

2021 / 2022

ANNUAL REPORT

JULY 2021 - JUNE 2022



Dandjoo Darbalung mural



HEALTH CONSUMERS'
COUNCIL



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Acknowledgement of Country

Health Consumers' Council (WA) Inc. acknowledges Aboriginal and Torres Strait Islander peoples and communities as the Traditional Custodians of the land we work on, specifically the Whadjuk people of the Noongar nation, and pay our respects to Elders past, present and emerging. We recognise that sovereignty was never ceded.

Acknowledgement of lived experience

HCC acknowledges the individual and collective expertise of those living with health challenges. We recognise their vital contribution at all levels and value the courage of those who share this unique perspective for the purpose of partnering to achieve better health outcomes for all.

Diversity and Inclusion

We are committed to cultivating inclusive environments for staff, consumers, and external bodies of all backgrounds, genders, sexualities, cultures, bodies, and abilities; recognising and fighting against the systemic discrimination faced by many people within WA's healthcare system.

About Health Consumers' Council WA

Health Consumers' Council (WA) Inc. (HCC) has been serving the health consumers of Western Australia since 1994. HCC is an independent voice advocating for people in health services and the health system and offers a unique perspective on health policy and service delivery matters.

VISION

Equitable, person-centred, quality healthcare for all West Australians.

PURPOSE

To increase the capacity of all people to influence the future direction of health care and to make informed choices.

VALUES



Respect: valuing diversity and seeking everyone's contribution



Kindness: considering other people's world views, experiences and emotions



Equity: advocating for the whole community



Working together: collaborating to achieve positive outcomes



Integrity: aligning actions with our values and measuring outcomes to continuously improve



Empowerment: sharing knowledge and resources to support informed choice and positive change

Chair's Report

Another year with significant challenges has flown by, and I firstly want to thank the Management Committee for their commitment to the work of Health Consumers' Council (WA) Inc. (HCC), especially in support of the leadership. After many years of dedication to the advocacy field, and with seven years in service to HCC, we waved farewell to Executive Director Pip Brennan, who decided to leave in pursuit of new opportunities and her life-long passion for writing. This vacancy allowed for a transitional approach with Clare Mullen taking on the role of interim ED, while the Management Committee completed an open recruitment process. In April 2022 we warmly welcomed Suzanna Robertson into the fold as Executive Director, who very quickly filled the shoes required to influence government and guide the team through the hurdles yet to come.

Since the start of the COVID-19 (COVID) pandemic, HCC has ensured the safest possible working environments for staff and visitors, with the hybrid approach to work in the office and from home continuing. However, as the borders to other states opened in early 2022 and the reality of impacts of COVID-19 arrived in Western Australia (WA), we continued to remain vigilant around safety measures. We remained mindful of our stakeholders and carefully navigated community pressures to move to "living with COVID".

Management Committee meetings have remained online, with the format extending to the subcommittees and other meetings; mirroring the engagement team's community events and meetings that also have online formats offered. Being mindful and prepared for the ongoing implications of COVID in our community remains a priority for HCC, and I am proud to be involved with an organisation that has maintained safety measures to better safeguard our future operation and all stakeholders. Speaking with an access and inclusion hat on, online interaction has meant increased participation for all of us as we juggle lives, families, and the changes to the workforce. I am pleased to present the HCC Annual Report for 2021/22.

Mallika Macleod Chairperson

Management Committee 2021-2022

Farewell and welcome We have had some changes in our Management Committee over the year. We sincerely thank outgoing members Christine Sindley, Danae Watkins and Samantha Bradder, and welcomed new members: Gloria Jacobs, Nadia Shaw and Meredith Waters. Unfortunately Gloria Jacobs and Nadia Shaw were unable to stay with us, however we are grateful for the continued input from Meredith who additionally provides significant consumer and industry input from her regional home base in Esperance.

Board Members The following people were Board Members of the incorporated association during the whole of the financial year and up to the date of this report, unless otherwise stated:

- M Macleod – Chair
- R Brightwell – Deputy Chair
- R Carbone – Secretary
- I Ludlow – Treasurer
- R Smith
- T Tuira-Waldon
- M Crowley
- M Waters (appointed 2021)

Leadership Reports

Executive Director Report

It is a pleasure and a privilege to provide my first contribution to the Annual Report of the Health Consumers' Council (WA) Inc. (HCC), having joined the organisation as Executive Director in April 2022 and serving in the role for the last three months of the reporting period.

