



Annual Business Plan 2019/20



Introduction



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

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

The Budgeted Financial Statements can be found on pages 27 and from pages 28-33 and consist of a Statement of Comprehensive Income, Statement of Financial Position, Statement of Cash Flows and Statement of Changes in Equity.

This document presents the Annual Business Plan for EHA for the 2019/20 financial year.



Local councils
working together to
protect the health
of the community.

Introduction	1
About Eastern Health Authority (EHA)	2
Overview of the Annual Business Plan	4
Funding the Annual Business Plan and Budget	5
Financial Indicators	6
<i>Activities for 2019/20</i>	
1.0 — \$ — Governance and Organisational Development	10
2.0 — Ⓔ — Public and Environmental Health	14
3.0 — ⊕ — Immunisation	20
4.0 — 🍴 — Food Safety	24
Eastern Health Authority Budget Financial Statements 2019/20	28



About Eastern Health Authority (EHA)

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

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

EHA undertakes a wide range of functions on behalf of its Constituent Councils to protect the health and wellbeing of approximately 160,000 residents plus those people who visit the region. These functions include the provision of immunisation services, hygiene and sanitation control, licensing and monitoring of Supported Residential Facilities (SRFs) and surveillance of food premises.

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

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)

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	285	296	488	176	43	1,288
Swimming Pools	19	6	13	2	3	43
High Risk Manufactured Water Systems	9	8	10	0	0	27
Supported Residential Facilities	1	2	1	2	0	6
Environmental Health Complaints	43	45	65	21	8	182
Hairdresser/Beauty Treatment Premises	69	65	116	49	7	306
No. of Year 8 Students Vaccinated at high schools	742	555	669	120	95	2,181
Average clients receiving vaccines at public clinics	989	1,013	1,281	373	276	3,932





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 this year's Annual Business Plan a number of key influences were taken into consideration.

Significant Influences

- School Immunisation Program significantly expanded to include Year 10 and 11 students in addition to Year 8 students.
- Enterprise Bargaining wage increase for staff.
- Electronic Records Management System (ERMS) version upgrade.
- Replacement of desktop PCs.
- IT support of \$28K required for ERMS and PC upgrades to be funded from the EHA accumulated surplus through a \$28K deficit.

EHA has set the following priorities as part of the 2019/20 Annual Business Plan:

Priorities

- Finalise the review of the EHA Business Continuity Plan.
- Finalise the review of the Emergency Management Plan.
- Continue to maintain strong relationships with the Constituent Councils, Government and non-Government agencies.

- Facilitate the review of the Regional Public Health Plan, 'Better Living, Better Health' in accordance with section 51(19) SA Public Health Act 2011.
- Actively promote EHA public health services and educate the community on matters of public health.
- Undertake scheduled food and public health inspections and where required audits to ensure compliance with associated legislation and standards.
- Continue to expand Food Auditing services outside of EHA's Constituent Council area.
- Compile and review results of the customer service survey within the environmental health sector. Develop an action plan to address identified 'areas of improvement'.
- Continue to identify high risk activities within beauty premises and ensure the appropriate standards are maintained.
- Improve customer experience at EHA public immunisation clinics.
- Promotion of online immunisation appointment system.
- Conduct immunisation surveys to gain client feedback for use in development of the 2020 Clinic Immunisation Timetable.
- Establish and promote public immunisation clinic at City of Prospect's new Community Hub, Library & Innovation Centre in January 2020.
- Implement process of improved recalls and reminders for overdue immunisation clients.



Funding the Business Plan and the Budget

EHA bases its expenditure on the services required to ensure its Constituent Councils are meeting legislative responsibilities.

The forecast for the 2019/20 financial year is that EHA's operating result will be a deficit of \$28,000. To achieve this operating budget result, a total of \$1,757,120 will be raised through contributions from our Constituent Councils for operational expenditure in 2019/20. Constituent Councils will collectively contribute a further \$50,000 (\$10,000 per council) for the legislatively required review of the Regional Public Health Plan.

The following are the sources of revenue other than Constituent Council contributions which are utilised to fund the activities of EHA:

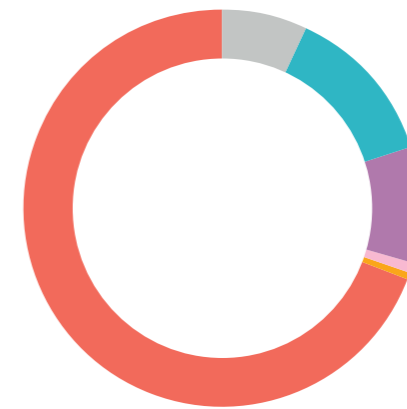
Statutory Charges relate mainly to fees and fines levied in accordance with legislation and include food inspection fees, supported residential facility licences, and environmental health related fines.

User Charges relate to the recovery of service delivery costs through the charging of fees to users of EHA's services. These include the provision of food safety audit services, workplace immunisation programs, fee vaccines at public immunisation clinics and immunisation contract services to the City of Unley.

