Collaborative Health Care Initiative

Supporting our Regional Communities

Interim Report

Prepared: June 2025

Table of Contents

Purpose of this document:

This interim report outlines the progress and strategic direction of the Whiddon Collaborative Health Care (CHC) Initiative as of June 2025. It serves three primary purposes:

1. Inform: To provide stakeholders, including government agencies, aged care providers, health services, and community partners, with an update on the development and implementation of collaborative strategies and pilot projects aimed at improving health outcomes for older Australians in regional, rural, and remote communities.

2. Engage: To invite continued and expanded collaboration from key partners by showcasing the initiative's pilot programs, the effectiveness of the project, governance structures, and early outcomes. The report highlights opportunities for stakeholders to contribute to the co-design, implementation, and evaluation of scalable care models.

3. Advocate: To support policy discussions by demonstrating the initiative's alignment with national health priorities and its potential to deliver sustainable, locally tailored solutions. The report underscores the benefits of unified approaches to meeting the health requirements of local communities through cross-sector collaboration in health and aged care in non-metropolitan areas.

As we embark on the next phase of the project's journey, we also welcome the continued endorsement and support of the Federal Minister for Aged Care and the NSW Minister for Health. Their leadership and engagement are vital to the success and national scaling of the CHC initiative.

Project Summary

Draft Vision

Connected Care creating better health and well-being outcomes for Australians through sustainable and scaleable place-based models.

The Collaborative Health Care (CHC) Initiative:

The Collaborative Health Care (CHC) Initiative, developed and led by Whiddon, is a provider-driven, cross-sector partnership focused on improving health outcomes for older Australians in regional, rural, and remote communities. It aims to identify practical solutions by combining resources, expertise, and best practice, optimising outcomes for all stakeholders within the local health ecosystem.

The initiative brings together aged care providers, government agencies, peak bodies, and academic experts to co-design solutions such as shared workforce models, transitional care beds, and joint wellbeing programs. Supported by the Nous Group and the University of Sydney, CHC is guided by flexible governance and robust evaluation frameworks.

Demonstrating a commitment to rapid and effective action, the collaborative has held two national workshops over three months, resulting in the development of six pilot projects now moving into implementation.

Pilot Programs Confirmed for Implementation

Program	Outline	Proposed Sites	Status
1. Shared Wellbeing & Lifestyle	Older hospital inpatients engage in activities, at the local RACH,1 to keep their minds and bodies active.	Lithgow, Casino, Kurri Kurri, Illawarra	Working group formed
2. Shared Workforce Model	Nurses and allied health staff employed in a shared "single employer" model across LHD and RACH	Wee Waa, Lithgow, West Wyalong	Regional scoping underway
3. Shared Transport	Community Aged Care Providers assist hospital inpatients and RACH residents with transport for health related appointments	Providers TBC	Audit tools being deployed
4. Non-clinical services	LHD and RACH integrate laundry, food, gardening and maintenance services to avoid duplication and staffing shortages	Dubbo, Murrumbidgee (Will be guided by inflight project)	Site identification in progress
5. Agile transitional care beds	RACH vacant beds offered to hospital patients in a flexible and agile transitional care model, where LHD and RACH work together on an "as needed" basis.	Uniting, Whiddon	Site identification in progress
6. Emergency & Disaster Response	MOU for shared emergency planning	Providers & NSW Health	Drafting framework and MOU templates

Shared solutions

CHC Partners have identified and prioritised key challenges facing regional, rural, and remote communities. Across two workshops, they have co-designed solutions that will be piloted and evaluated in the coming months. With a focus on real-world service integration and shared resources, these pilots aim to demonstrate how more agile, responsive systems can be built around community needs and local solutions. The projects will be designed to ensure learnings can be scaled across other regions, with the goal of creating sustainable impact nationally.