Since joining HCC, I have been impressed and excited by the commitment and skills of our team in amplifying the voices of people who are undervalued and overlooked in our society. We are a small team with a big voice and a keen audience. I have very much enjoyed meeting with the members of our consumer networks, who generously share their experiences of health services to inform our advocacy and engagement agenda.

Illness and injury can become a life-consuming situation for so many people, and it often feels like the system isn't designed to help us get back to our "normal lives" as quickly as possible, or to participate in our regular activities while recovering or caring. Health services are an essential part of our community because healthy people thrive. When we're doing well, we can work, study, invent things, solve problems, learn, help others, volunteer, raise children, play sport, connect with friends, and generally live our lives.

Our vision is for a Western Australia where all people receive equitable, quality and person-centred health care, and we seek to achieve that by increasing the capacity of our fellow community members to influence health care decisions and make informed choices. As outlined in the following report, we have continued to deliver on that commitment over the 2021/22 year despite being confronted with a number of challenges. I'm confident that our Management Committee and staff team have the expertise, experience and commitment to living our values so that we will continue to make a difference in the years ahead.

Our current Strategic Plan, which we reflect on in the body of this report, runs until the end of 2023. In the coming year, we will work with the Management Committee, our staff and stakeholders to define our strategy for the future. The current context for health equity is challenging, with many people continuing to experience discrimination, poor access to services, long wait times and the increased burden of disease on our State. And yet, I have a sense of optimism about the future. There were increased commitments by Government and health services to embed consumer voices in service design, governance and evaluation, as well as recognition of the proven value that consumer leadership and influence bring to decision-making that will improve the health of our community. HCC's proven capacity to collect, synthesise and deliver a knowledgeable and informed consumer perspective across the spectrum of health inequity issues means we are well placed to continue to be a strong partner of policy and decision-makers well into the future.

Suzanna Robertson *Executive Director*

Deputy Director Report

“I am not afraid of storms, for I am learning to sail my ship.”

~ Louisa May Alcott

It's fair to say that in this financial year, we had plenty of opportunities to learn to sail our ship!

After a long period with very few staff changes at Health Consumers' Council (WA) Inc. (HCC), this year we said hello and goodbye to several our team. Between September 2021 and March 2022, we said farewell to Liezl Healy, Corporate Services Manager and Carly Parry, Advocacy Manager who both left us to take up their dream jobs elsewhere. It was also a year for expanding the HCC “family” as three of our team – two of our Advocates – Sam and Brontë in December, and Rachel in our Engagement team in March – took time away from HCC to go on maternity leave. We welcomed a number of new people to HCC – including Lucy, Dani, Rachel and Lydia.

After our core funding contract with the WA Department of Health (DoH) had been extended a couple of times in light of COVID disruptions, we began the process of renegotiating this contract in earnest in December 2021, partnering with the DoH to ensure that our contracts reflect the contemporary definitions and deliverables of our services to the WA community. We also had to move offices after our long-term landlord in East Perth sold the premises, and so in May 2022 we moved to new premises in Mount Lawley.

This all happened in a year when WA, and the health system, experienced significant turbulence. At HCC we increased our efforts to advocate for consumers in relation to COVID in January 2022 as the date for borders opening was confirmed. We held several consumer and community conversations and provided feedback from these to, government leaders regularly. We received feedback that these were welcomed, and we were pleased that our efforts led to improvements in the information available to consumers.

We also mobilised the consumer, carer, and community representative community to respond to the Independent Review of the Governance of the WA Health system. We met with the Review Panel and hosted targeted discussions with metro and regional based consumer representatives.

Despite the internal changes and the external disruptions, we worked collectively as a team to deliver on several objectives and deliverables. We also responded to a significant increase in requests for our expertise to inform and undertake consumer engagement activities in our community, which is enabling us to diversify our income streams and reach more people in our community.

This financial year required a lot from the HCC staff team. It has been a pleasure to be part of a team of people with such determination, commitment and compassion for our work serving the WA community, and for each other.

Clare Mullen Deputy Director

Delivering on Our Commitments

Strategic Plan Pillar 1: Support individuals and community through advocacy and health literacy



In a call with an HCC Advocate post-surgery the consumer commented: **“hope came back to life and my surgery was done quickly. This credit goes to the Health Consumers’ Council, and I will never forget this by standing by my side for the rest of my life”.**

