Integrated Team Care Program (ITC) Transition Webinar

Updates & Next Steps

Monday 20 October 2025

Australian Government
Department of Health, Disability and Ageing

Agenda

1. Acknowledgment of country and introductions
2. Updates
3. Regional models
4. Key functions and responsibilities of an ITC commissioning body
5. Transition approach and timeframes
6. Next steps

ITC Updates

Mission Statement

Embed First Nations leadership in ITC program design and delivery, ensuring communities are empowered to determine how ITC is delivered in PHN regions, while maintaining continuity, cultural safety, and equity in outcomes for all ITC clients and staff.

Pillars of success

Pillars of success	Description
1. Client centred outcomes and continuity of service	• ITC clients, not health services or systems, must be at the heart of all decisions. Vulnerable individuals with complex chronic conditions must experience high quality care, regardless of their chosen health service.
2. National coverage	• National coverage and geographical accessibility of services enables access for all Aboriginal and Torres Strait Islander people.
3. Workforce sustainability	• A stable, trusted, and culturally safe workforce is essential to improved health outcomes, particularly in the case of ITC.
4. Place-based and flexible approaches	• Each PHN region must have the flexibility to design and deliver services that reflect local relationships, service availability, needs and capacities.
5. Sustainable resourcing and operational efficiency	• Transition must build upon existing operational strengths while addressing gaps in access and equity. • Use the inferences from the **ITC Data Project** to guide funding decisions moving forward. • Seek longer funding time frames to support transition
6. Capacity building for new commissioners	• First Nations led organisations stepping into ITC commissioning roles must be supported, funded and equipped for long-term success.
7. Cultural safety and mainstream system reform	• Closing the Gap requires transformation across the whole health system, not just in ACCHS settings. • Client autonomy must be respected, and the First Nations workforce must be supported to thrive in any setting they choose to work in.
8. Partnerships and collaborative engagement	• Relationships and partnerships respect and support each other's viability, they are equitable, stable, and grounded in trust, mutual accountability and alignment on shared goals. • Bottom-up co-designed approach to engagement and commissioning processes.

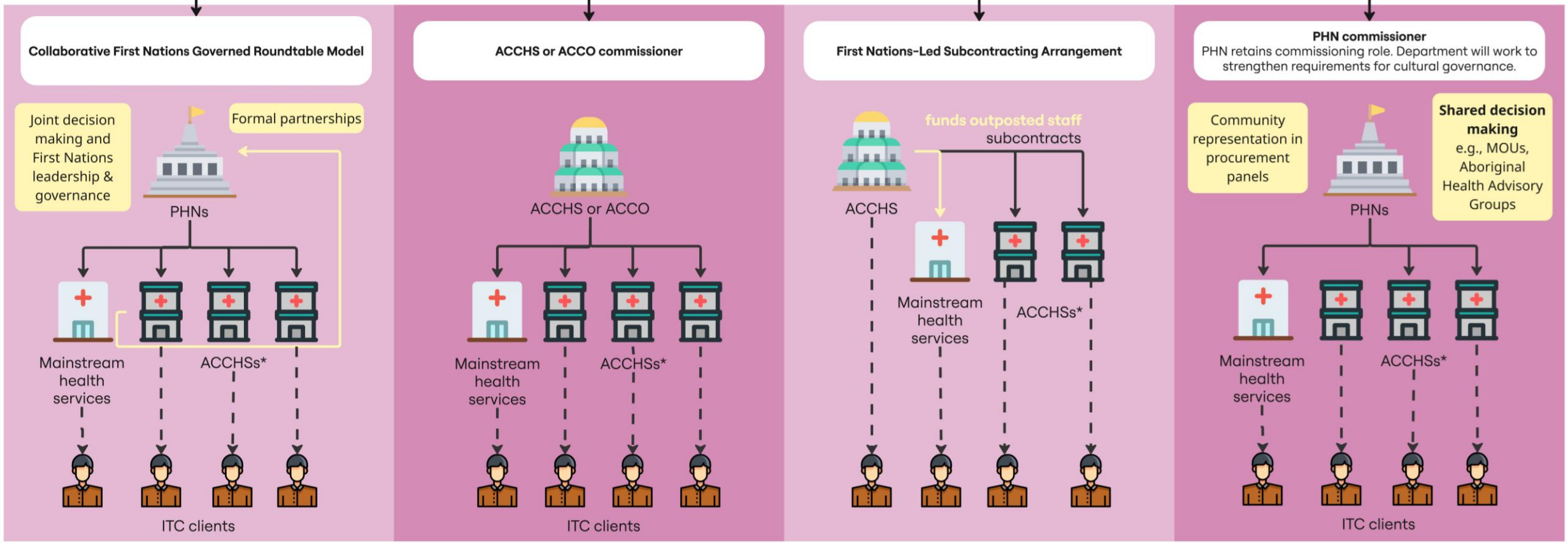
Staged sector-led transition model

This approach aims to embed First Nations leadership and decision-making authority in ITC program design and delivery, empowering communities to shape ITC in the PHN regions.

