

The Health Revolution - Tasmania's 20-Year Preventive Health Strategy

Centre for Policy Development Submission, February 2026

Recommendations:

- The strategy should continue its focus on economic drivers of wellbeing throughout implementation.
- The department should adjust its internal accountability structures to direct effort towards the five pillars in the strategy via the methods discussed in [Embedding Progress](#).
- The 20-year strategy should align with the Tasmanian Department of Premier and Cabinet's [Wellbeing Framework](#) and [Sustainability Strategy](#), the Commonwealth's [Measuring What Matters framework](#), and the [National Agreement on Closing the Gap](#).
- The department should emphasise collaboration and capability-building when working with local governments to implement preventive health programs, guided by Victoria's [Local Government Partnership Program](#) and South Australia's [Wellbeing Hubs and Regional Partnerships](#).
- Create an interdepartmental committee to oversee implementation of the strategy. Membership should include agencies across the Tasmanian government, and the committee should be co-chaired with the Department of Premier and Cabinet.
- Create an advisory body with representatives from local government, Tasmania's First Nations peoples, the community, people with lived experience, and care practitioners from across health and the human services. Build accountability mechanisms to this body to ensure the interdepartmental committee implements this group's advice.
- The strategy's funding model should consider the long-term costs and savings and multi-dimensional wellbeing impacts of proposed policies and programs, and the Health or Treasury and Finance department should build capability for the required analysis in line with Recommendation 3.2 of the Productivity Commission's [Delivering Quality Care More Efficiently report](#).
- The evaluation and learning framework for the strategy should include mechanisms that continuously embed learnings into practice akin to [South Australia's Child and Family Support System](#) and Tasmania's [Regional Jobs Hubs](#).
- Reframe language around "high-burden areas" to "promoting equity by uncovering and investing in community strengths".

The Centre for Policy Development (CPD) supports the Tasmanian Government's commitment to a 20-Year Preventive Health Strategy. CPD also supports the five pillars the government has chosen. This submission will focus on consultation question five: how the strategy should be implemented. CPD is pleased to see the minister refer to the strategy as "an economic reform opportunity" in her foreword to the exposure draft. It is also good to see the commercial determinants of health, workforce participation and income as subpillars in the strategy. **It is essential that this understanding of the economy as a key driver of wellbeing outcomes continues throughout the implementation of the strategy.** The Department of Health, working with other Tasmanian agencies, can look at our publications [The wellbeing economy in brief](#) and [Productivity with Purpose](#) for more details on how to achieve this.

CPD's report [Embedding Progress](#) outlines how enhancing public wellbeing requires embedding government goals (e.g., the 20-year strategy's five pillars) into departmental

cultures and infrastructure. The five action plans and the toolkit outlined in the strategy already demonstrate many of the recommendations from Embedding Progress. The Department of Health should also **structure its internal accountability processes to promote actions that feed into the strategy's five pillars**. This includes the key performance indicators, position descriptions and performance review processes for public servants. The strategy notes that the government will develop the prevention workforce, but this means little if this workforce and other public servants are not incentivised to promote preventive health.

It is essential the Health Department **aligns the 20-year strategy with frameworks and strategies from other departments and jurisdictions**, particularly given its focus on the non-health benefits of preventive health. The first action plan mentions taking stock of what initiatives already exist. As part of this, the department should align the 20-Year Preventive Health Strategy with the [Wellbeing Framework](#) and [Sustainability Strategy](#) developed by the Tasmanian Department of Premier and Cabinet. The department should also align the strategy with the Commonwealth's [Measuring What Matters framework](#) and the priority reforms in the [National Agreement on Closing the Gap](#) to ensure shared direction with the federal government.