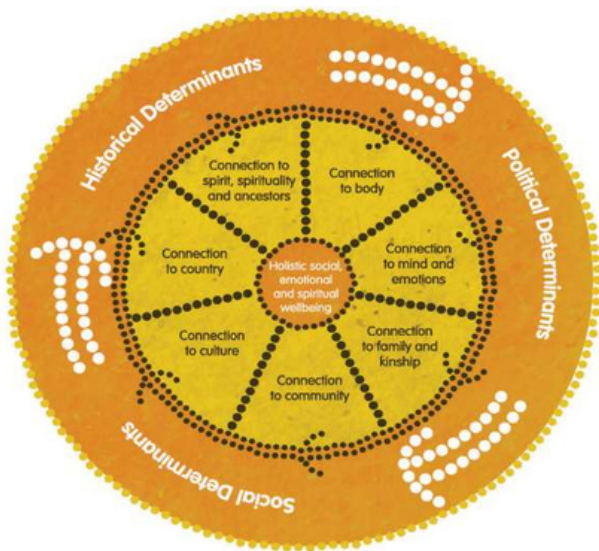
~ CaLD health consumer

HCC supports the healthcare rights of individuals by walking alongside and/or speaking, acting or writing on behalf of the advocacy client. Services are for people across WA including people living in regional and remote locations.

Intake processes continued to be refined regularly, including how we collect information about our activities. It’s important to get the right balance between the time required for data collection in order to evaluate and report on our activities in comparison to the time spent directly with clients.

We consistently have people on a waiting list for our individual advocacy service, despite not proactively advertising this service. Not advertising is a difficult choice because there are many people in the community who could benefit from individual advocacy. However, we don’t want to add to people’s distress by being unable to respond in a timely way.

HCC knows there is significant unmet demand for this service. For example, in 2021-2022 there were 32,800 clinical incidents in WA Health, and over 10,750 complaints, contacts and concerns ([WA Department of Health report, December 2021: Your Safety in Our Hands in Hospital, p 6](#)) including complex and non-complex (general) enquiries. Based on these figures – which themselves are likely to not paint the full picture – HCC is able to meet less than 10% of demand for support in relation to clinical incidents, and less than one third of support in relation to complaints, contacts and concerns under our current funding.



© Gee, Dudgeon, Schultz, Hart and Kelly, 2013
 Artist: Tristan Schultz, RelativeCreative.

Aboriginal Patient Advocacy Training

The inequity and injustice that can confront Aboriginal people in our health system can often lead to poorer health outcomes. Health advocacy plays a big part in addressing these issues. HCC partnered with the Aboriginal Health Council of WA and the National Justice Project to develop training for Aboriginal community and organisations, as well as community or health service staff who work with Aboriginal people. This aims to help support their clients and family, friends and community who are dealing with the health system.

This training helps people gain a better understanding of the barriers and enablers for Aboriginal people in our health services and systems, a deeper understanding of health rights and the important role of health advocacy. This pilot program was well-attended, and we seek funding to expand and continue delivery.



HEALTH CONSUMERS'
 COUNCIL



National
 Justice
 Project



Aboriginal
 Health Council
 of Western Australia

Strategic Plan Pillar 2:

People are able to access support to ensure diverse lived experience voices drive positive change

HCC Engagement Team's activities include targeted work to build relationships with and seek input from Aboriginal people, people from Culturally and Linguistically Diverse (CaLD) backgrounds, people living with disability, and people who are – or are interesting in becoming – consumer, carer, community or lived experience representatives. We also provide support and information to health service staff seeking to engage and partner with consumers, carers, community members or people with specific lived experience. Our services are for people across WA including people living in regional and remote locations.

Aboriginal Engagement

HCC continued work to ensure that Aboriginal consumer voices are represented strongly in health service decision-making.

HCC's Aboriginal Engagement Officer, Tania Harris, participated in a review of the Aishwarya's CARE Call resources for Aboriginal families and consumers, and organised several targeted consultations during this year.

We also worked with Ralph Mogridge and spoke with Aboriginal mental health consumers to understand their experience of mental health services as Aboriginal people. This was part of the Mental Health Commission's Review of the *Mental Health Act 2014*. Ralph Mogridge is a Noongar man with ties to Bindjareb, Yued and Gnarla Karla Boordja and Wadjuk areas of the South West of WA. He has also represented his people on the State Aboriginal Justice Advisory Council as well as the Aboriginal Lands Trust.



