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

ITC - 1 - Care coordination and supplementary services_AWP 26/27

Activity Metadata

Applicable Schedule *

Integrated Team Care

Activity Prefix *

ITC

Activity Number *

1

Activity Title *

Care coordination and supplementary services_AWP 26/27

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination, multidisciplinary care, and support for self-management.

Description of Activity *

NWMPHN has commissioned an Aboriginal Community Controlled Health Organisation (ACCHO), as well as three mainstream community health services to deliver the Integrated Team Care program. There is a team approach to client care across the catchment, with Care Coordinators and Aboriginal Outreach Workers being co-located in order to promote collaboration and better client outcomes. The Indigenous Health Project Officer (IHPO) roles work closely with the Care Coordinators and Outreach Workers to support commissioned service providers to better understand the health needs of the Aboriginal community and to

provide culturally appropriate care.

Care Coordinators:
Care Coordination includes:
• Supporting eligible clients to understand their health needs and navigate the health system
• Liaising with general practice to assist clients to get the care they need
• Facilitating access to the most appropriate services in a timely manner
• Developing and maintaining relationships with local community organisations to promote the ITC program and ensure that clients are aware of available resources
• Providing appropriate clinical care and arranging treatment options in accordance with the client's care plan
• Working with the client's family and support networks to ensure that the client's emotional and social wellbeing needs are considered

Outreach Workers:
Outreach Work includes:
• Supporting Care Coordinators to engage clients and their families
• Supporting Aboriginal clients to access health services, attend appointments and manage access to prescribed medications
• Encouraging clients to engage in services that can improve health outcomes
• Linking clients with local Aboriginal community through support to attend social and emotional wellbeing groups
• Identifying barriers to health care access for their clients and supporting Care Coordinators and IHPO's to develop strategies to improve client access

Indigenous Health Project Officers:
Indigenous Health Project Officer activities include:
• Providing general practice and primary care engagement and support
• Increasing awareness of the Practice Incentive Payment Program's Indigenous Health Incentive (PIP IHI)
• Facilitating access to Cultural Awareness Training opportunities for general practice, allied health and community services
• Developing and maintaining culturally appropriate resources for Aboriginal and Torres Strait Islander populations
• Building capacity of the Aboriginal and non-Aboriginal workforce to deliver culturally appropriate services
• Utilising NWMPHN communication channels to provide information on Closing the Gap measures, National Awareness Days and other important Aboriginal and Torres Strait Islander information.

The positions engaged in the program are summarised in the table below including by the PHN or commissioned organisation(s), including AMS*, mainstream primary care service or PHN:

Workforce Type	FTE	AMS	MPC	PHN
Indigenous Health Project Officers	2.0			2.0 FTE
Care Coordinators	4.0	1.0 FTE	3.0 FTE	0
Outreach Workers	4.0	2.0 FTE	2.0 FTE	0

NWMPHN and commissioned organisations will provide appropriate support and development activities for the ITC workforce that will include:

Provision of peer support and networking opportunities through regular meetings with all Care Coordinators and Aboriginal Outreach Workers. These meetings will enable sharing of case studies, approaches to client work (problem solving), resources and hearing from presenters to best meet identified needs.

Provision of training, workforce development and capacity building activities (including conference attendance) to support skills development and enhancement of high-quality service provision.

Provision of on the job learning and mentoring approaches in collaboration with other PHNs as appropriate.
Commissioned providers are being supported to deliver ITC within a holistic Social Emotional Wellbeing (SEWB) context through investment of Commonwealth psychosocial support schedule resources to complement ITC activity and funding. The psychosocial activity will provide group-based activities and one to one support aimed at capacity strengthening and life skills building.
*AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Health conditions - Focus on patient and carer education of conditions and improving health literacy of older adults regarding their health conditions (4.2.25)	187
Primary health care - Improve health and system literacy among at-risk cohorts (6.1.12)	190
Primary health care - Increase access to flexible models of care to improve reach to at-risk cohorts (6.1.4)	190
Health conditions - Increase access to early intervention health programs to reduce the burden of chronic diseases and preventable deaths (4.2.1)	186
Health conditions-Increase access and coordinated care with culturally aware/diverse providers for people from diverse backgrounds with chronic conditions, while building GP capability and MDC (4.2.9)	186
Aboriginal and Torres Strait Islander Health - Increase access to fully subsidised primary care and allied health services to provide early assessment, preventive care and referral (1.1.1)	183
Aboriginal and Torres Strait Islander Health - Mandate cultural safety training in mainstream services to understand historical and contemporary impacts of colonisation and racism (1.1.9)	183

