

INTEGRATED TEAM CARE (ITC) PROGRAM

Transition to First Nations community control



Transition Mission: 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.

Why is this change needed?

- ✓ Aboriginal and Torres Strait Islander Community Controlled Health Services (ACCHSs) provide culturally safe, community-led care that addresses clinical needs and social determinants of health, leading to better engagement and health equity for First Nation people.ⁱ Aboriginal and Torres Strait Islander primary health care professionals are essential for bridging cultural gaps and supporting prevention and early intervention.ⁱⁱ
- ✓ In line with Priority 2 of the National Agreement on Closing the Gap to support and strengthen the community controlled sector, we are committed to supporting First Nations leadership at the forefront of program planning and decision-making.
- ✓ 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.
- ✓ Chronic conditions drive more than two-thirds (70%) of the gap in disease burden for First Nations people.ⁱⁱⁱ Improved outcomes for First Nations people rely on genuine community ownership of health decisions, cultural safety, and self-determination.^{iv}



What is happening?



ITC will begin a staged transition of funding and delivery arrangements to First Nations community control through an expression of interest (EOI) process.



First Nations stakeholders can elect to keep, improve or redesign the program model in their Primary Health Network (PHN) region(s).



ITC, guided by its [Implementation Guidelines](#), will retain its core features including care coordination, supplementary services, workforce roles (care coordinators, outreach workers, project officers), and activities to enhance cultural safety in mainstream primary health care during and post transition.



The Department of Health, Disability and Ageing (the department) will continue its engagement with ITC stakeholders throughout transition.

Timeline

Since the release of the review of First Nations mental health and suicide prevention services and the Integrated Team Care program (the Review) by Ninti One Limited and First Nations Co, the department has been engaging closely with ITC stakeholders to plan the next steps.

September 2022 – January 2024

Review was commissioned to assess sector capacity, capability and willingness of services to deliver and/or commission ITC services. Input was provided by an Expert Advisory Group and through culturally focused engagement with over 500 stakeholders sector-wide

February 2024

The department moved to extend ITC grant agreements for 2024-25.

May 2024

The complete Review was made available on the department's website.

July 2024

Consultation on the ITC Program Implementation Guidelines with ITC commissioning bodies and subsequent updated.

December 2024

Over 250 people joined a public webinar hosted by the department to discuss the findings of the Review and next steps for the ITC program.

February 2025

The department moved to extend ITC grant agreements for 2025-26.

March 2025

The ITC transition fact sheet and FAQs were published.

May 2025

ITC PHN Roundtable held to gather insights on transition strategies, reasonable timeframes and preliminary impacts.

June 2025

- ITC commissioning outline developed, and feasibility tested with PHN Roundtable participants and the Institute for Urban Indigenous Health (IUIH).
- ITC Data Analytics project launched to map ITC service supply/demand and develop an equitable funding model. A Data Working Group with sector representatives was established to advise on this work.

October 2025

The department held a public webinar to outline upcoming steps and methods for the ITC transition.

November 2025 - 2026 onwards

Details and timelines will be updated throughout the transition process.

- Feedback on the EOI process will be gathered via a pre-survey.
- An EOI process will identify Early Adopters for assessment by the Transition Advisory Group.
- Those recommended will become new ITC grantees, while current fundholders receive continued support during a handover period.
- Additional rounds may occur as the transition progresses.



(more information on next page)



What does successful transition look like?

The following pillars will form the foundation for successful transition:

1

Client centred outcomes and continuity of service

ITC clients 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.

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 Aboriginal and Torres Strait Islander health service (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.

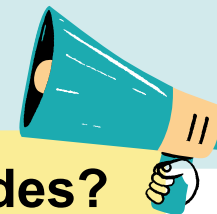
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Partnerships and collaborative engagement

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.

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Who decides?



- An EOI process will invite First Nations led organisations to lead ITC program delivery and propose regionally tailored models.

Early Adopters refers to the first group of First Nations-led organisations selected for ITC program funding and ownership following the EOI process. These organisations will collaborate with the predecessor ITC grantees during a designated handover period to implement transition plans for clients and staff where required, providing an opportunity to pilot, review, test and adjust approaches.



- A representative Transition Advisory Group will be established to develop selection criteria and assess EOIs to select the Early Adopters.
- It is expected that EOI respondents will clearly articulate their strategies for ITC program planning and delivery within their respective region/s. This would include details on how service continuity for geographically dispersed ITC clients will be maintained, mainstream health referral pathways expanded or sustained, and partnerships strengthened with local healthcare infrastructure (e.g., GP clinics, local hospital networks, medical goods' suppliers).

How will transition be managed?



- Mechanisms will be established to ensure smooth, well-coordinated transitions for PHN regions considering ITC-supported clients and staff. Planned elements include:
 - ☐ A flexible handover period with flexible funding for predecessor and successor grant holders;
 - ☐ Region-specific transition plans; and
 - ☐ Communication of changes to stakeholders (local providers, staff and clients).
- Capacity building and additional funding will be considered as required.
- Organisations considered not ready in the EOI process may be considered for later transition.