A closer look at future ITC regional models

2028-29 Program re-design and handover

Formalise functioning pilot initiatives. ITC will be transitioned in each PHN region into one of the following arrangements:



*In some regions, ACCHSs may accept referrals directly from mainstream general practice, removing the need for a separate mainstream health service provider. It is assumed that commissioners consider the access needs and preferences of local communities when planning services.

Commissioning Functions

In the context of ITC, transition refers primarily to program management, commissioning, contracting, and regional planning for ITC delivery across a region, not strictly service delivery.

Strategic planning
Needs assessments, community consultation, local priorities, ITC Budget management, negotiations with local health services, bulk buying medical devices, arranging for bulk billing

Service design
Co-develop evidenced informed, culturally anchored care models, performance framework, outcomes and nKPIs, data solutions and integration, embed cultural governance, cultural safety and equity of access

Procuring services
Contract management, transparent outcomes focussed tender processes, cultural capability uplift across mainstream primary care

Monitoring and evaluation
Access to data, performance management, communication information systems and IT infrastructure in place for structured reporting and data analytics, evaluation, governance and quality assurance

Review and improvement
Feedback platforms, feedback mechanisms – communities, providers, complaint management, sustainable planning

Transition and change management
Transition plans, service continuity, client transition

A commissioning body doesn't:

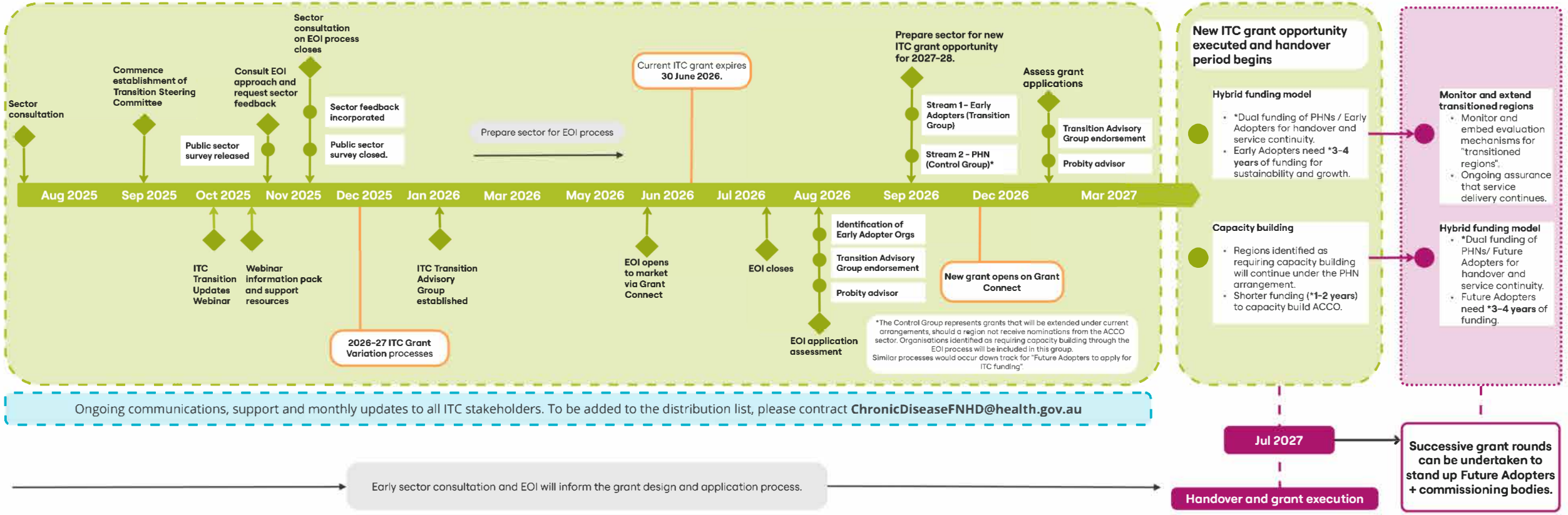
- **Provide direct clinical services.**
  They do not deliver care themselves – they fund and coordinate others to do so for the region/s.
- **Control individual providers.**
  They influence care through contracts and support but do not manage or direct the operations of independent healthcare providers.
- **Fund all healthcare services.**
  They focus on specific areas, ensure service coverage and are not responsible for the entire health system.
- **Make ITC policy.**
  While they may inform policy through data and consultation, commissioning bodies do not set national healthcare policy.

