



Board of Management

22 June 2016



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY – 22 June 2016

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 June 2016 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 June 2016

Commencing at 6.30 pm

- 1 Opening
- 2 Apologies
- 3 Chairperson's remarks
- 4 Confirmation of minutes – 27 April 2016
- 5 Matters arising from the minutes

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6.1 THIRD AND FINAL (MARCH 2016) BUDGET REVIEW

Author: Michael Livori
Ref: AF15/10

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.*

Report

The third and final review of EHA's budget for the 2015/2016 financial year was presented to Board Members at the meeting of 27 April 2016 where the following resolution was made.

Cr D Shetliffe moved:

That:

1. The Finance Report and Third (March 2016) Budget Review Report for 2015/2016 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 P Cornish

CARRIED UNANIMOUSLY

3: 042016

Correspondence received from Constituent Councils which details the respective council's approval for the budget variations proposed is provided 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 budgeted financial statements for 2015/2016. Upon making the resolution, the amended budgeted financial statements for 2015/2016 as detailed in attachment 2 to this report will be effective.

RECOMMENDATION

That:

- 1 The Third and Final (March 2016) Budget Review Report is received.
- 2 The amended budgeted financial statements for 2015/2016 as detailed in attachment 2 of the Third and Final (March 2016) Budget Review Report are adopted with a revised result being a surplus of \$10,083.



Ref. CR16/30422

8 June 2016

Michael Livori
Eastern Health Authority
PO Box 275
STEPNEY SA 5069

Dear Michael

EASTERN HEALTH AUTHORITY THIRD BUDGET REVIEW 2015-2016

Further to your correspondence dated 3 May 2016 requesting constituent council approval for budget amendments, I am pleased to advise that City of Prospect at its 24 May 2016 meeting resolved the following:

- (1) The request from Eastern Health Authority Inc for budget amendments as a result of their Third Budget Review 2015-2016 be approved.
- (2) Council make adjustment to its own 2015-2016 budget of \$8,873 as part of the Fourth Budget Review to reflect reduction Council's portion of expected net loss on the joint venture.

CARRIED

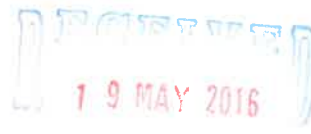
Should you require further information, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read "Chris Birch".

Chris Birch
Manager Financial Services

Reference: S/00046 (291442)
Enquiries To: Mario Barone
Dir. Telephone: 8366 4539



City of
Norwood
Payneham
& St Peters

12 May 2016

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

CHIEF
EXECUTIVE'S
OFFICE

Dear Michael

EASTERN HEATH AUTHORITY 2015-2016 THIRD BUDGET REVIEW

Thank you for your letter dated 3 May 2016, in which you have requested the Council's consideration of the Authority's Third Budget update for the 2015-2016 Financial Year.

It is noted that the Authority is now reporting an Operating Surplus of \$10,083, a significant improvement on the 2015-2016 Adopted Operating Deficit of \$24,917.

It is noted that despite a reduction in estimated revenues, EHA is also reporting a significant decrease in employee expenses.

Given that the variations which have been requested will have a positive impact on the City of Norwood Payneham & St Peters budget for the 2015-2016 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 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


Mario Barone
CHIEF EXECUTIVE OFFICER

cc Acting General Manager, Corporate Services

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Norwood SA 5067

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Website
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Our Reference: X LT20163924
Your Reference:

21 June 2016

Michael Livori
Chief Executive Officer
Eastern Health Authority
PO Box 276
Stepney SA 5069

Dear Michael,

Thank you for your letter dated 3 May 2016 requesting Council consider the EHA 2015/2016 Third Budget Review.

Council at its 20 Jun3 2016 Ordinary meeting considered this matter and resolved the following.

CNC447/15-16

That Council:

1. *Endorses Budget Review Three for the FY 2015-16 of the Eastern Health Authority (EHA).*
2. *Notes the impact on Council's share in the operating result for the FY 2015-16.*

If you would like to discuss the matter further, please contact Manager Finance, Gary Lewis on 83427100.

Yours sincerely,



Deb Bria
Protocol, Compliance & Governance Officer

MH:MdB
Container Ref: B280

Enq: Michelle Hammond
Ph: 8366 9260

8 June 2016

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

Dear Mr Livori

I refer to your correspondence dated 3 May 2016 and wish to advise that Council noted the proposed changes to the Authority's 3rd Budget Review for 2015/2016 at its meeting held on Tuesday 7 June 2016.

If you have any queries, please contact me.

Yours sincerely



Michelle Hammond CPA
General Manager Corporate & Community Services

16 June 2016

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

Dear Michael

Eastern Health Authority (EHA) Third Quarter Budget Review for 2015/16 and 2016/17 Annual Business Plan

I refer to your letters dated 3 May 2016 in regard to the Eastern Health Authority Third Quarter Budget Review 2015/16 and the 2016/17 Annual Business Plan.

Both the Review and the Annual Business Plan have been adopted by the Audit Committee (on 6 June A4043) and Council (on 14 June C10679).

If you have any queries please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'P. Deb'.

Paul Deb
Chief Executive Officer

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME						
FOR THE YEAR ENDING 30 JUNE 2016						
ACTUAL 2014/2015		ADOPTED BUDGET 2015/2016	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2015/2016
\$	INCOME	\$				\$
1,576,605	Council Contributions	1,609,306	-	-	-	1,609,306
157,329	Statutory Charges	194,000	-	-	(50,000)	144,000
303,449	User Charges	307,000	-	-	20,000	327,000
117,983	Grants, subsidies and contributions	126,500	-	-	-	126,500
20,871	Investment Income	20,000	-	-	-	20,000
6,607	Other Income	14,000	-	-	-	14,000
2,182,344	TOTAL INCOME	2,270,306	-	-	(30,000)	2,240,306
	EXPENSES					
1,353,987	Employee Costs	1,616,000	(30,000)	(60,000)	(70,000)	1,456,000
608,512	Materials, contracts and other expenses	576,200	30,000	60,000	5,000	671,200
24,016	Finance Charges	22,672	-	-	-	22,672
83,705	Depreciation	80,851	-	-	-	80,851
2,070,220	TOTAL EXPENSES	2,295,723	-	-	(65,000)	2,230,723
112,624	Operating Surplus/(Deficit)	(24,917)	-	-	35,000	10,083
-	Net gain (loss) on disposal of assets	-				-
112,624	Net Surplus/(Deficit)	(24,917)	-	-	35,000	10,083

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS						
FOR THE YEAR ENDING 30 JUNE 2016						
ACTUAL 2014/2015		ADOPTED BUDGET 2015/2016	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2015/2016
\$	CASHFLOWS FROM OPERATING ACTIVITIES	\$				\$
	<u>Receipts</u>					
2,159,499	Operating Receipts	2,250,806	-	-	(30,000)	2,220,806
25,557	Investment Receipts	20,000	-	-	-	20,000
	<u>Payments</u>					
(2,036,294)	Operating Payments to Suppliers & Employees	(2,192,200)	-	-	65,000	(2,107,200)
(25,237)	Interest Expense	(22,672)	-	-	-	(22,672)
123,525	Net Cash Provided/(Used) by Operating Activities	55,934	-	-	35,000	90,934
	CASH FLOWS FROM FINANCING ACTIVITIES					
-	Loans Received	-	-	-	-	-
(53,369)	Loan Repayments	(55,934)	-	-	-	(55,934)
(53,369)	Net Cash Provided/(Used) by Financing Activities	(55,934)	-	-	-	(55,934)
	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	-	-	-	-	-
-	Distributions paid to constituent Councils	(200,000)	-	-	-	(200,000)
-	Net Cash Provided/(Used) by Investing Activities	(200,000)	-	-	-	(200,000)
70,156	NET INCREASE (DECREASE) IN CASH HELD	(200,000)	-	-	35,000	(165,000)
719,815	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	759,815	30,156			789,971
789,971	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	559,815	30,156	-	35,000	624,971

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION						
FOR THE YEAR ENDING 30 JUNE 2016						
ACTUAL 2014/2015		ADOPTED BUDGET 2015/2016	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2015/2016
\$	CURRENT ASSETS	\$				\$
789,971	Cash and Cash Equivalents	559,815	30,156		35,000	624,971
162,272	Trade & Other Receivables	178,512	(16,240)			162,272
-	Other	-				-
952,243	TOTAL CURRENT ASSETS	738,327	13,916	-	35,000	787,243
	CURRENT LIABILITIES					
108,708	Trade & Other Payables	181,322	(72,614)		-	108,708
236,220	Provisions	251,094	(14,874)			236,220
55,934	Borrowings	50,920			-	50,920
-	Other	-	-			-
400,862	TOTAL CURRENT LIABILITIES	483,336	(87,488)	-	-	395,848
551,381	NET CURRENT ASSETS/(CURRENT LIABILITIES)	254,991	101,404	-	35,000	391,395
	NON-CURRENT ASSETS					
441,095	Equipment	363,098	(2,854)		-	360,244
-	Other	-	-		-	-
441,095	TOTAL NON-CURRENT ASSETS	363,098	(2,854)	-	-	360,244
	NON-CURRENT LIABILITIES					
41,662	Provisions	43,218	(1,556)		-	41,662
435,198	Borrowings	384,279			-	384,279
476,860	TOTAL NON-CURRENT LIABILITIES	427,497	(1,556)	-	-	425,941
515,616	NET ASSETS	190,592	100,106	-	35,000	325,698
	EQUITY					
515,616	Accumulated Surplus/(Deficit)	190,592	100,107		35,000	325,699
515,616	TOTAL EQUITY	190,592	100,107	-	35,000	325,699

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY						
FOR THE YEAR ENDING 30 JUNE 2016						
ACTUAL 2014/2015		ADOPTED BUDGET 2015/2016	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2015/2016
	ACCUMULATED SURPLUS					
402,992	Balance at beginning of period	415,509	100,107			515,616
112,624	Net Surplus/(Deficit)	(24,917)	-	-	35,000	10,083
-	Distribution to Constituent Councils	(200,000)	-	-	-	(200,000)
515,616	Balance at end of period	190,592	100,107	-	35,000	325,699
515,616	TOTAL EQUITY	190,592	100,107	-	35,000	325,699

6.2 FINANCIAL REPORTS

Author: Michael Livori
Ref: AF11/258

Summary

So that members can ensure that Eastern Health Authority (EHA) is operating according to its adopted budget, financial reports are regularly received and adopted.

Report

The following reports relate to the financial performance of EHA between 1 July 2015 and 31 May 2016.

The Level 1 report below gives a simple analysis of year to date income, expenditure and operating result.

Eastern Health Authority - Financial Statement (Level 1)				
1 July 2015 to 31 May 2016				
	Actual	Budgeted	\$ Variation	% Variation
Total Income	\$ 2,114,171	\$ 2,145,355	\$ (31,185)	-1%
Total Expenditure	\$ 1,939,826	\$ 1,992,836	\$ (53,009)	-3%
Operating Result	\$ 174,344	\$ 152,520	\$ 21,824	14%

The report shows that for the reporting period, income was \$31,185 (-1%) less than budgeted and expenditure was \$53,009 (-3%) less than budgeted.

The net result is an improvement of \$21,824 on the budgeted year to date comparative result.

A Level 3 report (provided as attachment 1) provides more detail in relation to individual income and expenditure budget lines. It provides budget performance information in relation to these individual categories.

Any variances greater than \$5,000 are detailed in the following tables named Operating Income Variances and Operating Expenditure Variances which provide explanatory comments for the year to date variation. As EHA has completed the three required budget reviews previously there are no requests to vary the budget. Any end of year variations will be reflected in the Audited Financial Statements that will be presented at the August 2016 meeting.

Operating Income Variances

Favourable variances are shown in **black** and **unfavourable** variances are shown in **red**.

Description	Projected Variation	Comment
Food Inspection Fees	(\$16,380)	Delay in appointment of staff
Fines	(\$28,003)	Reduction in expiations issued.
Immunisation worksite vaccines	\$11,782	Increase in worksite immunisation income

Operating Expenditure Variances

Favourable variances are shown in **black** and **unfavourable** variances are shown in **red**.

Description	Projected Variation	Comment
Employee Costs	(\$40,366)	Time taken to fill vacant positions
Vehicle leasing/maintenance	(\$5,350)	Reduction in lease and fuel costs
Immunisation clinic vaccines	\$13,039	Increase in cost of flu vaccine
Immunisation worksite vaccines	\$17,255	Increase in cost of flu vaccine
Legionella Testing	(\$5,816)	Reduced testing costs

Bank Reconciliation and Available Funds report for the period ending 31 May 2016 is provided as attachment 2. It shows that at 31 May 2016 available funds were \$483,761 in comparison with \$746,090 on 31 March 2016.

RECOMMENDATION

That:

The financial report is received and adopted.

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2015 to 31 May 2016				
Income	Actual	Budgeted	\$ Variation	% Variation
Constituent Council Income				
City of Burnside	\$415,037	\$415,037	\$0	0%
City of Campbelltown	\$389,840	\$389,840	\$0	0%
City of NPS	\$490,646	\$490,646	\$0	0%
City of Prospect	\$219,621	\$219,621	\$0	0%
Town of Walkerville	\$94,162	\$94,162	\$0	0%
Total Constituent Council Contributions	\$ 1,609,306	\$ 1,609,306	\$ -	0%
Statutory Charges				
Food Inspection fees	\$47,787	\$64,167	(-\$16,380)	-26%
Legionella registration and Inspection	\$15,275	\$17,778	(-\$2,503)	-14%
SRF Licenses	\$867	\$0	\$867	0%
Fines	\$17,830	\$45,833	(-\$28,003)	-61%
Total Statutory Charges	\$ 81,759	\$ 127,778	\$ (46,019)	-36%
User Charges				
Immunisation - non funded vaccines	\$48,770	\$45,000	\$3,770	8%
Immunisation - Worksites	\$87,251	\$75,469	\$11,782	0%
Food Auditing	\$56,360	\$52,000	\$4,360	8%
City of Unley	\$90,438	\$90,000	\$438	0%
Food Safety Training	\$455	\$1,833	(-\$1,379)	-75%
Total User Charges	\$ 283,272	\$ 264,302	\$ 18,970	7%
Grants, Subsidies, Contributions				
School Based immunisation Program	\$84,291	\$84,500	(-\$209)	0%
Child Immunisation register	\$33,068	\$30,136	\$2,932	10%
Total Grants, Subsidies, Contributions	\$ 117,358	\$ 114,636	\$ 2,722	2%
Investment Income				
Interest on investments	\$12,238	\$16,500	(-\$4,262)	-26%
Total Investment Income	\$ 12,238	\$ 16,500	\$ (4,262)	(0)
Other Income				
Motor Vehicle re-imburements	\$3,075	\$7,333	(-\$4,258)	-58%
Sundry Income	\$7,162	\$5,500	\$1,662	30%
Total Other Income	\$ 10,237	\$ 12,833	\$ (2,596)	-20%
Total of non Constituent Council Income	\$ 504,865	\$ 536,049	\$ (31,185)	-6%
Total Income	\$ 2,114,171	\$ 2,145,355	\$ (31,185)	-1%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2015 to 31 May 2016				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Salaries & Wages	\$1,173,111	\$1,211,500	\$ (38,389)	-3%
Superannuation	\$106,190	\$108,167	\$ (1,976)	-2%
Workers Compensation	\$15,000	\$15,000	\$ -	0%
Total Employee Costs	\$ 1,294,301	\$ 1,334,667	\$ (40,366)	-3%
Prescribed Expenses				
Auditing and Accounting	\$12,600	\$17,000	\$ (4,400)	-26%
Insurance	\$26,006	\$26,000	\$ 6	0%
Maintenance	\$46,560	\$51,042	\$ (4,481)	-9%
Vehicle Leasing/maintenance	\$57,900	\$63,250	\$ (5,350)	-8%
Total Prescribed Expenses	\$ 143,066	\$ 157,292	\$ (14,226)	-43%
Rent and Plant Leasing				
Electricity	\$7,571	\$9,167	\$ (1,595)	-17%
Plant Leasing Photocopier	\$5,445	\$5,225	\$ 220	4%
Rent	\$92,240	\$92,583	\$ (344)	0%
Water	\$284	\$0	\$ 284	0%
Gas	\$2,178	\$2,292	\$ (114)	-5%
Total Rent and Plant Leasing	\$ 107,718	\$ 109,267	\$ (1,549)	-1%
IT Licensing and Support				
IT Licences	\$11,195	\$13,750	\$ (2,555)	-19%
IT Support	\$70,704	\$72,500	\$ (1,796)	-2%
Internet	\$1,199	\$1,833	\$ (634)	-35%
IT Other	\$2,010	\$1,833	\$ 176	10%
Total IT Licensing and Support	\$ 85,107	\$ 89,917	\$ (4,809)	-5%
Administration				
Administration Sundry	\$3,207	\$6,417	\$ (3,210)	-50%
Accreditation Fees	\$2,371	\$3,667	\$ (1,295)	-35%
Board of Management	\$11,619	\$15,000	\$ (3,381)	-23%
Bank Charges	\$3,140	\$2,750	\$ 390	14%
Public Health Sundry	\$4,054	\$4,583	\$ (530)	-12%
Fringe Benefits Tax	\$15,549	\$11,250	\$ 4,299	38%
Health promotion	\$5,513	\$5,000	\$ 513	10%
Legal	\$14,214	\$18,333	\$ (4,120)	-22%
Printing & Stationery & Postage	\$16,479	\$19,917	\$ (3,437)	-17%
Telephone	\$12,826	\$13,750	\$ (924)	-7%
Work Health Safety & Injury Management	\$10,593	\$11,000	\$ (407)	-4%
Rodenticide	\$2,969	\$1,833	\$ 1,136	62%
Staff Amenities	\$2,524	\$6,417	\$ (3,893)	-61%
Staff Training	\$13,277	\$15,300	\$ (2,023)	-13%
Human Resource Sundry	\$6,576	\$8,250	\$ (1,674)	-20%
Doubtful Debts Expense	\$2,256	\$0	\$ 2,256	0%
Total Administration	\$ 127,165	\$ 143,467	\$ (16,301)	-11%

Eastern Health Authority - Financial Statement (Level 3 cont.)				
1 July 2015 to 31 May 2016				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Immunisation				
Immunisation SBP Consumables	\$8,757	\$8,000	\$ 757	9%
Immunisation clinic vaccines	\$42,039	\$29,000	\$ 13,039	45%
Immunisation worksite vaccines	\$32,225	\$15,000	\$ 17,225	0%
Total Immunisation	\$ 83,021	\$ 52,000	\$ 31,021	60%
Uniforms/Income protection				
Income Protection	\$10,953	\$11,000	\$ (47)	0%
Total Uniforms/Income protection	\$ 10,953	\$ 11,000	\$ (47)	0%
Sampling				
Legionella Testing	\$5,184	\$11,000	\$ (5,816)	-53%
Food Sampling	\$0	\$917	\$ (917)	0%
Total Sampling	\$ 5,184	\$ 11,917	\$ (6,733)	-53%
Total Materials, contracts and other expense	\$ 562,215	\$ 574,858	\$ (12,643)	-2%
Depreciation	\$ 60,638	\$ 60,638	\$ -	0%
Finance Costs	\$ 22,672	\$ 22,672	\$ -	0%
Total Operating Expenditure	\$ 1,939,826	\$ 1,992,836	\$ (53,009)	-3%
Total Operating Income	\$ 2,114,171	\$ 2,145,355	\$ (31,185)	-1%
Operating Result	\$ 174,344	\$ 152,520	\$ 21,824	14%

Eastern Health Authority			
Bank Reconciliation as at 31 May 2016			
Bank SA Account No. 141/0532306840			
Balance as per Bank Statement 31 May 2016			\$172,555.49
Plus Outstanding cheques	\$	-	
Add Outstanding deposits	\$	-	
BALANCE PER General Ledger			<u>\$172,555.49</u>
GST October - May 2016			
GST Collected	\$13,875.34		
GST Paid	<u>\$12,286.63</u>		
Net GST Claimable (Payable)	<u>\$1,588.71</u>		
Funds Available May 2016			
Account	31-May-16	31-Mar-16	Variance
Bank SA Cheque Account	\$ 172,555	\$ 291,502	(\$118,946)
Local Government Finance Authority	\$ 565,861	\$ 785,861	(\$220,000)
Net GST Claimable (Payable)	(\$1,589)	(\$78,206)	\$76,617
Long Service Leave Provision	(\$162,784)	(\$162,784)	\$ -
Annual Leave Provision	(\$90,283)	(\$90,283)	\$ -
TOTAL FUNDS	\$ 483,761	\$ 746,090	(\$262,329)

6.3 ADOPTION OF ANNUAL BUSINESS PLAN AND BUDGETED FINANCIAL STATEMENTS FOR 2016/2017

Author: Michael Livori
Ref: AF16/14

Summary

In accordance with the *Local Government Act 1999*, Schedule 2, Part 2 Section 25:

- (1) a regional subsidiary must have a budget for each financial year
- (2) each budget of a regional subsidiary
 - (a) must deal with each principal activity of the subsidiary on a separate basis; and
 - (b) must be consistent with its business plan; and
 - (c) must comply with standards and principles prescribed by the regulations; and
 - (d) must be adopted after 31 May for the ensuing financial year, and before a date fixed by the Constituent Councils; and
 - (e) must be provided to the Constituent Councils in accordance with the regulations.

Eastern Health Authority's (EHA) Charter requires pursuant to clause 7.3 that;

7.3. Budget

- a) EHA must prepare a proposed budget for each financial year in accordance with clause 25, Schedule 2 to the Act.
- b) The proposed budget must be referred to the Board at its April meeting and to the Chief Executive Officers of the Constituent Councils by 30 April each year.
- c) A Constituent Council may comment in writing to EHA on the proposed budget by 31 May each year.
- d) EHA must, after 31 May but before the end of June in each financial year, finalise and adopt an annual budget for the ensuing financial year in accordance with clause 25, Schedule 2 to the Act.

Report

At the 27 April 2016 Board of Management meeting members were provided with a report in relation to the Draft Annual Business Plan that was developed for the 2016/2017 financial year (the report is provided to members as attachment 1).

At the meeting:

Cr K Barnett moved:

That:

1. The Draft Annual Business Plan and Budgeted Financial Statements for 2016/2017 Report is received.
2. The Draft Annual Business Plan and Budgeted Financial Statements for 2016/2017 as provided as attachment 5 to this report is endorsed and provided to Constituent Councils for any further comment.
3. The Draft Annual Business Plan and Budgeted Financial Statements for 2016/2017 are considered further for adoption at the June 2016 meeting.

Seconded by Cr M Ryan

CARRIED UNANIMOUSLY 6: 042016

On 3 May 2016 correspondence was provided to Constituent Councils requesting any further comment in relation to the Annual Business Plan and Budget. A copy of the correspondence is provided as attachment 2.

Correspondence received from Constituent Councils in response to the request for comment is provided as attachment 3.

SUMMARY

It has not been necessary to make any changes (other than grammatical and graphical changes) to the documents presented to and considered by the Board of Management at its meeting of 27 April 2016.

EHA has now complied with clause 7.3 (b) & (c) of its Charter in seeking comment from its Constituent Councils in relation to its budget.

In accordance with the *Local Government Act 1999* and the Eastern Health Authority Charter, the Annual Business Plan and Budgeted Financial Statements for 2016/2017 (provided as attachment 4) now require adoption by the Board.

RECOMMENDATION

That:

1. The report regarding the adoption of the Eastern Health Authority Annual Business Plan and Budgeted Financial Statements for 2016/2017 is received.
2. The Eastern Health Authority Annual Business Plan for 2016/2017 provided as attachment 4 to the report is adopted.

3. The Budgeted Financial Statements as detailed in the Eastern Health Authority Annual Business Plan 2016/2017 and provided as attachment 4 to the report are adopted.
4. A copy of the Eastern Health Authority Annual Business Plan 2016/2017 including the Budgeted Financial Statements are provided to the Chief Executive Officer of each Constituent Council within five business days.

6.5 DRAFT ANNUAL BUSINESS PLAN AND BUDGETED FINANCIAL STATEMENTS FOR 2016/2017

Author: Michael Livori
Ref: AF16/14

Summary

In accordance with the Local Government Act 1999, Schedule 2, Part 2 Section 25:

- (1) *a regional subsidiary must have a budget for each financial year*
- (2) *each budget of a regional subsidiary*
 - (a) *must deal with each principal activity of the subsidiary on a separate basis; and*
 - (b) *must be consistent with its business plan; and*
 - (c) *must comply with standards and principles prescribed by the regulations; and*
 - (d) *must be adopted after 31 May for the ensuing financial year, and before a date fixed by the constituent councils; and*
 - (e) *must be provided to the constituent councils in accordance with the regulations.*

The Eastern Health Authority (EHA) Charter requires pursuant to clause 3.5 Business Plan and Budget that;

3.5.1 *EHA must, have a Business Plan which supports and informs its annual budget.*

3.5.2 *EHA shall:*

3.5.2.1 *prepare the Business Plan linking the core activities of EHA to the Public Health Plan and to strategic, operational and organisational requirements with supporting financial projections setting out the estimates of revenue and expenditure as necessary for the period; and*

3.5.2.2 *the Board shall compare the Business Plan against performance targets at least once every financial year;*

3.5.2.3 *in consultation with the Constituent Councils review the contents of the Business Plan on an annual basis; and*

3.5.2.4 *consult with the Constituent Councils prior to amending the Business Plan.*

(See Clause 24, Part 2, Schedule 2 to the Act for the contents of the Business Plan)

- 3.5.3 *The proposed budget detailing the estimated costs and contributions for the next financial year must be referred to the Board at its April meeting and to the Chief Executive Officers of the Constituent Councils by 30 April in each year.*
- 3.5.4 *A Constituent Council may comment in writing to the EHA on the proposed budget by 31 May in each year.*
- 3.5.5 *EHA shall, after 31 May but before the end of June in each financial year, prepare and adopt an annual budget for the ensuing financial year in accordance with the Local Government Act 1999 and which is consistent with the Business Plan for that financial year.*
- 3.5.6 *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 adoption.*

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

Report

The Local Government Act 1999 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.

Development of the 2016/2017 Annual Business Plan to date

- On 24 February 2016, Board Members endorsed the Annual Business Plan development process and were requested to provide comments and suggestions in relation to the content of the Annual Business Plan and Budget.
- On 2 March 2016 Constituent Councils were requested via their nominated contact to provide comments and suggestions in relation to the development of the Annual Business Plan (email provided as attachment 1).
- Responses received from council contacts are provided as attachment 2.
- An Annual Business Plan and Budget workshop was held on 16 March 2016. At the workshop a presentation was provided which outlined budget influences and assumptions, changes to income and expenditure and council contributions required to fund the budget.
- On 23 March 2016 a copy of the Draft Annual Business Plan and Budget was provided to all Constituent Council Chief Executive Officers requesting their feedback by 27 April 2016 (attachment 3).

Content of the Draft Annual Business Plan 2016/2017

The Draft 2016/2017 Eastern Health Authority Annual Business Plan includes the following:

- EHA's objectives for the financial year
- the activities that the EHA intends to undertake to achieve those objectives
- the measures (financial and non-financial) which EHA intends to use to assess its performance against its objectives over the financial year

The draft plan is provided to members as attachment 4.

Budget Documents

A set of Budgeted Financial Statements contained within the Annual Business Plan are required to be adopted by the Board of Management at the June meeting as the EHA budget for 2016/2017.

An additional document entitled "Eastern Health Authority Funding Statement 2016/2017" which provides a greater level of detail in respect to budgeted income and expenditure has been provided as attachment 5.

The Funding Statement does not form part of the Annual Business Plan.

Influences and Assumptions for 2016/2017

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 and Wellbeing Plan in conjunction with Constituent Councils
- support for Eastern Regional Public Health Plan Advisory Committee
- transition to cloud based computing environment.

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 involvement 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.

The global increase in contributions for EHA operations requested from Constituent Councils for 2016/2017 based on the preliminary draft budget is 1.97% as detailed in Table 1 below.

Table 1: Global increase in contributions requested from Constituent Councils

Total Council Contributions required		Change \$	Change %
2015/2016	\$ 1,609,306		
2016/2017	\$ 1,641,055	\$ 31,749.00	1.97%

Table 2 details the average annual increase (1.34%) in total Constituent Council contributions over the past 3 financial years.

Table 2: Average annual increase in total Constituent Council Contributions over last 3 financial years

Total Council Contributions required		Change \$	Change %
2013/2014	\$ 1,576,207		
2014/2015	\$ 1,576,605	\$ 398.00	0.03%
2015/2016	\$ 1,609,306	\$ 32,701.00	2.03%
2016/2017	\$ 1,641,055	\$ 31,749.00	1.97%
4 Year Total		\$ 64,848.00	4.03%
Average Annual Increase Over Last 3 Years			1.34%

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 change in contributions required from each individual council determined by this formula will differ from the global change (1.34%).

Table 3 details the contribution required from each Constituent Council year using the formula contained in the current (2009) Charter. It also details the change from the previous year.

Table 3: Constituent Council Contributions for 2016/2017 – 2009 Formula

Eastern Health Authority Constituent Council Contribution Calculations 2016-2017 - 2009 Formula							
		Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Total Required Operating contributions 2016-2017	\$ 1,641,055						
Constituent Council Contribution proportion		26.39%	23.47%	30.39%	13.65%	6.10%	100.00%
Actual Contribution		\$ 433,140	\$ 385,131	\$ 498,646	\$ 223,979	\$ 100,159	\$ 1,641,055
Change in Contribution from previous year							
Contribution proportion		25.79%	24.22%	30.49%	13.65%	5.85%	100.00%
Actual Contribution		\$ 415,037	\$ 389,840	\$ 490,646	\$ 219,621	\$ 94,162	\$ 1,609,306
Change in Contribution Proportion from previous FY		0.60%	-0.76%	-0.10%	0.00%	0.25%	0.00%
Change in Contribution (\$)		\$ 18,103	\$ (4,708)	\$ 8,000	\$ 4,358	\$ 5,996	\$ 31,749
Change in contributions (%)	1.97%	4.36%	-1.21%	1.63%	1.98%	6.37%	1.97%

The revised Charter being considered has an amended council contribution formula when compared to the one contained within the 2009 Charter.

Table 4 details the required contributions and year on year changes when the new formula is applied.

Table 4: Constituent Council Contributions for 2016/2017 – 2016 Formula

Eastern Health Authority Constituent Council Contribution Calculations 2016-2017 - 2016 Formula							
		Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Total Required Operating contributions 2016-2017	\$ 1,641,055						
Constituent Council Contribution proportion		25.54%	23.10%	31.40%	13.46%	6.50%	100.00%
Actual Contribution		\$ 419,128	\$ 379,026	\$ 515,322	\$ 220,952	\$ 106,627	\$ 1,641,055
Change in Contribution from previous year							
Contribution proportion		25.79%	24.22%	30.49%	13.65%	5.85%	100.00%
Actual Contribution		\$ 415,037	\$ 389,840	\$ 490,646	\$ 219,621	\$ 94,162	\$ 1,609,306
Change in Contribution Proportion from previous FY		-0.25%	-1.13%	0.91%	-0.18%	0.65%	0.00%
Change in Contribution (\$)		\$ 4,091	\$ (10,814)	\$ 24,676	\$ 1,331	\$ 12,465	\$ 31,749
Change in contributions (%)	1.97%	0.99%	-2.77%	5.03%	0.61%	13.24%	1.97%

At this point in time the formula contained within the 2009 Charter (see table 3) will be used to determine council contribution for 2016/2017. If however the Charter review is finalised prior to the adoption of the budget on 22 June 2016 the formula contained within the revised Charter will be used to determine contributions (see table 4).

Due to the effect of the charter formula, single year changes to individual council contributions can vary significantly from the average percentage change value. The tables below detail the average annual change to each constituent council's contributions over the last 3 years. This compares to the annual average increase of 1.34% per annum over the same period (previously detailed in table 2).

Table 5: Last 3 years average annual change to your council's contributions - Table individualised for each council

	NPSP	\$ change previous year	% Change previous year
2013/2014	\$ 485,199		
2014/2015	\$ 487,613	\$ 2,414	0.50%
2015/2016	\$ 490,646	\$ 3,033	0.62%
2016/2017	\$ 515,322	\$ 24,676	5.03%
Average		\$ 10,041	2.05%
	Walkerville	\$ change previous year	% Change previous year
2013/2014	\$ 91,631		
2014/2015	\$ 88,809	\$ (2,822)	-3.08%
2015/2016	\$ 94,162	\$ 5,353	6.03%
2016/2017	\$ 106,627	\$ 12,465	13.24%
Average		\$ 4,999	5.40%
	Burnside	\$ change previous year	% Change previous year
2013/2014	\$ 400,742		
2014/2015	\$ 400,896	\$ 154	0.04%
2015/2016	\$ 415,038	\$ 14,142	3.53%
2016/2017	\$ 419,128	\$ 4,090	0.99%
Average		\$ 6,129	1.52%
	Campbelltown	\$ change previous year	% Change previous year
2013/2014	\$ 381,319		
2014/2015	\$ 376,996	\$ (4,323)	-1.13%
2015/2016	\$ 389,840	\$ 12,844	3.41%
2016/2017	\$ 379,026	\$ (10,814)	-2.77%
Average		\$ (764)	-0.17%
	Prospect	\$ change previous year	% Change previous year
2013/2014	\$ 217,316		
2014/2015	\$ 222,291	\$ 4,975	2.29%
2015/2016	\$ 219,622	\$ (2,669)	-1.20%
2016/2017	\$ 220,952	\$ 1,330	0.61%
Average		\$ 1,212	0.56%

Process from here

- The Draft Annual Business Plan and Financial Statements will be provided to Constituent Councils requesting any further comment by 6 June 2016.
- Final budget to be considered for adoption at the Board of Management to be held on 22 June 2016.
- A copy of the budget will be provided to the Chief Executive Officer of each Constituent Council within 5 days of its adoption.

RECOMMENDATION

That:

1. The Draft Annual Business Plan and Budgeted Financial Statements for 2016/2017 Report is received.
2. The Draft Annual Business Plan and Budgeted Financial Statements for 2016/2017 as provided as attachment 5 to this report is endorsed and provided to Constituent Councils for any further comment.
3. The Draft Annual Business Plan and Budgeted Financial Statements for 2016/2017 are considered further for adoption at the June 2016 meeting.

Our Ref: AF16/14

3 May 2016

Letter to all Constituent Council CEOs

Dear CEO

RE: Eastern Health Authority (EHA) Annual Business Plan and Budget for 2016/2017

In accordance with clause 3.5.3 of the Eastern Health Authority (EHA) Charter 2009 the Board of Management considered a draft Annual Business Plan and Budget (ABP) at its meeting held on 27 April 2016 (a copy of the report is enclosed).

This correspondence is to confirm that there has not been any material changes made to the content of the ABP from that considered by the Board at its budget workshop on 16 March 2016 and previously provided to Constituent Councils via correspondence dated 22 March 2016.

If you have any further feedback in relation to the 2016/2017 Annual Business Plan and Budget it would be appreciated if it could be received by 13 June 2016 so that it can be considered by the Board of Management at its meeting to be held on 22 June 2016.

If you need any more information or would like to discuss this further, please contact me on telephone 8132 3611.

Yours sincerely

Michael Livori
Chief Executive Officer


From: [Magnus Heinrich](#)
To: [Michael Livori](#)
Subject: FW: Eastern Health Authority Annual Business Plan and Budget 2016/2017
Date: Tuesday, 15 March 2016 5:26:24 PM
Attachments: [Board of Management meeting 24.02.2016 Report - 6.03 - Attachment - Deve.....pdf](#)

Hi Michael

Apologies for the lateness in replying to this.

It is anticipated that the service delivery model would not change appreciably from the last year. The only thing that would ramp up more positively moving forward is planning for the implementation of the Public Health Plan.

Kind regards

 **Magnus Heinrich** | Manager City Development and Safety
City of Burnside | 401 Greenhill Road Tasmore SA 5065
P: 08 8366 4136 | F: 08 8366 4299 | M: 0407149418
MHeinrich@burnside.sa.gov.au
www.burnside.sa.gov.au



From: [Carlos Buzzetti](#)
To: [Michael Livori](#); [Constituent Council Contacts](#)
Cc: [Natajsha Bevitt](#); [Nadia Conci](#)
Subject: RE: Eastern Health Authority Annual Business Plan and Budget 2016/2017
Date: Wednesday, 9 March 2016 10:26:42 AM

Hi All

Thanks for sending through the draft ABP. I have no feedback to offer at this stage in the process. However, I have forwarded it to Sharon Perkins for her consideration and she may provide you with separate feedback from NPSP in relation to financial aspect of the draft Plan.

