Homelesness Primary Care Access Program (SNSW)

Industry Briefing and Q&As

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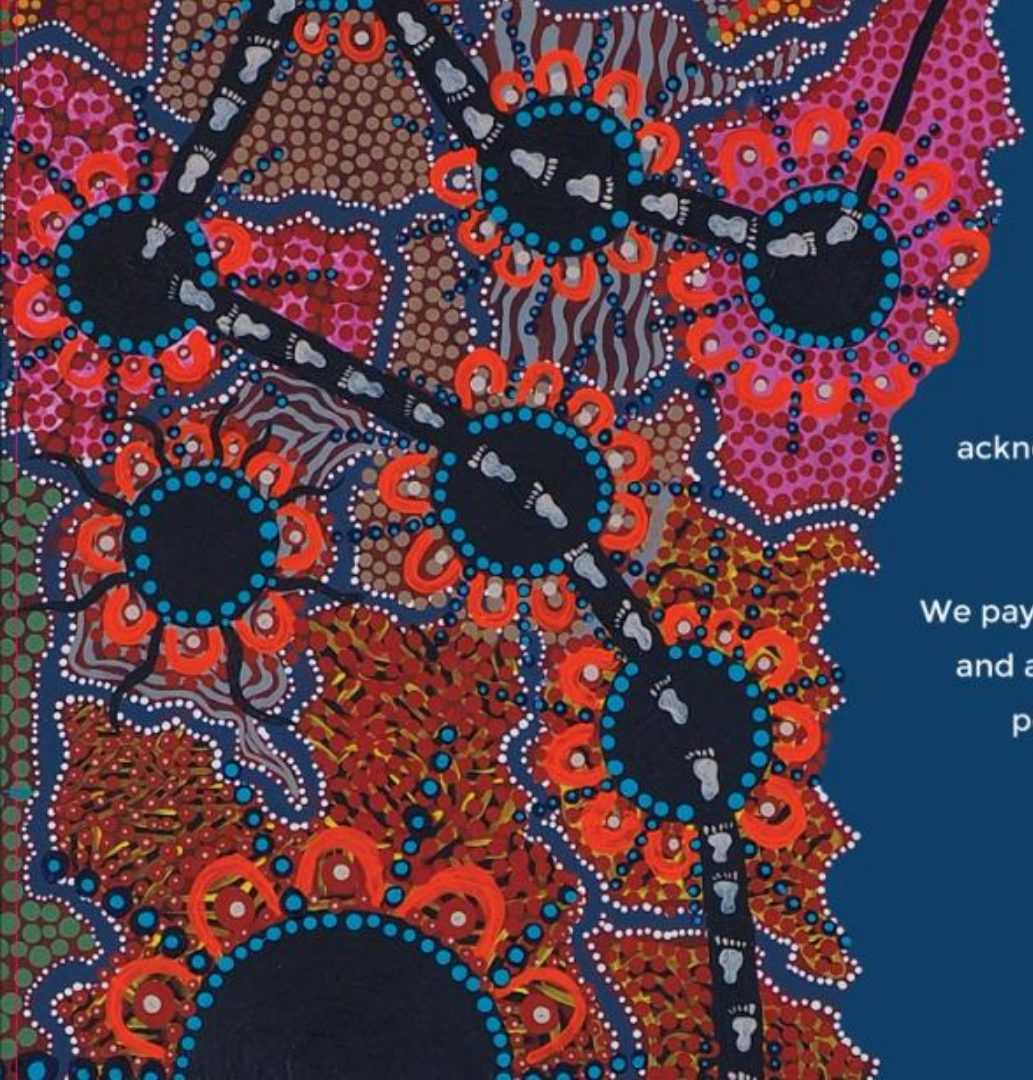


COORDINARE – South Eastern NSW PHN acknowledges the Traditional Owners and Custodians of the lands across which we live and work.

We pay our respects to Elders past, present and emerging, and acknowledge Aboriginal and Torres Strait Islander peoples' continuing connection - both physical and spiritual - to land, sea and sky.

