



Board of Management

22 February 2017



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY – 22 February 2017

Notice is hereby given that a meeting of the Board of Management of the Eastern Health Authority will be held at the EHA Offices, **101 Payneham Road, St Peters** on Wednesday 22 February 2017 commencing at 6.30 pm.

A light meal will be served at 6.00 pm.

A handwritten signature in black ink, appearing to read 'M Livori', is positioned above the printed name of the Chief Executive Officer.

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**

AGENDA

EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING

WEDNESDAY – 22 February 2017

Commencing at 6.30 pm

- 1 Opening
- 2 Apologies
- 3 Confirmation of minutes – 26 October 2016
- 4 Matters arising from the minutes

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5 ELECTION OF THE EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT CHAIR AND DEPUTY CHAIR

Author: Michael Livori
Ref: AF11/65

Summary

Eastern Health Authority's (EHA) Charter requires a Chair and Deputy Chair to be elected at the first meeting of its Board of Management after a Local Government General Election and annually thereafter.

Background

Clause 2.5 and 2.6 of EHA's Charter provides for the following in relation to the Chair of the Board of Management:

2.5 *Chair of the Board*

- a) A Chair and Deputy Chair shall be elected at the first meeting of the Board after a Periodic Election.
- b) The Chair and Deputy Chair shall hold office for a period of one year from the date of the election by the Board.
- c) Where there is more than one nomination for the position of Chair or Deputy Chair, the election shall be decided by ballot.
- d) Both the Chair and Deputy Chair shall be eligible for re-election to their respective offices at the end of their respective one year term.
- e) If the Chair should cease to be a Board Member, the Deputy Chair may act as the Chair until the election of a new Chair.

2.6 Powers of the Chair and Deputy Chair

- a) The Chair shall preside at all meetings of the Board and, in the event of the Chair being absent from a meeting, the Deputy Chair shall preside. In the event of the Chair and Deputy Chair being absent from a meeting, the Board Members present shall appoint a member from amongst them, who shall preside for that meeting or until the Chair or Deputy Chair is present.

- b) The Chair and the Deputy Chair individually or collectively shall have such powers as may be decided by the Board.

The Local Government Association has developed Guidelines for Choosing a Chairperson (or Deputy Mayor, Deputy Chairperson). The Guidelines which were substantially revised in July 2016 are provided as attachment 1.

Section 5 of the Guidelines (detailed below) specifically deals with the Presiding Member of a Board of Management of Council Subsidiaries.

All subsidiaries, whether single council subsidiaries or regional subsidiaries, are administered by a board of management whose membership is determined by the councils and may consist of, or include, persons who are not members of the councils.

Clause 4(4) of Schedule 2 of the Act provides that a board member must be appointed to chair meetings of the board of management and that board members will preside at meetings of the board of management at which she/he is present.

The council may, when establishing a subsidiary and determining the membership of the board of management of the subsidiary, appoint a member as the presiding member. This may be specifically set out in the subsidiary's Charter. Alternatively, the Council may leave the appointment of the presiding member to the board of management and similarly make provision for this in the subsidiary's Charter. In such circumstances the members of the board of management should appoint one of its members to preside at the first meeting until a presiding member has been appointed, subject to any provisions in the subsidiary's Charter.

Report

It should be noted that the Chief Executive Officer (CEO) will preside over the meeting until the matter of the selection of the Chairperson is decided.

As EHA is currently constituted, it is required to choose a Chair as its principal member and a Deputy Chair. These persons must be chosen from amongst the members of the Board of Management.

At the Board of Management meeting held on 24 February 2016 the following was resolved.

Cr D Shetliffe moved:

That:

1. The Election of the EHA Board of Management Chair and Deputy Chair report is received.
2. The term of Office for the position of Chairperson and Deputy Chairperson of EHA is 1 year in accordance with clause 2.5.2 of the EHA Charter.

3. EHA determines that the method of choosing a Chairperson and Deputy Chairperson be by an election process.
4. The method of election is by secret ballot.
5. EHA adopt a first past the post method of voting.
6. The CEO be appointed Returning Officer for the election.
7. If at any stage during the process there is an equal number of votes the Returning Officer will decide the issue by the drawing of lots. The name of the candidate/s withdrawn will be the one/s excluded from the ballot.
8. Upon the completion of the election, the Returning Officer be authorised to declare the successful candidate elected to the position of Chairperson and Deputy Chairperson.
9. Upon the declaration of the Returning Officer the candidate is appointed to the position of Chairperson and Deputy Chairperson respectively for the term of office determined by this resolution.

Seconded by Cr J Kennedy

CARRIED UNANIMOUSLY 2: 022016

The CEO called for nominations for the position of Chairperson. Cr G Knoblauch nominated Cr S Whittington, who accepted the nomination. As no further nominations were received, the CEO announced that Cr S Whittington had been elected to the position of Chairperson

The CEO called for nominations for the position of Deputy Chairperson. Cr P Cornish nominated Cr A Monceaux, who accepted the nomination. Cr J Kennedy nominated Cr M Ryan, who accepted the nomination.

There being two candidates for the position of the Deputy Chairperson, the CEO conducted an election by secret ballot. The CEO subsequently announced that Cr A Monceaux had been elected to the position of Deputy Chairperson.

As the 12 month term will conclude on 23 February 2017 it is necessary to conduct an election for these positions. The recommendations below are based on previous election practices.

RECOMMENDATION

That:

1. The Election of the EHA Board of Management Chair and Deputy Chair report is received.

2. The term of Office for the position of Chairperson and Deputy Chairperson of EHA is 1 year in accordance with clause 2.5(b) of the EHA Charter.
3. EHA determines that the method of choosing a Chairperson and Deputy Chairperson be by an election process.
4. The method of election is by secret ballot.
5. EHA adopt a first past the post method of voting.
6. The CEO be appointed Returning Officer for the election.
7. If at any stage during the process there is an equal number of votes the Returning Officer will decide the issue by the drawing of lots. The name of the candidate/s withdrawn will be the one/s excluded from the ballot.
8. Upon the completion of the election, the Returning Officer be authorised to declare the successful candidate elected to the position of Chairperson and Deputy Chairperson.
9. Upon the declaration of the Returning Officer the candidate is appointed to the position of Chairperson and Deputy Chairperson respectively for the term of office determined by this resolution.

Guidelines for Choosing a Chairperson (or Deputy Mayor, Deputy Chairperson)

Process, Options and Implications

The *Guidelines for Choosing a Chairperson – Process, Options and Implications* document has been prepared by the Local Government Association of SA (LGA) for the guidance of and use by member councils. The LGA is the statutory peak body for Local Government in South Australia.

Last revised or updated:

- December 2011
- January 2013 – minor re-formatting
- July 2016 – substantial revision
- December 2016 – minor improvements and addition of appendix 4

Enquiries regarding this publication should be directed to the LGA on 08 8224 2000

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1. Introduction

These guidelines address the process, options and implications of choosing a Chairperson of the council. It is intended to be a document that can be adapted and adopted by those councils whose principal member is chosen from amongst the council membership as “Chairperson”.

A model agenda (see Appendix 1) has been prepared setting out the steps to be taken at a meeting to choose a Chairperson.

The processes described here for the election of the Chairperson can equally be applied by councils for choosing a Deputy Mayor or Deputy Chairperson.

These guidelines also address the processes and options for choosing a presiding member of a council committee or a chairperson of the board of management of a subsidiary. The guidelines also include some of the qualities that are important to performing the role of chairperson of a council or presiding member of a council committee, for consideration by councillors prior to choosing a person for the role (see Appendix 4).

Please note that a council may have as its principal member a person elected by the people as a representative of the area as a whole in which case the principal member will be called a Mayor. These Guidelines do not apply to the election of a Mayor.

2. Methods of Choosing a Chairperson (or Deputy Chairperson or Deputy Mayor)

The methods for choosing a Chairperson apply equally to choosing a Deputy Chairperson or Deputy Mayor and are either by:

- Resolution of the council; or
- An election process determined by the council.

Whichever method council chooses, it must first decide the term of office for the position of Chairperson.

Irrespective of the method for choosing a Chairperson and the term of office determined by the council, all members need to clearly understand the process that is to be used before selection proceedings commence.

For further information regarding the details, key elements and supporting resolutions required for each method, see Appendix 2 and Appendix 3 to these guidelines.

By resolution of the council

This method enables an appointment of a Chairperson by direct resolution of the council. A council should first determine the length of the term of appointment for the Chairperson, which must not exceed their term of office.

If there is more than one nomination for appointment, each nomination would need to be considered by way of a motion and addressed independently as a resolution of the council, seeking those 'for' and those 'against'. After the first nomination is dealt with by the council further nominations may only be considered if the first motion is lost.

An alternative process which may be considered under this option is that of taking an indicative ballot amongst the members (in an agreed manner) to determine the preferred member for appointment. The ballot is then confirmed by resolution. While this process is based on the principles of election, it stops short of an actual election.

By an election process (and resolution) determined by the council

A council may choose a Chairperson by an election process confirmed by resolution.

Where an election is held, the resolution should be made to hold an election at the *beginning of the process and include all the steps of the process* (see Appendix 3 for a model resolution). This means that the initial resolution would resolve:

- to hold an election
- the process that the election will follow
- the appointment of a returning officer and
- that the returning officer is authorised to declare the successful candidate elected at the outcome of the election.

From this point of the meeting the CEO hands the conduct of the balance of the meeting and all future meetings to the new Chairperson.

This process eliminates the need for a second resolution to confirm the outcome of the election.

The reason for making a resolution at the beginning of the process, incorporating all the steps, is to avoid a situation in which a tight election outcome may be affected by the loss the Mayor's vote in the final resolution, or by an amendment moved after the outcome of the election is known. However, it is open to a council to carry out a two-step process, by a resolution to hold an election and then a resolution to confirm the outcome of the election.

Both the resolution method and the election process are outlined in the model report of the Chief Executive Officer which is to be submitted to the first meeting of the new council (see Appendix 2 and Appendix 3).

3. Conflict of Interest Issues

The identification of a preferred member for the position of Chairperson (or a Deputy Mayor/Chairperson or a presiding member of a council '**prescribed committee**')* through the taking of an indicative vote or an election process does not attract the application of the conflict of interest provisions. In other words, all persons nominated for such a position are able to participate in the indicative ballot or election process.

However, an appointment by motion and resolution or the confirmation of the outcome of an indicative ballot by motion and resolution will result in the nominated person receiving payment of an allowance greater than that set for council members of the council. This means that the council member whom it is proposed to appoint will receive a direct financial benefit by way of an increased allowance payment. In these circumstances, the conflict of interest provisions operate to require the council member who is to be nominated by the motion to declare a 'material conflict of interest' and to remove themselves from the decision making process as required by section 74(1) of the Act.

For appointment to a position on a committee that is not a prescribed committee, a nominee has the option of declaring an 'actual or perceived conflict of interest' and deal with the matter in accordance with section 75A of the Act.

* A '**prescribed committee**' is defined in the determination of the Remuneration Tribunal as:

A committee that endures, irrespective of whether the council has assigned any particular work to the committee to perform and assists the council or provides advice to the council in any of the following areas or any combination thereof:

- Audit
- Chief Executive Officer performance review
- Corporate Services
- Finance
- Governance
- Infrastructure and works
- Risk management
- Strategic planning and development

4. Chairperson of Council Committees

Section 41 of the Act enables a council to establish committees. The council will determine the membership of a committee including the term of office of committee members, which may include or consist of, persons who are not members of the council.

The principal member of a council may be appointed by the council as an ex officio member of a committee.

Section 41(4) of the Act requires a council to appoint a person as the presiding member of the committee or make provision for the appointment of a presiding member. Where a council does not itself appoint a person as the presiding member, the committee itself must appoint a person from amongst its members as the presiding member. The term of office of a presiding member of a committee is at the discretion of the council or, if the council determines, at the discretion of the committee.

Where the council leaves the appointment of a presiding member of a committee up to the committee itself, the committee should determine the presiding member at the first meeting of the committee. However, the council may still provide for conditions of appointment and the committee must comply with those conditions, such as:

- the manner in which the appointment is to be made ie. the appointment process;
- term of office of the presiding member;

- the members eligible to be the presiding member (eg. holding certain qualifications, a member not being an council member); or
- such other matters as the council determines.

The appointment can be revoked by subsequent resolution in compliance with the rules relating to revoking resolutions.

5. Presiding Member of Board of Management of Council Subsidiaries

All subsidiaries, whether single council subsidiaries or regional subsidiaries, are administered by a board of management whose membership is determined by the councils and may consist of, or include, persons who are not members of the councils.

Clause 4(4) of Schedule 2 to the Act provides that a board member must be appointed to chair meetings of the board of management and that board members will preside at meetings of the board of management at which she/he is present.

The council may, when establishing a subsidiary and determining the membership of the board of management of the subsidiary, appoint a member as the presiding member. This may be specifically set out in the subsidiary's Charter. Alternatively, the council may leave the appointment of the presiding member to the board of management and similarly make provision for this in the subsidiary's Charter. In such circumstances the members of the board of management should appoint one of its members to preside at the first meeting until a presiding member has been appointed, subject to any provisions in the subsidiary's Charter.

6. Presiding Member of Council Development Assessment Panel

Section 56A(1) of the *Development Act 1993* requires a council to establish a council Development Assessment Panel (CDAP). In addition section 56A(3)(b) requires a council to appoint a presiding member of a CDAP taking into account the following requirements:

- “(i) the presiding member must not be a member or officer of the council;*
- (ii) the presiding member must be a fit and proper person to be a member of a development assessment panel;*
- (iii) subject to any provision made by the Regulations, the presiding member must be a person who is determined by the council to have a reasonable knowledge of the operation and requirements of this Act, and appropriate qualifications or experience in a field that is relevant to the activities of the panel.”*

Accordingly, the presiding member must be appointed by the council itself and cannot be appointed by the CDAP. However a deputy presiding member of a CDAP will be appointed by the members of the CDAP.

Appendix 1

Model Agenda - First Council Meeting Following an Election

Notice of Meeting

A meeting of the _____ Council, formed following the general election which took place on _____, will be held on _____ commencing at _____ in the Council Chamber, _____

.....

Chief Executive Officer

.....

Date

Agenda

(The Chief Executive Officer chairs the meeting at this stage)

- **Welcome**
- **Apologies**
- **Announcement of candidates elected**
(This may include documentation tabled advising of the voting, which most probably will be incorporated within the Returning Officer’s report, see below.)
- **Taking of oath/declaration of office** *(refer s.60, LG Act 1999)*
- **Chief Executive Officer’s Report**
*(See **Appendix 2**)*
- **Selection of Chairperson** *(See **Appendix 3**)*
- **Handover to Chairperson to conduct the balance of the meeting**
(This could include the re-affirmation of the title of Chairperson or the decision of an alternative title, selection of deputy Chairperson from amongst the Members for a term decided by Council, and various other Council business issues which are the subject of other reports. See CEO Checklist - http://www.lga.sa.gov.au/webdata/resources/files/CEO_Checklist_2010.doc)
- **Report of Returning Officer**
(This report will probably include several aspects associated with the election and it will confirm within the minutes of the first meeting those Council Members elected in the recent elections.)

Appendix 2

Model - Chief Executive Officer's Report

As the _____ Council is currently constituted, it is required to choose a Chairperson as its principal member. This person must be chosen from amongst the members of council.

The Chief Executive Officer (CEO) must preside over the meeting until the matter of the selection of the Chairperson is decided. There are a number of procedural and incidental matters that need to be considered prior to that selection taking place.

Listed below are those matters which the meeting is asked to consider, and where listed, decide the matter. While some aspects will only apply infrequently, nevertheless this report seeks to establish the rules to apply if those circumstances prevail, rather than debating such an issue during the process.

1. Term of Office of Chairperson

The council can make an appointment for a 4 year period or such lesser period as it chooses, say 1 or 2 years. A shorter period requires the council to make a further appointment or re-appointment when the term expires. The normal practice has been *<insert council's normal practice>*.

2. Choosing a Chairperson

The *Local Government Act 1999* does not stipulate a method to use in choosing a Chairperson.

If council chooses to appoint:

- (a) by resolution, or
- (b) an election process, with the appointment made or confirmed by resolution.

Irrespective of which format council chooses, it must first decide the term of office for the position of Chairperson.

Choosing a Chairperson by resolution

An appointment by resolution can be complicated if there is more than one candidate. It is necessary for each motion nominating a member to be considered individually and voted upon before any further motion is considered. The CEO would have to ascertain those voting for, those against and declare the result.

If the first candidate is successful then no further nominations can be considered (except through the process of revoking, in which case the meeting procedure rules relating to revoking a resolution would need to be complied with). This also means that no other candidate could be considered if the first nomination is successful.

Choosing a Chairperson by an indicative vote followed by a resolution

A variation to the option of resolution only, is that of the CEO taking a vote of Members present at the meeting to determine the preferred person and then the council - by resolution

– appointing that person as the Chairperson. Council would need to agree on this method by resolution as it is not within the ambit of the CEO to decide the process. As above, the term of office must be determined first.

Choosing a Chairperson by election – either by a show of hands or a secret ballot

This method enables one or more nominations to be considered at the same time.

Nominations will be invited by the CEO from amongst the members. They do not have to be in writing nor do they have to be seconded. Nomination will be achieved simply by indicating “I nominate council member _____”.

The CEO will then enquire as to whether the person nominated is prepared to accept the nomination. While that person may agree to accept the nomination, s/he has the right to withdraw at any time before the matter is put to a vote. If a member is absent from the meeting this would not preclude them from being nominated. They would need to have advised the CEO prior to the meeting as to whether or not they are prepared to accept the nomination.

If only one person is nominated then that person will be declared elected and the meeting will proceed with the Chairperson presiding.

If more than one person is nominated then the matter will proceed to a vote. All Members present are required to vote in the election. It is not a conflict of interest to vote for yourself if you have been nominated.

Council must determine the method of voting, which can be by show of hands or by secret ballot.

Should only two nominations be received then the successful candidate will be the one with the greater number of votes.

Method of voting in the event of an election

Council must determine the method of voting to be used in the event that more than two nominations are received. Note that using a show of hands effectively rules out the option of preferential voting.

The following examples outline the potential difference in outcome in a council of 11 members. Different methods can produce different results.

Example 1 - First past the post

Candidate 1	5 votes
Candidate 2	4
Candidate 3	<u>2</u>
	<u>11</u>

Candidate 1 has the most votes and would be elected, but with a minority of the votes cast.

Example 2 - A preferential system with the elimination of the candidate with the lowest vote.

Candidate 1 5

Candidate 2 4

Candidate 3 2

Candidate 3 is eliminated and those votes are distributed to 3's second preference. Assume 3's supporters prefer 2 over 1, then the result will be:

Candidate 1 5

Candidate 2 6

Candidate 2 would be elected with a majority of the total votes cast.

Note:

1. If four candidates contested the election then the votes of the one with the lowest number of votes would be allocated to their second preference first, with this process continuing, to the next preferred candidate until only two remained and a majority of votes were allocated to one member.
2. *If at any stage during the process there is an equal number of votes the CEO will decide the issue by the drawing of lots – eg placing the names of the candidates on an identical slip of paper and drawing the required number, in the case of two equal parties one slip, from a receptacle so that no party present, including the person withdrawing the name, has a view of the name on the slip until it is opened in the presence of the meeting. The name of the candidate/s withdrawn will be the one/s excluded from the ballot.*

Given the potential variations if more than two nominations are received, council should determine the method to be used in those circumstances.

Appendix 3

Appendix 3 outlines the key elements of the supporting resolutions in the appointment of a Chairperson. Note the need to appoint the Chief Executive Officer as the Returning Officer for the election; the authorisation for the Returning Officer to declare the successful candidate elected to the position of Chairperson; and the appointment of the Chairperson for the term of office determined by the resolution.

A. Choosing a Chairperson by motion and resolution

Key elements of a resolution

- The term of office for the Chairperson
- Method of choosing a Chairperson is by motion and resolution
- Appointment of Chairperson is confirmed by resolution

Model Resolution

That:

1. *the term of office for the position of Chairperson for the _____ Council be _____ (months/years).*
2. *Council determine that the method of choosing a Chairperson be by motion and resolution.*

Subsequent resolution:

That Council Member _____ be appointed Chairperson of the _____ Council.

B. Choosing a Chairperson by indicative vote and resolution

Key elements of a resolution

- The term of office for the Chairperson
- Method of choosing a Chairperson is by taking an indicative vote to determine the preferred person
- Motion and resolution to appoint that person to the position of Chairperson.

Model Resolution

That:

1. *the term of office for the position of Chairperson for the _____ Council be _____ (months/years).*
2. *Council determine that the method of choosing a Chairperson be by an indicative vote to determine the preferred person.*
3. *Upon completion of the vote Council will, by resolution, appoint the successful Council member as its Chairperson.*

Subsequent resolution:

That Council Member _____ be appointed Chairperson of the _____ Council.

C. Choosing a Chairperson by election – either by a show of hands or secret ballot

Key elements of a resolution

- Term of office for the Chairperson (months/years)
- Method of choosing a Chairperson is an election process
- Method of election (show of hands/secret ballot)
- Method of voting (in the case of a secret ballot, a choice can be made between first past the post/preferential/or other method. Note that using a show of hands effectively rules out the option of preferential voting). In the case of a secret ballot the CEO will invite staff members present to assist in the process by distributing voting slips, collecting slips and scrutinising the votes.
- Appointment of the Chief Executive Officer as the Returning Officer for the election
- Procedure to be followed when there is an equal number of votes (the Returning Officer will decide the issue by the drawing of lots. The name of the candidate/s drawn will be the one/s **excluded** from the ballot)
- The authorisation for the Returning Officer to declare the successful candidate elected to the position of Chairperson
- The appointment of the Chairperson for the term of office determined by the resolution, subject to any further resolution of the Council.

Model Resolution

That:

- 1. the term of office for the position of Chairperson for the _____ council be _____ (months/years).*
- 2. council determines that the method of choosing a Chairperson be by an election process.*
- 3. the method of election be by (show of hands/secret ballot).*
- 4. council adopt a (first past the post/preferential/other) method of voting.*
- 5. the Chief Executive Officer be appointed Returning Officer for the election.*
- 6. if at any stage during the process there is an equal number of votes the Returning Officer will decide the issue by the drawing of lots. The name of the candidate drawn will be the one excluded from the ballot.*
- 7. on completion of the election, the Returning Officer be authorised to declare the successful candidate elected to the position of Chairperson.*
- 8. on the declaration of the Returning Officer the candidate is appointed to the position of Chairperson for the term of office determined by this resolution.*

Appendix 4

Qualities to consider when choosing a Chairperson

The Chairperson is in a position to facilitate good decision making through skilful chairing of the Council meeting and through facilitating and encouraging all points of view to be expressed and respected. The role of Chairperson should go to a Council Member with the necessary skills to facilitate participation and inclusion of all Members.

The Chairperson should be provided with the opportunity and encouraged to undertake training to equip them with the skills, or update their existing skills, to properly chair Council meetings. In addition, the meeting procedures rules and requirements under the Act and the *Local Government (Procedures at Meetings) Regulations 2000* specific to the role of the Chairperson need to be understood and followed. Accordingly, training and re-training in this area should be an integral part of every Chairperson's 'induction' and the Council's training and development plan.

While the decision to publicly identify or agree a list of desirable qualities of a Chairperson rests with the Council, Members may nevertheless wish to consider various factors prior to the selection taking place.

Factors could include a person's:

- Expertise in chairing meetings of Council (if past experience exists), committee, and other organisations, public and private;
- Understanding of the prescribed meeting procedures as they relate to Councils;
- Ability to preside efficiently, firmly and fairly over Council meetings;
- Ability to manage conflict and differing opinions;
- General understanding or an ability to quickly gain an understanding of relevant legislation, strategic and operational plans and business that Council deals with;
- Ability and availability to represent and have an affinity with the community as a whole;
- Ability and availability to represent the Council in the presence of members of Parliament, dignitaries and peers;
- Interest and availability in attending functions, activities and seminars to assist in the social and economic promotion and growth of the community;
- Leadership, social and communication skills;
- Ability to be impartial and fair to all speakers when chairing meetings; and
- Relationship with the CEO, directors/departmental managers and staff of the Council. While the roles of each are quite separate, good communication between the parties assists in the smooth running of the Council.

This list is not exhaustive and there may be others that individual Councils may wish to add.

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6.1 FIRST (SEPTEMBER 2016) BUDGET REVIEW FOR 2016/2017

Author: Michael Livori
Ref: AF16/13

Summary

In accordance with regulation 9 of the Local Government (Financial Management) Regulations 2011,

- (1) *A council, council subsidiary or regional subsidiary must prepare and consider the following reports:*
- (a) *at least twice, between 30 September and 31 May (both dates inclusive) in the relevant financial year (where at least 1 report must be considered before the consideration of the report under sub regulation (1)(b), and at least 1 report must be considered after consideration of the report under sub regulation (1)(b))—a report showing a revised forecast of its operating and capital investment activities for the relevant financial year compared with the estimates for those activities set out in the budget presented in a manner consistent with the note in the Model Financial Statements entitled Uniform Presentation of Finances;*
 - (b) *between 30 November and 15 March (both dates inclusive) in the relevant financial year—a report showing a revised forecast of each item shown in its budgeted financial statements for the relevant financial year compared with estimates set out in the budget presented in a manner consistent with the Model Financial Statements.*

This report finalises the first of the budget reviews required in accordance with regulation 9 (1) (a).

Report

The first review of Eastern Health Authority's (EHA) budget for the 2016/2017 financial year was presented to Board Members at the meeting of 26 October 2016 where the following resolution was made.

Cr D Shetliffe moved:

That:

1. The September 2016 Budget Review Report be received.
2. Correspondence is forwarded to EHA's Constituent Councils requesting that the amendments to the Budgeted Financial Statements as detailed in Attachment 2 are approved.

Seconded by Cr G Knoblauch

CARRIED UNANIMOUSLY

2: 102016

Information has now been received from all Constituent Councils which confirm the respective council's approval for the budget variations proposed.

A copy of the correspondence received is provided to members as attachment 1.

EHA has now complied with clause 25 (3) of Schedule 2 of the Local Government Act, in seeking approval from its Constituent Councils before amending its budget.

Accordingly it is now appropriate that EHA officially resolve to amend the budget. Upon making the resolution, the amended budget as detailed in the financial statements provided as attachment 2 will be effective.

RECOMMENDATION

That:

1. The First (September 2016) Budget Review for 2016/2017 Report is received.
2. The amended budget for 2016/2017 as detailed in attachment 2 of the First (September 2016) Budget Review for 2016/2017 Report is adopted.