Collaboration with local governments is essential for the successful implementation of preventive health, and CPD is pleased to see that Tasmania's strategy acknowledges this. Local governments hold responsibility for many of the strategy's sub-pillars, such as through their role in urban planning and the delivery of certain community services. However, local governments have gained additional responsibilities in recent decades without a corresponding increase in funding, [negatively impacting their financial sustainability](#). Our ongoing research has shown that state governments often expect local governments to deliver state public health priorities without providing adequate resourcing or support. In contrast, state initiatives that successfully improve public health at the local level tend to integrate preventive health programs into councils' core business, fund local government capability-building, and centre partnership between the state and local government. Successful examples include Victoria's [Local Government Partnership Program](#) and South Australia's [Wellbeing Hubs and Regional Partnerships](#). **In collaborating with local governments to implement the 20-year strategy, the Department of Health should consider a collaborative approach akin to that of Victoria and South Australia.**

Cross-department and government collaboration can be further enhanced by **creating an interdepartmental committee that includes representatives from across Tasmanian departments to oversee implementation of the strategy**. The Health Department should co-chair this committee with the Department of Premier and Cabinet, as is the case with the interdepartmental committee that governs [Victoria's Public Health and Wellbeing Outcomes Framework](#). Co-chairing with a central agency would better embed the strategy and good preventive health policy across the Tasmanian government. Alongside the interdepartmental committee, **the Department should create an advisory group with representatives from local government, Tasmania's First Nations peoples, the community, people with lived experience, and care practitioners from across health and the human services**. Peak bodies could represent local governments and care practitioners, such as the [Local Government Association Tasmania](#). People with lived experience could be represented by forming or making use of an existing consumer group, while Aboriginal and non-Indigenous community representation could be elicited by inviting leaders from existing community-controlled organisations. Lived experience and community participants should be

remunerated for their expertise, and there should be funding dedicated to removing any barriers to participation that community representatives might face. The Lived Experience Leadership and Advocacy Network provides a [toolkit for authentically embedding lived experience in governance](#) that provides guidance here. **It is essential that the interdepartmental committee is accountable to the advisory group**, and the department should clearly outline what these accountability mechanisms will be as early as possible within the strategy's implementation. As an example of what these accountability mechanisms might look like, in [South Australia's Child and Family Support System](#), government executives regularly report back to the system's lived experience advisors on how the government is implementing their advice via quarterly meetings.

Under the new funding model proposed in the strategy, **funding decisions should consider the long-term fiscal and wellbeing impacts of policies and programs (including second-round fiscal effects)**, not just immediate costs and outputs. These reforms are likely better performed by the Department of Treasury and Finance given their central role in managing government expenditure, but with cross-department collaboration via the interdepartmental committee. Reforms to funding decision-making would enable the Tasmanian government to invest in the areas of preventive health that will elicit the greatest impact. Such funding decisions would require **building out the Health and Treasury and Finance Departments' capability for estimating and tracking long-term costs and savings**, as noted in Recommendation 3.2 of the Productivity Commission's [Delivering Quality Care More Efficiently report](#). Victoria's [Early Intervention Investment Framework](#) is an Australian example where this has already been achieved, and might provide a model for similar reforms in Tasmania. In addition to long-term fiscal impacts, wellbeing impacts should be considered in funding decisions. The ACT government's [Wellbeing Impact Assessment tool](#) supports public servants to create Cabinet Submissions and Budget proposals that consider wellbeing impacts across domains via an easy-to-use [template](#). A similar tool could be developed for preventive health policy proposals in Tasmania.

The strategy's inclusion of an evaluation and learning framework is an excellent choice. It is essential that these learnings continuously inform the implementation and design of Tasmanian preventive health policy. In [South Australia's Child and Family Support System](#), the Department of Human Services uses statewide communities of practice, a Lived Experience Network and contract management conversations with non-government providers to share best practice throughout the system, from organisational executives to regional managers to the care workers on the ground. The Tasmanian government already has this capability in its employment portfolio via the [Regional Jobs Hubs](#). Learning among these hubs is enabled by collaborating with a learning partner to evaluate outcomes and feedback insights and a community of policy and practice that allows on-the-ground learnings to be shared between the various hubs. Learning from these existing examples, the Tasmanian Department of Health should **design various mechanisms through which findings from its evaluation and learning framework directly and continuously feed into policy making and program delivery**.

In addition to the primary recommendations around how to embed the 20-year strategy, CPD has a smaller suggestion for the exposure draft. Page 28 references starting in "high-burden areas". We suggest **reframing the language to be about promoting equity by uncovering and investing in community strengths**. These areas are made up of real people and their experiences of poor wellbeing are largely driven by systemic factors outside of their control. As a result, the term "burden" is stigmatising.