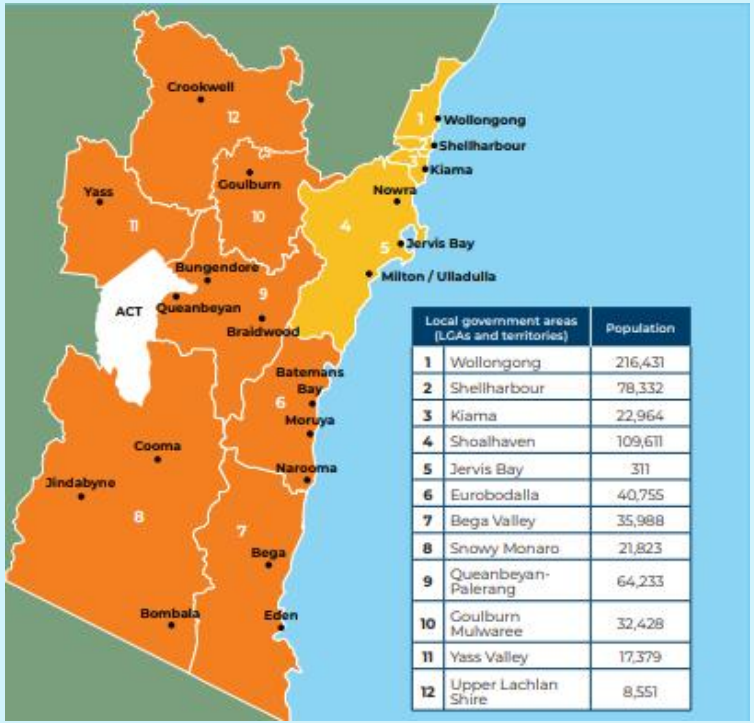
COORDINARE

phn
SOUTH EASTERN NSW
An Australian Government Initiative

Housekeeping

- All participants will be kept on mute throughout today's presentation
- Questions can be submitted through the Q&A section at any-time throughout the presentation
- All questions will be addressed at the end of today's presentation
- All questions and answers, as well as a recording of today's session will be uploaded onto Tenderlink and COORDINARE website.

COORDINARE – South Eastern NSW Primary Health Network (SENSW PHN)



Local government areas (LGAs and territories)		Population
1	Wollongong	216,431
2	Shellharbour	78,332
3	Kiama	22,964
4	Shoalhaven	109,611
5	Jervis Bay	311
6	Eurobodalla	40,755
7	Bega Valley	35,988
8	Snowy Monaro	21,823
9	Queanbeyan-Palerang	64,233
10	Goulburn Mulwaree	32,428
11	Yass Valley	17,379
12	Upper Lachlan Shire	8,551

Population

648,806
total population

21.6%
aged over 65 years

> 33,180 (5.2%)
people identify as Aboriginal and Torres Strait Islander

Region is home to **3.4%** of Australia's Aboriginal population, and **9.8%** of the total Aboriginal population in NSW

62,349 (9.7%)
culturally and linguistically diverse people

Top 3 non-English speaking countries of birth
1. India
2. North Macedonia
3. Italy

10.4%
non-English speaking at home

Top 3 non-English languages spoken at home
1. Macedonian
2. Italian
3. Arabic

12.3% projected population growth between 2020-2030

Who are we and who do we work with?

- We are one of the 31 Primary Health Network (PHNs) established throughout Australia
- We work directly with GPs, other primary care providers, secondary care providers, and hospitals to bring improved outcomes for patients
- We aim to address local health needs, as well as national health priorities, particularly in chronic diseases, preventable hospitalisations, mental health, drug and alcohol, Aboriginal health, after-hours services and healthy ageing
- Commissioning is central to COORDINARE's ability to achieve these objectives and address local and national priorities