Activity Demographics

Target Population Cohort

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

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Darebin - North	20902
Maribyrnong	21303
Essendon	20603
Keilor	21001
Yarra	20607
Hobsons Bay	21302
Sunbury	21004
Melton - Bacchus Marsh	21304
Macedon Ranges	21002
Melbourne City	20604
Moreland - North	21003
Brunswick - Coburg	20601
Wyndham	21305
Tullamarine - Broadmeadows	21005
Brimbank	21301
Darebin - South	20602

Activity Consultation and Collaboration

Consultation

NWMPHN's Reconciliation Action Plan (RAP) identifies clear strategies for consultation to enhance commissioning and capacity building approaches to improve the health and wellbeing of Aboriginal people across the catchment. There are a range of mechanisms in place across the commissioning cycle to facilitate consultation, including through the Clinical and Community Advisory Councils, expert advisory groups, Aboriginal Health Expert Advisory Group and consumer and community forums.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience. This is particularly important with our work with the Aboriginal community and is reinforced through our commitments in our endorsed RAP.
NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services, and this will be a key feature for the ITC program over the coming years.

Collaboration

Stakeholder engagement and co-design approaches will underpin collaborative efforts to ensure the ITC program is structured to best meet the needs of local Aboriginal communities. These activities will promote integrated service responses and be focused on ensuring a transparent and robust process of engagement is undertaken.

Key stakeholders include, but are not limited to, Aboriginal community members, Aboriginal Community Controlled Organisations, mainstream community health services, general practice, local hospital networks, pharmacy, allied health providers, NGOs, local governments and Victorian Government Departments.

Activity Milestone Details/Duration

Activity Start Date

24/06/2019

Activity End Date

26/06/2027

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2027

Other Relevant Milestones

NA

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?

Co-design or co-commissioning comments

ITC - 2 - Culturally competent mainstream services_AWP 26/27

Activity Metadata

Applicable Schedule *

Integrated Team Care

Activity Prefix *

ITC

Activity Number *

2

Activity Title *

Culturally competent mainstream services_AWP 26/27

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Other Program Key Priority Area Description

Aim of Activity *

Improve access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health, and commissioned services) for Aboriginal and Torres Strait Islander people.

Description of Activity *

There are a range of activities designed to enhance the provision of culturally safe health service delivery. These include:

• Provision of cultural safety training for mainstream primary health care providers and commissioned services
• Delivery of Quality Improvement packages, training and resources for General Practice and commissioned providers
• General Practice support provided to promote the Indigenous Health Incentive payments for registered general practices in the region
• Pharmacy visits to support culturally appropriate interventions and assist to ensure Co-Payment Incentive measures are correctly dispensed
• Analysis of data to identify mainstream general practices who support large numbers of Aboriginal clients and working with these practices to improve best practice care
• Support for general practices with limited numbers of Aboriginal patients to improve capacity to be culturally appropriate

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Health conditions - Focus on patient and carer education of conditions and improving health literacy of older adults regarding their health conditions (4.2.25)	187
Primary health care - Enhance collaboration & partnerships among public & private service providers, community services, & primary care to develop coordinated shared models of care (6.3.2)	190
Primary health care - Improve health and system literacy among at-risk cohorts (6.1.12)	190
Primary health care - Improve health sector capability to implement data driven quality improvement to measure patient experience and health outcomes (6.3.9)	190
Health conditions - Increase access to early intervention health programs to reduce the burden of chronic diseases and preventable deaths (4.2.1)	186
Health conditions-Increase access and coordinated care with culturally aware/diverse providers for people from diverse backgrounds with chronic conditions, while building GP capability and MDC (4.2.9)	186
Aboriginal and Torres Strait Islander Health - Improve integrated care pathways between mainstream mental health services, ACCHOs & ACCO services to provide an inclusive/safe/holistic approach(1.2.4)	183
Aboriginal and Torres Strait Islander Health - Mandate cultural safety training in mainstream services to understand historical and contemporary impacts of colonisation and racism (1.1.9)	183