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

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

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



Graph 1 – Funding Sources 2019/2020

Statutory Charges	7.1%
User Charges	13.0%
Grants	9.6%
Investment Income	0.6%
Other Revenues	0.7%
Constituent Council Contributions	69.0%



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.

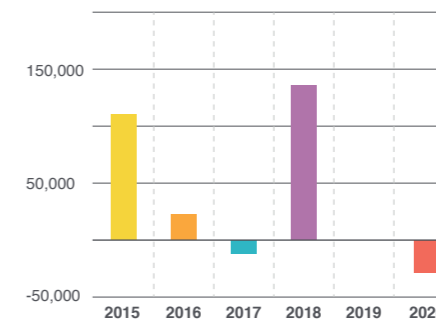
Indicators with relevance to EHA are set out below.

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

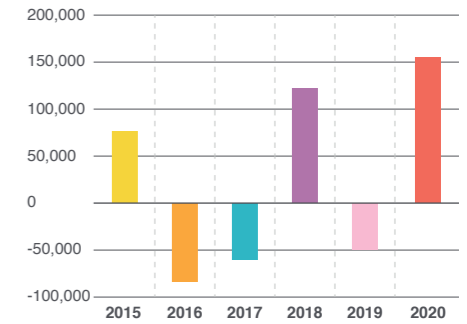
Net Financial Assets indicates the money held, invested or owed to EHA less money owed to others (including provisions for employee entitlements).

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

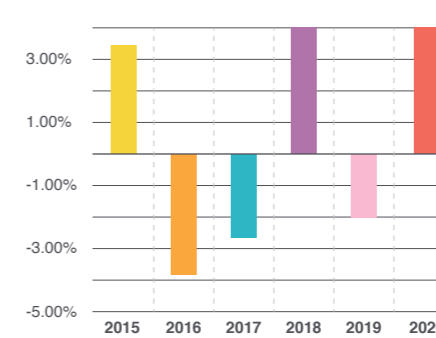
Graph 2: Operating Surplus / (Deficit)



Graph 3: Net Financial Assets



Graph 4: Net Financial Assets Ratio



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

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

	Contribution 2018/19	Total Expenses Budgeted 2018/19	EHA % of expenses
Burnside	\$444,498	\$46,263,000	0.96%
Campbelltown	\$403,854	\$48,000,250	0.84%
Norwood, Payneham and St Peters	\$523,301	\$42,111,000	1.24%
Prospect	\$237,123	\$23,643,000	1.00%
Walkerville	\$114,237	\$9,620,000	1.19%
Total Constituent Council Expenditure	\$1,723,013	\$169,637,250	1.02%

Activities for 2019/20

The following information reflects the actions which will be performed to achieve the objectives for EHA over the next 12 months.





1.0 – Governance and Organisational Development



Background

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

Objective 1.0

Administration of legislative and corporate governance requirements

	Actions	Performance Measures
1.1	<ul style="list-style-type: none"> Monitor the compliance of statutory requirements identified in the Charter. 	<ul style="list-style-type: none"> Statutory requirements complied with as per Charter.
1.2	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 5 meetings conducted. Appropriate notice given. Timeframe met.
1.3	<ul style="list-style-type: none"> Conduct election for Chair and Deputy Chair of Board of Management in February. 	<ul style="list-style-type: none"> Election conducted at February meeting.
1.4	<ul style="list-style-type: none"> In accordance clause 6.5 of EHA's Charter 2016, undertake the required strategies to attain any priority or goal which the Regional Public Health Plan, 'Better Living, Better Health' (the Plan) specifies as EHA's responsibility. 	<ul style="list-style-type: none"> As detailed in 'Better Health, Better Living' section 7.3 'Protection for Health'.
1.5	<ul style="list-style-type: none"> Commence the review of the Regional Public Health Plan, 'Better Living, Better Health' in accordance with section 51(19) SA Public Health Act 2011. 	<ul style="list-style-type: none"> Review of Regional Public Health Plan
1.6	<ul style="list-style-type: none"> Provide administrative assistance to the Public Health Plan Advisory Committee and coordinate reports to the Board of Management. 	<ul style="list-style-type: none"> Reports provided to Board Meetings as required.
1.7	<ul style="list-style-type: none"> Annual business plan to be developed with detailed objectives for the year in consultation with Constituent Councils. 	<ul style="list-style-type: none"> Draft considered at May meeting and adopted at June meeting.
1.8	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Budget and Financial Statements adopted. Copy of budget provided to CEO of Constituent Councils within 5 days of adoption.
1.9	<ul style="list-style-type: none"> Keep proper books of account, regularly report on the financial position of EHA, and apply prudent financial management as required by the Charter. 	<ul style="list-style-type: none"> Financial reports provided at each Board Meeting. Budget reviews presented at October, February and May meetings.
1.10	<ul style="list-style-type: none"> Conduct Audit Committee meetings as required by Charter. 	<ul style="list-style-type: none"> Audit committee meet minimum of two times per annum.
1.11	<ul style="list-style-type: none"> Ensure the financial statements are audited annually as per the requirements of the Charter. 	<ul style="list-style-type: none"> Audited financial statements adopted at August meeting and provided to Constituent Councils within 5 days.
1.12	<ul style="list-style-type: none"> Monitor Long Term Financial Plan. 	<ul style="list-style-type: none"> Plan reviewed annually as part of budget process.