Background and Regional Context

- This RFP responds to growing concerns about **primary care access to homelessness in Southern NSW. SENSW Homelessness needs assessment** has highlighted homelessness rates in areas such as **Snowy Monaro, Bega Valley**, were highest. The region faces unique challenges due to:
- **Geographic isolation**
  - Limited service integration
  - Stigma and systemic disadvantage
  - Impact of disasters (e.g. 2019 bushfires, COVID-19)
- People experiencing homelessness in these areas often face **complex health needs**, including chronic conditions, mental health issues, substance use, and infectious diseases. These are compounded by poor nutrition, exposure, and lack of hygiene facilities.
- Barriers to accessing primary care include:
  - Lack of documentation or fixed address
  - Limited transport and bulk-billing options
  - Fragmented services and poor coordination
  - Low health literacy and distrust of institutions

Purpose of the Funding
Homelessness Primary Care Access Program

The **Homelessness Primary Care Access Program** aims to **co-design and pilot** a flexible, place-based model that improves access to **primary health care** for people experiencing or at risk of homelessness in **Southern NSW**. The program seeks to:

- Address **barriers to care** such as geographic isolation, stigma, and fragmented services.
- Promote **collaboration** across sectors including health, housing, and community services.
- Integrate **lived experience** into service design and delivery.
- Support **sustainable, trauma-informed, and culturally safe** approaches tailored to local needs.
- The initiative is structured in two stages—**design** and **pilot**—with funding provided to a single provider or consortium capable of delivering both phases.

Who can apply and target communities

Eligible organisations:

- Non-government organisations, including charities and not for profit organisations, community health organisations,
- State government agencies with established homelessness sector or providing services addressing needs of homeless communities,
- Individual providers and/or organisations working in consortia or partnerships, with one lead agency nominated as the legal entity
- General practices and other primary care providers – partnership will be necessary in order to pilot the service – for example – partnership with the local Specialist Homelessness Service (SHS)

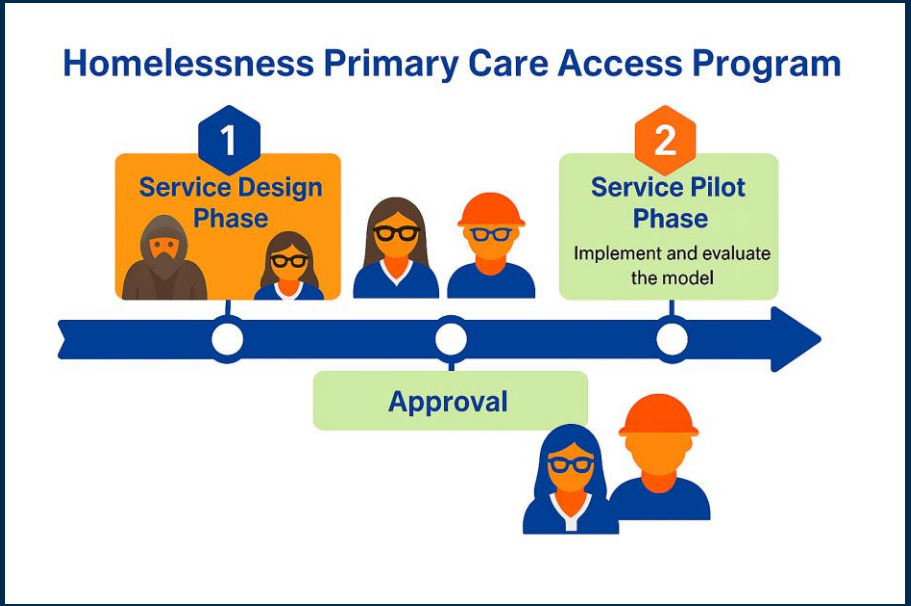
Must have:

- Be currently providing services to people experiencing or at risk of homelessness
- Be located or based in following LGAs Eurobodalla, Bega Valley, Snowy Monaro, Queanbeyan-Palerang, Goulburn Mulwaree, Yass Valley and Upper Lachlan Shire
- Demonstrate trauma-informed, culturally safe, place-based approaches,
- Existing networks and relationship with key stakeholder to support implementation within limited time frame
- Capacity to begin the project in November 2025

Target group:

- People at risk of or experiencing homelessness in Southern NSW region including LGAs Eurobodalla, Bega Valley, Snowy Monaro, Queanbeyan-Palerang, Goulburn Mulwaree, Yass Valley and Upper Lachlan Shire

Activities in Scope



Scope and specifications criteria

Stage 1- Design phase:

- Fund a dedicated role within an existing organisation to lead the service design process.
- Map current services and stakeholders.
- Develop a collaborative working group including peak bodies, specialist homelessness services, ACCHOs, housing services, LHDs, GPs and consumers, among others.
- Document and publish a flexible model of care which includes consumer and stakeholder insights.