Activity Demographics

Target Population Cohort

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

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Darebin - North	20902
Maribyrnong	21303
Essendon	20603
Keilor	21001
Yarra	20607
Hobsons Bay	21302
Sunbury	21004
Melton - Bacchus Marsh	21304
Macedon Ranges	21002
Melbourne City	20604
Moreland - North	21003
Brunswick - Coburg	20601
Wyndham	21305
Tullamarine - Broadmeadows	21005
Brimbank	21301
Darebin - South	20602

Activity Consultation and Collaboration

Consultation

NWMPHN's Reconciliation Action Plan (RAP) identifies clear strategies for consultation to enhance commissioning and capacity building approaches to improve the health and wellbeing of Aboriginal people across the catchment. There are a range of mechanisms in place across the commissioning cycle to facilitate consultation, including through the Clinical and Community Advisory Councils, expert advisory groups, Aboriginal Health Expert Advisory Group and consumer and community forums.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience. This is particularly important with our work with the Aboriginal community and is reinforced through our commitments in our endorsed RAP.

NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services, and this will be a key feature for the ITC program over the coming years.

Collaboration

Stakeholder engagement and co-design approaches will underpin collaborative efforts to ensure the ITC program is structured to best meet the needs of local Aboriginal communities. These activities will promote integrated service responses and be focussed on ensuring a transparent and robust process of engagement is undertaken.
Key stakeholders include, but are not limited to, Aboriginal community members, Aboriginal Community Controlled Organisations, mainstream community health services, general practice, local hospital networks, pharmacy, allied health providers, NGOs, local governments and Victorian Government Departments.

Activity Milestone Details/Duration

Activity Start Date

23/06/2019

Activity End Date

26/06/2027

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2027

Other Relevant Milestones

NA

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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?

NA

Co-design or co-commissioning comments

NWMPHN is committed to engagement and partnership with community, consumers and their families and clinicians at all key phases of the commissioning and project lifecycles (needs assessment, planning and design, service procurement, implementation and monitoring and evaluation).

Co-design methodologies will be employed to ensure service users and clinicians have genuine input in the design and development of interventions that may be generated.
NWMPHN's parent body, Melbourne Primary Care Network, has a Stakeholder Engagement Framework and a Community Participation Plan that outlines the role of consumers at all levels of the organisation's work. We are also developing a Clinical Participation Plan and an Aboriginal Engagement Guide.

NWMPHN has access to data and insight on community need, existing service provision and service evaluations. This information is included in the design of projects, programs, and services to ensure that they address the prioritised needs of the community, and that appropriate level of funding is available to deliver these services. We do this by:
• Exploring and identifying problems and their root causes
• Co-designing and testing better solutions with the right people.
• Working with our partners to implement programs and to achieve agreed outcomes.
• Reviewing each program to assess what it achieved and what we can learn to build even better services in the future.

ITC - 3 - Alignment of activities to the National Agreement on Closing the Gap and priority reforms 26/27

Activity Metadata

Applicable Schedule *

Integrated Team Care

Activity Prefix *

ITC

Activity Number *

3

Activity Title *

Alignment of activities to the National Agreement on Closing the Gap and priority reforms 26/27

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Other Program Key Priority Area Description

Aim of Activity *

To close the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within our region.

Description of Activity *

There are a range of activities designed to close the health and life expectancy gap that relate to the following priority reforms: Formal partnerships and shared decision making, Building the community-controlled sector and, Shared access to data and information at a regional level.