MH:MDB
Container Ref: B280

Enq: Michelle Hammond
Ph: 8366 9260

7 December 2016

Mr Michael Livori
Chief Executive Officer
Eastern Health Authority
PO Box 275
STEPNEY SA 5069

RECEIVED
13 DEC 2016

BY:.....

Dear Mr Livori

Eastern Health Authority 1st Budget Review for 2016/2017

I wish to advise that at its meeting held on 6 December 2016 Council approved the Authority's 1st Budget Review for 2016/2017 and noted that no changes are required to Council's budgeted equity share resulting from the adjustments to the Eastern Health Authority's 1st Budget Review.

If you have any queries, please contact me on the above number.

Yours sincerely



Michelle Hammond CPA
General Manager Corporate & Community Services



BY:

7 December 2016

Mr Michael Livori
Chief Executive Officer
Eastern Health Authority Inc
PO Box 275
STEPNEY SA 5069

Dear Michael

Eastern Health Authority (EHA) First Budget Review for 2016/2017

Thank you for the opportunity to review the Eastern Health Authority First Budget Review 2016/2017.

Having reviewed the Financial Reports in item 6.1 of the Eastern Health Authority Board of Management Meeting, 26 October 2016, the budget is approved.

Whilst the report shows some unfavourable variances in the year to date actuals, no variations to the Adopted Budget have been requested at this point in time. EHA continues to forecast a breakeven position for 2016/17 and there has been no change in the City of Burnside's share.

If you require any further information please contact me on 8366 4201.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Paul Deb".

Paul Deb
Chief Executive Officer

Reference: S00046 (308342)
Enquiries To: Carlos Buzzetti
Dir. Telephone: 8366 4539



City of
Norwood
Payneham
& St Peters

9 November 2016



BY:

Mr Michael Livori
Chief Executive Officer
Eastern Health Authority
PO Box 275
STEPNEY SA 5069

CHIEF
EXECUTIVE'S
OFFICE

Dear Michael

EASTERN HEATH AUTHORITY 2016-2017 FIRST BUDGET REVIEW

Thank you for your letter dated 27 October 2016, in which you have requested the Council's consideration of the Authority's First Budget update for the 2016-2017 Financial Year.

It is noted that the 2016-2017 First Budget Review is reporting a breakeven position, which is in line with the Adopted Operating Deficit.

Given that the variations which have been requested will have no impact on the City of Norwood Payneham & St Peters budget for the 2016-2017 Financial Year, I approve the variations on behalf of the City of Norwood Payneham & St Peters, pursuant to the delegated authority granted to me, as the Acting Chief Executive Officer, by the Council.

Should you require any further information, please contact me on 8366 4539 or email mbarone@npsp.sa.gov.au

Yours sincerely

Carlos Buzzetti
ACTING CHIEF EXECUTIVE OFFICER

175 The Parade,
Norwood SA 5067

PO Box 204
Kent Town SA 5071

Telephone
8366 4555

Facsimile
8332 6338

Email
townhall@npsp.sa.gov.au

Website
www.npsp.sa.gov.au



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TOWN OF



WALKERVILLE

The Corporation of the Town of Walkerville

ABN 49 190 949 882

66 Walkerville Terrace, Gilberton SA 5081

PO Box 55, Walkerville SA 5081

File Number: 11.64.1.1

Please Quote Ref: OLT201714582

Contact Officer: Protocol, Compliance & Governance Officer, Deb Bria

Telephone: (08) 8342 7100

Facsimile: (08) 8269 7820

Email: walkerville@walkerville.sa.gov.au

[/www.walkerville.sa.gov.au](http://www.walkerville.sa.gov.au)

19 January 2017

Michael Livori
Chief Executive Officer
Eastern Health Authority
PO Box 275
Stepney SA 5069

Via Email: mlivori@eha.sa.gov.au

Dear Michael

Re: Eastern Health Authority (EHA) First Budget Review for 2016/2017

Thank you for your letter dated 27 October 2017, advising that EHA has undertaken its first budget for 2016/2017 financial year and seeking Council endorsement for the proposed amendments.

Council at its 21 November 2016 meeting considered this matter and resolved the following:

CNC185/16-17

"That Council endorses Eastern Health Authority's Budget Review 1 for the financial year ended 30 June 2017 as presented in Attachment A."

I invite you to contact Manager Finance, Gary Lewis on 8342 7100 should you have any questions.

Yours Sincerely

Deb Bria
Protocol, Compliance & Governance Officer.



Ref. CR17/8405

15 February 2017

Michael Livori
Eastern Health Authority
PO Box 275
STEPNEY SA 5069

Dear Michael

EASTERN HEALTH AUTHORITY FIRST BUDGET REVIEW 2016-2017

Further to your correspondence dated 27 October 2016 requesting constituent council approval for budget amendments, I am pleased to advise that City of Prospect at its 22 November 2016 meeting resolved the following:

- (1) The request from Eastern Health Authority Inc for budget amendments as a result of their First Budget Review 2016-2017 be approved.

CARRIED

Should you require further information, please do not hesitate to contact me.

Yours sincerely

A blue ink handwritten signature of Chris Birch.

Chris Birch
Manager Financial Services

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDING 30 JUNE 2017				
ACTUAL 2015/2016		ADOPTED BUDGET 2016/2017	SEPTEMBER REVIEW	REVISED BUDGET 2016/2017
\$	INCOME	\$	\$	\$
1,609,306	Council Contributions	1,641,055	-	1,641,055
114,802	Statutory Charges	193,000	-	193,000
342,110	User Charges	341,000	-	341,000
121,815	Grants, subsidies and contributions	124,500	-	124,500
15,304	Investment Income	20,000	-	20,000
11,439	Other Income	10,000	-	10,000
2,214,776	TOTAL INCOME	2,329,555	-	2,329,555
	EXPENSES			
1,483,167	Employee Costs	1,543,000	-	1,543,000
643,081	Materials, contracts and other expenses	738,200	-	738,200
45,098	Depreciation	28,371	-	28,371
21,463	Finance Charges	19,984	-	19,984
2,192,809	TOTAL EXPENSES	2,329,555	-	2,329,555
21,967	Operating Surplus/(Deficit)	-	-	-
-	Net gain (loss) on disposal of assets	-	-	-
21,967	Net Surplus/(Deficit)	-	-	-

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS FOR THE YEAR ENDING 30 JUNE 2016				
ACTUAL 2015/2016		ADOPTED BUDGET 2016/2017	SEPTEMBER REVIEW	REVISED BUDGET 2016/2017
	\$		\$	\$
	CASHFLOWS FROM OPERATING ACTIVITIES			
	<u>Receipts</u>			
1,770,237	Council Contributions	1,805,161	-	1,805,161
240,932	Fees & other Charges	212,300	-	212,300
377,146	User Charges	371,690	-	371,690
15,304	Investment Receipts	20,000	-	20,000
121,815	Grants utilised for operating purposes	124,500	-	124,500
12,583	Other	11,000	-	11,000
	<u>Payments</u>			
(1,458,250)	Employee Costs	(1,543,000)	-	(1,543,000)
(984,254)	Material, contracts and other expenses	(953,296)	-	(953,296)
(22,672)	Finance (Interest) Expense	(19,984)	-	(19,984)
72,841	Net Cash Provided/(Used) by Operating Activities	28,371	-	28,371
	CASH FLOWS FROM INVESTING ACTIVITIES			
	<u>Receipts</u>			
-	Sale of Replaced Assets	-	-	-
	<u>Payments</u>			
(25,723)	Expenditure on renewal / replacements of assets	-	-	-
-	Expenditure on new / upgraded assets	-	-	-
(200,000)	Distributions paid to constituent Councils	-	-	-
(225,723)	Net Cash Provided/(Used) by Investing Activities	-	-	-
	CASH FLOWS FROM FINANCING ACTIVITIES			
-	Loans Received	-	-	-
(55,934)	Loan Repayments	(58,623)	-	(58,623)
(55,934)	Net Cash Provided/(Used) by Financing Activities	(58,623)	-	(58,623)
(208,816)	NET INCREASE (DECREASE) IN CASH HELD	(30,252)	-	(30,252)
789,971	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	589,971	(8,816)	581,155
581,155	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	559,719	(8,816)	550,903

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION				
FOR THE YEAR ENDING 30 JUNE 2016				
ACTUAL 2015/2016		ADOPTED BUDGET 2016/2017	SEPTEMBER REVIEW	REVISED BUDGET 2016/2017
	ASSETS			
	CURRENT ASSETS			
\$		\$	\$	\$
581,155	Cash and Cash Equivalents	559,719	(8,816)	550,903
158,026	Trade & Other Receivables	162,272	(4,246)	158,026
-	Other	-		-
739,181	TOTAL CURRENT ASSETS	721,991	(13,062)	708,929
	NON-CURRENT ASSETS			
421,720	Equipment	331,873	61,476	393,349
-	Other	-	-	-
421,720	TOTAL NON-CURRENT ASSETS	331,873	61,476	393,349
1,160,901	TOTAL ASSETS	1,053,864	48,414	1,102,278
	LIABILITIES			
	CURRENT LIABILITIES			
95,855	Trade & Other Payables	108,708	(12,853)	95,855
58,623	Borrowings	58,623		58,623
259,008	Provisions	236,220	22,788	259,008
-	Other	-		-
413,486	TOTAL CURRENT LIABILITIES	403,551	9,935	413,486
	NON-CURRENT LIABILITIES			
376,575	Borrowings	317,952		317,952
33,207	Provisions	41,662	(8,455)	33,207
409,782	TOTAL NON-CURRENT LIABILITIES	359,614	(8,455)	351,159
823,268	TOTAL LIABILITIES	763,165	1,480	764,645
337,633	NET ASSETS	290,699	46,934	337,633
	EQUITY			
337,633	Accumulated Surplus/(Deficit)	290,699	46,934	337,633
337,633	TOTAL EQUITY	290,699	46,934	337,633

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDING 30 JUNE 2016				
ACTUAL 2015/2016		ADOPTED BUDGET 2016/2017	SEPTEMBER REVIEW	REVISED BUDGET 2016/2017
	ACCUMULATED SURPLUS	\$	\$	\$
515,666	Balance at beginning of period	290,699	46,934	337,633
21,967	Net Surplus/(Deficit)	-	-	-
(200,000)	Distribution to Constituent Councils	-	-	-
337,633	Balance at end of period	290,699	46,934	337,633
337,633	TOTAL EQUITY	290,699	46,934	337,633

6.2 MENINGOCOCCAL B HERD IMMUNITY VACCINE STUDY

Author: Michael Livori
Ref: AF16/70

Summary

SA Health and the University of Adelaide are conducting a large scale clinical study to look at the impact of Meningococcal B (Men B) vaccination in older adolescents. The trial, including delivery costs is being funded by the vaccine manufacturer GlaxoSmithKline. EHA's will deliver the vaccines to high school students in its area in conjunction with the taking of throat swabs required for the study.

Background

Meningococcal disease, although rare, can have devastating effects on those who contract the disease, and their families. With the most sensitive reporting system in the country, South Australia has the highest notification rate of Meningococcal disease in Australia and almost all cases are due to the Men B strain. Around 25-30 cases of Meningococcal disease are diagnosed each year in South Australia, the majority of which occur in children and adolescents.

Around 10% of adolescents and up to 20% of young adults carry the meningococcus bacteria asymptotically in their throat (known as "carriage"), with the potential to infect others. The clinical study will measure whether the Men B vaccine has an impact on the "carriage" of the meningococcus.

In 2003 a Meningococcal C (Men C) vaccine program was added to the National Immunisation Program (NIP) for infants at 12 months of age and offered to all primary and high school children as catch up through the school immunisation program. The impact of the Men C vaccination program has been significant and the C strain of the disease has almost disappeared in Australia, making the Men C vaccine cost effective.

Part of the success is attributed to herd immunity, where those not vaccinated also receive protection as there is a reduction in the amount of the C strain bacteria within the community. However, other strains of meningococcal bacteria continue to be transmitted within the community with the B strain now responsible for most reported cases of Meningococcal disease in South Australia and nationally.

A Men B vaccine (Bexsero) is available in Australia and is recommended by the Australian Technical Advisory Group on Immunisation (ATAGI) for infants and adolescents. Parents wishing to vaccinate their child can obtain the vaccine through their GP at a cost of around \$300 per person (two doses for adolescents). The Men B vaccine is not currently available free through the NIP. More data is required to demonstrate whether a herd immunity effect similar to that seen with Men C vaccine occurs and subsequently demonstrate cost effectiveness. This study is designed to explore the herd immunity effect.

The Men B vaccine has a proven safety profile with more than six million doses administered to children globally. The study has the support of SA Health, the University of Adelaide, the Department of Education and the Women's and Children's Health Network.

The study will involve obtaining parental consent to offer two doses of Men B vaccine to adolescents in years 10, 11 and 12 in all high schools during 2017 and to year 10 and 11 students in 2018. Immediately prior to receiving dose 1 of the vaccine, a throat swab will be collected. Follow-up swabs will be taken at 6 to 12 months post vaccination (if the participant is still in high school).

It was considered by the University that the best model of delivery of the vaccine to adolescents is through the processes established for the highly successful school immunisation program. In the schools serviced by EHA this will be offered to 8,586 students. It is extremely pleasing that all schools in the EHA area have agreed to take part in the study. It will however be an extremely busy and challenging year to deliver this expanded program together with our existing programs.

The University of Adelaide will provide funding for EHA to employ additional nurses to collect throat swabs and provide vaccinations in partnership with the vaccine manufacturer. They will provide an upfront payment of \$45 for distribution and collection of consent forms, taking of the initial swab from each consented student, and delivery of two doses of the vaccine (two encounters), with an additional \$15 per student for collection of subsequent swabs after 6 to 12 months.

A guarantee of funding for 70% of the cohort will be provided based on student year level numbers, and further payment at the same rates for any eligible students vaccinated and having swabs collected in excess of the 70%. Based on this funding model EHA will receive a minimum of \$361,482 (GST exclusive) over the two years of the study. 50% will be paid in April 2017 and 50% in April 2018. Potential income if 100% of students participated is \$515,160 (GST exclusive). EHA has signed a Service Agreement with The University of Adelaide which provides for the above payment and which details delivery expectation.

Table 1 on the following page details an estimated budget for the study which will span three financial years. It shows an estimated surplus of 46K over this period. This is a conservative estimate as it is likely that existing staff will be used for some aspects of the study and that the surplus will be higher. It should also be noted that a 20K allowance for equipment in the study budget is earmarked for the installation of an appropriate backup solution to our vaccine fridge. This will have long term organisational benefits, increasing vaccine security and improving business continuity. Funds will need to be carried over from the 2017/2018 financial year to complete the study in 2018/2019.

Table 1: Estimated Budget for the Study

	2016/2017	2017/2018	2018/2019	Total
Income				
	\$ 180,306	\$ 180,306	\$ -	\$ 360,612
Expenditure				
Total Visit 1 Cost	\$ 61,014	\$ 33,057	\$ 24,885	\$ 118,956
Total Visit 2 Cost	\$ 7,165	\$ 47,798	\$ -	\$ 54,963
Total RN Coordination Cost	\$ 26,530	\$ 13,572	\$ 1,022	\$ 41,125
Total Admin Coordination Cost	\$ 34,977	\$ 14,925	\$ 843	\$ 50,745
Other Costs	\$ 7,031	\$ 1,800	\$ 1,800	\$ 10,631
Vehicle	\$ 2,000	\$ 8,000	\$ 4,000	\$ 14,000
Equipment	\$ 20,000	\$ 1,800	\$ 1,800	\$ 23,600
Total Expenses	\$ 158,717	\$ 120,953	\$ 34,351	\$ 314,021
Net	\$ 21,589	\$ 59,353	-\$ 34,351	\$ 46,591

Information packs and consent forms have been distributed to parents through the participating schools. The information sheet sent to all parents is provided as Attachment 1.

An extensive media campaign including print, radio and television advertising has also commenced to encourage participation in the study.

RECOMMENDATION

That:

1. Meningococcal B Herd Immunity Vaccine Study Report is received.

B Part of It

Meningococcal B Vaccine Herd Immunity Study

Information Sheet



Information Sheet for Years 10, 11 and 12 in 2017

South Australia has the highest rate of meningococcal disease in Australia and teenagers are among the highest risk group.

This important study will be conducted only in South Australia using the school immunisation program delivery. Meningococcal B vaccine (Men B) will be provided to students in Years 10, 11 and 12. The study will examine if Men B vaccination reduces the risk of spread of meningococcal bacteria that can be present in up to 25% of adolescents. The Men B vaccine is a safe and effective way of protecting against Meningococcal B disease. It is available privately for purchase in Australia and over 10 million doses have already been distributed globally. All students will be offered the vaccine free of charge as part of the study.

All students in years 10, 11 and 12 in South Australia in 2017 are eligible to be part of the study.

What does the study involve?

Over a 12 month period each participant will:

- **Receive 2 doses of Meningococcal B vaccine**
- **Complete a one page Questionnaire (at first and followup visit)**
- **Provide up to 2 throat swabs**
- **Receive a \$20 iTunes card after each swab.**

What do I need to do to participate?

You must provide the details requested on the **Consent Card** provided in this pack and you and your parent/guardian must sign the form if you are less than 18 years.

Further information on the study is contained overleaf. Please read the following information before completing the Consent Card and return to the school **within the next two weeks**.

To learn more about this study contact your local council immunisation provider, the Immunisation Section on 1300 232 272 or visit the study website at: www.bpartofit.com.au

Study: B Part of It Men B Vaccine Herd Immunity Study

Study Researchers:

A/Prof Helen Marshall, Women's and Children's Hospital and University of Adelaide

A/Prof Ann Koehler, SA Health and University of Adelaide

Maureen Watson, Immunisation Section SA Health

What is meningococcal disease?

Meningococcal disease is a life threatening illness caused by a bacterium called *Neisseria meningitidis*, often known as meningococcus. There are 6 different types of meningococcus that cause infection in humans, but most infections in Australia are caused by the meningococcal B strain (80-85% of cases).

How is the meningococcal infection spread?

The meningococcus bacteria can be carried without causing harm in the nose and throat of around 10% of the population, and up to 25% of adolescents and young adults ('carriers'). The bacteria are spread when a person carrying the bacteria coughs or sneezes and small droplets containing the meningococcus may be breathed in by those nearby. The meningococcus is also spread by close contact for example during kissing. Even though it is hard to catch and is uncommon, meningococcal disease is a feared infection due to its severity, and is often featured in the media. Meningococcal disease can affect all age groups, but is most common in children under 5 years of age and in young adults (15 to 24 years). In 2016, there were 27 cases of meningococcal infection in South Australia of which 12 were adolescents.

People with meningococcal disease can become extremely unwell very quickly.

Septicaemia (infection of the blood) and meningitis (infection around the surface of the brain) can cause shock and death within hours of the onset of symptoms, or permanent disabilities such as brain injury and amputation of fingers, toes, arms or legs due to the lack of blood circulation to the limbs. In Australia, 5 to 10% of people with meningococcal disease die, despite rapid treatment.

Prevention/Immunisation

A Meningococcal B (Men B) vaccine (Bexsero®) is licensed, available and recommended in Australia for infants and adolescents. The vaccine is provided free in the UK for infants. Over 10 million doses of the vaccine have been given worldwide. The vaccine can only be purchased through the private market, costing approximately \$300 per adolescent (2 doses). It is not available on the free National Immunisation Program in Australia.

Why are we doing this study?

South Australia has had the highest rate of meningococcal disease in Australia since 2012, with more cases in adolescents than infants. The Men B vaccine is not available free through the National Immunisation Program as more information is required to demonstrate that the vaccine not only provides individual protection, but also prevents transmission to others (herd immunity effect). This study will measure whether the Men B vaccine can reduce the risk of spread of the bacteria from person to person. It is being conducted across participating schools in South Australia. This study is sponsored by the University of Adelaide and led by university researchers. The vaccines and funding to conduct the study have been provided by GlaxoSmithKline.

What does the study involve?

Only students enrolled in Year 10, Year 11 and Year 12 in 2017 will be able to participate in this study. This study will be rolled out in stages over 2017 & 2018 across South Australia. Participating students will be involved in the study for 12 months from the time of participation. During the 12 months all students participating in the study will be vaccinated with the licensed Men B vaccine Bexsero® (2 doses given 1-2 months apart) **free** of charge. Schools will be randomly selected for students to receive the vaccine either in 2017 or 2018. A pre-vaccination checklist is included in the consent card, please review and tick the appropriate box(es) if applicable. In addition, two (2) throat swabs will be collected from all students. A \$20.00 iTunes voucher will be provided to all students for each swab taken, in appreciation of the student's time and commitment to the study.

In addition students will be asked prior to each throat swab to complete a one-page questionnaire. Lifestyle questions such as current illness, antibiotic usage, smoking habits, kissing, ethnicity and household size will be asked as these factors may be related to carrying the bacteria. No names will be placed on the questionnaire (de-identified) and the answers will not be shown to teachers or parents/legal guardian.

To receive the vaccines (either in 2017 or 2018) the student **must be** at school on the first visit in 2017. If the student is not present, he/she will **not** be able to participate in the study and receive the free Men B vaccine. In addition, the vaccine will only be administered to the student after a throat swab has been taken.

What about Year 12 students who complete schooling at the end of 2017 and are scheduled to receive the Men B vaccine in 2018?

All participating year 12 students will have a throat swab taken in 2017. If year 12 students are scheduled to receive their Men B vaccines in 2017 then no further participation in the study is required. If students only receive a throat swab in 2017 they will be contacted by their School's Immunisation Provider or the University of Adelaide to make arrangements to receive their free Men B vaccine in 2018. Only 1 throat swab will be taken from Year 12 students, so only one \$20 iTunes voucher will be provided.

How is the throat swab taken?

A cotton tipped swab is rubbed gently on the back of the throat for a few seconds. This may cause minor discomfort and in some individuals a gagging sensation may occur.

Common risks of Bexsero® vaccine

The Men B vaccine has acceptable safety and tolerability, with over 10 million doses already given. Like all vaccines there is the possibility of common side effects which are mild and may include a mild fever, soreness at the injection site, headache and generally feeling unwell for 1-2 days, similar to some other vaccines. Like all vaccines there is the possibility of rare and more serious reactions such as an allergic/anaphylactic reaction to the vaccine. If you need further information on the safety of vaccines, please contact your School's immunisation provider, or the Immunisation Section, SA Health (Monday to Friday 8.30am to 5pm on 1300 232 272).

What are the alternatives to participation?

Participation in the study is voluntary, and the decision you make will not affect any of your Centrelink family benefits owed to you. You can purchase the Men B vaccine privately through your GP (approx. \$300 per adolescent). If the student has already had the Men B vaccine (Bexsero®), they do not need to receive the vaccine again and cannot participate in the study. Should you choose to withdraw consent from the study you will be required to inform your school's immunisation contact officer and your School's Immunisation Provider.

What will happen to the throat swabs?

The throat swabs will be tested by SA Pathology and stored for future testing related to meningococcal bacteria and infection. The samples may be sent to other laboratories nationally and internationally for further tests on the bacteria. No human genetic testing will be done on the student's swab samples. No individual results will be provided to families. There will be no financial benefits or compensation to participants related to commercialisation of any results generated through the throat swabs.

What happens to personal information?

The Personal Information provided will be collected to verify the student and for updating vaccination records. In addition, phone contact details will be collected for emergency and/or SMS reminders of school visits. Overall results of the study will be presented nationally and internationally to regulatory authorities (such as the Australian Government); any information identifying the student will be removed to ensure privacy. Please refer to the University's Privacy Policy (www.adelaide.edu.au/policies/62/) for more information on how you can seek access to your Personal Information held by the University and how you can make a complaint if you feel your privacy has been breached.

What if consent has been given but the student is unwell or not at school on vaccination day?

If the student is unwell or not at school for the first visit in 2017 then he/she will not be able to receive the free Meningococcal B vaccine. The student **must be** present at school.

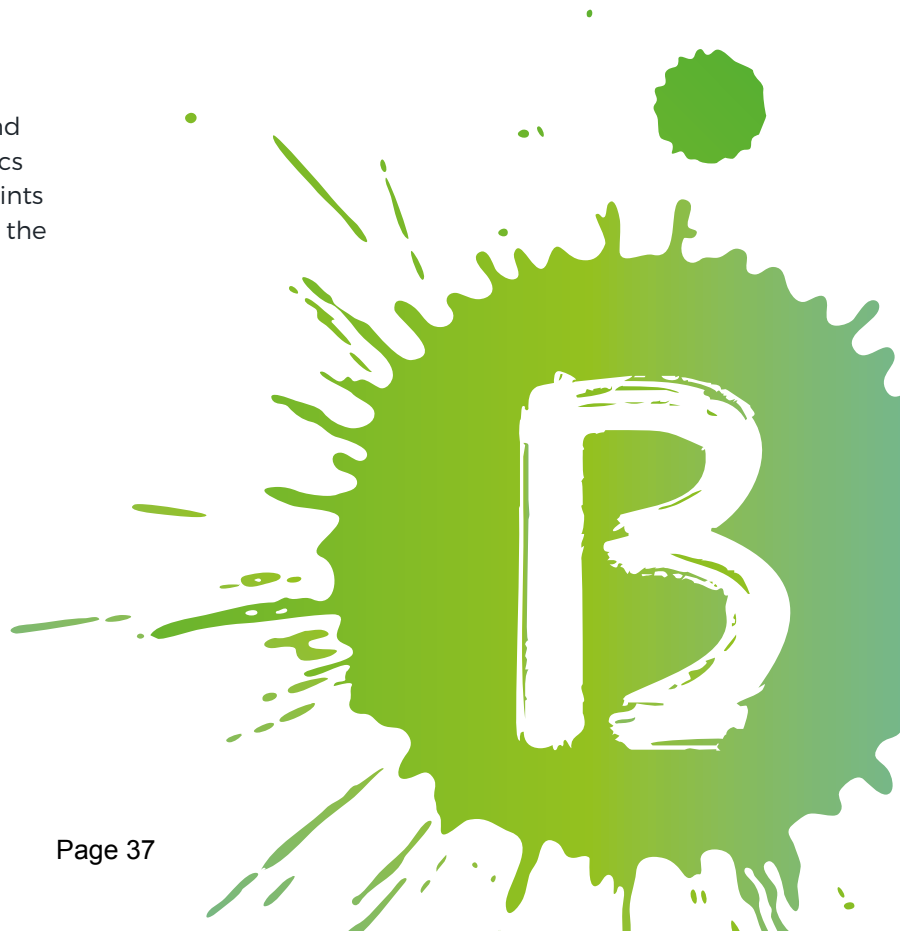
Who has reviewed the research study?