Next Steps

Q3 2025	Q4 2025	Q1 2026	Late 2026
Begin 12-week trials with phased rollout	Collect pilot data and refine model	Present outcomes to Ministers	Publish case studies, present at sector conference

The problem:

Australians living in regional, rural and remote locations continue to experience poorer health outcomes, limited access to services, and significant workforce shortages compared to their urban counterparts. The 2023 Nous Group report, commissioned by the National Rural Health Alliance[1], highlights the systemic challenges faced by non-metropolitan communities, including higher rates of preventable illness, reduced access to primary and allied health care, and barriers to service delivery due to geography, infrastructure, and workforce constraints. Health expenditure is also higher, public hospitals require funding increases with remoteness due to higher reliance and delivery costs and there are higher per capita costs for Primary Health Networks (PHN).

---

[1] The Evidence Base for Additional Investment in Rural Health in Australia: https://www.ruralhealth.org.au/policy/position/evidence-base-for-additional-investment-in-rural-health-in-australia/.

Our initiative:

The Collaborative Health Care (CHC) Initiative is a multi-sector partnership focused on improving health and aged care for older Australians in rural and regional communities through better integration of care, resource sharing, and collaborative governance. This provider-led initiative brings together a broad coalition of stakeholders including aged care providers, federal and state health departments, peak bodies such as Ageing Australia and the National Rural Health Alliance, and academic experts.

Our solutions:

The Whiddon CHC initiative is co-designing and piloting integrated, place-based models of care with aged care providers, health services, government, and community partners. Building on two in-person planning meetings we have planned pilots:

- **Shared wellbeing and lifestyle programs** *(Aged Care managed wellbeing programs for long-stay hospital patients - 5 sites proposed)*
- **Shared workforce** (*Joint staffing models working across hospitals and aged care - 3 sites proposed, scoping models*)
- **Agile transitional care beds in aged care** (*Agile access to aged care beds for appropriate hospital patients - site identification in progress*)

In addition, we are undertaking scoping work for shared catering and support services, and shared emergency and disaster response agreements. CHC is working towards improved access, continuity, and quality of care for older Australians in regional, rural and remote areas, aligning closely with the report's recommendations for sustainable, locally tailored health solutions. Nous is leading the development of governance frameworks and project management systems for the pilot programs. The University of Sydney, through Professor Lee-Fay Low, is guiding evaluation design and the integration of evidence-based care models.

Progress:

This interim report outlines key developments from the initiative's inception to June 2025, aligned to milestone meetings and actions.

1. Background and Foundation (2024/25)

In late 2024, Whiddon released the Collaborative Health Care Model white paper, outlining urgent needs in regional Australia and calling for:

• Integrated aged and primary care services

• Shared workforce and resources between state and federally funded services

• Stronger governance through a collaborative steering body

Key recommendations included:

• Convening stakeholder roundtables

• Developing evaluation and scaling frameworks for pilot programs

• Joint resource planning for clinical and non-clinical services (e.g., nurses and allied health; catering, laundry and transport)

This foundational work framed the scope for CHC's initial online briefing session, face-to-face workshops and stakeholder engagement.

2. Workshop One: Defining Shared Priorities (April 9, 2025)

Date: April 9, 2025
Venue: Susan Wakil Health Building, University of Sydney

Key Outcomes

Draft shared vision: *"Connected Care creating better outcomes for older Australians in non-metro communities"*

Agreement on foundational principles:
- Trust-based collaboration
- Place-based, scalable solutions
- Local ownership and community voice

Priority Pilot Projects Identified

1. Shared Resourcing (support services, procurement, maintenance)
2. Hospital-to-Aged Care Home Engagement (wellbeing programs for long-stay patients)
3. Shared Data and Promotion (resource libraries and results-sharing)
4. Single Employer Model (shared health workforce)

Initial Actions Initiated

- Agreement to pursue core objectives of the project
- Committed to identifying pilot regions
- Workshop Two scheduled for early June