These include:
• Supporting eligible clients to understand their health needs and navigate the health system
• Liaising with general practice to assist clients to get the care they need
• Facilitating access to the most appropriate services in a timely manner
• Working with the client's family and support networks to ensure that the client's emotional and social wellbeing needs are considered
• Developing and maintaining relationships with local community organisations to promote the ITC program and ensure that clients are aware of available resources
• Provision of cultural safety training for mainstream primary health care providers and commissioned services

• Working with ACCHOs and other orgs to improve collection and use of data to understand service use and effectiveness
• Analysis of data to identify mainstream general practices who support large numbers of Aboriginal clients and working with these practices to improve best practice care

In relation to Priority 3 (Transforming government organisations), NWMPHN is implementing an Innovate Reconciliation Action plan which includes activities designed to embed meaningful cultural safety within the organisation, opportunities to learn about Aboriginal and Torres Strait Islander history and cultures, identify and eliminate racism and, build partnerships with Aboriginal and Torres Strait Islander owned and led organisations and business across our region.

The Integrated Team Care (ITC) program, as advised by the Department, is expected to transition funding and delivery arrangements to First Nations community control from 2027/28, likely under one of four models the Department is developing, through an Expression of Interest (EOI) process expected to open mid-2026.
NWMPHN will continue to engage and work with existing service providers, community-controlled organisations and other stakeholders, to engage, consult and plan to support transition in line with the parameters to be established by the Department.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Aboriginal and Torres Strait Islander Health - Improve integrated care pathways between mainstream mental health services, ACCHOs & ACCO services to provide an inclusive/safe/holistic approach(1.2.4)	183
Aboriginal and Torres Strait Islander Health - Mandate cultural safety training in mainstream services to understand historical and contemporary impacts of colonisation and racism (1.1.9)	183

Activity Demographics

Target Population Cohort

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

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Stakeholder engagement and co-design approaches will underpin collaborative efforts to ensure the ITC program is structured to best meet the needs of local Aboriginal communities. These activities will promote integrated service responses and be focused on ensuring a transparent and robust process of engagement is undertaken.

Key stakeholders include, but are not limited to, Aboriginal community members, Aboriginal Community Controlled Organisations, mainstream community health services, general practice, local hospital networks, pharmacy, allied health providers, NGOs, local governments and Victorian Government Departments.

NWMPHNs Reconciliation Action Plan (RAP) identifies clear strategies for consultation to enhance commissioning and capacity building approaches to improve the health and wellbeing of Aboriginal people across the catchment. There are a range of mechanisms in place across the commissioning cycle to facilitate consultation, including through the Clinical and Community Advisory Councils, expert advisory groups, Aboriginal Health Expert Advisory Group and consumer and community forums.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience. This is particularly important with our work with the Aboriginal community and is reinforced through our commitments in our endorsed RAP.

NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services, and this will be a key feature for the ITC program over the coming years.

An evaluation of the ITC program, an identification of needs across the region for this target group, and a number of in-depth consultations and co-design opportunities with currently contracted providers, consumers and other members of the community, were undertaken to analyse the success of the program. Through this process, areas for improvement were identified, and a refreshed program framework was developed and commissioned for 2022-23 and 2023-24.

NWMPHN has established an Aboriginal Health Advisory Group who meet quarterly to discuss issues pertinent to NWMPHN and the Aboriginal communities in our region. This group consists of Aboriginal people who either work or reside in our region and they provide advice and guidance to NWMPHN on a range of topics including culturally responsive commissioning, building cultural safety in mainstream organisations and evolving health needs in the region.

Collaboration

Stakeholder engagement and co-design approaches will underpin collaborative efforts to ensure the ITC program is structured to best meet the needs of local Aboriginal communities. These activities will promote integrated service responses and be focussed on ensuring a transparent and robust process of engagement is undertaken.

Key stakeholders include, but are not limited to, Aboriginal community members, Aboriginal Community Controlled Organisations, mainstream community health services, general practice, local hospital networks, pharmacy, allied health providers, NGOs, local governments and Victorian Department of Health.

Activity Milestone Details/Duration

Activity Start Date

28/06/2023

Activity End Date

26/06/2027

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2027

Other Relevant Milestones

N/A

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
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?

Co-design or co-commissioning comments

N/a

ITC-Op - 1000 - ITC Operational_AWP 26/27

Activity Metadata

Applicable Schedule *

Integrated Team Care

Activity Prefix *

ITC-Op

Activity Number *

1000

Activity Title *

ITC Operational_AWP 26/27

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments