

Prevention Investment

*Agenda and pre-reading pack
7th Wellbeing Government
Roundtable*

Friday 28 November 2025
2:00 pm – 3:30 pm (AEDT)



About CPD & the Wellbeing Government Roundtables

The Centre for Policy Development is an independent policy institute based in Sydney, Melbourne, Canberra and Jakarta. We seek a fair, sustainable society and wellbeing economy that serves current and future generations in Australia and Southeast Asia.

The [Wellbeing Government Focus Area](#) is about entrenching wellbeing at the heart of Australian policy making. It works to embed a wellbeing approach to government in the minds of leaders and in the processes of policy design, decision-making and implementation. The initiative connects an influential network of leaders and practitioners to spearhead this agenda.

CPD's Wellbeing Government Focus Area hosts Wellbeing Government Roundtables twice per year. This convening event brings together senior public servants within the Commonwealth and across states and territories along with subject matter experts within health departments and agencies.

Seventh Wellbeing Government Roundtable: Prevention

CPD is convening this roundtable to further the momentum for cross-jurisdictional action on preventive investment and to develop practical ideas for implementation. The discussion builds on the momentum generated by the Productivity Commission's (PC) interim report, *Delivering quality care more efficiently*, which calls for a **National Prevention Investment Framework**. The roundtable discussion aims to:

- Identify features of an effective **cross-jurisdictional investment mechanism**, learning from current and past examples from across Australia and overseas. Importantly, this is not just about cost sharing (something we have substantial experience with) but also about benefit sharing between jurisdictions.
- Create clarity on **where and how to invest** to build capability and achieve savings. It may be that health is the area best suited to pilot programs or initial investments due to the high standard of existing evidence and the broad-based agreement on need.

This meeting leverages CPD's research (including [Banking the Benefits](#), [Avoidable Costs](#), and [Productivity with Purpose](#)) to focus on practical implementation in light of the PC's draft recommendations and soon to be delivered final report.

Participants

Alex Petrillo	Acting Director, Treasury (NSW)
Alison Roberts	Commissioner, Productivity Commission
Andrew Hudson	CEO, Centre for Policy Development
Annabel Brown	Deputy CEO, Centre for Policy Development
Brenton Goldsworthy	Deputy Chief Statistician, ABS
Cassandra Wilkinson	Executive Director of Centre for Evidence, Treasury (NSW)
Chris Barrett	Secretary, Department of Treasury and Finance (VIC)
Cliff Eberly	Policy Director, Centre for Policy Development
Diane Bowles	Policy Advisor, Centre for Policy Development
David Thannhauser	Director, Social Policy, Premier and Cabinet (QLD)
Emily Lancsar	Chief Health Economist, Australian Government Department of Health, Disability and Ageing
Fiona Hunt	Deputy Director General, Aboriginal Engagement and Community Policy, Department of Premier & Cabinet (WA)

Katherine Trebeck	Strategic Advisor - Wellbeing, Centre for Policy Development; Co-founder of WEAll Global
Kellie Horton	Director, Policy, Equity and Prevention - Mental Health and Wellbeing Division, Department of Health (VIC)
Marina Bowshall	CEO, Preventive Health SA
Matt Donoghue	Director EIIIF, Treasury and Finance (VIC)
Nicole Ducker	Senior Policy Advisor, Centre for Policy Development
Nicole Hughes	Acting Executive Director, Prevention and Health Promotion - Mental Health and Wellbeing Division, Department of Health (VIC)
Lauren Clift	Senior Director, Wellbeing Evidence, Insights and Budgeting (ACT)
Robert Gotts	Executive Branch Manager, Wellbeing Team, Policy and Cabinet Division (ACT)
Suzanne Butler	Director Australian Centre for Evaluation, Commonwealth Treasury
Warwick Smith	Research Director, Centre for Policy Development.
Xuan Deng	Director, Performance Budgeting Frameworks, Treasury (NSW)