-

3. Workshop Two: Pilot Program Planning (June 2, 2025)

Date: June 2, 2025
Venue: Susan Wakil Health Building, University of Sydney

Key Outcomes

- Expanded government and provider representation
- Governance and project management support confirmed (Nous Group)
- Pilot programs and timeline agreed to
- Confirmed partners ongoing commitment of time and resources to achieving shared vision

Pilot Programs Confirmed and Actioned

Program	Outline	Proposed Sites	Status
1. Shared Wellbeing & Lifestyle	Older hospital inpatients engage in activities, at the local RACH,1 to keep their minds and bodies active.	Lithgow, Casino, Kurri Kurri, Illawarra	Working group formed
2. Shared Workforce Model	Nurses and allied health staff employed in a shared "single employer" model across LHD and RACH	Wee Waa, Lithgow, West Wyalong	Regional scoping underway
3. Shared Transport	Community Aged Care Providers assist hospital inpatients and RACH residents with transport for health related appointments	Providers TBC	Audit tools being deployed
4. Non-clinical services	LHD and RACH integrate laundry, food, gardening and maintenance services to avoid duplication and staffing shortages	Dubbo, Murrumbidgee. (Will be guided by inflight project)	Site identification in progress
5. Agile transitional care beds	RACH vacant beds offered to hospital patients in a flexible and agile transitional care model, where LHD and RACH work together on an "as needed" basis.	Uniting, Whiddon	Site identification in progress
6. Emergency & Disaster Response	MOU for shared emergency planning	Providers & NSW Health	Drafting framework and MOU templates

4. Governance and Project Management

Governance Framework: A collaborative governance structure has been designed with support from the Nous Group. The framework is intentionally flexible and non-bureaucratic, ensuring that it fosters practical decision-making and local responsiveness. It includes pathways for communication between working groups and the overarching CHC leadership, allowing for shared accountability and transparency. Over time, this framework is intended to serve as the foundation for a broader regional model that can proactively oversee and guide health service delivery at a regional level.

An effective collaborative governance framework drives shared strategic priorities, local responsiveness, practical solutions and sustained commitment
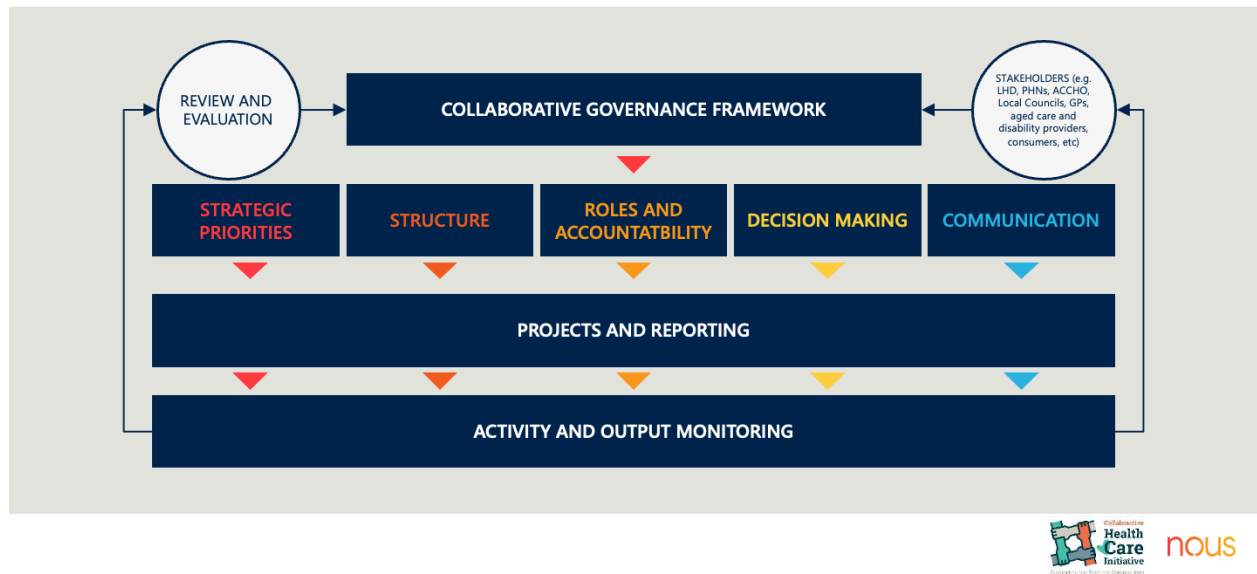
Working Groups: Each pilot program is supported by a dedicated working group made up of provider representatives, state and federal health officials, and other sector experts. These groups are responsible for local coordination, implementation planning, and feedback into broader CHC processes. Other partners, relevant to the specific locations included in each pilot will be invited to contribute to the design and implementation of the project.

