

30/06/2029

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2029

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: 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

Co-design or co-commissioning comments

Working with ACH and Care Finder providers to develop service delivery models and creative referral pathways.

Scoping for a potential State-wide referral service with Adelaide PHN.



AC-CF - 2 - AC-CF-Quarantined



Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

2

Activity Title *

AC-CF-Quarantined

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 a transition of the Assistance with Care and Housing Program to the Care Finder program.

Description of Activity *

The aim of this activity is to improve outcomes for people within in the Care Finder Target Population. This activity will include improvements in:

- Coordination of support when seeking to access aged care.
- Understanding of aged care services and how to access them.
- Openness to engage with the aged care system.
- Care Finder Workforce capability to meet client needs.
- Rates of access to aged care services and connections with other relevant supports.
- Rates of staying connected to the services needed post service commencement.
- Integration between the health, aged care, and other systems at the local level within the context of the Care Finder Program.

This activity is designed to be integrated across health systems and in alignment with the Care Finder Guidelines that will establish and maintain a Care Finder Network that:

- Provides specialist and intensive assistance to help people in the Care Finder Target Population to understand and access aged care and connect with other relevant supports in the community.
- Addresses the specific local needs of Country SA PHN communities in relation to care finder support.
- Is supported to build their knowledge and skills and promotes continuous improvement of the Care Finder Program.
- Is an integrated part of the local aged care system.
- Collects data and information to support an evaluation of the Care Finder Program.

The Country South Australia PHN will focus on:

- Supporting the transition of the local Assistance with Care and Housing (ACH) programs to the Care Finder Program by 1 January 2023, across their existing geographic coverage.

- Supporting all Care Finder organisations to establish and embed service delivery models that meet the needs of Care Finder target populations, targeting our most vulnerable client groups identified in the Needs Assessment.

- Monitoring and managing Care Finder Organisation/s contracted by CSAPHN to ensure obligations are met, including completion of required training and reporting.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Appropriate support to older people to understand and access the aged and primary healthcare system	184
Aged care workforce are supported with skill and knowledge opportunities to improve workforce capacity to deliver person-centred care	184
Early intervention services which are appropriate and accessible for older people to reduce risk of frailty and deterioration	184
Appropriate support to older people to have an active role in their own health to stay independent and well in their place of residence	184
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184



Activity Demographics

Target Population Cohort

Senior Australians 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

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Milestone Details/Duration

Activity Start Date

01/07/2022

Activity End Date

30/06/2025

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2025



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: 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



AC-AHARACF - 1 - Enhanced out of hours support for residential aged care



Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-AHARACF

Activity Number *

1

Activity Title *

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 ***

The aim of this activity is to ensure that Residential Aged Care Facilities (RACFs) have plans in place to support people with access to after-hours care including managing deteriorations in their health and wellbeing, and support carers and health professionals in the management of people's care in place, avoiding any unnecessary transfer to hospital.

Description of Activity *

This activity will ensure that RACFs have after hours action plans in place to access local out of hours services in the Country SA PHN region. RACF residents can experience deterioration in their health during the after-hours period, however, immediate transfer to hospital is not always clinically necessary. Lack of awareness and utilisation of out of hours services provided by GPs and other health professionals leads residents to unnecessary hospital presentations.

This activity will:

- Assist participating RACFs with the development and implementation of after-hours action plans that will support residents to access the most appropriate medical services out-of-hours.
- Provide education support for RACF staff in out-of-hours care options and processes.
- Assist the RACF to implement procedures for keeping residents' digital medical records up to date, particularly following an episode where after-hours care was required.

- Support engagement between RACF and their residents GPs or other relevant health professionals.
- Support the establishment and implementation of flexible, integrated, and best practice models of after-hours care.
- Include and integrate people's GP, families/carers as part of the multidisciplinary care team including through telehealth.
- Guide and support RACFs to develop after-hours plans that raise awareness of care options that may arise unexpectedly in the after-hours period.

Building on the 2025-2028 Needs Assessment, we have contacted RACHs within the CSAPHN region to determine the appropriate level of support on an individual provider basis and where there is the greatest need. While prioritisation has been given to the RACHs, CSAPHN will provide support to National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATISFACP) and Multi-Purpose Services (MPS) where a local need is identified without disadvantaging RACHs.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Health services which prioritise equity and access for vulnerable population groups	190
Primary health care providers and RACH are supported to implement digital health initiatives	195
Increased utilisation of digital health solutions to facilitate integrated and coordinated care across the health system	195
Aged care workforce are supported with skill and knowledge opportunities to improve workforce capacity to deliver person-centred care	184
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184



Activity Demographics

Target Population Cohort

Senior Australians living in Residential Aged Care Homes

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been embedded in the activity of the PHN. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

Collaboration

Ongoing collaboration with RACFs and key stakeholders occurs via meetings, webinars and face to face engagement.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2025



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: 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

Co-design or co-commissioning comments

Toolkit and training resources will be co-designed/developed with RACFs and other key stakeholders to ensure currency.
