



Consumers Health
Forum **OF** Australia

Annual Report

2020-2021



representing consumers on national health issues

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WHO WE ARE

The Consumers Health Forum of Australia (CHF) draws on consumer and community knowledge and experience to relentlessly drive innovation and improvements to the Australian health and human service system. We are the national consumer peak body representing a wide variety of consumer organisations and individuals with an interest in health care consumer affairs. Our membership is extensive and includes illness groups, disability groups, state peak health consumer organisations, professional, research and other health sector bodies. This diversity ensures we have the capacity, credibility and authenticity to provide deep, well-informed consumer insights and perspectives to governments and other decision makers.

CHF works to achieve safe, quality, timely health care for all Australians, supported by accessible health information and systems.

We acknowledge the Australian Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the traditional custodians of the lands on which our organisation is located and where we conduct our business – the Ngunnawal people. We pay our respect to ancestors and Elders, past, present and emerging, for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander Australia.

CHF is supported by the Australian Government's Health Peak and Advisory Bodies Program.

The Consumers Health Forum of Australia (CHF) has a vision for **a world class health and social care system centred on consumers and communities.**

CHF's work each day and each year contributes to achieving this vision. We are committed to serving as advocates in the ongoing development and improvement of Australian health policy and practice.

To achieve our vision CHF **works together** with our members, partners and with our fellow stakeholders. We **respect the expertise, knowledge and skills** within and outside our organisation. We are **committed to excellence** and **act with integrity.** We are **daring in the pursuit of our purpose.**

CHF is pleased to present the Annual Report for 2020-2021 which outlines our key achievements and areas of focus over the past year.



WHAT IS THE CHAIR SAYING?

For the past few years, I have commented on what a challenging year we have had. 2020–21 was a year like no other in healthcare. The Covid-19 pandemic put enormous strain on our community, families and friends. It presented challenges to our health system – both public health units, general practice as well as hospitals – and posed challenges to policy makers. This environment translated into a busy yet and productive time for CHF as we focused on business as usual as well as playing our role in bringing consumers insights to the pandemic response.

Horizon scanning

At the first Board meeting for 2021 we conducted an ‘horizon’ session with Directors and senior staff to consider major policy issues in the pipeline and strategically scan the environment. The aim was to alert the Board to key developments and contemporary thinking, to check-in that CHF was focused on the right issues for the upcoming year in the interests of consumers. Fran Baum, Professor of Public Health and Director of the Southgate Institute of Health, Society and Equity, Flinders University; Dr Fiona Armstrong, CEO of the Climate Health Alliance and Dr Terry Sweeney, CEO of the Digital Health Cooperative Research Centre were stimulus speakers.

Supporting consumer voices

We provided assistance to the Health Consumers Alliance SA (HCASA) which was defunded by the South Australian Government by holding a stakeholders workshop designed to continue the provision of the consumer voice in health decision making. We have subsequently entered into a Collaborative Agreement with the Health Consumer Advocacy Network South Australia (Health CAN SA) and have admitted them as voting members of CHF.

Flagships

A highlight of the year was the inaugural Shifting Gears 2021 Summit. It was CHF’s first Australian and New Zealand conference on consumer leadership and experience in health care. This high impact virtual event on 18–19 March 2021 drew over 800 thought leaders from both countries,

Canada and the UK. This will now be a regular event on our calendar with the next to be hosted in 2023.

Events such as these go a long way to consolidating an organisation’s reputation and credibility, but it is how we marshal the power and the passion and convert talk into action that matters. CHF’s Members Policy Forum and our 2020 Consumer Commission were two means by which we work with members and consumer voices to formulate recommendations for better health policy and a better health system.

Partnerships

Effective advocacy is so often a product of strong partnerships. As members of the Climate and Health Alliance (CAHA) CHF has supported the campaign for a National Strategy on Climate, Health and Wellbeing, and added our name to an open letter to the Prime Minister from a coalition of climate concerned health organisations that wish to see the threat to health from climate change addressed by the Australian Government.

Resilient and strong

CHF is well embedded as Australia’s pre-eminent voice for healthcare consumers, and we will continue to strive to ensure that we constructively and comprehensively bring consumer insights to national policy discussions and discourse. The consumer voice will be even more important as we embark on a journey of health policy and service reform that adapts our system to respond to ‘Covid-19 normal’.

I would like to thank my fellow Directors on the CHF Board, the talented and committed CHF team under CEO Leanne Wells’ excellent leadership, all our members and the many consumers who devote their time to supporting our work. CHF can only function optimally with all these ingredients in place.

Tony Lawson, Chair



WHAT IS THE CEO SAYING?

The 2020–21 year saw CHF advise on several national health reform initiatives and reflecting the consumer voice in major events and media commentary.

Consumer-led conversations

I participated as a Ministerially appointed member of the Steering Groups for the 10 Year Primary Health Care Plan and National Preventive Health Strategy and joined the Ministerial Advisory Committee on Specialists Fee Transparency and the Prosthesis List Stakeholder Forum.

We hosted a regular program of CHF Talks webinars and Thought Leadership Roundtables. These are designed to put the spotlight on key issues affecting the lives and health outcomes of consumers. We continued to advocate the ideas flowing from these events such as our collaboration with the Royal Australian College of General Practitioners (RACGP) and Mental Health Australia (MHA) to promote a national social prescribing scheme following the 2019 Social Prescribing Roundtable. The health leaders' webinar hosted in early February looked at what was in store for 2021:

Covid-19 commanded much of our attention. As Australians experienced lockdowns, it was apt that the focus of one Roundtable was loneliness. Loneliness has been shown to be linked to poor physical and mental health: Loneliness Report. We produced a number of statements including Ethical Issues Arising from the Covid-19 Pandemic - Consumer Position Statement and Position Statement on the Covid-19 vaccine rollout. As the vaccination rollout program commenced, we were funded by the Department of Health to join with the National Rural Health Alliance (NRHA) to produce a campaign promoting vaccine confidence featuring patient and workforce stories.

Consumers shaping health

We continue to operate our Consumer Representative Program nominating consumer advocates to several committees and working groups across various government and national agencies. We launched Consumer Link, a webinar series to support learning and knowledge exchange among our national network of representatives.

We continued to benefit from the active engagement and advice from Special Interest Groups and to grow CHF's research program. With funding secured from the Department of Health and the Australian Commission on Safety and Quality in Healthcare (ACSQHC) we repeated the 2018 Australian Health Consumer Sentiment Survey and led research examining consumer experiences with telehealth and virtual care. Australia's Health Panel grew to 800 members and saw seven polls undertaken on topical issues, and we launched the Consumers Report Card which appraised the health system's performance from a consumer perspective.

Purposeful collaborations

CHF recognises that working collaboratively is key to ensuring consumer insights are given prominence. We continued formal working together arrangements with the Digital Health Cooperative Research Centre (CRC) and NPS MedicineWise, collaborations that have given rise to joint research and program developments. We continued to work on several fronts with long-standing collaborators and funders including the ACSQHC, the Australian Digital Health Agency and the NHMRC Partnership Centre for Health System Sustainability, and maintained our membership of national organisations such as the Australian Council for Social Services (ACOSS) and the Climate and Health Alliance (CAHA).



Partnerships are also powerful to pathfinding new ways to support consumers as leaders. We worked with Safer Care Victoria, Primary Health Networks, NPS MedicineWise, the Blackdog Institute and Orygen: Revolution in Mind to implement Collaborative Pairs Australia and are in discussions with partners to adapt this consumer-clinician leadership program to young consumers and youth health service settings.

Our horizon

CHF's outlook is strong. We will be consulting members and launching our Federal Election Platform, launching a publication series based on Australia's Health Consumer Sentiment Survey, hosting a Youth Health Summit, developing a Reflect Reconciliation Action Plan, conducting a campaign to promote the establishment of an Australian Consumer Leadership Academy – a recommendation of the Consumer Commission.

I would like to thank the CHF Board for their leadership and support throughout the year. I also thank the talented, resilient and creative CHF team for their commitment to CHF's purpose and their dedicated hard work throughout the year, a year which presented extra challenges with a further extended lockdown for our staff.

Leanne Wells

Leanne Wells, CEO

WHAT HAVE WE DONE IN 2020-21?



Worked with our growing **membership of 265** organisations and individuals, reaching millions of consumers.



Promoted **health literacy** for consumers through our **Be Health Aware** portal and granted 14 events use of the **CHF Tick**.

and Activation Project, Life Transitions and Youth Pathways, and the consumer report card into Australia's health system

Identified and supported **84 consumer representatives** consulting on medicines advice, health care homes, digital health and pharmaceutical benefits.



Kept **members and stakeholders** informed through **publications**; Health Update, Consumers Shaping Health and our journal, Health Voices and **maintained an email list of over 4,300 subscribers**.



Engaged with our **9,600 followers** on Twitter, and our **growing social media** platforms of **1,200+** Facebook, and **700** Linked In followers.



Advised agencies including Department of Health, PHNs, Australian Digital Health Agency, NPS MedicineWise,

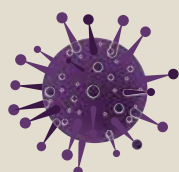
ACSQHC, AIHW and the Australian Information Commissioner.



Appointed to the Australian Broadband Advisory Council, Health Expert Working Group, Chair of the ACSQHC Patient Advisory Panel, and Steering Groups on prosthesis and out-of-pocket costs.



Generated **100s of media mentions** and interviews in TV, radio and print. Published **47 media releases** and **16 blogs** and received **59,000 visits** to CHF website.



Advanced consumer interests on COVID-19 reforms in telehealth, eprescribing and the National COVID-19 Clinical Taskforce.



Collaborative Pairs Australia
A Consumers Health Forum Partnership

Supported the **Youth Health Forum** and **five Special Interest Groups** and held **11 webinars** with health leaders attended by 100s, and **four webinars** for young health advocates

Continued **members of Expert Steering Groups** for the 10 Year PHC Plan and the National Preventive Health Strategy.