HCC is committed to ensuring **Aboriginal perspectives are represented**. Our Aboriginal Engagement Officer, Tania Harris, ensured Aboriginal perspectives were both on the agenda and in her participation as a Chair and member of several committees and associations:

- Chair, Consumer Advisory Council, Child and Adolescent Health Service
- Member, East Metro Health Service, Aboriginal Health Community Advisory Group – Royal Perth Hospital (RPH)
- Member, Aboriginal and Torres Strait Islander Advisory Group, Speech Pathology Australia
- Member, WA Syphilis Outbreak Response Group, Antenatal and Postnatal Working Group
- Member, WA Primary Health Alliance, Chronic Heart Failure Expert Reference Group
- Member, Communicable Disease Control Directorate, Case Management Advisory Panel
- Member, Department of Health, Recognising and Responding to Acute Deterioration, Hospital Working Group
- Member, National Weight Issues Network Lived Experience Leadership Group

Tania was also an attendee, presenter and/or collaborator, in the following activities:

- Aboriginal Health Council of WA and National Justice Project: co-development and pilot of Aboriginal Patient Advocacy Training
- People with Disabilities WA (PwDWA): delivery of Empowering Health Consumer workshops
- Care Opinion: co-design and delivery of two NAIDOC workshops
- Clinical Senate of WA – The Staff Experience: presentation from a lived experience perspective
- Enrolled Nursing Cooperative: presentation of a consumer perspective at their quarterly meetings
- Perth Ovarian Cancer Support Group: presentation of health rights information
- Contributing Aboriginal mental health consumer voices to the Mental Health Commission's review of the *Mental Health Act 2014*.



Engaging with Culturally and Linguistically Diverse (CaLD) community members

Nadeen Laljee-Curran, HCC’s Cultural Diversity Engagement Coordinator, has a Bachelor of Science (honours) and a Master of Public Health and is passionate about ensuring public health messages are accessible for everyone in the WA community. Nadeen’s expertise was central to the impact of our activities to engage and advocate on behalf of health consumers regarding COVID given the importance of this public health issue to the WA community.

Donate Life. In October 2021, funded by a grant from the Organ and Tissue Authority (OTA), HCC ran community consultation activities to seek input from Aboriginal people, and people from CaLD communities, as part of the Australian Government’s Donate Life program. This program aims to improve organ and tissue donation so more Australians have access to a transplant.

HCC held two conversations with CaLD community members engaging people from a range of cultures and religions. Participants came from countries including India, Palestine, South Africa, Zimbabwe, Singapore, Malaysia, and Vietnam, and religious beliefs systems from Pakistani Muslim, Iranian Muslim, Sri Lankan Tamil, Somalian Muslim, and Sri Lankan biracial Australian Sinhala Buddhism.

Despite the topic being considered quite “taboo” by both groups (interestingly more so by the younger group who envisaged their parents having more issues than the older group appeared to), HCC staff were able to make both groups feel at ease and the conversation flowed. Valuable insights were gathered talking about religion and whether organ and tissue donation is allowed. The discussion was also about how organ and tissue donation can be seen as positive in some religions.



Rights and Responsibilities in Healthcare. In December 2021, HCC went to the William Langford Community House to give a presentation on Rights and Responsibilities in Healthcare. In feedback following the session, attendees shared that they learned about accessing healthcare, the right to ask questions and services like Health Direct and Ambulance insurance.

I have done some Cultural Awareness training previously and this is by far one of the best sessions I have ever attended. Thanks for providing this and for the follow up resources.

Supporting Cultural Diversity in Healthcare

We ran Supporting Cultural Diversity in Healthcare workshops with Department of Health staff in August, November and June.

In the past I have abhorred participation in Zoom meetings. My experience has been that I felt uncomfortable and disengaged. This was NOT the case in this meeting. The format, pace, presentation style, interactivity, teamwork between facilitators, content, etc. were welcoming, inclusive and very effective.

Building capacity in consumer representation

HCC also ran training with consumers – Building Capacity in Consumer Representation. COVID brought the challenge and opportunity of moving to online delivery mode. The HCC team continued to refine the approach to virtual and hybrid meetings. We take pride in making special efforts to ensure our hybrid/virtual events are inclusive, enjoyable and effective.

Building productive relationships

Networking sessions for people who are involved in WA health services as consumer, carer, community or lived experience representatives were held regularly. In September 2021, HCC consumer representatives registered for a special event to hear from Dr Tina Bertilone and Dr Ben Hartmann from the WA Department of Health about the work they do on safety and quality indicators. This session included discussion of Patient Reported Outcome Measures (PROMS) and Patient Related Experience Measures (PREMS), which are being developed and refined as part of the Sustainable Health Review (SHR) implementation. HCC is proactive about ensuring health consumer representatives have opportunities to be briefed about initiatives that impact them in advance of work being done and decisions being made.

Connecting people

At HCC we believe in the power of social movement. HCC has an ambitious aim of building a positive, effective community movement in health – a network of people ready and empowered to play their role as partners in improving the health outcomes of the WA community.