With kind regards

Carlos Buzzetti
GENERAL MANAGER, URBAN PLANNING & ENVIRONMENT



City of Norwood Payneham & St Peters
175 The Parade, Norwood SA 5067
Telephone 8366 4501
Facsimile 8332 6338
Email cbuzzetti@npsp.sa.gov.au
Website www.npsp.sa.gov.au



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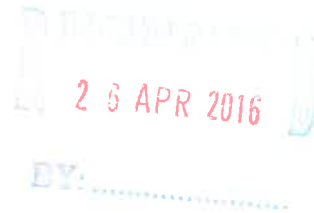
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MH:CM
Container Ref: B280

Enq: Michelle Hammond
Ph: 8366 9260

20 April 2016

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



Dear Mr Livori

I refer to your correspondence dated 23 March 2016 and wish to advise that Council endorsed the Authority's draft 2016/2017 Annual Business Plan and Budget as presented at its meeting held on Tuesday 19 April 2016.

If you have any queries, please contact me.

Yours sincerely



Michelle Hammond CPA
General Manager Corporate & Community Services

REFERENCE: S/00046 (287940)
ENQUIRIES TO: MARIO BARONE
DIR. TELEPHONE: 8366 4539



City of
Norwood
Payneham
& St Peters

26 April 2016

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

CHIEF
EXECUTIVE'S
OFFICE

Dear Michael

EASTERN HEALTH AUTHORITY DRAFT 2016-2017 ANNUAL BUSINESS PLAN AND BUDGET

175 The Parade,
Norwood SA 5067

PO Box 204
Kent Town SA 5071

Thank you for your email dated 23 March 2016, regarding the Draft 2016-2017 Annual Business Plan and Budget.

Telephone
8366 4555

I note that the Authority is budgeting for a breakeven budget for 2016-2017. It is also noted that \$1.614m, an increase on the 2015-2016 financial year of 2.0%, will be received from Constituent Councils through contributions to the operational expenditure of the Authority.

Facsimile
8332 6338

It is noted that while the distribution of the Constituent Council Contribution is currently based on the formula contained in the 2009 Charter, if the revised Charter is adopted prior to the adoption of the Draft 2016-2017 Budget on 22 June 2016, that the Constituent Council Contribution will be redistributed based on the revised Charter, with the impact on this Council being an additional contribution of \$16,676.

Email
townhall@npsp.sa.gov.au

Website
www.npsp.sa.gov.au

Thank you for the opportunity to provide comments on the Draft 2016-2017 Budget.

Should you wish to discuss the above further, please do not hesitate to contact me.

Yours sincerely



Mario Barone
CHIEF EXECUTIVE OFFICER

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Social Equity
Cultural Vitality
Economic Prosperity
Environmental
Sustainability



Item 6.3 Attachment 3
Town of Walkerville
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Email
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Website
www.walkerville.sa.gov.au

Our Reference:
Your Reference:

18 May 2016

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

Dear Michael,

RE: Eastern Health Authority (EHA) Annual Business Plan and Budget for 2016/2017

Thank you for your letter dated 3 May 2016 requesting any further feedback in regard to EHA's Annual Business Plan and Budget for 2016/2017.


Council at its 16 May Ordinary meeting considered this matter and resolved the following:

CNC402/15-16

"That Council endorses the Eastern Health Authority (EHA) Draft Annual Business Plan and Budget (ABP) for 2016/17."

If you would like to discuss the matter further, please contact me on 83427103.

Yours sincerely,



Deb Bria
Protocol, Compliance & Governance Officer

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.

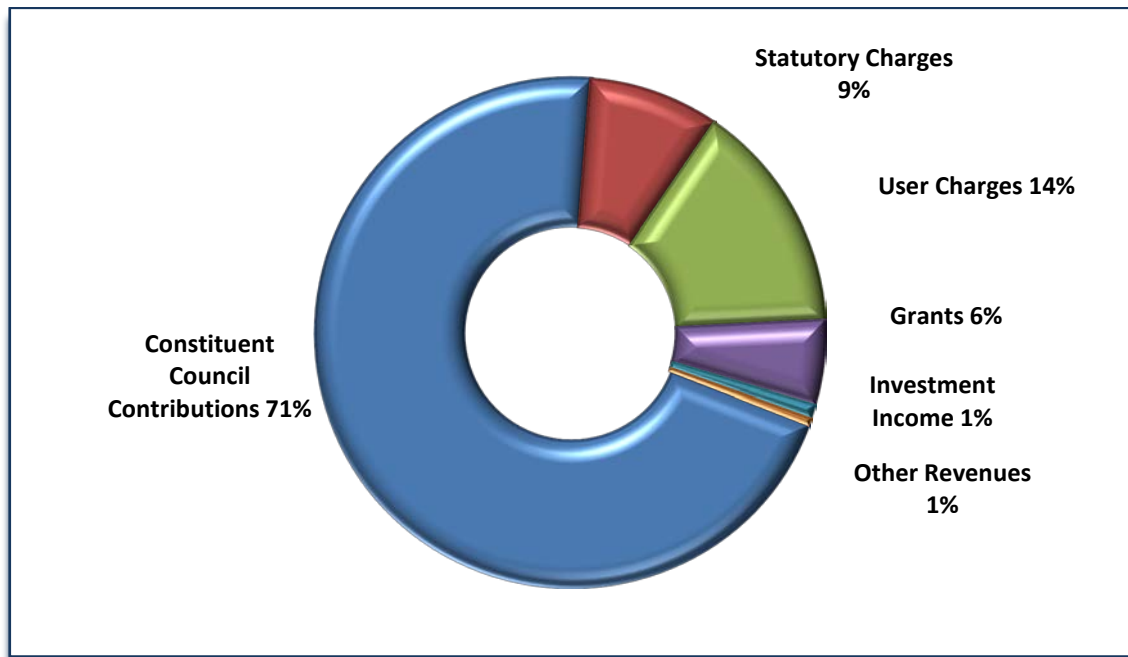
Investment Income

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%

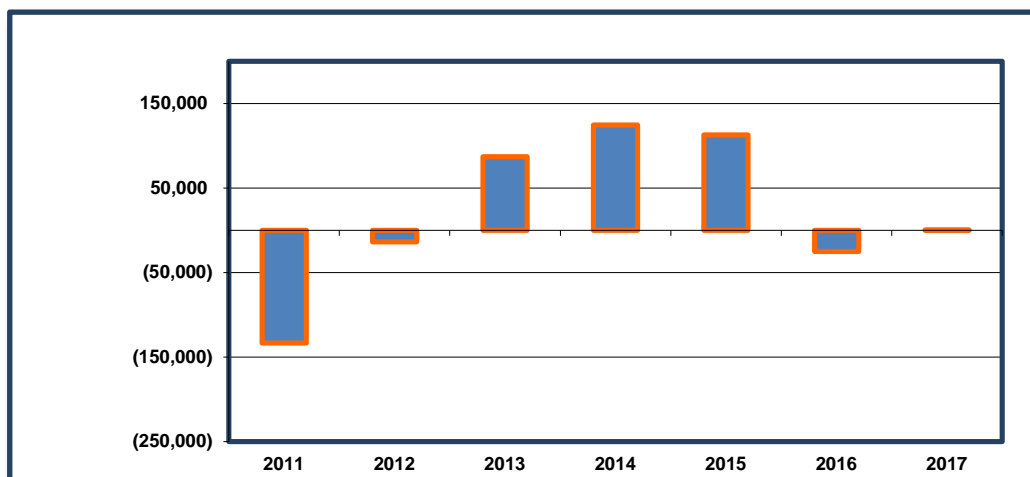
FINANCIAL INDICATORS

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.

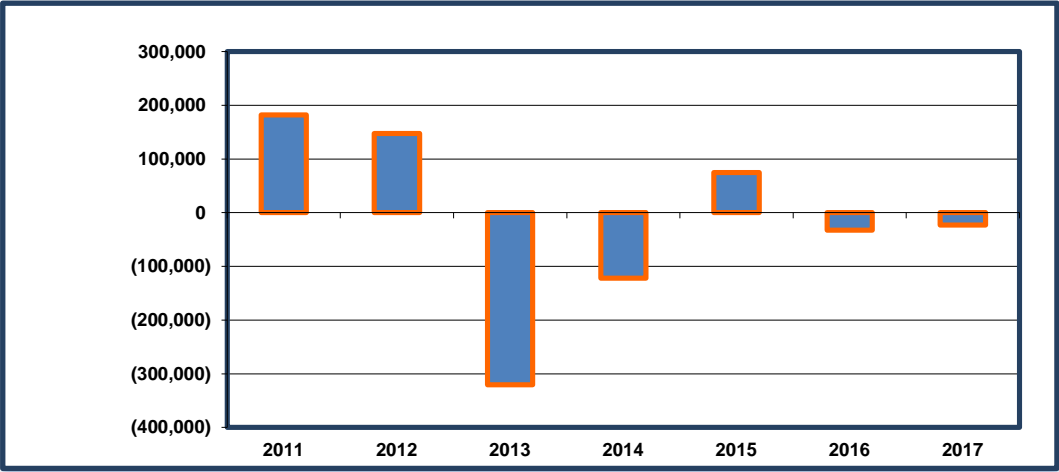
Graph 2: Operating Surplus / (Deficit)



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).

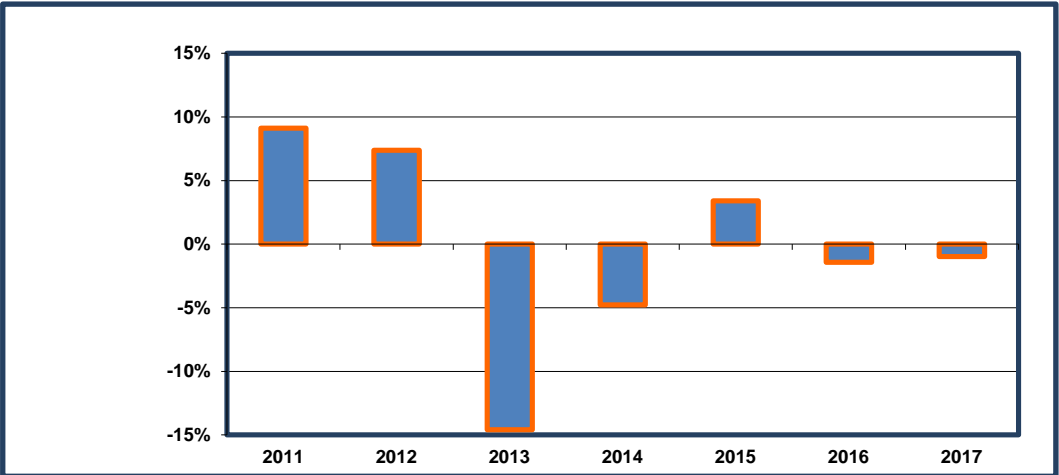
Graph 3: Net Financial Assets



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.'

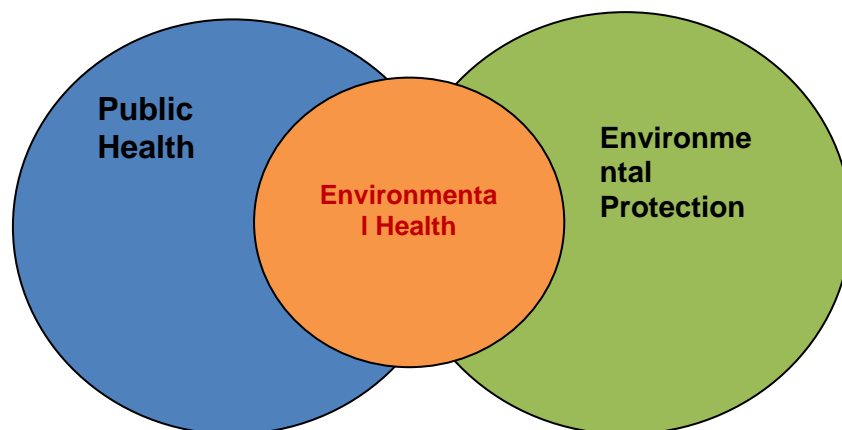


Figure 1.1 – the relationship between public health, environmental health and environmental protection

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 	<p>Register maintained 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 <i>South Australian Public Health (Legionella) Regulations 2013</i>.</p>	<p>Water samples collected and sent for analysis at least annually.</p>
<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>	<p>Prompt investigation commenced in accordance with service standards.</p>

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>	Respond to complaints as required in accordance with customer service standards.
<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>	Respond to complaints as required in accordance with customer service standards.
<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>	Information available to community and via website and as required. Improved management of burning appliances as required.
<p>3.16 Provide rodent bait to residents upon request.</p>	Rodent bait provision maintained.
<p>3.17 Undertake relevant notifiable disease investigations in collaboration with SA Health.</p>	Respond to disease notifications in accordance with customer service standards.
<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>	Community sharps disposal service maintained.
<p>3.19 Collect syringes that have been unsafely discarded on private property.</p>	Safe and timely collection of discarded syringes within customer service standards and following internal procedures.
<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>	Update within 5 days of assessment or action.

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

6.4 EASTERN HEALTH AUTHORITY CHARTER 2016

Author: Michael Livori
Ref: AF11/63

Summary

Clause 19 of Schedule 2 of the Local Government Act 1999 requires that a regional subsidiary has a Charter prepared by its Constituent Councils, and that the Charter is reviewed every 4 years.

This report is to update members in relation to the finalisation of the latest review process.

Background

Constituent Councils have been considering a draft amended Charter developed in October 2013.

Although Constituent Councils had agreed on the majority of the amended charter content an impasse had developed in relation to the clause relating to membership of the Board.

The impasse was resolved in April 2016 when all Councils agreed to a revised membership clause. The correspondence from Councils detailing their agreement is provided as attachment 1.

To meet the requirements of the *Local Government Act 1999* and to finalise the review process the Minister for Local Government was provided with a copy of the revised charter (attachment 2) and a 'Notice of Amendment of Charter' was published in the Government Gazette (attachment 3).

The Minister subsequently acknowledged our correspondence (attachment 4) on 20 May 2016.

The 2016 Charter, which came into effective on 19 April 2016 is provided as attachment 5.

RECOMMENDATION

That:

The Eastern Health Authority 2016 Charter Report be received.



Ref. CR16/11403

01 March 2016

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

REC'D
CITY OF PROSPECT
03 MAR 2016

Dear Michael,

EASTERN HEATH AUTHORITY CHARTER REVIEW

Please be advised of the following decision of Council's 23 February 2016 meeting informed by the attached Report to Council.

ITEM 15: COUNCIL REPORTS – Core Strategy 1 – Our Community

Item 15.1 Eastern Health Authority Charter Review

Cr Evans moved Cr Barnett seconded

(1) Council approve and endorse the Draft Eastern Health Authority Amended Charter as the new Charter of the Eastern Health Authority, with changes to clause 2.2.1 as follows:

2.2 Membership of the Board

2.2.1 Each Constituent Council must appoint:

- a) one elected member; and*
- b) one other person who may be an officer, employee or elected member of that Constituent Council or an independent person, to be Board members and may at any time revoke these appointments and appoint other persons on behalf of that Constituent Council.*

Carried 17/16

Please contact me if you require additional information.

Yours sincerely,

Nathan Cunningham

Director Community, Planning and Communications

Attachment – Copy of Report to Council 23 February 2016 - Eastern Health Authority Charter Review

File Number: S/46
 Enquiries To: Carlos Buzzetti
 Direct Telephone: 8366 4501



City of
 Norwood
 Payneham
 & St Peters

15 April 2016

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

Dear Michael

EASTERN HEALTH AUTHORITY CHARTER REVIEW

I am pleased to advise that at its meeting held on 4 April 2016, the Council considered a report in relation to the Eastern Health Authority Charter Review and made the following determination.

Cr Whittington moved:

1. *The Council notes that at its meeting held on 4 August 2014, the Council confirmed that a comprehensive review of the Eastern Health Authority Charter had been undertaken and that the Council endorsed a new Charter (Endorsement Resolution).*
2. *The Council acknowledges that since the Endorsement Resolution, further discussions have occurred between the Constituent Councils of the Eastern Health Authority, and that the outcome of these discussions has resulted in Clause 2.2.1 of the new Charter being amended so that this Clause now provides the following:*
 - 2.2.1 *Each Constituent Council must appoint:*
 - (a) *one elected member; and*
 - (b) *one other person who may be an officer, employee or elected member of that Constituent Council or an independent person, to be Board members and may at any time revoke these appointments and appoint other persons on behalf of that Constituent Council.*
3. *The Council resolves to endorse Clause 2.2.1 as it appears in Part 2 of this recommendation, for inclusion in the new Charter in substitution for Clause 2.2.1 of the new Charter, that was the subject of the Endorsement Resolution.*
4. *The Council acknowledges that aside from the substitution of Clause 2.2.1, the new Charter remains unaltered from the new Charter that was the subject of the Endorsement Resolution.*
5. *The Council confirms the Endorsement Resolution with the substitution of Clause 2.2.1 as resolved in Part 3 of this recommendation.*

Seconded by Cr Knoblauch and carried.

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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Economic Prosperity

Environmental
 Sustainability

I trust that the above information is of assistance and if you require any further clarification of the Council's position, please contact me on 8366 4501.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Carlos Buzzetti', with a long horizontal flourish extending to the right.

Carlos Buzzetti
GENERAL MANAGER
URBAN PLANNING & ENVIRONMENT

Our Reference: 11.64.1.1
Your Reference: OLT20163580

23 March 2016

Mr Michael Livori
Chief Executive Officer
Eastern Health Authority
101 Payneham Road, St Peters SA 5069
PO Box 275 Stepney SA 5069

via email: MLivori@eha.sa.gov.au

Dear Michael,

EHA Charter

I am pleased to advise that on Monday 21 March 2016, Walkerville Council considered the draft EHA Charter, as it relates to clause 2.2.1 Membership of the Board.

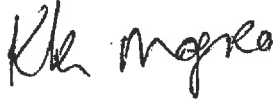
Council resolved:

1. *At its meeting held on 18 August 2014 the Council confirmed that a comprehensive review of the Eastern Health Authority Charter had been undertaken and endorsed a new Charter;*
2. *Council acknowledges that since the endorsement resolution (18 August 2014) further discussions have occurred between the Constituent Councils for the Eastern Health Authority. The outcome of these discussions has been the proposed amendment of clause 2.2.1 of the new Charter so that this clause now provides as follows:*
 - 2.2.1 *Each Constituent Council must appoint:*
 - (a) *one elected member; and*
 - (b) *one other person who may be an officer, employee or elected member of that Constituent Council or an independent person, to be Board members and may at any time revoke these appointments and appoint other persons on behalf of that Constituent Council.*
3. *Council resolves to endorse clause 2.2.1 as it appears in paragraph 2 above for inclusion in the new Charter in substitution for the clause 2.2.1 of the new Charter the subject of the endorsement resolution.*
4. *Council acknowledges that aside from the substitution of clause 2.2.1, the new Charter remains unaltered from the new Charter the subject of the endorsement resolution.*

5. *Council confirms the endorsement resolution with the substitution of clause 2.2.1 as resolved in paragraph 3 above.*

Should you require any further information, please feel free to contact me on 8342 7102.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Kiki Magro". The signature is written in a cursive, flowing style.

Kiki Magro
Chief Executive Officer

PDI:CM
Container Ref: B280

Enq: Paul Di Iulio
Ph: 8366 9239

20 April 2016

20 April 2016

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

Dear ~~Mr Livori~~ *Mike*

I wish to advise that at its meeting held on Tuesday 19 April 2016 Council resolved the following:

That in accordance with Clause 19(4) of Schedule 2 of the *Local Government Act 1999* and consistent with Clause 4.5.1 of the current Eastern Health Authority Charter, Council confirms that a review of the Eastern Health Authority Charter has been undertaken and:

1. at its meeting held on 4 February 2014 the Council confirmed that a comprehensive review of the Eastern Health Authority Charter had been undertaken and endorsed a new Charter.
2. Council acknowledges that since the endorsement resolution further discussions have occurred between the Constituent Councils for the Eastern Health Authority. The outcome of these discussions has been the proposed amendment of clause 2.2.1 of the new Charter so that this clause now provides as follows:

2.2.1 Each Constituent Council must appoint:

- (a) one elected member, and
- (b) one other person who may be an officer, employee or elected member of that Constituent Council or an independent person

to be Board members and may at any time revoke these appointments and appoint other persons on behalf of that Constituent Council.

- 2 -

3. Council resolves to endorse clause 2.2.1 as it appears in paragraph 2 above for inclusion in the new Charter in substitution for the clause 2.2.1 of the new Charter the subject of the endorsement resolution.
4. Council acknowledges that aside from the substitution of clause 2.2.1, the new Charter remains unaltered from the new Charter the subject of the endorsement resolution.
5. Council confirms the endorsement resolution with the substitution of clause 2.2.1 as resolved in paragraph 3 above.

Should you have any further queries, please contact me.

Yours sincerely

A handwritten signature in blue ink, consisting of a stylized, cursive name followed by a horizontal line.

Paul Di Iulio
Chief Executive Officer

Natajsha Bevitt

From: Louise Miller-Frost <LMiller-Frost@burnside.sa.gov.au>
Sent: Thursday, 24 March 2016 9:31 AM
To: Michael Livori
Cc: Magnus Heinrich; Lara Jones
Subject: Eastern Health Authority – Charter Review

Dear Mick

Please see below an excerpt of the draft Minutes of City of Burnside Council meeting held 22 March 2016.

Eastern Health Authority – Charter Review (Operational) (15.14)

Councillor Davey moved:

- C10584
1. That the Report be received.
 2. That further to Council resolution C9834 on 12 August 2014, Council endorses the substitution of Clause 2.2.1 of the Eastern Health Authority Charter, endorsed on 12 August 2014 with:
 - 2.2.1 *Each Constituent Council must appoint:*
 - (a) *one elected member; and*
 - (b) *one other person who may be an officer, employee or elected member of that Constituent Council or an independent person,*
to be Board members and may at any time revoke these appointments and appoint other persons on behalf of that Constituent Council.
 3. That aside from the substitution of clause 2.2.1, the new Charter remains unaltered from the new Charter endorsed on 12 August 2014.

Seconded by Councillor Cornish

CARRIED

Kind regards

Louise



Louise Miller-Frost | General Manager Community & Development Services
City of Burnside | 401 Greenhill Road Tasmore SA 5065

P: 08 8366 4155 | F: 08 8366 4299

LMiller-Frost@burnside.sa.gov.au

www.burnside.sa.gov.au



Our Ref: AF11/63

10 May 2016

Hon Geoff Brock
Minister for Local Government
GPO Box 2557
ADELAIDE SA 5000

Dear Minister

Re: **Review of the Eastern Health Authority Charter 2016**

Eastern Health Authority (EHA) is a regional subsidiary established pursuant to the *Local Government Act 1999*.

EHA's Constituent Councils are:

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

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.

Clause 19 of Schedule 2 of the Local Government Act 1999 requires that a regional subsidiary has a charter prepared by its constituent councils, and that the charter is reviewed every 4 years.

EHA's current charter was gazetted on 11 March 2010. An extensive review of this document has now been undertaken by EHA's constituent councils. A revised charter has been developed which has been endorsed by all Constituent Councils (copy of correspondence from Constituent Councils enclosed).

As required by Clause 19 (5) (a) of Schedule 2 of the Local Government Act 1999, a copy of the amended charter is enclosed for your information.

If you need any more information or would like to discuss this further, I can be contacted on telephone 8132 3611.

Yours faithfully

Michael Livori
Chief Executive Officer



Government Gazette

The official publication of the South Australian Government

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Amendment of EHA Charter

Thursday, 19 May 2016

EASTERN HEALTH AUTHORITY

Notice of Amendment of Charter

Local Government Act 1999—Schedule 2—Clause 19 (5)

NOTICE is hereby given that the City of Burnside, the Corporation of the City of Campbelltown, the Corporation of the City of Norwood Payneham and St Peters, the City of Prospect and the Corporation of the Town of Walkerville, being the Constituent Councils of Eastern Health Authority (EHA) have, in accordance with Clause 4.5 of the Charter of EHA, unanimously resolved to amend the Charter, effective 19 April 2016.

A copy of the Charter, as amended, is available for inspection at the following website: www.eha.sa.gov.au.

M. Livori, Chief Executive Officer,
Eastern Health Authority

GAZETTE ARCHIVE

2016	2015	2014
2013	2012	2011
2010	2009	2008
2007	2006	2005
2004	2003	2002
2001	2000	1999
1839–1918		

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23 MAY 2016



Government
of South Australia

eA178693

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

Dear Mr Livori

Thank you for your letter of 10 May 2016 enclosing a copy of the revised Eastern Health Authority Charter as at 2016.

Your correspondence has been noted.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Denise Little'.

Denise Little
Office Manager to the
MINISTER FOR REGIONAL DEVELOPMENT
MINISTER FOR LOCAL GOVERNMENT

20 May 2016

Office of the
Minister for Regional Development
Minister for Local Government

Level 17, 25 Grenfell Street Adelaide SA 5000 | GPO Box 2557 Adelaide SA 5001 DX 667
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Charter 2016



local councils working together to protect the health of the community

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1. EASTERN HEALTH AUTHORITY

1.1. Regional subsidiary

Eastern Health Authority (EHA) is a regional subsidiary established under section 43 of the Act.

1.2. Constituent Councils

The Constituent Councils of EHA are:

- a) City of Norwood Payneham & St Peters;
- b) City of Burnside;
- c) Campbelltown City Council;
- d) City of Prospect; and
- e) The Corporation of the Town of Walkerville,

(Constituent Councils).

1.3. Preamble

The field of Environmental health continues to increase in complexity and diversity, making it difficult for small to medium size councils to attract and retain staff who are experienced and fully skilled across the legislative demands placed on Local Government.

EHA's size, structure and sole focus on environmental health puts it in an ideal position to provide high quality, specialist services to the community on behalf of its Constituent Councils. This in turn ensures Constituent Councils are meeting their broad environmental health legislative responsibilities.

1.4. Purpose

EHA is established by the Constituent Councils for the purpose of providing public and environmental health services primarily to and within the areas of the Constituent Councils.

1.5. Functions

For, or in connection with its purpose, EHA may undertake the following functions:

- a) take action to preserve, protect and promote public and environmental health within the area of the Constituent Councils;
- b) cooperate with other authorities involved in the administration of public and environmental health;

- c) promote and monitor public and environmental health whether in or, so far as the Act and the charter allows, outside the area of the Constituent Councils;
- d) assist the Constituent Councils to meet their legislative responsibilities in accordance with the SA Public Health Act, the *Food Act 2001* (SA), the *Supported Residential Facilities Act 1992* (SA), the *Expiation of Offences Act 1996* (SA), the *Housing Improvement Act 1940* (SA) (or any successor legislation to these Acts) and any other legislation regulating similar matters that the Constituent Councils determine is appropriate within the purposes of EHA;
- e) establish objectives and policy priorities for the promotion and protection of public and environmental health within the areas of the Constituent Councils;
- f) provide immunisation programs for the protection of public health within the areas of the Constituent Councils or to ensure that such programs are provided;
- g) promote and monitor standards of hygiene and sanitation;
- h) promote and monitor food safety standards;
- i) identify risks to public and environmental health within the areas of the Constituent Councils;
- j) monitor and regulate communicable and infectious disease control;
- k) licence and monitor standards in Supported Residential Facilities;
- l) ensure that remedial action is taken to reduce or eliminate adverse impacts or risks to public and environmental health;
- m) provide, or support the provision of, educational information about public and environmental health and provide or support activities within the areas of the Constituent Councils to preserve, protect or promote public health;
- n) keep the Constituent Councils abreast of any emerging opportunities, trends and issues in public and environmental health; and
- o) any other functions described in the Charter or assigned by the Constituent Councils to EHA consistent with EHA's purpose.

1.6. Powers

EHA has the powers necessary for the carrying out of its functions, and may:

- a) enter into contracts or arrangements with any government agency or authority, or councils, including the Constituent Councils;
- b) appoint, employ, remunerate, remove or suspend officers, managers, employees and agents;
- c) enter into contracts with any person for the acquisition or provision of goods and services;
- d) receive financial contributions from the Constituent Councils;
- e) publish information;
- f) acquire, hold, deal with and dispose of any real or personal property, subject to the requirements of the Constituent Councils;
- g) open and operate bank accounts;
- h) acquire funds for the purpose of its functions or operations by entering into loan agreements;
- i) invest any of the funds of EHA in any investment with the LGA Finance Authority, provided that in exercising this power of investment EHA must:
 - (a) exercise the care, diligence and skill that a prudent person of business would exercise in managing the affairs of other persons; and
 - (b) avoid investments that are speculative or hazardous in nature;
- j) raise revenue by applying for grants and other funding from the State of South Australia or the Commonwealth of Australia and their respective agencies or instrumentalities on behalf of the Constituent Councils or on its own behalf.

1.7. **Area of activity**

EHA may only undertake an activity outside the area of the Constituent Councils where that activity has been approved by unanimous decision of the Constituent Councils as being necessary or expedient to the performance by EHA of its functions and is an activity included in the EHA business plan.

1.8. **Common seal**

- a) EHA shall have a common seal upon which its corporate name shall appear in legible characters.
- b) The common seal shall not be used without the authorisation of a resolution of EHA and every use of the common seal shall be recorded in a register.
- c) The affixing of the common seal shall be witnessed by the Chair or Deputy Chair or such other Board member as the Board may appoint for the purpose.
- d) The common seal shall be kept in the custody of the Chief Executive Officer or such other person as EHA may from time to time decide.

2. **BOARD OF MANAGEMENT**

2.1. **Functions**

The Board is responsible for managing all activities of EHA and ensuring that EHA acts in accordance with the Charter. The Board will:

- a) formulate plans and strategies aimed at improving the activities of EHA;
- b) provide input and policy direction to EHA;
- c) monitor, oversee and evaluate the performance of the Chief Executive Officer.
- d) ensure that ethical behaviour and integrity is maintained in all activities undertaken by EHA;
- e) subject to clause 3.10, ensure that the activities of EHA are undertaken in an open and transparent manner;
- f) assist with the development of the Public Health Plan and Business Plan; and

- g) exercise the care, diligence and skill that a prudent person of business would exercise in managing the affairs of other persons.

2.2. Membership of the Board

- a) Each Constituent Council must appoint:
 - (a) one elected member; and
 - (b) one other person who may be an officer, employee or elected member of that Constituent Council or an independent person,

to be Board members and may at any time revoke these appointments and appoint other persons on behalf of that Constituent Council.
- b) A Board Member shall be appointed for the term of office specified in the instrument of appointment, and at the expiration of the term of office will be eligible for re-appointment by the Constituent Council.
- c) Each Constituent Council must give notice in writing to EHA of the elected members it has appointed as Board Members and of any revocation of any of those appointments.
- d) Any person authorised by a Constituent Council may attend (but not participate in) a Board meeting and may have access to papers provided to Board Members for the purpose of the meeting.
- e) The provisions regarding the office of a board member becoming vacant as prescribed in the Act apply to all Board Members.
- f) Where the office of a board member becomes vacant, the relevant Constituent Council will appoint another person as a Board member.
- g) The Board may by a two thirds majority vote of the Board Members present (excluding the Board Member who is the subject of a recommendation under this clause g)) make a recommendation to the relevant Constituent Council requesting that the Constituent Council terminate the appointment of a Board Member in the event of:
 - (a) any behaviour of the Board Member which in the opinion of the Board amounts to impropriety;
 - (b) serious neglect of duty in attending to their responsibilities as a Board Member;

- (c) breach of fiduciary duty to EHA, a Constituent Council or the Constituent Councils;
 - (d) breach of the duty of confidentiality to EHA, a Constituent Council or the Constituent Councils;
 - (e) breach of the conflict of interest provisions of the Act; or
 - (f) any other behaviour that may, in the opinion of the Board, discredit EHA.
- h) The members of the Board shall not be entitled to receive any remuneration in respect of their attendance at meetings or on any other business of the Board.

2.3. Conduct of Board Members

- a) Subject to clauses 20(6) and 20(7), Schedule 2 to the Act, the provisions regarding conflict of interest prescribed in the Act apply to Board Members.
- b) Board Members are not required to comply with Division 2, Part 4, Chapter 5 (Register of Interests) of the Act.
- c) Board Members must at all times act in accordance with their duties under the Act.

2.4. Board policies and codes

- a) EHA must, in consultation with the Board Members ensure that appropriate policies, practices and procedures are implemented and maintained in order to:
 - (a) ensure compliance with any statutory requirements; and
 - (b) achieve and maintain standards of good public administration.
- b) A code of conduct currently prescribed under section 63 of the Act will apply to Board Members as if the Board Members were elected members, except insofar as the prescribed code of conduct is inconsistent with an express provision of the charter or schedule 2 of the Act. In the event of such an inconsistency, the charter or schedule 2 of the Act (as relevant) will prevail to the extent of the inconsistency.
- c) To the extent it is able, the Board must ensure that its policies are complied with in the conduct of the affairs of EHA and are periodically reviewed and, if appropriate, amended.

- d) The audit committee will develop a schedule for the periodic review of EHA policies by 30 June each year and provide this to the Board for approval.

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 the relevant 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 among 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.

2.7. Committees

- a) The Board may establish a committee for the purpose of:
 - (a) enquiring into and reporting to the Board on any matter within EHA's functions and powers and as detailed in the terms of reference given by the Board to the committee; or
 - (b) exercising, performing or discharging delegated powers, functions or duties.
- b) A member of a committee established under this clause holds office at the pleasure of the Board.
- c) The Chair of the Board is an *ex-officio* member of any committee or advisory committee established by the Board.

3. MEETINGS OF THE BOARD

3.1. Ordinary meetings

- a) Ordinary meetings of the Board will take place at such times and places as may be fixed by the Board or where there are no meetings fixed by the Board, by the Chief Executive Officer in consultation with the Chair from time to time, so that there are no less than five ordinary meetings per financial year.
- b) Notice of ordinary meetings of the Board must be given by the Chief Executive Officer to each Board Member and the chief executive officer of each Constituent Council at least three clear days prior to the holding of the meeting.

3.2. Special meetings

- a) Any two Board Members may by delivering a written request to the Chief Executive Officer require a special meeting of the Board to be held.
- b) The request must be accompanied by the proposed agenda for the meeting and any written reports intended to be considered at the meeting (if the proposed agenda is not provided the request is of no effect).
- c) On receipt of the request, the Chief Executive Officer must send a notice of the special meeting to all Board Members and Chief Executive Officers of the Constituent Councils at least four hours prior to the commencement of the special meeting.
- d) The Chair may convene special meetings of the Board at the Chair's discretion without complying with the notice requirements prescribed in clause 3.4 provided always that there is a minimum one hour notice given to Board members.

3.3. Telephone or video conferencing

- a) Special meetings of the Board convened under clause 3.2 may occur by telephone or video conference provided that at least a quorum is present.
- b) Where one or more Board Members attends a Board meeting by telephone or video conferencing, the meeting will be taken to be

open to the public, provided that members of the public can hear the discussion between Board members.

- c) Each of the Board Members taking part in a meeting via telephone or video conferencing must, at all times during the meeting, be able to hear and be heard by the other Board Members present.
- d) At the commencement of the meeting by telephone, each Board Member must announce their presence to all other Board Members taking part in the meeting.
- e) Board Members must not leave a meeting by disconnecting their telephone, audio-visual or other communication equipment, without notifying the Chair of the meeting.

3.4. **Notice of meetings**

- a) Except where clause 3.2 applies, notice of Board meetings must be given in accordance with this clause.
- b) Notice of any meeting of the Board must:
 - (a) be in writing;
 - (b) set out the date, time and place of the meeting;
 - (c) be signed by the Chief Executive Officer;
 - (d) contain, or be accompanied by, the agenda for the meeting; and
 - (e) be accompanied by a copy of any document or report that is to be considered at the meeting (as far as this is practicable).
- c) Notice under clause b) may be given to a Board Member:
 - (a) personally;
 - (b) by delivering the notice (whether by post or otherwise) to the usual place of residence of the Board Member or to another place authorised in writing by the Board Member;
 - (c) electronically via email to an email address approved by the Board Member;
 - (d) by leaving the notice at the principal office of the Constituent Council which appointed the Board Member; or

- (e) by a means authorised in writing by the Board Member being an available means of giving notice.
- d) A notice that is not given in accordance with clause c) will be taken to have been validly given if the Chief Executive Officer considers it impracticable to give the notice in accordance with that clause and takes action that the Chief Executive Officer considers reasonably practicable in the circumstances to bring the notice to the Board Member's attention.
- e) The Chief Executive Officer may indicate on a document or report provided to Board Members that any information or matter contained in or arising from the document or report is confidential until such time as the Board determines whether the document or report will be considered in confidence under clause 3.10.b).