This study has been approved by the Women's and Children's Health Network Human Research Ethics Committee. Any person with concerns or complaints about the conduct of this study may also contact the Research Secretariat, Mr Luke Fraser, phone (08) 8161 6521.

WHICHEVER DECISION YOU MAKE ABOUT PARTICIPATING IN THIS STUDY, WE STILL REQUIRE THAT YOU COMPLETE THE CONSENT CARD AND RETURN IT TO THE SCHOOL IN 2017.

We thank you for the time you have taken to review this information.

Please keep this Information Sheet for future reference.



6.3 FINANCE REPORT AND SECOND (DECEMBER 2016) BUDGET REVIEW FOR 2016/2017

Author: Michael Livori
Ref: AF16/13

Summary

So that members can ensure that Eastern Health Authority (EHA) is operating according to its adopted budget, financial performance is regularly monitored and statutory budget reviews are considered.

In accordance with regulation 9 of the *Local Government (Financial Management) Regulations 2011*,

- (1) *A council, council subsidiary or regional subsidiary must prepare and consider the following reports:*
- (a) *at least twice, between 30 September and 31 May (both dates inclusive) in the relevant financial year (where at least 1 report must be considered before the consideration of the report under sub regulation (1)(b), and at least 1 report must be considered after consideration of the report under sub regulation (1)(b))—a report showing a revised forecast of its operating and capital investment activities for the relevant financial year compared with the estimates for those activities set out in the budget presented in a manner consistent with the note in the Model Financial Statements entitled Uniform Presentation of Finances;*
 - (b) *between 30 November and 15 March (both dates inclusive) in the relevant financial year—a report showing a revised forecast of each item shown in its budgeted financial statements for the relevant financial year compared with estimates set out in the budget presented in a manner consistent with the Model Financial Statements.*

This report provides the second of the budget reviews required in accordance with regulation 9 (1) and relates to the financial performance of EHA between 1 July 2016 and 31 December 2016. It provides the opportunity to amend the adopted budget in line with revised projections of income and expenditure for the 2016/2017 financial year.

Report

The report below gives a simple analysis of year to date income, expenditure and operating result.

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2016 to 31 December 2016				
	Actual	Budgeted	\$ Variation	% Variation
Total Income	\$ 1,057,472	\$ 1,107,444	\$ (49,973)	-5%
Total Expenditure	\$ 1,085,669	\$ 1,127,977	\$ (42,308)	-4%
Operating Result	\$ (28,198)	\$ (20,533)	\$ (7,665)	37%

The report shows that for the reporting period income was \$49,973 (-5.0%) less than budgeted and expenditure was \$42,308 (1%) less than budgeted.

The net result is a variation of **(\$7,665)** on the budgeted year to date comparative operating result.

A more detailed report is provided as attachment 1. The report provides detail on year to date performance of individual budget lines. Any YTD variation greater than \$5,000 is detailed in the table below with explanatory comments. A number of variations to the current budget are requested and detailed in the table below.

Summary Table of Funding Statement Variations				
Favourable variances are shown in black and unfavourable variances are shown in red .				
Description	YTD Budget	YTD Actual	Variation	Comment
Income				
Fines and Expiations	\$45,000	\$17,257	(\$27,743)	Decrease in YTD expiations issued. No variation requested at this point in time.
Immunisation Clinic Vaccines	\$27,500	\$14,640	(\$12,860)	Decrease in vaccines purchased at clinics. Offset by decrease in vaccine expenditure. -10K variation requested.
Meningococcal B Vaccine Herd Immunity Study	\$0	\$0	N/A	180K variation requested. Minimum funding guaranteed for 70% of all enrolments.
Expenditure				
Salaries	\$676,500	\$660,132	(\$16,368)	105K variation requested due to additional staff required for Men B Study.
Maintenance	\$18,500	\$15,224	(\$3,275)	20K variation requested for Equipment Associated with Men B Study.
Vehicles	\$30,000	\$29,963	(\$37)	8K variation requested for vehicle costs associated with Men B Study.
Immunisation Consumables	\$5,200	\$5,465	\$266	4K variation requested for consumable costs associated with Men B Study.
Immunisation Clinic Vaccines	\$19,000	\$8,573	(\$10,427)	Decrease in vaccines purchased at clinics. Offset by decrease in vaccine income. -10K variation requested.

Expenditure (cont.)				
Website Upgrade	\$0	\$9,305	\$9,305	Website project funded in 20015/2016 budget and not completed. 15K variation requested.
Business Continuity Plan	\$0	\$0	\$10,000	10K variation requested to develop updated Business Continuity Plan. Current plan has been reviewed by LGRS. Significant updating required. Total cost for work is 20k however 10K has been agreed as a subsidy from the LGA Asset Mutual Fund.

The operating budget variations requested in relation to the above table see an increase in income of \$180K and an increase in expenditure of \$152K. The net result of the variations is a 18K improvement in the estimated budget result. The revised budget result is a surplus of 18K.

It is requested that the variations resulting from the changes to operating budget lines are incorporated into a revised budget for 2016/2017. A summary of the variations requested within the budget are provided in the following table.

Revised Statement of Comprehensive Income				
	Current Budget	Variation	Revised Budget	Comment
Income				
User Charges	341,000	(10,000)	331,000	Reduced clinic vaccine income
Grants	124,500	180,000	304,500	Men B Herd Immunity Study
Total Income	2,329,555	170,000	2,499,555	
Expenses				
Employee Costs	1,543,000	105,000	1,648,000	Men B Herd Immunity Study
Material, contracts and other expenses	738,200	47,000	785,200	Men B Herd Immunity Study
Total Expenses	2,329,555	152,000	2,481,555	
Operating Surplus/(Deficit)	0	18,000	18,000	

Revised Statement of Cash Flows				
	Current Budget	Variation	Revised Budget	Comment
Cash Flows from Operating Activities				
Net Cash Provide/(Used) by Operating Activities	28,371	18,000	46,371	Men B Herd Immunity Study
Net Increase (Decrease) in Cash Held	(30,252)	18,000	(12,252)	
Cash and Equivalents at End of Reporting Period	550,903	18,000	568,903	
Revised Statement of Financial Position				
	Current Budget	Variation	Revised Budget	Comment
Current Assets				
Cash and cash Equivalents	550,903	18,000	568,903	
Total Assets	1,102,278	18,000	1,120,278	
Net Assets	337,633	18,000	355,633	
Equity				
	Current Budget	Variation	Revised Budget	Comment
Accumulated Surplus/(Deficit)	337,633	18,000	355,633	
Total Equity	337,633	18,000	355,633	
Revised Statement of Change in Equity				
	Current Budget	Variation	Revised Budget	Comment
Accumulated Surplus				
Net Surplus/(Deficit)	0	18,000	18,000	
Balance at End of Period	337,633	18,000	355,633	
Total Equity	337,633	18,000	355,633	

Included as Attachment 2 is a copy of the revised 2016/2017 Budget. which include the:

- Revised Statement of Comprehensive Income
- Revised Statement of Cash flows
- Revised Statement of Financial Position
- Revised Statement of Changes in Equity

A Bank Reconciliation and Available Funds report for the period ending 31 December 2016 is provided as attachment 3. It shows that at 31 December 2016 available funds were \$229,933 in comparison with \$674,557 on 30 September 2016.

Pursuant to clause 25 (3) of Schedule 2 of the Local Government Act, EHA must seek approval from its Constituent Councils before amending its budget. A written request for the approval of the amendments must be sent to all Constituent Councils which must be accompanied by the proposed amendments.

If the Constituent Councils grant approval then EHA may officially resolve to amend the budget and upon making that resolution, the amended budget will be effective.

RECOMMENDATION

That:

1. The Finance Report and Second (December 2016) Budget Review Report for 2016/2017 be received.
2. Correspondence is forwarded to EHA's Constituent Councils requesting that the amendments to the 2016/2017 Budget as detailed in attachment 2 are approved.

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2016 to 31 December 2016				
Income	Actual	Budgeted	\$ Variation	% Variation
Constituent Council Income				
City of Burnside	\$209,564	\$209,564	\$0	0%
City of Campbelltown	\$189,513	\$189,513	\$0	0%
City of NPS	\$257,661	\$257,661	\$0	0%
City of Prospect	\$110,476	\$110,476	\$0	0%
Town of Walkerville	\$53,314	\$53,314	\$0	0%
Total Constituent Council Contributions	\$ 820,528	\$ 820,528	\$ -	0%
Statutory Charges				
Food Inspection fees	\$34,290	\$39,000	(-\$4,710)	-12%
Legionella registration and Inspection	\$9,082	\$9,500	(-\$418)	-4%
SRF Licenses	\$350	\$0	\$350	0%
Fines	\$17,257	\$45,000	(-\$27,743)	-62%
Total Statutory Charges	\$ 60,979	\$ 93,500	\$ (32,521)	-35%
User Charges				
Immunisation - non funded vaccines	\$14,640	\$27,500	(-\$12,860)	-47%
Immunisation - Worksites	\$271	\$0	\$271	0%
Food Auditing	\$34,809.90	\$29,000.02	\$5,810	20%
City of Unley	\$52,478.00	\$53,000.00	(-\$522)	-1%
Food Safety Training	\$0.00	\$1,000.00	(-\$1,000)	0%
Total User Charges	\$ 102,199	\$ 110,500	\$ (8,301)	-8%
Grants, Subsidies, Contributions				
School Based immunisation Program	\$42,024.53	\$42,250.00	(-\$225)	0%
Child Immunisation register	\$24,393.27	\$26,666.72	(-\$2,273)	-9%
Total Grants, Subsidies, Contributions	\$ 66,418	\$ 68,917	\$ (2,499)	-4%
Investment Income				
Interest on investments	\$4,174.86	\$8,999.98	(-\$4,825)	-54%
Total Investment Income	\$ 4,175	\$ 9,000	\$ (4,825)	-1%
Other Income				
Motor Vehicle re-imbursments	\$2,183.57	\$2,000.02	\$184	9%
Sundry Income	\$989.87	\$3,000.00	(-\$2,010)	-67%
Total Other Income	\$ 3,173	\$ 5,000	\$ (1,827)	-37%
Total of non Constituent Council Income	\$ 236,944	\$ 286,917	\$ (49,973)	-17%
Total Income	\$ 1,057,472	\$ 1,107,444	\$ (49,973)	-5%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2016 to 31 December 2016				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Salaries & Wages	\$660,131.99	\$676,500.00	\$ (16,368)	-2%
Superannuation	\$57,360.70	\$57,999.98	\$ (639)	-1%
Workers Compensation	\$15,430.00	\$14,000.00	\$ 1,430	10%
Total Employee Costs	\$ 732,923	\$ 748,500	\$ (15,577)	-2%
Prescribed Expenses				
Auditing and Accounting	\$13,000.00	\$17,000.00	\$ (4,000)	-24%
Insurance	\$26,674.52	\$27,000.00	\$ (325)	-1%
Maintenance	\$15,224.90	\$18,500.00	\$ (3,275)	-18%
Vehicle Leasing/maintenance	\$29,963.31	\$30,000.00	\$ (37)	0%
Total Prescribed Expenses	\$ 84,863	\$ 92,500	\$ (7,637)	-43%
Rent and Plant Leasing				
Electricity	\$3,858.06	\$5,000.02	\$ (1,142)	-23%
Plant Leasing Photocopier	\$1,742.40	\$1,599.98	\$ 142	9%
Rent	\$50,274.72	\$51,000.00	\$ (725)	-1%
Water	\$128.19	\$0.00	\$ 128	0%
Gas/Emergency Services Levy	\$1,688	\$0	\$ 1,688	0%
Total Rent and Plant Leasing	\$ 57,691	\$ 57,600	\$ 91	0%
IT Licensing and Support				
IT Licences	\$24,538.68	\$27,999.98	\$ (3,461)	-12%
IT Support	\$41,264.61	\$45,000.00	\$ (3,735)	-8%
Internet	\$4,532.61	\$6,000.00	\$ (1,467)	-24%
IT Other	\$3,310.83	\$999.98	\$ 2,311	231%
Total IT Licensing and Support	\$ 73,647	\$ 80,000	\$ (6,353)	-8%
Administration				
Administration Sundry	\$1,771.57	\$3,500.02	\$ (1,728)	-49%
Accreditation Fees	\$3,401.05	\$4,000.00	\$ (599)	-15%
Board of Management	\$11,222.86	\$8,000.02	\$ 3,223	40%
Bank Charges	\$1,906.36	\$1,500.00	\$ 406	27%
Public Health Sundry	\$2,014.06	\$2,499.98	\$ (486)	-19%
Fringe Benefits Tax	\$9,844.00	\$7,500.00	\$ 2,344	31%
Health promotion	\$464.93	\$2,499.98	\$ (2,035)	-81%
Legal	\$3,061.95	\$6,000.00	\$ (2,938)	-49%
Printing & Stationery & Postage	\$9,100.12	\$14,000.00	\$ (4,900)	-35%
Telephone	\$7,921.32	\$7,500.00	\$ 421	6%
Work Health Safety & Injury Management	\$111.91	\$3,000.00	\$ (2,888)	0%
Rodenticide	\$97.86	\$1,000.04	\$ (902)	-90%
Staff Amenities	\$1,844.17	\$3,500.02	\$ (1,656)	-47%
Staff Training	\$11,404.40	\$11,000.02	\$ 404	4%
Human Resource Sundry	\$2,042.00	\$6,000.00	\$ (3,958)	-66%
Doubtful Debts Expense	\$0	\$0	\$ -	0%
Total Administration	\$ 66,209	\$ 81,500	\$ (15,292)	-19%

Eastern Health Authority - Financial Statement (Level 3 cont.)				
1 July 2016 to 31 December 2016				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Immunisation				
Immunisation SBP Consumables	\$5,465.59	\$5,200.00	\$ 266	5%
Immunisation clinic vaccines	\$8,573.35	\$18,999.98	\$ (10,427)	-55%
Immunisation worksite vaccines	\$0	\$0	\$ -	0%
Total Immunisation	\$ 14,039	\$ 24,200	\$ (10,161)	-42%
Uniforms/Income protection				
Income Protection	\$18,997.42	\$15,000.00	\$ 3,997	27%
Total Uniforms/Income protection	\$ 18,997	\$ 15,000	\$ 3,997	27%
Sampling				
Legionella Testing	\$3,474.60	\$3,999.98	\$ (525)	-13%
Food Sampling	\$0.00	\$500.00	\$ (500)	0%
Total Sampling	\$ 3,475	\$ 4,500	\$ (1,025)	-23%
New Initiatives				
Website Upgrade	\$9,305.00	\$0.00	\$ 9,305	0%
Total New Initiatives	\$ 9,305	\$ -	\$ 9,305	0%
Total Materials, contracts and other expense	\$ 328,225	\$ 355,300	\$ (27,075)	-8%
Depreciation	\$ 14,186	\$ 14,186	\$ -	0%
Finance Costs	\$ 10,336	\$ 9,992	\$ 344	3%
Total Operating Expenditure	\$ 1,085,669	\$ 1,127,977	\$ (42,308)	-4%
Total Operating Income	\$ 1,057,472	\$ 1,107,444	\$ (49,973)	-5%
Operating Result	\$ (28,198)	\$ (20,533)	\$ (7,665)	37%

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDING 30 JUNE 2017					
ACTUAL 2015/2016		ADOPTED BUDGET 2016/2017	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2016/2017
\$	INCOME	\$	\$	\$	\$
1,609,306	Council Contributions	1,641,055	-	-	1,641,055
114,802	Statutory Charges	193,000	-	-	193,000
342,110	User Charges	341,000	-	(10,000)	331,000
121,815	Grants, subsidies and contributions	124,500	-	180,000	304,500
15,304	Investment Income	20,000	-	-	20,000
11,439	Other Income	10,000	-	-	10,000
2,214,776	TOTAL INCOME	2,329,555	-	170,000	2,499,555
	EXPENSES				
1,483,167	Employee Costs	1,543,000	-	105,000	1,648,000
643,081	Materials, contracts and other expenses	738,200	-	47,000	785,200
45,098	Depreciation	28,371	-	-	28,371
21,463	Finance Charges	19,984	-	-	19,984
2,192,809	TOTAL EXPENSES	2,329,555	-	152,000	2,481,555
21,967	Operating Surplus/(Deficit)	-	-	18,000	18,000
-	Net gain (loss) on disposal of assets	-	-	-	-
21,967	Net Surplus/(Deficit)	-	-	18,000	18,000

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS					
FOR THE YEAR ENDING 30 JUNE 2016					
ACTUAL 2015/2016		ADOPTED BUDGET 2016/2017	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2016/2017
\$	CASHFLOWS FROM OPERATING ACTIVITIES	\$	\$	\$	\$
	<u>Receipts</u>				
1,770,237	Council Contributions	1,805,161	-	-	1,805,161
240,932	Fees & other Charges	212,300	-	-	212,300
377,146	User Charges	371,690	-	(10,000)	360,790
15,304	Investment Receipts	20,000	-	-	20,000
121,815	Grants utilised for operating purposes	124,500	-	180,000	304,500
12,583	Other	11,000	-	-	11,000
	<u>Payments</u>				
(1,458,250)	Employee Costs	(1,543,000)	-	(105,000)	(1,648,000)
(984,254)	Material, contracts and other expenses	(953,296)	-	(47,000)	(999,396)
(22,672)	Finance (Interest) Expense	(19,984)	-	-	(19,984)
72,841	Net Cash Provided/(Used) by Operating Activities	28,371	-	18,000	46,371
	CASH FLOWS FROM INVESTING ACTIVITIES				
	<u>Receipts</u>				
-	Sale of Replaced Assets	-	-	-	(15,000)
	<u>Payments</u>				
(25,723)	Expenditure on renewal / replacements of assets	-	-	-	-
-	Expenditure on new / upgraded assets	-	-	-	-
(200,000)	Distributions paid to constituent Councils	-	-	-	-
(225,723)	Net Cash Provided/(Used) by Investing Activities	-	-	-	-
	CASH FLOWS FROM FINANCING ACTIVITIES				
-	Loans Received	-	-	-	-
(55,934)	Loan Repayments	(58,623)	-	-	(58,623)
(55,934)	Net Cash Provided/(Used) by Financing Activities	(58,623)	-	-	(58,623)
(208,816)	NET INCREASE (DECREASE) IN CASH HELD	(30,252)	-	18,000	(12,252)
789,971	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	589,971	(8,816)		581,155
581,155	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	559,719	(8,816)	18,000	568,903

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION					
FOR THE YEAR ENDING 30 JUNE 2016					
ACTUAL 2015/2016		ADOPTED BUDGET 2016/2017	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2016/2017
	ASSETS				
	CURRENT ASSETS				
\$		\$	\$	\$	\$
581,155	Cash and Cash Equivalents	559,719	(8,816)	18,000	568,903
158,026	Trade & Other Receivables	162,272	(4,246)		158,026
-	Other	-			-
739,181	TOTAL CURRENT ASSETS	721,991	(13,062)	18,000	726,929
	NON-CURRENT ASSETS				
421,720	Equipment	331,873	61,476		393,349
-	Other	-	-		-
421,720	TOTAL NON-CURRENT ASSETS	331,873	61,476	-	393,349
1,160,901	TOTAL ASSETS	1,053,864	48,414	18,000	1,120,278
	LIABILITIES				
	CURRENT LIABILITIES				
95,855	Trade & Other Payables	108,708	(12,853)		95,855
58,623	Borrowings	58,623			58,623
259,008	Provisions	236,220	22,788		259,008
-	Other	-			-
413,486	TOTAL CURRENT LIABILITIES	403,551	9,935	-	413,486
	NON-CURRENT LIABILITIES				
376,575	Borrowings	317,952			317,952
33,207	Provisions	41,662	(8,455)		33,207
409,782	TOTAL NON-CURRENT LIABILITIES	359,614	(8,455)	-	351,159
823,268	TOTAL LIABILITIES	763,165	1,480	-	764,645
337,633	NET ASSETS	290,699	46,934	18,000	355,633
	EQUITY				
337,633	Accumulated Surplus/(Deficit)	290,699	46,934	18,000	355,633
337,633	TOTAL EQUITY	290,699	46,934	18,000	355,633

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY					
FOR THE YEAR ENDING 30 JUNE 2016					
ACTUAL 2015/2016		ADOPTED BUDGET 2016/2017	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2016/2017
	ACCUMULATED SURPLUS	\$	\$	\$	\$
515,666	Balance at beginning of period	290,699	46,934		337,633
21,967	Net Surplus/(Deficit)	-	-	18,000	18,000
(200,000)	Distribution to Constituent Councils	-	-	-	-
337,633	Balance at end of period	290,699	46,934	18,000	355,633
337,633	TOTAL EQUITY	290,699	46,934	18,000	355,633

Eastern Health Authority

Bank Reconciliation as at 31 December 2016

Bank SA Account No. 141/0532306840

Balance as per Bank Statement 31 December 2016		\$150,819.04
Plus Outstanding cheques	\$ 82.00	
Add Outstanding deposits	\$ -	
BALANCE PER General Ledger		\$150,737.04

GST October - December 2016

GST Collected		\$10,552.77	
GST Paid		\$15,349.00	
Net GST Claimable (Payable)		-\$4,796.23	

Funds Available September 2016

Account	31-Dec-16	30-Sep-16	Variance
Bank SA Cheque Account	\$ 150,737	\$ 58,219	\$92,518
Local Government Finance Authority	\$ 388,102	\$ 955,472	(\$567,370)
Net GST Claimable (Payable)	(\$4,796)	(\$68,673)	\$63,877
Long Service Leave Provision	(\$160,957)	(\$160,957)	\$ -
Annual Leave Provision	(\$143,152)	(\$109,504)	\$ 33,648
TOTAL FUNDS	\$ 229,933	\$ 674,557	(\$444,624)

6.4 DEVELOPMENT OF ANNUAL BUSINESS PLAN FOR 2017/2018

Author: Michael Livori
Ref: AF17/4

Summary

Eastern Health Authority (EHA) is required to develop an Annual Business Plan which supports and informs its annual budget. This report seeks to outline the process to be taken in relation to the development of the Annual Business Plan for 2017/2018.

Report

The *Local Government Act 1999 (the Act)* requires councils to develop an annual business plan although this requirement does not extend to a regional subsidiary. To ensure EHA's budget is developed in line with best practice standards an annual business plan has been produced for a number of years. Constituent Councils have agreed that the Annual Business Plan is recognised as the Business Plan required by the Act (see legislative and Charter requirements below).

Legislative and Charter Requirements

EHA's Charter requires pursuant to clause 8.1 that;

8. BUSINESS PLAN

8.1. Contents of the Business Plan

- a) *EHA must each year develop in accordance with this clause a business plan which supports and informs its annual budget.*
- b) *In addition to the requirements for the Business Plan set out in clause 24(6) of Schedule 2 to the Act, the Business Plan will include:
 - (a) *a description of how EHA's functions relate to the delivery of the Regional Public Health Plan and the Business Plan;*
 - (b) *financial estimates of revenue and expenditure necessary for the delivery of the Regional Public Health Plan;*
 - (c) *performance targets which EHA is to pursue in respect of the Regional Public Health Plan.**
- c) *A draft of the Business Plan will be provided to the Constituent Councils on a date to be determined for the endorsement of the majority of those councils.*
- d) *The Board must provide a copy of the adopted annual Business Plan and budget to the Chief Executive Officers of each Constituent Council within five business days of its adoption.*

(See Clause 25, Part 2, Schedule 2 to the Act for the contents of the budget).

Proposed Process for the Development of the 2017/2018 Annual Business Plan

To comply with the requirements of the Charter the following process is proposed for the development of the 2017/2018 Annual Business Plan.

February 2017

- Board Members are requested to provide comments and suggestions in relation to the development of the 2017/2018 Annual Business Plan using the 2016/2017 Annual Business Plan as a guide (provided as attachment 1). Comments to be provided to the Chief Executive Officer by 7 March 2017.
- Constituent Councils are requested via their nominated contact to provide comments and suggestions in relation to the development of the 2017/2018 Annual Business Plan using the 2016/2017 Annual Business Plan as a guide. Comments to be provided to the Chief Executive Officer by 7 March 2017.
- Chief Executive Officer commences development of 2017/2018 Annual Business Plan and Budget.

March 2017

- Annual Business Plan and Budget workshop to be held on 15 March 2017 to consider feedback from Board Members and Constituent Councils in relation to the Annual Business Plan. Members will also consider a preliminary draft budget at the workshop.
- Following Board endorsement a copy of the draft Annual Business Plan and Budget will be provided to Constituent Councils requesting their comments by 11 April 2017.

April 2017

- Feedback from Constituent Councils and a proposed Annual Business Plan and Budget detailing the estimated contributions from Constituent Councils to be considered by the Board of Management at its meeting to be held on 26 April 2017.
- Proposed budget to be provided to Constituent Councils requesting any further comment by 7 June 2017.

June 2017

- Budget to be considered for adoption at the Board of Management to be held on 28 June 2017.
- Copy of budget provided to Chief Executive Officers of each Constituent Councils within 5 days of its adoption.

RECOMMENDATION

That:

1. The Development of the Annual Business Plan for 2017/2018 report is received.
2. The process for the Development of the Annual Business Plan for 2017/2018 is endorsed.

Annual Business Plan 2016 - 2017

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INTRODUCTION

The Eastern Health Authority (EHA) Charter requires an Annual Business Plan to support and inform the Annual Budget. To meet its legislative and governance requirements EHA's Budget and therefore its Annual Business Plan for the ensuing financial year must be adopted prior to June 30.

EHA's Annual Business Plan:

- includes an outline of:
 - (i) EHA's objectives for the financial year
 - (ii) the activities that EHA intends to undertake to achieve those objectives
 - (iii) the measures (financial and non-financial) which EHA intends to use to assess its performance against its objectives over the financial year
- assesses the financial requirements of EHA for the financial year and taking those requirements into account, sets out a summary of its proposed operating expenditure, capital expenditure and sources of revenue
- sets out the structure for determining Constituent Council contributions for the financial year

This document presents the Annual Business Plan for EHA for the 2016-2017 financial year. The Plan, together with the Annual Budget for the 2016-2017 financial year will be presented to EHA's Board of Management for adoption on 22 June 2016.

ABOUT EASTERN HEALTH AUTHORITY

EHA is a regional subsidiary established pursuant to the *Local Government Act 1999*.

Section 43 of the *Local Government Act 1999* enables two or more councils (known as Constituent Councils) to establish a regional subsidiary to perform a function of the councils in a joint service delivery arrangement. The function performed may be prescribed by the *Local Government Act 1999* or another Act.