Actions	Performance Measures
1.13 ◦ Provide regular statistical reports to Board Members and Constituent Council.	◦ Reports provided at scheduled Board meetings.
1.14 ◦ Conduct annual review of delegations. Lead Constituent Councils in process. Resolutions and Instruments of delegation provided to Constituent Councils.	◦ Documents provided to Constituent Councils. ◦ Delegations from EHA to CEO reviewed annually.
1.15 ◦ 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.
1.16 ◦ 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.
1.17 ◦ Compile annual report pursuant to the <i>Food Act 2001</i> and <i>Safe Drinking Water Act 2011</i> in relation to the operations of EHA as required by legislation.	◦ Report adopted at August meeting and provided to SA Health.
1.18 ◦ Coordinate the required biennial report pursuant to the <i>SA Public Health Act 2011</i> in relation to the Regional Public Health Plan strategies implemented by EHA and the Constituent Councils.	◦ Submit report to Chief Public Health Officer.
1.19 ◦ Compare Annual Business Plan against performance measures.	◦ Report presented to August meeting.
1.20 ◦ Provide delegates report to CEO of each Constituent Council following Board meetings for tabling at subsequent council meeting.	◦ Reports provided following Board meetings.
1.21 ◦ Properly convene meetings of Constituent Council nominated contacts including providing agendas and minutes.	◦ Four meetings conducted per year.
1.22 ◦ Maintenance of electronic records management system to properly maintain records and reference documents of EHA.	◦ System developed to ensure appropriate standards are being met.
1.23 ◦ Continually review the EHA website to improve the functionality and available information and educational material.	◦ Improved website functionality and available information.
1.24 ◦ Explore the potential for the expansion of service provision to areas outside of its current Constituent Council areas.	◦ Report to Board on expansion opportunities.
1.25 ◦ Maintenance of Health Manager (electronic database) and Mobile Health (inspection app). Continue to expand Health Manager and Mobile Health internal and external functionality, to improve inspection, complaint and administrative efficiency and reporting capabilities.	◦ Introduce new applications and reporting capabilities where required. Continue to liaise with Open Office to discuss new applications.
1.26 ◦ EHOs to continue to utilise the hand held electronic tablets with access to Mobile Health during routine and follow-up food inspections. ◦ Expand the use of the electronic tablets in other EHO onsite field work.	◦ Continue to utilise the hand held electronic tablets during routine and follow-up food inspections. ◦ Explore the opportunities to expand the use of the electronic tablets in other EHO onsite field work.
1.27 ◦ 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.
1.28 ◦ 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

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

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 to day-to-day and long term activities within the Annual Business Plan and Public Health Plan and to provide for an equitable workload.	◦ Performance development framework and staff portfolios reviewed annually.
1.1.3 ◦ Provide continuing professional development opportunities through ongoing education and training which is relevant to roles within EHA.	◦ Training and education opportunities provided to staff.
1.1.4 ◦ Continue to foster team cohesiveness and support effective teamwork.	◦ Training and team building activities provided to staff.
1.1.5 ◦ Encourage staff to be members of their relevant professional organisation. Support participation and EHA representation at professional Special Interest Groups.	◦ Encourage membership and active participation.
1.1.6 ◦ 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.
1.1.7 ◦ 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.
1.1.8 ◦ Annual review of EHA's induction program to ensure new staff are familiar with EHA's methods of operation upon commencement of employment.	◦ Annual review of EHA's induction program.



2.0 – Public and Environmental Health



Background

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

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

Environmental health professionals also have a critical function in mitigating public health risks during a response to a disaster. An emergency management plan that integrates with the Eastern Regional Disaster Management Plan has been developed to ensure appropriate linkages are in place with emergency service agencies and the councils EHA serves.

An extension to public health is the licensing of Supported Residential Facilities (SRFs). SRFs provide accommodation to people in the community who require personal care and support. EHA is licensing authority of all SRFs within the Constituent Councils. The *SRF Act 1992* ensures adequate standards of care and amenity are provided at these facilities to protect the health and wellbeing and rights of the residents.