This roundtable will be held under the Chatham House Rule. This means that participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s) may be revealed. CPD intends to produce a publicly available summary of the roundtable that will include a participant list. No piece of information will be attributed to any specific participant. **If you wish to opt out of being included in the public participation list, please let us know.**

Agenda

Time (AEDT)	Agenda Item
2:00 PM	Welcome, Acknowledgement of Country and Introduction
2.05 PM	Background and context Highlight the current emphasis on prevention through the Productivity Commission inquiry.
2.15 PM	Discussion: What would it take to make this work Identifying what can be learned from existing funding mechanisms to inform how we invest in prevention and identifying how to share benefits in addition to costs.
2.45 PM	Discussion: What are the ready-made investments Exploring areas of health prevention policy that could be initiated or expanded that will help to build the capability needed to analyse costs and savings.
3.00 PM	Discussion: How to advance Identify the role clarity, accounting mechanisms, agreements and supporting evidence needed to confidently expand prevention investment and broaden to more complex or interconnected areas of public policy.
3.25 PM	Summary and closing

Background - PC Interim report and recommendations

Draft recommendation 3.1 - Establish a National Prevention Investment Framework

The Australian Government should **work with state and territory governments** to establish a National Prevention Investment Framework. This framework should:

be implemented through a **Prevention Framework Advisory Board (PFAB)** and a funding mechanism, such as a **National Prevention Investment Fund**

support governments to **invest in prevention programs** that improve outcomes and reduce demand for future acute care services

provide an ongoing basis for co-funding between the Commonwealth, state and territory governments, **recognising that long-term benefits fall across sectors and levels of government**

identify value for money programs through **rigorous assessment and evaluation**

How could this work - some funding model examples

Model 1: Victorian Early Intervention Investment Framework	Model 2: Social Impact Bonds	Model 3: Commonwealth Outcomes Fund	Model 4: Swedish Social Investment Funds
Type: Systemic Budgeting Tool	Type: Outcomes-Based Contract	Type: National Outcomes-Based Fund	Type: Revolving Investment Fund
Mechanism: Changes fiscal rules to bank the budget benefits of early intervention.	Mechanism: Government pays for verified social outcomes, not service inputs.	Mechanism: capital for states, territories, and providers for achieving agreed outcomes.	Mechanism: A self-sustaining, revolving fund for preventative projects.
<ul style="list-style-type: none"> - Estimates future cross-portfolio savings and includes them in the upfront budget costing. - Overcomes the "wrong pocket" problem where one department pays and another saves. - Tracks actual savings. 	<ul style="list-style-type: none"> - Government repays investors only if pre-agreed, measurable social outcomes are achieved. - Transfers implementation and performance risk from government to investors. 	<ul style="list-style-type: none"> - A fund to grow social impact investing and fund outcomes-based contracts. - Aims to build the evidence base for what works and improve collaboration. 	<ul style="list-style-type: none"> - Resulting savings are rigorously calculated, tracked, and <i>returned</i> to the SIF. - Paybacks conditional on actual, realised savings, driving accountability.

Key Questions:

What do we know about how these mechanisms work that can be applied to prevention investment?

What can we learn from the [National Partnership Agreement on Preventive Health](#) (ended June 2015)?

How do you mainstream prevention as a core part of fiscal process, not as an arms-length fund?

The evidence in health prevention

CPD conservatively estimates that Australian governments spend between \$18 billion and \$29 billion annually treating preventable diseases within the health system.

A number of reports released in the past 15 years have made the case for preventive investment - identifying areas of health prevention policy that provide improved outcomes and value for money.

Prevention investment requires a 5-10 year commitment to begin to identify savings. A longer-term commitment is required for more complex interventions.

Sources:

https://public-health.uq.edu.au/files/571/ACE-Prevention_final_report.pdf

[Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, second edition. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO.](#)

[Masters R, Anwar E, Collins B, Cookson R, Capewell S. Return on investment of public health interventions: a systematic review. J Epidemiol Community Health. 2017 Aug;71\(8\):827-834. doi: 10.1136/jech-2016-208141. Epub 2017 Mar 29. PMID: 28356325; PMCID: PMC5537512.](#)

Key Question:

What are the ready-made areas for investment in health?

