

Members Forum

AGENDA ITEM NO.: 8.1

PURPOSE OF REPORT: Inform members of pending ICT transition from PHN to ACCHO and consult on best approach for South Australia

PERIOD: November 2025

NAME AND POSITION TITLE: AHCSA General Managers

Recommendation(s) / Noting:

Key points for Member Service discussion and consideration

- How prepared are we as a sector for this transition?
- Which model is recommended and who should lead the EOI process?
- Do we want to be in the first round of EOI?
- Ideas for representation on the establishment transition steering committee?

Background

The Integrated Team Care (ITC) program supports Aboriginal and Torres Strait Islander people living with chronic conditions by facilitating access to appropriate health care services. Funded under the Indigenous Australians' Health Programme, ITC has historically been administered through Primary Health Networks (PHNs).

In 2022, the Department of Health and Aged Care (DoHAC) commissioned a review of funding arrangements and service provider capabilities for Aboriginal and Torres Strait Islander mental health, suicide prevention services, and the ITC program. The review provided independent, strategic advice on aligning these services with priority reforms and clauses outlined in the National Agreement. [[Access the full report here.](#)]

A key recommendation from the review is that Aboriginal Community Controlled Organisations (ACCOs)—acting as lead entities at the state/territory or regional level—should receive funding directly from DoHAC to administer relevant health programs. As a result, ITC is transitioning from PHN-led administration to ACCO/ACCHS-led models.

Within SA there are 2 regions Adelaide PHN and Country PHN. According to the Review the follow table provides ITC commissioning data for SA.

Commissioning Body	Non Indigenous service providers	% of all that are Non-Indigenous	Indigenous Service providers	% of all that are Indigenous	Total
SA: Adelaide	4	100%	0	0%	4
	\$13,705,113	100%		0%	\$13,705,113
SA: Country SA	11	46%	13	54%	10
	\$6,576,425	49%	\$6,925,528	51%	\$13,501,953

Key Discussion Points

The DoHAC have finalised their consultation and are progressing to transition ITC. As part of this

- ITC will begin a staged transition through an expression of interest (EOI) process.
- Stakeholders can elect to keep, improve or redesign the program model in their Primary Health Network (PHN) region(s). Four potential regional models have been confirmed, and each region is encouraged to select the model that best meets its needs.
- 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.

The **proposed models** are

1. Collaborative First Nations-Governed Roundtable Model
 - A regionally based partnership model involving joint planning and decision-making.
 - PHNs continue to administer the program in collaboration with ACCOs/ACCHSs through a roundtable governance structure.
 - Shared decision-making is central to this model, which is currently in use in several regions across Australia.
2. ACCHS or ACCO Commissioner Model
 - An independent ACCO or ACCHS acts as the commissioning body, responsible for distributing funding.
 - This entity is not a service provider but assumes full administrative functions previously managed by PHNs.
3. First Nations-Led Subcontracting Model
 - A regional ACCO holds and administers funds and subcontracts service delivery to other providers.
 - This model is similar to the Tackling Indigenous Smoking (TIS) program
 - A key challenge is managing potential conflicts of interest in funding decisions.
4. PHN Commissioner Model
 - Retains the current PHN-led structure with strengthened governance and community engagement.
 - This model is applied in regions where none of the first three models are feasible or where no ACCO is available to assume the lead role

Commissioning responsibilities need to include

- **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 are modeless, performance frameworks, outcomes and nKPIs, data solutions and integrations, embed cultural governance, cultural safety and equity of access.
- **Procuring services** – Contract management, transparent outcomes focused tender processes, cultural capability uplift across mainstream primary care

- **Monitoring and evaluation-** Access to date, 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 Commission body doesn't

- × Provide direct clinical services
- × Control individual providers
- × Fund all health care services
- × Make ITC policy

Proposed timelines

The transition timeline for the program is staged, with the current funding extended until June 30, 2027. A new program model is unlikely to begin before July 1, 2027, with a full transition possibly taking up to two years to complete. Key steps include establishing new regional commissioning bodies and prioritizing service continuity for current clients throughout the transition.

Key dates and stages

Monday 8th Dec - Public survey for EOI process Closes

- Barriers that might affect nominated organisation to participate (staffing, competing priority, governance, etc)
- Are timeframes realistic
- Any concerns or suggestions
- What support or clarification would assist in preparing proposal?
- Does the organisation have capacity to respond to EOI
- Organisation and catchment details

Until June 30, 2027: Current ITC funding arrangements are extended for 12 months, and the program will continue under existing arrangements while planning for the transition takes place.

2026-2027 Early adaptors transition: Codesign process over the next 12 months to support transition

Likely starting July 1, 2027: Implementation of the new program model is unlikely to begin before this date.

Additional Attachments

1. Information for ITC commissioning Bodies
2. ITC transition to First Nations community control