Redesigned **Collaborative Pairs**, an innovative consumer and clinical **leadership development program**, into a virtual format, with a new intake from Australia and New Zealand



Ran the inaugural **Australian and NZ consumer leadership and experience summit** with 835 delegates, 162 speakers, 89 presentations and two masterclasses.



CHF
Australia's Health Panel

Conducted eight **Australia's Health Panel** surveys and grew the panel to 800 members, an increase of 110%.



Promoted the consumer case to parliamentarians and government



Partnered with the **research community** such as the Australian Health Research Alliance, the Australian Digital Health CRC, NHMRC Partnership Centre for Health System Sustainability, and Curtin University.



Released Reports on Loneliness, the COVID-19 Consumer Commission report, the Consumer Segmentation



Represented internationally on the Patient Advisory Panel, OECD PaRIS project, APEC Business Ethics Forum patient roundtables, WHO Western Pacific, and a global social prescribing alliance.

OUR OBJECTIVES

OBJECTIVE ONE

ADVOCATING FOR IMPACT

CHF will make credible, authoritative and constructive contributions to national policy and system design. CHF will strive to set the agenda for a consumer centred health system and advocate for the changes needed to realise that future.

OBJECTIVE TWO

CONSUMERS SHAPING HEALTH

CHF will support meaningful and authentic consumer engagement and participation at all levels in the health system. CHF will equip consumer leaders to act with impact and influence. CHF will facilitate opportunities to build capacity and improve the practice of consumer centred health care.

OBJECTIVE THREE

PARTNERING FOR PURPOSE

CHF will work with members and networks to maximise the impact of the consumer voice at the national level.

We will strategically partner with stakeholders to shape better health care by ensuring that a consumer focus is always front and centre.

OBJECTIVE FOUR

RESILIENT AND STRONG

CHF will maintain and grow a strong and diverse membership. We will ensure our governance and leadership is of the highest standard. We will strengthen our organisational resilience and assure our financial sustainability.

OUR PROGRESS

SPOTLIGHT ON THE COVID-19 CONSUMER COMMISSION

CHF established the Consumer Commission: Beyond Covid-19 in July 2020 to examine the faultlines the pandemic exposed in the healthcare system, as well as the opportunities for change it created. The Commission was made up of a diverse group of consumer leaders to contribute views and ideas about the future of the Australian health and social care system. It met on six occasions and exchanged views and ideas across a range of issues from consumer leadership to mental health, as well as integration, digital health and health equity.

The Commission's report, Making Health Better Together draws together a set of diagnoses, prescriptions and recommendations designed to retain and build on the positive service shifts stimulated by the pandemic as well as address the system faults it exposed.

	DIAGNOSIS	PRESCRIPTION
Consumer leadership and co-design	<p>Consumer voices and choices improve services, experiences and outcomes but co-design and co-production practices remain limited.</p> <p>Consumer engagement is especially needed in times of stress but is often the first thing to be dropped.</p>	<p>Consumer engagement, choice and control should be embedded across the system, alongside shared decision-making in all health services.</p> <p>We can build consumer leadership through establishing a consumer academy and enhancing partnerships between consumer organisations and other sectors.</p>
Mental health and wellbeing	<p>We have experienced growing rates of anxiety, loneliness and distress and have seen escalating demand for mental health and suicide prevention services in a system struggling to cope.</p> <p>We have observed more than ever that services like social housing and a secure income have a significant impact on mental health and wellbeing outcomes. Personal and community wellbeing has been highlighted as fundamental to resilience and coping in times of crisis.</p>	<p>We must re-examine major social policies including income support and housing and bolster coordination between mental health and other services.</p> <p>Workforce and service development is imperative to enhance the role of peer support across the mental health and suicide prevention systems, provide greater access to digital services and psychosocial supports.</p> <p>We need health investments balanced across health promotion and wellbeing programs and primary and acute services.</p>
Integration and care coordination	<p>Many parts of the system operate in silos e.g. aged care, disability, mental and physical health, and fee-for-service funding drives a transactional approach to care.</p> <p>Links within and beyond health systems are needed to provide a coordinated and continuous patient journey.</p>	<p>We must adopt blended funding approaches to incentivise team-based care, and systematically introduce care coordinators and/or navigators.</p> <p>Coordinated arrangements and co-commissioning should be developed across state-federal, primary-tertiary and public-private divides and permanent national governance forums are needed to facilitate timely, coordinated decision making.</p>
Health equity	<p>The link between poverty and poor health is clear and a social determinants approach is needed to effectively address this issue.</p> <p>Top-down approaches to designing and delivering services have failed in the past and instead we need a greater focus on community-led and controlled solutions.</p>	<p>We must recognise the inequalities across age groups that have been widened due to COVID-19 and engage and empower young people in the recovery.</p> <p>We should adopt a social determinants approach and implement it by developing a national social prescribing scheme, increasing investment in health promotion, prevention and health literacy and investing in critical social supports and infrastructure to build communities.</p>
Digital health	<p>Digital health has considerable benefits when integrated alongside face-to-face care.</p> <p>We need to address access barriers such as poor internet and low digital literacy and overcome systemic issues with interoperability which prevent information sharing across the system. Investment to encourage continued innovation is important.</p>	<p>High quality telehealth and virtual care should be embedded as an ongoing part of healthcare for all.</p> <p>We should develop a national plan to guarantee digital access and adopt platforms that enable information sharing, real-time data collection and reporting.</p> <p>We should invest in digitisation across healthcare as an enabler to improve patient care.</p>



SPOTLIGHT ON THE SHIFTING GEARS SUMMIT

The Shifting Gears Summit on consumer experience and leadership in health care was hosted by CHF in March 2021. This virtual event, Australasia's first health consumer leadership conference involving delegates from Australia and around the world, gave fresh momentum to consumer direction and influence in health care.

Attended by over 820 delegates, the Summit covered six streams:

Consumers as researchers

Consumer-based health care

Consumer leadership

Consumer enablement

The New Zealand experience

Covid-19

Attracting interest from consumer leaders and experts with an interest in health care consumer affairs, the Summit covered topics as diverse as why it is time to re-imagine health and social care; 'big ideas' for change; global trends in safety and quality in health care; and future horizons in healthcare.

Central messages derived from the Summit included:

- the consumer of tomorrow will be recognised as a full actor of care, own their medical information, understand the value of evidence-based medicine, be better decision makers and be fully engaged as transformational partners
- outcomes are likely to improve where consumer and care providers collaborate as partners in care. The notion of the 'wise' consumer equipped with knowledge and skills to exercise choice and control in their health and care; and the leadership skills to influence and shape policy emerged
- the consumer is often the only individual in the care setting to have insider experience and knowledge about all aspects of their care. Lived experience and consumer insights qualitative data are equally valid to quantitative data in research
- organisations need to be 'engagement capable': they must actively create environments where consumer-centred services can flourish. Culture, strategy and practices all need to work in tandem to deliver consumer-centred programs and services
- the development of ever more varied and expensive treatments has increased the risk of the well-off having care not available to others who are often the 'unheard yet most vulnerable'
- Health consumer advocates play a vital role in pressing for quality health care to be available to all and for reforms to the system not only to make the most of medical advances but to promote wellness through preventive health measures.

The Summit's communique provides a more detailed overview of key themes.

OBJECTIVE ONE: ADVOCATING FOR IMPACT

Setting the Agenda

Most policy attention centred on Covid-19 related issues as well as opportunities to lead the health reform agenda.

Our Members' Policy Forum was a masterclass on implementation science by the NHMRC Partnership Centre for Health System Sustainability which highlighted the need for consumers to be involved in policy implementation.

Our webinars, available to all members and stakeholders, featured topical discussions. *Future Focus: What's in store for health and care in 2021?* gave insights into Australian priorities from leaders in the sector and an opportunity to discuss big issues that needed to be progressed in 2021. Speakers included Dr Brendan Murphy, Secretary of the Department and Health and Amanda Cattermole. The Loneliness Thought Leadership Roundtable with Medibank Better Health Foundation drew attention to evidence of increasing levels of loneliness in the community, particularly among older Australians, and the poor health outcomes that result. *The Loneliness Roundtable Report* outlined four priority actions to measure, research, and build partnerships to address loneliness.

The *Consumers Report Card on Australia's Health System* was released. CHF studied 12 indicators against historical and international measures to report on health system performance from a consumer's perspective. The report identified six indicators as areas of concern for consumers.

Participating in Policy Discussions

CHF continued to be invited to participate in a range of policy discussions at forums, roundtables, workshops and speaking at conferences. We also provided representation to key policy advisory committees. Many of the events and meetings continued to be virtual which meant attendance was easier and we were able to involve more consumers.

Major the committees and events included:

- 10 Year Primary Health Care Plan Steering Committee
- National Preventive Health Strategy Expert Advisory Committee

- Therapeutic Goods Administration Consultative Committee
- Ministerial Advisory Committee on Specialist Fee Transparency
- Australian Broadband Advisory Council Health Expert Working Group
- Australian Commission on Safety and Quality in Healthcare's Patient Advisory Group
- Prostheses List Reform Stakeholder Forum
- 7Th Community Pharmacy Agreement (7CPA) Stakeholder Consultative Committee
- Research and Education Committee of the Digital Health CRC

Priority Areas

Primary health care reform

CHF represented consumers on the Government's Primary Health Reform Steering Group which advised the Minister for Health on a 10 Year National Primary Health Care Plan.

The Steering Group released a discussion paper for community consultation in May 2021. The draft recommendations called for major reform of primary health care, including developing a model for general practice to provide whole of person care, including allied health and social prescribing, in place of the current fee for service model.

The Steering Group will finalise its recommendations to the Minister in 2022.

National Preventive Health Strategy

The Government made significant progress towards developing a 10 Year National Preventive Health Strategy. CHF was a member of the Ministerially appointed Expert Steering Group and worked with consumers to respond to the Government's Consultation Paper in September 2020, and to the draft Strategy in May 2021. Many of the issues identified by CHF in response to the consultation paper, including recognising the social determinants of health, and a commitment to increase expenditure on preventive measures to 5 per cent of the health Budget by 2030, were included in the draft Strategy.