We believe that to “increase the capacity of all people to influence the future direction of health care” (Our Purpose), we must create opportunities for people who are involved as consumers, carers, community members or people with lived experience to connect with each other, and to share expertise and knowledge. We believe we are stronger together than we would each be on our own.



At 30 June 2022 we had 4,786 followers across social media channels



COVID Response

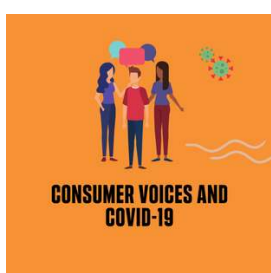
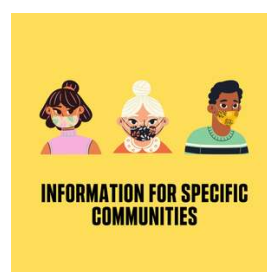
Preparing for and living with COVID. From mid-January to mid-June 2022, we applied a consumer lens to public COVID communications and social media, and consulted with consumers, consumer representatives and other stakeholders working with consumers and community to try and bring key issues to the attention of the WA Department of Health (DoH), the WA Primary Health Alliance (WAPHA), the Department of the Premier and Cabinet (DPC) and the office of the Minister for Health.

We held several “fireside chat” style conversations with health leaders and other community presentations to further inform community; shared information on our socials and in external communications; and provided feedback to the DoH and the DPC on their website information, which frequently resulted in changes to reflect consumer needs.

Consulting with the community. HCC continued to keep a “COVID Community of Interest” (with over 65 consumers) updated with COVID information. This is a State-wide network of consumers and carers who are interested in being involved on COVID responses. It is also a ready cohort of consumers and carers to call upon should COVID-related opportunities for consultation or feedback arise at short notice. A survey was shared with this community in May and June 2022, and five community conversations between January and June related to COVID and informational updates. We shared the insights with health leaders and used the consumer feedback to inform our response in terms of what information to find and share and with our networks.

Sharing information. HCC shared existing reliable resources and translated messages to present this information in a consumer-friendly way through Canva graphics and simplified language. This included information on:

- masks (including stigma) and testing (including RATs, PCRs, home PCRs etc.),
- accessing COVID safe healthcare
- vaccination (including boosters and clinics for those with additional (e.g., sensory needs), ventilators, and antivirals
- COVID Care at Home and preparing for COVID at home (including home kits, COVID plans for the household)
- translated resources, and
- special information and advice for immunocompromised people.



Speaking up for immunocompromised people

HCC advocated for specific information and advice for immunocompromised people (e.g., what type of mask to wear). HCC was acutely aware that the standard community health messages were not enough for this vulnerable cohort. We celebrated on behalf of health consumers when Royal Perth Hospital (RPH) and Fiona Stanley Hospital (FSH) jointly produced a webpage tailored for immunocompromised people (<https://rph.health.wa.gov.au/Services/Rheumatology/COVID-19-information>).

Information for community

HCC held Question and Answer (Q&A) style sessions with health leaders, which we dubbed “fireside chats”, live on Zoom so consumers and community could join and ask questions. Discussions were held on ‘all things COVID’ with a range of health leaders including:

- Co-Chair of the Australian Technical Advisory Group on Immunisation, Dr Chris Blyth
- Chief Health Officer, Dr Andy Robertson
- Incident Commander at the State Health Incident Coordination Centre, Dr Tudor Codreanu
- Assistant Director General, Clinical Strategy and Planning, Dr Robyn Lawrence
- Area Director of Clinical Services, East Metropolitan Health Service Professor Grant Waterer and Selena West, Manager Social Support, COVID Care Assistance Team (COVID CAT), Department of Health
- Perth Children’s Hospital (PCH) clinicians:
 - Dr Andrew Martin, Head of General Paediatrics
 - Dr Chris Blyth, Paediatric Infectious Diseases Physician
 - Dr Michael Baker, Head of PCH Emergency Department
 - Dr Nick Gottardo, leading clinician in Haematology and Oncology

We facilitated eight COVID Q&A sessions in March and April 2022. These helped a total of 95 community workers – who work directly with vulnerable consumers – to access Government references and resources.

Promoting consumer perspectives in Weight Education and Lifestyle Leadership.

In January 2022, we received a grant from the Department of Health (DoH) and the WA Primary Health Alliance (WAPHA) to fund HCC's involvement in supporting The WELL Collaborative (Weight Education and Lifestyle Leadership Collaborative (WELL Co)): www.thewellcollaborative.org.au.

The WELL Collaborative connects people from across Western Australia to drive systems and local level collective action to improve the way we view, discuss, and address weight, health and wellbeing.

