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# Annual Business Plan

2018 / 19

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## INTRODUCTION

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The Eastern Health Authority (EHA) Charter requires an Annual Business Plan to support and inform its Annual Budget which:

- 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

The Budgeted Financial Statements can be found on pages 27 and 28 and consist of a Statement of Comprehensive Income, Statement of Financial Position, Statement of Cash Flows and Statement of Changes in Equity.

This document presents the Annual Business Plan for EHA for the 2018-2019 financial year.



## ABOUT EASTERN HEALTH AUTHORITY

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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 council in a joint service delivery arrangement.

The Constituent Councils listed below established Eastern Health Authority in 1986 to discharge their respective environmental health responsibilities that are mandated in the *South Australian Public Health Act 2011, Food Act 2001 and Supported Residential Facilities Act, 1992*

- 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)

EHA undertakes a wide range of functions on behalf of its Constituent Councils to protect the health and wellbeing of approximately 160,000 residents plus those people who visit the region. These 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 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                                 | 287      | 305    | 475  | 186      | 47          | 1300  |
| Swimming Pools                                       | 18       | 6      | 14   | 4        | 3           | 45    |
| High Risk Manufactured Water Systems                 | 9        | 8      | 11   | 7        | 7           | 42    |
| Supported Residential Facilities                     | 3        | 1      | 1    | 2        | 0           | 7     |
| Environmental Health Complaints                      | 53       | 66     | 67   | 29       | 15          | 230   |
| Hairdresser/Beauty Treatment Premises                | 68       | 64     | 113  | 47       | 10          | 302   |
| No. of Year 8 Students Vaccinated at high schools    | 709      | 544    | 660  | 145      | 60          | 2118  |
| Average clients receiving vaccines at public clinics | 887      | 998    | 1137 | 265      | 173         | 3460  |

## OVERVIEW OF THE BUSINESS PLAN

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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 this years' Annual Business plan there were are several key influences that were taken into consideration.

### Significant Influences

- Continuation of services provided in 2017-2018
- Meningococcal B Herd Immunity Study ends August 2018
- Completion of ITC Cloud Environment Transition
- Enterprise Bargaining wage increase for staff

EHA has set the following priorities as part of the 2018-2019 Annual Business Plan:

### Priorities

- Finalise the review of the EHA Business Continuity Plan.
- Finalise the review of the Emergency Management Plan.
- Investigate electronic communication strategies for board members to aid in efficient communication.
- Continue to maintain strong relationships with the Constituent Councils, Government and non-Government agencies.
- Compile two-year report pursuant to the *SA Public Health Act, 2011* in relation to the Regional Public Health Plan, 'Better Living, Better Health'.
- Commence the review of the Regional Public Health Plan, 'Better Living, Better Health' in accordance with section 51(19) *SA Public Health Act, 2011*.
- Commence the food safety training program specific to food businesses that require to maintain a food safety program.
- Undertake scheduled food and public health inspections and where required audits to ensure compliance with associated legislation and standards.
- Continue to refine Health Manager administrative efficiency and reporting capabilities.
- Promote use of EHA online immunisation appointment booking system

## OVERVIEW OF THE BUSINESS PLAN CONTINUED

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- Continue to identify key circulation areas to promote EHA Immunisation Clinic Timetable.
- Develop opportunities for immunisation client feedback and satisfaction surveys.
- Increase production and supply of promotional tools for Worksites.
- Identify potential new Worksite clients.
- Promotion of Immunisation Services as identified in Marketing Plan.
- Transition to Immunisation Records and Inventory System (IRIS).
- Promotion of EHA's immunisation services at Hospitals and in anti-natal settings.
- Review and identify areas for improvement to the worksite flu online booking system.
- Increase production and supply of promotional tools to increase uptake of staff flu vaccinations.
- Undertake a survey to identify customer service experiences provided by EHA within the environmental health sector.
- Continue to provide opportunities for Constituent Councils to participate in quarterly public health forums with EHA, to raise awareness of current public health matters.
- Continue to co-ordinate the Eastern Hoarding and Squalor Committee meetings to continue to promote inter agency working to manage risks to residents living in properties affected by hoarding and squalor.
- Maintain the hoarding and squalor contacts database to assist in the investigation and management of these cases.
- Participate in Metropolitan Fire Service pilot fire risk notification system.

## FUNDING THE BUSINESS PLAN AND THE BUDGET

EHA bases its expenditure on the services required to ensure its Constituent Councils are meeting legislative responsibilities. The forecast for the 2018-2019 financial year is that EHA's expenditure to carry out its operational activities will equal its operating income resulting in a balanced operating budget. To achieve this operating budget result, a total of \$1,723,013 will be raised through contributions from our Constituent Councils for operational expenditure in 2018-2019.