3.5. Minutes

- a) The Chief Executive Officer must cause minutes to be kept of the proceedings at every meeting of the Board.
- b) Where the Chief Executive Officer is excluded from attendance at a meeting of the Board pursuant to clause 3.10.b), the person presiding at the meeting shall cause the minutes to be kept.

3.6. Quorum

- a) A quorum of Board Members is constituted by dividing the total number of Board Members for the time being in office by two, ignoring any fraction resulting from the division and adding one.
- b) No business will be transacted at a meeting unless a quorum is present and maintained during the meeting.

3.7. Meeting procedure

- a) The Board may determine its own procedures for the conduct of its meetings provided they are not inconsistent with the Act or the charter.
- b) Meeting procedures determined by the Board must be documented and be made available to the public.
- c) Where the Board has not determined a procedure to address a particular circumstance, the provisions of Part 2 of the *Local Government (Procedures at Meetings) Regulations 2000* (SA) shall apply.

3.8. Voting

- a) Board Members including the Chair, shall have a deliberative vote. The Chair shall not in the event of a tied vote, have a second or casting vote.
- b) All matters will be decided by simple majority of votes of the Board Members present. In the event of a tied vote the matter will lapse.
- c) Each Board Member present at a meeting must vote on a question arising for decision at the meeting.

3.9. Circular resolutions

- a) A valid decision of the Board may be obtained by a proposed resolution in writing given to all Board Members in accordance with procedures determined by the Board, where a simple majority of Board Members vote in favour of the resolution by signing and returning the resolution to the Chief Executive Officer or otherwise giving written notice of their consent and setting out the terms of the resolution to the Chief Executive Officer.
- b) A resolution consented to under clause a) is as valid and effectual as if it had been passed at a meeting of the Board.

3.10. Meetings to be held in public except in special circumstances

- a) Subject to this clause, meetings of the Board must be conducted in a place open to the public.
- b) The Board may order that the public be excluded from attendance at any meeting in accordance with the procedure under sections 90(2) and 90(3) of the Act.
- c) An order made under clause b) must be recorded in the minutes of the meeting including describing the grounds on which the order was made.

3.11. Public inspection of documents

- a) Subject to clause c), a person is entitled to inspect, without payment of a fee:
 - (a) minutes of a Board Meeting;
 - (b) reports received by the Board Meeting; and
 - (c) recommendations presented to the Board in writing and adopted by resolution of the Board.

- b) Subject to clause c), a person is entitled, on payment to the Board of a fee fixed by the Board, to obtain a copy of any documents available for inspection under clause a).
- c) Clauses a) and b) do not apply in relation to a document or part of a document if:
 - (a) the document or part of the document relates to a matter of a kind considered by the Board in confidence under clause 3.10.b); and
 - (b) the Board orders that the document or part of the document be kept confidential (provided that in so ordering the Board must specify the duration of the order or the circumstances in which it will cease to apply or a period after which it must be reviewed).

3.12. Saving provision

- a) No act or proceeding of EHA is invalid by reason of:
 - (a) a vacancy or vacancies in the membership of the Board; or
 - (b) a defect in the appointment of a Board Member.

4. CHIEF EXECUTIVE OFFICER

4.1. Appointment

- a) The Board shall appoint a Chief Executive Officer to manage the business of EHA on a fixed term performance based employment contract, which does not exceed five years in duration.
- b) At the expiry of a Chief Executive Officer's contract, the Board may reappoint the same person as Chief Executive Officer on a new contract of no greater than five years duration.

4.2. Responsibilities

- a) The Chief Executive Officer is responsible to the Board for the execution of decisions taken by the Board and for the efficient and effective management of the affairs of EHA.
- b) The Chief Executive Officer shall cause records to be kept of all activities and financial affairs of EHA in accordance with the charter, in addition to other duties provided for by the charter and those specified in the terms and conditions of appointment.

4.3. Functions of the Chief Executive Officer

The functions of the Chief Executive Officer shall be specified in the terms and conditions of appointment and will include terms to the effect that the Chief Executive Officer's functions may:

- a) ensure that the policies, procedures, codes of conduct and any lawful decisions of EHA are implemented and promulgated in a timely and efficient manner;
- b) undertake responsibility for the day to day operations and affairs of EHA;
- c) provide advice, assistance and reports to EHA through the Board in the exercise and performance of its powers and functions under the charter and the Act;
- d) initiate and co-ordinate proposals for consideration by EHA for developing objectives, policies and programs for the Constituent Council areas;
- e) provide information to EHA to assist EHA to assess performance against EHA plans;
- f) ensure that timely and accurate information about EHA policies and programs is regularly provided to the communities of the Constituent Councils;
- g) ensure that appropriate and prompt responses are given to specific requests for information made to EHA and, where appropriate, the Constituent Councils;
- h) ensure that the assets and resources of EHA are properly managed and maintained;
- i) maintain records that EHA and the Constituent Councils are required to maintain under the charter, the Act or another Act in respect of EHA;
- j) ensure sound principles of human resource management, health and safety to the employment of staff by EHA, including the principles listed in section 107(2) of the Act;
- k) ensure compliance with the obligations under *Work Health and Safety Act 2012* (SA) of both EHA and the Chief Executive Officer (as an 'officer' of EHA within the meaning of the WHS Act); and

- l) exercise, perform or discharge other powers, functions or duties conferred on the Chief Executive Officer by the charter, and to perform other functions lawfully directed by the Board.

4.4. Acting Chief Executive Officer

- a) Where an absence of the Chief Executive Officer is foreseen, the Chief Executive Officer may appoint a suitable person to act as Chief Executive Officer, provided that the Board may determine to revoke the Chief Executive Officer's appointment and appoint an alternative person as Acting Chief Executive Officer.
- b) If the Chief Executive Officer does not make or is incapable of making an appointment under clause a), a suitable person will be appointed by the Board.

5. STAFF OF EHA

EHA may employ any staff required for the fulfilment of its functions. The conditions on which staff are employed will be determined by the Chief Executive Officer.

6. REGIONAL PUBLIC HEALTH PLAN

6.1. Obligation to prepare

- a) EHA must prepare for the Constituent Councils a draft regional public health plan for the purposes of the South Australian Public Health Act.
- b) The draft Regional Public Health Plan must be:
 - (a) in the form determined or approved by the Minister; and
 - (b) consistent with the State Public Health Plan.
- c) In drafting the Regional Public Health Plan, EHA will take into account:
 - (a) any guidelines prepared or adopted by the Minister to assist councils prepare regional public health plans; and
 - (b) in so far as is reasonably practicable give due consideration to the regional public health plans of other councils where relevant to issues or activities under the Regional Public Health Plan.

6.2. Contents

The Regional Public Health Plan must:

- a) comprehensively assess the state of public health in the areas of the Constituent Councils;
- b) identify existing and potential public health risks and provide for strategies for addressing and eliminating or reducing those risks;
- c) identify opportunities and outline strategies for promoting public health in the areas of the Constituent Councils;
- d) address any public health issues specified by the Minister; and
- e) include information as to:
 - (a) the state and condition of public health within the area of the Constituent Councils and related trends;
 - (b) environmental, social, economic and practical considerations relating to public health within the area of the Constituent Councils; and
 - (c) other prescribed matters; and
- f) include such other information or material contemplated by the SA Public Health Act or regulations made under that Act.

6.3. Consultation

- a) EHA will submit the draft Regional Public Health Plan to the Constituent Councils for approval for the plan to be provided, on behalf of the Constituent Councils, to:
 - (a) the Minister;
 - (b) any incorporated hospital established under the *Health Care Act 2008* (SA) that operates a facility within the area of the Constituent Councils;
 - (c) any relevant Public Health Authority Partner; and
 - (d) any other person prescribed by regulation made under the SA Public Health Act.
- b) Once approved by the Constituent Councils, EHA will, on behalf of the Constituent Councils, submit a copy of the draft Regional Public Health Plan to the entities listed in clause a) and consult with the Chief Public Health Officer and the public on the draft Public Health Authority Partner.

- c) EHA will provide an amended copy of the Regional Public Health Plan to the Constituent Councils which takes into account comments received through consultation under clause b).

6.4. Adoption of a Regional Public Health Plan

Each Constituent Council will determine whether or not to adopt the draft Regional Public Health Plan submitted to it by EHA under clause 6.3.c).

6.5. Implementation of a Regional Public Health Plan

EHA is responsible for undertaking any strategy and for attaining any priority or goal which the Regional Public Health Plan specifies as EHA's responsibility.

6.6. Review

EHA will, on behalf of the Constituent Councils, review the current Regional Public Health Plan every five years or at shorter time intervals as directed by the Constituent Councils.

6.7. Reporting

- a) EHA will on a biennial basis, on behalf of the Constituent Councils, prepare a draft report that contains a comprehensive assessment of the extent to which, during the reporting period, EHA and the Constituent Councils have succeeded in implementing the Regional Public Health Plan.
- b) The reporting period for the purposes of clause a) is the two years ending on 30 June preceding the drafting of the report.
- c) EHA will comply with guidelines issued by the Chief Public Health Officer in respect of the preparation of reports on regional public health plans.
- d) EHA will submit the draft report to the Constituent Councils for approval for the draft report to be provided to the Chief Public Health Officer by 30 June 2014.

7. FUNDING AND FINANCIAL MANAGEMENT

7.1. Financial management

- a) EHA shall keep proper books of account. Books of account must be available for inspection by any Board Member or authorised representative of any Constituent Council at any reasonable time on request.

- b) EHA must meet the obligations set out in the *Local Government (Financial Management) Regulations 2011 (SA)*.
- c) The Chief Executive Officer must act prudently in the handling of all financial transactions for EHA and must provide financial reports to the Board at its meetings and if requested, the Constituent Councils.

7.2. Bank account

- a) EHA must establish and maintain a bank account with such banking facilities and at a bank to be determined by the Board.
- b) All cheques must be signed by two persons authorised by resolution of the Board.
- c) Any payments made by electronic funds transfer must be made in accordance with procedures approved by the external auditor.

7.3. Budget

- a) EHA must prepare a proposed budget for each financial year in accordance with clause 25, Schedule 2 to the Act.
- b) The proposed budget must be referred to the Board at its April meeting and to the Chief Executive Officers of the Constituent Councils by 30 April each year.
- c) A Constituent Council may comment in writing to EHA on the proposed budget by 31 May each year.
- d) EHA must, after 31 May but before the end of June in each financial year, finalise and adopt an annual budget for the ensuing financial year in accordance with clause 25, Schedule 2 to the Act.

7.4. Funding contributions

- a) Constituent Council shall be liable to contribute monies to EHA each financial year for its proper operation.
- b) The contribution to be paid by a Constituent Council for any financial year shall be determined by calculating the Constituent Council's proportion of EHA's overall activities in accordance with the Funding Contribution Calculation Formula (see Schedule 1).
- c) Constituent Council contributions shall be paid in two equal instalments due respectively on 1 July and 1 January each year.
- d) The method of determining contributions can be changed with the written approval of not less than two thirds of the Constituent

Councils. Where the method for calculating contributions is changed, the revised methodology will apply from the date determined by not less than two thirds of the Constituent Councils.

- e) If a council becomes a new Constituent Council after the first day of July in any financial year, the contribution payable by that council for that year will be calculated on the basis of the number of whole months (or part thereof) remaining in that year.

7.5. **Financial reporting**

- a) The Board shall present a balance sheet and the audited financial statements for the immediately previous financial year to the Constituent Councils by 31 August each year.
- b) The financial year for EHA is 1 July of a year to 30 June in the subsequent year.

7.6. **Audit**

- a) The Board shall appoint an external auditor in accordance with the *Local Government (Financial Management) Regulations 2011 (SA)*.
- b) The audit of financial statements of EHA, together with the accompanying report from the external auditor, shall be submitted to the Chief Executive Officer and the Board.
- c) The books of account and financial statements shall be audited at least once per year.
- d) EHA will maintain an audit committee as required by, and to fulfil the functions set out in, clause 30, Schedule 2 to the Act.

7.7. **Liability**

The liabilities incurred and assumed by EHA are guaranteed by all Constituent Councils in the proportions specified in the Funding Contribution Calculation Formula.

7.8. **Insolvency**

In the event of EHA becoming insolvent, the Constituent Councils will be responsible for all liabilities of EHA in proportion to the percentage contribution calculated for each Constituent Council for the financial year prior to the year of the insolvency.

7.9. Insurance and superannuation requirements

- a) EHA shall register with the LGA Mutual Liability Scheme and comply with the rules of that scheme.
- b) EHA shall register with the LGA Asset Mutual Fund or otherwise advise the Local Government Risk Services of its insurance requirements relating to local government special risks in respect of buildings, structures, vehicles and equipment under the management, care and control of EHA.
- c) If EHA employs any person it shall register with Statewide Super and the LGA Workers Compensation Scheme and comply with the rules of those schemes.

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.

8.2. Review and assessment against the Business Plan

- a) The Board must:
 - (a) compare the achievement of the Business Plan against performance targets for EHA at least once every financial year;

- (b) in consultation with the Constituent Councils review the contents of the Business Plan on an annual basis; and
 - (c) consult with the Constituent Councils prior to amending the Business Plan.
- b) EHA must submit to the Constituent Councils, by 30 September each year in respect of the immediately preceding financial year, an annual report on the work and operations of EHA detailing achievement of the aims and objectives of its Business Plan and incorporating any other information or report as required by the Constituent Councils.

9. MEMBERSHIP

9.1. New Members

The charter may be amended by the unanimous agreement of the Constituent Councils and the approval of the Minister to provide for the admission of a new Constituent Council or Councils, with or without conditions of membership.

9.2. Withdrawal of a member

- a) Subject to any legislative requirements, including but not limited to ministerial approval, a Constituent Council may resign from EHA at any time by giving a minimum 12 months notice to take effect from 30 June in the financial year after which the notice period has expired, unless otherwise agreed by unanimous resolution of the other Constituent Councils.
- b) Valid notice for the purposes of clause a) is notice in writing given to the Chief Executive Officer and each of the Constituent Councils.
- c) The withdrawal of any Constituent Council does not extinguish the liability of that Constituent Council to contribute to any loss or liability incurred by EHA at any time before or after such withdrawal in respect of any act or omission by EHA prior to such withdrawal.
- d) Payment of monies outstanding under the charter, by or to the withdrawing Constituent Council must be fully paid by 30 June of the financial year following 30 June of the year in which the withdrawal occurs unless there is a unanimous agreement as to alternative payment arrangements by the Constituent Councils.

10. DISPUTE RESOLUTION

- a) The procedure in this clause must be applied to any dispute that arises between EHA and a Constituent Council concerning the affairs of EHA, or between the Constituent Councils concerning the affairs of EHA, including a dispute as to the meaning or effect of the charter and whether the dispute concerns a claim in common law, equity or under statute.
- b) EHA and a Constituent Council must continue to observe the charter and perform its respective functions despite a dispute.
- c) This clause does not prejudice the right of a party:
 - (a) to require the continuing observance and performance of the charter by all parties: or
 - (b) to institute proceedings to enforce payment due under the charter or to seek injunctive relief to prevent immediate and irreparable harm.
- d) Subject to clause c), pending completion of the procedure set out in clauses e) to i), a dispute must not be the subject of legal proceedings between any of the parties in dispute. If legal proceedings are initiated or continued in breach of this clause, a party to the dispute is entitled to apply for and be granted an order of the court adjourning those proceedings pending completion of the procedure set out in this clause 10.
- e) **Step 1: Notice of dispute:** A party to the dispute must promptly notify each other party to the dispute of:
 - (a) the nature of the dispute, giving reasonable details;
 - (b) what action (if any) the party giving notice seeks to resolve the dispute.

A failure to give notice under this clause e) does not entitle any other party to damages.
- f) **Step 2: Request for a meeting of the parties:** A party providing notice of a dispute under clause e) may at the same or a later time notify each other party to the dispute that the notifying party requires a meeting within 14 business days.
- g) **Step 3: Meeting of senior managers:** Where a meeting is requested under clause f), a senior manager of each party must

attend a meeting with the Board in good faith to attempt to resolve the dispute.

- h) **Step 4: Meeting of chief executive officers:** Where a meeting of senior managers held under clause g) fails to resolve the dispute, the chief executive officers of EHA and each of the Constituent Councils must attend a meeting in good faith to attempt to resolve the dispute.
- i) **Step 5: Mediation:** If the meeting held under clause h) fails to resolve the dispute, then the dispute may be referred to mediation by any party to the dispute.
- j) Where a dispute is referred to mediation under clause i):
 - (a) the mediator must be a person agreed by the parties in dispute or, if they cannot agree within 14 days, a mediator nominated by the President of the South Australian Bar Association (or equivalent office of any successor organisation);
 - (b) the role of the mediator is to assist in negotiating a resolution of a dispute;
 - (c) a mediator may not make a decision binding on a party unless the parties agree to be so bound either at the time the mediator is appointed or subsequently;
 - (d) the mediation will occur at EHA's principal office or any other convenient location agreed by both parties;
 - (e) a party is not required to spend more than the equivalent of one business day in mediation of a dispute;
 - (f) each party to a dispute will cooperate in arranging and expediting the mediation, including by providing information in the possession or control of the party reasonably sought by the mediator in relation to the dispute;
 - (g) each party will send a senior manager authorised to resolve the dispute to the mediation;
 - (h) the mediator may exclude lawyers acting for the parties in dispute;
 - (i) the mediator may retain persons to provide expert assistance to the mediator;

- (j) a party in dispute may withdraw from mediation if in the reasonable opinion of that party, the mediator is not acting in confidence or with good faith, or is acting for a purpose other than resolving the dispute;
- (k) unless otherwise agreed in writing:
 - (i) everything that occurs before the mediator is in confidence and in closed session;
 - (ii) discussions (including admissions and concessions) are without prejudice and may not be called into evidence in any subsequent legal proceedings by a party;
 - (iii) documents brought into existence specifically for the purpose of the mediation may not be admitted in evidence in any subsequent legal proceedings by a party; and
 - (iv) the parties in dispute must report back to the mediator within 14 days on actions taken based on the outcomes of the mediation; and
- (l) each party to the dispute must bear its own costs in respect of the mediation, plus an equal share of the costs and expenses of the mediator.

11. WINDING UP

- a) EHA may be wound up by the Minister acting upon a unanimous resolution of the Constituent Councils or by the Minister in accordance with clause 33(1)(b), Schedule 2 of the Act.
- b) In the event of EHA being wound up, any surplus assets after payment of all expenses shall be returned to the Constituent Councils in the proportions specified in the Funding Contribution Calculation Formula prior to the passing of the resolution to wind up.
- c) If there are insufficient funds to pay all expenses due by EHA on winding up, a levy shall be imposed on all Constituent Councils in the proportion determined under the Funding Contribution Calculation Formula prior to the passing of the resolution to wind up.

12. MISCELLANEOUS

12.1. Action by the Constituent Councils

The obligations of EHA under the charter do not derogate from the power of the Constituent Councils to jointly act in any manner prudent to the sound management and operation of EHA, provided that the Constituent Councils have first agreed by resolution of each Constituent Council as to the action to be taken.

12.2. Direction by the Constituent Councils

Any direction given to EHA by the Constituent Councils must be jointly given by the Constituent Councils to the Board of EHA by a notice or notices in writing.

12.3. Alteration and review of charter

- a) The charter will be reviewed by the Constituent Councils acting jointly at least once in every four years.
- b) The charter can only be amended by unanimous resolution of the Constituent Councils.
- c) Notice of a proposed alteration to the charter must be given by the Chief Executive Officer to all Constituent Councils at least four weeks prior to the Council meeting at which the alteration is proposed.
- d) The Chief Executive Officer must ensure that the amended charter is published in the *South Australian Government Gazette*, a copy of the amended charter is provided to the Minister and a copy is tabled for noting at the next Board meeting.

12.4. Access to information

A Constituent Council and a Board Member each has a right to inspect and take copies of the books and records of EHA for any proper purpose.

12.5. Circumstances not provided for

- a) If any circumstances arise about which the charter is silent or which are, incapable of taking effect or being implemented the Board or the Chief Executive Officer may decide the action to be taken to ensure achievement of the objects of EHA and its effective administration.
- b) Where the Chief Executive Officer acts in accordance with clause a) he or she shall report that decision at the next Board meeting.

13. INTERPRETATION

13.1. Glossary

Term	Definition
Act	<i>Local Government Act 1999 (SA)</i>
Board	board of management of EHA
Board Member	a member of EHA board appointed for the purposes of clause 2.2 of the charter.
Business Plan	a business plan compiled in accordance with part 8 of the charter
Chief Executive Officer	The chief executive officer of EHA
Chief Public Health Officer	the officer of that name appointed under the SA Public Health Act
Constituent Council	a council listed in clause 1.2 of the charter or admitted under clause 9.1.
EHA	Eastern Health Authority
Funding Contribution Calculation Formula	the formula set out in Schedule 1 to the charter.
LGA	Local Government Association of SA
LGA Asset Mutual Fund	means the fund of that name provided by Local Government Risk Services
LGA Mutual Liability Scheme	means the scheme of that name conducted by the LGA.
LGA Workers Compensation Scheme	a business unit of the Local Government Association of South Australia.
Minister	South Australian Minister for Health and Aging
Periodic Election	has the meaning given in the <i>Local Government (Elections) Act 1999 (SA)</i> .
Public Health Authority Partner	is an entity prescribed or declared to be a public health authority partner pursuant to

	the SA Public Health Act
Regional Public Health Plan	the plan prepared under part 6 of the charter for the areas of the Constituent Councils.
SA Public Health Act	<i>South Australian Public Health Act 2011 (SA)</i>
State Public Health Plan	means the plan of that name under the SA Public Health Act
StatewideSuper	Statewide Superannuation Pty Ltd ABN 62 008 099 223
Supported Residential Facility	has the meaning given in the <i>Supported Residential Facilities Act 1992 (SA)</i> .

13.2. Interpreting the charter

- a) The charter will come into effect on the date it is published in the *South Australian Government Gazette*.
- b) The charter supersedes previous charters of the Eastern Health Authority.
- c) The charter must be read in conjunction with Schedule 2 to the Act.
- d) EHA shall conduct its affairs in accordance with Schedule 2 to the Act except as modified by the charter as permitted by Schedule 2 to the Act.
- e) Despite any other provision in the charter:
 - (a) if the Act prohibits a thing being done, the thing may not be done;
 - (b) if the Act requires a thing to be done, that thing must be done; and
 - (c) if a provision of the charter is or becomes inconsistent with the Act, that provision must be read down or failing that severed from the charter to the extent of the inconsistency.

Schedule 1 – Funding Contribution Calculation Formula

The funding contribution required from each Constituent Council is based on an estimated proportion of EHA's overall activities occurring within its respective area.

The estimated proportion is determined using the Funding Contribution Calculation Formula which is detailed on the following page.

In the formula, activities conducted by EHA on behalf of Constituent Councils have been weighted according to their estimated proportion of overall activities (see table below).

It should be noted that the weighted proportion allocated to administration is divided evenly between the Constituent Councils.

A calculation of each Constituent Councils proportion of resources used for a range of different activities is made. This occurs annually during the budget development process and is based on the best available data from the preceding year.

The formula determines the overall proportion of estimated use for each council by applying the weighting to each activity.

Activity	Weighted % of Activities
Administration	12.5%
Food Safety Activity	35.0%
Environmental Health Complaints	7.0%
Supported Residential Facilities	6.5%
Cooling Towers	6.5%
Skin Penetration	0.5%
Swimming Pools	2%
Number of Year 8 & 9 Enrolments	15.0%
Number of clients attending clinics	15.0%
Total	100%

Activity Description	Code	Activity weighting	Constituent Council -1	Constituent Council - 2	Constituent Council - 3	Constituent Council - 4	Constituent Council - 5	Total
Administration (to be shared evenly)	A	12.5%	12.5%/ CC	12.5%/ CC	12.5%/ CC	12.5%/ CC	12.5%/ CC	12.5%
Food Safety Activity.	B	35%	(N/B)x AW	(N/B)x AW	(N/B)x AW	(N/B)x AW	(N/B)x AW	28.5%
Environmental Health Complaints	C	7%	(N/C)x AW	(N/C)x AW	(N/C)x AW	(N/C)x AW	(N/C)x AW	11%
Supported Residential Facilities.	D	6.5%	(N/D)x AW	(N/D)x AW	(N/D)x AW	(N/D)x AW	(N/D)x AW	10%
High Risk Manufactured Water Systems	E	6.5%	(N/E)x AW	(N/E)x AW	(N/E)x AW	(N/E)x AW	(N/E)x AW	3%
Skin Penetration	F	0.5%	(N/F)x AW	(N/F)x AW	(N/F)x AW	(N/F)x AW	(N/F)x AW	2%
Public Access Swimming Pools.	G	2%	(N/G)x AW	(N/G)x AW	(N/G)x AW	(N/G)x AW	(N/G)x AW	3%
School enrolments vaccinated	H	15.0%	(N/H)x AW	(N/H)x AW	(N/H)x AW	(N/H)x AW	(N/H)x AW	15%
Clients attending public clinics	I	15.0%	(N/I)x AW	(N/I)x AW	(N/I)x AW	(N/I)x AW	(N/I)x AW	15%
Total Proportion of contribution			Sum A-I	Sum A-I	Sum A-I	Sum A-I	Sum A-I	100%

N = Number in Constituent Council area.

B through to I = Total number in all Constituent Councils.

AW = Activity weighting.

CC = Number of Constituent Councils (example provided uses five (5) Constituent Councils)

6.5 COMPARISON REPORT

Author: Michael Livori
Ref: AF16/56

Summary

The City of Burnside made a request that EHA undertake benchmarking of its services against other environmental health providers.

Report

Subsequent to the request, EHA administrative staff have worked internally and externally to consider appropriate benchmarking/service comparison of activities with other environmental health providers to respond to the request.

To undertake the requested benchmarking of EHA a number of challenges were faced which included:

- *Finding Suitable Organisations to Benchmark With*

There is no like organisation in South Australia. EHA is the only Regional Subsidiary created to fulfil public health obligations on behalf of its Constituent Councils.

- *Uniformity of Services Delivery and Risk Profile*

Environmental Health units located within councils are responsible for delivering a broad range of health protection. These functions are not homogeneous from council to council.

Councils will have differing proportions of Food Premises, Supported Residential Facilities, Waste Control Systems, High Risk Manufactured Water Systems, School Enrolment Numbers, Public Health complaints and Communicable Disease Investigations etc.

The risk profile and complexity of the public health work required in relation to these activities is also variable making holistic comparison very difficult.

There are also significant differences in the way in which individual councils perceive environmental factors as causing a risk to public health. The problem can manifest in a reluctance of some councils to require rectification of defaults and, in some cases, to proceed to enforcement actions.

- *Availability, quality and statistical relevance of data*

Very little data was readily available at the commencement of the process. It was necessary to work with other councils to develop base data for analysis and then comparison.

- *Resource Constraints*

EHA has undertaken this body of work internally to minimise costs to its Constituent Councils. The time and effort required to drive the process whilst maintaining normal services has resulted in the delay in response to the initial request.

Development of Comparative Data

In the absence of any relevant league tables or comparative data to undertake “results” benchmarking, other local government environmental health providers needed to be engaged to participate in the benchmarking/comparison work.

One of Environmental Health Australia’s professional networking groups is the Environmental Health Managers Forum. In December 2014 councils represented at the forum were requested to consider participating in a benchmarking/comparison exercise.

During 2015 a data set measuring environmental health activities was developed, refined and agreed upon by participating member councils. Seven metropolitan councils and 1 rural council agreed to participate in addition to EHA, although not all councils completed the data set in its entirety.

The submitted data was collated, reviewed and cleansed where necessary and forms the basis of the results based benchmarking. Much of the data is purely quantitative, however in the Food Safety Enforcement area in particular the supplied data was interrogated and analysed more deeply.

The comparative data in relation to Food Safety Enforcement will now assist a subcommittee of the Environmental Health Managers Forum who are considering the uniformity and consistency of Food Safety Enforcement in South Australia.

A full report in relation to the data comparison/benchmarking is provided as attachment 1 to this report. It should be noted that the councils who have participated in the project have agreed that any public reporting should de-identify participants which is reflected in the report.

Brief Summary of Results

31 separate elements of Environmental Health Service provision were measured as seen in the graphs in the full report provided as attachment 1. The results for each element were ranked and then converted to a score for overall comparison between providers.

The results were broken into subcategories to reflect and separate purely quantitative measures and measures that provide some qualitative comparison. EHO and Immunisation activities were also analysed separately.

The resulting scores are detailed in the table below which show that EHA ranks the highest of any participant in each category.

EHA has a 27% higher score than the number 2 ranked respondent when considering the grand total of all measures considered.

Grand Total Score EHO Activities	EHA	B	H	C	G	F	I	J	E	D	A
	225	184	164	150	151	149	137	135	116	106	73
Grand Total Score Immunisation Activities	EHA	F	I	B	H	J	E	D	C	AL	G
	61.5	51	46.5	41	35.5	28	27.5	25	22		

Grand Total Score for Comparative Measures	EHA	B	F	H	I	J	G*	C	D	E	F*
	139	110	89	99.5	101	82.5	73	110	69.5	88	52.5
Grand Total Score for Quantatative Measures	EHA	B	F	H	I	J	G*	C	D	E	A*
	148	115	111	99.5	82	80	77.5	62	61.5	36.5	20.5
Grand Total Score all activities	EHA	B	F	H	I	J	C	G*	D	E	A*
	287	225	200	199	183	163	172	151	131	125	73

Summary

The comparison exercise has demonstrated clearly that EHA performs extremely well on any comparative measure and is clearly the highest ranking respondent when considering all of the data analysed.

RECOMMENDATION

That:

1. The Comparison Report is received.
2. A copy of the Comparison Report is provided to each Constituent Council.



Comparison Report

June 2016



local councils working together to protect the health of the community

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Eastern Health Authority (EHA) Benchmarking/Comparison Report

Author – Michael Livori – Chief Executive Officer

Introduction

The following request was received from the City of Burnside in June 2014.

That Council requests the Chief Executive Officer of the EHA and the Board of EHA to undertake the benchmarking of the EHA's services against other environmental health providers, including in-house provision by the Constituent Councils, and work with the Constituent Councils as required in order to report back to the Constituent Councils on their findings.

Subsequent to the request, EHA administrative staff have worked internally and externally to consider appropriate benchmarking/service comparison of activities with other councils to respond to the request. The report commences on the following page.

1 Defining the Environmental Health Activities/Services to Consider

The National Environmental Health Strategy (NEHS) notes that environmental health practice covers the assessment, correction, control and prevention of environmental factors that can adversely affect health, as well as the enhancement of those aspects of the environment that can improve human health.

At the local government level, a wide range of functions relate directly to public health and wellbeing as demonstrated in the “Better Living Better Health’ Regional Public Health and Wellbeing Plan for the Eastern Health Authority Constituent Councils.

Protection for Health is one of the key functions detailed in the plan and the EHA region is committed to protecting public health and safety through developing and enforcing public and environmental health performance standards, adopting a risk based approach to public health management and continuing to provide a high quality immunisation service.

In relation to Protection for Health, EHA provides a range of public and environmental health protection services (on behalf of its Constituent Councils) to ensure its Constituent Councils meet their responsibilities under components of the following Acts: *SA Public Health Act 2011*, *Food Act 2001*, *Supported Residential Facilities Act 1992* *Drinking Water Act 2011* and the *Environmental Protection Act 1993*.

These services which are diverse and in many instances complex include:

- Ensuring appropriate food safety standards are maintained in food premises
- Auditing food premises serving vulnerable populations
- Investigation of disease / food poisoning outbreaks
- Prevention of infectious diseases
- Provision of a safe potable water supply
- Removal, treatment and management of solid and liquid waste
- Regulation of defined personal care and body art services (hair dressing, tattooist, acupuncture, invasive beauty treatment)
- Regulation of High Risk Manufactured Water System (Legionella Control)
- Ensuring healthy housing and accommodation
- Vector control (rats, mice, mosquitoes)
- Management of recreational water including public pools/spas
- Immunisation for the public, schools and worksites
- Public Health at mass events
- Public health planning and promotion
- Protecting health in disasters and emergencies
- Monitoring and Licensing of Supported Residential Facilities
- Approval and monitoring of waste water control systems

2 Defining Benchmarking

Benchmarking, in the simplest terms, involves comparing performance to peers, understanding gaps in operations, and taking steps to close the gap and improve performance. It involves continuously evaluating the practices of best-in-class organizations and adapting organisational processes to incorporate the best of these practices. Webster's (unabridged) Dictionary defines benchmarking as: "A standard or point of reference in measuring or judging".

Comparisons of services may be based on results benchmarking (often combined with 'league tables') or process benchmarking. Ideally both forms are practised together. While results benchmarking is necessary to identify differences in performance, the numbers do not reveal the causes of divergence or the depth or quality of the work undertaken. Process benchmarking allows investigation of the causes of differential results. In addition to process and results benchmarking, benchmarking against standards is also common.

The requested benchmarking of EHA was not found to be a simple process. There were a number of challenges faced which included:

2.1 Finding Suitable Organisations to Benchmark With

There is no like organisation in South Australia. EHA is the only Regional Subsidiary created to fulfil public health obligations on behalf of its Constituent Councils.

2.2 Uniformity of Services Delivery and Risk Profile

Environmental Health units located within councils are responsible for delivering the broad range of health protection functions detailed previously. These functions are not homogeneous from council to council.

Councils will have differing proportions of Food Premises, Supported Residential Facilities, Waste Control Systems, High Risk Manufactured Water Systems, School Enrolment Numbers and Public Health complaints and Communicable Disease Investigations etc. The risk profile and complexity of the public health work required in relation to these activities is also variable making holistic comparison very difficult.

There are also significant differences in the way in which individual councils perceive environmental factors as causing a risk to public health. The problem can manifest in a reluctance of some councils to require rectification of defaults and, in some cases, to proceed to enforcement actions. This can clearly be seen in the Food Safety Enforcement Data.

2.3 Availability, quality and statistical relevance of data.

For effective benchmarking to occur the data to be considered should be easily available, in a central location, use common definitions and be of a statistically relevant sample size. Very little data was readily available (let alone sets of league tables) at the commencement of the process. It was necessary to work with other councils to develop base data for analysis and then comparison.

2.4 Resource Constraints

EHA has undertaken this body of work internally to minimise costs to its Constituent Councils. The time and effort required to drive the process whilst maintaining normal services has resulted in the delay in response to the initial request.

3 Informal Benchmarking / External Recognition

Benchmarking can occur at both a formal and informal level. In the context of the definition of benchmarking “*comparing performance to peers, understanding gaps in operations, and taking steps to close the gap and improve performance*”, EHA is continually undertaking informal benchmarking activities internally and with its local government peers.

From an internal perspective this involves team based meetings where work practices are discussed and critically analysed to ensure best practice and consistency of application of legislation and service standards.

From a wider environmental health industry perspective most learning from informal benchmarking comes from networking with people from other organisations at conferences, seminars, and Special Interest Groups. EHA encourages its staff to be actively involved in informal benchmarking through these avenues.

From an external recognition perspective, SA Health in conjunction the Local Government Association initiated the ‘Public and Environmental Health Award – Metropolitan Council of the Year’. The award, based on the annual reports submitted to the Minister for Health pursuant to the *Public and Environmental Health Act 1987* was presented between 2006 and 2012 for excellence in the provision of environmental health services. EHA were shortlisted for the award on six of the seven years that it was presented, were the inaugural winner of the award in 2006, in addition to being awarded the final award presented.

4 Development of Comparative Data

In the absence of any relevant league tables or comparative data to undertake “results” benchmarking, other local government environmental health providers needed to be engaged to participate in the benchmarking/comparison work.

One of Environmental Health Australia’s professional networking groups is the Environmental Health Managers Forum. In December 2014 councils represented at the forum were requested to consider participating in a benchmarking/comparison exercise.

During 2015 a data set measuring environmental health activities was developed, refined and agreed upon by participating member councils. Seven metropolitan councils and 1 rural council agreed to participate in addition to EHA, although not all councils completed the data set in its entirety.

The submitted data was collated, reviewed and cleansed where necessary and forms the basis of the following results based benchmarking.

Much of the data is purely quantitative, however in the Food Safety Enforcement area in particular the supplied data was interrogated and analysed more deeply. The comparative data in relation to Food Safety Enforcement will now assist a subcommittee of the Environmental Health Managers Forum who are considering the uniformity and consistency of Food Safety Enforcement in South Australia.

The councils who have participated in the project have agreed that any public reporting should de-identify participants.