Stage 2 - Service Pilot phase:

- Pilot the designed service in one or more localities within Southern NSW - this service could be subcontracted to deliver appropriate primary care service as informed by stage 1.
- Partner or subcontract with other agencies if needed.
- Evaluate the pilot.

**The above two stages are an all exclusive project which needs to be undertaken by a single provider or in a consortium/partnership.*

Funding & Timelines

Within SNSW Catchment including the LGAs Eurobodalla, Bega Valley, Snowy Monaro, Queanbeyan-Palerang, Goulburn Mulwaree, Yass Valley and Upper Lachlan Shire

- *Applications focused on a specific geographic area/s will be considered where rationale/evidence provided*

A total of up to **$233,000 (ex GST**) will be dispersed through this initiative. Funding will be divided in two (2) stages, with funding released to the successful provider as follows:

Stage 1 – Service Design Phase

Duration: ~5–8 months

Funding: $83,000

Activities:

- Service mapping
- Stakeholder engagement
- Co-design with lived experience input
- Development of a flexible model of care

Stage 2 – Service Pilot Phase

Duration: ~6–8 months

Funding: $150,000

Activities:

- Pilot implementation
- Integration with existing services
- Evaluation and reporting

Timeline: Start Project November 2025 up to December 2026

**Please read the exclusion criteria and ineligibility criteria carefully in the RFP*

Contracting requirements

Data collection will be required to support reporting on program activity

- De-identified unit record data uploaded to secure site
- KPIs will be negotiated with successful provider

Indicative KPIs have been provided however may be subject to change based on proposals

STAGE 1 – Design phase

No.	Performance Domain	Performance indicator
1	Access	Service mapping completed and documented
2	System enablement	Publication of proposed model of care
3	System Enablement	Evidence of stakeholder engagement
4	System Enablement	Number of collaborative partnerships established
5	Appropriateness	Evidence of consumer consultation in design (lived experience consumers)

STAGE 2 – Implementation phase

No.	Performance Domain	Performance indicator
1	Access	Number of people experiencing homelessness accessing primary health care through the program
2	Access	Occasions of service delivered
3	Effectiveness	Service user satisfaction and outcomes
4	Efficiency	Integration with existing primary care and specialist homelessness services

Thinking about Digital Health Capability

STAGE 1

- Describe how information needs will be mapped and options explored for collecting and sharing data efficiently, including opportunities for consumers to engage with their own health information where appropriate.
- Identify if there are any digital health opportunities that could be tested through co-design to reduce barriers to access and integration for people experiencing or at risk of homelessness

STAGE 2

- Pilot the solutions developed through Stage 1 co-design to improve access, integration, and safety for the target population.
- If clinically relevant, demonstrate capacity to meet baseline digital health requirements during the pilot, including medicines safety (e.g. ePrescribing, SafeScript), care coordination (secure messaging), and use of a discrete record system to support reporting and continuity of care.

Developing your application

- Applications to be submitted via Tenderlink.
- Address the selection criteria outlined on the application form
- Please stipulate N/A where any required response is not relevant to your service or organisation
- Complete the budget template to indicate the funds being applied for, and proposed expenditure
- Any further questions outside of this session, submit via Tenderlink
- Applications due **Friday 7th November 5pm.**
- Anticipating contracts commence Late November 2025.

Thank you

QUESTIONS?

Final questions in Tenderlink

4th Nov 2025

Applications close

Tuesday 7th Nov 2025

5pm

Guiding documents

- SENSW PHN NEEDS ASSESSMENT - Primary Healthcare Homelessness Access