I have been on anti-psychotics for over 40 years. I know that most anti-psychotics tend to make people gain weight... I have found that the weight that I put on due to [these medications] has not ever really gone, despite my best efforts. I have also had cancer and chemo. I had breast cancer and the chemo for it put more weight on due to the combination of [medications] that I am on currently."

~ health consumer

Since 2018, HCC has played a key role locally, nationally and internationally in supporting and promoting consumer and lived experience voices in this area. Commitment to this work is fuelled by the many consumer stories we have heard from people about the impact of the lack of person-centred health services and the impact of weight stigma on their lives and health. These stories reflect a huge disconnect between the reality of people's experiences, the perception of those experiences, and the services and care options available to people living with weight issues and obesity.

Offer psychological support for disordered eating. Many people (like myself) have the knowledge around nutrition and exercise, but have significant psychological barriers that stop us implementing that knowledge. (In response to "What the health system could do to support me)

~ health consumer

HCC continues to advocate strongly that systemic change will only come when consumers and community members feel supported to advocate for change and weight stigma is eliminated.

The WELL Collaborative includes supporting the backbone function by hosting the website and an informal network of people with lived experience, health practitioners and policy makers – the Connect-Share-Collaborate group. We also host a private moderated Facebook group for consumers called "Partners in Change": www.facebook.com/groups/partnersinchange.

Additionally, an established collaboration with the national consumer-led group Weight Issues Network (www.weightissuesnetwork.org) enabled WA consumers to connect with peers across Australia.

Strategic Plan Pillar 3:

Identify and communicate health trends and awareness to key stakeholders

HCC promotes and advocates for health consumer, carer, community and lived experience perspectives for policy and decision-making by Government. We represent consumers from across WA including people living in regional and remote locations.

Embedding new approaches to consumer and community partnership

The Sustainable Health Review (SHR) was launched in April 2019. Work on the implementation was largely paused as WA prepared for, and then moved to, living with COVID. HCC continued to advocate for consumer involvement in all recommendations of the SHR and our Executive Director continued in the role as one of the external co-leads for the program of reform, on Recommendation 4: Commit to new approaches to support citizen and community partnership in the design, delivery and evaluation of sustainable health and social care services and reported outcomes.

Putting the public back into public health

The WA Department of Health invited feedback on the Draft WA Health Promotion Strategic Framework 2022–2026. Based on involvement of consumers and people with lived experience in our work on the Healthy Weight Action Plan and The WELL Collaborative, HCC advocated for:

- a stronger focus and targeted actions to address the social determinants of health and health inequities – including involving people from the groups who are most impacted
- strategies that recognise the role that community-led action must improve health
- the recognition of early childhood trauma on our longer-term health
- bold and courageous leadership to improve the health of the whole WA community



Framework for action from the WA Healthy Weight Action Plan 2019-2024 which was developed with consumer input

How the WA Health system is managed – through a consumer lens

An Independent Governance Review of *Health Services Act 2016* was announced in January 2022.

HCC facilitated a consumer information session to “demystify” the Review terms of reference into plain language for a consumer audience and to encourage individual submissions by consumers. We partnered with The WA Department of Health (DoH) to facilitate two consultation sessions so that the Review Panel members would hear directly from health consumers from across WA.

HCC’s submission highlighted that:

- There are strong foundations of consumer, carer and community – and clinician – involvement in the WA Health system that can be built on and enhanced.
- The WA Health system is a complex adaptive system and should be managed accordingly – not as a collection of constituent parts, but as a connected and integrated system. There are elements of health service provision in WA – such as prison health – that were excluded from the *Health Services Act 2016*. We contend that this Review is an opportunity to align the governance of prison health services with other state-run health services in WA.
- State-managed health services must integrate well with other health services – such as primary care and private health services – for the community to be able to experience truly person-centred care.



Independent Governance Review of
the WA Health Services Act 2016

<https://consultation.health.wa.gov.au/igd-governance-system-support-directorate/independent-governance-review-submission-portal>



Strategic Plan Pillar 4: Sustainable organisation

Key activities undertaken in the 2021/2022 financial year to maintain and build a sustainable organisation included:

- Renegotiating our core contract deliverables with the Department of Health to reflect our contemporary service delivery methodology
- Finding new premises and moving offices
- Moving towards developing a Reconciliation Action Plan
- Exploring more diverse income sources
- Providing our expertise for projects and initiatives on a fee for service basis
- Ensuring we followed COVID-safe ways of working
- Facilitating the team's ability to work in a hybrid way (in line with this, the Management Committee approved an investment in an Information and Computer Technology (ICT) upgrade in the realm of \$50,000)
- Managing staff challenges caused by sick leave due to COVID
- Partnering to extend Board member diversity

HCC on the move

In April 2022, it was all-hands-on-deck as we packed up from our long-term home in Wellington Fair, East Perth and moved to our new home just up the road. At 434 Lord Street, Mount Lawley, we moved to a spacious open-plan office, a large training room, and considerable parking for visitors and staff as well as easy access from two train stations and bus services.



