Eastern Melbourne - Integrated Team Care
2025/26 - 2028/29
Activity Summary View

ITC - 1 - Integrated Team Care Program - April 2026

Activity Metadata

Applicable Schedule *

Integrated Team Care

Activity Prefix *

ITC

Activity Number *

1

Activity Title *

Integrated Team Care Program - April 2026

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 commissioned providers to provide ITC services across the region through a mix of Aboriginal Community Controlled Health Organisations (ACCHOs), other Aboriginal service organisations and culturally safe mainstream primary care providers.
• Providers deliver personalised, one-on-one assistance to flexibly address individual 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.
• Aboriginal and Torres Strait Health Project Officers (ASIHPs), Outreach worders and Care Coordinators (ITC staff) support local linkages and referrals to culturally safe services including aged care assessments, NDIS assessments, cultural supports, mental health and AOD and other services to help manage chronic disease.
• ITC staff also 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.
• ITC staff engage with local general practice teams to encourage high-quality, culturally safe Indigenous Health Assessments (MBS715s) to improve engagement of Aboriginal and Torres Strait Islander people with chronic health condition and the management of their health.
• ITC staff routinely go beyond standard care coordination by providing sustained advocacy across health, social and housing systems; responding to family violence and safety concerns; maintaining engagement through high-intensity outreach and transport support; and actively supporting clients to navigate complex clinical information in culturally safe ways. These activities are critical in maintaining continuity of care for clients with complex and intersecting needs.
• In addition to these services, ACCHOs within the region are funded to enable stronger linkages and care coordination for consumers and address identified service gaps in care. 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.
• Cultural safety is supported through Reconciliation Action Plans, Aboriginal Safety Plans, mandatory cultural competency training and community led cultural awareness activities.
• ITC providers report that 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.

• EMPHN has consulted the Aboriginal Consultative Committee (ACC) to review existing cultural safety accountabilities within mainstream services. Findings from this consultation will inform the inclusion of strengthened cultural safety requirements in future contracts to ensure expectations are progressively uplifted in line with sector standards.

Workforce support and development:
• In September 2025, EMPHN established a cross PHN ITC networking forum, uniting all ITC providers across EMPHN, NWMPHN and SEMPHN. In person meetings held in September 2025 and February 2026 have strengthened workforce capability, peer support and regional referral pathways across the Melbourne ITC network, with a further meeting planned for August 2026.

• EMPHN continues to engage the EMPHN Aboriginal Consultative Council, comprised of ACCHOs, ACCOs and other Aboriginal service organisations from the region to advise EMPHN in establishing mechanisms for transition and self-determination. 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,	138

including improved multidisciplinary care coordination	
PHC - Increase access to flexible models of care to improve reach to LGBTIQ+ cohorts, multicultural communities, Aboriginal and Torres Strait Islander people, and people experiencing homelessness.	140

Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people with a chronic health condition 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.

In 2025, EMPHN reviewed ITC contractual reporting requirements and implemented enhanced reporting activities from September 2025 to improve data quality, completeness and the consistency of provider reporting. EMPHN continues to work collaboratively with ITC providers to support ongoing quality improvement and streamlined reporting in line with deed requirements.

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 EMPHNs 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.

EMPHN is working with NWMPHN and SEMPHN to strengthen cultural safety practices across PHNs and commissioned services, supporting Closing the Gap priorities, with initial discussions in November 2025, a joint workshop in February 2026 and further engagement planned.

Activity Milestone Details/Duration

Activity Start Date

30/06/2016

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2016

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Contractual Milestones:
Workshop with the EMPHN Aboriginal Consultative Council in April, June, October & December 2025, and February, April and November 2026.

Department milestones:
30.04.2026 Activity Work Plan
30.09.2026 12 Month Performance Report
30.09.2026 Financial Acquittal Report
15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current
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30.09.2027 12 Month Performance Report
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15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current

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