EHA's Constituent Councils are:

- City of Burnside (Burnside)
- Campbelltown City Council (Campbelltown)
- City of Norwood Payneham and St Peters (NPSP)
- City of Prospect (Prospect)
- The Corporation of the Town of Walkerville (Walkerville)

The region that the five councils encompass is predominantly residential with retail / commercial land use and limited industrial activity. Development dates from the mid 1800s and many heritage-listed buildings remain. Major features of the area include popular dining and shopping precincts, numerous public and private schools, large sporting complexes, public swimming centres, hospitals, two national parks and a university. The River Torrens and five major creeks traverse the area.

The area covered by EHA is located in Adelaide's eastern and inner northern suburbs. EHA discharges its Constituent Councils' environmental health responsibilities that are mandated in the following legislation:

South Australian Public Health Act 2011

Food Act 2001

Supported Residential Facilities Act 1992

A wide range of functions are performed to protect the health and wellbeing of approximately 160,000 residents plus those people who visit the region. Functions include the provision of immunisation services, hygiene and sanitation control, licensing and monitoring of Supported Residential Facilities (SRFs) and surveillance of food premises.

The diversity and increasing complexity of environmental health makes it difficult for small organisations to have staff who are experienced and fully competent across all spheres of the profession. EHA is structured to proficiently deliver all required services on behalf of its Constituent Councils.

With the demand for local government to adopt a more cooperative focus in the structure of their organisations and the delivery of their services EHA serves as an outstanding example of shared service delivery. It is local councils working together to protect the health of their communities.

The table below provides a snapshot of the environmental health services provided for each Constituent Council.

Table 1: Snapshot of the environmental health services provided for each Constituent Council

Activity Data	Burnside	C/Town	NPSP	Prospect	Walkerville	Total
No. of Food Premises	273	277	462	186	47	1245
Swimming Pools	16	3	15	2	3	39
High Risk Manufactured Systems	11	7	17	7	7	49
Supported Residential Facilities	3	2	1	2	0	8
Environmental Health Complaints	64	70	80	39	15	268
Hairdresser/Beauty Treatment	71	59	109	27	9	275
No. of Yr 8 Enrolments	700	534	664	141	64	2103
Average clients receiving vaccines at public clinics	1058	1196	1387	276	200	4117

OVERVIEW OF THE BUSINESS PLAN

EHA develops an Annual Business Plan for the purposes of translating strategic directions into actions, outputs and outcomes for the relevant financial year.

In preparing the Annual Business plan there are a number of key influences that are taken into consideration to ensure that EHA can continue to provide services and programs to its Constituent Councils and the community.

Significant Influences

Significant factors which have influenced the preparation of the 2016-2017 Annual Business Plan are:

- enterprise bargaining and increment level increases for staff employment arrangements
- the continuation of the contract service to undertake immunisations and monitor Supported Residential Facilities on behalf of The City of Unley
- the continuation of the worksite immunisation program
- continuation of the service agreement with SA Health to deliver the School Immunisation Program (SIP)
- implementation and monitoring of the Regional Public Health Plan in conjunction with Constituent Councils
- support for Eastern Regional Public Health Plan Advisory Committee
- transition to cloud based computing environment.

Priorities

EHA has set the following priorities as part of the 2016-2017 Annual Business Plan:

- to continue to provide a professional and cost effective environmental health service to its Constituent Councils and their respective communities
- support the Eastern Regional Public Health Plan Advisory Committee
- implement and monitor the Regional Public Health Plan in conjunction with Constituent Councils
- transition ICT environment from on premise to cloud based
- refine Health Manager system to provide improved reporting and gain efficiencies in on site applications
- evaluate implementation of tablets using Health Manager software for field based data capture
- finalise and introduce the new food safety training program
- review EHA WHS and IM Plan 2012 – 2015
- ongoing evolution of performance development framework
- refine process for inducting staff
- retender for current service contracts
- use immunisation coverage data from a range of sources to better identify and remind residents of overdue vaccinations
- investigate available vaccine reminder services and apps
- explore further opportunities for presentations to residents through community centres and libraries to existing parent groups
- promotion and communication of changes to the National Immunisation Schedule affecting older residents .

FUNDING THE BUSINESS PLAN AND THE BUDGET

EHA bases its expenditure on the services required to ensure its Constituent Councils are meeting their wide range of legislative responsibilities which are mandated in a range of legislation including the South Australian *Public Health Act 2011*; *Food Act 2001*; *Supported Residential Facilities Act 1992* and the *Local Government Act 1999*.

The forecast for the 2016-2017 financial year is that EHA's expenditure to carry out its operational activities detailed in the annual business plan will equal its operating income resulting in a balanced operating budget.

To achieve this operating budget result, a total of \$1,641,055 will be raised through contributions from our Constituent Councils for operational expenditure in 2016-2017.

EHA's Charter requires Constituent Councils to contribute to its operations in accordance with a formula that calculates the estimated proportion of overall activities it requires. The calculations are based on the previous year's activities.

The Budgeted Financial Statements (found on pages 37 to 38) put the annual budget required to implement the annual business plan into a format which provides a complete picture of EHA's financial position to its member councils. They consist of a Budgeted Income Statement, Budgeted Balance Sheet, Budgeted Statement of Changes in Equity and Budgeted Statement of Cash Flows.

Sources of revenue other than Constituent Council contributions which are utilised to fund the activities of EHA are listed on the following page.

Statutory Charges

Statutory Charges relate mainly to fees and fines levied in accordance with legislation and include food inspection fees, supported residential facility licences, and environmental health related fines.

User Charges

User charges relate mainly to the recovery of service delivery costs through the charging of fees to users of EHA's services. These include the provision of food safety audit services, worksite immunisation programs, fee vaccines at community immunisation clinics, service delivery fee (\$40.00) for non-residents, immunisation contract services to The City of Unley and the licensing of SRFs on behalf of The City of Unley.

Grants

Grants include monies received from State and Federal Governments for the purposes of funding the delivery of the programs such as immunisation services.

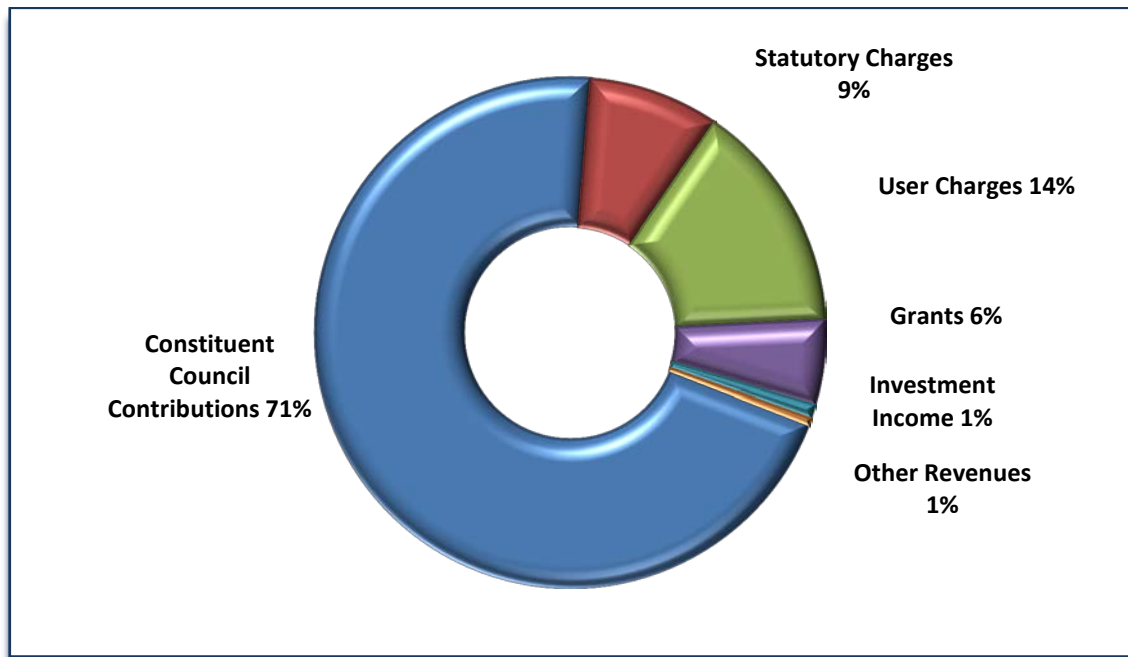
Investment Income

Investment income includes interest on operating cash held with the Local Government Finance Authority.

Other Revenues

Other revenues relates to a range of unclassified items which do not fit within the main income categories.

Graph 1: Funding Sources 2016-2017



As a guide, the table below details each Constituent Council's expenditure on Public Health services provided by EHA as a percentage of their total expenditure based on 2015/2016 budget figures.

Table 2: Each Constituent Council's expenditure on Public Health services provided by EHA

	Contribution 2015/2016	Total Budgeted Expenditure 2015/2016	Public Health Spend %
Burnside	\$415,037	\$40,851,000	1.02%
Campbelltown	\$389,840	\$38,544,600	1.01%
NPSP	\$490,646	\$38,060,000	1.29%
Prospect	\$219,621	\$21,383,715	1.03%
Walkerville	\$94,162	\$9,179,000	1.03%
Total Constituent Council Expenditure	\$1,609,306	\$148,465,600	1.09%

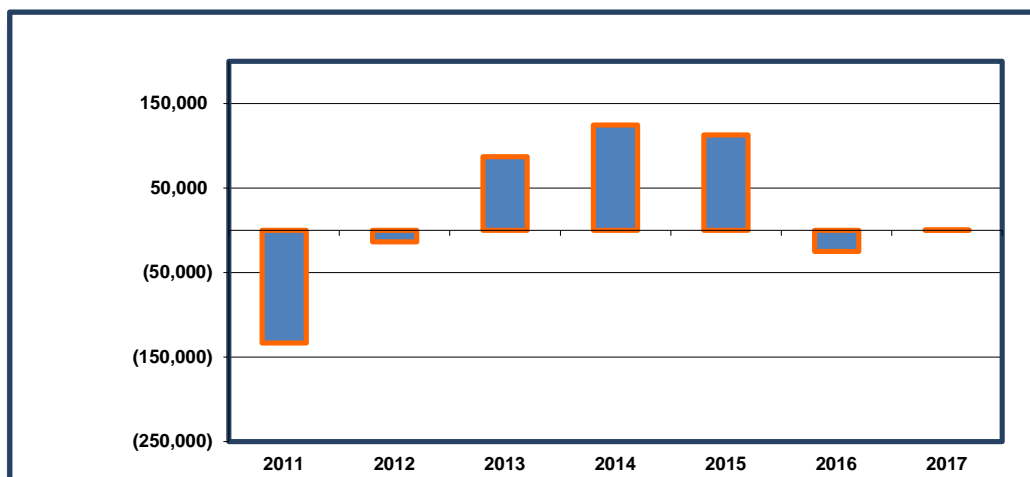
FINANCIAL INDICATORS

A series of financial indicators have been developed by local government to assist in determining whether a local government organisation is financially sustainable or moving to a position of financial sustainability. These indicators are set out below.

Operating Surplus (Deficit)

This graph indicates the difference between day-to-day income and expenses for the particular financial year. It shows the extent to which operating revenue is sufficient to meet all operating expenses including depreciation and consequently the quantum of expenses which is being met by Constituent Councils.

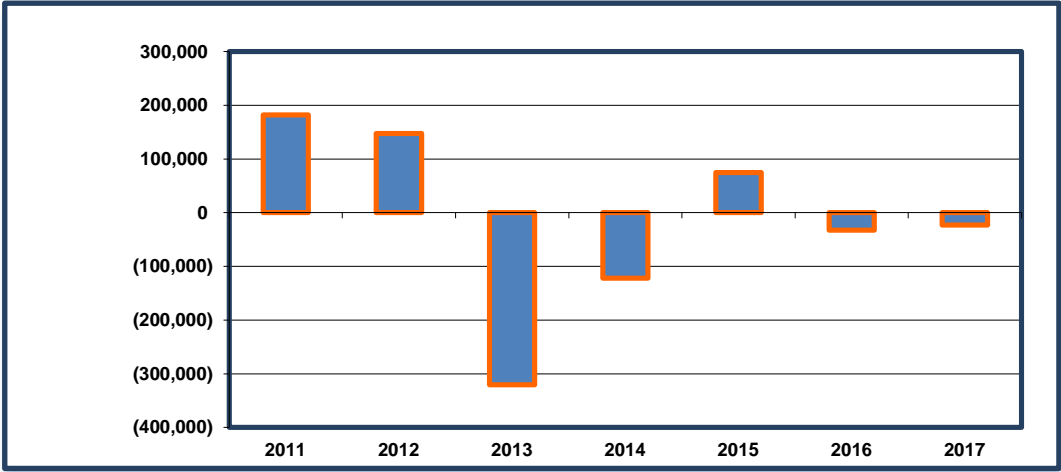
Graph 2: Operating Surplus / (Deficit)



Net Financial Assets

This graph below indicates the money held, invested or owed to EHA less money owed to others (including provisions for employee entitlements).

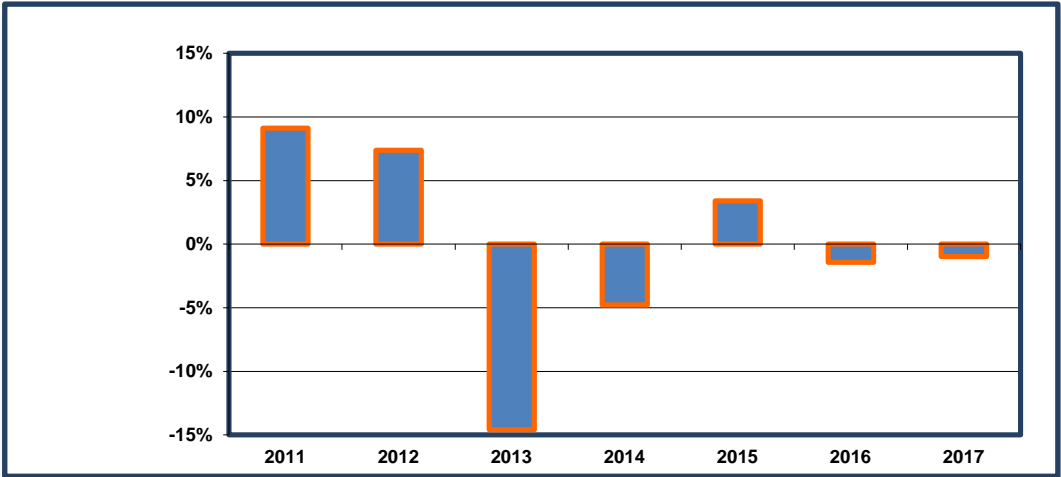
Graph 3: Net Financial Assets



Net Financial Assets Ratio

This ratio indicates the extent to which net financial assets of a subsidiary can meet its operating revenue. Where the ratio is decreasing, it indicates a greater amount of a subsidiary’s operating revenues is required to service its financial obligations.

Graph 4: Net Financial Assets Ratio



ACTIVITIES FOR 2015-2016

The following information reflects the actions which will be performed to achieve the objectives of the seven core activities of EHA over the next 12 months.

1.0 – Governance and Organisational Development

Background

EHA is governed by its Charter and the application of good governance and administration practices which ensure its requirements are met is essential.

Practices which ensure EHA conducts its business in an effective manner include the provision of appropriate support to the Board of Management and sound financial and human resource management.

The staff who are employed by EHA are its most valuable asset. It is essential that the working environment is one which nurtures and supports effective collaboration, and where knowledge and value are continually created. Professional peer support allows for the potential to build organisational capacity through the transfer and pooling of knowledge and assists in workforce retention and stability. An appropriate work environment helps to promote a dynamic and committed workforce.

Objective 1 Administration of legislative and corporate governance requirements

Actions	Performance Measures
1.1 Monitor the compliance of statutory requirements identified in the Charter.	Statutory requirements complied with as per Charter.
1.2 Properly convene Board meetings providing agendas and minutes. Minimum of 5 ordinary meetings conducted. Notice of meeting given 3 clear days prior to meeting. Minutes provided within 5 days of meeting.	5 meetings conducted. Appropriate notice given. Timeframe met.
1.3 Conduct election for Chair and Deputy Chair of Board of Management in February.	Election conducted at February meeting.
1.4 Annual business plan to be developed with detailed objectives for the year in consultation with Constituent Councils.	Draft considered at May meeting and adopted at June meeting.
1.5 Develop budgeted financial statements to implement the Annual Business Plan of EHA. Draft Budgeted Financial Statements considered at May meeting. Budgeted Financial Statements adopted at June meeting.	Budget and Financial Statements adopted. Copy of budget provided to CEO of Constituent Councils within 5 days of adoption.
1.6 Keep proper books of account, regularly report on the financial position of EHA, and apply prudent financial management as required by the Charter.	Financial reports provided at each Board Meeting. Budget reviews presented at October, February and May meetings.
1.7 Conduct Audit Committee meetings as required by Charter.	Audit committee meet minimum of two times per annum.
1.8 Ensure the financial statements are audited annually as per the requirements of the Charter.	Audited financial statements adopted at August meeting and provided to Constituent Councils within 5 days.
1.9 Monitor Long Term Financial Plan.	Plan reviewed annually as part of budget process.
1.10 Provide regular statistical reports to Board Members and Constituent Council.	Reports provided at scheduled Board meetings.

Actions (continued)	Performance Measures
1.11 Conduct annual review of delegations. Lead Constituent Councils in process. Resolutions and Instruments of delegation provided to Constituent Councils.	Documents provided to Constituent Councils. Delegations from EHA to CEO reviewed.
1.12 Compile annual report in relation to the operations of EHA as required by the charter.	Annual report adopted at August meeting and provided to Constituent Councils and other stakeholders.
1.13 Compile report pursuant to the <i>South Australian Public Health Act 2011</i> in relation to the operations of EHA as required by legislation.	Report adopted at relevant Board meeting and provided to Public Health Council.
1.14 Compile annual report pursuant to the <i>Food Act 2001</i> in relation to the operations of EHA as required by legislation.	Report adopted at August meeting and provided to SA Health.
1.15 Compare Annual Business Plan against performance measures.	Report presented to August meeting.
1.16 Provide delegates report to CEO of each Constituent Council following Board meetings for tabling at subsequent council meeting.	Reports provided following Board meetings.
1.17 Properly convene meetings of Constituent Council nominated contacts including providing agendas and minutes.	4 meetings conducted per year.
1.18 Maintenance of electronic records management system to properly maintain records and reference documents of EHA.	System developed to ensure appropriate standards are being met.
1.19 Explore the potential for the expansion of service provision to areas outside of its current Constituent Council areas.	Report to Board on expansion opportunities.
1.20 Complete implementation of a computer "disaster recovery system" to assist with continuity of service in the event of loss of access to computer infrastructure.	Disaster Recovery system implemented.
1.21 Maintenance of Health Manager (HM) (electronic database). Continue to expand HM's internal and external functionality, to improve inspection, complaint and administrative efficiency and reporting capabilities.	Introduce new applications and reporting capabilities where required. Continue to liaise with Open Office to discuss new applications.

Actions (continued)	Performance Measures
1.22 EHO's to continue to utilise the hand held electronic tablets with access to Health Manager during routine food inspections and complaint investigations. Expand the use of the electronic tablets in other EHO onsite field work.	Implementation of electronic tablets during routine food inspections, complaint investigations and other EHO onsite field work to improve inspection, complaint and administrative efficiency.
1.23 Provide administrative assistance to the Public Health Plan Advisory Committee and coordinate reports to the Board of Management.	Reports provided to Board Meetings as required.
1.24 Participate in the Environmental Managers Forum to address environmental health issues and promote uniformity and professional consistency.	Management to attend and participate in the Environmental Managers Forum meetings.
1.25 Continue membership and actively participate in the Eastern Adelaide Zone Emergency Management Committee to develop and finalise the Eastern Zone Emergency Management Plan.	Attend the Eastern Adelaide Zone Emergency Management Committee and actively contribute towards the development of the Eastern Zone Emergency Management Plan.

Objective 1.1 Professional, skilled and committed staff providing valued services to the community

Actions	Performance Measures
1.1.1 Ensure that EHA is properly staffed and resourced in order to carry out its responsibilities.	Continually review staff resources and report to Board if required.
1.1.2 Performance development framework used to support staff and link day-to-day and long term activities of staff to the Annual Business Plan and when applicable the Public Health Plan.	Performance development framework review as required.
1.1.3 Provide continuing professional development opportunities through ongoing education and training which is relevant to roles within EHA.	Training and education opportunities provided to staff.
1.1.4 Continue to foster team cohesiveness and support effective teamwork.	Training and team building activity provided to staff.
1.1.5 Encourage staff to be members of their relevant professional organisation. Support participation and EHA representation at professional Special Interest Groups.	Encourage membership and active participation.

Actions (continued)	Performance Measures
1.1.6 Maintain a multi-disciplinary approach to the distribution of tasks within teams work review process to promote experience in a range of activities and increase expertise in specialist areas.	Annual work plan reviews for all staff.
1.1.7 Provide systems for a safe working environment with appropriate Work Health and Safety (WHS) practices in place.	WHS to be discussed at all team and general staff meetings. Provide appropriate training and equipment to new staff.
1.1.8 Review the Work Health Safety action plan outlining program of improvements required in EHA's WHS 3 Year Plan.	Action plan reviewed with input from staff.
1.1.9 Further improve EHA's induction program to ensure EHA staff are and familiar with EHA's methods of operation upon commencement of employment.	Induction program updated.

2.0 - Health Education and Promotion

Background

Health education and promotion is a vital component in creating healthier living environments and communities. Traditionally local government health education and promotion activities have centred on regulatory function and infectious disease control.

The *South Australian Public Health Act 2011* (the Act) is part of a range of public health legislation designed to protect and promote the health of South Australians. The objective of Act is to 'promote and provide for the protection of the health of the public of South Australia and to reduce the incidence of illness, injury and disability'. The Act requires councils to develop a public health plan consistent with the State Public Health Plan which responds to public health challenges in the area.

A regional approach for public health planning by EHA and its Constituent Councils builds on the existing, successful collaboration for shared environmental health services through EHA as well as the initiatives of the Eastern Region Alliance (ERA). This approach improves EHA's and Council's capacity to engage with potential partner organisations and to recognise opportunities for joint advocacy.

The first Public Health and Wellbeing Plan for EHA and Constituent Councils, 'Better Living Better Health' (the Plan) was endorsed in 2015. The Plan provides a starting point for documenting the regional state of health and strategic directions for improving community wellbeing. The Plan does not address all public health issues, rather it is a 'place to start' having regard to local priorities and the State Public Health Plan.

EHA and its Constituent Councils are committed to the implementation and the continual review of the strategic directions of the Plan within each five year planning cycle.

Objective 2 An innovative approach to public and environmental health through community education and interaction to increase awareness and understanding

Actions	Performance Measures
2.1 Develop and maintain a comprehensive range of health education and promotion material targeting local health issues incorporating the resources of other health related agencies.	Information resources maintained.
2.2 In conjunction with health stakeholders support the promotion and delivery of a range of public health information to raise community health awareness and address priority health conditions.	Target issue to be addressed as required by stakeholders.
2.3 Provide targeted educational material in relation to recommended practices, standards and legislative requirements relevant to those responsible for public health related premises (premises with public swimming pools and spas, cooling tower systems and warm water systems, hairdressers and beauty premises, skin penetration premises, tattoo, body piercing, acupuncture).	Information distributed to be provided as required to improve compliance with legislative requirements.
2.4 Promote EHA services and educate the community on matters of public health in conjunction with Constituent Councils.	Provide information updates and articles to Constituent Councils as required.
2.5 Liaise with Constituent Councils to explore the possibilities of co-ordinating and or contributing to public health forums, to raise awareness of current public health matters.	Discuss the possibilities of public health forums with Constituent Councils.
2.6 Promote the benefits of immunisation through a variety of mediums such as council customer service centres and council publications, information kits, council and EHA websites.	Number of articles published and amount of information accessed.
2.7 Provide targeted educational material to food proprietors, food handlers and the community on food safety matters.	Educational material provided as required.
2.8 Finalise and introduce the new food safety training program.	Finalise and introduce a new food safety training program.
2.9 Participate in Food Safety week and other proactive educational initiatives that raise awareness of food safety amongst the community and improve food handler's understanding of food hygiene.	Number of proactive educational activities conducted each year (at least one per year).

Actions (continued)		Performance Measures
2.10	Participate in Public Health Week and other proactive educational initiatives that raise awareness of public health related issues amongst the community.	Number of proactive educational activities conducted each year (at least one per year).
2.11	Educate proprietors of SRFs in relation to relevant legislative requirements to ensure that adequate standards of assisted care, living standards, safety, hygiene and nutrition are maintained.	Information provided during visits to facility or as needed.
2.12	Review and update EHA's health promotion and information material to ensure information is relevant.	Review and update as required.
2.13	Monitor funding opportunities for pro-active health education and prevention programs.	Report opportunities to Board of Management.
2.14	Actively promote EHA's functions to the public, key stakeholders and the Constituent Council staff.	Quarterly Council Contact Meetings and presentations to Constituent Council staff. Explore promotional initiatives.
2.15	Investigate and implement improvements to upgrade EHA's website to facilitate the exchange of information and feedback and improve awareness of EHA services.	Improved website functionality.

3.0 – Public and Environmental Health

Background

'Environmental health addresses all the physical, chemical and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments'.

World Health Organisation (WHO), 2012

The *South Australian Public Health Act 2011* (the Act) and Regulations are mechanisms employed by EHA to fulfil its duty of care on behalf of the Constituent Councils with the following public health issues:

- prevention and management of domestic squalor and hoarding
- surveillance of swimming pool, spa pool, cooling tower and warm water system operations
- assessment of hairdressing salons, beauty salons, acupuncture clinics and tattoo parlours
- approval and inspection of waste control systems
- discharge of waste to the environment
- prevention and control of notifiable diseases

The Act contains a general duty on all persons in the community who undertake activities to ensure that they take reasonable steps to 'prevent or minimise any harm to public health' that they have or might cause as a result of their actions or their failure to act: section 56(1) of the Act provides that:

'A person must take all reasonable steps to prevent or minimise any harm to public health caused by, or likely to be caused by, anything done or omitted to be done by the person'.

The Act establishes principles or values that guide everyone involved in administering the Act or making decisions under it, which includes orders, the exercise of other powers or general planning or policy decisions.

These principles are as follows:

- precautionary principle
- proportionate regulation principle
- sustainability principle
- principle of prevention
- population focus principle
- participation principle
- partnership principle
- equity principle

Environmental protection originated from the traditional approach of public health when the *Commonwealth Environment Protection (Impact of Proposals) Act* was introduced in 1974. Since its introduction, the definition of environment has developed from merely being 'all aspects of the surroundings of human beings, whether affecting human being as individuals or in social groupings' to 'land, air, water, organisms and ecosystems, and includes the amenity value of an area.'