Objective 2.0

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

Actions	Performance Measures
2.1 <ul style="list-style-type: none"> Maintain and update a register of all public health related premises. Public Health related premises are: <ol style="list-style-type: none"> premises with public swimming pools and spas premises with cooling tower systems and warm water systems personal care and body art premises waste control systems 	<ul style="list-style-type: none"> Register maintained and updated as required.
2.2 <ul style="list-style-type: none"> 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>. 	<ul style="list-style-type: none"> All year pools assessed twice a year and other pools once a year.
2.3 <ul style="list-style-type: none"> 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>. 	<ul style="list-style-type: none"> Assessments performed at least annually.
2.4 <ul style="list-style-type: none"> Collect water samples from cooling towers and warm water systems for analysis in accordance with the requirements of <i>South Australian Public Health (Legionella) Regulations 2013</i>. 	<ul style="list-style-type: none"> Water samples collected and sent for analysis at least annually.
2.5 <ul style="list-style-type: none"> Investigate notifiable <i>Legionella</i> incidences and high <i>Legionella</i> counts in accordance with SA Health guidance and internal procedures. 	<ul style="list-style-type: none"> Investigate incidences in accordance with EHA service standards and SA Health guidance.
2.6 <ul style="list-style-type: none"> Investigate complaints to ensure appropriate infection control standards at personal care and body art premises are maintained in accordance with the relevant guidelines and legislation. 	<ul style="list-style-type: none"> Investigate and respond to complaints in accordance with the customer service standards.
2.7 <ul style="list-style-type: none"> Using the SA Health assessment forms determine appropriate standards at personal care and body art premises are maintained in accordance with guidelines and legislation. 	<ul style="list-style-type: none"> Assessments performed according to risk of activities.
2.8 <ul style="list-style-type: none"> Assess applications for the installation of on-site wastewater systems in accordance with <i>South Australian Public (Wastewater) Regulations 2013</i>, the On-site Wastewater System Code, 2013 and AS 1547 internal procedures, and service standards. 	<ul style="list-style-type: none"> Applications assessed against with legislative requirements and customer service standards.
2.9 <ul style="list-style-type: none"> Monitor service reports for aerobic wastewater treatment systems to identify non-compliances. Ensure non-compliances are addressed in accordance with <i>South Australian Public (Wastewater) Regulations 2013</i> 	<ul style="list-style-type: none"> Monitor service reports for wastewater treatment systems to identify non-compliances.
2.10 <ul style="list-style-type: none"> Respond to public health enquiries/complaints within the built environment that give rise to a risk to health in relation to: <ul style="list-style-type: none"> hoarding and squalor sanitation vector control hazardous and infectious substances on-site wastewater systems notifiable diseases refuse storage Co-ordinate a multi-agency response where necessary. 	<ul style="list-style-type: none"> Enquiries/complaints are investigated in accordance with the customer service standards and Guidelines.
2.11 <ul style="list-style-type: none"> Undertake joint investigations with Constituent Councils where there may be an overlap relating to offences relating to <i>SA Public Health Act 2011</i> and the <i>Local Nuisance and Litter Control Act 2017</i>. 	<ul style="list-style-type: none"> Undertake joint investigations where required.

Actions	Performance Measures
2.12 <ul style="list-style-type: none"> Provide information to households informing them of localised vector problems that can be minimised. 	<ul style="list-style-type: none"> Provide information as required.
2.13 <ul style="list-style-type: none"> Provide advice and information materials to residents about air quality concerns including the installation, operation and standards of solid fuel burning appliances. 	<ul style="list-style-type: none"> Information available to community and via website as required.
2.14 <ul style="list-style-type: none"> Provide rodent bait to residents upon request. 	<ul style="list-style-type: none"> Rodent bait provision maintained.
2.15 <ul style="list-style-type: none"> Undertake relevant notifiable disease investigations in collaboration with SA Health. 	<ul style="list-style-type: none"> Respond to disease notifications in accordance with customer service standards and SA Health guidance.
2.16 <ul style="list-style-type: none"> Assist members of the community by offering approved sharps containers at cost price. Free disposal for residents of full and approved sharps containers delivered to EHA. 	<ul style="list-style-type: none"> Provide sharps containers at cost price and free disposal service to residents as required.
2.17 <ul style="list-style-type: none"> Assessments and investigations are updated in Health Manager (electronic database) to ensure effective reporting to the Board of Management, Constituent Councils and SA Health. 	<ul style="list-style-type: none"> Update within 5 days of assessment or action.
2.18 <ul style="list-style-type: none"> Co-ordinate the Eastern Hoarding and Squalor Committee meetings to promote interagency management of residents affected by hoarding and squalor. 	<ul style="list-style-type: none"> Coordinate the Eastern Hoarding and Squalor meetings.
2.19 <ul style="list-style-type: none"> Maintain the hoarding and squalor contacts database. 	<ul style="list-style-type: none"> Update where required.
2.20 <ul style="list-style-type: none"> Participate in Metropolitan Fire Service fire risk notification system. 	<ul style="list-style-type: none"> Notify MFS when required as per the notification process.
2.21 <ul style="list-style-type: none"> Participate with Environmental Health Australia and state and local government authorities to review best practice standards and promote uniformity and professional consistency. 	<ul style="list-style-type: none"> Attend and actively participate.
2.22 <ul style="list-style-type: none"> Participate in the Environmental Health Australia 'Public Health' and 'Wastewater 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. 	<ul style="list-style-type: none"> Attend and actively participate at SIG meetings.
2.23 <ul style="list-style-type: none"> Ensure activities and outcomes are communicated to the Board of Management, Constituent Councils and state government bodies. 	<ul style="list-style-type: none"> Board Reports and Annual Reports compiled and distributed.
2.24 <ul style="list-style-type: none"> Respond to development application referrals from councils regarding public health related premises and activities. 	<ul style="list-style-type: none"> Respond to all referrals in accordance with the customer service standards.
2.25 <ul style="list-style-type: none"> 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>. 	<ul style="list-style-type: none"> Continue to monitor potential water providers to ensure compliance with the Act and associated regulations.