Private Health Insurance

The focus of the work on private health insurance was on two issues: improving transparency on out-of-pocket costs and potential change to some of the long standing policy levers.

In its 2020 Budget, the Government committed to improving the specialist fee transparency website to make it easier for consumers to find out what their out-of-pocket costs might be. CHF participated in the working group which looked at what information consumers needed, and how they wanted to access it. The website is currently being updated.

In its 2021 Budget, the Government commissioned actuarial studies into the impact of possible changes to lifetime health cover and risk equalisation as part of package to make private health insurance more attractive to consumers. CHF participated in stakeholder workshops to inform that work which will inform future policy initiatives.

CHF had discussions with private health insurers and the Australian Consumer and Competition Commission (ACCC) about the timing and amounts of the member refunds that were promised due to low levels of benefit payouts throughout Covid-19 lockdowns.

Digital Health

In 2020-21 the focus was on using digital tools to respond to the Covid-19 pandemic and ways these could be embedded into the health system to become business as usual.

As primary care telehealth became subsidised by Medicare and much more commonplace, a focus of our policy agenda was looking at models of care, appropriate standards and consumer satisfaction during this period of change. CHF continued to advocate for service providers to be encouraged to use all modalities to ensure the best health outcome for consumers.

CHF continued to provide input into the work on the implementation of electronic prescribing as it moved from a pilot to a national program. CHF ran an information webinar on this in July 2020 and had input into the development of consumer facing materials as part of a campaign to encourage its adoption by consumers. CHF also worked with the Australian Digital Health Agency on ways to encourage consumers to actively use their My Health Record.

Community Pharmacy

Work progressed on the implementation of some measures under the Seventh Community Pharmacy Agreement (7CPA). CHF participated in two meetings of the Pharmacy Stakeholder Consultation Committee to discuss implementation issues including the development of key performance measures for 7CPA, pricing transparency and ways to improve consumers access to medicines' information.

CHF began discussions with the Institute for Safe Medication Practices, Canada, on adaptation of their 5 Questions to ask about your Medication.

Covid-19

CHF continued our role as being a source of reliable evidence-based information for consumers on Covid-19 as the pandemic continued to impact across Australia.

CHF ran two webinars on Covid-19 and a session at our Shifting Gears Summit. The first webinar in March 2021 was a briefing by public health and medical experts for consumers on the vaccine rollout and this was followed by a second one in June which looked more closely at the issues of vaccine hesitancy and community concerns. In partnership with the Department of Health and the National Rural Health Alliance, we produced a series of patient and provider stories to encourage vaccination take-up.

Submissions and Inquiries

We contributed submissions to the following parliamentary inquiries:

- House of Representatives Standing Committee on Health, Aged Care and Sport inquiry into approval processes for new drugs and novel medical technologies in Australia
- Senate Select Committee on Tobacco Harm Reduction.

We also made submissions to other consultation processes including:

- the Office of the Australian Information Commissioner in response to its consultation on Review of the National (Health) Privacy Rules
- Therapeutic Goods Administration Consultation on Improvements to the Therapeutic Goods advertising Code
- Pre Budget-Submission for the Federal Budget 2021-22
- National Safety and Quality Primary Health Care Standards
- Medical Research Future Funds consultation to inform the third Australian Medical Research and Innovation Priorities 2020-22
- Royal Commission into Natural Disaster Arrangements: health arrangements in natural disaster
- Department of Health Consultation on Prostheses List Reforms.

Communications

The combined impact of a pandemic and advancing communications technology has driven marked changes in CHF's communications effort in the past year. The dramatic increase in our use of webinars, remote conferencing by Zoom and Teams and videos expanded the reach of CHF's messaging to greater audience and participation than in pre-Covid-19 times of person-to-person contact. A telling example of the changing dynamics was the 800-plus registration for our Shifting Gears inaugural summit. The two-day program included an innovative session linking with grass roots consumers through their Big Idea video presentations from around Australia. The Croakey News Service provided, under contract, a comprehensive coverage including multiple articles, tweets, a podcast and a 61-page final report.

Another expanding development has been with webinars which have become routine in consultations and policy-sharing. CHF presented 12 webinars during the year. The CHF Talks webinar series focusing on issues including Covid-19, primary care and social prescribing, drew wide response with registrations routinely reaching several hundred people. Leading health leaders featured, including the Secretary of the Commonwealth Health Department, Dr Brendan Murphy speaking on future directions of health policy. CHF also began producing short videos, with the support of media production partner, 'Audienced'. Videos included a series of interviews for a webinar on primary health care.

CHF's conventional media activity continued unabated with CEO Leanne Wells under steady demand across the media spectrum for interviews and commentary on a variety of issues. These ranged from a panel discussion about the MBS Review on ABC Radio National's Life Matters to a television interview on prescription prices. Private health insurance and associated out-of-pocket costs remained the most common reason for media requests for comment. CHF issued 45 media releases during the year and published 24 blogs. In addition, CHF released 22 Editions of HealthUpdate (our newsletter specifically for consumers), 12 editions of Consumers Shaping Health (our newsletter for the wider stakeholder group) and 2 editions of Health Voices.

The CHF **website** had over **58,000** visitors with over **84,000** page views. Health Voices, CHF's e-journal, received over **17,000** visits to the website during the year.

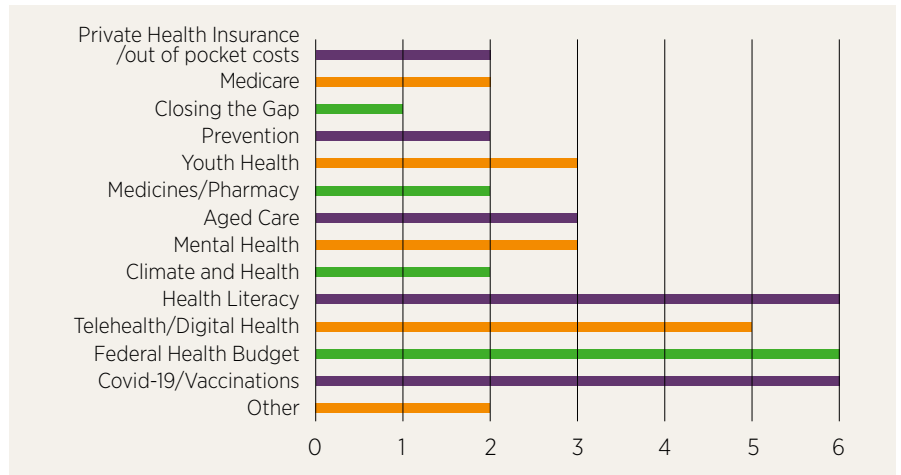
CHF's **Twitter** following grew from **9,160** to **9,620** followers. Our **305** tweets and more than **1,700** twitter mentions generated **427,000** impressions and **1500** link clicks.

Facebook engaged users grew to **682** with **1145** followers. Users clicked on links **437** times

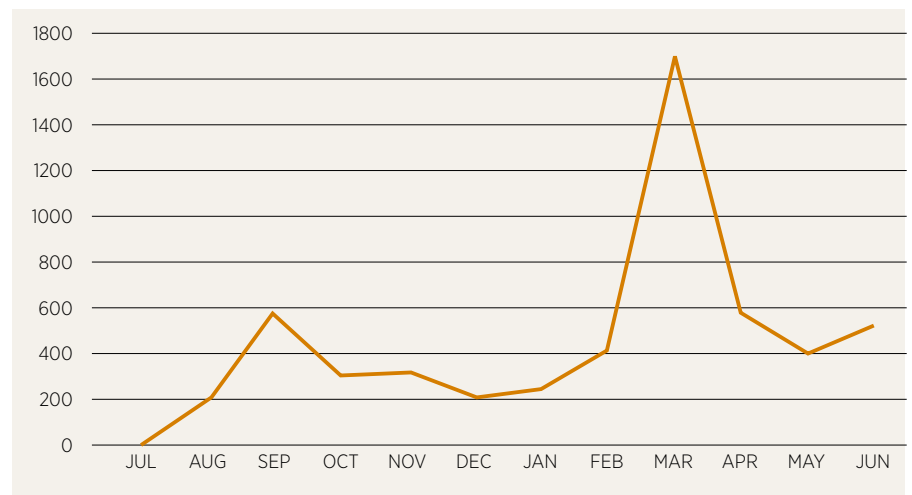
CHF grew the **LinkedIn** page by **330** followers to **731**, we recorded **18,000** impressions, videos were watched **731** times and the average click through rate was **1.7%**.

CHF's **YouTube** channel recorded **28,449** views. The channel added **19** new videos and gained **97** new subscribers.

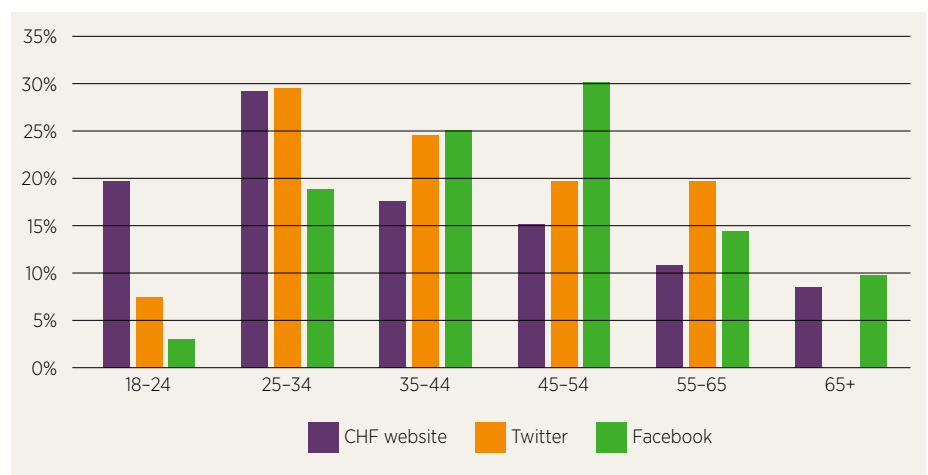
CHF media releases by topic (%)



Twitter mentions by month



Age demographic across channels





OBJECTIVE TWO: CONSUMERS SHAPING HEALTH

Consumer Representatives Program

Smart organisations are now realising the importance of having consumer input at all stages of the health decision-making process. They know that incorporating the consumers' perspective improves the quality of health service decisions, systems and outcomes, and CHF continues to provide consumer representatives for a range of health-related committees and working parties.