5 Benchmarking / Comparative Data Results

5.1 Monitoring and Enforcement of Food Safety Standards

EHA's Enforcement Rationale

EHA has adopted an Enforcement Policy (the Policy) which determines the use of compliance and enforcement strategies in such a way as to best achieve legislated objectives in the public's interest.

The objectives of the Policy are to:

- assist, encourage or require individuals, organisations and businesses to fulfil their legal responsibilities without imposing unnecessary burdens.
- ensure that enforcement action is proportionate to the alleged offence in each case
- carry out duties in a fair, equitable and consistent manner
- be transparent in dealing with customers
- work with others and develop effective partnerships in achieving these objectives.

The policy has two guiding principles which centre on a **graduated** and **proportionate** response to non-compliance.

A **graduated** enforcement approach requires the initial use of milder enforcement options, such as education, verbal advice and written warnings. When compliance is not achieved, EHA will pursue more significant enforcement options such as Notices, Orders, Expiations and prosecution.

A **proportionate** response means that the extent of EHA's actions will be determined by having regard to the seriousness of the breach. Decisions about a **graduated** response must be balanced by the severity of the alleged offence.

In coming to a decision on the most appropriate means of enforcement, EHA considers, amongst other relevant factors, the following:

- the seriousness of the offence, i.e. risk to public health
- the degree of wilfulness involved
- the offender's past history
- the consequences of non-compliance
- the likely effectiveness of the various enforcement options
- deterrence

The circumstances in which informal action may be appropriate include:

- the act or omission is not serious enough to warrant formal action

- the offender's past history reasonably suggests that informal action will secure compliance
- confidence in the individual/organisation is high
- the consequences of non-compliance will not pose a significant risk
- where informal action may prove more effective than a formal approach. This may be particularly relevant in the case of voluntary organisations using volunteers
- where statutory action is not possible but it would be beneficial in a wider public health context to urge a particular outcome.

EHA serves statutory Notices where it has a duty to do so unless there are good reasons for not doing so.

As can be seen in the following Food Safety enforcement data (specifically graphs 9 to 13) there is a high degree of variability of application of enforcement measures across jurisdictions. It is unlikely that the base standards of food hygiene found in food premises across South Australia is as variable as the enforcement data suggests.

The variation in data is more likely due to the fact that some Enforcement Agencies have a more mature approach to Food Safety enforcement, have adopted and apply an appropriate Enforcement Policy and have broad organisational support for the use of appropriate enforcement mechanisms.

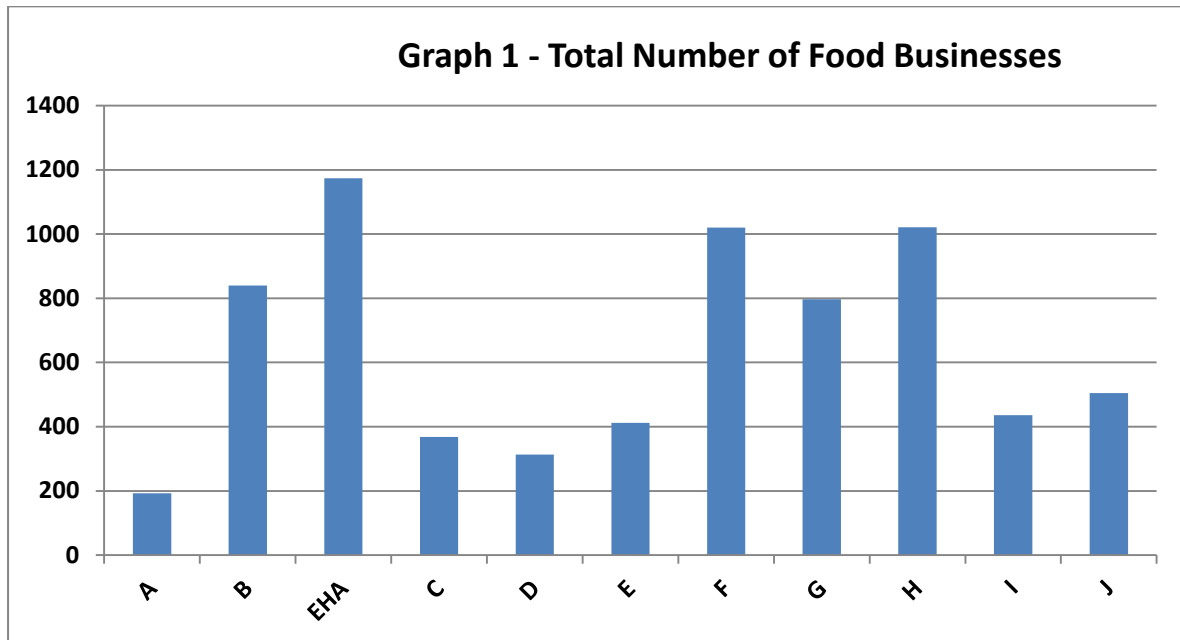
When considering the comparison of a service activity such as Food Safety enforcement it is important to apply sufficient weight to the complexity and time consuming nature of the enforcement process.

Generally the complexity and time consumed is found to be proportionate to the severity of the enforcement mechanism used.

General Food Business Inspection Data

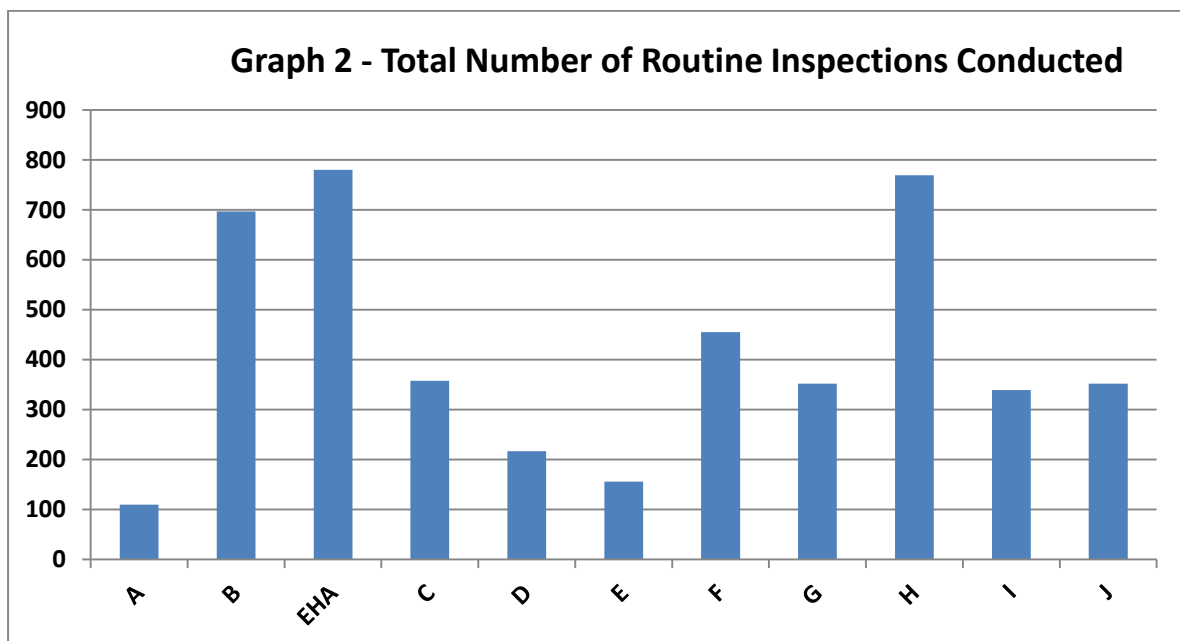
Graph 1 illustrates the total number of food business in each enforcement agency.

EHA is responsible for the highest number of food businesses in South Australia (1,174). The number of businesses is 15% more than any other jurisdiction.



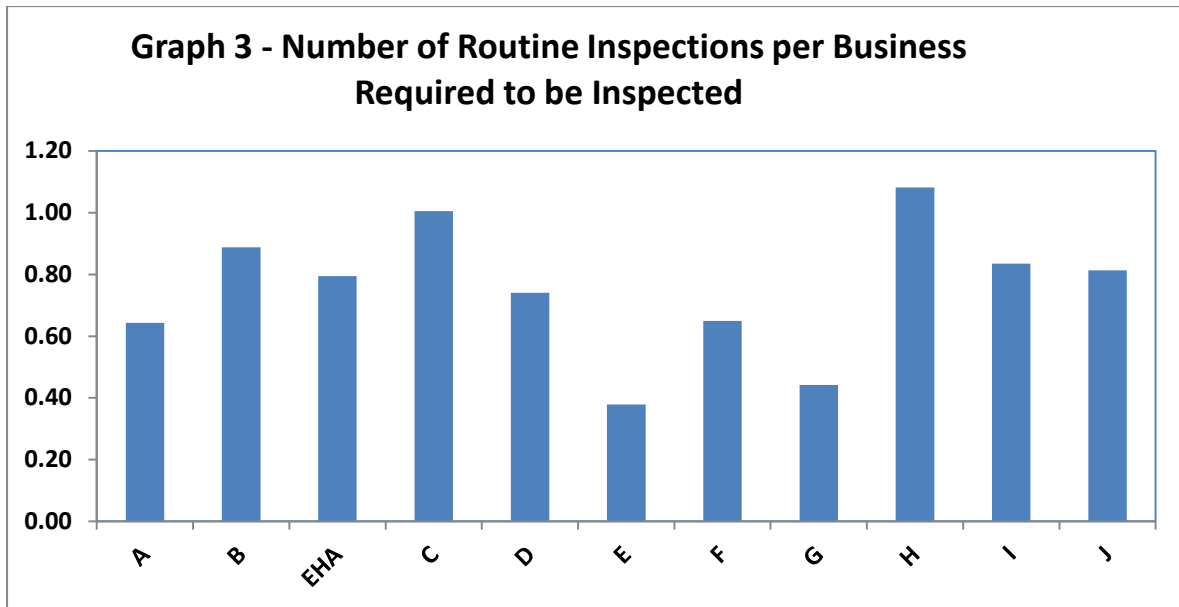
Graph 2 details the total number of routine inspections conducted.

EHA conducted the highest number of routine inspections (780) during the reporting period. This was despite having EHO positions vacant for periods of time.



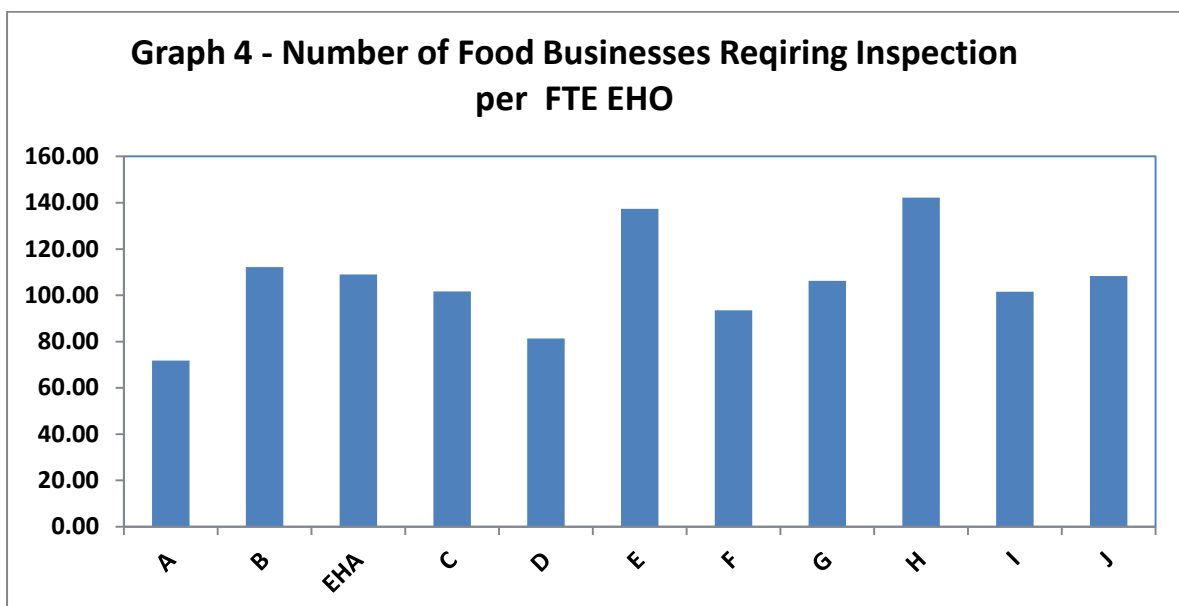
Graph 3 is an estimation of the percentage of businesses requiring inspection that were actually inspected.

EHA inspected 80% of businesses requiring inspection in the reporting period. Values range from 38% to 108% with the average being 75%. As detailed previously EHA numbers were affected by available staff numbers being down approximately 20%.



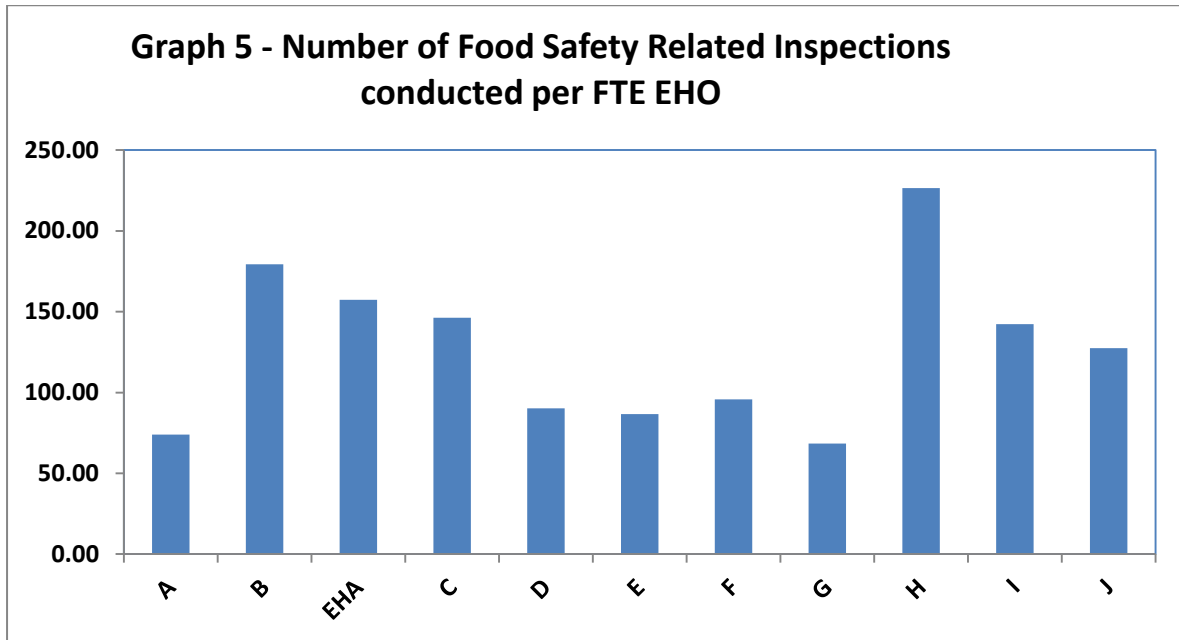
Graph 4 estimates the numbers of food businesses required to be inspected per FTE officer (assuming full staffing).

It should be noted that only a portion of each FTE officer’s time is consumed by Food Safety Surveillance and Enforcement and that the proportion of time spent on food activities will vary from officer to officer and from council to council. Numbers range from 71 to 142 with an average of 105. EHA’s required numbers are 109.



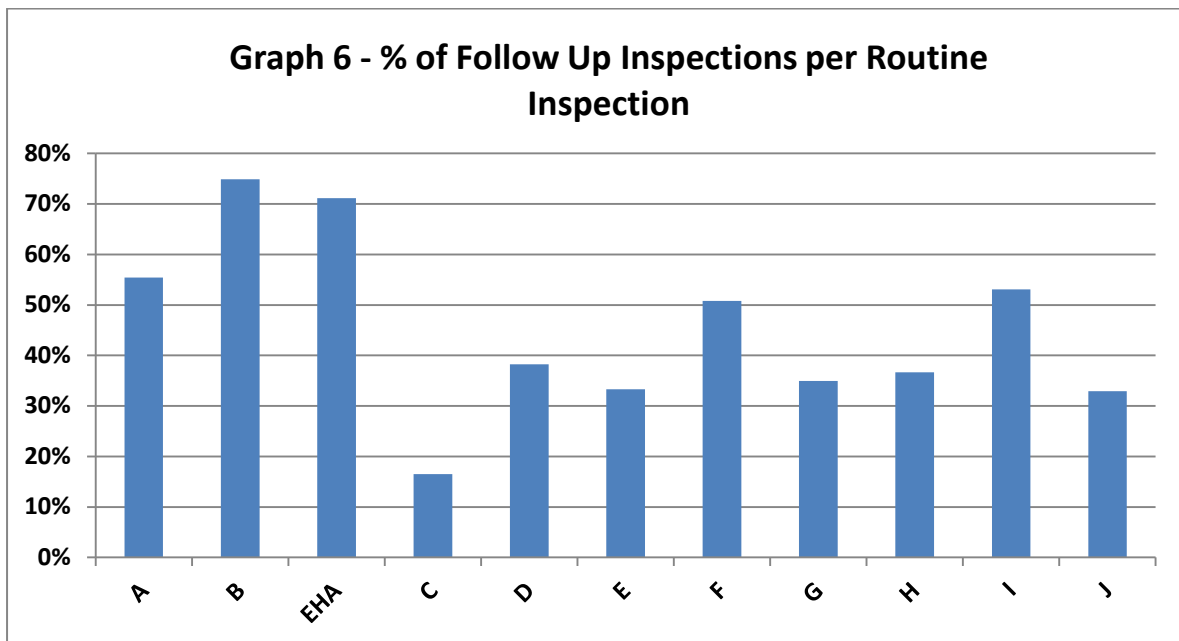
Graph 5 details the total number of Food Safety Inspections conducted per FTE officer.

This measure includes routine, follow up and complaint inspections. Numbers range from 68 to 226 with an average of 130. EHA officers conducted 195 inspections per FTE EHO.



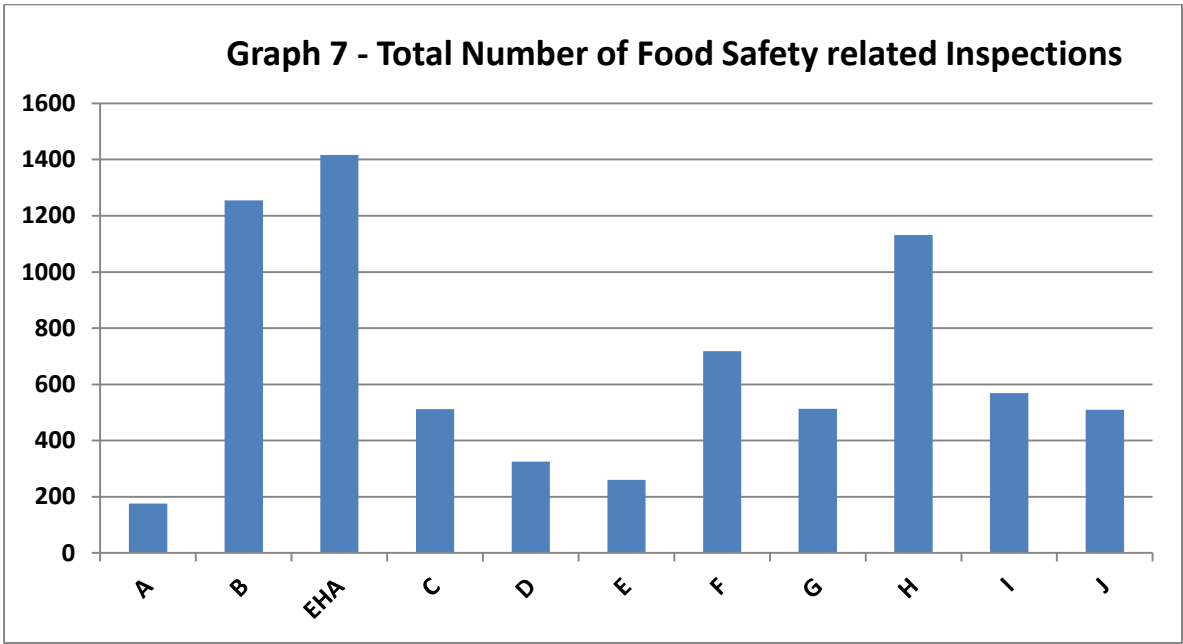
Graph 6 details the percentage of follow up inspection conducted per routine inspection.

This graph provides an indication of the efforts taken to ensure non compliances found at routine inspections are rectified in a timely manner. Values range from 16% to 75% with an average of 45%. EHA follow up rate was 71%.



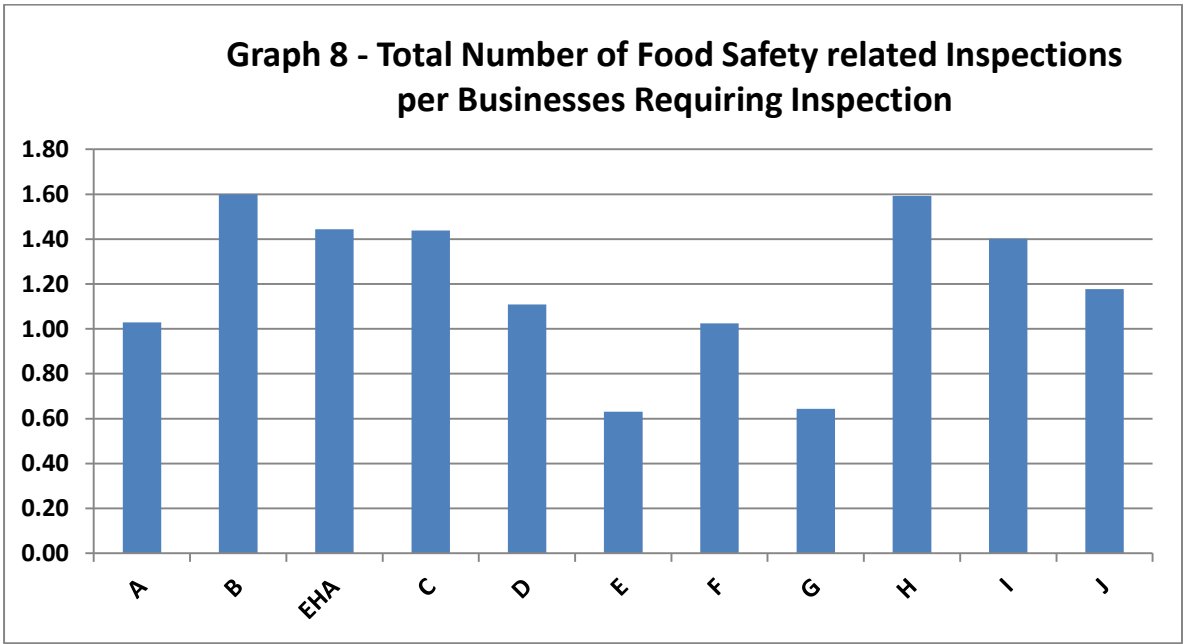
Graph 7 details the total number of Food Safety related inspections conducted.

It shows that EHA conducted 1,417 in the reporting period.



Graph 8 Details the total number of Food Safety related inspections conducted per business.

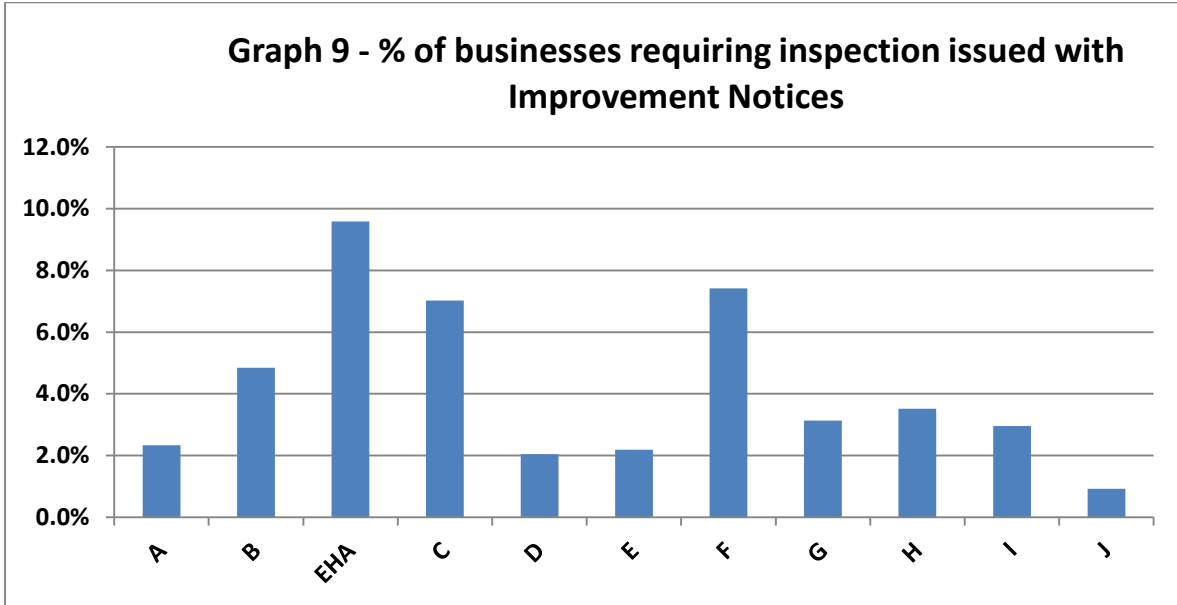
Values range from 0.63 to 1.60 with an average of 1.2. EHA's rate was 1.44 and as detailed previously this value was affected by staff absence.



Food Safety Enforcement

Graph 9 details the percentage of businesses that were issued with an improvement notice.

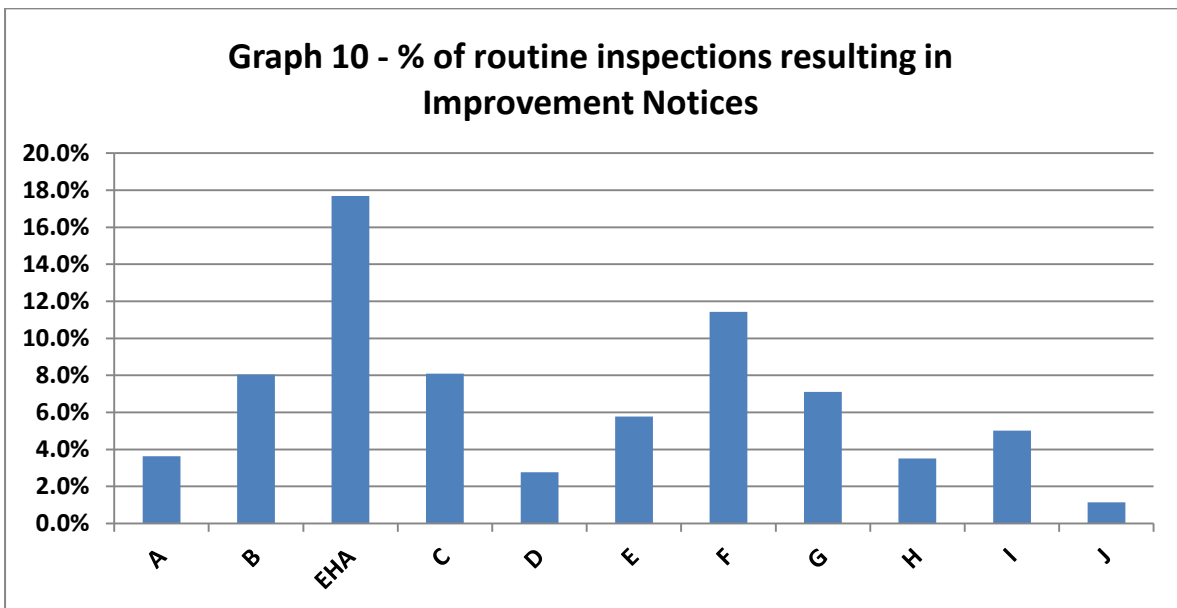
Values range from 0.9% to 9.6% with an average of 4.2%. EHA's rate was the highest at 9.6%.



While Graph 9 considered Improvement Notice issued per business, Graph 10 considers the percentage of actual routine inspections resulting in the issue of an Improvement Notice.

Values range from 1.1% to 17.7% with an average of 6.7%.

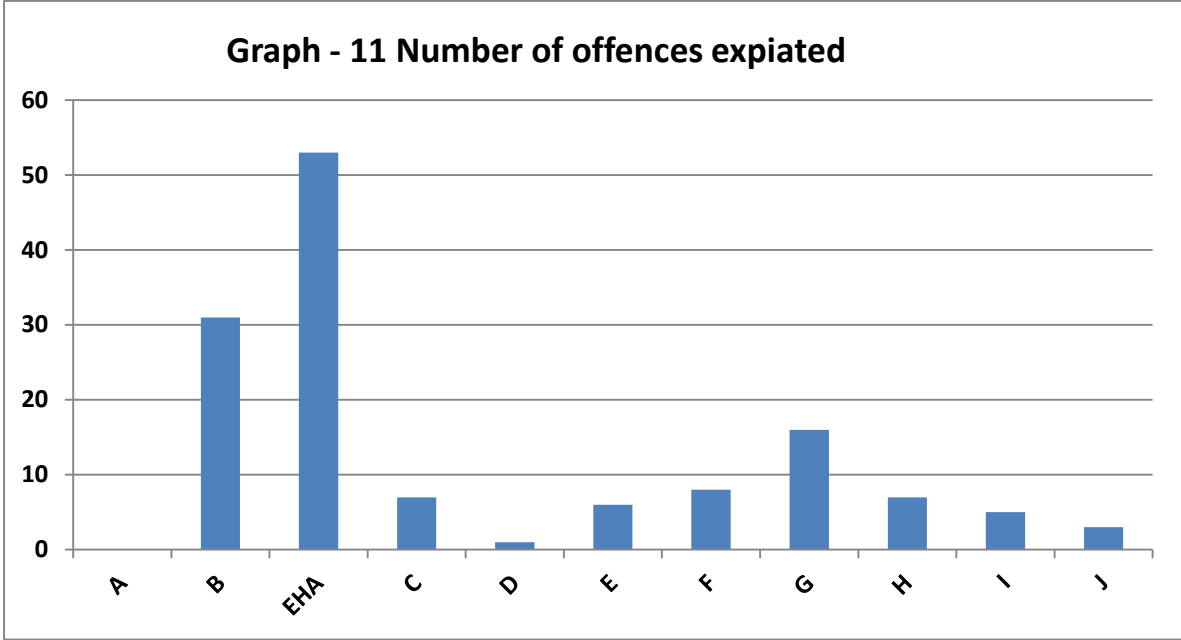
EHA's rate was the highest again at 17.7%.



Graph 11 details the number of offences expiated.

Values range from 0 to 53 with an average of 12.

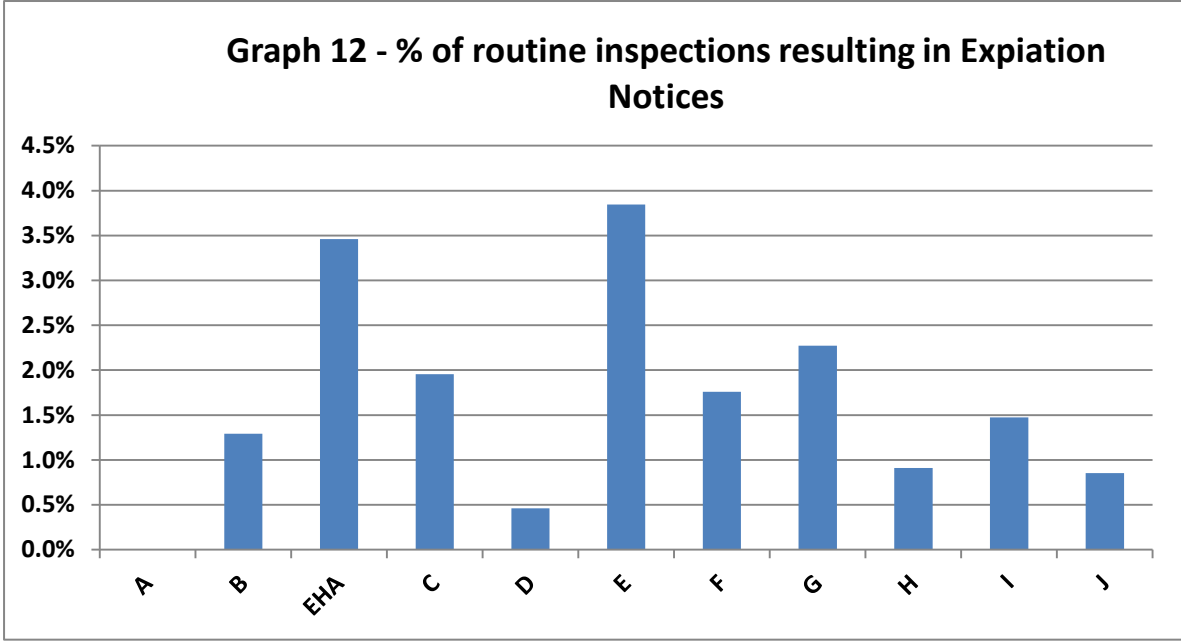
EHA's rate was the highest with 53 offences expiated.



Graph 12 details the number of routine inspections that resulted in the issue of an expiation notice.

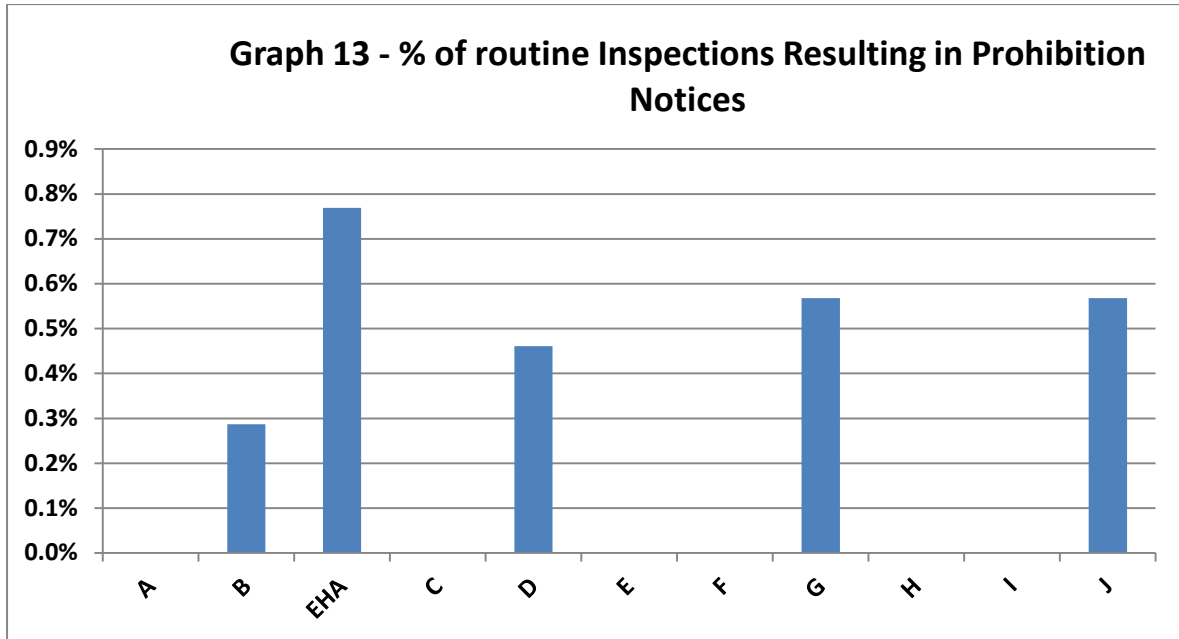
The values range from 0% to 3.8% with an average of 1.7%.

EHA's rate was 3.5%.



Graph 13 details the percentage of routine inspection that resulted in the issue of a Prohibition Order where part or all of a business was closed down for a period of time.