Objective 2.1

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

Actions	Performance Measures
2.1.1 ◦ Develop and maintain a comprehensive range of health education and promotion material targeting public health issues incorporating the resources of other health related agencies.	◦ Information resources maintained.
2.1.2 ◦ 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.
2.1.3 ◦ Review and update public health educational material to businesses that are regulated by EHA.	◦ Educational material updated and provided as required.
2.1.4 ◦ Participate in State/National proactive educational initiatives that raise awareness of public health related issues amongst the community.	◦ Number of proactive educational activities conducted each year.
2.1.5 ◦ Develop a customer service reference booklet for EHA and Constituent Council staff – to assist with enquiries and provide a positive customer service experience.	◦ Develop and distribute the customer service reference booklet.

Objective 2.2

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

Actions	Performance Measures
2.2.1 ◦ Assess applications for new licences, licence renewals and transfer of licence with regard to SRF legislation and within legislative timeframes.	◦ Applications processed within legislative timeframes.
2.2.2 ◦ Assess applications for manager and acting manager with regard to SRF legislation.	◦ Applications processed within customer service standards.
2.2.3 ◦ 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. ◦ Incorporate appropriate annual fire safety requirements from the Constituent Councils Building Fire and Safety Officers.	◦ Unannounced audits conducted at all facilities. Issue of licences annually with conditions where required. ◦ Fire safety advice obtained annually. If required, include as licence conditions as agreed between EHA and Constituent Councils.
2.2.4 ◦ Conduct ongoing inspections to ensure facilities continue to operate at satisfactory standards 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.
2.2.5 ◦ Respond to enquiries/complaints in relation to SRFs.	◦ Respond to all enquiries and complaints in accordance with the customer service standards.
2.2.6 ◦ Liaise with service providers to ensure residents receive appropriate levels of care.	◦ Liaise where required.
2.2.7 ◦ Participate in the Environmental Health Australia 'SRF' Special Interest Group (SIG) 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.
2.2.8 ◦ Liaise with Department of Human Services and Constituent Councils on the potential for SRF closures and surrender of licence, strategic management options and appropriate alternative accommodation options.	◦ Issues investigated and reported to Board of Management and relevant council as necessary.

Actions	Performance Measures
2.2.9 ◦ Liaise with State Government to ensure legislation applicable to SRFs is appropriate and that local government receives appropriate support for its licensing role. ◦ 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.	◦ Continue discussion with LGA regarding these issues. ◦ Board Reports and Annual Reports compiled and distributed.
◦ 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.

Objective 2.3

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

Actions	Performance Measures
2.3.1 ◦ 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.
2.3.2 ◦ Conduct exercises with staff to test the Emergency Management Plan and Business Continuity Plan. ◦ Participate in any relevant exercises conducted by the Constituent Councils or by other organisations.	◦ Conduct or participate in one exercise a year.
2.3.3 ◦ 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.
2.3.4 ◦ Review and update emergency management information on the website.	◦ Review and update as required.
2.3.5 ◦ Finalise the review of the Emergency Management Plan.	◦ Plan Finalised.
2.3.6 ◦ Finalise the review of Business Continuity Plan.	◦ Plan Finalised.
2.3.7 ◦ 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.
2.3.8 ◦ 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.



3.0 – Immunisation



Background

Immunisation is the most cost-effective public health initiative, saves millions of lives each year and is critical for the health of children and the wider community. Immunisation is a safe and effective way of protecting people against harmful diseases that can cause serious health problems.

The National Immunisation Program (NIP) Schedule is a series of immunisations given at specific times for children, adolescents and adults. The NIP provides free vaccines against 17 diseases for eligible people and EHA delivers these vaccinations at its public clinics. EHA also offers the Annual Influenza Vaccine at its public clinics to prevent the highly contagious respiratory illnesses caused by Influenza A and B.

Each school year vaccines are provided to adolescents through the NIP's School Immunisation Program (SIP). Year 8 students are vaccinated with two doses of human papillomavirus (HPV) and diphtheria, tetanus and whooping cough vaccine (dTpa). From 2019 the SIP has been expanded to offer Year 10 students two doses of the Meningococcal B vaccine and one dose of the Meningococcal ACWY vaccine and Year 11 students two doses of the Meningococcal B vaccine. EHA will undertake approximately 80 visits to 20 high schools offering vaccinations to approximately 2,181 Year 8 students, 2,327 Year 10 students and 2,608 Year 11 students.