CHF was regularly approached by committee organisers from the Department of Health, the Australian Commission on Safety and Quality in Health Care, Medicines Australia, universities and many other stakeholders to nominate consumers to their committees/ advisory groups. CHF assists with sourcing consumer

advocates in two ways. In a select number of cases we run a selection and nomination process nominating consumers to a limited number of high-level national committees. In 2020-21 we processed more than 50 nomination requests.

Where we cannot assist in this way, we advertise consumer advocate opportunities to our national network, with applications going directly to the committee organisers. The function of the Consumer Representatives Program is to nominate, support, train and coordinate consumer advocates for national committees to ensure that the views and interests of health consumers are represented at the national level.

CHF thanks our dedicated consumer representatives for their continued work and commitment to improving health care throughout 2020-21.





Collaborative Pairs Australia

A Consumers Health Forum Partnership

Collaborative Pairs Australia

Collaborative Pairs Australia is CHF's flagship consumer-clinician leadership program. The highlight of this year has been the development of *Collaborative Pairs Australia* Virtual and the commencement of the national pilot of the program. Preliminary discussions have also been undertaken with Orygen: Revolution in Mind and other potential partners about the development of a *Collaborative Pairs Youth* program. *Collaborative Pairs Australia* has been trademarked to CHF.

CHF made the decision to invest in redesigning the Collaborative Pairs program to a fully virtual program. This decision was fast-tracked by the pandemic but also to cater to the geographical diversity and distances in Australia and to make the program accessible to New Zealand colleagues.

The *Collaborative Pairs* Virtual program consists of the following elements:

- A pre-program informal meeting between the facilitators and the pair.
- Five workshops
- Self-guided learning and progression of the project in between workshops.
- Two formal coaching sessions between the facilitators and the pair.
- A learning 'nudge' campaign incorporating a follow up email after each workshop, with summary learning, tools and templates, and other resources.

A comprehensive set of branded slides have been developed for the facilitators along with a participant workbook. All participants in the virtual program receive a Welcome Pack consisting of the Participant Workbook, Journal for self-reflection and documenting learnings and a range of stationery items to undertake the exercises during the program.

Following the redesign, pairs from the following organisations are undertaking the program:

- Pinnacle Health Pty Ltd., New Zealand
- Orygen: Revolution in Mind, National Centre for Excellence in Youth Mental Health

- Centre for Research Excellence in Suicide Prevention, Black Dog Institute
- NPS MedicineWise

Funding was provided by the Australian Commission on Safety and Quality in Health (ACSQHC) to undertake an independent evaluation of the pilot. The main objective of the evaluation, conducted by the University of NSW and Curtin University, is to evaluate whether the virtual delivery mode is effective in achieving the objectives of the program.

Special Interest Groups

CHF has five Special Interest Groups (SIGs) comprising 25-30 interested consumers: Safety and Quality; Rural and Remote; Digital Health; Research and Data; and Primary Health. The groups all met regularly and have input into CHF's advocacy and consumer representation work. We experienced increased demand from external stakeholders to use the SIGs as focus groups to inform their work.

Youth Health Forum

2020-2021 has been a year of achievement for the Youth Health Forum (YHF) with a focus on raising the concerns of youth health consumers. This work was significantly challenged by the Covid-19 pandemic. Young people have been disproportionately impacted by lockdowns, ever-growing levels of mental ill health and an anxiety about what the future holds. This did not stop the YHF from completing several major projects and milestones, expanding the activities and engaging more widely with the youth health sector as a whole.

Major projects and activities from YHF in this period include:

- continued collaboration and engagement with the young leadership group
- representation of the YHF members and young leaders in national policy and program development discussions
- release and advocacy of the *Life Transitions and Youth Pathways to Health Services* report

- the YHF Incubator Grants Program, which, through a competitive grant process, enabled CHF/YHF to fund 14 projects for a total of \$126,000
- numerous consultations both as a stand-alone body and to supplement CHF submissions
- YHF social nights to encourage discussions and collaboration within the forum
- membership of the YHF reached over 100
- continued representation of young leaders and YHF members in national policy and program development discussions
- partnerships with other organisations (government agencies, Primary Health Networks, health services, community services, and research organisations) to deliver opportunities for the YHF to connect with service providers and people in policy, government and academia
- establishment of the Program Advisory Committee to assist in the planning of the September 2021 YHF Virtual Summit.



Australia's Health Panel

Australia's Health Panel (AHP) is an interactive platform dedicated to collecting the views of Australians about the health system. Anyone can join the panel and we have been actively recruiting to the panel, building it to 800 participants.

Topical surveys are administered at regular intervals through the AHP. Themes are determined by issues raised with CHF by consumers, government consultations and hot topics of the day. In 2020-21 we ran seven surveys: Pharmacy (July 2020), Covid-19 Facemasks (August 2020), Health Literacy/Jargon (October/November), National Preventative Health Strategy (December 2020+January 2021), Covid-19 Vaccine strategy (February 2021), Loneliness (March 2021) and Digital Health Reimagining (June 2021). The results from the surveys are all published on our website at <https://chf.org.au/australias-health-panel-results>



Australian Bureau of Statistics (ABS)

CHF is part of the part of the ABS' Health Statistics Advisory Group We provided input into:

- The National Health Measures Survey (NHMS) Privacy Impact Assessment
- The National Health Study (NHS) 2022 consultation on content inclusion and modification

CHF Research Partnerships

In 2021-22 CHF partnered with The George Institute for Global Health to engage consumers in the development of the Count Me In medical research participation register. This then became the Join Us Register and CHF signed on as a consumer partner organisation for this ongoing project. CHF was approached by the Australian Research Data Commons (ARDC) to be a consumer representative on the Advisory Committee for the Health Studies Australian National Data Asset. We worked with the Australian Clinical Trial Alliance (ACTA) as a contributor to an academic publication on how to best and ethically engage consumers in Covid-19 research as the pandemic unfolded: *Facing the Ethical Challenges: Consumer Involvement in Covid-19 Pandemic Research*.

We continued our collaboration with the Australian Health Research Alliance (AHRA), participating on the advisory group for AHRA's Consumer and Community Involvement in Research initiative, and hosting a research stream at the Shifting Gears Summit with both AHRA and ACTA.

Patient Access, Content and Outcome Measure Project

Over a dozen qualitative interviews with consumers and a large quantitative survey were conducted to gain deep insights into consumers experiences with their medical records and views on secondary data and consent mechanisms. Concurrently we convened a group of consumers to develop a consumer resource to accompany the Departments "National Clinical Quality Registry and Virtual Registry Strategy 2020-2030" to explain what Registries and the Strategy are about and enable consumers to engage with both.

OBJECTIVE THREE: PARTNERING FOR PURPOSE

NPS MedicineWise

CHF and NPS MedicineWise put in place a Working Together Agreement. Key activities in the partnership were:

- a research project on *Consumer Health Literacy Segmentation and Activation*
- We began on supporting Primary Health Networks to build health literacy to improve the quality use of medicines in their communities. The rapid desktop review and interviews were completed with the final report due in October 2021
- a 12-month consumer mentor training program developed to increase the capacity and diversity of consumer representatives working within the Quality Use of Medicines sector
- Participating in the program advisory committee and presentation of sessions at the Choosing Wisely National Meeting and National Medicines Symposium
- participation as presenters and discussants in NPS MedicineWise podcasts.

Digital Health Collaborative Research Centre

CHF has established strong links with the Digital Health Collaborative Research Centre (DHCRC). We are represented on its Research and Education Committee looking at future projects. We are developing an initiative for their students to get a better understanding of the consumer perspective and to learn how to work with consumers in all aspects of research. We are co-designing a student concept camp which will be held in the first quarter of 2021-22.

CHF, the DHCRC, Curtin University and Deloitte collaborated on research projects. In early 2021, a significant research paper titled *"A Rapid review of Virtual Care" – Reimagining Health Care in Australia – The Journey from Telehealth to 21st Century Design* was completed. CHF published this research on its website together with a consumer explainer. As another component of the overall collaborative project, in mid-2021 CHF undertook Kitchen Table Discussions Australia-wide to gather data on consumer experiences and attitudes to telehealth. Combined with data from

a national survey of 1800 diverse Australians a report was provided to the Australian Government Department of Health.

Covid-19 Taskforce

CHF extended the partnership with Monash University to develop consumer leadership and embed consumer involvement in the Covid-19 Clinical Living Evidence Taskforce. A consumer panel, including patients and carers of people recovering from the disease, was established to work with the Taskforce in using new and emerging research (living evidence) to develop guidance for clinicians on treating and managing Covid-19. We also ran a webinar about the role of living evidence and the work of the Taskforce.

Australian Commission on Safety and Quality in Health Care

CHF was invited to be a consumer representative on the Patient Recorded Outcome Measures (PROMs) Expert Advisory Group formed by the Australian Commission on Safety and Quality in Health Care in 2020-21.

Australia is participating in an OECD project on implementing a consistent set of patient recorded outcome measures, the PaRIS project and Leanne Wells is the Consumer representative for that work and chairs a national Patient Advisory Panel to inform this work and other project's on the ACSQHC's work program involving patient safety and quality reporting.

NHMRC Partnership Centre for Health System Sustainability

CHF is working with the Partnership Centre on the second Australian Health Consumer Sentiment Survey following the one we undertook in 2018. The survey instrument from the 2018 Consumer Sentiment Survey has been updated, adding questions exploring service access experience during the pandemic, including mental health care. For the first time, we will also explore consumer knowledge of and attitudes to patient recorded outcome measures. It will be run in 2021-22.