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

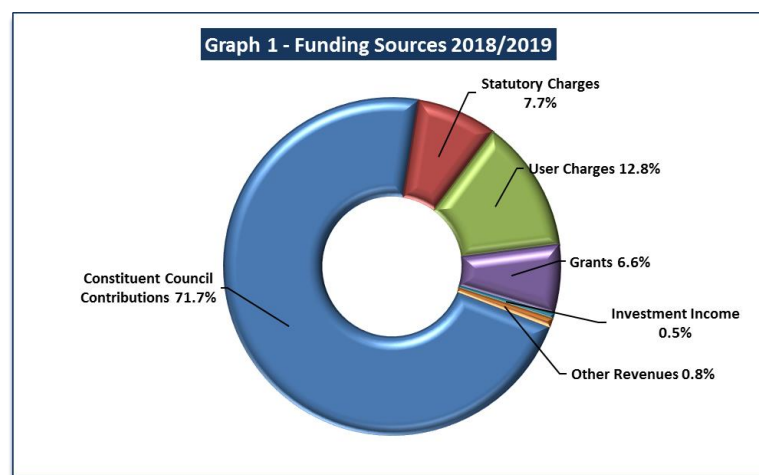
**Statutory Charges** relate mainly to fees and fines levied in accordance with legislation and include food inspection fees, supported residential facility licences, and environmental health related fines.

**User Charges** relate 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 and immunisation contract services to the City of Unley.

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

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

**Other Revenues** relate to a range of unclassified items which do not fit within the main income categories.



## FINANCIAL INDICATORS

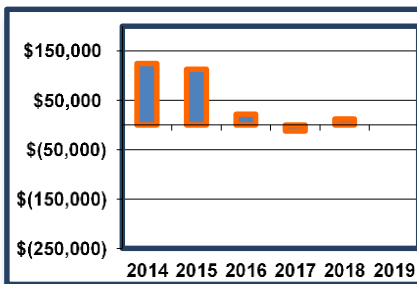
A series of financial indicators have been developed by local government to assist in determining whether a local government organisation is financially sustainable or moving to a position of financial sustainability. These indicators are set out below.

**Operating Surplus (Deficit)** indicates the difference between day-to-day income and expenses for the particular financial year.

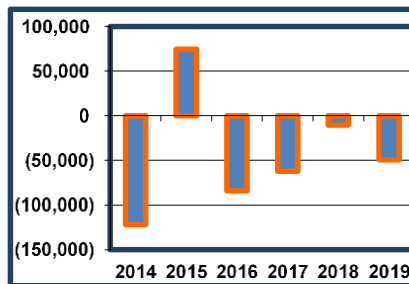
**Net Financial Assets** indicates the money held, invested or owed to EHA less money owed to others (including provisions for employee entitlements).

**Net Financial Assets Ratio** indicates the extent to which net financial assets of a subsidiary can meet its operating revenue.

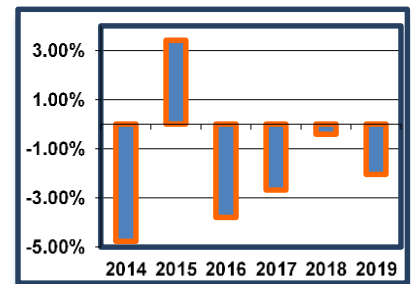
Graph 2: Operating Surplus / (Deficit)



Graph 3: Net Financial Assets



Graph 4: Net Financial Assets Ratio



Another useful financial indicator is the percentage of Constituent Council total expenditure used on Public Health services provided by EHA as seen in Table 2 below.

|  | Contribution       | Total Expenses Budgeted 2017/2018 | EHA % of Expenses |
|--|--------------------|-----------------------------------|-------------------|
| Burnside                                     | \$424,220          | \$44,229,000                      | 0.96%             |
| Campbelltown                                 | \$406,328          | \$47,044,000                      | 0.86%             |
| NPSP   | \$512,052          | \$40,133,000                      | 1.28%             |
| Prospect                                     | \$225,470          | \$22,946,000                      | 0.98%             |
| Walkerville                                  | \$112,800          | \$9,472,000                       | 1.19%             |
| <b>Total Constituent Council Expenditure</b> | <b>\$1,680,870</b> | <b>\$163,824,000</b>              | <b>1.03%</b>      |

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



## ACTIVITIES FOR 2018-2019

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

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

A work environment which helps to promote a dynamic and committed workforce is a priority for EHA. Organisational capacity is created through encouraging collaboration and peer support. Our staff who create and retain our Knowledge capital are our most valuable asset.

#### 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.                 |

| <b>Actions (continued)</b> |  | <b>Performance Measures</b>   |
|----------------------------|--|---|
| 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.   |
| 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 annually.  |
| 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> and <i>Safe Drinking Water Act, 2011</i> in relation to the operations of EHA as required by legislation.   | Report adopted at August meeting and provided to SA Health.   |
| 1.15                       | Coordinate the required bi-ennial report pursuant to the <i>SA Public Health Act, 2011</i> in relation to the Regional Public Health Plan strategies implemented by EHA and the Constituent Councils.                              | Submit report to Chief Public Health Officer.   |
| 1.16                       | Compare Annual Business Plan against performance measures.   | Report presented to August meeting.   |
| 1.17                       | Provide delegates report to CEO of each Constituent Council following Board meetings for tabling at subsequent council meeting.  | Reports provided following Board meetings.  |
| 1.18                       | Properly convene meetings of Constituent Council nominated contacts including providing agendas and minutes.   | 4 meetings conducted per year.  |
| 1.19                       | Maintenance of electronic records management system to properly maintain records and reference documents of EHA.   | System developed to ensure appropriate standards are being met.   |
| 1.20                       | Explore the potential for the expansion of service provision to areas outside of its current Constituent Council areas.  | Report to Board on expansion opportunities.   |
| 1.21                       | 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.  |
| 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. | Continue to utilise the hand held electronic tablets during routine and follow-up food inspections.<br><br>Implementation of electronic tablets during complaint investigations and other EHO onsite field work to improve inspection, complaint and administrative efficiency. |

| <b>Actions (continued)</b>  | <b>Performance Measures</b>  |
|---|--|
| 1.23 In accordance Clause 6.5 of EHA's Charter 2016, undertake the required strategies to attain any priority or goal which the Regional Public Health Plan, 'Better Living, Better Health' (the Plan) specifies as EHA's responsibility. | As detailed in 'Better Health, Better Living' section 7.3 'Protection for Health'.   |
| 1.24 Commence the review of the Regional Public Health Plan, 'Better Living, Better Health' in accordance with section 51(19) SA Public Health Act, 2011.   | Review of Regional Public Health Plan  |
| 1.25 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.  |
| 1.26 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.   |
| 1.27 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**

| <b>Actions</b>  | <b>Performance Measures</b>   |
|---|---|
| 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 activities 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.  |
| 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.<br>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 Annual review of EHA's induction program to ensure EHA staff are and familiar with EHA's methods of operation upon commencement of employment.  | Annual review and induction program updated if required.  |

## 2.0 - Health Education and Promotion

### Background

*Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.* website – World Health Organisation

Health education and promotion is a vital component in creating healthier living environments and communities. Councils can influence the quality and distribution of conditions needed for good health, that is, the natural, built and social environments in which we live, learn, work and play. Wilkinson, R. & Marmot, M. 2003. *S Social determinants of health: The solid facts (2 edn)*. Denmark: World Health Organization.

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) requires for councils to develop a public health plan consistent with the State Public Health Plan. This has provided an opportunity for EHA and its Constituent Councils to identify the local priorities and the economic, social and environmental conditions (the ‘social determinants of health’) in the region and develop the first Public Health and Wellbeing Plan, ‘Better Living Better Health’ (the Plan). The Plan provides a starting point for documenting the regional state of health and strategic directions for improving community wellbeing.

### **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. |

| <b>Actions (continued)</b>   | <b>Performance Measures</b>  |
|--|--|
| 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 Continue to provide opportunities for Constituent Councils to participate in quarterly public health forums with EHA, to raise awareness of current public health matters.   | Convene public health forums where Constituent Councils have accepted the invitation.                                      |
| 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 Implement the new food safety training program for food businesses.  | Implement the new food safety training program.  |
| 2.9 Implement the food safety training program targeting specific food businesses that serve food to the vulnerable population and require a Food Safety Program.  | Implement the new food safety training program.  |
| 2.10 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).                                    |
| 2.11 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). every two years                    |
| 2.123 Review and update EHA's health promotion and information material to ensure information is relevant and easily accessible to the community and local businesses.   | Review and update as required.   |
| 2.134 Monitor funding opportunities for pro-active health education and prevention programs.   | Report opportunities to Board of Management.   |
| 2.145 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.<br><br>Explore promotional initiatives. |
| 2.156 Continually review new EHA website to facilitate the exchange of information, educational material and feedback and improve awareness of EHA.  | Improved website functionality.  |
| 2.1.6 Undertake a survey to identify customer service experiences provided by EHA within the environmental health sector.<br><br>Collate the information and investigate the feedback to identify areas of improvement and development of further educational materials. | Undertake customer service survey.   |

## 3.0 – Public and Environmental Health

### Background

*Environmental Health is the branch of public health that focuses on the interrelationships between people and their environment, promotes human health and well-being, and fosters healthy and safe communities. website: NEHA*

*Environmental health provides the basis of public health. Improvements in sanitation, drinking water quality, food safety, disease control, and housing conditions have been central to the significant improvement in quality of life and longevity experienced over the last hundred years. Environmental health practice addresses emerging health risks arising from the pressures that human development places on the environment'. website: enHealth*

The *South Australian Public Health Act 2011* (the Act) and Regulations aims to provide a modernised, flexible, legislative framework to respond to both traditional and contemporary public health issues.

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

**Objective 3**

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

| Actions  | Performance Measures   |
|--|--|
| <p>Maintain and update a register of all public health related premises.</p> <p>Public Health related premises are:</p> <ol style="list-style-type: none"> <li>1. premises with public swimming pools and spas</li> <li>2. premises with cooling tower systems and warm water systems</li> <li>3. hairdressers and beauty premises</li> <li>4. skin penetration premises (tattoo, body piercing, acupuncture)</li> <li>5. waste control systems</li> </ol> | <p>Register maintained and updated at all times.</p>   |
| <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>  | <p>Assessments performed according to risk based schedule.</p>   |
| <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>  | <p>Assessments performed at least annually.</p>  |
| <p>3.4 Collect water samples from cooling towers and warm water systems for analysis based on requirements South Australian Public Health (<i>Legionella</i>) Regulations 2013.</p>  | <p>Water samples collected and sent for analysis at least annually.</p>                                |
| <p>3.5 Investigate notifiable Legionella incidences and high Legionella counts in a systematic manner in accordance with SA Health guidance and internal procedures.</p>   | <p>Prompt investigation commenced in accordance with EHA service standards and SA Health guidance.</p> |
| <p>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.</p>  | <p>Investigate and respond to complaints in accordance with the customer service standards.</p>        |
| <p>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.</p>   | <p>Investigate and respond to complaints in accordance with the customer service standards.</p>        |
| <p>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 relevant legislation.</p>  | <p>Assessments performed according to risk based schedule.</p>   |
| <p>3.9 Identify new personal appearance practices (ie. laser hair removal, tattoo removal and permanent make-up) within beauty premises. Where required update the register and undertake assessments.</p>   | <p>Continue to update the register when new businesses are identified.</p>                             |
| <p>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.</p>  | <p>Assessments performed according to risk based schedule.</p>   |

| <b>Actions (continued)</b>   | <b>Performance Measures</b>   |
|--|---|
| 3.11 Assess applications for the installation of waste control systems in accordance with South Australian Public (Wastewater) Regulations 2013, the On-site Wastewater System Code, 2013, internal procedures, and service standards.   | Application managed in a timely response in accordance with customer service standards. Compliance with legislative requirements. |
| 3.12 Apply the Public Health Act, 2011 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.  |
| 3.13 Respond to public health enquiries/complaints within the built environment that give rise to a risk to health in relation to: <ul style="list-style-type: none"> <li>- hoarding and squalor</li> <li>- sanitation</li> <li>- vector control</li> <li>- hazardous and infectious substances (asbestos and clandestine drug labs)</li> <li>- waste control</li> <li>- notifiable diseases</li> <li>- refuse storage</li> </ul> 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. | Respond to complaints as required in accordance with customer service standards and relevant Guidelines.                          |
| 3.14 Undertake joint investigations with Constituent Councils where there may be an overlap relating to local nuisance and public health matters.  | Undertake joint investigations where required.  |
| 3.15 Provide advisory information via mail to households informing them of localised vermin and pest problems and how they can be minimised, e.g. rodents, mosquitoes.   | Provide information as required.  |
| 3.16 Provide advice and information materials to residents about air quality concerns including the installation, operation and standards of solid fuel burning appliances.  | Information available to community and via website and as required.   |
| 3.17 Provide rodent bait to residents upon request.  | Rodent bait provision maintained.   |
| 3.18 Undertake relevant notifiable disease investigations in collaboration with SA Health.   | Respond to disease notifications in accordance with customer service standards and SA Health guidance.                            |
| 3.19 Assist members of the community by offering approved sharps containers at cost price and free disposal of full and approved sharps containers delivered to EHA.   | Community sharps disposal service maintained.   |
| 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.  | Update within 5 days of assessment or action.   |
| 3.21 Continue to co-ordinate the Eastern Hoarding and Squalor Committee meetings to continue to promote inter agency working to manage risks to residents living in properties affected by hoarding and squalor  | Coordinate the Eastern Hoarding and Squalor meetings.   |
| 3.2.2 Maintain the hoarding and squalor contacts database to assist in the investigation and management of these cases.  | Update where required.  |
| 3.2.3 Participate in Metropolitan Fire Service pilot fire risk notification system.  | Notify MFS when required as per the notification process.   |



| <b>Actions (continued)</b>   | <b>Performance Measures</b>   |
|--|---|
| 3.23 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.  |
| 3.24 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 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 proven, safe and effective way of protecting people against harmful diseases that can cause serious health problems in the community. The Australian Government's Immunise Australia Program implements the National Immunisation Program (NIP) Schedule. Included in the NIP are routine childhood vaccinations against diseases that were once widely fatal, such as measles, diphtheria, tetanus and whooping cough (pertussis). Other more recently developed vaccines such as Human Papillomavirus (HPV) is now responsible for a dramatic decline in cervical cancer rates in Australia and a subsequent reduction in screening.

EHA offers all vaccines on the NIP Schedule at its public clinics as well as the Annual Influenza Vaccine. Around 200 community immunisation clinics are provided each year at 5 different locations and times. 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 two doses of HPV (human papillomavirus) and dTpa (diphtheria, tetanus and whooping cough). EHA will undertake 37 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 4,330 vaccinations were provided to EHA clients in 2017. EHA is working to increase the number of vaccinations provided by promotion of its on-site service and the launch of an online booking system in 2018 providing a convenient time-saving way for employees to access information and book their flu vaccination.

EHA will continue to deliver the Meningococcal B (Men B) Herd Immunity Study to high school students in Years 11 and 12. SA Health and the University of Adelaide are conducting this large scale clinical study determine if the Meningococcal B vaccine (Bexsero) can protect teenagers by reducing the spread of the bacteria from person to person, as well as providing protection for the community (herd immunity). The trial, including delivery costs is being funded by the vaccine manufacturer GlaxoSmithKline and is due to finish in August 2018.

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

| Actions   | Performance Measures   |
|---|--|
| <p>4.1</p> <p>Ensure effective governance and delivery of a public clinic immunisation program in accordance with:</p> <ul style="list-style-type: none"> <li>• the current National Health and Medical Research Council (NHMRC) “Australian Immunisation Handbook”</li> <li>• National Vaccine Storage Guidelines ‘Strive for 5, 2<sup>nd</sup> Edition</li> <li>• the <i>Controlled Substances Act 1984</i> and the <i>Controlled Substances (Poisons) Regulations 2011</i></li> <li>• Vaccine Administration Code February 2018 v 1.6</li> <li>• EHA’s Work Health and Safety policies and procedures</li> <li>• South Australia’s Child Protection Legislation – Child Safe Environment Guidelines.</li> <li>• Implement transition to Immunisation Records and Inventory System (IRIS).</li> </ul> | <p>Number of clinics and vaccinations provided.</p> <p>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>Annual review of Child Safe Environment Guidelines and Procedures.</p> <p>Successful transition including staff training to IRIS.</p> <p>Develop opportunities for immunisation client feedback and satisfaction surveys.</p> |
| <p>4.2</p> <p>Promote EHA’s public immunisation clinic program through a variety of channels such as Council customer service centres and electronic mediums, Council and EHA websites.</p> <p>Continue to identify key circulation areas to promote EHA Immunisation Clinic Timetable.</p> <p>Promotion of Immunisation Services as identified in Marketing Plan.</p> <p>Working with Constituent Council’s marketing staff to identify opportunities to promote immunisation services within the community.</p>   | <p>Promotional activities increased.</p> <p>Increased number of clinic timetables required and distributed.</p> <p>Website - reports of access and increase in use of Immunisation Online Booking System.</p> <p>Continue to update information and Health Spotlight on the website to provide updated immunisation information.</p>   |
| <p>4.3</p> <p>Conduct an annual review of EHA’s public clinic venues and timetable. Discussions with each venue regarding increase of clinic times if needed.</p> <p>Develop opportunities for immunisation client feedback and satisfaction surveys.</p> <p>Implement necessary changes, including identified hazards or areas for improvement to facilities at offsite locations.</p> <p>Produce and publish annual immunisation program timetable to reflect the review of the public clinics.</p>   | <p>Annual review undertaken at each venue and documented.</p> <p>Identified hazards actioned.</p> <p>Clinic Timetable reviewed and published in November.</p> <p>Increase mailout of Clinic Timetable through council rates notices, letterbox drops and electronic communication.</p> <p>Electronic Client surveys to assess satisfaction and areas for improvement.</p> <p>Use of IRIS Immunisation Software to provide reminders to overdue clients</p>                   |
| <p>4.4</p> <p>Deliver SIP to students at schools within EHA’s area in accordance with the SA Health Service Agreement contract with local government.</p>   | <p>Statistics uploaded onto IRIS for the SIP.</p> <p>All students offered vaccinations.</p> <p>Absent consenting students offered vaccination at EHA’s public clinics.</p>   |