Workplace Immunisation programs are conducted on a fee for service basis. A total of 4,216 vaccinations were provided to EHA clients in 2018. EHA is working to increase the number of vaccinations provided by promotion of its quality on-site service. EHA offers a convenient online quote and booking system on its website where businesses, government agencies, child care centres, schools and aged care facilities can easily coordinate a program with minimal downtime for their staff.

Objective 3.0

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

Actions	Performance Measures
<p>3.1</p> <ul style="list-style-type: none"> Ensure effective governance and delivery of a public clinic immunisation program in accordance with: <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 Controlled Substances (Poisons) Regulations 2011 Vaccine Administration Code October 2018 v 1.7 EHA's Work Health and Safety policies and procedures South Australia's Child Protection Legislation – Child Safe Environment Guidelines. Immunisation Records and Inventory System (IRIS). Immunisation Nurses are provided with opportunities to participate in: <ul style="list-style-type: none"> Immunisation Providers Network (SA) (IPN SA). other professional updates including 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 (CPD) annually. 	<ul style="list-style-type: none"> Quality and effective clinical performance and evaluation. Annual Cold Chain audit and pharmaceutical refrigerator maintenance. Liaison with EHA's Consultant Medical Officer of Health. Annual review of Child Safe Environment Guidelines and Procedures. Review of CPD of Immunisation Nurses annually.
<p>3.2</p> <ul style="list-style-type: none"> Continued promotion EHA's public immunisation clinic program through channels identified in the EHA Marketing Plan. Continue to identify key circulation areas to promote EHA Immunisation Clinic Timetable. Use the EHA website as a tool for communication of up to date information relating to Immunisation and changes to the NIP. Build Social Media presence through Constituent Council platforms to promote immunisation clinics. Provide Constituent Councils with regular updates, educational and promotional materials relating to immunisation to assist in updating and educating Constituent Council residents. Explore opportunities within each Constituent Council to provide updates to residents either by presentations or with promotional materials. 	<ul style="list-style-type: none"> Increased number of clinic timetables required and distributed. Regular updates of information and videos and links provided in the home page on immunisation issues. Source and distribute to Constituent Councils promotional and educational materials on immunisation in conjunction with Constituent Councils.
<p>3.3</p> <ul style="list-style-type: none"> Improve customer experience at EHA public immunisation clinics. Conduct an annual review of EHA's public clinic venues and timetable. Evaluate clinic venues for areas where improvements could be made to improve customer experience. Produce and publish annual immunisation program timetable to reflect the review of the public clinics. Establish and promote public immunisation clinic at City of Prospect's new Community Hub, Library and Innovation Centre. Promotion of online immunisation appointment booking system to improve user experience. Develop opportunities for immunisation client feedback and satisfaction surveys. Implement process of improved Recalls and Reminders. Use data provided by the Australian Immunisation Register to assist to identify overdue vaccinations. 	<ul style="list-style-type: none"> Review and evaluate each public clinic venue and times offered. Implement improvements where needed. Clinic Timetable reviewed and published in November. Increase mailout of Clinic Timetable. Explore opportunities to capture client feedback and satisfaction to further improve facilities and services offered. Report and expand website analytical tools to monitor usage. Improve the access and increase in use of Immunisation Online Booking System. Implement program of review and reminders for residents of overdue vaccinations.

Actions	Performance Measures
<p>3.4</p> <ul style="list-style-type: none"> Deliver SIP to students at schools within EHA's area in accordance with the SA Health Service Agreement contract with local government. Report immunisation statistics to SA Health and the Australian Immunisation Register (AIR), in accordance with contractual arrangements. 	<ul style="list-style-type: none"> Statistics reported to AIR within 5 days of clinics. All students offered vaccinations. If vaccination missed at school visit then public clinics offered. Statistics uploaded onto IRIS for the SIP within 10 days of school visit. Monitor and report on coverage data for the SIP compared to the SA Average.
<p>3.5</p> <ul style="list-style-type: none"> Liaise with school coordinators and SA Health Immunisation Section regarding SIP implementation and evaluation of program. 	<ul style="list-style-type: none"> Delivery of SIP with ongoing improvement and evaluation of coverage data. Follow up of students who missed vaccination at school. Further promote EHA clinics and catch up facilities offered in regular school newsletter updates and electronic reminders to parents.
<p>3.6</p> <ul style="list-style-type: none"> Provide a specialised Workplace Immunisation Program both within and external to the Constituent Council boundaries on a fee for service basis within the private sector. Review and identify areas for improvement to the Workplace Online Booking System. Further expand the online system to automate the booking of immunisation nurses for visits. Increase production and supply of promotional tools to increase uptake of staff flu vaccinations. Review program annually. Target services to organisations whose staff are at high risk of acquiring vaccine preventable diseases. Aim to provide a professional, quality service and provide competitive service. 	<ul style="list-style-type: none"> Maintain a high repeat client rate. Income generated.
<p>3.7</p> <ul style="list-style-type: none"> 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 <i>SA Public Health Act 2011</i> by the State Government 	<ul style="list-style-type: none"> 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.