CHF is one of the authors in two academic publications published in 2020-21:

- “Accessible and affordable healthcare? Views of Australians with and without chronic conditions” in Internal Medicine Journal
- “Changes in public perceptions and experiences of the Australian healthcare system: A decade of change” in Health Expectations.

Royal Australian College of General Practitioners and Mental Health Australia

In 2019, CHF formed a partnership with the Royal Australian College of General Practitioners (RACGP) and Mental Health Australia (MHA) to host a roundtable to develop a policy position on social prescribing. CHF, together with these partners, continued to promote and advocate for a national social prescribing scheme.

OBJECTIVE FOUR: RESILIENT AND STRONG

CHF Governance

CHF's Constitution allows a maximum of nine Directors, with six of the Directors being elected on a rotational basis from the membership. The Board may also appoint up to three skills-based Directors.

In September 2020, Ms Jan Donovan was re-appointed to the Board for a further term, and she continues in the role as Chair of the Finance, Audit and Risk Management (FARM) Committee.

At the Annual General Meeting (AGM) held in November, Ms Christine Walker, Ms Rowan Cockerell and Ms Mary Patetsos were elected to the Board from a strong field of

candidates. Ms Lara Alexander concluded her term on the Board and she is thanked for her work on the Board itself and as a member of the FARM Committee.

At the 2020 AGM CHF re-appointed auditor BellChambersBarrett for the 2020-21 financial year.

Throughout the year, the Board met regularly to ensure that the governance and leadership of the organisation continued to be of the highest standard. A Board Communique is distributed to Members following each Board meeting demonstrating its commitment to accountability and transparent governance.

Directors' terms

Name	Position	Elected/Appointed/Term Concluded
Tony Lawson	Director, Chair	Elected November 2019
Jo Watson	Director, Deputy Chair	Appointed November 2019
Lara Alexander	Director	Term Concluded November 2020
Ros Chataway	Director	Elected November 2018
Rowan Cockerell	Director	Elected November 2020
Mark Diamond	Director	Elected November 2018
Jan Donovan	Director	Appointed September 2020
Roxxanne MacDonald	Director	Appointed August 2019
Mary Patetsos	Director	Elected November 2020
Christine Walker	Director	Elected November 2020



Tony Lawson



Jo Watson



Ros Chataway



Rowan Cockerell



Mark Diamond



Jan Donovan



Roxxanne MacDonald



Mary Patetsos



Christine Walker



CHF Tick

The #withconsumers tick is a logo demonstrating a health organisation's commitment to integrating the experience and insight of consumers into their work. The CHF tick is available, on application, for single use in association with national and international conferences, major events and flagship publications by organisations or individuals with an interest in health consumer affairs. Its use is granted to organisations that have demonstrated that they put consumers in healthcare first in their activities, such as their governance arrangements, projects, events and publications.

The restrictions on organisations holding conferences and other events due to Covid-19 clearly had an adverse effect on applications for the #withconsumers tick. We granted Safer Care Victoria approval for its use in association with their Giant Steps 2021 conference



Victoria's Chief Health Officer, Brett Sutton, launched the Safer Care Victoria conference "Giant Steps 2021"

CHF Members

CHF membership comprises individual members along with consumer organisations with an interest in health, including illness groups, disability groups and specific population groups such as youth, older people and women. A comprehensive list of our valued members is available [here](#).

Our membership numbers remained steady throughout the period 2020-21 and continue to represent a diverse consumer voice informing our work. Our members are kept up to date on key health reform issues through our publications, member alerts and events. CHF members influence the national health agenda by contributing to CHF surveys and polls, events, consultations and campaigns.

ACKNOWLEDGEMENTS

CHF gratefully acknowledges the following organisations for their support of CHF activities in 2020-21:

Australian Commission for Safety & Quality in Health Care
Australian Digital Health Agency
Australian Institute of Health and Welfare
Coordinare- South Eastern PHN
Deloitte Consulting Pty Ltd
Department of Health – including the Therapeutic Goods Administration
Digital Health CRC
headspace
Medibank Better Health Foundation
Mental Health Australia
Monash University (National Covid-19 Guidelines Taskforce)
Murrumbidgee PHN
National Mental Health Commission
National Rural Health Alliance
NPS MedicineWise
Orygen: Revolution in Mind
Palliative Care Australia
Royal Australian College of General Practitioners
Safer Care Victoria
South East Melbourne PHN
VicHealth
Victorian Agency for Health Information
Western NSW PHN

CHF gratefully acknowledges the generous support of our Summit sponsors.

Principal sponsors: Australian Government Department of Health; Australian Digital Health Agency, NSW Ministry of Health; and the Australian Commission on Safety and Quality in Healthcare.

Gold sponsors: Telstra Health

Silver sponsors: Royal Australian College of General Practitioners, The George Institute for Global Health and Orygen: Revolution in Mind

Stream and session sponsors: Australian General Practice Accreditation Ltd Quality Innovation Performance (AGPAL QIP); Commonwealth Scientific and Industrial Research Organisation (CSIRO); Australian Health Research Alliance; Australian Clinical Trials Alliance; NMHRC Partnership Centre for Health System Sustainability.

In-kind Partners: Sydney Health Literacy Lab and Ko Awatea, Health System Improvement and Innovation, Counties Manukau Health.

Event partners

Delegate Connect

Alignment Event Solutions

Shifting Gears Summit Program Advisory Committee

Dr Anthony Brown, Executive Director,
Health Consumers NSW

Dr Paresh Dawda, Director and Principal, Prestantia Health

Ms Renee Greaves, Experience and Engagement Advisor,
Middlemore Hospital, NZ

Ms Anne Marie Hadley, NSW Ministry of Health

Ms Debra Kay, Health Consumer

Ms Lea Kirkwood, NSW Agency for Clinical Innovation

Ms Belinda McLeod Smith, Improvement Partner,
Safer Care Victoria

Dr Lynne Maher, Innovation and Improvement Clinical
Director, Middlemore Hospital, NZ

Dr Fiona Martin, Director Digital Inclusion and Community Engagement, Australian Digital Health Agency

Ms Michelle Maxwell, Director, Strategic Change, NSW Ministry of Health

Ms Jennifer Muller, Chair of Consumer Council, Stroke Foundation (Veritas Health Service Solutions)

Ms Jennie Parham, CHF Business and Partnership Development Adviser

Ms Bronwyn Smith, Senior Project Officer, Partnering with Consumers, Australian Commission on Safety and Quality in Health Care

Ms Alison Verhoeven, Australian Healthcare & Hospital Association

Ms Yvonne Zuryski, Associate Professor of Health System Sustainability, NHMRC Partnership Centre for Health System Sustainability

Academic Partners and collaborators

Australian Clinical Trials Alliance

Australian Health Research Alliance

Australian National University

Curtin University

Digital Health Co-operative Research Centre

The George Institute for Global Health

Monash University

NHMRC Centre of Research Excellence (CRE) in Digital Technology to Transform Chronic Disease Outcomes

NHMRC Centre for Research Excellence in Adolescent Health

NHMRC Partnership Centre for Health System Sustainability

Media Partners

AUDIENCED (formerly known as Know My Group)

Cinefly

Croakey Health Media

FINANCIAL REPORTS

FOR THE YEAR ENDING 30 JUNE 2021

Consumers Health Forum of Australia Ltd

ABN 82 146 988 927

Financial Statements

For the Year Ended 30 June 2021

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CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2021

The directors present their report on the company for the financial year ended 30 June 2021.

Directors

The names of each person who has been a director during the year and to the date of this report are:

Names	Position	Elected/Appointed/Term Concluded
Tony Lawson	Director, Chair	
Jo Watson	Director, Deputy Chair	
Lara Alexander	Director	Term Concluded November 2020
Ros Chataway	Director	
Rowan Cockerell	Director	Elected November 2020
Mark Diamond	Director	
Jan Donovan	Director	Appointed September 2020
Roxxanne MacDonald	Director	
Mary Patetsos	Director	Elected November 2020
Christine Walker	Director	Elected November 2020

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal activities

The principal activities of Consumers Health Forum of Australia Ltd (CHF) during the financial year were to provide information, representation and advocacy on national health issues for its membership of health consumer organisations. No significant changes in the nature of the company's activities occurred during the financial year.

Objectives

The company's objectives are to:

1. Develop and promote consumer-centred health system policy and practice to governments, stakeholders, providers and clinicians
2. Engage with the members of CHF to ensure collective consumer voices are involved in the co-design of health system change and innovation
3. Generate new and harness existing evidence to shape and co-create consumer-centred health policy and practice
4. Partner strategically to achieve a consumer-centred health system
5. Sustain and grow a member-driven, values based, reputable and well governed organisation

Strategies for achieving the objectives

To achieve these objectives, the company will:

Objective One - Advocating for Impact:

CHF will make credible, authoritative and constructive contributions to national policy and system design. CHF will strive to set the agenda for a consumer centred health system and advocate for the changes needed to realise that future.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

Objective Two - Consumers Shaping Health:

CHF will support meaningful and authentic consumer engagement and participation at all levels of the health system. CHF will equip consumer leaders to act with impact and influence. CHF will facilitate opportunities to build capacity and improve the practice of consumer centred health care.

Objective Three - Partnering for Purpose:

CHF will work with members and networks to maximise the impact of the consumer voice at the national level. We will strategically partner with stakeholders to shape better healthcare by ensuring that a consumer focus is always front and centre.

Objective Four - Resilient and Strong:

CHF will maintain and grow a strong and diverse membership. We will ensure our governance and leadership is of the highest standard. We will strengthen to our organizational resilience and assure our financial sustainability.

Information on directors

Current Directors:

Tony Lawson (Chair)

Experience Tony has been a member of the CHF Board since 2010 and Chair since 2014. He was re-elected as Chair at the November 2020 Board meeting.

Tony strives to operate at strategic levels in policy forums and meetings conducted by and with CHF, always promoting enhanced consumer participation and engagement in every encounter.