Developing our Reconciliation Action Plan

In November 2021, the HCC team and Management Committee members attended a workshop providing community and support services for Aboriginal and Torres Strait Islander students in Perth at Dandjoo Darbalung at St Catherine's College at WA.

Dandjoo Darbalung in Noongar means 'mixing together' the way fresh water and the salt water mixes in the Swan River estuary across from the College.

The HCC team got creative and were encouraged by students to paint elements of our family stories onto the canvas. We brought the canvas back to the office where visitors could add elements to it.

The finished product now hangs proudly in our training room at Mount Lawley.



Partnering to extend Board member diversity

We became a partner organisation for the Engaging Young Leaders on Aged Care and Community Boards Program. Through this partnership we contributed to creating a successive recruitment stream of Board-ready young professionals to strengthen community Board governance. We join a strong coalition of community partner organisations committed to cultural change and the inclusion of young professionals in Board governance and leadership.



Financial Overview Year Ended 30 June 2022

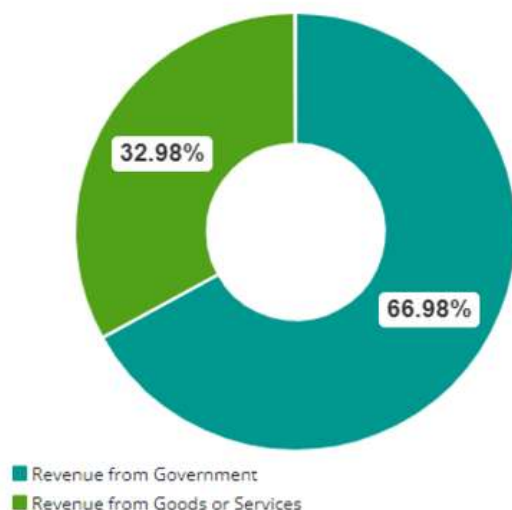
The principal activity of the incorporated association is to be an independent voice advocating for patients in Western Australia.

It offers a unique perspective on health policy and service delivery matters. HCC receives funding from State and Commonwealth agencies and comments publicly on all issues affecting health consumers.

The financial statements of the incorporated association are audited by Australian Audit.

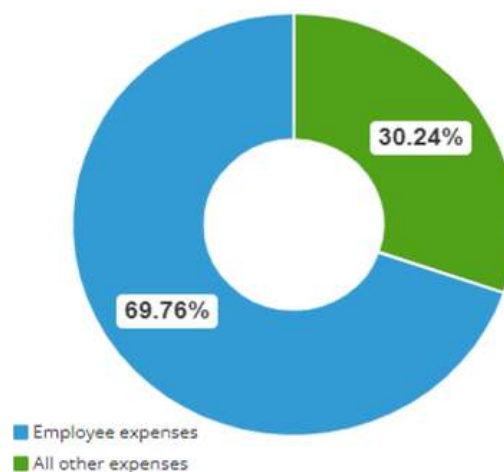
Revenue

Total revenue: \$1,582,098.00



Expenses

Total expenses: \$1,651,440.00



Statement of Profit or Loss and other comprehensive income FOR THE YEAR ENDED 30 JUNE 2022

	NOTES	2022	2021
Revenue			
Grants	3	1,059,619	1,046,022
Other Income	4	521,734	494,119
Interest		745	1,951
Total Revenue		1,582,098	1,542,091
Expenditure			
Employee Benefits Expense		1,152,039	1,158,977
Administration	5	261,271	112,987
Operating Expenses	6	99,978	112,674
Motor Vehicle		6,973	7,538
Premises	7	128,574	112,413
Depreciation and amortisation expense		2,605	30,594
Total Expenditure		1,651,438	1,535,183
Surplus/(deficit)		(69,340)	6,908
Total comprehensive income		(69,340)	6,908