4.0 – Food Safety



Background

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

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

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

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

Campylobacter is the most commonly notified cause of gastroenteritis in Australia and foodborne illness caused by *Salmonella* has been significantly increasing over the past 20 years and, compared to many similar countries, Australia has one of the highest rates.

Australia's Foodborne Illness Reduction Strategy 2018-2021+ was endorsed by the Australia and New Zealand Ministerial Forum on Food Regulation in June 2018. The aim of the Strategy is to reduce the number of food-related human cases of *Campylobacter* and *Salmonella* in Australia.

As the South Australian regulators of food businesses, and especially the food service sector, local government is an important partner in achieving the aims of the Strategy. In South Australia, the majority of foodborne illness outbreaks are associated with the food service sector.

SA Health is leading a national project on food safety culture and raw or lightly-cooked egg foods. This is the first time a national project has looked at food safety culture in food service, and the SA Health/Local Government Working Group which EHA is a part of. This project aims to build a shared understanding of food safety culture with authorised officers and increase commitment by food business to manage food safety risks associated with the preparation and use of raw or lightly-cooked egg foods.

Objective 4.0

Minimise foodborne illness by ensuring that safe and suitable food is available to the community

Actions	Performance Measures
4.1 <ul style="list-style-type: none"> Assign and where required update food businesses risk classification in accordance with the SA Health Food Business Risk Classification Framework. 	<ul style="list-style-type: none"> Apply relevant risk rating to new businesses and undertake assessments in accordance with SA Health Food Business Risk Classification Framework. Monitor and identify new food processing practices during routine assessments. Update the risk classification to reflect the changes.
4.2 <ul style="list-style-type: none"> Routine food business assessments conducted using an appropriate food safety rating tool to ensure compliance with the <i>Food Act 2001</i> and Food Safety Standards. Frequency of routine assessments is determined by the food business risk classification and performance. 	<ul style="list-style-type: none"> Assessments performed using the appropriate food safety rating tool. Assessments conducted in accordance with Food Business Risk Classification Framework.
4.3 <ul style="list-style-type: none"> Monitor food businesses during inspections to assess if they are captured by the Primary Production Standards. 	<ul style="list-style-type: none"> Inform SA Health of new food businesses that may be captured under the Primary Production Standards as required.
4.4 <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Number of enforcement actions taken in accordance with the enforcement policy.
4.5 <ul style="list-style-type: none"> Investigate food related complaints 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 Liase with SA Health and other councils to ensure a co-ordinated approach as required. 	<ul style="list-style-type: none"> Respond to complaints in accordance with customer service standards and where necessary SA Health guidance.
4.6 <ul style="list-style-type: none"> Respond to food recalls in accordance with SA Health recommendations. 	<ul style="list-style-type: none"> Number of recalls actioned when required.
4.7 <ul style="list-style-type: none"> Ensure all businesses servicing vulnerable populations within 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>. 	<ul style="list-style-type: none"> Number of audits conducted in accordance to audit frequency.
4.8 <ul style="list-style-type: none"> Provide professional auditing services to businesses servicing vulnerable populations outside of EHA's Constituent Councils. 	<ul style="list-style-type: none"> Number of audits conducted in accordance to audit frequency.
4.9 <ul style="list-style-type: none"> Ensure businesses provide notification of their business details. Monitor and maintain a register of all food businesses operating within EHA's jurisdiction. 	<ul style="list-style-type: none"> Update within 5 days of receipt of notification.
4.10 <ul style="list-style-type: none"> Assessments, investigations and actions are updated in Health Manager to ensure effective reporting to the Board of Management, Constituent Councils and SA Health. 	<ul style="list-style-type: none"> Update within 5 days of assessment or action.
4.11 <ul style="list-style-type: none"> Provide information to the Board of Management in relation to food safety reforms and provide written responses on behalf of EHA and Constituent Councils to State Government. 	<ul style="list-style-type: none"> Information reports provided to Board and distributed to Constituent Councils as required.
4.12 <ul style="list-style-type: none"> Review plans and liaise with the applicant regarding structural fit out of a food business. 	<ul style="list-style-type: none"> Respond to requests as required.