Tony continues to ensure the development and maintenance of sound, respectful and productive relationships with key stakeholders. Tony also seeks to make strong contributions to health consumer matters in other settings, including as CHF nominated Consumer Director on the Board of the Australian Council on Healthcare Standards.

Tony has managed not-for-profit organisations and was Chair of the SA peak consumer health body for six years. Tony has extensive experience in managing and implementing governance frameworks in a diverse range of organisations both as a leader and independent adviser. He has undertaken many health consumer participation projects and produced many reports and published articles on health issues. He is currently Executive Director, The Hospital Research Foundation Group – Palliative Care.

Overall, he has been involved at the highest levels in consumer health for over a decade and continues to strive to provide decisive and strategic leadership to CHF

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

Jo Watson (Deputy Chair)

Experience Jo Watson was first appointed to the CHF Board in 2012 and has been Deputy Chair since 2014. She was re-elected Deputy Chair at the November 2020 Board meeting.

Jo was the Executive Director for the National Association of People living with HIV Australia (NAPWHA) from 1998 to 2014. Over the past several decades she has been a community advocate actively engaged in the areas of health policy, especially access to medicines, and optimal public health interventions.

She was the consumer nominee of the Pharmaceutical Benefits Pricing Authority (PBPA) from 2002 to 2012 and has been a consumer nominee to the Pharmaceutical Benefits Advisory Committee (PBAC) since 2013. In 2017 Jo was appointed as the inaugural Deputy Chair of PBAC. She is also the Chair of the HTA Consumer Consultative Committee, established in 2017 within the Commonwealth Department of Health.

Jo is the CHF nominated Director on the Board of the Australian GP Accreditation Ltd Group (AGPAL) and is the Chair of the CHF Governance Committee.

Ros Chataway Experience

Ros was first elected to the CHF Board in 2018 and is a member of the Finance, Audit and Risk Management Committee. Ros has over 40 years' experience working in the healthcare field in both the public and private sectors. Responsibilities include managerial, clinical and administrative roles at corporate and clinical levels. Ros has managed the Safety, Quality and Risk Management Unit in acute hospital settings and has been able to implement change in staff practices arising from the feedback that consumers provided directly to the unit.

Ros had extensive experience with the Consumer Advisory Council (CAC) at the Queen Elizabeth Hospital and enjoys the exchange of ideas and input from consumers from a broad range of cultures and backgrounds. Ros was on the Board of Health Consumers Alliance (HCA), SA from 2013-2018 and is the immediate past President of the Australasian College of Health Service Management (ACHSM), SA Branch. Ros is on the National ACHSM Board and the National Rural Health Alliance (NRHA) Council. Ros has substantial understanding and experience in the challenges of providing healthcare to rural and remote communities, whilst employed as the Safety and Quality Manager at Country Health SA Local Health Network.

Ros is a Registered Nurse and Midwife and has completed a Law degree and a Bachelor of Behavioural Science (Psychology). She is currently undertaking a Master of Business Administration (MBA) and working part-time as an Australian Council on Healthcare Standards (ACHS) Assessor. Ros has been a carer and advocate for her recently deceased mother and still supports and promotes the consumer voice for her elderly mother and father-in-law residing in Aged Care.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

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DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

Rowan Cockerell

Experience

Rowan Cockerell was first elected to the CHF Board in 2014 and re-elected in 2020.

Rowan has worked across healthcare and community services, aged care and service development projects for over 43 years. Responsibilities include working at senior management level in clinical and administrative leadership roles with an emphasis on governance, people management and change management skills within private, not-for-profit and public (Human Services environment) sectors.

As CEO of the Continence Foundation of Australia, Rowan is a passionate advocate for seeking improved health systems and programs for consumers and developing processes to better understand the consumer journey, consumer engagement and contributing to strategic planning which will influence future policy reforms for equitable access to health care

Rowan has a nursing background and has completed a Masters of Business (M.Bus) and is a Graduate of the Australian Institute of Company Directors.

Mark Diamond

Experience

Mark was first elected to the CHF Board in 2018. He holds a post-graduate degree in Social Work and has extensive experience in management of public sector community services, health and aged care organisations in four state and territory jurisdictions over a period of 30 years. More recently he was appointed as CEO of the National Rural Health Alliance – the national peak body for rural, regional and remote health. He now operates his own consulting firm providing assistance and support to the health and aged care sectors, including services located in rural and remote areas.

Mark has skills and experience in hospital, health service and aged care management in metropolitan, regional and isolated rural areas, and has skills in leadership, project management, change management and service redesign. He has a strong interest in rural and remote health, mental health, Indigenous health, primary health care and aged care. He is a Fellow, former Board Director and Life Member of the Australasian College of Health Service Management.

Mark is a member of the Aged Care Workforce Remote Accord – a national leadership group responsible for providing policy advice regarding the workforce issues in the aged care sector in rural and remote Australia.

Jan Donovan

Experience

Jan was appointed to the CHF Board in 2014 and reappointed in 2020. She currently chairs the Finance, Audit and Risk Management Committee of the Board. Her experience includes public policy, strategy, and governance matters at Board level through her nine years as a member of the Board of the National Prescribing Service (NPS Medicines Wise) and five years as a member of the Board of the Australian Primary Health Care Research Institute at ANU.

Jan participates in National Policy Forums at the strategic level and has done so for three decades including eight years with Council on the Ageing - six years in the role of National Policy Officer. Jan is a passionate advocate for addressing health equity and the social determinants of health with a focus on people with chronic illness. She has a strong interest in access to primary health care, the national medicines policy,

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

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DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2021

health literacy, mental health, aged care, and indigenous health.

She was recently appointed by the Minister for Health to the Panel to Review the National Medicines Policy for Australia. She is an active consumer representative and Chair of the Community Reference Council for the Turner Institute for Brain and Mental Health Monash University, a member of Primary Healthcare Advisory Committee for the Australian Institute of Health and Welfare, Evaluation Working Group for Health Care Homes and the Medicines Safety Committee for the Australian Digital Health Agency.

Jan has secondary teaching qualifications and experience in education including in Papua New Guinea and Timor-Leste.

Roxanne MacDonald

Experience

Roxanne was appointed to the CHF Board in 2019. Roxanne is consumer and carer representative in the youth health space and has had a focus on mental health. She is a member of CHF's Inaugural Youth Health Forum and is currently one of the Forum's Young Leaders.

She served a two-year term on Orygen's Youth Advisory Council and has worked with several other organisations including Children's Health Queensland, Australian Government Department of Health, and the Queensland Centre for Mental Health Research. She is also a consumer representative with Health Consumer's Queensland.

Roxanne is passionate about young people being meaningfully involved at all levels of Australia's health system.

Mary Patetsos

Experience

Mary was elected to the CHF Board in November 2020. Mary is an experienced non-Executive Board Director with particular expertise and proven skills in governance, strategy, audit and risk, stakeholder engagement and leadership. She is currently the national chair of FECCA – the Federation of Ethnic Communities Council of Australia.

Mary also holds positions as a non-Executive Director on the Board of the Aged Care Housing Group (SA), the Northern Area Health Local Network Board and as a Council Member, University of South Australia (UniSA) as well as a member of its Audit, Risk and Finance Committee. She is also a Board member of CANDo: 4Kids, an organisation charged with responsibility for servicing children and their families to maximise development of all young people, and is also on the SBS Community Advisory Committee. Mary is a member of the Ministerial Appointed Aged Care Sector Committee and also a member of its Diversity sub-group.

Mary has a passionate commitment to the principles of social justice, diversity, and equity in all areas of work and believes that understanding the social-economic determinants of health and wellbeing in all areas of society is crucial for those developing health policy.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

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DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

Christine Walker

Experience

Christine Walker was elected to the CHF Board in 2017. Christine has 20 years' experience as a Director on Boards, and in governance, strategic planning, and building an evidence base around the needs of people with chronic illnesses in the health system through research and consultancies. Christine works to include consumers and the community in all levels of health service and policy development. Currently Christine is a Board member of the Epilepsy Foundation Victoria. She is member of the Melbourne Genomics Health Alliance Community Advisory Group, the Australian Epilepsy Research Foundation, the Executive of the Australian Health Care Reform Alliance, the RACGP National Standing Committee on Quality Care and on Stem Cells Australia Community Advisory Committee, She is an associate investigator in an MRFF funded stem cells research grant and the lead researcher of The Australian Epilepsy Longitudinal Study She has an honorary appointment in University of Melbourne School of Medicine as senior fellow. Past Board memberships have included NPS Medicinewise and Western Health Service in Victoria.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
ABN 82 146 988 927

DIRECTORS' REPORT
FOR THE YEAR ENDED 30 JUNE 2021

Meetings of directors

During the financial year, 11 meetings of directors were held, 4 board meetings and 7 meetings of subcommittees. Attendances by each director during the year were as follows:

Director Name	Directors' Meetings		Subcommittee Meetings	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Tony Lawson ¹	4	4	7	2
Jo Watson	4	4	3	3
Lara Alexander	1	1	2	2
Ros Chataway	4	3	4	4
Rowan Cockerell	4	4	7	7
Mark Diamond	4	4	3	3
Jan Donovan	4	4	3	3
Christine Walker	4	4	3	3
Roxanne MacDonald	4	4	3	2
Mary Patetsos	3	2	2	1

¹ As Chair of the Board Mr Tony Lawson is an ex officio member of all sub-committees of the Board however his attendance at all sub-committee meetings is not required.

Members guarantee

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$ 1 each towards meeting any outstanding obligations of the company. At 30 June 2021 the total amount that members of the company are liable to contribute if the company is wound up is \$222 (2020: \$250).

Auditor's independence declaration

The lead auditor's independence declaration for the year ended 30 June 2021 has been received and can be found on page 8 of the financial report.