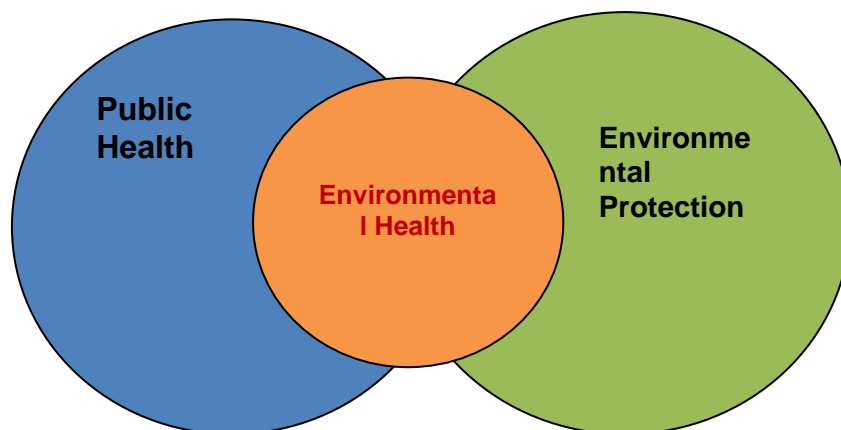


Figure 1.1 – the relationship between public health, environmental health and environmental protection

The point at which Public Health and Environmental Protection overlap is Environmental Health (Fig 1.1).

Where harm or potential harm to others cannot be shown, other statutes may offer alternative and more appropriate ways of proceeding. For example issues relating to unsightly conditions, nuisances and hazards to health or safety associated with the keeping of animals are better dealt with section 254 of the *Local Government Act 1999*.

The Environment Protection Act and Policies provide the framework to resolve issues that have a detrimental effect on our environment and subsequently our health. As the definitions of public health and environment protection overlap, it should only be expected that the legislation protecting these two areas also overlap.

Environmental health often requires a multidisciplinary approach. In the course of investigating complex issues, Environmental Health Officers work together and co-operate with other local government professionals and State government departments.

Objective 3 Promote healthy communities by managing the risk from communicable and infectious disease and environmental impacts

Actions	Performance Measures
<p>3.1 Compile and maintain a register of all public health related premises.</p> <p>Public Health related premises are:</p> <ol style="list-style-type: none"> 1. premises with public swimming pools and spas 2. premises with cooling tower systems and warm water systems 3. hairdressers and beauty premises 4. skin penetration premises (tattoo, body piercing, acupuncture) 5. waste control systems 	Register maintained at all times.
<p>3.2 Using the SA Health assessment forms determine appropriate standards of public swimming pools and spas are maintained in accordance with the <i>South Australian Public Health (General) Regulations 2013</i>.</p>	Assessments performed according to risk based schedule.
<p>3.3 Using the SA Health assessment forms determine appropriate standards of cooling towers and warm water systems for the management of <i>Legionella</i> in accordance with <i>South Australian Public Health (Legionella) Regulations 2013</i>.</p>	Assessments performed at least annually.
<p>3.4 Collect water samples from cooling towers and warm water systems for analysis based on requirements <i>South Australian Public Health (Legionella) Regulations 2013</i>.</p>	Water samples collected and sent for analysis at least annually.
<p>3.5 Investigate notifiable <i>Legionella</i> incidences and high <i>Legionella</i> counts in a systematic manner in accordance with SA Health guidance and internal procedures.</p>	Prompt investigation commenced in accordance with service standards.

Actions (continued)	Performance Measures
3.6 Respond to complaints to ensure appropriate infection control standards at hairdressing salons are maintained in accordance with Guidelines on the Public Health standards of practice for hairdressing and other relevant legislation using Environmental Health Australia assessment form.	Investigate and respond to complaints in accordance with the customer service standards.
3.7 Respond to complaints to ensure appropriate infection control standards at beauty and skin penetration premises are maintained in accordance with Guidelines on the safe and hygienic practice of skin penetration and other and other relevant legislation using the Environmental Health Australia assessment form.	Investigate and respond to complaints in accordance with the customer service standards.
3.8 Using the SA Health assessment forms determine appropriate standards at beauty premises are maintained in accordance with Guidelines on the safe and hygienic practice of skin penetration and other and other relevant legislation.	Assessments performed according to risk based schedule. .
3.9 Identify new personal appearance practices (ie. laser hair removal, tattoo removal and permanent make-up) within beauty premises. Liaise closely with SA Health to determine if these practices are required to be assessed in accordance with Guidelines on the safe and hygienic practice of skin penetration and other relevant legislation. Where required update the register and undertake assessments.	Continue to update the register when new businesses are identified.
3.10 Using the SA Health assessment forms determine appropriate standards at skin penetration premises (tattoo, body piercing, acupuncture) are maintained in accordance with Guidelines on the safe and hygienic practice of skin penetration and other relevant legislation.	Assessments performed according to risk based schedule.
3.11 Assess applications for the installation of waste control systems in accordance with <i>South Australian Public (Wastewater) Regulations 2013</i> , the <i>On-site Wastewater System Code, 2013</i> , internal procedures, and service standards.	Application managed in accordance with service standards. Compliance with legislative requirements.
3.12 Apply the <i>Public Health Act, 2011</i> to respond to complaints or concerns about standards of sanitation and hygiene of boarding and lodging houses.	Respond to complaints as required in accordance with customer service standards.

Actions (Continued)	Performance Measures
<p>3.13 Respond to public health enquiries/complaints within the built environment that give rise to a risk to health in relation to:</p> <ul style="list-style-type: none"> - hoarding and squalor - sanitation - animal keeping - vector control - air quality - hazardous and infectious substances (asbestos and clandestine drug labs) - waste control - notifiable diseases - refuse storage <p>Enquiries/complaints are investigated in accordance with the customer service standards. Seek to accomplish a long term solution. Co-ordinate a multi-agency response where necessary.</p>	<p>Respond to complaints as required in accordance with customer service standards.</p>
<p>3.14 Distribute advisory information via mail to households informing them of localised vermin and pest problems and how they can be minimised, e.g. rodents, mosquitoes.</p>	<p>Respond to complaints as required in accordance with customer service standards.</p>
<p>3.15 Provide advice and information materials to residents about air quality concerns including the installation, operation and standards of solid fuel burning appliances.</p>	<p>Information available to community and via website and as required. Improved management of burning appliances as required.</p>
<p>3.16 Provide rodent bait to residents upon request.</p>	<p>Rodent bait provision maintained.</p>
<p>3.17 Undertake relevant notifiable disease investigations in collaboration with SA Health.</p>	<p>Respond to disease notifications in accordance with customer service standards.</p>
<p>3.18 Assist members of the community who have a managed health condition (e.g. Diabetes) by offering approved sharps containers at cost price and free disposal of full and approved sharps containers delivered to EHA.</p>	<p>Community sharps disposal service maintained.</p>
<p>3.19 Collect syringes that have been unsafely discarded on private property.</p>	<p>Safe and timely collection of discarded syringes within customer service standards and following internal procedures.</p>
<p>3.20 Assessments and investigations are updated in Health Manager (electronic database) to ensure effective reporting to the Board of Management, Constituent Councils and SA Health.</p>	<p>Update within 5 days of assessment or action.</p>

Actions (continued)	Performance Measures
3.21 Co-ordinate the Eastern Hoarding and Squalor Committee meetings.	Coordinate the Eastern Hoarding and Squalor meetings.
3.22 Participate with Environmental Health Australia and state and local government authorities to review best practice standards and promote uniformity and professional consistency.	Attend and actively participate.
3.23 Participate in the Environmental Health Australia 'Public Health' and 'Waste Control' Special Interest Groups (SIG) to promote uniformity, professional consistency and to discuss the latest information in relation to public health and waste control issues affecting local government.	Attend and actively participate at SIG meetings.
3.24 Ensure activities and outcomes are communicated to the Board of Management, Constituent Councils and state government bodies as required via: Reports to the Board of Management, Delegates Reports and Annual Report.	Board Reports and Annual Reports compiled and distributed.
3.25 Respond to development application referrals from councils about public health related premises and activities.	Respond to all referrals in accordance with the customer service standards.
3.26 Liaise with Constituent Councils to address issues of environment and sustainability where there is a connection to human health.	Comment and input made where applicable.
3.27 Ensure providers who supply water to the public under the <i>Safe Drinking Water Act 2012</i> , meet the requirements set out by the act and <i>Safe Drinking Water Regulations 2012</i> .	Continue to monitor potential water providers to ensure compliance with the Act and associated regulations.

4.0 - Immunisation

Background

Immunisation is a simple, safe and effective way of protecting people against harmful diseases that can cause serious health problems in the community. Immunisation not only protects individuals from life-threatening diseases, but also dramatically reduces transmission in the community. The more people who are vaccinated, the fewer opportunities a disease has to spread.

The Australian Government's Immunise Australia Program implements the National Immunisation Program (NIP) Schedule, which currently includes vaccines against a total of 16 diseases. These include routine childhood vaccinations against diseases that were once widely fatal, such as measles, diphtheria and whooping cough (pertussis), as well as more recently developed vaccines, such as Human Papillomavirus (HPV) and the meningococcal C vaccine. Local Government plays a significant role in the delivery of immunisation in South Australia contributing to the Immunise Australia Program.

EHA offers all vaccines on the National Immunisation Program Schedule at its public clinics as well as the Annual Influenza Vaccine. Around 200 community immunisation clinics are provided each year at 6 different locations at a variety of accessible times. Currently EHA offers catch-up vaccination history assessments to not only new residents to Australia but also to Australian children who are overdue. These clients are then able to attend an EHA Immunisation clinic for the vaccines recommended as per the National Immunisation Schedule. Each year dedicated clinics for influenza vaccination are provided promoting greater coverage against seasonal influenza disease.

As part of the Immunise Australia Program vaccines are provided to adolescents through the School Immunisation Program (SIP). Year 8 students will be vaccinated with HPV (human papillomavirus), Varicella (chicken pox) and dTpa (diphtheria, tetanus, whooping cough). EHA will undertake 57 visits to 19 high schools offering vaccinations to approximately 2100 Year 8 students.

Worksite Immunisation programs are conducted on a fee for service basis. A total of 4900 vaccinations were provided to EHA clients in 2015. EHA is working to increase the number of vaccinations provided by updating of marketing materials and active follow up of previous clients.

Objective 4 The provision of a comprehensive, accessible and efficient immunisation service valued by the community

Actions	Performance Measures
<p>4.1 Ensure effective governance and delivery of a public clinic immunisation program in accordance with;</p> <ul style="list-style-type: none"> • the current National Health and Medical Research Council (NHMRC) "Australian Immunisation Handbook" • National Vaccine Storage Guidelines 'Strive for 5' 2nd Edition • the <i>Controlled Substances Act 1984</i> and the <i>Controlled Substances (Poisons) Regulations 2011</i> • the Vaccine Administration Code August 2015 v. 1.2 • EHA's Work Health and Safety protocols • South Australia's Child Protection Legislation – Child Safe Environment Guidelines. 	<p>Client feedback and attendance. Number of clinics and vaccinations provided. Annual Cold Chain audit and pharmaceutical refrigerator maintenance.</p> <p>Clinical performance and evaluation.</p> <p>Liaison with EHA's Consultant Medical Officer of Health.</p> <p>Completed review of Child Safe Environment Guidelines.</p>
<p>4.2 Promote EHA's public immunisation clinic program through a variety of mediums such as council customer service centres and publications, council and EHA websites.</p> <p>Mail out of the Immunisation Timetable to community organisations. Explore further opportunities for the provision of immunisation promotion presentations to existing parent groups at Constituent Council community centres and libraries.</p>	<p>Increased presentations at Constituent Councils.</p> <p>Increased number of clinic timetables required and distributed.</p> <p>Website - reports of access.</p>
<p>4.3 Conduct an annual review of EHA's public clinic venues and timetable. Implement necessary changes, including identified hazards.</p> <p>Produce and publish annual immunisation program timetable to reflect the review of the public clinics.</p> <p>Promotion and communication of changes to the National Immunisation Program Schedule affecting older residents..</p>	<p>Annual review undertaken at each venue and documented. Identified hazards actioned. Immunisation Clinic Timetable reviewed and published in November.</p> <p>Investigate communication strategies to provide information to older residents.</p>

Actions (continued)	Performance Measures
<p>4.4 Deliver SIP to students at schools within EHA's area in accordance with the SA Health Service Agreement contract with local government.</p>	<p>All students offered vaccinations. Absent consenting students offered vaccination at EHA's public clinics. Coverage rates and statistics to SA Health.</p>
<p>4.5 Liaise with school coordinators and Immunisation Section of SA Health regarding SIP implementation and evaluation of program.</p>	<p>Successful SIP implementation. Ongoing collaboration and evaluation of coverage. Representation on the SIP Working Party for review of Protocols for the program.</p>
<p>4.6 Provide a specialised Worksite Immunisation Program both within and external to the Constituent Council boundaries on a fee for service basis within the private sector (i.e. flu, Heb B, dTpa).</p> <p>Recommend vaccinations for employees at risk of occupationally acquired vaccine preventable diseases.</p> <p>Review program annually – update documents. Aim to provide a professional service and stay competitive.</p>	<p>Feedback from clients. Increase of new clients and regular annual clients. Income generated.</p>
<p>4.7 Maintain client immunisation records on EHA's Immunisation database (ImPS program).</p>	<p>Database updated within 3 days of each clinic/school/worksite sessions.</p>
<p>4.8 Use immunisation coverage data from a range of sources to better identify residents of overdue vaccinations. Investigate available vaccine reminder services</p>	<p>Review of reports available from Australian Childhood Immunisation Register, the HPV register and other sources to identify residents that are overdue.</p> <p>Investigation and review of communication and reminder services available.</p>
<p>4.9 Report immunisation statistics to SA Health and the Australian Childhood Immunisation Register (ACIR), in accordance with contractual arrangements.</p> <p>SIP statistics completed one month after the last school visit for each vaccine dose.</p> <p>Report HPV immunisation statistics to HPV Register monthly.</p>	<p>Statistics reported to ACIR within 5 days of clinics. HPV statistics reported monthly to HPV Register.</p> <p>Submit completed data to Immunisation Section SA Health via their Online Database.</p>

Actions (continued)	Performance Measures
<p>4.10 The CEO/Team Leader Immunisation lobby through LGA for appropriate funding for sustainability of local government delivery of immunisation services. Development of the Immunisation Service Provision MOU for Local Government within the new <i>SA Public Health Act 2011</i> by the State Government</p>	<p>Meet with LGA/IPN (SA) group to discuss funding and support from governments. Attend meetings in regard to the SA Public Immunisation Services between SA Health and LGA SA. MOU endorsed.</p>
<p>4.11 <u>Clinical Governance</u> Registered immunisation Nurses will participate in:</p> <ul style="list-style-type: none"> • Immunisation Providers Network (SA) (IPN SA). • promoting best practice standards, uniformity and professional consistency. • a recognised SA Health authorised immunisation course. • maintain authorised immunisation provider status by completing 3 yearly recognised updates. • other professional updates – rotate participation of biannual PHAA Immunisation conference. • in-house education sessions and team meetings. • annual CPR and Mandated Notification updates. • complete 20 hours of valid documented Continuing Professional Development annually. • random audits by APHRA of RN's completed CPD hours. 	<p>Immunisation Nurses attend the IPN SA meetings when possible. Attend in-house education sessions and mandatory updates. Attend other professional updates. Complete and document annual CPD requirements.</p> <p>Completion by RN staff of the 3 yearly 'Understanding Vaccines and the National Immunisation Program' Certificate..</p>
<p>4.12 Ensure activities and outcomes are communicated to the Board of Management, councils and state government bodies as required. Statistical and written reports to the Board of Management as per meetings. Annual Reports as required by the Board of Management and the <i>South Australian Public Health Act 2011</i>.</p>	<p>Statistical reports, Board Reports and Annual Reports compiled and distributed as required.</p>

5.0 - Food Safety

Background

As consumers, we all have the right to expect that the food we eat is protected from microbiological contamination, foreign matter, poor hygiene and handling practices. While Australia has one of the safest food supplies in the world, the incidences of out two most prevalent foodborne diseases *Salmonella* and *Campylobacter* is on the increase. Illness caused by food is a significant public health problem and has major social and economic impacts.

A 2014 report, '*Foodborne Illness in Australia*' annual incidence circa 2010 provided the most comprehensive assessment of Australia's annual incidence of food borne illness to date. That report showed that:

- every Australian has an episode of foodborne gastroenteritis every five years. Annually this works out to:
 - 4.1 million cases of foodborne gastroenteritis
 - 5,140 cases of non-gastroenteritis
 - 35,840 cases of more serious long-term effects
- the actual cause of most (80%) foodborne illness is unknown
- of the known causes most are due to norovirus, pathogenic E coli, *Campylobacter* and *Salmonella* species.
- illnesses from *Salmonella* and *Campylobacter* have increased.
- poultry is the primary source of *Campylobacter* infections
- the use of raw or minimally cooked eggs is likely to be a significant source of the national increase in *Salmonella*

The *Food Act 2001* in conjunction with the Food Safety Standards (Chapter 3 of the Australia New Zealand Food Standards Code) aims to:

- ensure food for sale is both safe and suitable for human consumption
- prevent misleading conduct in connection with the sale of food
- provide for the application of the Food Standards Code

EHA is an enforcement agency under the *Food Act 2001* and is responsible for ensuring that appropriate food hygiene standards are maintained within its area.

Objective 5 Minimise food borne illness by ensuring that safe and suitable food is available to the community

Actions	Performance Measures
5.1 Food businesses are assigned a 'Risk Rating' in accordance with the SA Health Food Business Risk Classification system. Frequency of routine assessments is adjusted based on their performance and within the range of the risk classification.	Apply relevant risk rating to new businesses and undertake assessments in accordance with SA Health Food Business Risk Classification system.
5.2 Routine food business assessments conducted using an appropriate food safety rating tool to ensure compliance with the <i>Food Act 2001 and Food Safety Standards</i> .	Assessments performed using the appropriate food safety rating tool. Assessments conducted in accordance with the assigned risk rating and frequency.
5.3 Conduct assessments using the SA Health 'Heightened Inspections forms' for food processing activities that fall under the Primary Production Standards.	SA Health 'Heightened Inspections forms' used when food processing activities fall under the Primary Production Standards.
5.4 Monitor and identify new food processing practices during routine assessments. Update the risk rating to reflect the changes.	Update risk ratings where required.
5.5 Ensure appropriate enforcement action is taken in relation to breaches of the <i>Food Act 2001</i> and associated standards in accordance with EHA's enforcement policy.	Number of enforcement actions taken.
5.6 Investigate food related complaints in a systematic and timely manner in relation to: <ul style="list-style-type: none"> - alleged food poisoning - microbiological and chemical contamination - foreign matter found in food - poor personal hygiene and handling practices - unclean premises - vermin, insects and pest activity - refuse storage <p>Liaise with SA Health and other councils to ensure a co-ordinated approach where necessary.</p>	Respond to complaints in accordance with customer service standards.
5.7 Respond to food recalls in accordance with SA Health recommendations.	Number of recalls actioned.

Actions (continued)	Performance Measures
5.8 Ensure that all businesses servicing vulnerable populations (within the boundaries of the Constituent Councils) have their food safety plan audited in accordance with Food Safety Standard 3.2.1 and the <i>Food Act 2001</i> .	Number of audits conducted.
5.9 Provide a professional auditing service to businesses external to Constituent Council boundaries which require their food safety plans to be audited.	Number of audits conducted.
5.10 Ensure businesses provide notification of their business details. Maintain a register of all food businesses operating within EHA's jurisdiction.	Update within 5 days of receipt of new information.
5.11 Assessments, investigations and actions are updated in Health Manager to ensure effective reporting to the Board of Management, Constituent Councils and SA Health.	Update within 5 days of assessment or action.
5.12 Provide information to the Board of Management in relation to food safety reforms, such as the Parliamentary Enquiry into Food Safety Schemes, and provide written responses on behalf of EHA and Constituent Councils to State Government.	Information reports provided to Board and distributed to Constituent Councils as required.
5.13 Implement the agreed EHA and Constituent Council Development Assessment information sharing process, to receive notifications of new business or changes to an existing business. EHA to review plans, liaise with the applicant regarding structural fit out with relevant legislation, and provide feedback to Constituent Council's when requested.	Respond to notifications in accordance with the agreed Development Assessment information sharing process and customer service standards.
5.14 Provide new food businesses with information that introduces EHA and informs the business about the inspection fee policy and safe food practices.	Information provided following receipt of notification form.
5.15 Conduct food safety assessments of fairs and festivals, temporary events and school fetes in collaboration with the Constituent Councils and relevant event co-ordinators.	Undertake assessments where required.
5.16 Liaise with Constituent Council and relevant event coordinators to ensure all stall holders at fairs and festivals, temporary events and school fetes are well informed of the legislative requirements and have the necessary equipment. Conduct stall holder meetings for stall holders upon request by the Constituent Councils and relevant event coordinators.	Liaise with Constituent Council and relevant event coordinators prior to the event. Provide stall holder presentations where required.

Actions (continued)	Performance Measures
<p>5.17 Twice a year distribute advisory information to schools and kindergartens to provide a reminder of the requirements to notify EHA of an upcoming school fete.</p> <p>EHA to liaise with the school or kindergarten to ensure all stall holders at fairs and festivals, temporary events and school fetes are well informed of the legislative requirements and have the necessary equipment to produce and sell safety and suitable food.</p>	<p>Distribute advisory information twice a year. Liaise with schools or kindergartens where required.</p>
<p>5.18 Participate in the Environmental Health Australia “Food Safety” Special Interest Group (SIG) to promote uniformity, professional consistency and to discuss the latest information in relation to food safety issues affecting local government.</p>	<p>Attend and actively participate at SIG meetings.</p>
<p>5.19 Actively communicate updates from SA Health and FZSANZ to food premises.</p>	<p>Provide updated information to food businesses as required.</p>

6.0 - Health Care and Community Services

Background

Supported Residential Facilities (SRF's) provide accommodation to people in the community who require personal care and support.

SRF's are regulated under the *Supported Residential Facilities Act 1992* (the Act) to ensure adequate standards of care and amenity to protect the rights of residents.

A low level of care is provided to residents such as assistance with medication management, personal care, and financial management, as well as supplying meals and accommodation.

Personal care services are defined under the Act as bathing, showering or personal hygiene, toileting or continence maintenance, dressing or undressing, consuming food, medication management, management of personal finances and direct physical assistance to aid mobility issues.

Residents living in SRFs are vulnerable due to the disability or impairment that is often associated with these clients, including physical, intellectual or psychiatric.

The Minister for Communities and Social Inclusion is responsible for promoting the objectives of the Act, and local councils administer and enforce the Act. EHA is the licensing authority for all SRFs within the Constituent Councils, and continues to act as the licensing authority for SRFs within The City of Unley, under delegated authority.

Objective 6 **Promote a safe and home-like environment for residents by ensuring quality of care in supported residential facilities**

Actions	Performance Measures
6.1 Assess applications for new licences, licence renewals and transfer of licence with regard to SRF legislation and guidelines within legislative timeframes.	Applications processed within legislative timeframes.
6.2 Assess applications for manager and acting manager with regard to SRF legislation and guidelines	Applications processed within legislative timeframes.
6.3 Conduct relicensing audits of facilities against SRF legislation and include conditions where necessary based on the findings of the audits conducted during the year and fire safety advice. . Take advice of the appropriate Fire Safety requirements from the Constituent Councils Building Fire and Safety Officers.	Unannounced audits conducted at all facilities. Fire safety advice obtained annually. Issue licences annually with conditions where required.
6.4 Conduct ongoing inspections to ensure facilities continue to operate at satisfactory standards in in accordance with the legislation. Conduct inspections of facilities to ascertain compliance with licence conditions throughout the year.	Unannounced inspections and follow-ups conducted at SRFs.
6.5 Respond to enquiries/complaints in relation to SRFs	Respond to all enquiries and complaints in accordance with the customer service standards.
6.6 Liaise with service providers to ensure residents receive appropriate levels of care.	Liaise where required.
6.7 Participate in the Environmental Health Australia 'SRF' Special Interest Group to promote uniformity, professional consistency and to discuss the latest information in relation to SRF issues affecting local government.	Attend and actively participate at SRF SIG meetings.
6.8 Liaise with Department of Communities and Social Inclusion and Constituent Councils on the potential for SRF closures in the area, strategic management options and appropriate alternative accommodation options.	Issues investigated and reported to Board of Management and relevant council as necessary.
6.9 Lobby State Government to ensure legislation applicable to SRFs is appropriate and that local government receives appropriate support for its licensing role.	Initiate discussion with LGA regarding these issues.
6.10 Act as the Licensing Authority pursuant to the <i>Supported Residential Facilities Act 1992</i> for the City of Unley on a fee for service basis.	Maintain contract.

Actions (continued)	Performance Measures
6.11 Provide written reports and attend meetings with The City of Unley in accordance with SRF licensing contract requirements.	Reports provided twice per year (as per agreement) and as required.
6.12 Ensure activities and outcomes are communicated to the Board of Management, Constituent Councils and state government bodies as required via: Reports to the Board of Management, Delegates Reports and Annual Report.	Board Reports and Annual Reports compiled and distributed.
6.13 Liaise with Constituent Councils to explore health promotion opportunities within SRF's.	Liaise with Constituent Councils.

7.0 - Emergency Management

Background

The South Australian Sampson Flat bushfires and the Nepal earthquake during 2015 have vividly exposed us to the devastating consequences of disaster events.

In any emergency situation, the ability to respond effectively is vital and the effectiveness of the response will be determined by appropriate preparation and planning. Environmental Health professionals play a critical role in the response and recovery phases of emergency situations.

An emergency management plan has been developed to define and address the unique issues that confront environmental health professionals in an emergency situation and prepare them for the enhanced role that they will have. It ensures appropriate linkages are in place with emergency service agencies and the councils EHA serves should an emergency situation occur and is designed to integrate with the Eastern Region Disaster Management Plan.

A risk analysis of hazards that may affect the region was completed during 2007 by the Eastern Regional Emergency Risk Management project. EHA's Emergency Management Plan identifies five hazards that are likely to have significant environmental health implications: Pandemic Disease, Disease (arising within the EHA's area), Flooding (1 in 100 year event), Earthquake and Bushfire.

An emergency may impact upon EHA itself, potentially disrupting operations and affecting critical assets. This will pose a unique challenge when environmental health service delivery is likely to alter in response to the circumstances of the situation. A Business Continuity Plan identifies a range of actions required to ensure critical functions are restored within the timeframes specified.