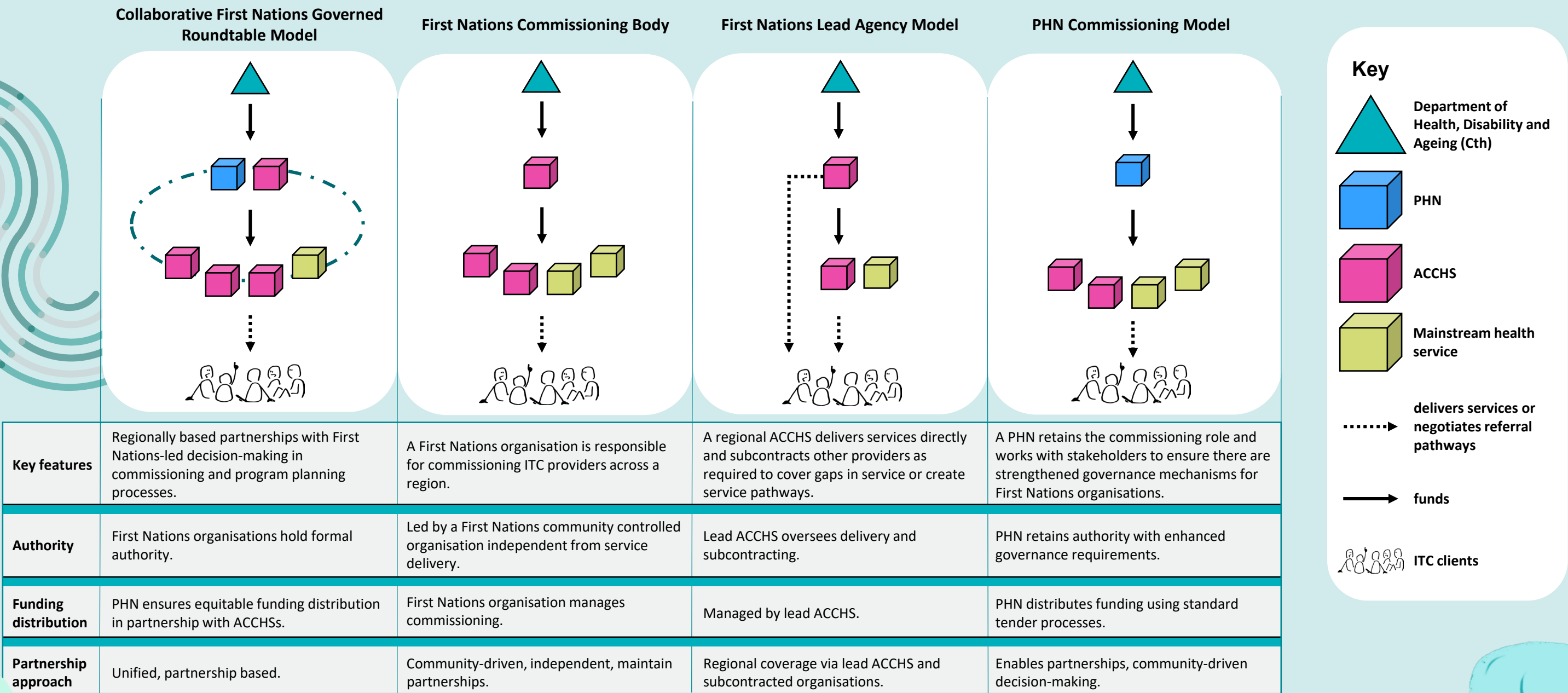




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What does the future state of ITC look like?

Following consultation with the sector, four primary “models” for future ITC program delivery are below. A hybrid approach is expected nationally, allowing each region to adopt the model that makes best use of the local health infrastructure and meets local needs. The proposed models include:



Arrangements that demonstrate efficient use of resources, alignment with commissioning values, effective conflict of interest management, understanding of the health and cultural needs of the region, and a commitment to amplifying the voice of community will be prioritised.



2 What support is available?

The focus is on supporting a transition to First Nations leadership, addressing stakeholder concerns such as competition among ACCHSs, service gaps, transition timelines, ITC client needs, and identifying interested parties.

Resources such as training, mentoring, best practice resources, and a dedicated support unit for organisations assuming new roles are under consideration. An ITC Data Analytics project, due for completion by the end of the year, will provide insights into unmet needs and develop an equitable funding distribution model to support transition planning for the program.

3 How do I get in contact with the team?

The team provides monthly updates and other communications to all ITC stakeholders.

You can also reach out to ChronicDiseaseFNHD@health.gov.au for any questions regarding the ITC program or to be added to the distribution list.



ⁱ Pearson, O., Schwartzkopff, K., Dawson, A. et al. Aboriginal community controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia. BMC Public Health 20, 1859 (2020). doi:10.1186/s12889-020-09943-4

ⁱⁱ Wilson AM et al. (2020) Working together in Aboriginal health: a framework to guide health professional practice. BMC Health Serv Res 20(1):601. doi:10.1186/s12913-020-05462-5

ⁱⁱⁱ Australian Institute of Health and Welfare (2022) Australian Burden of Disease Study 2018: Interactive data on risk factor burden among Aboriginal and Torres Strait Islander people, AIHW, Australian Government, accessed 07 October 2025

^{iv} Mackean T et al. (2025) Leading the way: the contribution of Aboriginal community controlled health organisations to community health in Australia. Australian Journal of Primary Health 31, PY24223. doi:10.1071/PY24223