Statement of Financial Position FOR THE YEAR ENDED 30 JUNE 2022

	NOTES	30 JUN 2022	30 JUN 2021
Assets			
Current Assets			
Cash & Cash Equivalents	8	747,920	847,401
Receivables	9	40,123	134,883
Prepayments	10	18,474	16,270
Total Current Assets		806,517	998,555
Non-Current Assets			
Plant and Equipment, Vehicles	11	36,573	2,762
Other Non Current Assets	12	26,080	-
Right of Use Asset - Office Lease	13	187,269	-
Total Non-Current Assets		249,922	2,762
Total Assets		1,056,439	1,001,317
Liabilities			
Current Liabilities			
Contract Liabilities	14	169,183	221,093
Payables	15	143,719	125,586
Provisions	16	94,824	114,912
Restricted Funds	17	2,327	-
Right of Use Asset - Lease Liability	18	57,344	-
Total Current Liabilities		467,397	461,590
Non-Current Liabilities			
Non-current provisions	19	26,090	37,359
Right of Use Asset - Lease Liability	18	129,925	-
Total Non-Current Liabilities		156,015	37,359
Total Liabilities		623,412	498,949
Net Assets		433,028	502,368
Equity			
Reserves		20,000	20,000
Retained surpluses	21	413,028	482,368
Total Equity		433,028	502,368

Statement of Cash Flows FOR THE YEAR ENDED 30 JUNE 2022

	NOTES	2022	2021
Statement of Cash Flows			
Net increase in cash and cash equivalents			
Cashflows from Operating Activities			
Receipts from operations		1,609,859	1,390,956
Payments to suppliers and employees		(1,673,669)	(1,383,137)
Net cash generated by operating activities	20	(63,810)	7,819
Cashflows from investing activities			
Acquisition of property, plant and equipment		(36,416)	(1,460)
Interest received		745	1,951
Net cash generated by investing activities		(35,671)	491
Total Net increase in cash and cash equivalents		(99,481)	8,310
Cash and cash equivalents at the beginning of the financial year		847,401	839,091
Cash and cash equivalents at the end of the financial year		747,920	847,401

Statement of Changes in Equity FOR THE YEAR ENDED 30 JUNE 2022

	RETAINED EARNINGS \$	RESERVES \$	TOTAL \$
Previous Financial Year			
Balance at 30 June 2020	475,460	20,000	495,460
Total comprehensive income for the year	6,908	-	6,908
Balance at 1 July 2021	482,368	20,000	502,368
	RETAINED EARNINGS \$	RESERVES \$	TOTAL \$
Current Financial Year			
Balance at 1 July 2021	482,368	20,000	502,368
Total comprehensive income for the year	(69,340)	-	(69,340)
Balance at 30 June 2022	413,028	20,000	433,028

Click the link for our 2021-2022 financial year summary (including notes to the accounts) and
FULL FINANCIAL REPORT

HCC Financials



<https://www.acnc.gov.au/charity/charities/32ef6cbf-38af-e811-a960-000d3ad24282/profile>

AUSTRALIAN AUDIT

DIRECTORS:

ROBERT CAMPBELL RCA, CA, CPA, MSW

VIRAL PATEL RCA, CA, CPA

ALASTAIR ABBOTT RCA, CA, M.FORENSIC ACCOUNTING

CHASSEY DAVIDS RCA, CA, AMIA, BCOM

Health Consumers' Council (WA) Inc.
Suzanna Robertson
Executive Director
Unit 6, 40 Lord Street
EAST PERTH WA 6004

Dear Suzanna,

AUDIT 2022 – MANAGEMENT LETTER

As you are aware, our audit report has been signed. The report was unqualified. An original copy is enclosed herewith.

In accordance with the undertaking in our Letter of Engagement, it was agreed that we would also report matters concerning weaknesses in accounting and internal control systems which come to our notice during the audit.

There were no material weaknesses in the accounting and internal control systems detected.

We wish to thank Luke for his assistance during the audit.

Yours sincerely



Chassey Cedric Davids, CA, AMIA, BCom

Registered Company Auditor number: 490152

Director

Australian Audit

Dated: 22nd November 2022

PO BOX 7465 CLOISTERS SQUARE PO WA 6850 | LEVEL 8, 251 ST GEORGES TERRACE PERTH, WA 6000 AUSTRALIA
PHONE: (08) 9218 9922 | EMAIL: INFO@AUSAUDIT.COM.AU | WWW.AUSTRALIANAUDIT.COM.AU | ABN: 63 166 712 698



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HEALTH CONSUMERS'
COUNCIL

www.hconc.org.au

Office Location

Unit 4, 434 Lord Street
MOUNT LAWLEY Western Australia 6050

Postal Address

PO. Box 923
MOUNT LAWLEY
WA 6929

Email

info@hconc.org.au

ABN 87 841 350 116

Opening Hours

Monday to Friday
9:00am to 4:30pm
Closed public holidays

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