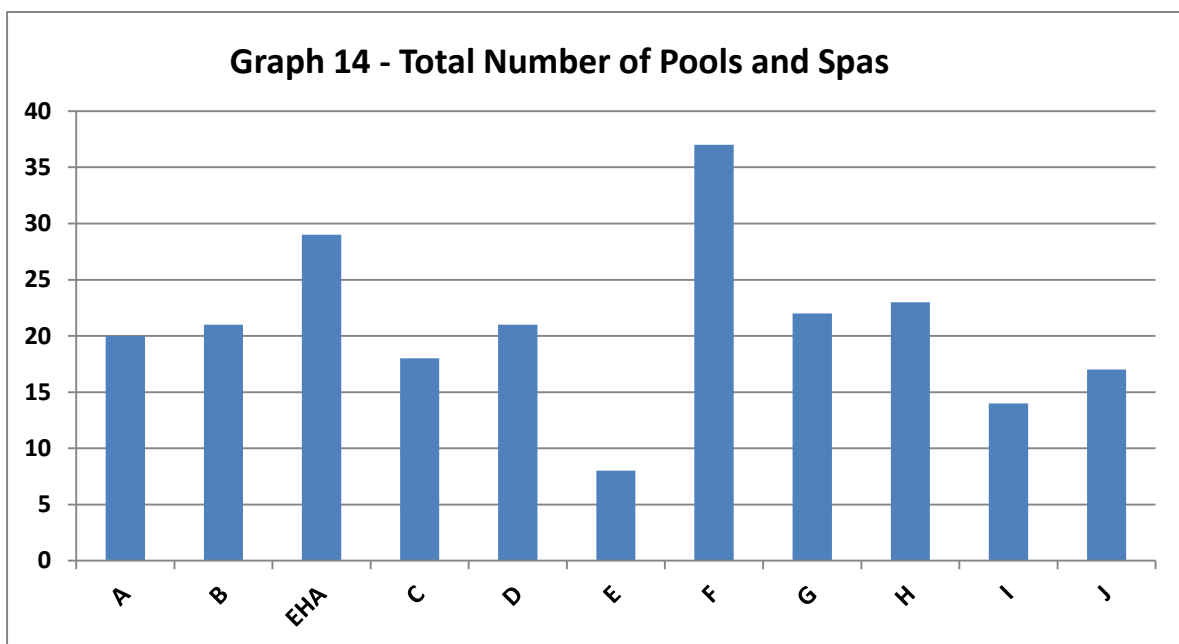
Values ranges from 0% to 0.8% with an average of 0.2%. While the numbers were low, EHA issued 6 Prohibition Orders in the reporting period equating to a percentage issued per inspection of 0.8%.



5.2 Monitoring of Pool and Spas

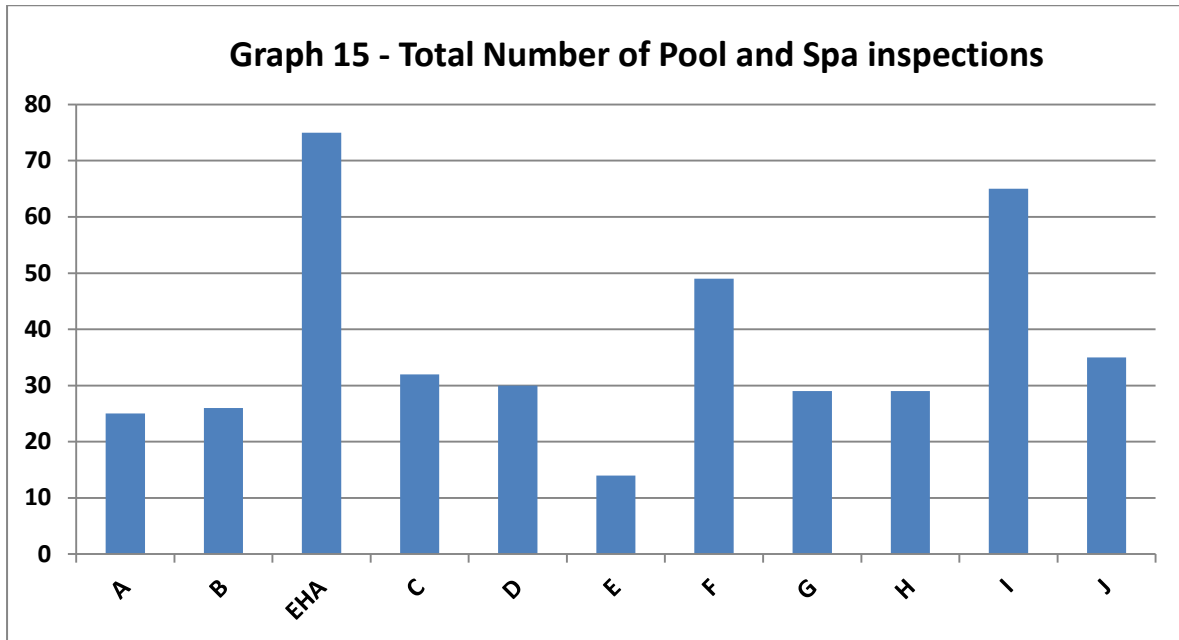
Graph 14 details the number of pools and spas requiring inspection.

EHA has the second highest number of pools and spas requiring assessment (29).



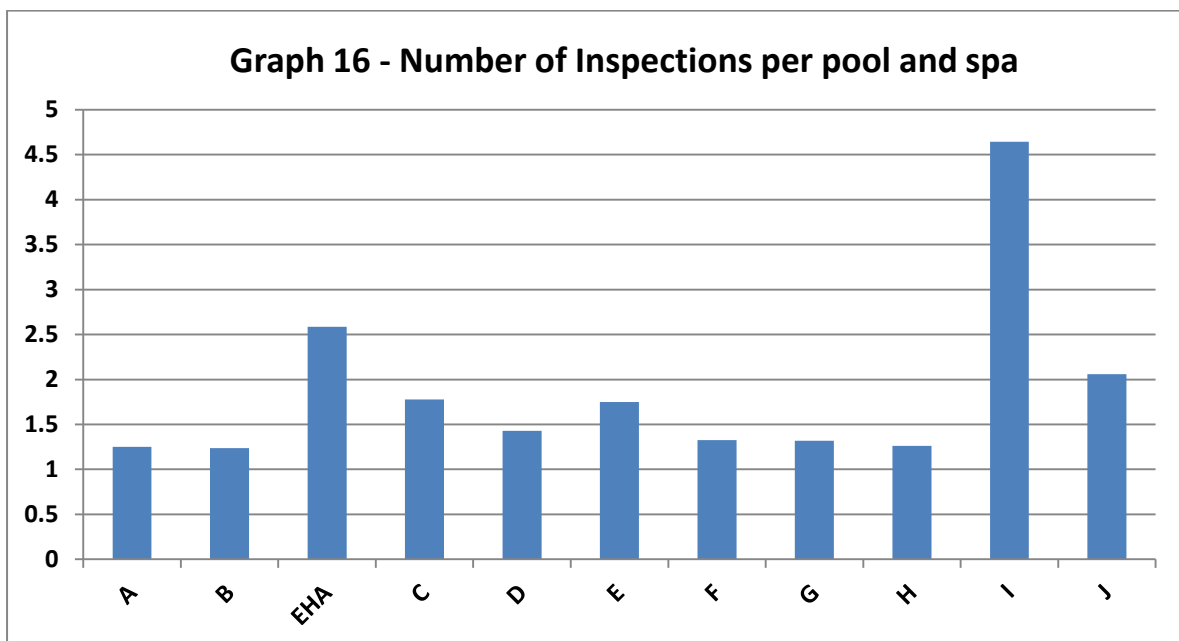
Graph 15 details the number of water quality assessment undertaken of public spas and pools.

EHA undertook the highest number of assessment (75).



Graph 16 details the number of inspections undertaken per pool and spa.

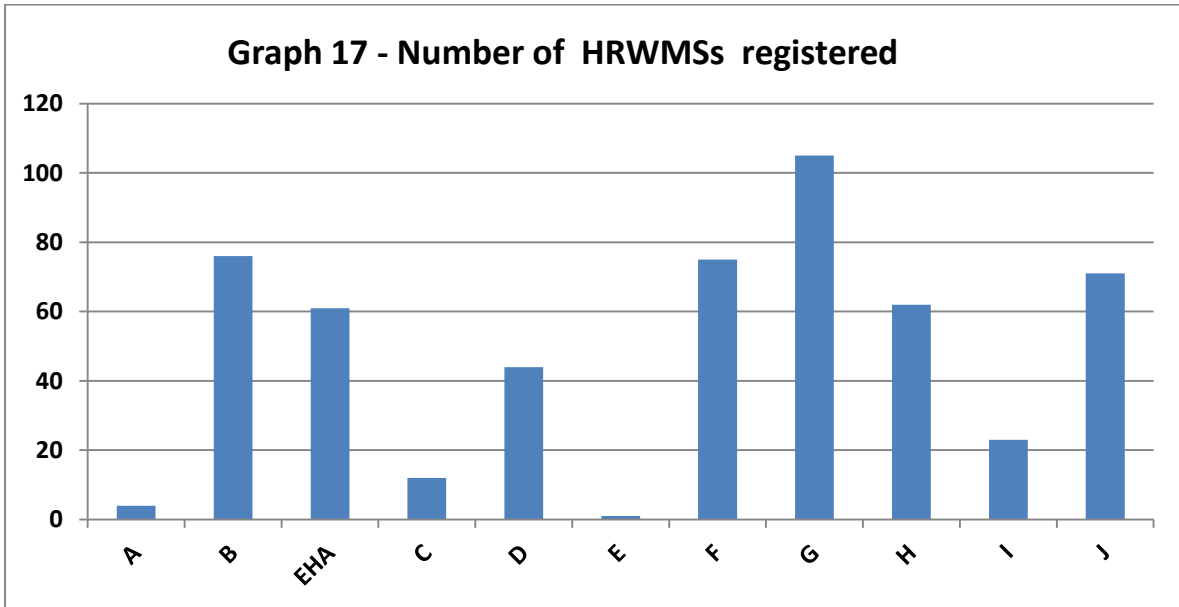
Values range from 1.2 to 4.6 to 53 with an average of 12. EHA's rate was second highest at 2.6 inspections per pool.



5.3 Monitoring of High Risk Manufactured Water Systems

Graph 17 details the number of High Risk Manufactured Water Systems (HRMWS) requiring monitoring and testing.

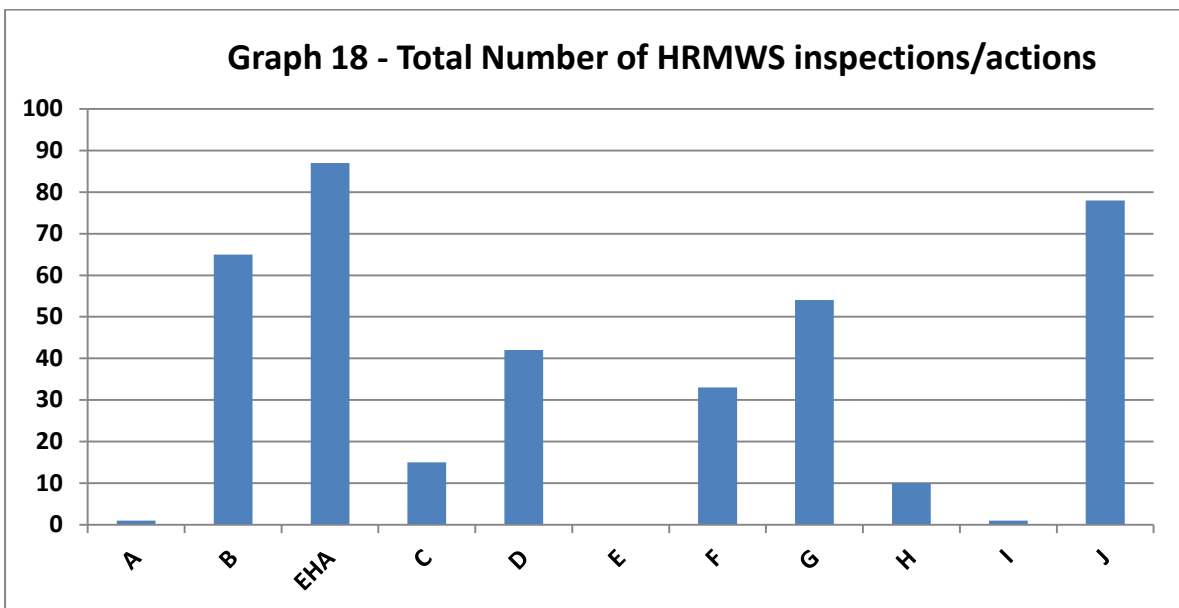
Values range from 1 to 105. EHA has 61 registered systems.



Graph 18 details the number of inspection/actions undertaken in relation to HRMWS.

Values range from 0 to 87.

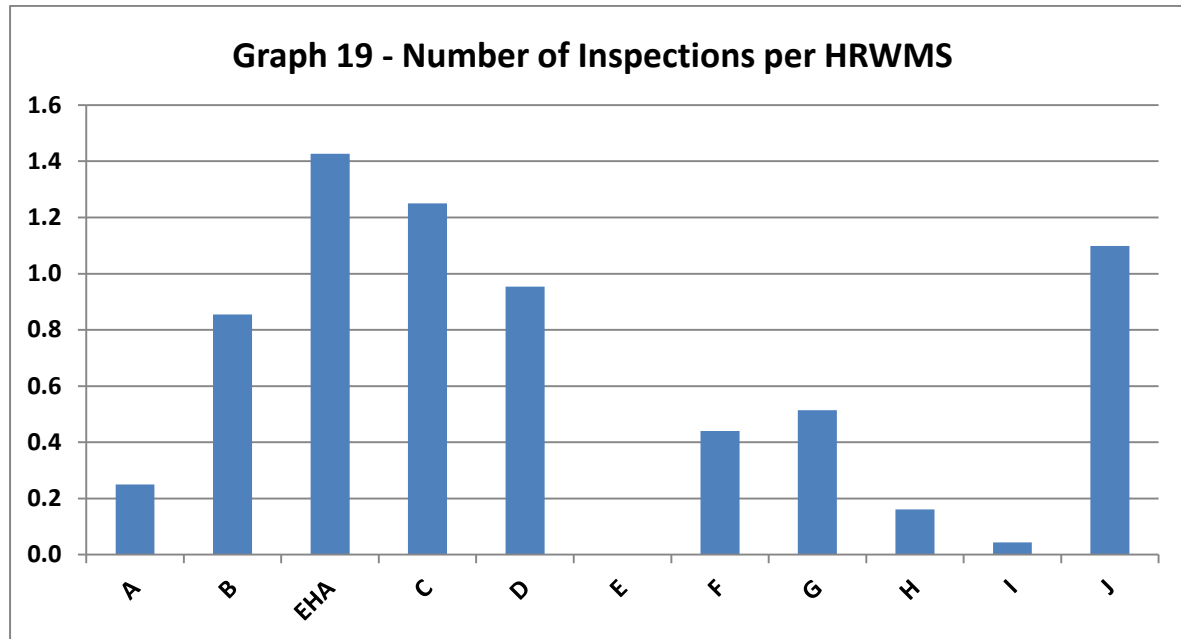
EHA undertook 87 inspections/actions.



Graph 19 details the number of inspections/actions undertaken per HRMWS.

Values range from 0 to 1.4.

EHA undertook 1.4 inspections/actions per HRMWS.

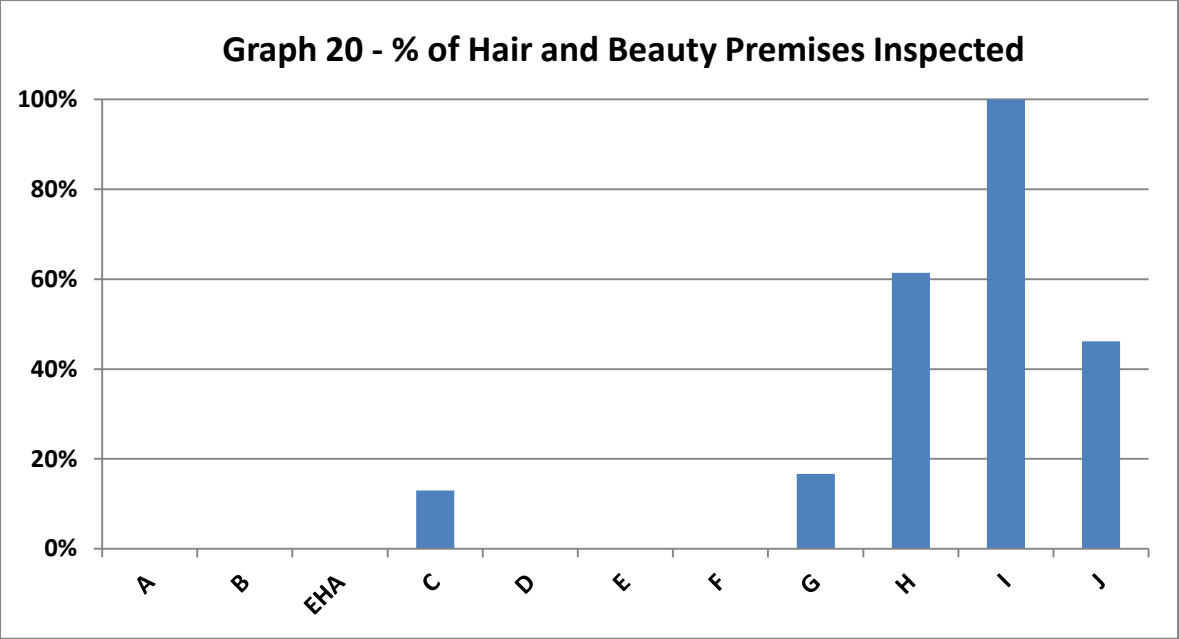


5.4 Monitoring of Personal Care and Body Art Standards

Graph 20 details the numbers of inspections of Personal Care and Body Art Services conducted.

Values range from 0% to 100%.

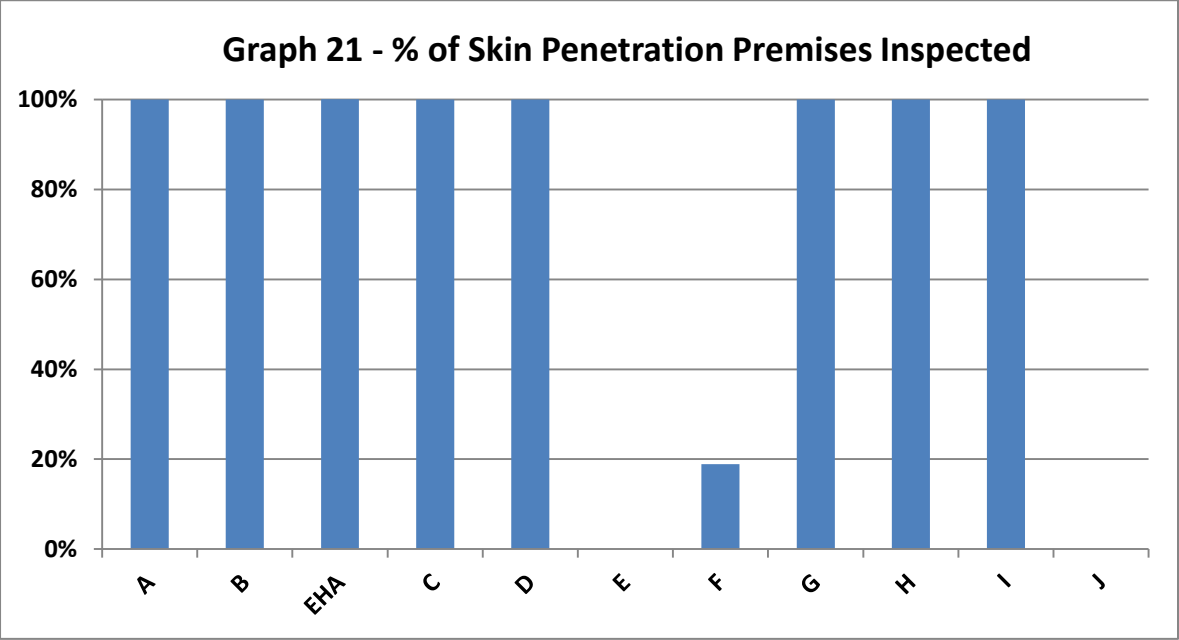
Personal Care and Body Art (PCBA) includes acupuncture, tattooing, hair dressing and beauty therapy. A risk assessment tool was developed and applied to these practices, to determine an appropriate inspection frequency that is proportionate to the inherent risk. Acupuncturists are considered low risk due to utilising single use equipment and have sound operator knowledge. Skin penetration methods applied during tattooing and body piercing are deemed as high risk and inspected annually. Hairdressers are currently inspected on a complaint basis as they do not involve skin penetration procedures. In the past the risk associated with the beauty industry practices were considered low. However, techniques and services within this industry have evolved, with practices such as ‘permanent make-up’ and ‘derma rolling’ involving high risk skin penetration techniques. As a result the inspection frequency applied varies from low to high, dependent on services offered at the individual premises.



Graph 21 details the % of Skin Penetration Premises inspected.

Values range from 0% to 100%.

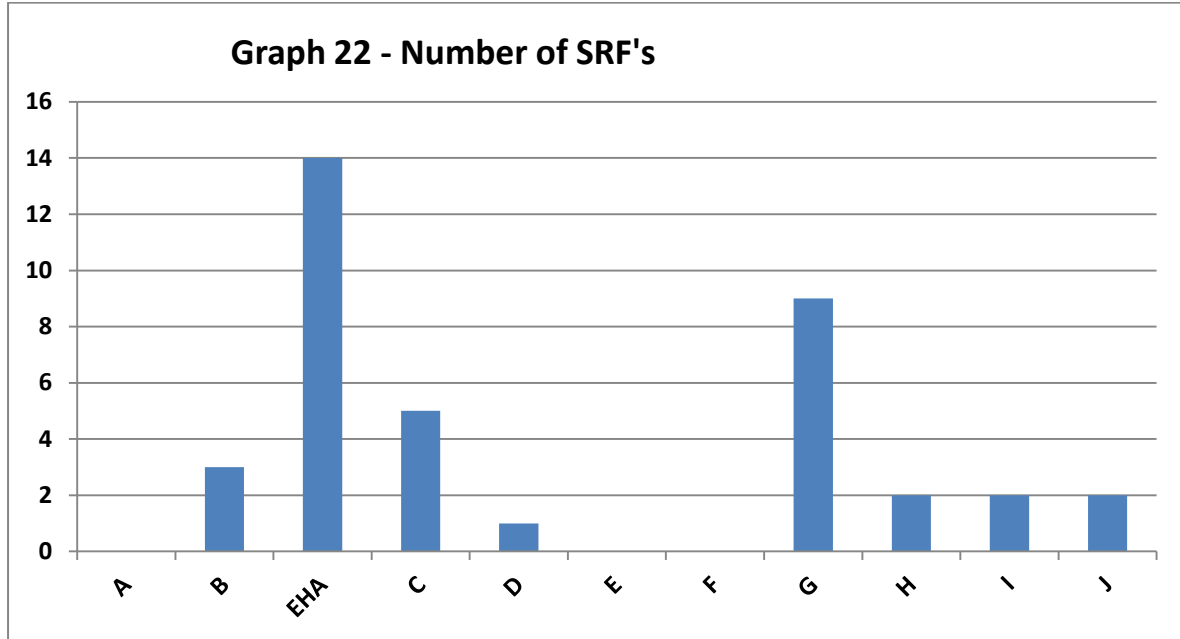
EHA inspects 100% of these premises.



5.5 Licensing and Monitoring of Standards in Supported Residential Facilities

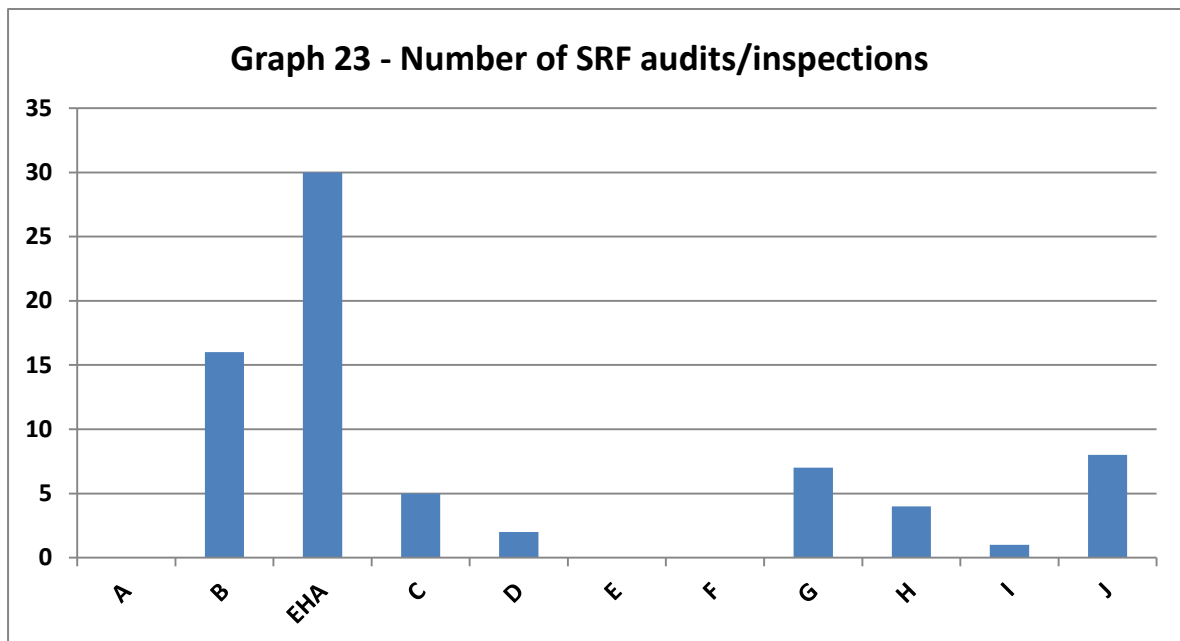
Graph 22 details the number of SRF's required to be licensed and monitored.

Values range from 0 to 14. EHA has 14 SRF's in it area with the next closest council having 9.



Graph 23 details the numbers of audits/inspections conducted at SRF's.

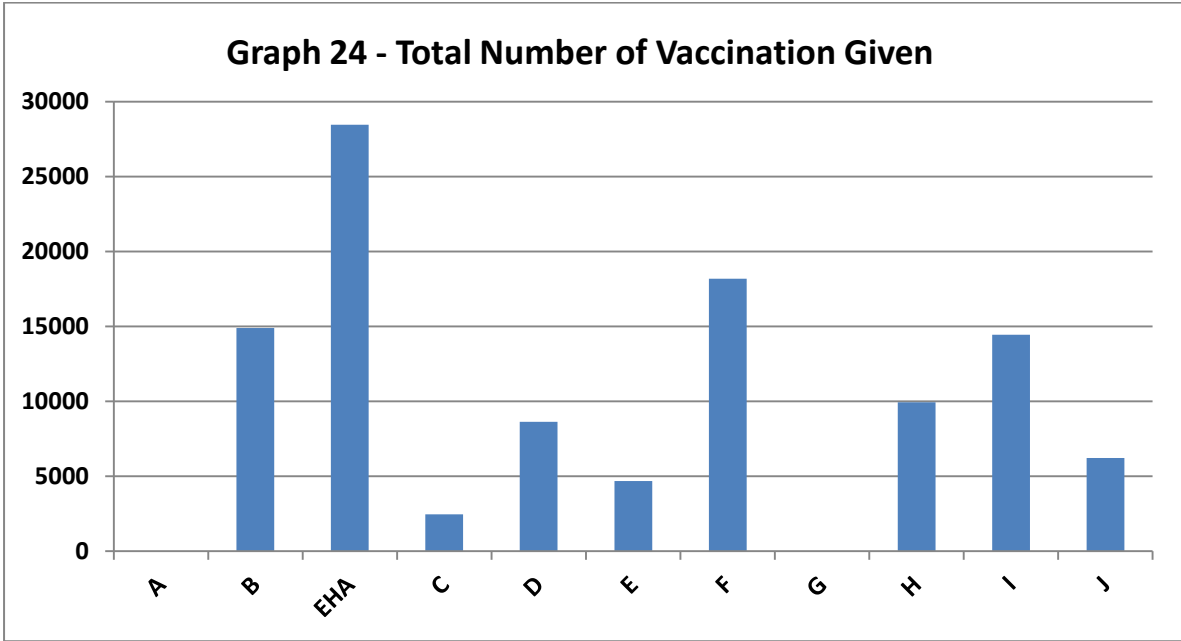
Values range from 1 to 30. EHA conducted 30 audits/inspections. The time spent on SRF's is difficult to quantify and compare as complex issues, complaints and licensing applications can consume a large amount of time and resources. This is also likely a large variance in application of standards.



5.6 Provision of Immunisation Services

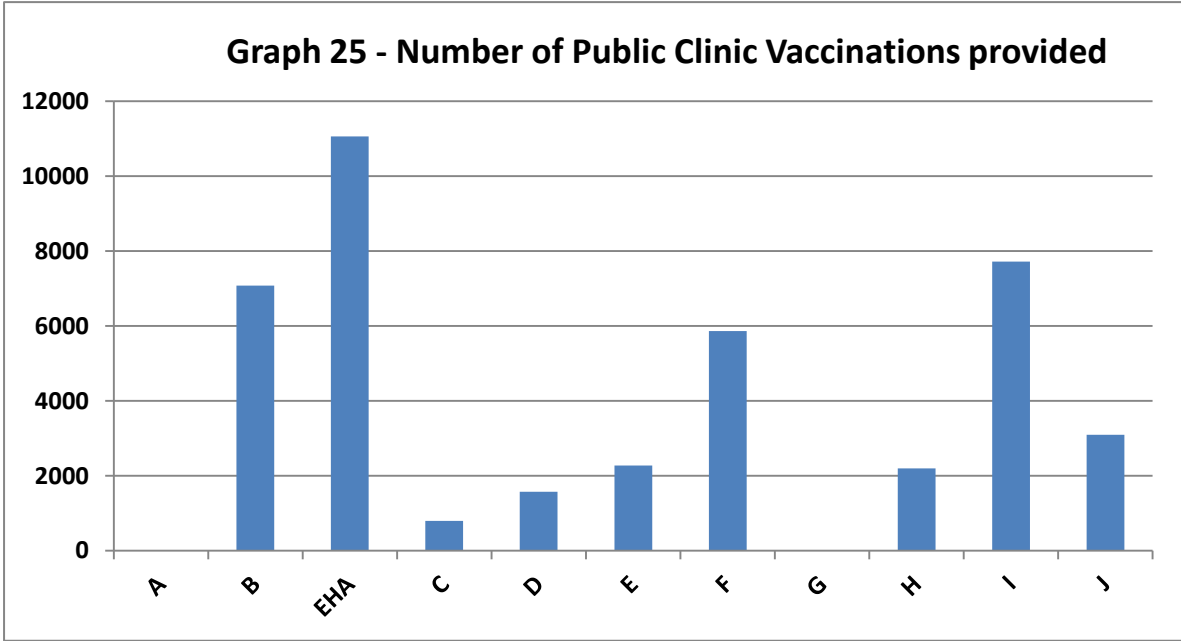
Graph 24 details the total number vaccines provided at Public Clinics, Schools and Worksites.

EHA provided 28,458 vaccines, approximately 10,000 more than the next biggest provider.



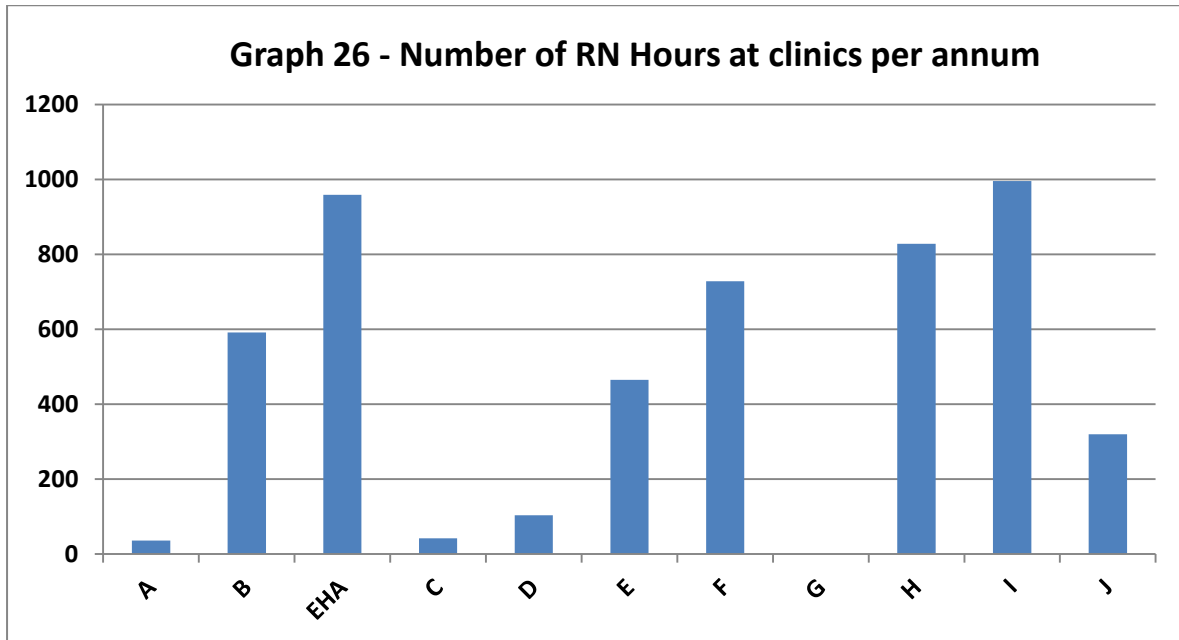
Graph 25 details the numbers of vaccines provided at Public Clinics.

EHA provided 11,062 vaccines, 40% more than any other provider.



Graph 26 details the total number of Registered Nurse (RN) hours provided at clinics per annum.

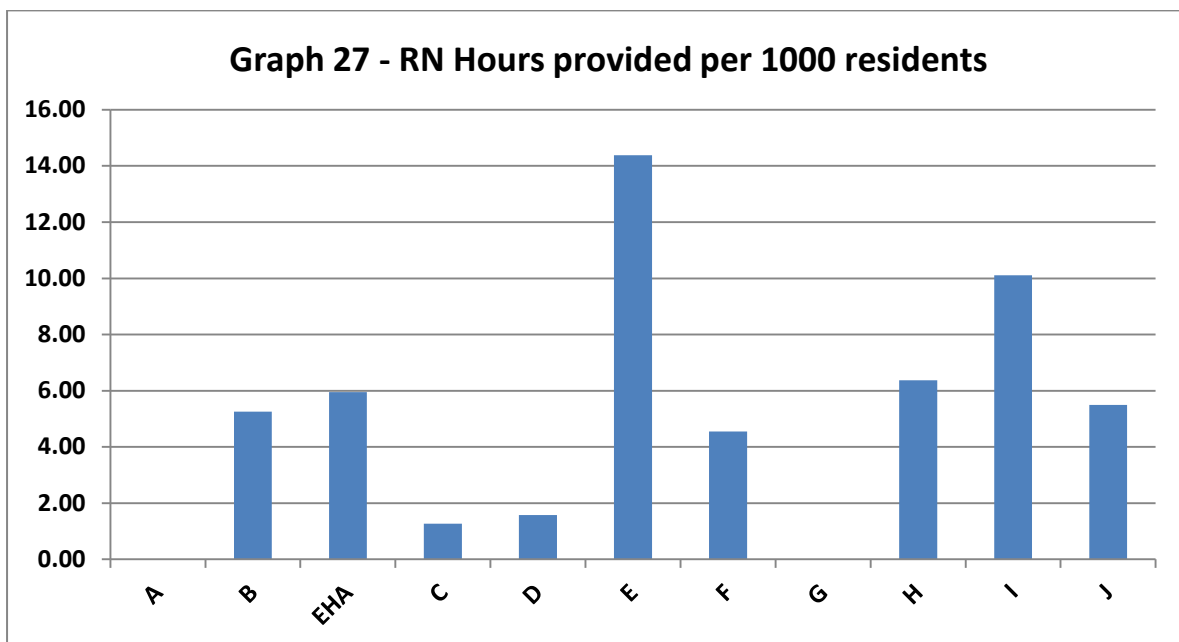
Values range from 36 to 996. EHA provides 959 RN hours of clinic time.



Graph 27 details the number of RN Hours provided at public clinics per 1000 residents.

Values range from 1.27 hours to 14.38 with an average of 6.15 hours.