Objective 7 **Minimise the public health consequences of emergencies through a planned and prepared response**

Actions	Performance Measures
7.1 Liaise with the Constituent Councils and Eastern Adelaide Zone Emergency Management Committee to ensure integration of emergency management arrangements.	Attend and participate in committee meetings.
7.2 Conduct exercises with staff to test the Emergency Management Plan and Business Continuity Plan. Participate in any relevant exercises conducted within the region by other organisations.	Conduct or participate in one exercise a year.
7.3 Review and update emergency management information on the website.	Review and update as required.
7.4 Review and update the Emergency Management Plan and note any alternations on the amendments register. Review the status of actions arising from the Emergency Management Plan and Business Continuity Plan.	Review the plan and update where required.
7.5 Participate with Environmental Health Australia and state and local government authorities to review best practice standards and promote uniformity and professional consistency.	Staff to participate in the Disease Control SIG and other relevant committees.
7.6 Ensure activities and outcomes are communicated to the Board of Management, Constituent Councils and state government bodies as required via: Monthly statistical reports; Reports to the Board of Management and Annual Report under the <i>South Australian Public Health Act 2011</i> .	Statistical reports, Board Reports and Annual Reports where required.
7.7 Emergency Management Plan strategies to be reflected in the Public Health Plan and Risk and Opportunity Management Policy and Framework to ensure consistency over the three strategic plans.	Emergency Management Plan incorporated in the Risk and Opportunity Management Policy and Framework. The Emergency Management Plan to be recognised during the public health planning process.

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDING 30 JUNE 2017		
REVISED BUDGET 2015/2016		DRAFT BUDGET 2016/2017
\$	INCOME	\$
1,609,306	Council Contributions	1,641,055
194,000	Statutory Charges	193,000
307,000	User Charges	341,000
126,500	Grants, subsidies and contributions	124,500
20,000	Investment Income	20,000
14,000	Other Income	10,000
2,270,806	TOTAL INCOME	2,329,555
	EXPENSES	
1,526,000	Employee Costs	1,543,000
666,200	Materials, contracts and other expenses	738,200
22,672	Finance Charges	19,984
80,851	Depreciation	28,371
2,295,723	TOTAL EXPENSES	2,329,555
(24,917)	Operating Surplus/(Deficit)	-
-	Net gain (loss) on disposal of assets	-
(24,917)	Net Surplus/(Deficit)	-

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS FOR THE YEAR ENDING 30 JUNE 2017		
REVISED BUDGET 2015/2016		DRAFT BUDGET 2016/2017
\$	CASHFLOWS FROM OPERATING ACTIVITIES	\$
	<u>Receipts</u>	
2,250,806	Operating Receipts	2,309,555
20,000	Investment Receipts	20,000
	<u>Payments</u>	
(2,192,200)	Operating Payments to Suppliers & Employees	(2,281,200)
(22,672)	Interest Expense	(19,984)
55,934	Net Cash Provided/(Used) by Operating Activities	28,371
	CASH FLOWS FROM FINANCING ACTIVITIES	
-	Loans Received	-
(55,934)	Loan Repayments	(58,623)
(55,934)	Net Cash Provided/(Used) by Financing Activities	(58,623)
	CASH FLOWS FROM INVESTING ACTIVITIES	
	<u>Receipts</u>	
-	Sale of Replaced Assets	-
	<u>Payments</u>	
-	Expenditure on renewal / replacements of assets	-
-	Expenditure on new / upgraded assets	-
(200,000)	Distributions paid to constituent Councils	-
(200,000)	Net Cash Provided/(Used) by Investing Activities	-
(200,000)	NET INCREASE (DECREASE) IN CASH HELD	(30,252)
789,971	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	589,971
589,971	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	559,719

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION		
FOR THE YEAR ENDING 30 JUNE 2017		
REVISED BUDGET 2015/2016		DRAFT BUDGET 2016/2017
	CURRENT ASSETS	
\$		\$
589,971	Cash and Cash Equivalents	559,719
162,272	Trade & Other Receivables	162,272
-	Other	-
752,243	TOTAL CURRENT ASSETS	721,991
	CURRENT LIABILITIES	
108,708	Trade & Other Payables	108,708
236,220	Provisions	236,220
50,920	Borrowings	58,623
-	Other	-
395,848	TOTAL CURRENT LIABILITIES	403,551
356,395	NET CURRENT ASSETS/(CURRENT LIABILITIES)	318,440
	NON-CURRENT ASSETS	
360,244	Equipment	331,873
-	Other	-
360,244	TOTAL NON-CURRENT ASSETS	331,873
	NON-CURRENT LIABILITIES	
41,662	Provisions	41,662
384,279	Borrowings	317,953
425,941	TOTAL NON-CURRENT LIABILITIES	359,615
290,698	NET ASSETS	290,698
	EQUITY	
290,699	Accumulated Surplus/(Deficit)	290,699
290,699	TOTAL EQUITY	290,699

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY		
FOR THE YEAR ENDING 30 JUNE 2017		
REVISED BUDGET 2015/2016		DRAFT BUDGET 2016/2017
	ACCUMULATED SURPLUS	
515,616	Balance at beginning of period	290,699
(24,917)	Net Surplus/(Deficit)	-
(200,000)	Distribution to Constituent Councils	-
290,699	Balance at end of period	290,699
290,699	TOTAL EQUITY	290,699

6.5 EASTERN HEALTH AUTHORITY AUDIT COMMITTEE TERMS OF REFERENCE

Author: Michael Livori
Ref: AF12/195

Summary

Eastern Health Authority has established an Audit Committee in accordance with Clause 30 of Schedule 2 of the *Local Government Act 1999* and clause 7.6.d) of its charter. At a meeting held on 30 November 2016 the Audit Committee considered the Terms of Reference (ToR) for the Audit Committee. The Board have been requested to consider a number of amendments to the ToR recommended by the Audit Committee.

Report

The Audit Committee is a formally constituted Committee of EHA pursuant to Clause 30 of Schedule 2 to the *Local Government Act 1999*, and is responsible to Eastern Health Authority. The Committee's role is to report to the Authority and provide appropriate advice and recommendations on matters contained within its ToR. Consideration of its ToR is one such matter.

At a meeting held on 30 November 2016 the Audit Committee considered the ToR for the Audit Committee.

Cr Talis Evans moved:

That:

1. The report regarding the Eastern Health Authority Audit Committee Terms of Reference is received.
2. Eastern Health Authority Audit Committee Terms of Reference as amended and as detailed in attachment 1 to this report are presented to the Board of Management for adoption.

Seconded by: Claudia Goldsmith

CARRIED UNANIMOUSLY 4: 112016

The amendments and additions to the ToR which are proposed have been detailed below.

- Addition of clause 1 - Establishment of the Audit Committee
- Deletion of clause 2.1
- Addition of clause 2.9
- Addition of clause 3 - Authority
- Addition of clauses 5.2 and 5.3
- Addition of clause 9 - Conduct of Meetings
- Addition of clause 10.1 - Financial Reporting and Sustainability
- Addition of clause 10.2 - Risk Management and Internal Control
- Addition to clause 10.3 - title to 'Whistleblowing and Fraud'
- Amendment of clause 10.4.2

- Addition of clause 10.6 - Policy Development
- Addition of clause 12 - Annual Review and Reporting to Board

An amended copy of the ToR which includes the above changes is provided as attachment 1 to this report.

A copy of the original ToR with these changes tracked is provided as attachment 2 to this report.

RECOMMENDATION

That:

- 1 The report regarding the Eastern Health Authority Audit Committee Terms of Reference is received.
- 2 The Eastern Health Authority Audit Committee Terms of Reference as amended and as detailed in attachment 1 to this report are adopted.



local councils working together to protect the health of the community

EHA Audit Committee TERMS OF REFERENCE

EHA Audit Committee

TERMS OF REFERENCE

1. ESTABLISHMENT OF THE AUDIT COMMITTEE

- 1.1. Pursuant to Section 41 and Section 126 of the Local Government Act 1999 (as amended) EHA as a regional subsidiary of Constituent Councils establishes a Committee to be known as the Audit Committee (“the Committee”) for the purpose of:
 - 1.1.1. Assisting EHA in fulfilling its oversight responsibilities relating to accounting, audit, legislative compliance, financial and operational risk management, good governance and reporting practices; and
 - 1.1.2. Administration and External Auditor; in accordance with the Local Government Act 1999 (as amended) and other relevant ensuring effective communication between the Board, legislation.

2. MEMBERSHIP

- 2.1. Committee Members of the Committee are appointed by EHA. The Committee shall comprise three members consisting of two independent members and one Board Member.
- 2.2. Independent Members of the Committee shall have extensive and relevant financial management, risk management or internal audit qualifications and experience.
- 2.3. Only members of the Committee are entitled to vote in Committee meetings. Unless otherwise required by the Act not to vote, each member must vote on every matter that is before the Committee for a decision.
- 2.4. In accordance with the principles of open, transparent and informed decision making, Committee meetings must be conducted in a place open to the public. The agenda and minutes of the Committee meetings, subject to any items that are discussed in confidence under Section 90 of the Act and subsequently retained as confidential under Section 91 of the Act, are also required to be made available to the public.
- 2.5. Individual members of EHA’s administration staff, such as the Chief Executive Officer and Senior Staff may attend any meeting as observers or be responsible for preparation of papers for the Committee.
- 2.6. EHA’s external auditor may also be invited to attend meetings of the Committee, as appropriate.
- 2.7. Appointments to the Committee shall be for a period of two years. At the expiration of this period all positions will be declared vacant and nominations will be sought for another two year term. Appointees may be reappointed by EHA through this process.
- 2.8. The Presiding Member of the Committee will be one of the independent members and will be appointed by the Audit Committee for the term of the

Committee. In the absence of the chairperson the Committee will appoint one of the other members as Acting Presiding Member for the duration of the meeting.

- 2.9. The Committee shall be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.

3. AUTHORITY

- 3.1. The Committee has the following authority from the Board:
 - 3.1.1. Confirm minutes of a previous meeting as a true and accurate record of proceedings;
 - 3.1.2. Set meeting times / dates; and
 - 3.1.3. Receive Information Reports and provide feedback and input into development of policies and documents put before the Committee, prior to them being recommended to Board. The Committee has no authority to act independently of the Board. The Committee is authorised by the Board to undertake work efficiently and effectively to meet the objectives described by its Establishment and Terms of Reference.
- 3.2. The Committee will have no standing financial delegations. If required for a specific purpose, these will be sought from the Board at the time or where appropriate through the Chief Executive Officer's delegation.
- 3.3. The Committee shall act at all times in strict accordance with relevant legislation (being the Local Government Act 1999 [as amended] and associated Regulations) and with written policies, guideline, protocols and charter of the Board, which are relevant to the Committee in the performance of its functions.
- 3.4. All decisions of the Committee will be referred to the Board as recommendations of the Committee. The reporting of the decisions of the Committee to the Board in this manner is sufficient to satisfy the reporting and accountability requirements of the Board.

4. SECRETARIAL RESOURCES

- 4.1. The Chief Executive Officer shall provide sufficient administrative resources to the Committee to enable it to adequately carry out its functions.

5. QUORUM

- 5.1. The quorum necessary for the transaction of business shall be 2 members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.
- 5.2. All decisions of the Committee shall be made on the basis of a majority decision of the members present.

- 5.3. Only members of the Committee, or a Board Member's proxy, if appointed for a meeting, are entitled to vote in Committee meetings.

6. Frequency of Meetings

- 6.1. The Committee shall meet at least twice per annum. The Committee can meet otherwise as required, and as approved by the Chairperson.

7. Notice of Meetings

- 7.1. Ordinary meetings of the Committee will be held at times and places determined by EHA or, subject to a decision of EHA, the Committee. EHA recognised that the EHA Audit Committee can determine the time and place of its meetings at a meeting held on 1 February 2012 at Item 7.9. A special meeting of the Committee may be called in accordance with the Act.
- 7.2. Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be forwarded to each member of the Committee and observers, no later than three clear business days before the date of the meeting. Supporting papers shall be sent to Committee members (and to other attendees as appropriate) at the same time.

8. Minutes of Meetings

- 8.1. The Chief Executive Officer shall ensure that the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance, are minuted and that the minutes otherwise comply with the requirements of the Local Government (Procedure at Meetings) Regulations 2000.
- 8.2. Minutes of Committee meetings shall be circulated within five days after a meeting to all members of the Committee and to all members of EHA and will (as appropriate) be available to the public.

9. CONDUCT OF MEETINGS

- 9.1. The Committee shall conduct its meetings in accordance with Part 2 of the Local Government (Procedures at Meetings) Regulations 2000 (as amended).
- 9.2. The Committee will develop, maintain and implement a work plan, which will serve the purpose of a forward agenda detailing the proposed agenda items and meeting dates.

10. ROLE OF THE COMMITTEE

10.1. Financial Reporting and Sustainability

The Committee Shall:

- 10.1.1. Monitor the integrity of the financial statements of EHA, including its annual report, reviewing significant financial reporting issues and judgements which they contain.
- 10.1.2. Review and challenge where necessary:
- 10.1.3. Review the consistency of, and/or any changes to, accounting policies;
- 10.1.4. Review the methods used to account for significant or unusual transactions where different approaches are possible;
- 10.1.5. Review whether EHA has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of the external auditor;
- 10.1.6. Review the clarity of disclosure in EHA's financial reports and the context in which statements are made; and
- 10.1.7. Review all material information presented with the financial statements, such as the operating and financial review and the corporate governance statement (in so far as it relates to audit and risk management).
- 10.1.8. Review and make recommendations to the Board regarding the assumptions, financial ratios and financial targets in the Long Term.
- 10.1.9. Provide commentary and advice on the financial sustainability of EHA and any risks in relation to, as part of the adoption of the Long Term Financial Plan, Annual Budget and periodic Budget Reviews.
- 10.1.10. Review and make recommendations to the Board regarding any other significant financial, business efficiency or innovation, accounting and reporting issue as deemed necessary by the Committee, Board or Administration.
- 10.1.11. Consider and provide comment on the financial and risk related issues associated with any EHA business referred to it by the Board for such comment.

10.2. Risk Management and Internal Control

The Committee shall:

- 10.2.1. Monitor and review the performance and adequacy of EHA's Risk Management Program and Framework for identifying, monitoring and managing significant business risks, including Work Health and Safety and EHA's Business Continuity Plan.
- 10.2.2. Review and recommend the approval, where appropriate, of statements to be included in the annual report of concerning internal controls and risk management.

10.3. Whistle Blowing and fraud

- 10.3.1. The Committee shall review EHA's arrangements for its employees to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure these arrangements allow independent investigation of such matters and appropriate follow-up action.

10.4. Internal Audit

The Committee shall:

- 10.4.1. Discuss and approve the Internal Audit Program, if one is required and consider appropriate resourcing;
- 10.4.2. Monitor and review the effectiveness of EHA's internal audit processes in the context of EHA's overall risk management system;
- 10.4.3. Review internal audit reports, consider recommendations and review and monitor reports on EHA's operations from the internal auditor
- 10.4.4. Review and monitor management's responsiveness to the findings and recommendations

10.5. External Audit

The Committee shall:

- 10.5.1. Monitor and review the effectiveness of EHA's external audit function;
- 10.5.2. Consider and make recommendation on the program of the external audit function;
- 10.5.3. Review the external auditor's report on the preparation of EHA's end of year financial statements;
- 10.5.4. Review any reports on EHA's operations prepared by the external auditor;
- 10.5.5. Review and monitor management's responsiveness to the findings and recommendations of the external auditor;
- 10.5.6. Consider and make recommendations to EHA, in relation to the appointment, re-appointment and removal of EHA's external auditor, including where the auditor resigns during the period of appointment.
- 10.5.7. Oversee EHA's relationship with the external auditor including, but not limited to:
 - 10.5.7.1. recommending the approval of the external auditor's remuneration, whether fees for audit or non-audit services, and recommending whether the level of fees is appropriate to enable an adequate audit to be conducted;
 - 10.5.7.2. recommending the approval of the external auditor's terms of engagement, including any engagement letter issued at the commencement of each audit and the scope of the audit;

- 10.5.7.3. assessing the external auditor's independence and objectivity taking into account relevant professional and regulatory requirements and the extent of EHA's relationship with the auditor, including the provision of any non-audit services;
- 10.5.7.4. satisfying itself that there are no relationships (such as family, employment, investment, financial or business) between the external auditor and EHA (other than in the ordinary course of business);
- 10.5.7.5. monitoring the external auditor's compliance with legislative requirements on the rotation of audit partners; and
- 10.5.7.6. assessing the external auditor's qualifications, expertise and resources and the effectiveness of the audit process (which shall include a report from the external auditor on the audit Committee's own internal quality procedures);
- 10.5.7.7. review any representation letter(s) requested by the external auditor before they are signed by management;
- 10.5.7.8. review the management letter and management's response to the external auditor's findings and recommendations.

10.6. Policy Development

The Committee shall:

- 10.6.1. Undertake a questioning and testing role in the development and review of EHA's financial and risk management policies;
- 10.6.2. Review and comment on the overall adequacy of EHA's and Policy Development Management Framework.

11. REPORTING RESPONSIBILITIES

- 11.1. The Committee shall make whatever recommendations to EHA it deems appropriate on any area within its terms of reference where in its view action or improvement is needed.

12. ANNUAL REVIEW AND REPORTING TO BOARD COMMITTEE

- 12.1. The Committee shall annually review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend changes it considers necessary to the Board for approval.
- 12.2. In reviewing its performance, the Committee will have regard to:
 - 12.2.1. The achievement of the Committee's role and Terms of Reference.
 - 12.2.2. The Committee's decision making process.
 - 12.2.3. The timeliness, quality and quantity of information received.

- 12.2.4. The relationship with the Board, Administration and other members of the Committee.
- 12.3. The involvement and attendance by members.
- 12.4. Following the Committee's annual review, the Chair (and other Independent Members as appropriate) of the Audit Committee shall provide a report to the Board on the Audit Committee's view in relation to the key areas of responsibility under these Terms of Reference, being, where relevant:
 - 12.4.1. Financial statements and the EHA's financial position;
 - 12.4.2. Key financial and risk related policy issues;
 - 12.4.3. EHA's risk management practices and framework;
 - 12.4.4. Internal financial controls;
 - 12.4.5. Fraud and whistleblowing provisions;
 - 12.4.6. EHA's long term financial planning;
 - 12.4.7. Asset management planning;
 - 12.4.8. Other issues of note.

Amendments to Version 1 and 2 ToR

- 1 1.2 – changed in accordance with resolution 14:022012 of the Eastern Health Authority Board Meeting 1 February 2012.
- 2 Note added to 5.1 in accordance with resolution 14:022012 of the Eastern Health Authority Board Meeting 1 February 2012.

Amendments to Version 3 ToR

- Clause 1.2 amended by deleting the sentence “The Chair may be a member of the Committee, however will not hold the position of the Presiding Member of the Committee” in accordance with resolution 9:082013 of the Eastern Health Authority Board Meeting 28 August 2013.
- 2 Clause 1.9 changed to read “The Presiding Member of the Committee will be one of the independent members and will be appointed by the Audit Committee for the term of the Committee.” to reflect that there are two independent members on the Committee in accordance with resolution 9:082013 of the Eastern Health Authority Board Meeting 28 August 2013.

Amendments to Version 4 ToR

ToR presented to the Audit Committee Meeting – 13/08/2014.

No amendments made.

Amendments to Version 5 ToR

ToR presented to the Audit Committee Meeting – 12/08/2015.

Amendments to Version 6 ToR

ToR presented to the Audit Committee Meeting – 30/11/2016

- Addition of clause 1 Establishment of the Audit Committee
- Deletion of clause 2.1
- Addition of clause 2.9
- Addition of clause 3 Authority
- Addition of clauses 5.2 and 5.3
- Addition of clause 9 Conduct of Meetings
- Addition of clause 10.1 Financial Reporting and Sustainability
- Addition of clause 10.2 Risk Management and Internal Control
- Addition to clause 10.3 title to ‘Whistleblowing and Fraud’
- Amendment of clause 10.4.2
- Addition of clause 10.6 Policy Development
- Addition of clause 12 Annual Review and Reporting to Board

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EHA Audit Committee TERMS OF REFERENCE

EHA Audit Committee

TERMS OF REFERENCE

1. ESTABLISHMENT OF THE AUDIT COMMITTEE

- 1.1. Pursuant to Section 41 and Section 126 of the Local Government Act 1999 (as amended) EHA as a regional subsidiary of Constituent Councils establishes a Committee to be known as the Audit Committee ("the Committee") for the purpose of:
 - 1.1.1. Assisting EHA in fulfilling its oversight responsibilities relating to accounting, audit, legislative compliance, financial and operational risk management, good governance and reporting practices; and
 - 1.1.2. Administration and External Auditor; in accordance with the Local Government Act 1999 (as amended) and other relevant ~~E~~nsuring effective communication between the Board, legislation.

2. MEMBERSHIP

- 2.1. Committee Members of the Committee are appointed by EHA. The Committee shall comprise three members consisting of two independent members and one Board Member.
- 2.2. Independent Members of the Committee shall have extensive and relevant financial management, risk management or internal audit qualifications and experience.
- 2.3. Only members of the Committee are entitled to vote in Committee meetings. Unless otherwise required by the Act not to vote, each member must vote on every matter that is before the Committee for a decision.
- 2.4. In accordance with the principles of open, transparent and informed decision making, Committee meetings must be conducted in a place open to the public. The agenda and minutes of the Committee meetings, subject to any items that are discussed in confidence under Section 90 of the Act and subsequently retained as confidential under Section 91 of the Act, are also required to be made available to the public.
- 2.5. Individual members of EHA's administration staff, such as the Chief Executive Officer and Senior Staff may attend any meeting as observers or be responsible for preparation of papers for the Committee.
- 2.6. EHA's external auditor may also be invited to attend meetings of the Committee, as appropriate.
- 2.7. Appointments to the Committee shall be for a period of two years. At the expiration of this period all positions will be declared vacant and nominations will be sought for another two year term. Appointees may be reappointed by EHA through this process.
- 2.8. The Presiding Member of the Committee will be one of the independent members and will be appointed by the Audit Committee for the term of the

Committee. In the absence of the chairperson the Committee will appoint one of the other members as Acting Presiding Member for the duration of the meeting.

- 2.9. The Committee shall be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.

3. AUTHORITY

- 3.1. The Committee has the following authority from the Board:
- 3.1.1. Confirm minutes of a previous meeting as a true and accurate record of proceedings;
 - 3.1.2. Set meeting times / dates; and
 - 3.1.3. Receive Information Reports and provide feedback and input into development of policies and documents put before the Committee, prior- to them being recommended to Board. The Committee has no authority to act independently of the Board. The Committee is authorised by the Board to undertake work efficiently and effectively to meet the objectives described by its Establishment and Terms of Reference.
- 3.2. The Committee will have no standing financial delegations. If required for a specific purpose, these will be sought from the Board at the time or where appropriate through the Chief Executive Officer's delegation.
- 3.3. The Committee shall act at all times in strict accordance with relevant legislation (being the Local Government Act 1999 [as amended] and associated Regulations) and with written policies, guideline, protocols and charter of the Board, which are relevant to the Committee in the performance of its functions.
- 3.4. All decisions of the Committee will be referred to the Board as recommendations of the Committee. The reporting of the decisions of the Committee to the Board in this manner is sufficient to satisfy the reporting and accountability requirements of the Board-.

4. SECRETARIAL RESOURCES

- 4.1. The Chief Executive Officer shall provide sufficient administrative resources to the Committee to enable it to adequately carry out its functions.

5. QUORUM

- 5.1. The quorum necessary for the transaction of business shall be 2 members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.
- 5.2. All decisions of the Committee shall be made on the basis of a majority decision of the members present.

- 5.3. Only members of the Committee, or a Board Member's proxy, if appointed for a meeting, are entitled to vote in Committee meetings.

6. Frequency of Meetings

- 6.1. The Committee shall meet at least twice per annum. The Committee can meet otherwise as required, and as approved by the Chairperson.

7. Notice of Meetings

- 7.1. Ordinary meetings of the Committee will be held at times and places determined by EHA or, subject to a decision of EHA, the Committee. EHA recognised that the EHA Audit Committee can determine the time and place of its meetings at a meeting held on 1 February 2012 at Item 7.9. A special meeting of the Committee may be called in accordance with the Act.
- 7.2. Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be forwarded to each member of the Committee and observers, no later than three clear business days before the date of the meeting. Supporting papers shall be sent to Committee members (and to other attendees as appropriate) at the same time.

8. Minutes of Meetings

- 8.1. The Chief Executive Officer shall ensure that the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance, are minuted and that the minutes otherwise comply with the requirements of the Local Government (Procedure at Meetings) Regulations 2000.
- 8.2. Minutes of Committee meetings shall be circulated within five days after a meeting to all members of the Committee and to all members of EHA and will (as appropriate) be available to the public.

9. CONDUCT OF MEETINGS

- 9.1. The Committee shall conduct its meetings in accordance with Part 2 of the Local Government (Procedures at Meetings) Regulations 2000 (as amended).
- 9.2. The Committee will develop, maintain and implement a work plan, which will serve the purpose of a forward agenda detailing the proposed agenda items and meeting dates.

10. ROLE OF THE COMMITTEE

~~Financial Reporting and Sustainability~~ **The Committee shall:**

10.1. Financial Reporting and Sustainability

~~40.1.~~ **The Committee Shall:**

- 10.1.1. Monitor the integrity of the financial statements of EHA, including its annual report, reviewing significant financial reporting issues and judgements which they contain.
- 10.1.2. Review and challenge where necessary:
- 10.1.3. Review the consistency of, and/or any changes to, accounting policies;
- 10.1.4. Review the methods used to account for significant or unusual transactions where different approaches are possible;
- 10.1.5. Review whether EHA has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of the external auditor;
- 10.1.6. ~~-~~Review the clarity of disclosure in EHA's financial reports and the context in which statements are made; and
- 10.1.7. Review all material information presented with the financial statements, such as the operating and financial review and the corporate governance statement (in so far as it relates to audit and risk management).
- 10.1.8. Review and make recommendations to the Board regarding the assumptions, financial ratios and financial targets in the Long Term.
- ~~40.1.9.~~ ~~Review and provide recommendations and comment to the Board on EHA's Asset Management Plans.~~
- ~~40.1.10.~~ 10.1.9. Provide commentary and advice on the financial sustainability of EHA and any risks in relation to, as part of the adoption of the Long Term Financial Plan, Annual Budget and periodic Budget Reviews.
- ~~40.1.11.~~ 10.1.10. Review and make recommendations to the Board regarding any other significant financial, business efficiency or innovation, accounting and reporting issue as deemed necessary by the Committee, Board or Administration.
- ~~40.1.12.~~ 10.1.11. Consider and provide comment on the financial and risk related issues associated with any EHA business referred to it by the Board for such comment.