Project Management: Nous has also led the development of project management systems that standardise how pilot programs are tracked, evaluated, and reported. This includes the creation of planning templates, milestone tracking tools, and case study formats. Pilot Programs 1 (Wellbeing & Lifestyle) and 2 (Shared Workforce) are the first to commence implementation using these systems.

Monitoring and Reporting: Progress will be monitored through bi-monthly virtual meetings. These updates ensure timely feedback and course correction where necessary, as well as alignment with evaluation criteria. All pilot programs will contribute to a shared evidence base and inform future scale-up. The University of Sydney, is playing a key role in designing the evaluation framework, supporting ethics oversight, and guiding the development of outcome measures to assess both short- and long-term impact across the pilots.

Communication Plan: A communications strategy is being developed to engage stakeholders across government, provider organisations, and the community. It will also include contributions to sector-wide learning via conference presentations and industry publications, showcasing CHC as a national case study in cross-sector collaboration.

5. Participants

	Name	Organisation	Role/Title	Contribution to CHC Initiative
Providers	Chris Mamarelis	Whiddon	CEO	CHC sponsor and co-lead; coordinating provider action and strategy
	Alyson Jarrett	Whiddon	Deputy CEO and COO	Strategy development with partner providers and co-co-ordinator for Whiddon's role in pilot programs
	Dr. Jennie Hewitt	Whiddon	GM, Clinical Research & Reablement	Co-lead on pilot design and clinical evaluation
	Michelle Ring	Whiddon	GM, Marketing and Communication	Leads communication strategy for the initiative
	Alana Parker	RFBI	Chief Marketing Officer	Partner in pilot programs and communication
	Kate Hurrell	Three Tree Lodge	CEO	Site lead for pilot programs; contributor to Shared Wellbeing project, representing stand alone providers.
	Sarah Simon	BUPA	Head of People	Workforce input; contributes to shared workforce planning
	Nia Briguglio	IRT	Executive General Manager Aged Care Services	Partner in shared wellbeing & lifestyle pilot
	Saviour Buhagiar	Uniting	CEO	Strategic partner; lead on transitional care pilot
	Therese Adami	Catholic Health Care	Executive	Sharing case studies; disaster recovery planning
	Allan Waters	Baptist Care	Executive	Partner in transitional care pilot
Government	Dr. Bronwyn Morrish	DoHDA (Federal)	Assistant Secretary	Federal oversight; workforce strategy alignment
	Elsy Brammesan	DoHDA (Federal)	State Manager – NSW/ACT	Transitional care data lead; link to federal strategy
	Anabelle Peck	DoHDA (Federal)	Assistant Director, This markets Innovations	Federal Input on remote/regional health innovation
	Carla Cowles-Henriquez	DoHDA (Federal)	A/g Assistant Director Rural & Remote Policy & MPS, Thin Markets	Federal Input on remote/regional health innovation
	Cathy Milful	DoHDA (Federal)	A/g Assistant Secretary, Thin Markets	Federal Input on remote/regional health innovation
	Michelle Maxwell	NSW Ministry of Health	Director, Regional Health	NSW Health, Leads state health collaboration and pilot site identification
	Stephanie Williams	NSW Ministry of Health	Director, Aged Care	NSW Health, Input on priority locations and coordination with LHDs.
Peak Bodies	Anne King	Ageing Australia	State Manager	Peak Representative - Advocacy and community voice
	Andrew Hayward	Ageing Australia	Head of Workforce Strategy	Peak Representative - Workforce advisory and co-lead on shared workforce pilot
	Mark Berezdecky	Ageing Australia	Senior Policy Advisor Retirement Living & Seniors Housing	Peak Representative - Advocacy
	Margaret Deerain	National Rural Health Alliance	Director Policy and Strategy Development	Peak Representative - Advocacy and rural community voice
University	Prof. Lee-Fay Low	University of Sydney	Professor in Ageing and Health	Academic Expert - Research and evaluation lead; ethics and impact assessment
Project Management	Nikita Weickhardt	Nous Group	Consultant	Governance and project management lead; supports pilot planning
Facilitator	Rebecca Martin	Shift Happens	Principal Facilitator	Workshop design and facilitation