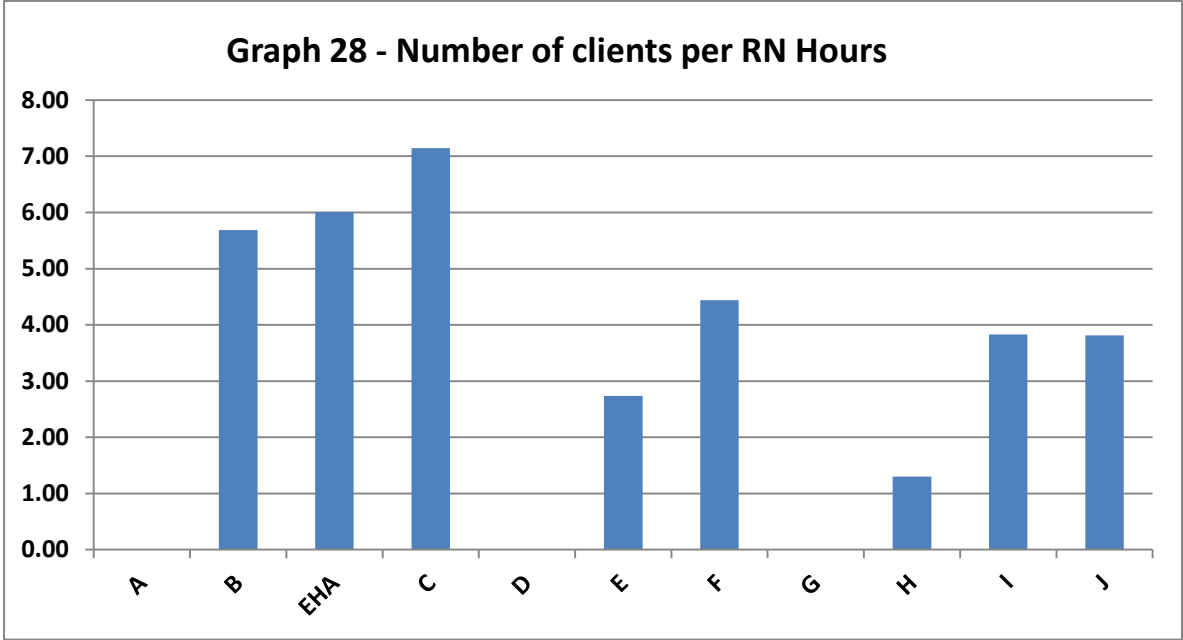
EHA provides 6.31 hours per 1,000 residents.



Graph 28 details the number of clients provided immunisation per RN hours.

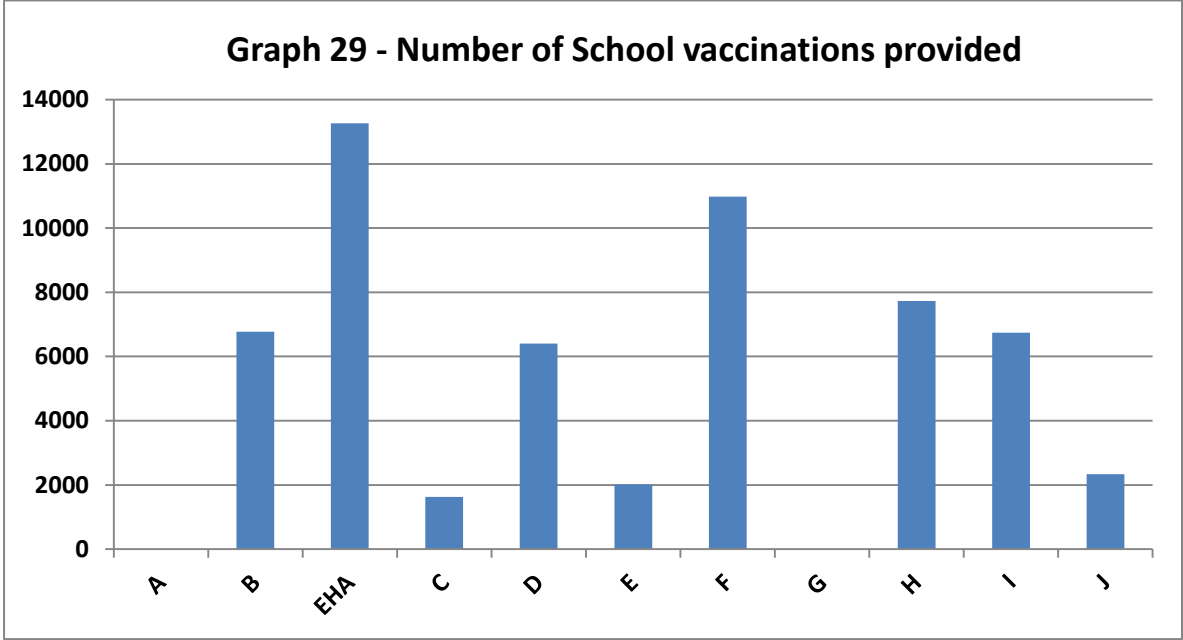
Values range from 1.3 to 7.14 with an average of 3.88.

EHA averages 5 clients per RN hour.



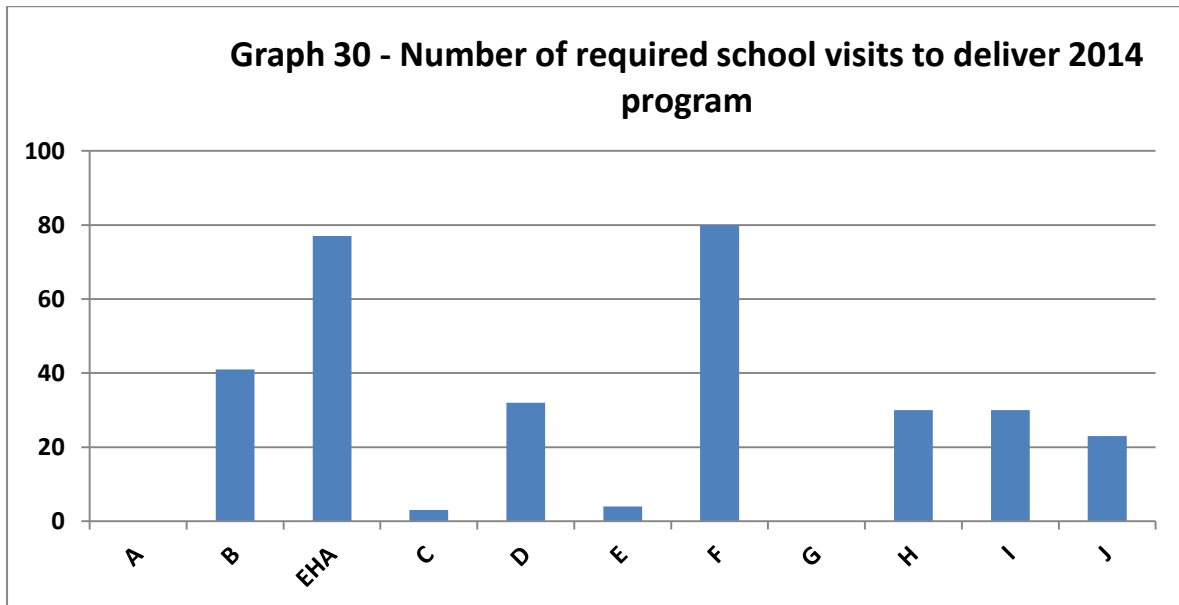
Graph 29 details the numbers of School vaccinations provided.

EHA has the highest number of vaccinations at 13,258.



Graph 30 details the number of visits required to deliver the School Based Immunisation Program (SBIP).

EHA required 77 school visits to deliver the program in 2014 second to Council F who had 80. It should be noted that EHA delivered 2,200 more vaccines than Council F.

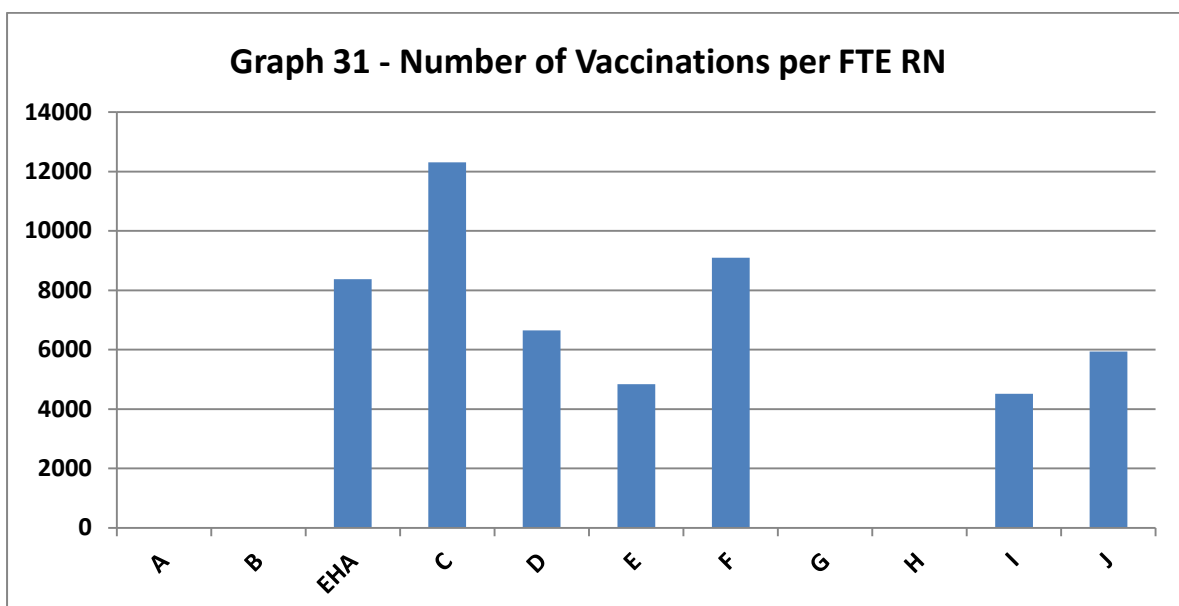


Graph 31 details the total number of vaccines delivered per fulltime equivalent Registered Nurse.

Values range from 4,251 to 12,310.

EHA nurses delivered 7,548 vaccines per annum.

It should be noted that Council C numbers are based on 2,462 vaccines, compared to EHA's 28,458.



5.7 Participating Council Overall Comparative Rankings and Score

A system was developed to attempt to provide an overall comparative score for each participating councils based on the submitted data.

Developing an appropriate system was challenging. Particularly the fact that each piece of data used for comparison does not necessarily have the same weighting as the next.

Whilst acknowledging the absence of weighting the system described below was used.

In the first instance, each council was given a ranking for each piece of data analysed in graphs 1 through 31.

The 11 councils who provided data were ranked from 1 (highest) through 11 (lowest). Where necessary averaging was used to develop a final ranking where sample data were identical. Where less than the 11 councils responded to a question the rankings were adjusted accordingly.

The respondents were then given a score which corresponded with their ranking. The example below shows the scores for each rank where 11 councils responded.

Rank	1		Score	11
Rank	2		Score	10
Rank	3		Score	9
Rank	4		Score	8
Rank	5		Score	7
Rank	6		Score	6
Rank	7		Score	5
Rank	8		Score	4
Rank	9		Score	3
Rank	10		Score	2
Rank	11		Score	1

Where less than 11 councils responded, the score was determined by the number of respondents. Where 8 councils responded as an example the highest score allocated would be 8.

The data was categorised and scored as either quantitative data or comparative data.

Subcategories were developed for EHO activities and Immunisation activities

All data was combined to provide an overall score.

5.8 Comparative Data Rankings

Comparative Measures - EHO Activities												
Council Ranking												
Measure	EHA	A	B	C	D	E	F	G	H	I	J	
3	No of Routine Inspections per Business Requiring Inspection	4	8	3	2	7	11	8	10	1	4	4
4	Number of Food business Requiring inspection per FTE EHO	4	11	3	8	10	2	9	6	1	6	4
5	Number of Food Safety Related inspections conducted per FTE EHO	2	10	3	4	8	9	7	11	1	4	6
6	% of Follow up Inspections per Routine Inspection	2	3	1	11	6	9	5	8	7	4	10
8	Total Number of Food Safety related inspections per Business Requiring Inspection	3	8	1	3	7	11	8	10	2	5	6
9	% of Businesses requiring inspection issued with Improvement Notices	1	8	4	3	10	9	2	6	5	7	11
10	% of routine inspections resulting in Improvement Notices	1	8	3	3	10	6	2	5	8	7	11
12	% of routine resulting in Expiation Notices	2	11	7	4	10	1	5	3	8	6	9
13	% of routine Inspections Resulting in Prohibition Notices	1	6	5	6	4	6	6	2	6	6	2
16	Number of Inspections per pool and spa	2	11	10	4	6	4	7	7	9	1	3
19	Number of Inspections per HRWMS	1	8	5	2	4	11	7	6	9	10	3
20	% of Hair and Beauty Premises Inspected	6	6	6	5	6	6	6	4	2	1	3
21	% of Skin Penetration Premises Inspected	1	1	1	1	1	10	9	1	1	1	10

Comparative Measures - EHO Activities												
Ranking Converted to Score												
Measure		EHA	B	C	H	I	F	G	J	D	E	A
3	No of Routine Inspections per Business Requiring Inspection	7	9	10	11	7	3.5	2	7	5	1	3.5
4	Number of Food business Requiring inspection per FTE EHO	7.5	9	4	11	5.5	3	5.5	7.5	2	10	1
5	Number of Food Safety Related inspections conducted per FTE EHO	10	9	7.5	11	7.5	5	1	6	4	3	2
6	% of Follow up Inspections per Routine Inspection	10	11	1	5	8	7	4	2	6	3	9
8	Total Number of Food Safety related inspections per Business Requiring Inspection	8.8	11	8.5	10	7	4	2	6	5	1	4
9	% of Businesses requiring inspection issued with Improvement Notices	11	8	9	7	5	10	6	1	2	3	4
10	% of routine inspections resulting in Improvement Notices	11	8.8	8.5	4	5	10	7	1	2	6	4
12	% of routine inspections resulting in Expiation Notices	10	5	8	4	6	7	9	3	2	11	1
13	% of routine Inspections Resulting in Prohibition Notices	11	7	5.5	5.5	5.5	6	9.5	9.5	8	5.5	5.5
16	Number of Inspections per pool and spa	10	2	7.5	3	11	5.5	5.5	9	6	7.5	1
19	Number of Inspections per HRWMS	11	7	10	3	2	5	6	9	8	1	4
20	% of Hair and Beauty Premises Inspected	6	6	7	10	11	6	8	9	6	6	6
21	% of Skin Penetration Premises Inspected	7.5	7.5	7.5	7.5	7.5	3	7.5	1.5	7.5	1.5	7.5
Total		120.8	100.3	94	92	88	75	73	71.5	63.5	59.5	52.5

Comparative Measures - Immunisation Activities												
Council Ranking												
Measure		EHA	A	B	C	D	E	F	G	H	I	J
27	RN Hours provided per 1000 Residents	3		6	9	8	1	7		3	2	5
28	Number of Clients per RN Hours	2		3	1		7	4		8	5	6
31	Number of Vaccination per FTE RN	3			1	4	6	2			7	5
Ranking Converted to Score												
Measure		EHA	C	F	E	I	J	B	H	D	G	A
27	Vaccination Given (all)	6.5	1	3	9	8	5	4	6.5	2		
28	Public Clinic Vaccinations	7	8	5	2	4	3	6	1			
31	RN Hours at clinics per annum	5	7	6	2	1	3			4		
Total		18.5	16	14	13	13	11	10	7.5	6		

Grand Total Score for Comparative Measures	EHA	B	F	H	I	J	G*	C	D	E	A*
	139	110	89	99.5	101	82.5	73	110	69.5	88	52.5

As seen in the information provided above EHA is ranked number 1 overall for comparative data.

**Councils that did not provide any data in relation to immunisation*

5.9 Quantitative Data Rankings

Quantatative Measures - EHO Activities												
Council Ranking												
Measure		EHA	A	B	C	D	E	F	G	H	I	J
1	Food Businesses	1	11	4	9	10	8	2	5	2	7	6
2	Routine Inspections Conducted	1	11	3	5	9	10	4	5	2	8	7
7	Food Safety Related Inspections	1	11	2	6	9	10	4	6	3	5	6
11	Food Act Offences expiated	1	11	2	5	10	7	4	3	5	8	9
14	Pools and Spas	2	7	5	8	5	11	1	4	3	10	9
15	Pool and Spa assessments	1	10	9	5	6	11	3	6	6	2	4
17	HRWMSs registered	5	10	2	9	7	11	3	1	5	8	4
18	HRMWS inspections/actions	1	9	3	7	5	11	6	4	8	9	2
22	SRF's	1	9	4	3	8	9	9	2	5	5	5
23	SRF audits/inspections	1	9	2	5	7	9	9	4	6	8	3

Quantatative Measures - EHO Activities												
Ranking converted to Score												
Measure		EHA	B	G	F	H	J	C	I	D	E	A
1	Food Businesses	11	8	7	9.5	9.5	6	3	5	2	4	1
2	Routine Inspections Conducted	11	9	6.5	8	10	5	6.5	4	3	2	1
7	Food Safety Related Inspections	11	10	5	8	9	5	5	7	3	2	1
11	Food Act Offences expiated	11	10	9	8	6.5	3	6.5	4	2	5	1
14	Pools and Spas	10	6.5	8	11	9	3	4	2	6.5	1	5
15	Pool and Spa assessments	11	3	5	9	5	8	7	10	5	1	2
17	HRWMSs registered	6.5	10	11	9	6.5	8	3	4	5	1	2
18	HRMWS inspections/actions	11	9	8	6	4	10	5	2.5	7	1	2.5
22	SRF's	11	8	10	2	6	6	9	6	4	2	2
23	SRF audits/inspections	11	10	8	3	6	9	7	4	5	3	3
Total Quantatative EHO Activities		104.5	83.5	77.5	73.5	71.5	63	56	48.5	42.5	22	20.5

Quantatative Measures - Immunisation Activities												
Council Ranking												
Measure		EHA	A	B	C	D	E	F	G	H	I	J
24	Vaccination Given (all)	1		3	9	6	8	2		5	4	7
25	Public Clinic Vaccinations	1		3	8	7	6	4		6	2	5
26	RN Hours at cliniB per annum	2		5	9	8	6	4		3	1	7
29	School Vaccinations provided	1		5	9	6	8	2		3	4	7
30	School visits to deliver 2014 program	2		3	9	4	8	1		5	5	7
Ranking converted to Score												
Measure		EHA	F	I	B	H	J	D	E	C	G	A
24	Vaccination Given (all)	9	8	6	7	5	3	4	2	1		
25	Public Clinic Vaccinations	9	6	8	7	4.5	5	3	4.5	2		
26	RN Hours at cliniB per annum	8	6	9	5	7	3	2	4	1		
29	School Vaccinations provided	9	8	6	5	7	3	4	2	1		
30	School visits to deliver 2014 program	8	9	4.5	7	4.5	3	6	2	1		
Total Quantatative Imunisation Activities		43	37	33.5	31	28	17	19	14.5	6		
Grand Total Score for Quantatative Measures		EHA	B	F	H	I	J	G*	C	D	E	A*
		148	115	111	99.5	82	80	77.5	62	61.5	36.5	20.5

As can be seen in the information detailed above EHA is ranked number 1 in relation to quantitative measures.

**Councils that did not provide any data in relation to immunisation*

5.10 Overall Ranking

Grand Total Score EHO Activities	EHA	B	H	C	G	F	I	J	E	D	A
	225	184	164	150	151	149	137	135	116	106	73
Grand Total Score Immunisation Activities	EHA	F	I	B	H	J	E	D	C	AL	G
	61.5	51	46.5	41	35.5	28	27.5	25	22		
Grand Total Score activities	EHA	B	F	H	I	J	C	G*	D	E	A*
	287	225	200	199	183	163	172	151	131	125	73

As can be seen in the tables above EHA is ranked number one in total EHO activities, total Immunisation activities and when considering the grand total of all categories.

6 Costs of service provision

The table below details the proportion of council spend on health protection based on the 2015/2016 budget.

	Contribution 2015-2016	Total Expenses Budgeted 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	\$ 21,831,000	1.01%
Walkerville	\$ 94,162	\$ 9,179,000	1.03%
Total Constituent Council Expenditure	\$ 1,609,306	\$ 148,465,600	1.08%

Directly comparable financial data which includes allocation of organisational overheads was not available from respondent councils. EHA however has in the past conducted an exploration and data collection process with the City of Unley at the time Unley was contemplating requesting membership as a Constituent Council of EHA.

The City of Unley at that time undertook an independent internal analysis of all direct and indirect costs associated with the delivery of their Environmental Health Service. They estimated the costs at the time (2009/2010 budget) to be \$355,000.

While the comparison below is related to Burnside (as per their request) the rationale could apply proportionally to all constituent councils.

The table below compares some base data from the exploration exercise between the City of Unley and City of Burnside in relation to size and environmental health activities. The councils are relatively similar in size and work conducted. The main differences are that Unley has more food premises to manage, while Burnside has more pools to monitor and a larger requirement for immunisation services. Using Unley as a basis for comparison the City of Burnside contributions to EHA operations was \$286,923 in 2009/2010 in comparison to the estimated costs provided by Unley of \$355,000 for the same period.

	Burnside	Unley
Rateable properties	20254	18510
Population of council	43674	38104
Number of Food Premises	255	346
Swimming Pools	21	10
Cooling Towers	9	12
Supported Residential Facilities	5	4
Environmental Health Complaints	110	148
Hairdressers/Beauty Treatment	61	88
Number of School Vaccinations	1094	548
Clients receiving vaccines at clinics	2693	948

The City of Burnside will contribute approximately \$419K to EHA operations in 2016/2017. It is estimated that to undertake the required Environmental Health work in house would require 2.5FTE to 3 FTE Environmental Health Officers, 1.0 FTE nursing staff and 1.0FTE administrative staff. This is estimated to cost between \$400K and \$440K in salary costs.

Other organisation costs such as maintaining health related IT systems, training, vehicle, equipment, HR costs, WHS costs, accreditation fees, legal costs, telephone, postage, stationary, immunisation consumables and organisational on costs are estimated to be in the order of 50K.

7 Summary

Local councils face a range of challenges in providing an appropriate environmental health service which meets its legislative responsibilities and community needs. The environmental health field has become increasingly complex, making it difficult for small to medium sized councils to have staff experienced and fully competent across all of the spheres of the profession. Additionally, the Public Health Act has broadened the scope of public health and expanded local government's traditional role of enforcement.

EHA is well placed to meet these challenges. Its core business and single focus is Environmental Health and EHA is seen as an expert in local government environmental health. EHA is structured to ensure that specialised staff offers proficient delivery of all required environmental health services to our Constituent Councils and their communities.

Due to the number of environmental health staff EHA employs, it has built and maintains organisational capacity through internal collaboration, peer support and mentoring which is difficult in small council units. Through our size we are able to ensure corporate environmental health knowledge is not lost when staff leave the organisation through a system of staff specialisation and backup. We have a critical mass of staff to maintain core services in the event of emergency, staff illness or staffing changes.

EHA is well placed to investigate cross-council issues and implement broader health policies. As EHA currently represents five metropolitan councils it has a greater voice in dealing with government bodies and is often sought out by government bodies for advice on environmental health matters.

The comparison exercise has demonstrated clearly that EHA performs extremely well on any comparative measure and is clearly the highest ranking organisation when considering all of the data considered. The benefits of EHA's service delivery model results in first-rate environmental health services being provided to the residents of its Constituent Councils.

While competitive on service provision costs the real value of EHA lies in the quality of the work undertaken by its staff on behalf of its constituent service. EHA's five Constituent Councils are all signatories to the Eastern Region Alliance and share a commitment to resource sharing and collective action. The EHA service delivery model, as borne out in this comparison exercise is an excellent example of this.

6.6 CHIEF EXECUTIVE OFFICER PERFORMANCE REVIEW COMMITTEE UPDATE REPORT

Author: Cr Anne Monceaux
Chair CEO Performance Review Committee

Ref: AF11/327

Summary

The Chief Executive Officer (CEO) of Eastern Health Authority (EHA) is required to undergo regular performance reviews in accordance with his employment agreement. A Remuneration Review is also required to take place in conjunction with this performance review.

Report

The CEO Performance Review Committee comprises Cr. A. Monceaux (Chair), Cr. G.Knoblauch, Cr. S.Whittington (apologies from Cr. K. Barnett) and met on 11 May 2016 with Adam Kennedy from AME Recruitment to discuss this year's CEO Performance Review.

It was decided by the committee to use AME Recruitment again this year, as we were very satisfied with the firm's professionalism and product last year.

At the meeting it was also determined that we would use the same format as in 2015, because of the positive feedback we received. A similar process of random selection of staff was applied and there will be 10-12 staff and 10 Board members completing the appraisal.

The Appraisal Forms will be distributed on Monday, 4 July 2016 with a return date of one week later. The completed forms are required by Monday 11 July 2016 at 5.00pm direct to AME.

AME will provide both electronic and hard copy forms, with only one of them to be completed.

As a result of this Performance Review, there will be a Remuneration Review to follow, and this is scheduled for the 31 August 2016 meeting of the Board.

If any Board Members have any queries or concerns, please contact Anne Monceaux (amonceaux@burnside.sa.gov.au).

RECOMMENDATION

That:

The Chief Executive Officer Performance Review Committee Update Report is received.

6.7 EASTERN HEALTH AUTHORITY ENTERPRISE AGREEMENT 2016 NEGOTIATIONS

Author: Michael Livori
Ref: AF16/23

Summary

The Eastern Health Authority (EHA) Enterprise Agreement 2013 will nominally expire on 30 June 2016. Negotiations have been ongoing between the Chief Executive Officer of EHA and staff to develop a renegotiated Enterprise Agreement.

Report

The steps required to be undertaken to develop and implement an enterprise agreement include the following:

- Negotiation between management and staff to identify and agree upon workplace issues and any changes to current workplace arrangements
- Distribution of the negotiated Enterprise Agreement document to all employees
- A vote by all employees no sooner than 14 days after distribution of negotiated agreement
- Achievement of a majority vote in support of the agreement
- Management and union to sign the Enterprise agreement; and
- Lodging of the agreement with the Australian Industrial Relations Commission for certification.

The current Enterprise Agreement refers to an 'Enterprise Agreement Committee (EAC)' which is a committee comprising equal numbers of employer and employee representatives to negotiate the terms and conditions of the Enterprise Agreement and to monitor its implementation.

Staff have nominated 3 staff representatives (one from administration, environmental health and immunisation) to be members of the committee.

During previous negotiation the Board gave the Chief Executive Officer authorisation to commence negotiations with staff regarding a new Enterprise Agreement as sole management representative on the committee. Preliminary negotiations are currently underway and it is anticipated that a report will be provided to members at the August meeting detailing a revised agreement.

RECOMMENDATION

That:

The report regarding the Eastern Health Authority Enterprise Agreement 2016 negotiations be received.

6.8 REVIEW OF MOTOR VEHICLE USE POLICY

Author: Michael Livori
Ref: AF11/329

Summary

Eastern Health Authority's policy in regard to motor vehicle use requires that the level of employee contribution for accessing private use of a vehicle is regularly reviewed.

Report

EHA's current policy regarding motor vehicle use was adopted in June 2004 (provided as attachment 1). The policy (clause 1.3.2.1) requires the level of contribution set for employees who enter into a scheme for the restricted private use of EHA vehicles to be reviewed. The current contribution rate, set in June 2014 is \$82.50 per week.

EHA currently has seven vehicles in its fleet. Three of these vehicles are provided to senior staff for personal use as part of their employment arrangements. There is currently one staff member contributing for the personal use of a vehicle.

As vehicle costs (lease and fuel) has not increased since the last review it is recommended the contribution rate remain at \$82.50 per week.

RECOMMENDATION

That:

1. The report regarding the review of the Motor Vehicle Use policy is received.
2. The contribution rate for vehicle usage detailed within the Eastern Health Authority's Motor Vehicle Use policy remains at \$82.50 per week.



MOTOR VEHICLE USE POLICY

Policy Reference	FM01
Date of initial Board Adoption	9 June 2004
Minutes Reference	6:062006
Date of Audit Committee Endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	25 June 2014
<i>Relevant Document Reference</i>	Nil
<i>Applicable Legislation</i>	

1. Purpose

The Motor Vehicle Use Policy (the Policy) outlines the general principles and expectations associated with the private use of EHA's vehicles for accountability purposes.

The Policy determines the conditions under which motor vehicles are utilised by EHA staff. These conditions detail what is expected of staff in the appropriate care and treatment of motor vehicles and will assist in maintaining the value of motor vehicles, minimising the cost of maintenance and ensuring insurance obligations are met.

2. Scope

The policy applies to all staff that are granted private use of EHA's vehicles.

3. Definitions

Nil

4. Principles

4.1 Vehicle Standards and Conditions of Use

4.1.1 Chief Executive Officer

Vehicle Criteria

Where the vehicle forms a part of the incumbent's salary package it shall be a minimum standard of a Ford Fairmont, Holden Berlina or equivalent.

Conditions of Use

Full Private Use.

The vehicle shall be available for the Chief Executive Officers use at all times.

The vehicle forms part of the general fleet and is available for use by other employees at the Chief Executive Officers discretion.

4.1.2 Senior Officer*Vehicle Criteria*

Where the vehicle forms a part of the conditions of employment of the incumbent a fully maintained vehicle shall be provided by EHA.

The vehicle type and model will be determined according to EHA's needs by the Chief Executive Officer.

Conditions of Use

Private Use.

The vehicle forms part of the general fleet and is available for use by other employees at the Chief Executive Officer's discretion.

EHA shall only be responsible for the cost of fuel obtained within the state of South Australia unless, in the opinion of the Chief Executive Officer, the employee in carrying out EHA business has legitimately incurred further fuel costs. Any travel outside of the State of South Australia requires the prior approval of the Chief Executive Officer.

Fuel costs whilst on leave shall be at the employee's expense.

4.1.3 Other Staff*Vehicle Criteria*

At the discretion of the Chief Executive Officer, employees of EHA who use vehicles in their day to day position may enter into a scheme for the restricted private use of EHA's vehicles within the state of South Australia depending upon availability

The vehicle type and model will be determined according to the EHA's needs by the Chief Executive Officer.

Conditions of Use

Restricted Private Use.

An employee who elects to take advantage of the restricted private use offered, shall reimburse EHA an amount as determined by the Board of EHA. (\$82.50 per week as at 1 July 2014). All contributions by employees shall be deducted from their fortnightly salary in advance and the necessary accounts maintained for administrative records. The employee contribution shall be reviewed each twelve months by the Board of EHA. Participation in the scheme shall be continuous unless an employee gives two weeks' notice to the Chief Executive Officer that they do not require access to an allocated vehicle for a period of not less than four weeks. Deductions shall not be made from the salary of an employee during any period for which they do not have access to an EHA vehicle.

EHA shall only be responsible for the cost of fuel obtained within the Adelaide metropolitan area unless, in the opinion of the Chief Executive Officer, the employee in carrying out Council business has legitimately incurred further fuel costs. Fuel costs whilst on leave shall be at the employee's expense.

The availability and allocation of vehicles to employees will be at the discretion of the Chief Executive Officer and will be based on the operational needs of EHA. It may be necessary to rotate vehicles to ensure lease arrangements are met for example. Any arrangements for the restricted private use EHA vehicles by an employee are not considered as part of their employment arrangements and may be immediately terminated if the conditions of use are breached. Additionally, if operational considerations necessitate a reduction in fleet size the agreement may also be terminated, however a period of 3 months notice will be given.

4.2 General Conditions of Use

The private use of EHA vehicles is at the discretion of the Chief Executive Officer and may require an employee to make an agreed contribution towards FBT costs incurred in allowing private use of the vehicle. The conditions governing private use will be subject to this policy, which may be amended by the EHA from time to time.

All vehicles, excepting vehicles exempted by the Chief Executive Officer, are to be available for general pool use during business hours. The keys of pool vehicles, when not in use, must be left in an accessible location for use by other staff. This does not apply if a private use employee is not at work.

Where practicable, the private use vehicle is to be parked off-street overnight.

No modification to the vehicle as provided is permitted.

A no smoking policy applies in all EHA vehicles.

Vehicles are to be maintained and kept in a clean and tidy condition at all times. Custodial employees are responsible for ensuring that vehicles are presented for pool use in a clean and tidy condition, and therefore unlikely to engender complaints from staff using the vehicle. Any warranted complaint will result in the vehicle being sent for cleaning and detailing. The costs incurred in this cleaning will be claimed from the employee responsible for the unsatisfactory condition of the car.

The employee shall ensure that the vehicle is serviced and all accessories maintained (at EHA's cost) in accordance with the manufacturer's recommendations.

Odometer readings and all receipts for expenditure shall be submitted to the Chief Executive Officer monthly.

If an employee is away from work, or expecting to be away from work, for any period of leave exceeding 5 days, the Chief Executive Officer may require the vehicle to be returned to the pool.

Only the officer to whom the vehicle is issued, their spouse/partner and any other nominated responsible adult (nominated to and approved by the Chief Executive Officer) may drive the vehicle.

Vehicles must be driven with due care at all times. If the vehicle is damaged in an accident during private use, the employee shall repay to the Authority any excess payable under the EHA's insurance policy. The Chief Executive Officer may reduce or waive such payment if he considers that the circumstance of the case warrants it.

The employee shall maintain a Log Book in respect of the vehicle to record all uses by other EHA employees who use the vehicle with the employee's knowledge that records the date of use, the time the vehicle was taken and the time the vehicle was returned to the employee's charge.

The employee will be liable for any liability incurred by the employee whilst using the vehicle by way of infringement of any legislation governing the use of motor vehicles unless the employee can establish by reference to the Log Book that they were not the driver at the time of such offence. Any fines and costs incurred thereby by the employee will be the sole responsibility of that employee.

The vehicle shall not be driven in a reckless manner, nor whilst the driver is under the influence of drugs, exceeding the legal limit for alcohol consumption or unlicensed. If the vehicle is at any time driven in contravention of this obligation (irrespective of whether the driver is the employee or the employee's spouse/partner), the following provisions shall apply:

- i. The private use of the vehicle shall be suspended for the period of any licence disqualification, and
- ii. The employee shall indemnify EHA in respect of any claim or demand made against or suffered by EHA in connection with any injury, loss or damage suffered by the employee, EHA, or any other person as a result of an accident occurring whilst the vehicle was being driven.
- iii. Reinstatement of private use provisions will be subject to review following any suspension

Private use custodians are required to complete a FBT declaration stating the amount spent on fuel for private purposes (eg. whilst on annual leave).

These provisions will not apply to the extent that they contradict the terms of any existing contractual arrangement.

4.3 Accident Procedure

All accidents or mechanical problems must be reported promptly.

Should an EHA owned vehicle be involved in any accident, the following steps must be undertaken by the driver concerned.

- i. Contact the Chief Executive Officer as soon as possible.
- ii. Exchange names and addresses of owners and drivers of the vehicles in the accident, or any injured parties.
- iii. Record the make and registered number of any vehicle involved, or description of the property damaged.

- iv. Report the accident to the Police Department - obtain Report Number.
- v. Obtain the names and addresses of available witnesses.
- vi. Do not admit liability for the accident or damage.
- vii. Do not leave the vehicle unattended at the roadside.
- viii. Return to EHA Offices and complete a motor vehicle accident report, available from the Clerical Officer during working hours or as soon as practicable outside of working hours.

4.4 Fringe Benefits Tax

EHA will pay the Fringe Benefits Tax arising from the private use of EHA vehicles.

The taxable value of individual fringe benefits will be recorded and reported on individual group certificates in accordance with legislative requirements.

The statutory formula method will be used for the calculation of reportable fringe benefits.

5. Review of the Motor Vehicle Use Policy

Every 12 months or as needed.

6. Statement of Adoption

The Policy was adopted by the Board of the Eastern Health Authority on 9 June 2004.

6.9 REVIEW OF THE FOOD BUSINESS AUDIT FEE POLICY

Author: Nadia Conci
Ref: AF11/68

Summary

A review of the current Food Business Audit Fee Policy (the Policy) was undertaken in May 2016.

Report

The EHA Audit Fee Policy (the Policy) was originally based on model policies developed by the Local Government Association (LGA). It should be noted that Audit fees are not prescribed in legislation and there is greater discretion available to local government when reviewing and setting these fees.

A modest increase to the hourly rate was applied to the Policy following a review in August 2015. The current review has determined that there are no changes required to the policy which is provided as attachment 1 for adoption.

RECOMMENDATION

That:

1. The report regarding the review of the Food Business Audit Fee Policy is received.
2. The policy entitled Food Business Audit Fee Policy, marked attachment 1 to this report is adopted.



FOOD BUSINESS AUDIT FEE POLICY

Policy Reference	GOV05
Date of initial Board Adoption	22 October 2008
Minutes Reference	8:082015
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	August 2015
<i>Relevant Document Reference</i>	Guidelines prepared by LGA for Councils – Audit Fees, <i>Food Act 2001</i> Model Letter of Engagement prepared by LGA for Councils – Auditing Services for Food Safety Program Department of Health Guidelines for Auditors of Mandatory Food Safety Programs
<i>Applicable legislation</i>	

1. Purpose

To outline the circumstances that fees are applied for the audit of food safety programs as provided by section 188 of the *Local Government Act 1999*.