Signed in accordance with a resolution of the Board of Directors:



Director:
 Tony Lawson



Director:
 Jan Donovan



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AUDITOR'S INDEPENDENCE DECLARATION UNDER S60-40 OF THE *AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012* TO THE DIRECTORS OF CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

As lead auditor of Consumers Health Forum of Australia Ltd, I declare that, to the best of my knowledge and belief, during the year ended 30 June 2021 there have been no contraventions of:

- i. the auditor independence requirements as set out in the *Australian Charities and Not-For-Profits Commission Act 2012* in relation to the audit; and
- ii. any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink that reads 'Jamie Glenn'.

Jamie Glenn, CA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 21st day of October 2021

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021 \$	2020 \$
Revenue	2	2,347,266	2,052,851
Other income	2	56,558	62,938
Employee benefits expense	3	(1,196,083)	(1,168,155)
Depreciation and amortisation expense	3	(48,008)	(48,734)
Interest expense	3	(2,814)	(4,570)
Administration expense		(135,281)	(165,720)
Project contractor and consultancy fees		(337,563)	(415,906)
Insurance		(17,252)	(25,337)
Rental expense	3	(4,718)	(13,529)
Repairs, maintenance and vehicle running expense		(11,918)	(44,923)
Travel and accommodation		(5,995)	(48,157)
Workshop expense		(134,401)	(37,855)
Other expenses		(134,510)	(5,273)
Current year surplus before income tax		375,281	137,630
Income tax expense	1(j)	-	-
Net current year surplus		<u>375,281</u>	<u>137,630</u>
Other comprehensive income			
Total other comprehensive income for the year		-	-
Total comprehensive income for the year		375,281	137,630
Net current year surplus attributable to members of CHF		<u>375,281</u>	<u>137,630</u>
Total comprehensive income attributable to members of CHF		<u>375,281</u>	<u>137,630</u>

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

RSTATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2021

	Note	2021 \$	2020 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	1,232,524	1,317,447
Trade and other receivables	5	62,732	9,652
Other assets	6	19,430	89,347
Financial assets	7	400,000	400,000
TOTAL CURRENT ASSETS		1,714,686	1,816,446
NON-CURRENT ASSETS			
Other assets	6	8,800	8,800
Financial assets	7	26,045	26,045
Property, plant and equipment	8	27,897	39,736
Right of use assets	9(i)	27,666	61,802
TOTAL NON-CURRENT ASSETS		90,408	136,383
TOTAL ASSETS		1,805,094	1,952,829
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	129,936	148,048
Contract liabilities	11	544,856	1,016,282
Provisions	12	121,081	114,448
Lease liabilities	13	33,368	38,995
TOTAL CURRENT LIABILITIES		829,241	1,317,773
NON-CURRENT LIABILITIES			
Lease liabilities	13	-	34,484
TOTAL NON-CURRENT LIABILITIES		-	34,484
TOTAL LIABILITIES		829,241	1,352,257
NET ASSETS		975,853	600,572
EQUITY			
Retained earnings		975,853	600,572
TOTAL EQUITY		975,853	600,572

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

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STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2021

	Retained Surplus	Total
	\$	\$
Balance at 1 July 2019	476,516	476,516
Cumulative adjustment upon adoption of new Accounting Standards (AASB 16)	(13,574)	(13,574)
Balance at 1 July 2019 restated	<u>462,942</u>	<u>462,942</u>
Comprehensive income		
Net surplus for the year	<u>137,630</u>	<u>137,630</u>
Balance at 30 June 2020	<u>600,572</u>	<u>600,572</u>
Balance at 1 July 2020	600,572	600,572
Comprehensive income		
Net surplus for the year	<u>375,281</u>	<u>375,281</u>
Balance at 30 June 2021	<u>975,853</u>	<u>975,853</u>

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STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021	2020
		\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipt from customers		2,009,744	2,616,792
Government subsidies	2	50,000	50,000
Interest received	2	3,185	10,048
Finance costs	3	(2,814)	(4,570)
Payments to suppliers and employees		(2,102,894)	(2,227,785)
Net cash (used in) / generated from operating activities		<u>(42,779)</u>	<u>444,485</u>
CASH FLOWS FROM INVESTING ACTIVITIES:			
Payment for property, plant and equipment	8	(2,033)	(4,800)
Net cash (used in) investing activities		<u>(2,033)</u>	<u>(4,800)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:			
Repayment of lease liabilities		(40,111)	(36,033)
Net cash (used in) financing activities		<u>(40,111)</u>	<u>(36,033)</u>
Net (decrease) / increase in cash held		(84,923)	403,652
Cash and cash equivalents at beginning of financial year		1,317,447	913,795
Cash and cash equivalents at end of financial year	4	<u>1,232,524</u>	<u>1,317,447</u>

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Preparation

Consumers Health Forum of Australia Ltd (CHF) applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: *Application of Tiers of Australian Accounting Standards*.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profits Commission Act 2012*. CHF is a not-for-profit company for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue on 21 October 2021 by the directors of CHF.

Accounting Policies

a. Revenue

Revenue recognition

Operating grants, donations and bequests

When CHF receives operating grant revenue, donations and bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligation in accordance to AASB 15.

When both these conditions are satisfied, CHF:

- identifies each performance obligation relating to the grant
- recognises a contract liability for its obligations under the agreements
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligation, CHF:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9, AASB 16, AASB 116 and AASB 138)
- recognised related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer)
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, CHF recognises income in profit or loss when or as it satisfies its obligations under the contract.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

a. Revenue (continued)

Interest income

Interest income is recognised using the effective interest method.

Membership income

Membership fees received are apportioned over the period to which the fee relates. Fees received for future periods are shown in the financial statements as current liabilities.

Rendering of services

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer.

All revenue is stated net of the amount of goods and services tax.

b. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to CHF commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Leasehold Improvements	33%
Member / Contact Database	20%
Office Equipment	20% - 33%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

b. Property, Plant and Equipment (continued)

These gains or losses are recognised in profit or loss in the period in which they arise. Gains are not classified as revenue. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

c. Leases

CHF as lessee

At inception of a contract, CHF assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by CHF where CHF is a lessee. However, all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

The lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives
- variable lease payments rate, initially measured using the index or rate at the commencement date
- the amount expected to be payable by the lessee under residual value guarantees
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options
- lease payments under extension options if lessee is reasonably certain to exercise the options
- payments for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest.

Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Company anticipates exercising a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

Concessionary leases

For leases that have significantly below-market terms and conditions principally to enable CHF to further its objectives (commonly known as peppercorn/concessionary leases), CHF has adopted the temporary relief under AASB 2018-8 and measures the right of use assets at cost on initial recognition.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

d. Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when CHF becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that CHF commits itself to either the purchase or sale of the asset (ie trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified as “at fair value through profit or loss”, in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15: *Revenue from Contracts with Customers*.

Classification and subsequent measurement

Financial liabilities

CHF's financial liabilities are subsequently measured at amortised cost using the effective interest method. The financial liabilities of CHF comprise trade payables.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense over in profit or loss over the relevant period.

The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

Financial assets

Financial assets are subsequently measured at:

- amortised cost;
- fair value through other comprehensive income; or
- fair value through profit or loss.

A financial asset that meets the following conditions is subsequently measured at amortised cost:

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

d. Financial Instruments (continued)

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires). The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

Recognition of expected credit losses in financial statements

At each reporting date, CHF recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit and loss and other comprehensive income.

e. Impairment of Assets

At the end of each reporting period, CHF reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where it is not possible to estimate the recoverable amount of an individual asset, CHF estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

f. Employee Benefits

Short-term employee benefits

Provision is made for CHF's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Other long-term employee benefits

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

f. Employee Benefits (continued)

the probability that the employee may satisfy vesting requirements. Changes in the measurement of the liability are recognised in profit or loss.

The entity's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the entity does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

Defined contribution schemes

Obligations for contributions to defined contribution superannuation plans are recognised as an employee benefit expense in profit or loss in the periods in which services are provided by employees.

g. Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

h. Trade and Other Debtors

Trade and other debtors include amounts due from members as well as amounts receivable from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(e) for further discussion on the determination of impairment losses.

i. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). Receivables and payables are stated inclusive of GST.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

j. Income Tax

No provision for income tax has been raised as CHF is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

k. Provisions

Provisions are recognised when CHF has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

l. Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

m. Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by CHF during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

n. Critical Accounting Estimates and Judgements

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within CHF.

Key estimates

(i) *Useful lives of property, plant and equipment*

As described in Note 1(b), CHF reviews the estimated useful lives of property, plant and equipment at the end of each annual reporting period.

Key judgements

(i) *Performance obligations under AASB 15*

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by considering any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature / type, cost / value, quantity and the period of transfer related to the goods or services promised.

(ii) *Lease term and option to extend under AASB 16*

The lease term is defined as the non-cancellable period of a lease together with both periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonably going to be exercised is a key management judgement that CHF will make. CHF determines the likeliness to exercise the options on a lease-by-lease basis looking at

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

various factors such as which assets are strategic, and which are key to future strategy of CHF.

(iii) *Employee benefits*

For the purpose of measurement, AASB 119: *Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. CHF expects that most employees will use their annual leave entitlements within 24 months of the reporting period in which they were earned, but this will not have a material impact on the amounts recognised in respect of obligations for employees' leave entitlements.

(iv) *Going concern*

Since 31 March 2020, the COVID-19 outbreak has impacted the way of life in Australia. In accordance with national guidelines, CHF has implemented remote working arrangements in response to government requirements and to ensure the wellbeing and safety of all employees and visitors. CHF has determined that there are no going concern risks arising from the impact of the COVID-19 outbreak.

It is not possible to reliably estimate the duration and severity of the impact of COVID-19, as well as the impact on the financial position and results of CHF for future periods. However, based on analysis of the financial performance and position the financial statements have been prepared on a going concern basis. The directors believe at this point in time that there is no significant doubt about CHF's ability to continue as a going concern.

o. Economic Dependence

Consumers Health Forum of Australia Ltd is dependent on the Department of Health for the majority of its revenue used to operate the business. At the date of this report, the Board of Directors has no reason to believe the Department will not continue to support Consumers Health Forum of Australia Ltd.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

NOTE 2: REVENUE AND OTHER INCOME

	Note	2021	2020
		\$	\$
Revenue			
- grant revenue		2,297,061	2,001,798
- member subscriptions		50,205	51,053
		2,347,266	2,052,851
Other income			
- other income		3,373	3,555
- interest earnings		3,185	9,383
- Government stimulus		50,000	50,000
		56,558	62,938
Total revenue and other income		2,403,824	2,115,789

NOTE 3: SURPLUS FOR THE YEAR

Employee benefits expense		1,196,083	1,168,155
Depreciation and amortisation expense			
- office equipment		2,895	3,621
- leasehold improvements		10,977	10,976
- right of use assets		34,136	34,137
Total depreciation and amortisation expense		48,008	48,734
Finance costs			
- interest expense on lease liabilities		2,814	4,570
Rental expense		4,718	13,529

NOTE 4: CASH AND CASH EQUIVALENTS

CURRENT

Cash at bank	17	1,232,524	1,317,447
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NOTE 5: TRADE AND OTHER RECEIVABLES

CURRENT

Trade receivables	17	62,732	9,652
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CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

NOTE 6: OTHER ASSETS

	Note	2021	2020
		\$	\$
CURRENT			
Accrued income		138	705
Prepayments		19,292	88,642
		<u>19,430</u>	<u>89,347</u>
NON-CURRENT			
Rental bond		8,800	8,800
		<u>8,800</u>	<u>8,800</u>
		<u>28,230</u>	<u>98,147</u>

NOTE 7: FINANCIAL ASSETS

CURRENT			
Term deposit		400,000	400,000
Total current assets		<u>400,000</u>	<u>400,000</u>
NON-CURRENT			
Rental guarantee invested in a term deposit		26,045	26,045
Total non-current assets		<u>26,045</u>	<u>26,045</u>
(i) Financial assets at amortised cost			
Term deposit		400,000	400,000
Rental guarantee invested in a term deposit		26,045	26,045
	17	<u>426,045</u>	<u>426,045</u>

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

NOTE 8: PROPERTY, PLANT AND EQUIPMENT

	2021	2020
	\$	\$
Office equipment		
At cost	32,494	30,461
Less accumulated depreciation	(23,340)	(20,445)
	<u>9,154</u>	<u>10,016</u>
Member / contact database		
At cost	12,400	12,400
Less accumulated depreciation	(12,400)	(12,400)
	<u>-</u>	<u>-</u>
Leasehold improvements		
At cost	54,883	54,883
Less accumulated depreciation	(36,140)	(25,163)
	<u>18,743</u>	<u>29,720</u>
Total property, plant and equipment	<u>27,897</u>	<u>39,736</u>

Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Office Equipment	Member Database	Leasehold Improvements	Total
	\$	\$	\$	\$
2021				
Balance at the beginning of the year	10,016	-	29,720	39,736
Additions at cost	2,033	-	-	2,033
Depreciation expense	(2,895)	-	(10,977)	(13,872)
Carrying amount at the end of the year	<u>9,154</u>	<u>-</u>	<u>18,743</u>	<u>27,897</u>

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

NOTE 9: RIGHT OF USE ASSETS

CHF's lease portfolio includes equipment lease and operating lease of CHF's office. The equipment lease has a lease term of five years and the underlying assets have an average of five years useful lives. The operating lease has a lease term and useful life of six years.

The option to extend or terminate are contained in the property leases of CHF. There were no extension options for the equipment lease. These clauses provide CHF opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by CHF. The extension options or termination options which were probable to be exercised have been included in the calculation of the right of use assets.

This leases are measured at cost in accordance with CHF's accounting policy as outlined in Note 1.

(i) AASB 16 related amounts recognised in the balance sheet

Right of use assets	2021	2020
	\$	\$
Leased premises	88,029	88,029
Accumulated amortisation	(60,363)	(30,182)
	<u>27,666</u>	<u>57,847</u>
Leased equipment	7,910	7,910
Accumulated amortisation	(7,910)	(3,955)
	<u>-</u>	<u>3,955</u>
Total right of use asset	<u>27,666</u>	<u>61,802</u>

Movements in carrying amounts

2021	Leased premises	Leased equipment	Total
	\$	\$	\$
Balance at the beginning of the year	57,847	3,955	61,802
Amortisation expense	(30,181)	(3,955)	(34,136)
Net carrying amount	<u>27,666</u>	<u>-</u>	<u>27,666</u>

(ii) AASB 16 related amounts recognised in the statement of profit or loss

Depreciation charge related to right-of-use assets	34,136	34,137
Interest expense on lease liabilities	2,814	4,570

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

NOTE 10: TRADE AND OTHER PAYABLES

	Note	2021	2020
		\$	\$
CURRENT			
Trade payables		7,043	24,640
Accrued expenses		41,897	18,554
Other current payables (net of GST)		34,141	34,965
Current tax liability		46,855	69,889
		129,936	148,048

(i) Financial liabilities at amortised cost classified as trade and other payables

Trade and other payables:			
– total current		129,936	148,048
Less tax liability		(46,855)	(69,889)
Less other current payables		(33,429)	(32,038)
Financial liabilities as trade and other payables	17	49,652	46,121

NOTE 11: CONTRACT LIABILITIES

Balance at the beginning of the year		1,016,282	719,122
Closing balance at the end of the year			
- grants for which performance obligations will only be satisfied in subsequent years		531,871	996,570
- other contract liability – membership received in advance		12,985	19,712
		544,856	1,016,282

If grants are enforceable and have sufficiently specific performance obligations in accordance with AASB 15, the amount received at that point in time, is recognised as a contract liability until the performance obligations have been satisfied.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

NOTE 12: PROVISIONS

	Note	2021	2020
		\$	\$
CURRENT			
Provision for employee benefits: annual leave		121,081	114,448
		121,081	114,448
		Employee Benefits	Total
		\$	\$
Analysis of total provisions			
Opening balance at 1 July 2020		114,448	114,448
Movement in leave		6,633	6,633
Balance at 30 June 2021		121,081	121,081

Provision for employee benefits⁰

Provision for employee benefits represents amounts accrued for annual leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, CHF does not expect the full amount of annual leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since CHF does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

NOTE 13: LEASE LIABILITIES

CURRENT			
Lease liability – Operating lease		33,368	34,704
Leases liability – Leased equipment		-	4,291
		33,368	38,995
NON-CURRENT			
Lease liability – Operating lease		-	34,484
		-	34,484
	17	33,368	73,479

NOTE 14: EVENT AFTER THE REPORTING PERIOD

There have been no events subsequent to reporting date, which require disclosure in the financial statements.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

NOTE 15: KEY MANAGEMENT PERSONNEL COMPENSATION

Any person(s) having authority and responsibility for planning, directing and controlling the activities of CHF, directly or indirectly, including any director (whether executive or otherwise) of CHF, is considered key management personnel (KMP).

The totals of remuneration paid to KMP of CHF during the year are as follows:

	2021	2020
	\$	\$
– short-term employee benefits	270,638	279,343

NOTE 16: OTHER RELATED PARTY TRANSACTIONS

Other related parties include close family members of key management personnel and entities that are controlled or jointly controlled by those key management personnel individually or collectively with their close family members.

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

NOTE 17: FINANCIAL RISK MANAGEMENT

CHF's financial instruments consist mainly of deposits with banks, short-term and long-term investments, accounts receivable and payable, and leases.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 9: *Financial Instruments* as detailed in the accounting policies to these financial statements, are as follows:

Financial assets

Financial assets at amortised cost:

– cash and cash equivalents	4	1,232,524	1,317,447
– trade and other receivables	5	62,732	9,652
– other financial assets	7(i)	426,045	426,045

Total financial assets	1,721,301	1,753,144
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Financial liabilities

Financial liabilities at amortised cost:

– trade and other payables	10(i)	49,652	46,121
– lease liabilities	13	33,368	73,479

Total financial liabilities	83,020	119,600
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CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
ABN 82 146 988 927

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

NOTE 18: ENTITY DETAILS

The principal place of business is:

Consumers Health Forum of Australia Ltd
Unit 7B, 17 Napier Close
Deakin ACT 2600

NOTE 19: MEMBERS' GUARANTEE

CHF is incorporated under the *Corporation Act 2001* and is a company limited by guarantee. If CHF is wound up, the constitution states that each member is required to contribute a maximum of \$1 each towards meeting any outstanding obligations of CHF. At 30 June 2021, the number of members was 222 (2020: 250).

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

DIRECTORS' DECLARATION

In the opinion of the Board, the financial statements as set out on pages 9 to 28:

- presents a true and fair view of the financial position of Consumers Health Forum of Australia Lts at 30 June 2021 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board. The financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.
- at the date of this statement, there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.



Chair



Chair, Finance and Risk Management Committee

Dated this 21st day of October 2021

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report of Consumers Health Forum of Australia Ltd (the registered CHF), which comprises the statement of financial position as at 30 June 2021, the statement of profit or loss, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

In our opinion, the accompanying financial report of Consumers Health Forum of Australia Ltd has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (the ACNC Act), including:

- (i) giving a true and fair view of the registered CHF's financial position as at 30 June 2021 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the registered CHF in accordance with the ACNC Act and ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter

We draw attention to Note 1n(iv) of the financial report which notes the outbreak of COVID-19 as a global pandemic and how this has been considered by the directors in the preparation of the financial report. The impact of COVID-19 is an unprecedented event, which continues to cause a high level of uncertainty and volatility. As set out in the financial statements, no adjustments have been made to financial statements as at 30 June 2021 for the impacts of COVID-19. Our opinion is not modified in respect of this matter.

Information Other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2021 but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Liability limited by a scheme approved under Professional Standards Legislation

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

Responsibilities of the Directors for the Financial Report

The directors of the registered CHF are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the registered CHF to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the registered CHF or to cease operations, or has no realistic alternative but to do so.

The directors are responsible for overseeing the registered CHF's financial reporting process.

Auditor's Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered CHF's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered CHF's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered CHF to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Jamie Glenn, CA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 21st day of October 2021

www.chf.org.au