10.2. Risk Management and Internal Control

The Committee shall:

- ~~40.2.1.~~ ~~Committee~~ Monitor and review the performance and adequacy of EHA's Risk;
- 10.2.1. ~~m~~ Management Program and Framework for identifying, monitoring and managing significant business risks, including Work Health and Safety and EHA's Business Continuity Plan.

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10.2.2. Review and recommend the approval, where appropriate, of statements to be included in the annual report of concerning internal controls and risk management.

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10.3. Whistle Blowing and fraud

10.3.1. The Committee shall review EHA's arrangements for its employees to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure these arrangements allow independent investigation of such matters and appropriate follow-up action.

10.4. Internal Audit

The Committee shall:

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~~10.4.1.~~ Discuss and approve the Internal Audit Program, if one is required and consider appropriate resourcing;

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~~10.4.2.~~ discuss and approve the Internal Audit Program, if one is required and consider appropriate resourcing

10.4.3. ~~r~~Review internal audit reports, consider recommendations and review and monitor reports on EHA's operations from the internal auditor

10.4.4. ~~review~~ Review and monitor management's responsiveness to the findings and recommendations

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10.5. External Audit

The Committee shall:

10.5.1. ~~m~~Monitor and review the effectiveness of EHA's external audit function;

10.5.2. ~~C~~onsider and make recommendation on the program of the external audit function;

10.5.3. ~~R~~review the external auditor's report on the preparation of EHA's end of year financial statements;

10.5.4. ~~R~~review any reports on EHA's operations prepared by the external auditor;

10.5.5. ~~R~~review and monitor management's responsiveness to the findings and recommendations of the external auditor;

10.5.6. ~~e~~Consider and make recommendations to EHA, in relation to the appointment, re-appointment and removal of EHA's external auditor, including where the auditor resigns during the period of appointment.

- 10.5.7. ~~e~~Oversee EHA's relationship with the external auditor including, but not limited to:
 - 10.5.7.1. recommending the approval of the external auditor's remuneration, whether fees for audit or non-audit services, and recommending whether the level of fees is appropriate to enable an adequate audit to be conducted;
 - 10.5.7.2. recommending the approval of the external auditor's terms of engagement, including any engagement letter issued at the commencement of each audit and the scope of the audit;
 - 10.5.7.3. assessing the external auditor's independence and objectivity taking into account relevant professional and regulatory requirements and the extent of EHA's relationship with the auditor, including the provision of any non-audit services;
 - 10.5.7.4. satisfying itself that there are no relationships (such as family, employment, investment, financial or business) between the external auditor and EHA (other than in the ordinary course of business);
 - 10.5.7.5. monitoring the external auditor's compliance with legislative requirements on the rotation of audit partners; and
 - 10.5.7.6. assessing the external auditor's qualifications, expertise and resources and the effectiveness of the audit process (which shall include a report from the external auditor on the audit Committee's own internal quality procedures);
 - 10.5.7.7. review any representation letter(s) requested by the external auditor before they are signed by management;
 - 10.5.7.8. review the management letter and management's response to the external auditor's findings and recommendations.

~~Policy Development The Committee shall:~~

10.6. —Policy Development

The Committee shall:

~~10.6.~~

- 10.6.1. Undertake a questioning and testing role in the development and ~~R~~review of EHA's financial and risk management policies:-
- 10.6.2. Review and comment on the overall adequacy of EHA's and Policy Development Management Framework.

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11. REPORTING RESPONSIBILITIES

- 11.1. The Committee shall make whatever recommendations to EHA it deems appropriate on any area within its terms of reference where in its view action or improvement is needed.

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12. ANNUAL REVIEW AND REPORTING TO BOARD COMMITTEE

- 12.1. The Committee shall annually review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend changes it considers necessary to the Board for approval.
- 12.2. In reviewing its performance, the Committee will have regard to:
 - 12.2.1. The achievement of the Committee's role and Terms of Reference.
 - 12.2.2. The Committee's decision making process.
 - 12.2.3. The timeliness, quality and quantity of information received.
 - 12.2.4. The relationship with the Board, Administration and other members of the Committee. ~~Committee~~
- 12.3. The involvement and attendance by members.
- 12.4. Following the Committee's annual review, the Chair (and other Independent Members as appropriate) of the Audit Committee shall provide a report to the Board on the Audit Committee's view in relation to the key areas of responsibility under these Terms of Reference, being, where relevant:
 - 12.4.1. Financial statements and the EHA's financial position;
 - 12.4.2. Key financial and risk related policy issues;
 - 12.4.3. EHA's risk management practices and framework;
 - 12.4.4. Internal financial controls;
 - 12.4.5. Fraud and whistleblowing provisions;
 - 12.4.6. ~~Council's~~ EHA's long term financial planning;
 - 12.4.7. Asset management planning;
 - 12.4.8. Other issues of note.

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Amendments to Version 1 and 2 ToR

- 1 1.2 – changed in accordance with resolution 14:022012 of the Eastern Health Authority Board Meeting 1 February 2012.
- 2 Note added to 5.1 in accordance with resolution 14:022012 of the Eastern Health Authority Board Meeting 1 February 2012.

Amendments to Version 3 ToR

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Amendments to Version 4 ToR

ToR presented to the Audit Committee Meeting – 13/08/2014.

No amendments made.

Amendments to Version 5 ToR

ToR presented to the Audit Committee Meeting – 12/08/2015.

Amendments to Version 6 ToR

ToR presented to the Audit Committee Meeting – 30/11/2016

- Addition of clause 1 Establishment of the Audit Committee
- Deletion of clause 2.1
- Addition of clause 2.9
- Addition of clause 3 Authority
- Addition of clauses 5.2 and 5.3
- Addition of clause 9 Conduct of Meetings
- Addition of clause 10.1 Financial Reporting and Sustainability
- Addition of clause 10.2 Risk Management and Internal Control
- Addition to clause 10.3 title to ‘Whistleblowing and Fraud’
- Amendment of clause 10.4.2
- Addition of clause 10.6 Policy Development
- Addition of clause 12 Annual Review and Reporting to Board

7.1 PUBLIC AND ENVIRONMENTAL HEALTH

Complaints

For the reporting period 1 October 2016 to 31 December 2016 Eastern Health Authority received 65 public and environmental health related complaints. The complaints for the reporting period are shown by category in Graph 1 and by respective council area in Table 1.

Graph 1

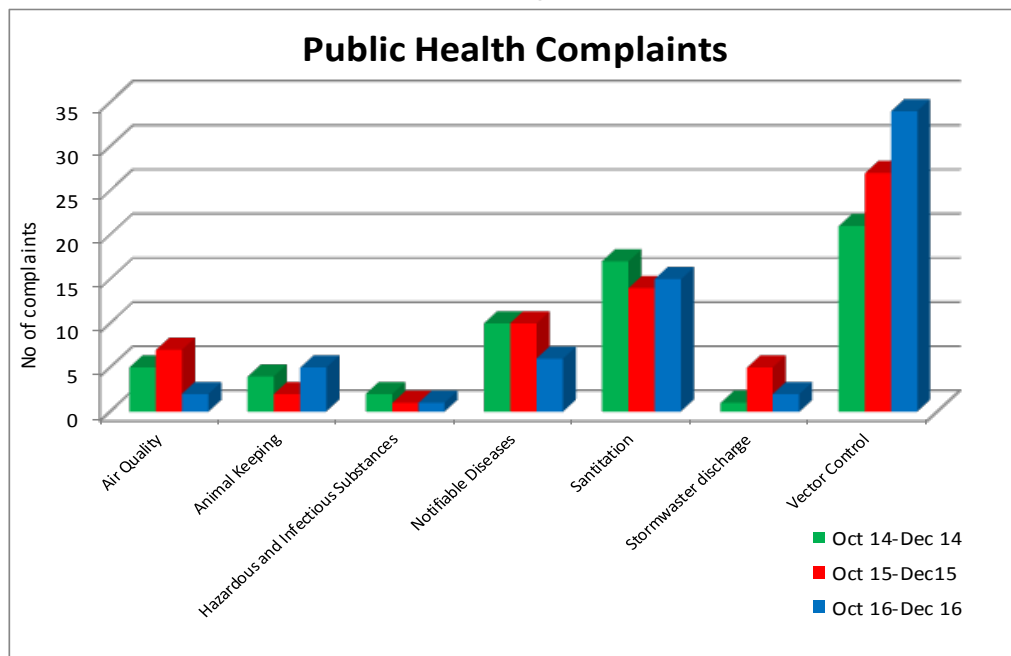


Table 1: Public and environmental health complaints 1 October 2016 to 31 December 2016 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	1	0	1	0	0	2
Animal Keeping	0	3	0	1	1	5
Hazardous Substances	0	0	0	1	0	1
Notifiable Disease	2	2	1	1	0	6
Sanitation	5	2	5	2	1	15
Stormwater discharge	2	0	0	0	0	2
Vector Control	6	9	10	8	1	34
Total	16	16	17	13	3	65

Graph 2

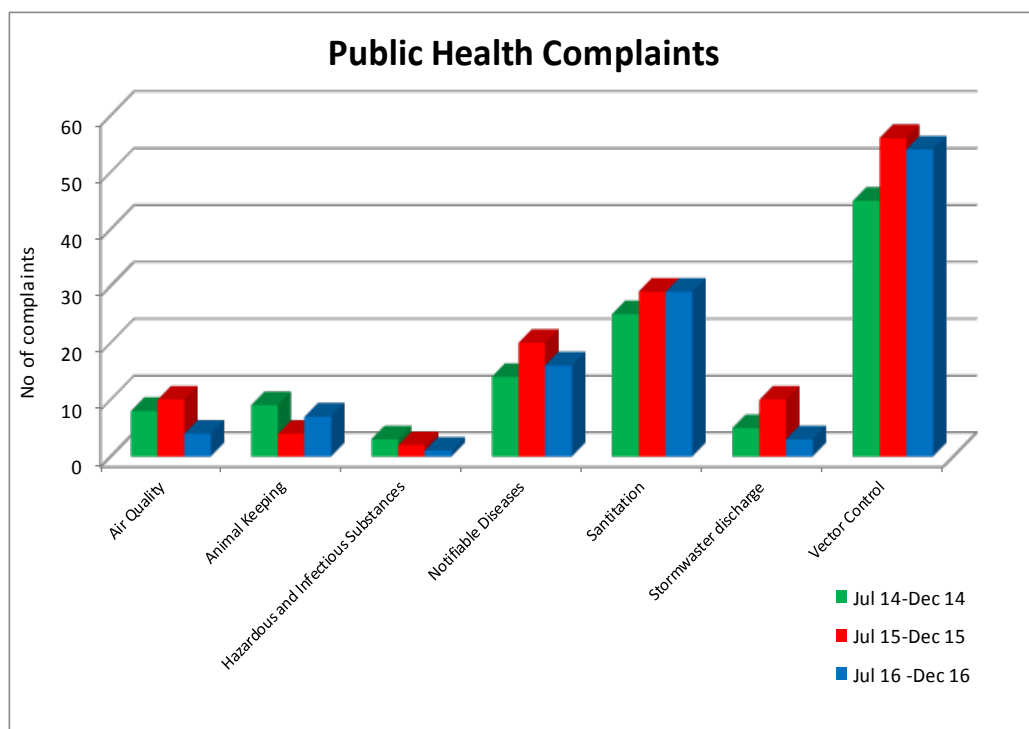


Table 2: Year to date public and environmental health complaints 1 July 2016 to 31 December 2016 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	3	0	1	0	0	4
Animal Keeping	0	5	0	1	1	7
Hazardous Substances	0	0	0	1	0	1
Notifiable Disease	9	4	2	1	0	16
Sanitation	10	6	8	4	1	29
Stormwater discharge	2	0	1	0	0	3
Vector Control	9	14	18	11	2	54
Total	33	29	30	18	4	114

Notifiable Disease

EHA was notified of one case of *Campylobacter* and two cases of Norovirus at an aged care facility. These notifications had similar dates of symptom onset. An Authorised Officer conducted an inspection of the facility and appropriate infection control measures were in place. The kitchen was also inspected and found to be compliant with the Food Safety Standards.

Through discussions with management it was confirmed that the resident positive for *Campylobacter* often had food provided by family members for lunch and or dinner. The Officer discussed with management the risks with accepting donated high-risk food. Whilst the facility has a policy for not permitting donated high-risk food, often family members or residents bring in food without staff knowledge.

The Officer was in frequent contact with the facility during the Norovirus outbreak, ensuring the necessary requirements outlined in the SA Health Guidelines for the Management of Gastroenteritis Outbreaks was being followed. At the height of the outbreak two sections of the facility were affected involving 33 residents and seven staff members. The following week no new cases were received and no further action was required.

EHA was contacted by SA Health advising four cases of Salmonella following the consumption of a pre-packed salad. Two of the complainants confirmed that they had purchased and consumed the pre-packed salads from the same food business. An Officer investigated the complaint and ascertained that the implicated products were not processed on site rather they were received pre-packaged from a business operating from an area outside of EHA's jurisdiction. The Officer conducted a complaint inspection during which no significant non-conformances were identified. The Officer reported the findings of the investigation to SA Health who advised that they would follow up with the council responsible for regulating the supplier of the pre-packed salads. No further action was required by EHA.

Sanitation

A complaint was received regarding an accumulation of rubbish and an offensive odour from a residential property. An Authorised Officer conducted an inspection of the property and observed a large accumulation of cardboard and plastic milk containers in the rear yard. An offensive odour was also detected. The Officer informed the resident of their responsibilities under the *SA Public Health Act 2011*, and required all rubbish in the rear yard to be removed. The residents advocate from The Public Trustee contacted the Officer and arranged for an external clean up contractor to expedite the removal of the rubbish. A follow up inspection will be conducted in the next reporting period.

A complaint was received regarding an excessive accumulation of rubbish and recyclables in the exterior areas of a property which was allegedly attracting vermin. Authorised Officers conducted an initial inspection and identified that there was a significant accumulation of recyclable materials in the external areas surrounding the home. The resident was not at the property at the time of the inspection. Authorised Officers were able to partially inspect the internal areas of the home by viewing through windows, confirming it was in a similar condition to the exterior area of the property.

Subsequent inspections were conducted and as a result the Authorised Officer made contact with the resident. During these visits access to inside the home was denied by the resident. Following several visits to the property, no vermin were sighted and the Officer concluded that the resident was a vulnerable adult living in the premises alone with no support network.

The Authorised Officer submitted a referral to a local mental health support organisation and a case worker has been allocated to work with the resident. The case worker plans to support the resident to reduce the accumulation of recyclable materials stored in the internal and external areas of the property. EHA will maintain contact with the case worker and continue to monitor the condition of the property.

Hazardous substance

A complaint was received from a Constituent Council concerning exposed sheets of asbestos on a vacant property. An Authorised Officer conducted an inspection and noted a number of non-friable cement asbestos sheets stored in the carport. The product name on the sheets of the material was confirmed to be asbestos-containing. The sheets were in a satisfactory condition, posing a low public health risk. A letter was sent to the property owner advising of the complaint along with information relating to the safe removal of asbestos.

Cooling Towers & Warm Water Systems

Cooling towers

Routine cooling tower inspections were conducted at six sites during the reporting period, representing a total of nine systems. Water samples were collected during the inspections and microbiological results returned satisfactory. Non-compliances identified during routine inspections related to documentation, tower operation and mandatory servicing. This included verification of biocide circulation and tower cleaning. In cases of non-compliance the responsible person has been required to take action to address non-compliances within specified timeframes.

Warm water systems

Routine warm water inspections were conducted at five sites during the reporting period, representing a total of 14 systems. Ten high counts of *Legionella* were detected from water sampled at four sites. The facilities were instructed to immediately shut down their water systems and decontaminate. Decontamination reports and resampling results were required to be submitted to EHA.

One facility detected a significant number of high counts of *Legionella* as a result of sampling conducted by EHA's Authorised Officers. This facility has a long history of high counts of *Legionella*, and consequently installed a permanent residual chlorine dosing system. However, ongoing high counts of *Legionella* were still detected. EHA has instructed the facility to submit a risk management plan for the control of *Legionella*. Following the submission of the plan EHA will seek advice from SA Health to determine its adequacy.

High counts of *Legionella* were detected from water samples taken during a routine warm water system inspection of a facility. The Authorised Officer instructed the facility to undertake an emergency decontamination. Following the decontamination the facility resampled the system and returned a high count of *Legionella*. The facility failed to notify EHA within 24 hours of receipt of the laboratory report as required by the *SA Public Health (Legionella) Regulations 2013*. A review of EHA's records indicates this is the third instance that the facility has failed to notify EHA of high counts of *Legionella*. Further legal action will be considered in the next reporting period.

Table 3 Cooling Tower and Warm Water System Inspections conducted 1 October 2016 to 31 December 2016

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint inspections	0	0	0	0	0	0
Follow-up inspections	0	0	0	0	0	0
Routine inspections	0	7	9	7	0	23
Total	0	7	9	7	0	23

Table 4 Cooling Tower and Warm Water System Inspections conducted 1 July 2016 to 31 December 2016 – Year to date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint inspections	0	0	0	0	0	0
Follow-up inspections	0	0	0	0	0	0
Routine inspections	0	7	12	7	0	26
Total	0	7	12	7	0	26

Public Swimming Pools and Spas

During the reporting period 35 swimming and spa pool inspections were conducted at 17 sites. As a result of the routine inspections eight follow up inspections were conducted at four sites.

One indoor swimming pool required four follow up inspections due to non-compliances with the *South Australian Public Health (General) Regulations 2013* (Regulations). The non-compliances related to high combined chlorine levels, inadequate record keeping and inadequate skills and knowledge of the pool operators. During the follow up inspections the combined chlorine levels exceeded the parameters set by the Regulations.

A written warning was issued to the pool owner outlining the required actions to comply with the Regulations. The inadequate record keeping was addressed during the first follow up inspection. The site arranged for their independent pool company contractor to provide the pool operators further training and address the high combined chlorine levels. Further follow up inspections are to be conducted in the next reporting period to ensure the pool meets the Regulations. Further legal action is being considered.

Display spa pools in public venues, retail sales outlets and promotional events are considered to be public spa pools under the Regulations. During the previous reporting period details were provided regarding an inspection of a new display spa pool site. Officers provided information from SA Health on the management of display spa pools to the business and discussed the immediate actions required to meet the requirements of the Regulations.

During the reporting period Officers carried out an inspection of the display spa pool site. Officers identified a total residual free chlorine and pH of three display spa pools outside the levels and absence of the automatic equipment required by the Regulations. In response a Compliance Notice was issued under Section 92 of the *South Australian Public Health Act 2011*. The Notice detailed the action required to remedy

the non-compliance observed during the inspection. This included all display spa pools to be immediately emptied and not refilled with water until they were connected to automatic dosing equipment. A follow up inspection was conducted and Officers confirmed compliance with the Notice. Officers will continue frequently inspect the premises to ensure the premises complies with the Regulations.

Table 5: Swimming and spa pool inspections conducted between 1 October 2016 to 31 December 2016

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint inspections	0	0	0	0	0	0
Follow-up inspections	3	0	4	1	0	8
Routine inspections	9	5	9	3	1	27
Total	12	5	13	4	1	35

Table 6: Swimming and spa pool inspections conducted between 1 July 2016 to 31 December 2016 Year to date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint inspections	0	0	0	0	0	0
Follow-up inspections	4	6	4	0	0	14
Routine inspections	15	8	12	5	2	42
Total	19	14	16	5	2	56

Hairdressers/ Beauty Salons/ Acupuncturists/Skin Penetration

During the reporting period two beauty premises were inspected. Both premises were investigated following unrelated complaints received about the inappropriate procedures and use of equipment. One complaint alleged equipment was not being properly sterilised between clients. The second complaint alleged inappropriate procedures for blood spills and hygiene practices. Authorised Officers inspected each premises and discussed the related concerns. Both investigations revealed that appropriate use of equipment and procedures were in place. No follow up action was required.

During the reporting period 17 acupuncture premises were inspected. Operators were found to have satisfactory knowledge and were using appropriate hygiene procedures. No follow up action was required.

Table 7: Hairdressers / Beauty Therapists / Acupuncturists inspections conducted between 1 October 2016 to 31 December 2016

	Burnside	Campbelltown	NPS	Prospect	Walkerville	Total
Complaint inspections	0	0	0	1	0	0
Follow-up inspections	0	0	0	0	0	0
Routine inspections	1	2	7	1	1	12
Total	1	2	8	1	1	13

Table 8: Hairdressers / Beauty Therapists / Acupuncturists inspections conducted 1 July 2016 to 31 December 2016 Year to date

	Burnside	Campbelltown	NPS	Prospect	Walkerville	Total
Complaint inspections	0	0	0	0	0	0
Follow-up inspections	0	0	0	1	0	1
Routine inspections	2	2	7	2	1	14
Total	2	2	8	3	1	16

RECOMMENDATION

That:

The Public and Environmental Health Report is received.

7.2 IMMUNISATION

School Immunisation Program (SIP) 2016

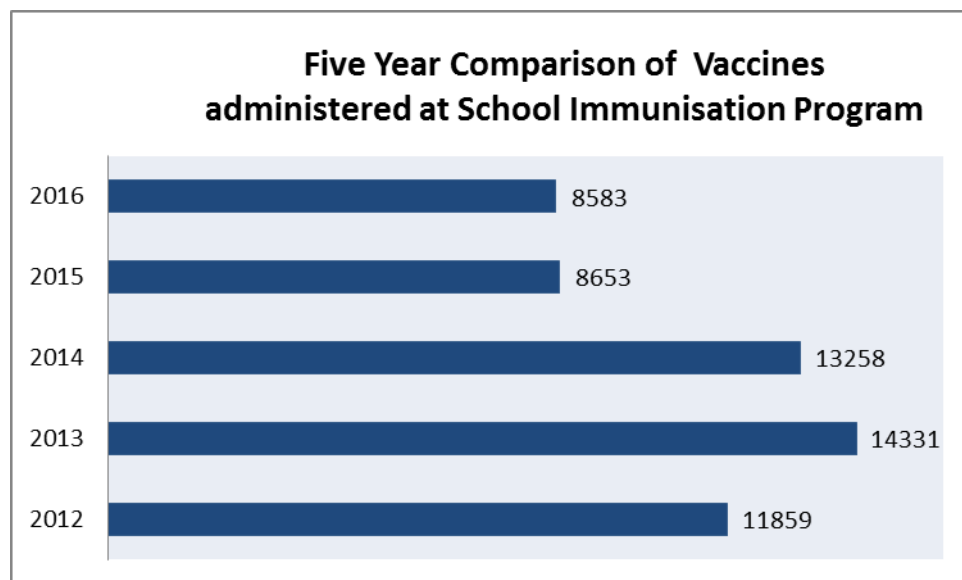
For the reporting period 1 October 2016 to 31 December 2016, 10 school immunisation sessions were conducted with 1,008 vaccines administered. This saw the completion of the 2016 SIP for 19 high schools in the Constituent Council and City of Unley areas.

The total number of school sessions held during the 2016 calendar year was 57. The table below lists a breakdown of the vaccines administered for each council area in 2016.

Table 1: Total SIP Vaccines for January to December 2016

Council	Varicella Zoster	Human Papillomavirus	Diphtheria Tetanus Pertussis	Jan-Dec Total
Burnside	308	1672	562	2542
Campbelltown	269	1289	446	2004
NPSP	284	1543	529	2356
Prospect	89	357	123	569
Unley	68	524	179	771
Walkerville	38	223	80	341
Total	1056	5608	1919	8583

Graph 1: Five Year Comparison of Vaccines administered at SIP



In 2016 there were a total of 8,583 vaccines delivered being a slight decrease of 70 (0.88%) when compared to the previous year.

Statistics were submitted for the school program to the Immunisation Section of SA Health. The table below compares coverage percentages for schools in the Constituent Council areas for each vaccine when compared with the Total Coverage in South Australia.

EHA continues to have a positive result when compared with the total coverage percentages in South Australia. Due to the decrease in coverage rates for the third dose of HPV a follow up reminder letter will be sent to all parents of students that have not had this dose in March 2017 and options to provide catch up vaccinations at school are also being considered.

Table 2: EHA Constituent Council Coverage Data compared with Total Coverage in South Australia

2016 School Based Immunisation Program Coverage Data - EHA Constituent Council Schools vs Total Coverage in South Australia			
EHA Coverage Rate		All SA Coverage Rate	EHA Variation to SA Rate
Varicella	92.60%	87.90%	+4.70%
dTpa	90.90%	83.80%	+7.10%
HPV	88.80%	86.50%	+2.30%
HPV	88.70%	80.70%	+8.00%
HPV	82.80%	77.90%	+4.90%

Worksite Program

The Australian Influenza Vaccine Committee has agreed to adopt the September 2016 World Health Organisations recommendations in regard to the composition of influenza vaccines for Australia in 2017. The recommendation introduces a new A (H1N1)pdm09 like virus strain when compared to the composition of the trivalent and quadrivalent vaccines for Australia in 2016. The Influenza vaccine for 2017 will be a Quadrivalent Vaccine only and is expected to be available from mid March 2017.

All documents and promotional materials for the 2017 Seasonal Influenza Worksite Program have been updated. All previous clients have been contacted and 45 bookings have been made by the end of December 2016. A mail out to other businesses, child care centres, schools in our areas is being considered.

An information session for the 2017 Worksite Influenza Program has been scheduled for all nursing staff in February 2017 with a presentation being conducted by EHA's Consultant Medical Officer of Health, Dr Rod Pearce. Dr Pearce is a member of ATAGI (Australian Technical Advisory Group on Immunisation), Director (and one of the original founding members) of the Influenza Specialist Group (ISG) and will provide staff with up to date knowledge of the Flu vaccine being recommended.