6. Expanded Roles of Key Partners

Nous Group

- **Primary Role:** Governance and project management support
- **Key Contributions:**
  - Designed and presented the project management framework
  - Developed audit tools (e.g. for transport)
  - Coordinating pilot scoping and partner engagement
  - Assisting with governance design and outcome tracking
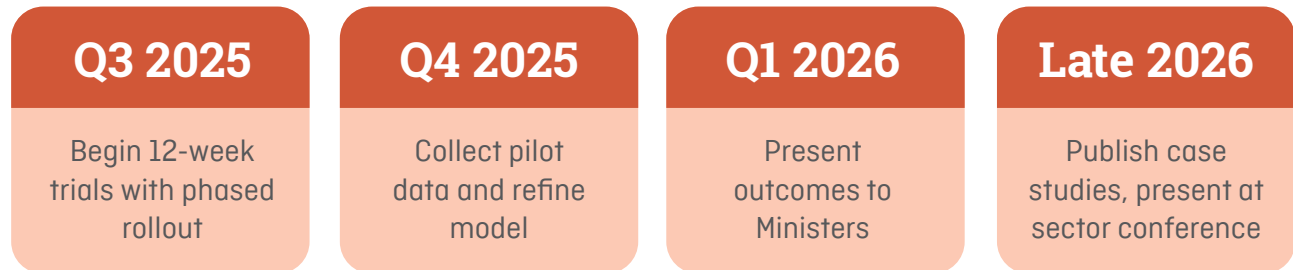 - Supporting development of outcome and financial reporting tools

University of Sydney

- **Lead Academic Partner:** Professor Lee-Fay Low
- **Key Contributions:**
  - Providing research and evidence-based frameworks (e.g., Rainbow Model of Care)
  - Leading ethics and evaluation methodology
  - Supporting pilot program design and impact measurement
  - Bridging academic expertise with service delivery realities

7. Next Steps (Mid-2025 – Early 2026)

Key Outcomes

The CHC Initiative has successfully transitioned from planning to pilot planning, grounded in a clear vision, shared purpose, and cross-sector collaboration. With a focus on real-world integration of services and shared resources, the coming months will be pivotal in demonstrating the model's potential and scaling learnings nationally, specifically, the objective of the project is to create sustainable impact, identifying successful Pilot Programs and then working with Government to scale them up across regions and Nationally.

Q3 2025	Q4 2025	Q1 2026	Late 2026
Begin 12-week trials with phased rollout	Collect pilot data and refine model	Present outcomes to Ministers	Publish case studies, present at sector conference

The success of CHC to date also reinforces the power of a provider-led initiative to cut through traditional red tape and other barriers. By putting consumer needs and service provision at the centre and bringing together a multitude of stakeholders; including government agencies, health services, academia, and peak bodies, the initiative is creating a more agile and responsive system, built around community needs and local solutions.

Collaborative
Health
Care
Initiative

Supporting our Regional Communities