

# Eastern Melbourne - Integrated Team Care

## 2023/24 - 2027/28

### Activity Summary View



## ITC - 1 - Integrated Team Care Program (October 2025)



### Activity Metadata

**Applicable Schedule \***

Integrated Team Care

**Activity Prefix \***

ITC

**Activity Number \***

1

**Activity Title \***

Integrated Team Care Program (October 2025)

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Aboriginal and Torres Strait Islander Health

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this activity is to contribute to improving the health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination and multidisciplinary care. The activity also aims to improve access to culturally safe mainstream services whilst maintaining client choice of mainstream options.

**Description of Activity \***

Care coordination and supplementary services:

- EMPHN has commissioned several ITC programs and services for Aboriginal and Torres Strait Islander people, provided by both Aboriginal Community Controlled Health Organisations (ACCHOs) and mainstream services.
- EMPHN commissioned providers offer Aboriginal and Torres Strait Islander people with chronic health condition access to

personalised one-on-one assistance. The ITC activity offers providers the flexibility to address key barriers to care. For example, the rising cost of living has increased demand for transport assistance and access to bulk-billing healthcare. Providers use different care models, resources and supports (e.g. clinic days, outreach vs in reach, transport support and brokerage) suitable for their patient's needs.

- Each of the providers deliver their Integrated Team Care programs through supporting consumer access to health assessments (e.g. 715s). As part of this process, linkages are made and coordination provided to other services that may be relevant to that client, including aged care assessments, NDIS assessments, cultural supports, mental health and AOD and other services to help manage chronic disease.
- Services are provided through appropriately trained staff, including GPs, practice nurses, outreach workers and care coordinators and aligned with other funded programs.
- IHPOs within commissioned services work within and across teams to create connection between ITC and other health programs (e.g. ongoing care services), social prescribing (e.g. support groups) and cultural services (e.g. gathering places). This support also enables ongoing quality improvement within the service.
- In addition to these services, ACCHOs within the region are also funded to enable active engagement with ITC providers. This enables stronger linkages and care coordination for consumers. These activities build the capacity of Aboriginal and/or Torres Strait Islander health organisations in line with our commitment to self-determination and Closing the Gap priorities.

#### Culturally safe mainstream services:

- ITC funding is provided to several mainstream services that provide specific care programs for Aboriginal and Torres Strait Islander consumers. These programs are predominantly led by Aboriginal staff and management and provide a high degree of cultural safety for participants.
- First Nations clients are empowered to access mainstream services, supported by care coordinators who provide communication across settings to ensure their unique healthcare needs are met.
- Service providers have developed impactful Reconciliation Action Plans and Aboriginal Safety Plans, incorporating input from local Aboriginal and Torres Strait Islander community members. A notable example is Eastern Health's second Cultural Safety Plan, reaffirming its commitment to honouring cultural identity.
- Mandatory cultural competency training has been introduced across mainstream service providers, featuring e-learning modules co-designed with stakeholders. Feedback has been positive, with staff praising the training for its quality and cultural relevance.
- The Primary Health Network (PHN) and service providers have also hosted engaging cultural awareness events. A highlight was the Reconciliation Lunch at Barbunnin Beek Aboriginal Gathering Place, which brought together ITC clients, community elders, and dedicated staff in a spirit of unity and celebration. For example, Reconciliation Lunch held at Barbunnin Beek Aboriginal Gathering Place attended by ITC clients, community elders and service provider staff and volunteers.
- EMPHN is working with our Aboriginal Consultative Committee (ACC) to review current mainstream cultural safety accountabilities to strengthen these over time to ensure the expectations of the health sector increases appropriately.

#### Workforce support and development:

- Provision of formal training, peer support, professional guidance and mentoring where required.
- EMPHN has established the EMPHN Aboriginal Consultative Council, comprised of ACCHOs and ACCOs from the region to advise EMPHN in establishing mechanisms for transition and self-determination in FY26 and beyond. The work of the Aboriginal Consultative Council aims to support the continuation of the existing Aboriginal and Torres Strait Islander Health programs.

### Needs Assessment Priorities \*

#### Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

#### Priorities

Priority	Page reference
HC - Increase access to early intervention health programs, such as lifestyle changes, and ongoing primary care management of chronic conditions, including improved multidisciplinary care coordination	138
PHC - Increase access to flexible models of care to improve reach to LGBTIQ+ cohorts, multicultural	140

communities, Aboriginal and Torres Strait Islander people, and people experiencing homelessness.



## Activity Demographics

### Target Population Cohort

Aboriginal and Torres Strait Islander people with a chronic health conditions or multiple chronic conditions.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN, consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical and Practice Council and Consumer and Community Committee, and through other groups and mechanisms as appropriate. In addition, EMPHN has established an Aboriginal Consultative Council (ACC), made up of representatives of Aboriginal Community Controlled services in the EMPHN catchment who provide strategic advice, direction and leadership. EMPHN also consults with mainstream service providers who are commissioned to provide ITC and other Aboriginal health programs.

### Collaboration

EMPHN has established the ACC to provide an ongoing perspective of Aboriginal and Torres Strait Islander health and advice to the EMPHN Board including an Action Plan to guide EMPHN's funding of Aboriginal health programs now and in the future. EMPHN has established the ACC to support a move towards self-determination of targeted Aboriginal funds. EMPHN also works with key stakeholders including existing service providers and the ACC based on the IAP2 framework for stakeholder participation.

Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and

processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2016

### Activity End Date

29/06/2026

### Service Delivery Start Date

01/07/2016

### Service Delivery End Date

30/06/2026

### Other Relevant Milestones

Contractual Milestones:

Workshop with the EMPHN Aboriginal Consultative Council in April, June, October & December 2025.

Department milestones:

28.07.2025 Activity Work Plan

30.09.2025 12 Month Performance Report

15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current

30.04.2026 Activity Work Plan

30.09.2026 12 Month Performance Report

30.09.2026 Financial Acquittal



## 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:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

No

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

No

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

No

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

No

**Decommissioning**

No

**Decommissioning details?**

n/a

**Co-design or co-commissioning comments**



## ITC-Op - 1 - ITC - Operational (October 2025)



### Activity Metadata

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