To specify the rate at which audit fees are charged.

2. Scope

This policy applies to high risk food businesses that:

- i. are identified by the Department of Health's Priority Classification System as Priority 1
- ii. are required by Standard 3.3.1 of the *Australia New Zealand Food Standard Code* to implement a documented and audited food safety program
- iii. engage the Eastern Health Authority to provide food safety auditing services.

3. Definitions

'Community or charitable organisation' - any group, club or organisation that provides a community benefit and not for the personal financial gain of an individual person or group of people. Examples include Rotary, Lions, church groups, community sporting clubs and scouting groups.

(To determine if an organisation fits this category, an Australian Taxation Office certificate of 'Endorsement as a Tax Concession Charity' may be requested.)

The document on the Authority's Records Management System is considered to be the current and controlled version. Before using a printed copy, verify that it is the current version

‘Audit Preparation/Administration’ – an auditor undertaking:

- preparation relating to a food safety program for the purpose of preparing for an onsite audit; or
- reviewing corrective action taken by a food business; or
- administration in relation to the audit process including reporting, communication and records management.

‘Onsite Audit’ – an audit conducted at a scheduled frequency determined by the priority classification and assigned audit frequency.

‘Re-audit’ – an audit carried out as a result of non-compliance with the Food Safety Standards or non-conformance with the business’ food safety program.

4. Principles

As an enforcement agency, local government has responsibilities under Part 7 of the *Food Act 2001* which relate to auditing. Additionally, local government is an employer of Department of Health approved auditors and may be engaged by a food business to provide food safety auditing services.

The priority classification system approved by the Department of Health recommends the initial audit frequency of high risk, Priority 1 businesses to be six monthly. The outcomes of two audits are required to establish a compliance history that can allow for the adjustment of audit frequency. Audit frequency may vary between three and twelve months. Guidance on the adjustment of audit frequency is outlined in the ‘Guidelines for Auditors of Mandatory Food Safety Programs’ (Department of Health, September 2008).

The *Food Act 2001* and *Food Regulations 2002* do not prescribe the charges that local councils can apply for providing food safety auditing services. However, pursuant to Section 188 of the *Local Government Act 1999* a council may impose fees and charges for services supplied to a person at their request.

Food safety audit fees are not listed under division 81 of the GST Act for exemption and as a result, GST will apply to audit fees set by the Authority.

Minimum fees applicable to each component of an audit are shown in the tables below. Fees thereafter are calculated on 15 minutes increments and rounded down to the nearest quarter hour.

Minimum Fee	Audit Component
1.0 hour	Onsite audit
	Re-audit
0.5 hour	Desktop audit & audit preparation / administration
	Travel

A letter of engagement provided to the proprietor of a food business will estimate the audit fees that will apply to the business.

4.1 Onsite Audit

An hourly rate of \$180.00 (including GST) will apply to onsite audits.

The document on the Authority’s Records Management System is considered to be the current and controlled version. Before using a printed copy, verify that it is the current version

4.2 Desktop Audit & Audit Preparation and Administration

An hourly rate of \$80.00 (including GST) will apply to audit preparation and administration undertaken in the auditor's office.

An hourly rate of \$180.00 (including GST) will apply to desktop audits undertaken onsite at the business. Desktop audits performed onsite incur all costs applicable to an onsite audit, there the same fee applies.

4.3 Re-audit

An hourly rate of \$180.00 (including GST) will apply to onsite audits.

4.4 Travel

An hourly rate of \$86.00 (including GST) will apply to travel when an onsite audit, desktop audit or re-audit is conducted of a business that is located outside of the boundaries of the Council areas serviced by the Authority.

4.6 Exemptions

4.6.1 Community and Charitable Organisations

Audit fees imposed upon community and charitable organisations will be subsidised at a rate of 20%.

This exemption applies only to those community and charitable organisations located within the boundaries of the constituent council areas.

5. Review of the Food Business Audit Fee Policy

Every 12 months or as needed.

6. Statement of Adoption

The Policy was adopted by the Board of the Eastern Health Authority on 22 October 2008.

6.10 HEALTH CARE AND COMMUNITY SERVICES

SUPPORTED RESIDENTIAL FACILITY LICENSING REPORT

Eastern Health Authority (EHA) acts under delegated authority as the Licensing Authority pursuant to section 10 of the *Supported Residential Facilities Act 1992* for its Constituent Councils and the City of Unley. The re-licensing of 12 supported residential facilities (SRFs) is recommended. There is one facility to be licensed for one year without conditions and 11 facilities to be licensed for one year with conditions. During the licensing period two SRFs changed ownership as detailed in previous board reports.

Report

During this licensing period Authorised Officers conducted unannounced audits addressing the legislation. The outcomes of the audits have been considered and collated below.

The re-licensing audits addressed a range of issues including:

- the adequacy of menus to assess nutrition provided to residents using the nutrition auditing tool
- the prospectus specific to the facility
- the quality of personal care services and suitability of contracts and service plans
- the documentation relating to the management of finances and medication
- structural maintenance, safety and cleanliness of the facility
- the provision of a home like environment for residents; including bedroom allocations, bathrooms, storage and display of personal affects
- ensuring privacy is afforded to residents
- the qualifications, adequacy and experience of staff
- level of staffing using staff rosters and duty statements
- financial solvency of the business; and
- public liability insurance.

During the re-licensing process, the Building Fire Safety Committee of each respective council was consulted. All facility's fire safety requirements were met during the committee's audits.

The nutritional tool was used throughout all licensing audits as a guide to assessing nutritional value of meals provided at each facility. Residents at two of the dual licenced facilities do not rely on the foods offered by the facility for their daily meals, as meals are purchased upon prior request and charged monthly to the residents. Therefore the menus at these few dual licenced facilities were not assessed using the nutritional tool. The needs of these 'retirement' residents also differ to a 'SRF' residents as the requirements are specifically catering to the aging population which is not captured in the 'SRF nutritional tool'.

As detailed in the licensing report below, there are three dual licenced facilities that will be licenced for the number of 'SRF' residents receiving personal care services only. The residents at these facilities are not receiving personal care services and do not form part of the SRF licence.

In order to protect the vulnerable populations that reside within SRF's Local Government Licensing Authorities have concluded that it is essential to investigate the financial position of each SRF during the re-licensing process. This decision has been taken following discussions at the SRF special interest group and as a result of the numerous SRF's that have closed statewide due to financial pressures.

The financial information now required supersedes the once accepted letter from the facility's accountant assuring solvency, which is no longer sufficient. Licensing authorities are now requiring copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/outgoings). Most facilities provided this information during the licensing period, however other facilities have committed to provide this information at the end of financial year, and one facility has disputed this new requirement. This requirement will be added to facility's licenses as a condition to ensure when available the Authority is provided this information.

During the audits Authorised Officers spoke with residents to obtain feedback on the facility. Residents were generally happy with their rooms, meals provided and the staff and management. Most facilities have actively undertaken the necessary changes to the facility as requested by EHA to ensure a 'home-like' environment is provided. One facility has made remarkable improvements to almost all bedrooms and common lounge areas. The new owners of this facility have committed to continually improve the facility during the licensing period.

Facilities provide residents regular access to activities such as painting, crafts, outings and special event functions through the work of the Eastern Region SRF program and the facilities staff and volunteers.

The following 12 SRF's are recommended for re-licencing as detailed below:

City of Burnside

Applicant: Magill Lodge Supported Residential Care Pty Ltd.

Premises: Magill Lodge Supported Residential Care Pty Ltd.
524 Magill Road Magill SA 5072

Premises type: Pension only SRF

Re-licencing audits were conducted at Magill Lodge Supported Residential Care. The facility is currently accommodating 34 residents.

During the audits the following non-conformances were identified:

- minor deficiencies in the prospectus and grievance policy
- resident contracts and service plans were not being retained for a five year period as required
- medication charts were not consistently signed after administering medication to residents
- independent witnesses were not being utilised to ensure that residents understand contracts and their rights and responsibilities

There were maintenance issues in bathrooms, bedrooms and in the outdoor communal area including:

- mouldy grout between the tiles in several bathrooms
- damaged bathroom tiles
- a build-up of dirt and dust on extractor fans in the bathrooms
- damaged or rusted bathroom fixtures and fittings
- a build-up of dirt and dust on fixtures and fittings in several bedrooms
- a few odorous rooms
- some rooms were poorly ventilated
- some evidence of excess belongings and waste starting to accumulate in several bedrooms
- one bedroom which did not provide a homelike environment
- some rooms did not have suitable doors and do not provide privacy for the resident
- a damaged wall in the hallway with paint peeling and evidence of dampness
- several pieces of degraded and mismatched outdoor furniture are degraded and mismatched

Follow up inspections were conducted through the year and all of the issues raised were rectified by the manager and proprietor to a satisfactory standard.

Based on the audit findings and the report received from the City of Burnside Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for one year without conditions to accommodate a maximum of 35 persons.

Applicant: Glenbrook Apartments Pty Ltd

Premises: The Glenbrook
25 L`Estrange Street, Glenside, SA 5065

Premises type: Retirement Village

Re-licensing audits were conducted at The Glenbrook. The facility is currently accommodating one resident receiving personal care services. There are four licenced rooms, three of which were not occupied during the time of the licensing audit. Authorised Officers inspected all four rooms and all requirements of the SRF legislation were met to a high standard.

Based on the 2015-16 audit findings and the report received from the City of Burnside Building Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for one year with the following conditions to accommodate a maximum number of 4 residents.

1. Residents receiving personal care services as defined in the *Supported Residential Facilities Act 1992* must only reside in the following apartments: 4, 26, 33 and 38 unless otherwise agreed in writing by EHA.

2. Access to all communal areas and the apartments 4, 26, 33 and 38 must be provided to Authorised Officers of EHA at any reasonable time on an unannounced basis.

Applicant: Leabrook Place Pty Ltd

Premises: Leabrook Place
17 Tusmore Avenue, Leabrook, SA 5068

Premises Type: Retirement Village

Re-licensing audits were conducted at Leabrook Place. The facility is currently accommodating four residents receiving personal care services. There are six licenced rooms, two of which were not occupied during the time of the licensing audit. Authorised Officers inspected all six rooms and all requirements of the SRF legislation were met to a high standard.

During the audit all requirements of the SRF legislation were met to a high standard.

Based on the 2015-16 audit findings and the report received from The City of Burnside Building Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for one year with the following conditions to accommodate a maximum number of 6 residents.

1. Residents receiving personal care services as defined in the Supported Residential Facilities Act 1992 must only reside in the following apartments: 11, 15, 16, 27, 48 and 54 unless otherwise agreed in writing by the Eastern Health Authority.
2. Access to all communal areas and the apartments 11, 15, 16, 27, 48 and 54 must be provided to Authorised Officers of the Eastern Health Authority at any reasonable time on an unannounced basis.

Campbelltown City Council

Applicant: Retire Australia

Premises: Magill Retirement Estate
122 Reid Avenue Magill SA 5072

Premises type: Retirement Village

Re-licencing audits were conducted at Magill Retirement Estate. The facility is currently accommodating 20 residents. During the audit it was recommended that general dusting of fans, air conditioning vents, window frames and sliding doors should be carried out as part of the regular cleaning regime. The SRF is a dual licenced facility and provides minimal personal care services to residents. The rooms are spacious single occupancy apartments with en-suits.

All common areas are comfortable and well enjoyed by residents for socialising and activities.

Based on the audit findings and the report received from Campbelltown City Council Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for one year to accommodate a maximum of 20 persons. It is recommended that the licence be subject to the following condition which must be complied with by 30 September 2016.

1. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/ outgoings).

Applicant: Bellara Aged Care Pty Ltd

Premises: Bellara Village
98 Newtown Road Campbelltown SA 5074

Premises type: Retirement Village

Re-licencing audits were conducted at Bellara Village. The facility is currently accommodating 25 residents all of which receiving personal care services and/or nursing care. The rooms are spacious single occupancy apartments with en-suites and some rooms have the option for twin share for couples. During audits residents were observed enjoying the comfortably heated common lounge and dining rooms for socialising and activities.

Based on the audit findings and the report received from Campbelltown City Council Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for one year accommodate a maximum of 47 persons. It is recommended that the licence be subject to the following condition which must be complied with by 30 September 2016.

1. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/ outgoings).

City of Prospect

Applicant: Adelaide Rest Homes Pty Ltd

Premises: Clifford House
4 Farrant Street Prospect SA 5082

Premises type: Pension only SRF

Re-licencing audits were conducted at Clifford House. The facility is currently accommodating 55 residents.

During the audits the following non-conformances were identified:

- minor deficiencies in the prospectus and residents contracts
- independent witnesses were not being utilised to ensure that residents understand contracts and their rights and responsibilities.

During the audit there were maintenance issues in bathrooms, bedrooms and in the outdoor communal area including:

- damaged and degraded fittings in several bathrooms
- a build-up of dirt, dust and visible matter in a number of bathrooms
- a number of bathrooms had no grab rails fitted
- pest activity in a number of bedrooms
- worn and degraded furniture and fittings in several rooms
- worn and degraded flooring in several bedrooms
- general cleaning of walls, floor, fixtures and fittings required in several bedrooms
- a build-up of excess belongings in a number of bedrooms
- soiled pillows mattresses and linen in a number of bedrooms
- a build-up of dirt and dust on a number of fly screens and windows
- missing or damaged fly screens in a number of areas throughout the property
- stained and worn lounge furniture
- a number of odorous rooms
- salt damp in a number of locations throughout the property.

Follow up inspections were conducted and the majority of the issues raised were rectified.

Based on the audit findings and the report received from the City of Prospect Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for one year to accommodate a maximum of 58 persons. It is recommended that the licence is subject to the following conditions.

1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition.
2. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/ outgoings).

3. Clean the ceiling in bathroom 4 to remove the mould and repaint the ceiling.
4. Grab rails must be fitted in the shower cubicle and next to the toilet in bathroom 4, in accordance with Australian Standard AS1428-2001.
5. Repair the floor in bathroom 1 (main building) to ensure the surface is sealed and can be effectively cleaned.
6. Repair the damp and mouldy wall in bedroom 8.
7. Repair the damp and mouldy wall opposite bedroom 16.
8. Fit an extractor fan cover in bathroom 5.
9. Repair or replacement to worn flooring in bedroom 5.
10. Repair or replacement to worn flooring in bedroom 7.

Condition 1 is ongoing for the period of the licence from 1 July 2016 – 30 June 2017. Condition 2 must be complied with by 30 September 2016 and conditions 3-10 must be complied with by 30 January 2017.

Applicant: Antwyn Pty Ltd.

Premises: Prospect Residential Care Service
6 Dean Street Prospect SA 5082

Premises type: Pension only SRF

Re-licencing audits were conducted at Prospect Residential Care Services. The facility is currently accommodating 28 residents.

During the audit the following non-conformances were identified:

- public trustee statements were not available onsite in order to allow Authorised Officers to assess resident's financial records
- no evidence of annual reviews being undertaken of residents service plans
- medication charts were not consistently signed after administering medication to residents.

There were also maintenance issues in bathrooms, bedrooms and in the outdoor communal area including:

- odorous bathrooms and communal areas
- mouldy grout between the tiles in several bathrooms
- damaged bathroom tiles
- damaged fly screens in communal areas and bedrooms
- a build-up of dirt, dust and cobwebs on fly screens and windowsills throughout the premises
- a build-up of dirt and dust on fixtures and fittings in several bathrooms, bedrooms and communal areas

- stained carpets in several bedrooms
- stained and dirty walls in some bedrooms
- a few odorous rooms
- excess belongings and waste starting to accumulate in several bedrooms
- paint peeling and evidence of dampness in two hallways
- several pieces of degraded and mismatched outdoor furniture were observed.

Follow up inspections were conducted and majority of the issues raised were rectified by the proprietors.

Based on the audit findings and the report received from the City of Prospect Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for one year to accommodate a maximum of 30 persons. It is recommended that the licence is subject to the following conditions.

1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition.
2. Ensure that the staff includes both a cook and a cleaner in addition to the members of the staff who provide personal care services to residents of the facility.
3. Ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents.
4. Repair the damp wall and repaint the area in the corridor adjacent to the medication room.
5. Repair the damp wall and repaint the area adjacent to the white bathroom.
6. Clean and repaint the walls in bedroom 6.
7. Repair the fly screen to prevent entry by pests in bedroom 6.
8. Clean and repaint the door to Bathroom 2 (White bathroom).
9. Clean and re-grout the mould affected areas in bathroom 2.
10. Replace the damaged tiles in bathroom 2.

Condition 1-3 is ongoing for the period of the licence from 1 July 2016 – 30 June 2017. Conditions 4-10 must be complied with by 30 January 2017.

City of Norwood Payneham and St Peters

Applicant: Westwal Pty Ltd and Tepport Pty Ltd

Premises: Vailima Gardens Retirement Village
63 Hackney Road Hackney SA 5069

Premises type: Retirement Village

Re-licencing audits were conducted at Vailima Gardens Retirement Village. The facility is currently accommodating 14 residents.

During the audit there were maintenance issues in some bathrooms and bedrooms including:

- a build-up of dirt and dust on the exhaust fans and ceiling fans in several bedrooms
- some evidence of excess belongings and waste starting to accumulate in one bedroom
- one odorous bedroom.

Follow up inspections were conducted all of the issues raised were rectified.

Based on the audit findings and the report received from City of Norwood Payneham and St Peters Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for one year to accommodate a maximum of 14 persons. It is recommended that the licence be subject to the following condition which must be complied with by 30 September 2016.

1. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/ outgoing).

City of Unley

Applicant: Myrtle Grove Supportive Care Pty Ltd

Premises: Ocean Grove Supportive Care at Myrtle Bank
494 Fullarton Road, Myrtle Bank SA 5064

Premises type: Pension only SRF

Re-licencing audits were conducted at Ocean Grove Supportive Care. The facility is currently accommodating 32 residents.

During the audit there were maintenance issues in bathrooms, bedrooms and in the outdoor communal area including:

- a broken lock to bathroom door not affording privacy to residents whilst bathing

- damaged bathroom fittings
- worn floor coverings in a small number of rooms
- odorous bedrooms
- general cleaning of walls and fly screens in bedrooms
- insufficient shaded outdoor area to enable residents to spend reasonable periods of time outdoors in a comfortable and pleasant environment.

Follow up inspections were conducted and the new proprietors have significantly improved the standards at the facility and a clear action plan is in place to address outstanding issues.

Based on the audit findings and the report received from the City of Unley Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for one year to accommodate a maximum of 40 persons. It is recommended that the licence is subject to the following conditions and must be complied with by 30 September 2016.

1. Provide an adequate outdoor shaded area for the residents to spend reasonable periods of time outdoors in a comfortable and pleasant environment.
2. A reasonable supply of hot water for the residents' bathing purposes must be provided at a temperature that could not cause scalding in accordance with the Supported Residential Facilities Regulations 2009, Regulation 21(3)(c)(i).
3. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/ outgoings).

Applicant: Gumtree Grove Pty Ltd

Premises: Rose Terrace Hostel
102 Rose Terrace Wayville SA 5034

Premises type: Pension only SRF

Re-licencing audits were conducted at Rose Terrace Hostel. The facility is currently accommodating 15 residents.

During the audit the following non-conformances were identified:

- minor inaccuracies in the residents' contracts
- inaccuracies in medical records
- non complaint storage of medication.

There were maintenance issues in bathrooms, bedrooms and in the outdoor communal area including:

- damaged or degraded fittings and fixtures in some of the bathrooms
- ineffective cleaning in a number of the bathrooms

- a number of bedrooms and communal areas require cleaning and dusting
- a build-up of dust and cobwebs on a number of fly screens and windows
- stained carpets in a number of bedrooms and in communal areas
- soiled pillows and linen in a number of bedrooms
- a number of rooms had an accumulation of excess belongings damaged or degraded furniture in several of the bedrooms
- missing or damaged fly screens in bedrooms and communal areas
- outdoor areas with an accumulation of waste materials, garden waste and broken furniture.

Follow up inspections were conducted and the majority of the issues raised were rectified.

Based on the audit findings and the report received from the City of Unley Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for one year to accommodate a maximum of 21 persons. It is recommended that the licence is subject to the following conditions.

1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition.
2. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/outgoings).

Condition 1 is ongoing for the period of the licence from 1 July 2016 – 30 June 2017 and condition 2 must be complied with by 30 September 2016.

Applicant: SA Support Services

Premises: Aldridge Court
109-111 Young St Parkside Unley SA 5063

Premises type: Pension only SRF

Re-licencing audits were conducted at Aldridge Court. The facility is currently accommodating 12 residents.

During the audit the following non-conformances were identified:

- some omissions regarding fee reductions during periods of absence in residents contracts and lack of independent witnessing of residents signing contracts
- some minor issues with financial record keeping
- menus were not always being followed in practice.

There were maintenance issues in bathrooms, bedrooms and in the outdoor communal area including:

- dusting required throughout the facility
- minor cleaning issues in relation to bedrooms and bathrooms

- soiled pillows, linen and curtains in a few bedrooms
- peeling paint in residents kitchen area
- degraded and mismatched outdoor furniture
- the shade provided in the outdoor area is limited and does not provide protection from inclement weather.

Follow up inspections were conducted and the majority of the issues raised were rectified.

Based on the audit findings and the report received from the City of Unley Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for one year to accommodate a maximum of 12 persons. It is recommended that the licence is subject to the following conditions.

1. Replace the degraded outdoor furniture with suitable outdoor furniture to create a 'homelike' environment.
2. Provide an adequate outdoor shaded area for the residents to spend reasonable periods of time outdoors in a comfortable and pleasant environment.
3. Re-paint the walls in the resident's kitchen area.
4. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/ outgoings).

Conditions 1-4 must be complied with by 30 September 2016.

Applicant: Westwal Pty Ltd

Premises: Auscare at Unley
262 Cross Road Kings Park SA 5034

Premises type: Retirement Village

Re-licencing audits were conducted at Auscare at Unley. The facility is currently accommodating 10 residents all of which receiving personal care services.

Authorised Officers audited the 10 bedrooms of the 'SRF residents' receiving personal care services, as all other rooms were occupied by independent 'retirement village' residents.

During the audit there were maintenance issues in bathrooms, bedrooms and in the outdoor communal area including:

- dusting of ceiling fans
- salt damp following a leak
- Grab rails not fitted in a small number of rooms or being obscured by personal belongings
- One room with missing fly screens.

Follow up inspections were conducted all of the issues raised were rectified.

Based on the audit findings and the report received from City Unley Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for one year to accommodate a maximum of 10 persons in specific bedrooms numbered 1, 3F, 10, 11, 17, 20, 21, 24, 25, 31 . It is recommended that the licence be subject to the following conditions which must be complied with by 30 September 2016.

1. Residents receiving personal care services as defined in the Supported Residential Facilities Act 1992 must only reside in the following apartments 1, 3F, 10, 11, 17, 20, 21, 24, 25, 31, unless otherwise agreed in writing by EHA.
2. Access to all communal areas and the apartments 1, 3F, 10, 11, 17, 20, 21, 24, 25, 31.
3. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/ outgoing).

RECOMMENDATION

That:

1. The Supported Residential Facilities 2016-2017 Licensing Report is received.
2. The applicant detailed below be granted a licence to operate a Supported Residential Facility for a period of one year from 1 July 2016 to 30 June 2017 under the provisions of the *Supported Residential Facilities Act 1992* without conditions:

Applicant	Premises
Magill Lodge Supported Residential Care Pty Ltd	Magill Lodge 524 Magill Road Magill SA 5072

3. The applicant below be granted a licence to operate a Supported Residential Facility for a period of one year from 1 July 2016 to 30 June 2017 under the provisions of the *Supported Residential Facilities Act 1992* subject to conditions:

Applicant	Premises
Retire Australia	Magill Estate Retirement Village 122 Reid Avenue Magill SA 5072
Conditions	
1. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/ outgoing) by 30 September 2016.	
Applicant	Premises
Glenbrook Apartments Pty Ltd	The Glenbrook 25 L`Estrange Street, Glenside, SA 5065

Conditions	
<p>1. Residents receiving personal care services as defined in the Supported Residential Facilities Act 1992 must only reside in the following apartments: 4, 26, 33 and 38 unless otherwise agreed in writing by the Eastern Health Authority.</p> <p>2. Access to all communal areas and the apartments 4, 26, 33 and 38 must be provide to Authorised Officers of the Eastern Health Authority at any reasonable time on an unannounced basis.</p> <p>Conditions 1 and 2 are ongoing for the period of the licence from 1 July 2016 – 30 June 2017.</p>	
Applicant	Premises
Leabrook Place Pty Ltd	Leabrook Place 17 Tusmore Avenue, Leabrook, SA 5068
Conditions	
<p>1. Residents receiving personal care services as defined in the <i>Supported Residential Facilities Act 1992</i> must only reside in the following apartments: 11, 15, 16, 27, 48 and 54 unless otherwise agreed in writing by the Eastern Health Authority.</p> <p>2. Access to all communal areas and the apartments 11, 15, 16, 27, 48 and 54 must be provided to Authorised Officers of the Eastern Health Authority at any reasonable time on an unannounced basis.</p> <p>Conditions 1 and 2 are ongoing for the period of the licence from 1 July 2016 – 30 June 2017.</p>	
Applicant	Premises
Bellara Aged Care Pty Ltd	Bellara Village 98 Newton Road Campbelltown SA 5074
Conditions	
<p>1. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/ outgoing) by 30 September 2016.</p>	
Applicant	Premises
Adelaide Rest Home Pty Ltd	Clifford House 4 Farrant Street Prospect SA 5082
Conditions	
<p>1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition.</p> <p>2. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/ outgoing).</p> <p>3. Clean the ceiling in bathroom 4 to remove the mould and repaint the ceiling.</p> <p>4. Grab rails must be fitted in the shower cubicle and next to the toilet in bathroom 4, in accordance with Australian Standard AS1428-2001.</p> <p>5. Repair the floor in bathroom 1 (Main building) to ensure the surface is sealed and can be effectively cleaned.</p> <p>6. Repair the damp and mouldy wall in bedroom 8.</p>	

<p>7. Repair the damp and mouldy wall opposite bedroom 16. 8. Fit an extractor fan cover in bathroom 5. 9. Repair or replacement to worn flooring in bedroom 5. 10. Repair or replacement to worn flooring in bedroom 7.</p> <p>Condition 1 is ongoing for the period of the licence from 1 July 2016 – 30 June 2017. Condition 2 must be complied with by 30 September 2016 and conditions 3-10 must be complied with by 30 January 2017.</p>	
Applicant	Premises
Antwyn Pty Ltd	Prospect Residential Care Services 6 Dean Street Prospect SA 5082
Conditions	
<p>1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition. 2. Ensure that the staff includes both a cook and a cleaner in addition to the members of the staff who provide personal care services to residents of the facility. 3. Ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents. 4. Repair the damp wall and repaint the area in the corridor adjacent to the medication room. 5. Repair the damp wall and repaint the area adjacent to the white bathroom. 6. Clean and repaint the walls in bedroom 6. 7. Repair the fly screen to prevent entry by pests in bedroom 6. 8. Clean and repaint the door to Bathroom 2 (White bathroom). 9. Clean and re-grout the mould affected areas in bathroom 2. 10. Replace the damaged tiles in bathroom 2.</p> <p>Condition 1-3 is ongoing for the period of the licence from 1 July 2016 – 30 June 2017. Conditions 4-10 must be complied with by 30 January 2017.</p>	
Applicant	Premises
Westwal Pty Ltd and Tepport Pty Ltd	Vailima Gardens Retirement Village 63 Hackney Road Hackney SA 5069
Conditions	
<p>1. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/ outgoing) by 30 September 2016.</p>	
Applicant	Premises
Myrtle Grove Supportive Care Pty Ltd	Ocean Grove Supportive Care at Myrtle Bank 494 Fullarton Road, Myrtle Bank SA 5064
Conditions	
<p>1. Provide an adequate outdoor shaded area for the residents to spend reasonable periods of time outdoors in a comfortable and pleasant environment. 2. A reasonable supply of hot water for the residents' bathing purposes must be provided at a temperature that could not cause scalding in accordance with the Supported Residential Facilities Regulations 2009, Regulation 21(3)(c)(i). 3. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/</p>	

outgoings).	
Conditions 1-3 must be complied with by 30 September 2016.	
Applicant	Premises
Gumtree Grove Pty Ltd	Rose Terrace Hostel 102 Rose Terrace Wayville SA 5034
Conditions	
<ol style="list-style-type: none"> 1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition. 2. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/outgoings). <p>Condition 1 is ongoing for the period of the licence from 1 July 2016 – 30 June 2017 and condition 2 must be complied with by 30 September 2016.</p>	
Applicant	Premises
SA Support Services	Aldridge Court 109-111 Young St Parkside Unley SA 5063
Conditions	
<ol style="list-style-type: none"> 1. Replace the degraded outdoor furniture with suitable outdoor furniture to create a 'homelike' environment. 2. Provide an adequate outdoor shaded area for the residents to spend reasonable periods of time outdoors in a comfortable and pleasant environment. 3. Re-paint the walls in the resident's kitchen area. 4. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/outgoings). <p>Conditions 1-4 must be complied with by 30 September 2016.</p>	
Applicant	Premises
Westwal Pty Ltd	Auscare at Unley 262 Cross Road Kings Park SA 5034
Conditions	
<ol style="list-style-type: none"> 1. Residents receiving personal care services as defined in the <i>Supported Residential Facilities Act 1992</i> must only reside in the following apartments 1, 3F, 10, 11, 17, 20, 21, 24, 25, 31, unless otherwise agreed in writing by the Eastern Health Authority. 2. Access to all communal areas and the apartments 1, 3F, 10, 11, 17, 20, 21, 24, 25, 31. 3. Provide copies of accounting records including profit and loss statement, balance sheet (assets and liability) and cash flow statement (incoming/outgoings). <p>Conditions 1 and 2 are ongoing for the period of the licence from 1 July 2016 – 30 June 2017. Condition 3 must be complied with by 30 September 2016.</p>	

7.1 PUBLIC AND ENVIRONMENTAL HEALTH

Complaints

For the reporting period 1 April 2016 to 31 May 2016, the Eastern Health Authority received 29 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

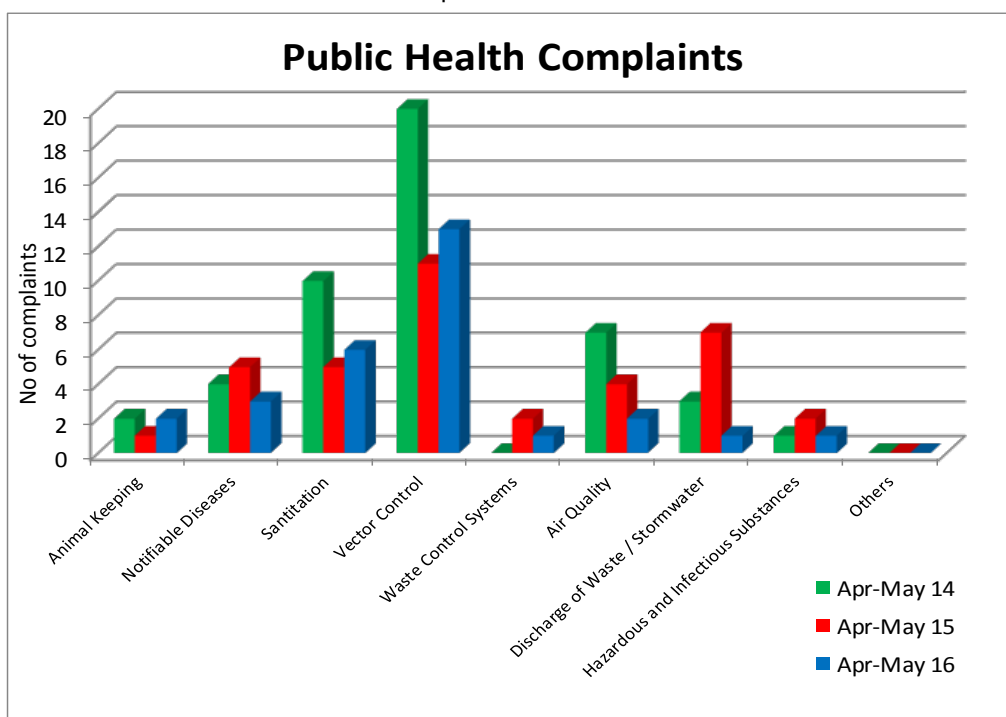


Table 1: Public and Environmental Health complaints received 1 April 2016 to 31 May 2016 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	1	0	1	0	0	2
Animal Keeping	0	2	0	0	0	2
Hazardous Substances	0	1	0	0	0	1
Notifiable Disease	0	0	1	2	0	3
Other	0	0	0	0	0	0
Sanitation	1	2	3	0	0	6
Stormwater discharge	0	1	0	0	0	1
Vector Control	4	2	5	1	1	13
Wastewater	0	1	0	0	0	1
Total	6	9	10	3	1	29

Cumulative totals of complaints for the financial year-to-date are shown in Graph 2 and cumulative complaints by council area and reporting category are detailed in Table 2.

Graph 2

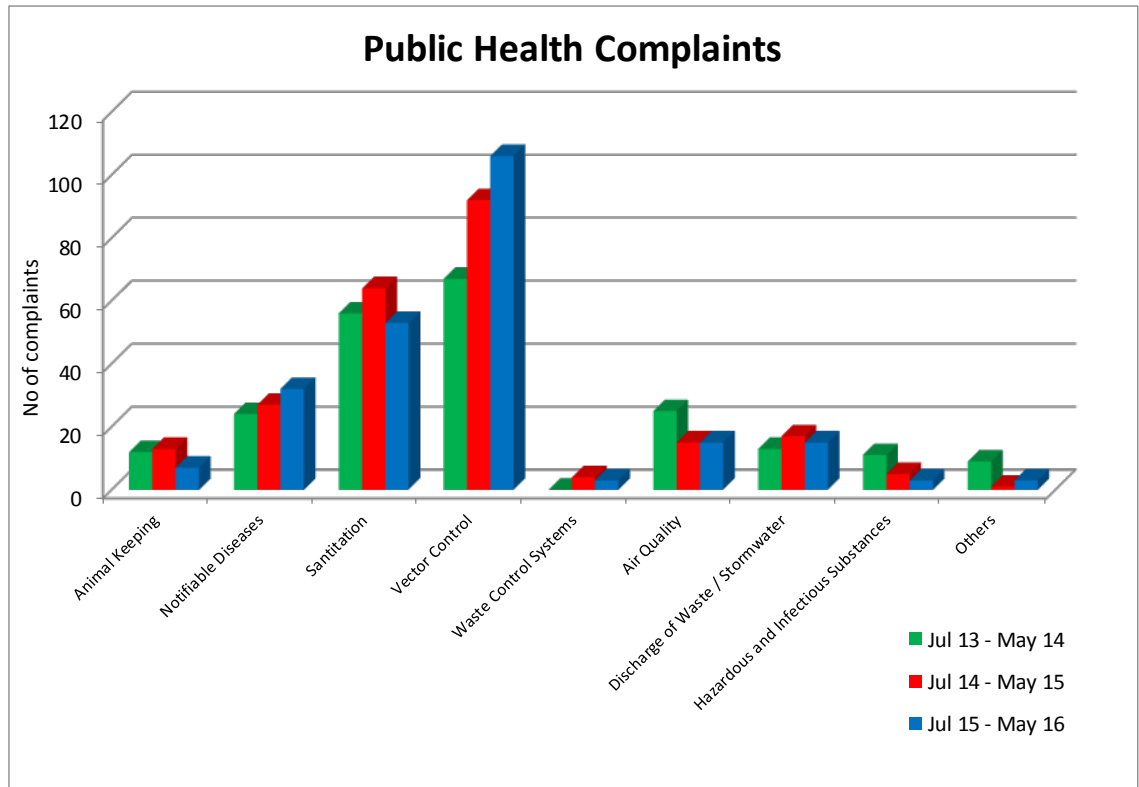


Table 2: Cumulative Public and Environmental Health complaints for the financial year to date by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	5	3	4	2	1	15
Animal Keeping	0	4	2	1	0	7
Hazardous Substances	0	1	2	0	0	3
Notifiable Disease	9	3	11	7	2	32
Other	0	0	3	0	0	3
Sanitation	21	11	13	5	3	53
Stormwater discharge	2	6	6	1	0	15
Vector Control	28	34	29	8	7	106
Wastewater	1	1	1	0	0	3
Total	66	63	71	24	13	237

Notifiable Disease

Three confirmed cases of *Salmonella* Typhimurium 135 (STM 135) were reported to EHA from SA Health on 13 May 2016 implicating a takeaway food business. The confirmed cases reported consuming meat rolls from the premises on 2 and 3 May 2016. It was also reported that the business had supplied food to a school nearby as part of a teacher's function on 2 May 2016 which resulted in seven of the 17 teachers experiencing gastrointestinal illness. The advice from SA Health was that the particular strain of *Salmonella* involved is commonly associated with chicken eggs.

Authorised Officers began an immediate investigation at the premises on 13 May 2016. Officers conducted an inspection of the food business, sampled ingredients and swabbed surfaces for analysis. In total, nine samples and eight environmental swabs were taken. Officers established that the premises was producing a number of high risk foods including chicken liver pate` and raw egg butter, an ingredient used in a majority of the meat rolls sold from the business. During the investigation the proprietor advised that the meat rolls are also wholesaled to another school canteen on a daily basis.

Interviews conducted by the Communicable Disease Control Branch (CDCB) confirmed that three separate confirmed cases and seven cases experiencing gastro symptoms were exposed to the liver pate` and the raw egg butter.

During the inspection of the food business Officers observed that the equipment used to make the raw egg butter and liver pate` was unclean. In addition, the food processor used to make the pate` was damaged and resulted in a significant build-up of food residue in the handle and plastic bowl.

Concerns were also raised about hand washing and unsafe food storage practices. The business was instructed to cease using raw egg butter and to immediately dispose of the damaged blender used to make the chicken liver pate`.

An Improvement Notice was issued to the food business that same day. The Notice required immediate action to undertake cleaning, remedy poor storage practices and ensure that food equipment is appropriately cleaned and sanitised.

A follow up inspection to the Improvement Notice was conducted on 16 May 2016 and the business had complied with the required actions and ceased using eggs.

A situation report received from SA Health on 16 May 2016 outlined the number of confirmed cases of STM 135 implicated from the premises increased from three to eight. In addition, one of the cases had consumed a meat roll from the school canteen that the business supplies.

The Authorised Officer conducted inspections at the implicated business on 17 and 20 May 2016 to ensure that staff were correctly cleaning and sanitising equipment and to conduct further observations and interviews. The results of the swabbing and sampling conducted on the 13 May 2016 did not return positive results for *Salmonella*.

Throughout the investigation EHA continued to receive regular situation reports from SA Health providing an update on the number of confirmed cases implicating the premises. On 25 May 2016, the situation report indicated that there was an increase to 30 confirmed cases of STM 135 associated with the premises.

Officers continued with the investigations at the premises to confirm: that the business was compliant with the actions previously noted throughout inspections, to ensure the business was still no longer using raw egg butter and to assess the structural suitability.

During the inspection the owner confirmed that the premises had begun as a small operation selling limited quantities of food as a deli/snack bar in 2012. In recent times the business had grown significantly and a larger range of high risk foods had been introduced.

An inspection on 25 May 2016 again identified concerns regarding poor food handling practices, inadequate cleaning and sanitising and unsafe food storage.

The business was issued with an Improvement Notice on 27 May 2016 to undertake structural changes to the kitchen to ensure safe production of food. On this day, a final situation report was received from SA Health which found that 33 confirmed cases of STM 135 had been implicated with the food business. It was of particular note that a large majority of the cases had eaten food in the period between 2 and 6 May. In total, three of the cases resulted in hospitalisation and two were as a result of secondary infection in their respective households. In addition, six of the cases consumed food through a school canteen.

Further inspections will be conducted in the next reporting period and an investigation matrix will be developed to determine if further legal action is required.

During the reporting period SA Health notified EHA of three confirmed cases of *Salmonella* who ate at a restaurant within the local authority. It was reported that all three cases ate different meals at separate sittings within a week of each other. Officers discussed details relating to the reported cases with both the owner and food handlers, inspected the premises and sampled foods and relevant ingredients reportedly consumed by each case. During the inspection Officers detailed actions required to ensure the premises was taking all reasonable steps to minimise the risk of cross contamination. This included adequate cleaning and sanitising of all food equipment and utensils, separation of raw and ready to eat foods and processes, and hand washing at key times. All of the foods sampled were found to be negative for *Salmonella*. Actions requested to be undertaken during the investigation were implemented and no further cases have been reported.

During the reporting period SA Health notified EHA of a Statewide *Salmonella* Saintpaul (S.Saintpaul) outbreak allegedly associated with fresh produce in particular bean sprouts. SA Health advised EHA to inform all the food businesses that may sell or use beansprouts about the outbreak and to only serve cooked bean sprouts until further notice. SA Health also required EHA to collect samples of fresh produce including bean sprouts, chilli and coriander from a specific retailer for analysis. During the sampling investigation Officers also obtained supplier information, use by dates of the products, frequency of deliveries, receiving temperatures and storage temperatures. Results within the local authority were found to be negative for S.Saintpaul with no further action required by EHA.

Confirmed cases of S.Saintpaul continued to increase throughout the State. As part of a further investigation SA Health notified all councils that that there are two specific producers of bean sprouts that may be implicated. To assist with the investigation councils were required to obtain samples of mung bean sprouts from five different retail food businesses for analysis. Results within the local authority were found to be negative for S.Saintpaul with no further action required by EHA. A state-wide consumer level recall of mung bean sprouts was conducted by SA Health due to S.Saintpaul contamination.

SA Health notified EHA of a small cluster of a rare type of *Salmonella* Typhimurium PT8. Two children from the small cluster attended an Out of Hours School Care (OHSC) within EHA. It was reported that the onset of illness between the two cases was six days apart and one case did not attend the OSHC whilst unwell. An Officer contacted the OHSC to seek further information in relation to the cases. It was confirmed that the school was aware of the cases and there had not been any other reported illness amongst students or staff. An inspection of the OHSC was carried out and all hygiene and food handling practices were satisfactory. Information including food supplier details were provided to SA Health to assist in their investigation.

Vector Control

A complaint was received from the South Australian Police concerning a significant vermin infestation at a property as a result of poor animal keeping practices.

An Authorised Officer conducted an inspection at the property and confirmed that there was a significant mouse infestation throughout the main dwelling and front yard. During the inspection of the property the Officer observed areas where rabbits were kept, however the occupier advised that they were recently removed from the property. These areas had a strong offensive odour due to the significant accumulation of rabbit faeces and decomposing food.

The Officer instructed the occupier of the property to engage a professional pest controller and remove all decomposing food and rubbish from the property. In addition, all living areas contaminated with mice and rabbit faeces within the property were required to be cleaned and disinfected.

Given the serious nature of the infestation the property owner and occupier was issued with a Notice to Secure Compliance with the General Duty under the *Public Health Act 2001*.

A follow up inspection was conducted and the Officer observed that the property had been sufficiently cleaned and disinfected and the decomposing food and rubbish was removed. Despite the treatment from the pest controller mice activity was still evident. The resident was instructed to continue pest treatments. A follow up inspection is due to be conducted in the following reporting period to ensure all necessary actions by the resident are undertaken.

Cooling Towers & Warm Water Systems

One site inspection of a warm water system was conducted during the reporting period. The inspection frequency of the site has been increased in response to continual detections of *Legionella* during audit. As previously reported to the Board of Management on 24 February 2016 the site installed a permanent residual chlorine dosing system to manage the risk of *Legionella*. Following the installation of this system sample results from the audit returned clear for *Legionella*.

All remaining cooling towers and warm water systems are scheduled for inspection later in the calendar year.

Table 3 Totals of Cooling Tower and Warm Water System Inspections conducted 1 April 2016 to 31 May 2016

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint inspections	0	0	0	0	0	0
Routine inspections	0	0	5	0	0	5
Follow-up inspections	0	0	0	0	0	0
Total	0	0	5	0	0	5

Table 4: Cumulative totals of cooling tower and warm water systems inspections conducted for the financial year-to-date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint inspections	0	0	0	0	0	0
Routine inspections	10	7	20	7	7	51
Follow-up inspections	1	0	0	0	0	1
Total	11	7	20	7	7	52

Public Swimming Pools and Spas

During the reporting period two public swimming pool sites were assessed in accordance with the *South Australian (General) Regulations 2013* (the Regulations). The sites included a total of three indoor swimming pools. Follow up inspections were undertaken at one site where water parameter tests were not found to be within the requirements detailed in the Regulations.

During a routine inspection at one indoor pool site, the pool was found to have high levels of chlorine and pH levels which exceeded the parameters outlined in the Regulations. During the inspection the sites independent pool maintenance company was also testing the pool water and obtained similar results.

Due to the total chlorine levels exceeding 10 mg/L the pool was immediately closed to the public. The pool technician advised the Officer of the action that was to be taken to comply with the Regulations.

A follow up inspection was conducted and the total and combined chlorine and pH levels continued to exceed the parameters outlined the Regulations. As a result of the non-compliances observed during the follow up inspection a warning letter was issued. An additional follow up inspection was undertaken and the pool operator was able to demonstrate an ability to maintain the required chlorine and pH levels compliant with the Regulations. The pool was re-opened and no further action was taken.

Table 5: Swimming and spa pool inspections conducted between 1 April 2016 to 31 May 2016 by council area

	Burnside	Campbelltown	NPS	Prospect	Walkerville	Total
Complaint inspections	0	0	0	0	0	0
Routine inspections	0	0	3	0	0	3
Follow-up inspections	0	0	2	0	0	2
Total	0	0	5	0	0	5

Table 6: Cumulative totals of swimming and spa pool inspections conducted for the financial year-to-date

	Burnside	Campbelltown	NPS	Prospect	Walkerville	Total
Complaint inspections	0	0	0	0	0	0
Routine inspections	23	3	18	6	4	54
Follow-up inspections	4	1	4	2	4	15
Total	27	4	22	8	8	69

Waste Control

Pursuant to the *SA Public Health (Wastewater) Regulations 2013*, all onsite wastewater systems and alterations to an onsite wastewater system are subject to a wastewater works approval.

EHA received one application to install a permanent greywater system during the reporting period. An initial assessment of the application found requirements with the On-site Wastewater Systems Code had not been adequately addressed. This included satisfying wastewater engineer's requirements in relation to adequate irrigation area and minimum system setback distances from any buildings and boundaries. The applicant was informed of actions that require addressing and later provided an amended application.

Following a satisfactory assessment against the On-site Wastewater Systems Code, the application was approved subject to conditions outlined in the approval notice.

RECOMMENDATION

That:

The Public and Environmental Health Report is received.

7.2 IMMUNISATION

2016 Year 8 School Immunisation Program (SIP)

During the period of review, 19 school immunisation visits were completed at which a total of 3414 vaccines were administered. Table 1 below shows the breakdown of the vaccine by type administered for each council area.

Table 1: School Vaccinations for April and May 2016

Council	Varicella Zoster	Human Papillomavirus	Diphtheria Tetanus Pertussis	April-May Total
Burnside	165	560	288	1013
Campbelltown	210	442	128	780
NPSP	211	515	147	873
Prospect	23	122	93	238
Walkerville	0	76	80	156
Unley	0	175	179	354
Total	609	1890	915	3414

To date the 2016 SIP (Jan to May) has administered 4,774 vaccines compared with a total of 4,581 vaccines for the same period in 2015. No changes were made to the School Program Schedule in 2016 when compared with 2015.

Table 2 below shows the breakdown of the vaccines by type administered for each council area for this period.

Table 2: School Vaccinations for Calendar Year to Date – March to May 2016

Council	Varicella Zoster	Human Papillomavirus	Diphtheria Tetanus Pertussis	Jan-May Total
Burnside	308	851	288	1447
Campbelltown	269	570	128	967
NPSP	284	569	147	1090
Prospect	89	218	93	400
Walkerville	38	150	80	268
Unley	68	355	179	602
Total	1056	2803	915	4774

Worksite Program

The first Influenza Vaccines for the 2016 season was received on 31 March 2016 for the worksite program commencing on 4 April 2016.

All worksite bookings were completed from 4 April 2016 to 25 May 2016.

A total of 101 worksite programs were delivered at worksites between 4 April 2016 and 25 May 2016. This was a similar number compared to 2015 when a total of 98 programs were completed.

There was a 4% decrease in the number of vaccines administered (4,689) compared with those administered in 2015 (4,909). EHA offered both the Quadrivalent and Trivalent Influenza Vaccine in the Worksite Program 2016. Two worksites out of the total 101 worksites requested the Trivalent Influenza Vaccine.

This decrease is partly due to a reduction in demand for vaccines other than the influenza, especially the diphtheria, tetanus and pertussis (whooping cough) vaccine.

Table 3: Vaccines Administered at Worksites YTD July to May for the last 3 years

Vaccine	July 2013 to May 2014	July 2014 To May 2015	July 2015 to May 2016
Influenza	4006	4777	4643
Hepatitis B	1	3	0
Hepatitis A	15	2	2
Hepatitis A & B	74	42	10
dTpa	0	85	34
Total	4125	4909	4689

Changes in the eligibility factors for free government supplied influenza vaccine affected the amount of Government funded vaccines supplied in both clinics and worksite programs. The total Government funded vaccines delivered in the worksite program decreased to 714 from 1,083 in 2014 and 1,217 in 2015.

A link to an electronic survey in relation to EHA's worksite immunisation service is being sent with all tax invoices for the worksite program. The survey will provide valuable feedback to EHA to make improvements for this service in 2017. The survey provides the option to make a booking for 2017 and reserve a date to be confirmed when the vaccine information is available.

EHA staff were offered the Quadrivalent Influenza Vaccine with 95% of staff being vaccinated.

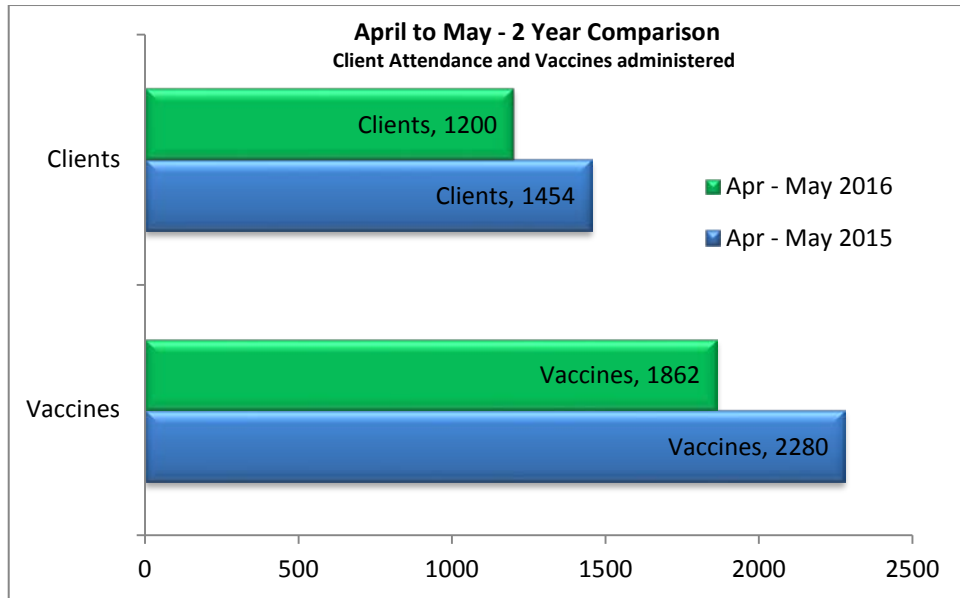
Public Clinics

During the period of review, 1,200 clients received 1,862 vaccines at EHA's public immunisation clinics. This was a decrease of 254 clients (-18%) and 418 vaccines (-18%) administered when compared to the same period for 2015.

Graph 1 below details vaccines provided at clinics between April to May for 2015 and 2016.

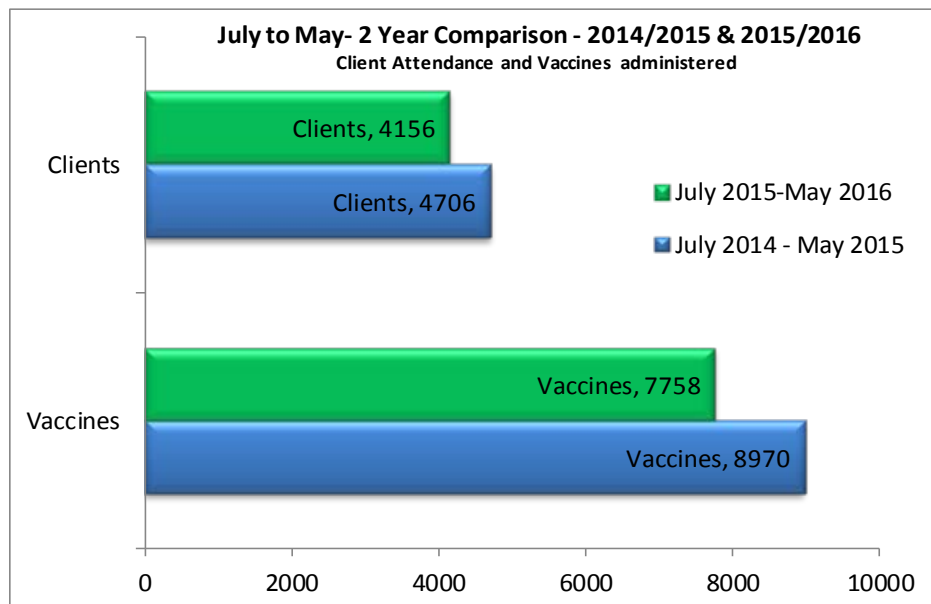
The decrease in the number of vaccines is partly due to the reduction in the number of influenza vaccines being provided under the Annual Funded Influenza Program in clinic and also children over 9 years of age only requiring one dose of Influenza if they received a dose in previous years.

Graph 1: April to May – two year comparison of number of clients and vaccines administered at clinics



From July 2015 to May 2016 a total of 4,156 clients attended EHA’s public clinics and received a total of 7,758 vaccines. This is a decrease of 1,212 in the number of clients compared to the same period for 2015 (see graph 2).

Graph 2: July to May – two year comparison of number of clients and vaccines administered at clinics



A review has been done of vaccine numbers administered at public clinics to identify any additional contributing factors to those reported in the Board of Management report dated 27 April 2016.

A breakdown per vaccine has been analysed and highlighted a reduction in the number of adolescents coming to EHA for a missed dose after being absent from a school visit. The Human Papillomavirus vaccine is a 3 dose course and many parents who live outside of our Constituent Council areas may decide to take their children to the GP or their local immunisation provider for further doses.

There also continues to be a reduction in the number of 2, 4 and 6 month vaccines administered to babies which we are continuing to review.

During the reporting period 43 formal written requests and 25 telephone requests were received from families residing within our Constituent Council areas for an assessment of their children's immunisation records and updates to be made on their records on the Australian Childhood Immunisation Register (ACIR).

This is a significant increase in workload for EHA staff as during the same reporting period in 2015 a total of 9 requests from families were received. This increase is due to the No Jab No Pay legislation.

EHA applied through Adelaide Primary Health Network Ltd (APHN) for funding assistance for EHA staff to enter Immunisation records for Newly Arrived Refugee Immunisation (NARI) clients. In the past when assessments of new arrivals has been completed by EHA the ACIR would not accept records of persons aged 7 or over. This is causing issues for parents of children particularly those that arrived in Australia when their children were over 7 years of age. A project titled, 'Immunisation Register Data Update Project' was undertaken by EHA with funding assistance by APHN to identify and upload as many immunisation records as possible of NARI program clients in the 7 to 12 years old cohort.

A total of 179 client histories were uploaded and checked on ACIR during the contract period with a total of 836 vaccine records added to the register in the 7 to 12 year old cohort. A total of 9 client histories were uploaded and checked on ACIR during the contract period with a total of 92 vaccine records were added to the register for clients from other cohorts. A Performance report was provided to APHN on this project.

Table 4 provides a detailed analysis of attendance at each of the public clinics provided. It also provides information in relation to our client's council of origin.

Table 4: Combined Clinic breakdown for April 2015 – May 2015

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	
Apr-May 2016	53	94	4	11	6	9	0	0	0	0	11	19	2	2	76	135	
Year to Date	285	543	42	82	41	81	5	13	3	3	42	87	9	15	427	824	
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	
Apr-May 2016	3	7	109	173	5	12	2	2	1	1	0	0	6	6	126	201	
Year to Date	27	57	340	601	21	45	6	9	2	3	1	2	16	21	413	738	
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	
Apr-May 2016	131	212	169	273	297	434	52	72	48	68	42	73	14	21	753	1153	
Year to Date	416	818	656	1278	905	1630	148	252	141	259	146	294	69	116	2481	4647	
PROSPECT CLINIC held every 1st Wednesday of the month																	
New time from 11st January 2016 - 10.00am to 12.00pm																	
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	
Apr-May 2016	1	2	2	4	4	4	29	53	1	1	2	4	3	3	42	71	
Year to Date	9	17	13	29	8	8	70	129	7	14	10	20	6	8	123	225	
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	
Apr-May 2016	4	11	2	5	17	19	9	12	11	14	1	1	2	2	46	64	
Year to Date	12	24	8	17	31	47	19	33	30	48	6	9	5	11	111	189	
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	
Apr-May 2016	22	31	13	21	8	12	4	4	1	1	82	129	27	40	157	238	
Year to Date	86	156	40	62	32	61	7	10	12	23	336	661	88	162	601	1135	
														Grand Total			
																Clients	Vaccines
Grand Total of all Clinic Sites														Apr-May 2016		1200	1862
														Year to date		4156	7758
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	
Apr-May 2016	214	357	299	487	337	490	96	143	62	85	138	226	54	74	1200	1862	
Year to date	835	1615	1099	2069	1038	1872	255	446	195	350	541	1073	193	333	4156	7758	

RECOMMENDATION

That:

The Immunisation Services Report is received.

7.3 FOOD SAFETY REPORT

Complaints

For the reporting period 1 April 2016 to 31 May 2016 the Eastern Health Authority received 13 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

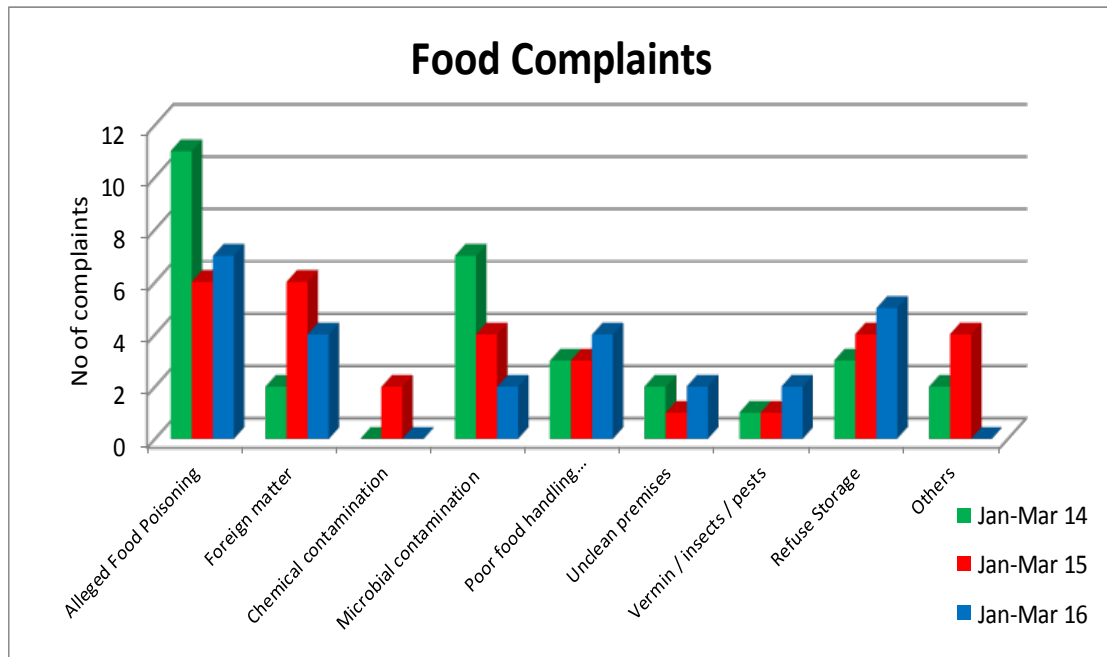


Table 1: Food complaints by council area from 1 April 2016 to 31 May 2016

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged food poisoning	0	1	4	1	0	6
Confirmed food poisoning	0	0	0	0	0	0
Poor personal hygiene / poor food handling practices	0	0	1	0	0	1
Refuse Storage	0	0	0	0	0	0
Unclean premises	0	1	0	1	0	2
Food unsuitable/unsafe	1	0	1	1	0	3
Vermin / insects / pests	1	0	0	0	0	1
Alleged food poisoning	0	0	0	0	0	0
Total	2	2	6	3	0	13

Cumulative totals of complaints for the financial year to date are shown in Graph 2. Table 2 shows complaints by council area and reporting category.

Graph 2

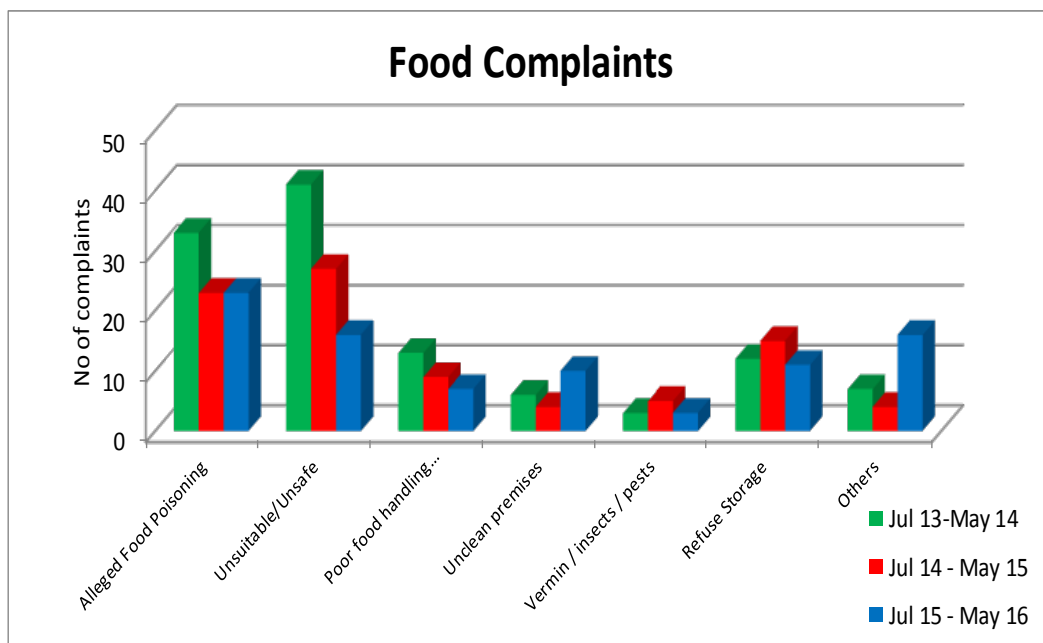


Table 2: Food complaint cumulative totals for the financial year to date by council area and reporting category

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged food poisoning	7	1	9	5	1	23
Confirmed food poisoning	1	0	2	0	0	3
Poor personal hygiene / poor food handling practices	1	2	1	2	1	7
Other	4	2	7	1	2	16
Refuse Storage	3	1	6	1	0	11
Unclean premises	3	0	5	2	0	10
Food unsuitable/unsafe	4	4	4	3	1	16
Vermin / insects / pests	0	0	3	0	0	3
Total	23	10	37	14	5	89

Alleged Food Poisoning

EHA received a suspected food poisoning complaint from an individual who ate at a takeaway food business with their partner. The complainant and their partner experienced symptoms the next day including stomach cramps and diarrhoea. An inspection of the premise was undertaken and the Officers observed food available for use past its use-by date, a poor standard of cleanliness, the hot bain marie storing food out of temperature control and inadequate handwashing facilities.

A follow-up inspection was undertaken and the majority of the non-compliances had been addressed. However, the hand washing facility in the front food preparation area was still not connected to a supply of warm running water. An Improvement Notice was issued requiring the hand wash basin to be connected to a supply of warm running water within six months.

The Authorised Officer was unable to confirm if the alleged food poisoning complaint was related to the food premises as they did not seek medical attention and provide a stool sample.

Due to the long history of non-compliance with the Food Safety Standards, specifically in regards to the businesses inability to maintain adequate handwashing facilities an Expiation Notice will be issued to the business.

Food Unfit / Unsuitable / Unsafe

EHA received an anonymous complaint from an individual concerned about out of date and unlabelled food being sold from a gourmet specialty supermarket. An inspection of the premises revealed a number of non-compliances with the Food Safety Standards which had previously been outlined in inspection reports. These non-compliances included inadequate identification and traceability of food items, no documented recall procedure, and inadequate labelling of food items. The Authorised Officer contacted SA Health regarding the labelling issues and PIRSA regarding the inadequate traceability of raw meats. Independent inspections were undertaken by both Government departments.

An Improvement Notice was issued to the business requiring them to address the non-compliances. A follow up inspection of the business revealed that all the non-compliances had been addressed and SA Health and PIRSA were also able to confirm that the business had complied with their requirements. Further legal action is currently being considered.

A complaint was received concerning a foreign object found in an iced coffee purchased from a café. The Officer requested the complainant to provide the evidence of the foreign object.

An Authorised Officer conducted an inspection at the café and inspected the packaging used to make the iced coffee. The Officer identified minor fraying of some of the cardboard on the outside of the cup around the lip. The café discarded all the affected packaging and contacted the manufacturer.

Following the inspection of the food premises, the Officer received the photographic evidence from the complainant. From the photo the object appeared to be from the plastic lid of the take away coffee cup. The manufacturer contacted the Officer and advised that a quality assurance review was undertaken to the take away packaging. The manufacturer and was unable to identify any similar issues and no further complaints regarding the packaging were received. No further action was required.

Food Premises Inspections

Environmental Health Officers undertook 99 routine inspections of food businesses this reporting period. An additional 106 follow-up inspections were required to ensure non-compliance with the Food Safety Standards was appropriately corrected.

Table 3: Food Premises Inspections 1 April 2016 to 31 May 2016

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint Inspection	3	1	8	3	0	15
Follow Up Inspection	11	11	57	24	3	106
Routine Inspection	25	15	41	17	1	99
Special Event Inspection	0	0	0	0	0	0
Fit-out / Pre-opening Inspection	0	2	3	1	0	6
Other	0	0	0	0	0	0
Total	39	29	109	45	4	226

Table 4: Cumulative Totals for Food Premises Inspections for the financial year to date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint Inspection	31	8	39	14	4	96
Follow Up Inspection	86	102	254	63	21	526
Routine Inspection	133	140	248	96	21	638
Special Event Inspection	0	2	0	3	0	5
Fit-out / Pre-opening Inspection	3	5	8	2	0	18
Other	0	0	0	0	0	0
Total	253	257	549	178	46	1283

Non-Compliance with Food Safety Standards

During the reporting period, 19 improvement notices and two final warnings, were issued. Table 5 lists the number of each non-compliance with the Food Safety Standards encountered by officers during routine inspections.

As highlighted in blue in the table below, poor food storage and processing, poor standard of cleanliness, inadequate cleaning, sanitising and handwashing facilities and damaged fixtures, fittings and equipment were common non-compliances.

Reason for enforcement activity	Written warnings	Improvement notices	Prohibition Orders
Standard 3.2.2			
Skills and Knowledge			
Notification	2		
Food Receipt		1	
Food Storage		3	
Food Processing		3	
Food Display	1		
Food Packaging		1	
Food Transportation			
Food Disposal		1	
Food Recall			
General Req of Food Handlers		1	
Health & Hygiene of Food		2	
General Duties of a Food			
Skills and Knowledge			
Cleanliness		5	
Cleaning and Sanitising	1	3	
Maintenance		3	
Temperature measuring devices		1	
Single use items			
Animals and Pests		2	
Standard 3.2.3			
General Requirements		2	
Water supply			
Sewerage & waste water disposal			
Storage of garbage & recyclables			
Ventilation		1	
Lighting			
Floors		1	
Walls and ceilings			
Fixtures, fittings and equipment		6	
Hand washing facilities		6	
Storage facilities			
Toilet Facilities			
Food Transport vehicles			

Table 5: Legal Action 1 April 2016 to 31 May 2016

	Burnside	Campbelltown	NPS	Prospect	Walkerville	Total
Warning Letters	0	0	2	0	0	2
Improvement Notices	3	0	10	6	0	19
Expiation Notices	0	0	0	0	0	0
Prohibition Order	0	0	0	0	0	0
Prosecution	0	0	0	0	0	0
Total	3	0	12	6	0	21

Table 6: Cumulative Totals for Legal Action for the financial year to date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Warning Letters	3	3	9	1	1	17
Improvement Notices	12	12	41	16	6	87
Expiation Notices	0	1	4	0	0	5
Prohibition Order	0	0	3	0	0	3
Prosecution	0	0	0	0	0	0
Total	15	16	57	17	7	112

During a routine food inspection at a gourmet burger bar Authorised Officers observed a serious non-compliance with the Food Safety Standards relating to inadequate cleaning and sanitising of equipment, specifically the stab mixer used to prepare raw egg Aioli. The Officers observed a significant amount of food residue underneath the blade and on the internal surface of the guard. It was evident that the mixer had not been adequately cleaned or sanitised after it was last used and returned to its storage position ready for reuse.

Officers explained to the manager that this is a serious non-compliance as the mixer has the potential to harbour and cultivate bacteria and cross contaminate other ready to eat foods that are processed by the stab mixer. The raw egg Aioli that had recently being prepared with the stab mixer was discarded as a precautionary measure. As a result of the serious non-compliance an Improvement Notice was issued requiring the business to take immediate action to address the serious non-compliance.

A follow up inspection of the food business was conducted less than 24 hours after the Improvement Notice was issued to ensure the non-compliance had been addressed. During the follow up it was observed that the business had purchased a new stab mixer and the potentially contaminated mixer was stored away and clearly labelled to not be used. The business had also purchased a commercially made Aioli. The food business is currently undertaking a review of all its stores to determine if a raw egg Aioli will continue to be processed within the stores or to permanently use a commercially made product. Further legal action is being considered due to the serious nature of the non-compliance.

Fairs, Festivals and Markets

Authorised Officers attended two major events during the reporting period. Officers liaised closely with event coordinators leading up to the events. All stall holders were provided with a temporary event booklet outlining the necessary information to ensure food is handled safely during the temporary events.

Table 7 outlines the list of temporary events inspected during the reporting period. The table outlines the number of stalls inspected and common non-conformances.

Table 7: List of temporary events inspected during the reporting period

Event	Number of Stalls Inspected	Common non-conformances
St Peters Fair	16	<ul style="list-style-type: none"> • Hand wash basins • Inadequate sanitiser • Display temperatures not within range • Inadequate water supply
Taste Glynde	8	No non-conformances identified.

Audits of Businesses that Serve Vulnerable Populations

During the reporting period, five businesses within the constituent council boundaries and four 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 undertaken.

Table 8: Food Audits for the Period 1 April 2016 to 31 May 2016

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Other	Total
Audits	0	0	1	3	0	1	5
Follow-up audits	0	0	0	0	0	0	0
Total	0	0	1	3	0	1	5

Table 9: Cumulative Totals for Food Audits for the financial year to date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Other	Total
Audits	9	4	10	4	3	36	66
Follow-up audits	6	0	2	1	1	2	12
Total	15	4	12	5	4	38	78

RECOMMENDATION

That:

The Food Safety Report is received.

7.4 HEALTH CARE AND COMMUNITY SERVICES

SUPPORTED RESIDENTIAL FACILITY REPORT

The Eastern Health Authority (EHA) acts under delegated authority as the Licensing Authority pursuant to section 10 of the Supported Residential Facilities Act 1992 for its Constituent Councils and the City of Unley.

SRFs are audited throughout the year to ensure that the objectives and principles of the *Supported Residential Facilities Act 1992* are observed. Authorised Officers also correspond with the Building Fire Safety Committees at each council requesting advice on any fire safety issues.

A detailed report is given within agenda item 6.4 'Supported Residential Facilities Act 2016-17 Licensing Report'.

Audits/Inspections

During the reporting period 8 licensing audits and 5 follow up visits were conducted to review outstanding items highlighted during previous audits. There were improvements noted at most of the facilities. All outstanding issues are detailed in the 6.4 'Supported Residential Facilities Act 2016-17 Licensing Report'.

Complaints

There have been no complaints received during the reporting period. Authorised Officers have however responded to and investigated concerns and issues highlighted during inspections and audits relating to resident's needs and requirements. The common areas of concern include incontinence and the need for higher levels of care around this issue and extra heating during winter months. Officers addressed these concerns with the managers as a part of follow up visits.

Approval of Manager / Temporary Manager

There were no manager and acting manager approval applications received during the reporting period.

RECOMMENDATION

That:

The Supported Residential Facility Report is received.