- Reducing harm related to drug, alcohol and tobacco use and vaping e.g. closing loopholes that allow exceptions to smoke-free settings, higher standards for alcohol marketing towards children and youth.
- Addressing diet related risks - including obesity, cardiovascular disease and diabetes e.g. by introducing a Health Star Rating system, health levy to encourage reformulation and reduce consumption of sugar sugar-sweetened beverages.
- Boosting participation in Australia's existing cancer screening and immunisation programs.

Key Question:

And how could we go further upstream?

- Boosting welfare payments for families with children to address childhood poverty.
- Prioritising investment in psychosocial support for mental health.

Initial investment can lay the foundation for a new approach to government

Key Question:

What is needed to make cross-portfolio/cross jurisdictional responsibility and decision making work?

- Intentionally broadening narrow institutional remits so that joint approaches to addressing complex challenges become the norm.
- Piloting cross-jurisdictional agreements for savings, offsetting for early intervention or prevention initiatives that deliver second round fiscal savings outside of the enacting department/government's jurisdiction.
- The establishment of avoidable costs units to support line agencies to model failure demand, identify avoidable costs, and build the internal capacity needed for upstream, preventative budgeting.
- Better balanced decision-making between the principles of accounting **and** value. A focus on quantification alone cannot deliver transformative change.

Singapore's *Healthier SG*: A Whole of Government Approach to Prevention and Healthier Lives

Launched in 2023 to move from treatment to prevention.

Core Partners

- **Ministry of Health:** Leads system shift to prevention
- **Agency for Integrated Care:** Connects health & community care
- **Health Promotion Board:** Drives health promotion & prevention
- **Public Health Clusters:** Co-develop chronic care protocols
- **Private GPs:** Frontline for enrolment & life-course care
- **Community Partners:** Support active ageing & connection

Whole-of-Government Enablers

- **SG Green Plan & NParks:** Green, active environments
- **Housing and Development Board:** Health-oriented public housing, connecting to Park Connector Network, connecting communities for social connection
- **Cross-Agency Task Forces:** Align health, ageing, transport & sustainability
- **Education & Workforce Agencies:** Build health literacy & care skills

CPD'S research and recommendations on prevention

CPD's recent body of work has focused on framing prevention as a core fiscal and wellbeing strategy, offering recommendations on the structural and fiscal conditions required to prioritise long term wellbeing.

- **(2024) Banking the Benefits** - Proposes changes to our federal Budget Process Operational Rules to incentivise long-term wellbeing. The report tackles the fiscal bias against prevention investment by recommending essential reforms to formally recognise Second Round Fiscal Effects (SRFEs) and to extend budgeting timeframes to up to 25 years.
- **(2025) Embedding Progress** - Drawing on six essential principles, this report provides an institutional blueprint for shifting government processes and culture towards more holistic and long-term decision and policy making. Overcoming barriers to greater investment in prevention will require attention to all six principles and an appreciation of existing incentives, accountability, culture and processes.
- **(2025) Avoidable Costs** - Quantifies the fiscal burden of 'failure demand' (existing spending on harms that could have been prevented). Using child poverty, preventable disease and chemical pollution as case studies, it advocates for an Avoidable Costs Unit within Treasury to model potential savings from upstream investment.
- **(2025) Productivity with Purpose** - Reframing productivity as a tool to achieve social and environmental goals, rather than an end in itself, this report brings together CPD's contributions to the Productivity Commission's five productivity inquiries, laying out practical, achievable reforms that not only boost productivity but also deliver long-lasting benefits for people, communities, and the environment - including input into to development and implementation of a national prevention framework.

Going further upstream:

Upstream thinking involves a more comprehensive, system-based approach that seeks to understand the economic, social and institutional structures underlying these problems. CPD continues to emphasise the need to focus on upstream interventions - going to the nature and structure of the economy itself.



For any questions or enquiries contact Maria
maria.cardoso@cpd.org.au