| Actions (continued)   | Performance Measures  |
|---|---|
| <p>4.5 Liaise with school coordinators and SA Health Immunisation Section regarding SIP implementation and evaluation of program.</p>   | <p>Delivery of SIP with ongoing improvement and evaluation of coverage data.<br/>Further promote EHA clinics and catch up facilities offered in regular school newsletter updates and electronic reminders to parents.</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</p> <p>Review and identify areas for improvement to the Worksite Online Booking System.</p> <p>Increase production and supply of promotional tools to increase uptake of staff flu vaccinations.</p> <p>Review program annually. Review of competitors in regard to services offered and pricing. Identify potential new clients and review of recommendations provided in marketing plan.<br/>Aim to provide a professional, quality service and provide competitive service.</p> | <p>Increase of new clients and regular annual clients.<br/>Income generated.</p>  |
| <p>4.8 Implement new Immunisation Records &amp; Inventory System (IRIS).<br/>Work with other immunisation providers to facilitate IRIS User Group.</p>  | <p>All staff trained and operational using the new IRIS system.</p>   |
| <p>4.9 Investigate strategies to improve immunisation coverage in our Constituent Council area through promotion, improvement in electronic communication to residents.</p> <p>Obtain feedback from clients attending public clinics through client recall and reminders.</p> <p>Promoting &amp; advocating for immunisation at local community events.</p> <p>Promotion of EHA's immunisation services at Hospitals and in anti-natal settings</p>   | <p>Increase in communication to residents and improve attendance at EHA public clinics.</p> <p>Review of feedback gained from clients and monitoring of clients recall and reminder success.</p>  |
| <p>4.10 Report immunisation statistics to SA Health and the Australian Immunisation Register (AIR), 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 AIR within 5 days of clinics.</p> <p>HPV statistics reported monthly to HPV Register.</p> <p>Data updated on IRIS for the SIP.</p> <p>Monitor and report on coverage data for the SIP compared to the SA Average.</p> |
| <p>4.11 The CEO/Team Leader Immunisation lobby through LGA for appropriate funding for sustainability of local government delivery of immunisation services.</p> <p>Development of the Immunisation Service Provision MOU for Local Government within the <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.</p> <p>Attend meetings in regard to the SA Public Immunisation Services between SA Health and LGA SA. MOU endorsed.</p>  |

| <b>Actions (continued)</b>   | <b>Performance Measures</b>  |
|--|--|
| <p><u>Clinical Governance</u></p> <p>Registered immunisation Nurses will participate in:</p> <ul style="list-style-type: none"> <li>• Immunisation Providers Network (SA) (IPN SA).</li> <li>• promoting best practice standards, uniformity and professional consistency.</li> <li>• other professional updates including participation of biannual PHAA Immunisation conference.</li> <li>• in-house education sessions and team meetings.</li> <li>• annual CPR and Mandated Notification updates.</li> <li>• complete 20 hours of valid documented Continuing Professional Development (CPD) annually.</li> <li>• random audits by APHRA of RN's completed CPD hours.</li> </ul> <p>Review of CPD of Immunisation Nurses annually.</p> <p>4.12</p> | <p>Immunisation Nurses attend the IPN SA meetings when possible.</p> <p>Attend in-house education sessions and mandatory updates.</p> <p>Attend other professional updates.</p> <p>Complete and document annual CPD requirements.</p>  |
| <p>Ensure activities and outcomes are communicated to the Board of Management, councils and state government bodies as required.</p> <p>4.13</p> <p>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>   |
| <p>Continue to deliver the remaining visits of the Men B Herd Immunity Study to students at schools within EHA's area in accordance with the Service Agreement between The University of Adelaide and EHA and the 'Men B Study Manual for Immunisation Providers'.</p> <p>4.14</p>   | <p>All students offered vaccinations.</p> <p>Absent consenting students offered vaccination at EHA's public clinics.</p> <p>Working in collaboration with The University of Adelaide to ensure success of the Study and to achieve the Objectives as set out in the Study Manual.</p> <p>Representation on the Men B Operations Committee for ongoing review of the Study.</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.

*Campylobacter* is the most commonly notified cause of gastroenteritis in Australia. The report *Foodborne illness in Australia – annual incident circa 2010* estimated the median number of domestically acquired cases of gastroenteritis due to *Campylobacter* (circa 2010) to be 234,000. Foodborne illness caused by *Salmonella* has been significantly increasing over the past 20 years and, compared to many similar countries, Australia has one of the highest rates.

Illness caused by the sale and consumption of unsafe food is a significant public health problem and is preventable through education, regulation and intervention from EHO's during regular inspections and audits.

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 and all food businesses meet their legislative obligations.

**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      Monitor and identify new food processing practices during routine assessments. Update the risk rating to reflect the changes.  | Update risk ratings where required.  |
| 5.3      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.<br><br>Assessments conducted in accordance with the assigned risk rating and frequency. |
| 5.4      Continue to monitor food businesses during inspections to assess if they fall under the Primary Production Standards.  | Inform SA Health of new food businesses that may fall under the Primary Production Standards as 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 in accordance with the enforcement policy.   |
| 5.6      Investigate food related complaints in a systematic and timely manner in relation to: <ul style="list-style-type: none"> <li>• alleged food poisoning</li> <li>• microbiological and chemical contamination</li> <li>• foreign matter found in food</li> <li>• poor personal hygiene and handling practices</li> <li>• unclean premises</li> <li>• vermin, insects and pest activity</li> <li>• refuse storage</li> </ul> <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 and when necessary SA Health guidance.   |
| 5.7      Respond to food recalls in accordance with SA Health recommendations.  | Number of recalls actioned when required.  |
| 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 in accordance to audit frequency.   |
| 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 in accordance to audit frequency.   |
| 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 notification.   |
| 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.  |

| <b>Actions (continued)</b>   | <b>Performance Measures</b>   |
|--|---|
| 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 EHA to review plans, liaise with the applicant regarding structural fit out with relevant legislation, and provide feedback to Constituent Council's when requested as per the Development Assessment sharing process.  | Respond to notifications in accordance with the agreed Development Assessment information sharing process and customer service standards. |
| 5.14 Provide new food businesses with a welcome pack to introduce EHA, provide resources and information on safe food practice and inform businesses of EHA's inspection fee policy.   | Information provided following receipt of notification form.  |
| 5.15 Conduct food safety assessments of fairs and festivals and temporary events in collaboration with the Constituent Councils and relevant event co-ordinators. Provide written correspondence and feedback to all stall holders assessed at these events.   | Food safety assessments are undertaken based on risk. Provide correspondence and feedback to stall holders where required.                |
| 5.16 Liaise with Constituent Council and relevant event coordinators to ensure all stall holders at fairs and festivals, temporary events are well informed of the legislative requirements and have the necessary equipment and sell safe and suitable food.<br><br>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.    |
| 5.17 Following the assessment of food stalls at Constituent Councils special events, provide feedback to the relevant council on the food safety standards observed at the event.  | Provide feedback to council following an event.   |
| 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.  | Attend and actively participate at SIG meetings.  |
| 5.19 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.  | Attend and actively participate at SIG meetings.  |



## 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.

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

|      | <b>Actions</b>   | <b>Performance Measures</b>  |
|------|--|--|
| 6.1  | Assess applications for new licences, licence renewals and transfer of licence with regard to SRF legislation and within legislative timeframes.   | Applications processed within legislative timeframes.  |
| 6.2  | Assess applications for manager and acting manager with regard to SRF legislation.   | Applications processed within customer service standards.  |
| 6.3  | <p>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.</p> <p>Incorporate appropriate annual fire safety requirements from the Constituent Councils Building Fire and Safety Officers.</p> | <p>Unannounced audits conducted at all facilities. Issue of licences annually with conditions where required.</p> <p>Fire safety advice obtained annually. Include as licence conditions as agreed between EHA and Constituent Councils.</p> |
| 6.4  | <p>Conduct ongoing inspections to ensure facilities continue to operate at satisfactory standards in accordance with the legislation.</p> <p>Conduct inspections of facilities to ascertain compliance with licence conditions throughout the year.</p>  | 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 and surrender of licence, 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.  | Continue discussion with LGA regarding these issues.   |
| 6.10 | 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.   |

## 7.0 - Emergency Management

### Background

Australia has a long history of natural disasters, from catastrophic bushfires to flooding rains. The South Australian Sampson Flat bushfires and the Chile floods and fires, 2017 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 sits at the intersection between environmental factors and health impacts. It is concerned with how both the natural and built environment can impact on public health. Environmental Health Professionals are responsible for promoting, maintaining and protecting this aspect of public health.

*enHealth 'Role of Environmental Health Officers in Emergencies'*

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.

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**

| <b>Actions</b>   | <b>Performance Measures</b>   |
|--|---|
| 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      Finalise the review of the Emergency Management Plan.   | Plan Finalised.   |
| 7.5      Finalise the review of Business Continuity Plan.  | Plan Finalised.   |
| .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<br>FOR THE YEAR ENDING 30 JUNE 2019 |   |                           |
|--|---|---------------------------|
| REVISED BUDGET<br>(Dec 17)<br>2017/2018  |   | DRAFT BUDGET<br>2018/2019 |
|  | <b>INCOME</b>                           |                           |
| 1,680,870  | Council Contributions                   | 1,723,013                 |
| 167,000  | Statutory Charges                       | 185,000                   |
| 374,000  | User Charges                            | 306,500                   |
| 297,000  | Grants, subsidies and contributions     | 158,000                   |
| 15,000   | Investment Income                       | 12,000                    |
| 11,000   | Other Income                            | 19,000                    |
| <b>2,544,870</b>   | <b>TOTAL INCOME</b>                     | <b>2,403,513</b>          |
|  | <b>EXPENSES</b>                         |                           |
| 1,695,000  | Employee Costs                          | 1,666,000                 |
| 780,700  | Materials, contracts and other expenses | 695,300                   |
| 17,170   | Finance Charges                         | 14,213                    |
| 40,000   | Depreciation                            | 28,000                    |
| <b>2,532,870</b>   | <b>TOTAL EXPENSES</b>                   | <b>2,403,513</b>          |
| 12,000   | Operating Surplus/(Deficit)             | -                         |
| 12,000   | Net Surplus/(Deficit)                   | -                         |
| 12,000   | Total Comprehensive Income              | -                         |

| EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS<br>FOR THE YEAR ENDING 30 JUNE 2019 |  |                           |
|--|--|---------------------------|
| REVISED BUDGET<br>(Dec 17)<br>2017/2018  |  | DRAFT BUDGET<br>2018/2019 |
|  | <b>CASHFLOWS FROM OPERATING ACTIVITIES</b>                 |                           |
|  | Receipts   |                           |
| 1,680,870  | Council Contributions                                      | 1,723,013                 |
| 167,000  | Fees & other charges                                       | 185,000                   |
| 374,000  | User Charges   | 306,500                   |
| 15,000   | Investment Receipts  | 12,000                    |
| 297,000  | Grants utilised for operating purposes                     | 158,000                   |
| 11,000   | Reimbursements   | 19,000                    |
|  | Payments   |                           |
| (1,695,000)  | Employee costs   | (1,666,000)               |
| (780,700)  | Materials, contracts & other expenses                      | (695,300)                 |
| (17,170)   | Interest Expense   | (14,213)                  |
| <b>52,000</b>  | <b>Net Cash Provided/(Used) by Operating Activities</b>    | <b>28,000</b>             |
|  | <b>CASH FLOWS FROM FINANCING ACTIVITIES</b>                |                           |
|  | Loans Received   | -                         |
| (61,440)   | Loan Repayments  | (64,393)                  |
| <b>(61,440)</b>  | <b>Net Cash Provided/(Used) by Financing Activities</b>    | <b>(64,393)</b>           |
|  | <b>CASH FLOWS FROM INVESTING ACTIVITIES</b>                |                           |
|  | Receipts   |                           |
|  | Sale of Replaced Assets                                    | -                         |
|  | Payments   |                           |
|  | Expenditure on renewal / replacements of assets            | -                         |
| -  | Expenditure on new / upgraded assets                       | -                         |
| -  | Distributions paid to constituent Councils                 | -                         |
| -  | Net Cash Provided/(Used) by Investing Activities           | -                         |
| <b>(9,440)</b>   | <b>NET INCREASE (DECREASE) IN CASH HELD</b>                | <b>(36,393)</b>           |
| 664,107  | CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD | 654,667                   |
| 654,667  | CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD       | 618,274                   |

| EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION<br>FOR THE YEAR ENDING 30 JUNE 2019 |   |                           |
|--|---|---------------------------|
| REVISED BUDGET<br>(Dec 17)<br>2017/2018  |   | DRAFT BUDGET<br>2018/2019 |
|  | <b>CURRENT ASSETS</b>                           |                           |
| 654,667  | Cash and Cash Equivalents                       | 618,274                   |
| 129,625  | Trade & Other Receivables                       | 129,625                   |
| <b>784,292</b>   | <b>TOTAL CURRENT ASSETS</b>                     | <b>747,899</b>            |
|  | <b>NON-CURRENT ASSETS</b>                       |                           |
| 347,928  | Equipment                                       | 319,928                   |
| <b>347,928</b>   | <b>TOTAL NON-CURRENT ASSETS</b>                 | <b>319,928</b>            |
| <b>1,132,220</b>   | <b>TOTAL ASSETS</b>                             | <b>1,067,827</b>          |
|  | <b>CURRENT LIABILITIES</b>                      |                           |
| 138,358  | Trade & Other Payables                          | 138,358                   |
| 305,844  | Provisions                                      | 305,844                   |
| 61,440   | Borrowings                                      | 61,440                    |
| <b>505,642</b>   | <b>TOTAL CURRENT LIABILITIES</b>                | <b>505,642</b>            |
|  | <b>NON-CURRENT LIABILITIES</b>                  |                           |
| 35,264   | Provisions                                      | 35,264                    |
| 253,695  | Borrowings                                      | 189,302                   |
| <b>288,959</b>   | <b>TOTAL NON-CURRENT LIABILITIES</b>            | <b>224,566</b>            |
| <b>794,601</b>   | <b>TOTAL LIABILITIES</b>                        | <b>730,208</b>            |
| <b>278,650</b>   | <b>NET CURRENT ASSETS/(CURRENT LIABILITIES)</b> | <b>242,257</b>            |
| <b>337,619</b>   | <b>NET ASSETS</b>                               | <b>337,619</b>            |
|  | <b>EQUITY</b>                                   |                           |
| 337,619  | Accumulated Surplus/(Deficit)                   | 337,619                   |
| <b>337,619</b>   | <b>TOTAL EQUITY</b>                             | <b>337,619</b>            |

| EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY<br>FOR THE YEAR ENDING 30 JUNE 2019 |                                      |                           |
|---|--------------------------------------|---------------------------|
| REVISED BUDGET<br>(Dec 17)<br>2017/2018   |                                      | DRAFT BUDGET<br>2018/2019 |
|   | <b>ACCUMULATED SURPLUS</b>           |                           |
| 325,619   | Balance at beginning of period       | 337,619                   |
| 12,000  | Net Surplus/(Deficit)                | -                         |
| -   | Distribution to Constituent Councils | -                         |
| <b>337,619</b>  | <b>BALANCE AT END OF PERIOD</b>      | <b>337,619</b>            |