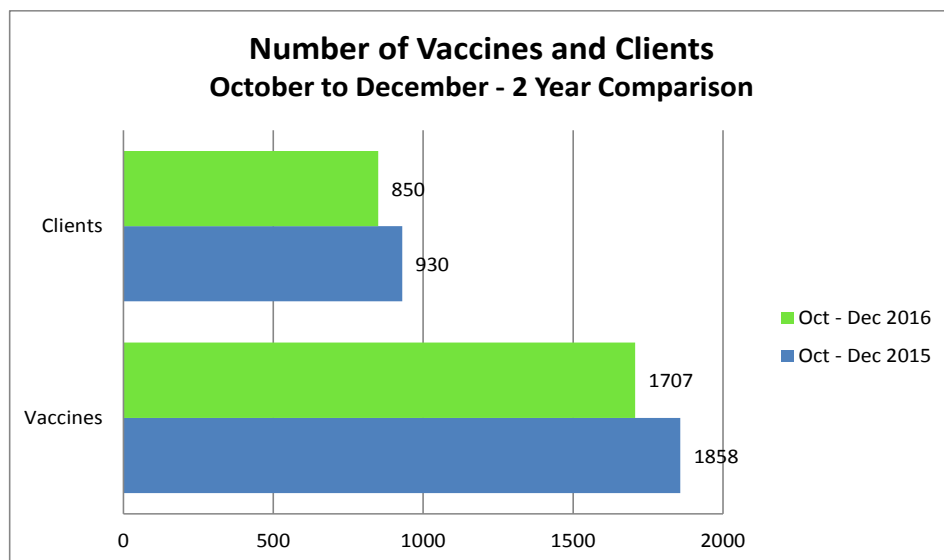
All Constituent Councils and the City of Unley were contacted in November to secure convenient dates and have confirmed bookings for their staff flu program.

Bookings have been made from the end of March 2017 based on the when the vaccine will be available and four specific Flu clinics have been scheduled.

Public Clinics

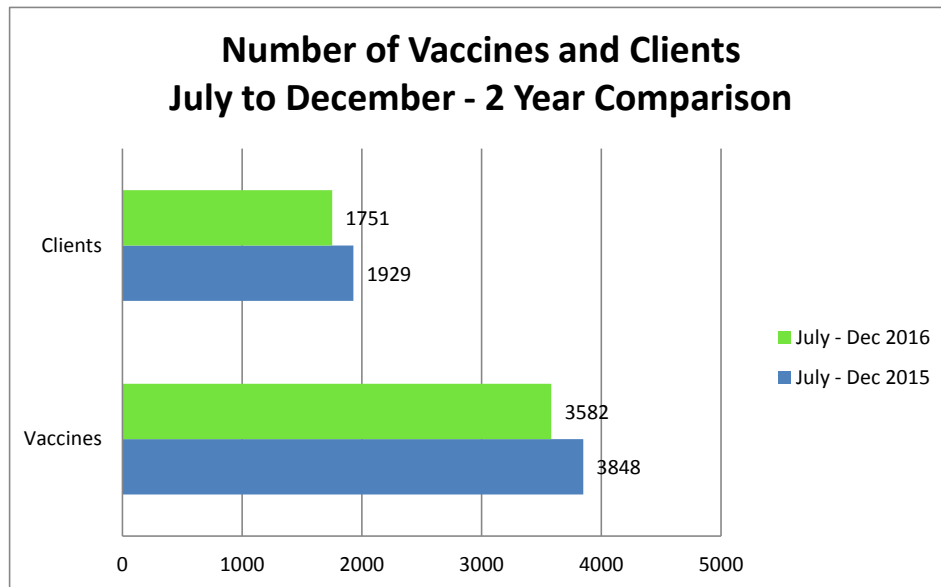
During October to December 2016, 850 clients received 1,707 vaccines at public immunisation clinics. This is a decrease of 80 clients (8.6%) when compared to the same period for 2016 (see graph 2).

Graph 1: October to December - Two year comparison of Client attendance and Vaccines administered at clinics



From July 2016 to December 2016 there was a total of 1,929 clients that attended EHA's public clinics and received a total of 3,848 vaccines. This is a decrease of (7%) in the number of clients compared to the same period for 2015 (see graph 2).

Graph 2: July to December - two year comparison of Client attendance and Vaccines administered at clinics



EHA staff have been focusing on the promotion of EHA’s Immunisation services and have worked with Constituent Councils to provide the following:

- Article on Immunisation in the Summer 2016/2017 “Burnside Focus’ magazine
- Updates on the new clinic venue by The Arc Campbelltown to its patrons via SMS and Facebook. Update of information on City of Campbelltown and The Arc websites to promote the new clinic venue. DL flyers provided to all clients at all clinics promoting the new Campbelltown clinic venue
- Letter introducing EHA to Norwood, Payneham and St Peters Community Care Services residents attaching a 2017 clinic timetable.
- Gift bags provided for children with a children’s book on Immunisation and information for parents at the Australia Day Poolside event.
- Letter introducing EHA to City of Prospect Home Care Support Residents and attaching a 2017 clinic timetable
- Posters in all Constituent Council civic centres and libraries
- Brochures delivered to all Libraries in Constituent Council areas
- Presentation to parents at St Peters Child Care Centre on 26 October 2016 with gift bags for all families and a children’s book on immunisation provided
- 2017 Clinic Timetables sent to more churches, playgroups and childcare centres in our Constituent Council areas.

Table 3 on the following page details the numbers of clients attending each clinic venue and their council of origin.

Table 3: Combined Clinic breakdown for October – December 2016

EASTERN HEALTH AUTHORITY PUBLIC IMMUNISATION CLINICS
CLIENT ATTENDANCE BY COUNCIL AREA

*BURNSIDE CLINIC held at Burnside Council every 2nd and 4th Monday of the month
2.00 pm to 4.00 pm*

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Oct-Dec 2016	70	142	9	21	6	11	1	1	0	0	14	33	1	2	101	210
Year to Date	144	296	17	35	13	24	3	6	0	0	30	65	2	3	209	429

*CAMPBELLTOWN CLINIC HELD AT Campbelltown Library every 3rd Wednesday of the month
10 am to 12 noon and 6.00 pm to 7.30 pm*

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Oct-Dec 2016	6	9	68	112	5	13	1	1	0	0	0	0	1	1	81	136
Year to Date	10	17	136	242	14	27	3	6	1	1	0	0	3	5	167	298

*NORWOOD, PAYNEHAM & ST PETERS COUNCIL CLINICS - held at EHA Office
ST PETERS CLINIC is held every 2nd Tuesday of the month 10 am to 12.30 pm
and St Peters Evening Clinic is held every 2nd and 4th Tuesday of the month 5.30 pm to 7.00 pm*

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Oct-Dec 2016	89	194	133	290	174	352	37	76	21	46	19	50	8	15	481	1023
Year to Date	190	398	289	637	373	777	56	117	42	95	45	106	20	39	1015	2169

*PROSPECT CLINIC held every 1st Wednesday of the month
New time from 1st January 2016 - 10.00am to 12.00pm*

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	
Oct-Dec 2016	0	0	3	7	3	3	11	16	0	0	2	5	3	7	22	38
Year to Date	4	6	5	11	4	4	23	43	1	1	3	6	3	7	43	78

*WALKERVILLE CLINIC held every 4th Monday of the month
New time from 1st January 2016 - 4.00-6.00pm*

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Oct-Dec 2016	6	11	0	0	5	7	2	4	8	11	0	0	1	1	22	34
Year to Date	9	16	3	8	9	15	5	9	16	24	2	4	3	5	47	81

UNLEY CLINIC held at Unley Civic Centre

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Oct-Dec 2016	21	35	3	6	12	19	0	0	1	3	81	163	25	40	143	266
Year to Date	45	82	8	18	19	32	1	2	1	3	153	311	43	79	270	527

<u>Grand Total of all Clinic Sites</u>	<u>Grand Total</u>	
	Clients	Vaccines
Oct-Dec 2016	850	1707
Year to date	1751	3582

The following Table provides details on the numbers of clients in attendance and the vaccines administered at all of the public clinics based on the clients council of origin

	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		TOTALS	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Oct-Dec 2016	192	391	216	436	205	405	52	98	30	60	116	251	39	66	850	1707
Year to date	402	815	458	951	432	879	91	183	61	124	233	492	74	138	1751	3582

RECOMMENDATION

That:

The Immunisation Services Report is received.

7.3 FOOD SAFETY REPORT

Complaints

For the reporting period 1 October 2016 to 31 December 2016 Eastern Health Authority received 15 complaints that were investigated under the *Food Act 2001*. The complaints are shown by category in Graph 1 and by respective council area in Table 1.

Graph 1

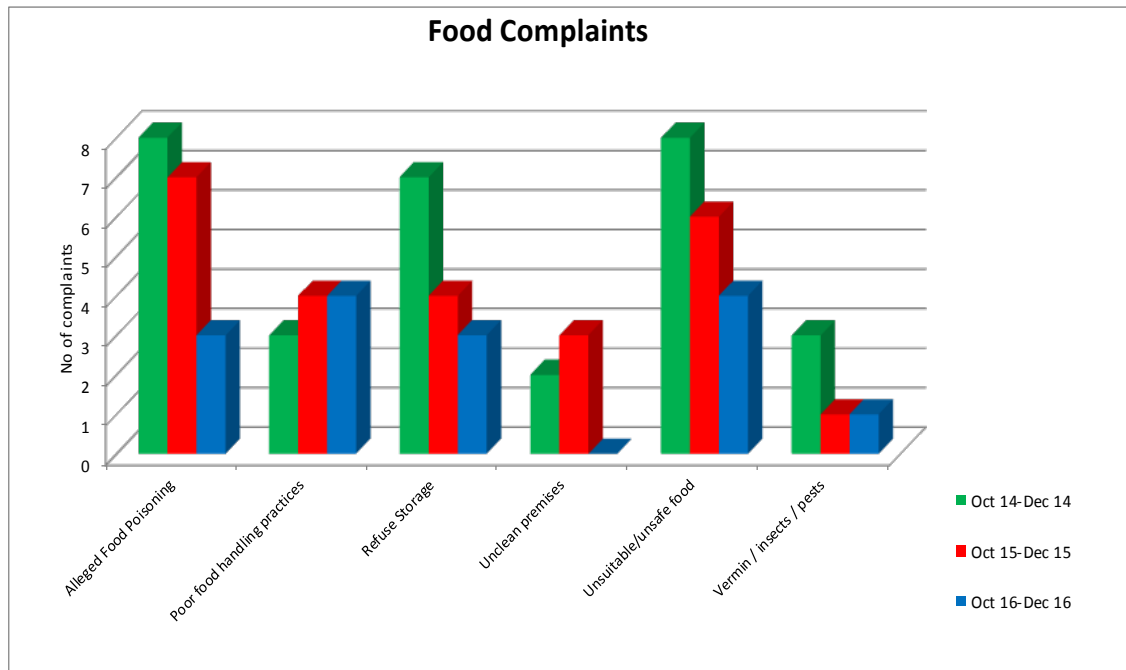


Table 1: Food complaints received from 1 October 2016 to 31 December 2016 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	0	1	1	1	0	3
Poor personal hygiene or food handling practices	0	2	2	0	0	4
Refuse Storage	0	0	3	0	0	3
Unclean premises	0	0	0	0	0	0
Unsuitable/unsafe food	2	1	1	0	0	4
Vermin/pests observed on premises	0	0	1	0	0	1
Total	2	4	8	1	0	15

Graph 2

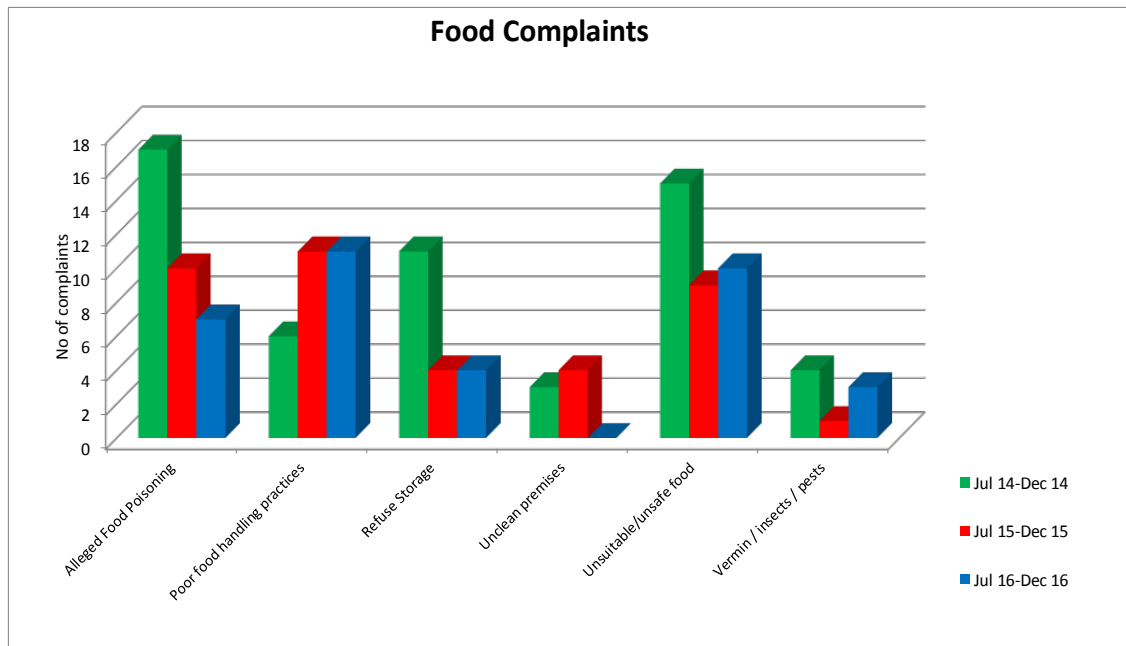


Table 2: Year to date food complaints received from 1 July 2016 to 31 December 2016 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	0	1	3	3	0	7
Poor personal hygiene or food handling practices	1	4	3	3	0	11
Refuse Storage	1	0	3	0	0	4
Unclean premises	0	0	0	0	0	0
Unsuitable/unsafe food	2	4	3	1	0	10
Vermin/pests observed on premises	0	0	2	1	0	3
Total	4	9	14	8	0	35

Unsuitable/unsafe food

A complaint was received from a member of the public alleging there were maggots in a roast chicken purchased from a supermarket. The complainant provided EHA with photographic and video evidence which was inconclusive. Officers conducted an inspection of the food premises and discussed the complaint with the operations manager of the supermarket. The operations manager advised that the complainant returned the alleged contaminated chicken to the supermarket and that the maggots were misconstrued as rice, which is used as an ingredient for the roast chicken stuffing. The supermarket sent the chicken to the supplier for independent testing, confirming there was no evidence of maggots. In addition the Officers did not identify any concerns relating to the processing of the chickens or pest activity.

EHA received a complaint from a member of the public concerning the service of raw or partially cooked beef burgers during a catered function at a hotel. An inspection was conducted to investigate the complaint. The head chef was aware of the complaint and informed the investigating Officer that the burgers are cooked and served to 'medium' or 'medium rare' and internal temperature checks are not undertaken. The chef also informed the Officer that the burger patties are cooked in advance for functions then cooled and reheated in the oven prior to service.

The Officer informed the chef and manager that the current cooking practices of the 'medium' or 'medium-rare' minced beef patties was not considered to be safe and suitable. After consulting with SA Health a letter was sent to the business advising that it is possible to serve medium-rare burgers on request, however strict precautions need to be followed. A follow up inspection was conducted and the Officer was advised that the food business is no longer serving 'medium' or 'medium rare' burgers until their practices are reviewed.

Vermin/pests observed on premises

During the reporting period a food complaint was received from a member of the public regarding a fly found in a bowl of food. An Officer conducted a complaint investigation and observed a damaged and deteriorated fly screen door and the fly insecutor situated above food the preparation area. Flies were also observed around a number of food waste bins at the rear entrance of the premises. The Officer directed the owner to take immediate action to rectify these issues, including the relocation of the insecutor.

A follow up inspection was conducted and a new fly screen door was installed and the fly insecutor was relocated away from food processing areas. The food waste bins had also been relocated away from the rear entrance to the premises. Officers will continue to monitor the premises pest control measures at subsequent inspections.

Food Premises Inspections

Environmental Health Officers undertook 172 routine inspections of food businesses this reporting period. An additional 112 follow-up inspections were required to ensure non-compliance with the Food Safety Standards were appropriately addressed.

Table 3: Food Premises Inspections 1 October 2016 to 31 December 2016

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint inspection	3	3	9	1	0	16
Fair/Temporary Event inspection	1	3	0	0	0	4
Fit-out/Pre-opening inspection	0	1	0	0	0	1
Follow up inspection	39	21	34	13	5	112
Routine inspection	46	49	57	15	5	172
Total	89	77	100	29	10	305

Table 4: Year to date food premises inspections 1 July 2016 to 31 December 2016

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint inspection	7	8	13	4	0	32
Fair/Temporary Event inspection	2	3	0	0	0	5
Fit-out/Pre-opening inspection	1	4	2	0	0	7
Follow up inspection	78	45	86	47	10	266
Routine inspection	96	92	160	38	20	406
Total	184	152	261	89	30	716

Non-Compliance with Food Safety Standards

During the reporting period, 20 Improvement Notices, three final warning and two Prohibition Orders were issued. Eight Expiations Notices were issued, totalling 21 offences.

Table 5: Legal action 1 October 2016 to 31 December 2016

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Expiation Notices	7	0	0	1	0	8
Improvement Notices	5	1	8	6	0	20
Prohibition Order	2	0	0	0	0	2
Warning Letters	1	0	2	0	0	3
Total	15	1	10	7	0	33

Table 6: Year to date legal action 1 July 2016 to 31 December 2016

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Expiation Notices	7	0	0	1	0	8
Improvement Notices	14	6	15	14	0	49
Prohibition Order	3	0	0	0	1	4
Warning Letters	1	1	2	0	0	4
Total	25	7	17	15	1	65

A routine inspection of a restaurant identified serious non-compliances with the Food Safety Standards. The Officers arrived at the food business to commence the inspection as the restaurant opened to the public for service. The Officers noted that the food handlers were not present. The routine inspection commenced in the kitchen and Officers immediately observed that the kitchen had not been cleaned from the previous night's service. There was an accumulation of unclean food processing equipment, eating and drinking utensils piled in the dishwashing and food preparation sinks. Food preparation benches were unclean with soiled wet cloths and cigarette butts. Potentially hazardous food (PHF) was left overnight out of temperature control on benches and stove tops. The Officers also observed longstanding accumulation of grime on floors, walls, shelving and cooking equipment.

When the food handlers arrived the Officers instructed to immediately discard any PHF left overnight out of temperature control. Due to the condition of the food business and serious non-compliances with the Food Safety Standards a Prohibition Order was served preventing the shop from selling or preparing food.

The restaurant remained closed for two days, until all the requirements of the Order had been met. A certificate of clearance was issued and the premises reopened.

Following compliance with the Prohibition Order, Officers conducted three unannounced spot inspections to ensure the premises was being maintained to a satisfactory standard. An Expiation Notice was issued to the Proprietor for failing to maintain the food premises to an appropriate standard of cleanliness and failing submit a food business notification form.

A routine inspection of a restaurant identified serious non-compliances relating to unsafe processing and handling of food in a semi-enclosed area outside the restaurant. A Prohibition Order was issued to the food Proprietor in October 2014 prohibiting the handling and storage food in the specified area, however, the business ownership had recently changed.

No structural repairs or upgrades to the area have been undertaken to date. The Order was issued to the new food Proprietor preventing the handling and storage of food in the semi-enclosed area.

An Improvement Notice was also served to the food business relating to pest activity, unsafe storage of food storage, poor food handling practices, inadequate hand washing facilities and failure to clean and sanitise food processing equipment and eating and drinking utensils.

Officers conducted follow up inspections to ensure the business complied with the requirements of the Prohibition Order and Improvement Notice.

A routine inspection of a restaurant identified serious non-compliances with the Food Safety Standards. The Authorised Officer identified obstruction to the hand washing facility as the basin was used to thaw raw meat out of temperature control. The food business also failed to provide soap and paper towel to the hand washing facility and Officers observed food handlers failing to wash their hands after touching raw meat and prior to re-commencing the handling of ready to eat food. Numerous containers of PHF were left out of

temperature control for extended periods of time, including cooked rice stored in rice cookers that were not operating.

The proprietor was instructed to discard PHF that was stored out of temperature control and an Improvement Notice was issued. A follow up inspection was conducted and items within the Notice complied. Due to the serious nature of the offences and a long history of non-compliance with the Food Safety Standards, two Expiation Notices were served to each of the two individual sole traders.

As reported to the Board of Management in October 2016, serious food safety non-compliances were identified at a routine inspection at a bakery/take-away food business. Two Improvement Notices were issued relating to the storage of food in the rear external area of the business, poor standard of cleanliness, inadequate sanitising procedures, obstructed hand washing facilities, and the storage of personal items on food preparation benches. The Notices also addressed PHFs being prepared and cooked at a residential premise that had not notified an appropriate enforcement agency under the *Food Act, 2001*.

Follow up inspections identified that the Proprietor had failed to comply with directions of these Improvement Notices. An additional Improvement Notice along with a final warning was issued instructing the removal of food preparation and cooking equipment from the external rear area of the food business to prevent the preparation, cooking and storage of food in this area.

During the reporting period Officers conducted spot checks to ensure the outside area was not being used for cooking or storage of food. On one of these occasions Officers identified non-compliances including the obstruction of the hand washing facility, inappropriate storage of potentially hazardous foods and using a non-food grade sanitiser to clean food processing equipment. The Officers again observed a build-up of food residue on food processing equipment, inadequate sanitising procedures and inappropriate thawing procedures of PHFs. Clothing and personal items were again observed on food preparation benches and on food preparation equipment.

As a result of the serious and ongoing non-compliances, two Expiation Notices were issued relating to five offences for obstructing hand washing facilities, failing to protect food from the likelihood of contamination and storage of personal items.

Additional inspections will be undertaken in the next reporting period to ensure compliance with all requirements.

A routine food inspection of a new restaurant identified a number of non-compliances with the Food Safety Standards. Non-compliances included the unsafe storage of food, a poor standard of cleanliness, inadequate hand washing facilities, and the suitability and maintenance of the premises. Pineapple pieces and olives stored uncovered in a container had a significant accumulation of mould on the surface. The proprietor complied with instructions to immediately dispose of the pineapple pieces and olives. Due to the serious nature of the non-compliances an Improvement Notice was issued and the business also received a final warning. A follow-up inspection was conducted and all outstanding non-compliances had been addressed. The inspection frequency of the business was also increased from six to three months.

A routine inspection and subsequent follow up inspection of a takeaway food business conducted in the previous reporting period identified practicable measures to process safe and suitable food were not being undertaken and the hand wash facility was not accessible. The business had a long history of non-compliance with the Food Safety Standards and a final warning was issued earlier in the year for these two non-compliances identified above. As a result an Expiation Notice was issued relating to the two offences.

Food Safety Week

Food Safety Week was held between 7-11 November 2016 with the theme "Raw and Risky Food". In supporting the week, EHA held information stalls at Burnside and Campbelltown Libraries. Authorised Officers engaged the public with a quiz, information pamphlets and brochures to promote safe food handling practices of these foods.

The Food Safety Week initiative engaged the public and was well received. Many of the participants advised that they were unaware of the risks involved and with 'raw and risky foods'.

Fairs, Festivals and Markets

Officers corresponded with the Constituent Council Special Events Coordinator during the planning stages for an outdoor event scheduled to be held on multiple occasions during the summer period. Food safety related information and advice was provided and food stall notification processes clarified. During the first event Officers inspected 14 food stalls with three stalls requiring further action to comply with hand washing requirements.

During the second event Officers prioritised inspections of food stalls where non-compliances were identified during the first event, new and high risk food stalls. Officers inspected eight food stalls. One food stall continued to not comply with the hand washing requirements. The stall holder took immediate action during the event to secure a compliant hand washing facility and a final warning was issued.

A notification was received during the reporting period of a privately operated food festival. Officers met with a representative from the organisation to discuss food safety requirements including site and processing aspects to ensure compliance with the Food Safety Standards.

Audits of Businesses that Serve Vulnerable Populations

During the reporting period, 16 businesses within the Constituent Council boundaries and 15 businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code*. No follow-up audits were performed.

Table 8: Food Audits for the Period 1 October 2016 to 30 December 2016

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	5	4	4	0	3	15	31
Follow-up audits	0	0	0	0	0	0	0
Total	5	4	4	0	3	15	31

Table 9: Food Audits for the Period 1 July 2016 to 30 December 2016

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	8	8	8	1	4	21	50
Follow-up audits	0	1	1	0	0	0	0
Total	8	9	9	1	4	21	52

RECOMMENDATION

That:

The Food Safety Report is received.

7.4 HEALTH CARE AND COMMUNITY SERVICES

SUPPORTED RESIDENTIAL FACILITY REPORT

Audits / Inspections

During the reporting period two licensing audits were conducted. Documentation maintained onsite including the Prospectus, resident contracts, service plans, medication and pocket money management were audited. Both facilities complied with the requirements and the documentation sighted was well organised and maintained for residents receiving personal care services. Five follow up inspections were conducted to ascertain compliance with Licence Conditions and outstanding items from previous audits. Most facilities complied with their requirements stipulated in their licence; however issues not rectified will be followed up at the next audit prior to the relicensing period.

Complaints

One complaint was received during this reporting period regarding an alleged unlicensed SRF. Authorised Officers undertook an inspection of the known 'boarding house' with a building services inspector. A further inspection was undertaken in conjunction with fire safety officers.

The inspections did not provide any evidence to suggest that the landlord was operating as an unlicensed SRF, as no personal care services were being provided to tenants. Many of the clients however were receiving external assistance. Officers raised concerns with the landlord as to whether residents were too vulnerable to be living in a shared, unassisted environment.

The landlord has assured Officers that appropriate organisations will be contacted if tenant's vulnerability status changes and more suitable accommodation is required.

Officers will continue to monitor the boarding house to ensure the tenants are appropriately housed.

Approval of Manager / Temporary Manager

During the reporting period two applications for approval of an acting manager were processed. An Authorised Officer carried out referee checks and reviewed documentation outlining the applicant's qualifications to ascertain the suitability of the application. The applicants were deemed suitable to fulfil the role of acting manager. The Chief Executive Officer granted approval under delegated authority.

New Licence application

An application for a new SRF licence was received and is currently being processed. The facility is aimed at clients living with a permanent disability wanting a more independent type of care. The facility has been purpose built for residents with physical disabilities. Provisions include wide doorways; purpose built kitchen, bathrooms, key pad access system and all light switches are disability suitable. Sensor lights have been installed in public areas for access and security. The personal care service provided to residents is predominantly around medication management. Officers are awaiting additional information to further process and consider the application.

Unley handover

EHA has acted as the licensing authority under delegated authority for the City of Unley since 2008. Management from the City of Unley made the decision to cease delegation to EHA and reinstate the City of Unley as the licensing authority. Prior to the official hand over, Authorised Officers from the City of Unley accompanied EHA's Officers during Audits to become familiar with the facilities and the SRF auditing process. An Official handover was held on 15 December 2016 where all electronic and archived documentation was provided to the City of Unley. EHA's Officers provided a detailed update of the facility's' licence status and any other relevant and useful information.

RECOMMENDATION

That:

The Supported Residential Facility Report is received.