Integrated Team Care program

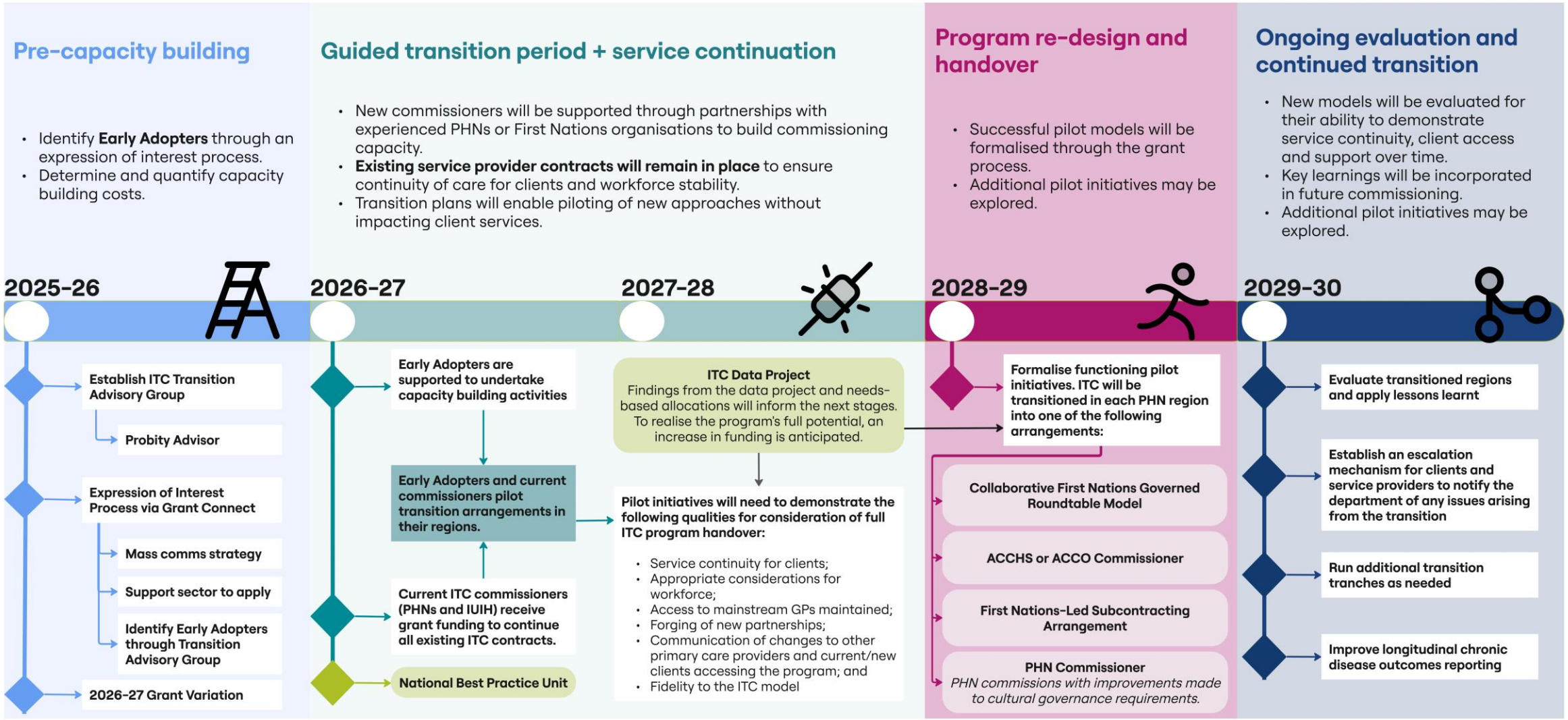
Transition Timeline

OFFICIAL

Disclaimer: This timeline and indicative funding period reflects initial planning views intended to support program sustainability. It does not constitute a commitment of funding, nor confirm funding periods and should not be interpreted as representing the views of the Australian Government. All funding and timeframes are subject to further consideration, approvals, and decisions by the Australian Government.



Staged sector-led transition model



Next Steps

- ❑ **Pre-EOI survey** to be released shortly
- ❑ **Further communications** including EOI information and support resources
- ❑ **Establish** a Transition Advisory Group and engage an independent Probity Advisor
- ❑ **Progress** required processes for ITC 2026-27 extension
- ❑ **Complete** the data project and share findings