Actions	Performance Measures
4.13 <ul style="list-style-type: none"> Provide feedback to Constituent Councils when requested as per the Development Assessment sharing process. 	<ul style="list-style-type: none"> Respond and provide feedback to Constituent Councils as required.
4.14 <ul style="list-style-type: none"> Provide new food businesses with a welcome pack to acknowledge their notification and to introduce EHA. The welcome pack to provide resources and information on safe food practice and inform businesses of EHA's inspection fee policy. 	<ul style="list-style-type: none"> Information provided following receipt of notification.
4.15 <ul style="list-style-type: none"> Conduct food safety assessments of fairs and festivals and temporary events in collaboration with the Constituent Councils and relevant event co-ordinators. Provide written correspondence and feedback to all stall holders assessed at these events. 	<ul style="list-style-type: none"> Food safety assessments are undertaken based on risk performance. Provide correspondence and feedback to stall holders where required.
4.16 <ul style="list-style-type: none"> Liase with Constituent Council and relevant event coordinators to ensure all stall holders at fairs, festivals and temporary events are well informed of the legislative requirements. Conduct stall holder meetings and food safety training for stall holders upon request by the Constituent Councils and relevant event coordinators. 	<ul style="list-style-type: none"> Liase with Constituent Council and relevant event coordinators prior to the event. Provide stall holder presentations where required.
4.17 <ul style="list-style-type: none"> Following the assessment of food stalls at Constituent Councils special events, provide feedback to the relevant council on the food safety standards observed at the event. 	<ul style="list-style-type: none"> Provide feedback to council following an event.
4.18 <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Attend and actively participate at SIG meetings.
4.29 <ul style="list-style-type: none"> Participate with Environmental Health Australia and state and local government authorities to review best practice standards and promote uniformity and professional consistency. 	<ul style="list-style-type: none"> Attend and actively participate.
4.20 <ul style="list-style-type: none"> Compile and review results of the customer service survey within the environmental health sector. Develop an action plan to address identified 'areas of improvement'. 	<ul style="list-style-type: none"> Obtain and collate results. Develop a plan to provide an improved service.

Objective 4.1

An innovative approach to food safety through business and community education and interaction to increase awareness and understanding

Actions	Performance Measures
4.1.1 <ul style="list-style-type: none"> Implement the food safety training program for food businesses. 	<ul style="list-style-type: none"> Implement the new food safety training program.
4.1.2 <ul style="list-style-type: none"> Implement the food safety training program targeting specific food businesses that serve food to the vulnerable population and require a Food Safety Program. 	<ul style="list-style-type: none"> Implement the new food safety training program.
4.1.3 <ul style="list-style-type: none"> Develop and maintain a comprehensive range of health education and promotion material targeting public health issues incorporating the resources of other health related agencies. 	<ul style="list-style-type: none"> Information resources maintained.
4.1.4 <ul style="list-style-type: none"> Participate in State/National proactive educational initiatives that raise awareness of public health related issues amongst the community. 	<ul style="list-style-type: none"> Number of proactive educational activities conducted each year.
4.1.5 <ul style="list-style-type: none"> Develop a customer service reference booklet for EHA and Constituent Council staff – to assist with enquiries and provide a positive customer service experience. 	<ul style="list-style-type: none"> Develop and distribute the customer service reference booklet.
4.1.6 <ul style="list-style-type: none"> Collate the results from the customer service survey and investigate the feedback to identify areas of improvement and development of further educational materials. 	<ul style="list-style-type: none"> Collate the customer service feedback. Develop an improvement plan to identify and prioritise key issues.



Eastern Health Authority

Budget Financial
Statements 2019/20



Eastern Health Authority Statement of Comprehensive Income

for the year ending 30 June 2020

	Revised (March 2019) 2018/19	Adopted Budget
Income		
Council contributions	1,723,013	1,757,120
Regional Public Health Plan contributions	–	50,000
Statutory charges	185,000	180,000
User charges	379,500	331,000
Grants, subsidies and contributions	263,000	244,000
Investment income	12,000	15,000
Other income	19,000	19,000
Total income	2,581,513	2,596,120
Expenses		
Employee costs	1,727,000	1,805,000
Materials, contracts and other expenses	780,300	758,000
Finance charges	14,213	11,120
Depreciation	40,000	50,000
Total expenses	2,561,513	2,624,120
Operating Surplus/(Deficit)	20,000	(28,000)
Net Surplus/(Deficit)	20,000	(28,000)
Total comprehensive income	20,000	(28,000)

Eastern Health Authority Statement of Cash Flows

for the year ending 30 June 2020

	Revised (March 2019) 2018/19	Adopted Budget
Cash Flows from Operating Activities		
Receipts		
Council contributions	1,723,013	1,807,120
Fees and other charges	185,000	180,000
User charges	379,500	331,000
Investment receipts	12,000	15,000
Grants utilised for operating purposes	263,000	244,000
Reimbursements	19,000	19,000
Payments		
Employee costs	(1,727,000)	(1,805,000)
Materials, contracts and other expenses	(780,300)	(758,000)
Interest expense	(14,213)	(11,120)
Net cash Provided/(Used) by Operating Activities	60,000	22,000
Cash Flows from Financing Activities		
Loans received	–	–
Loan repayments	(64,393)	67,488
Net cash Provided (Used) by Financing Activities	(64,393)	(67,488)
Cash Flows from Investing Activities		
Receipts		
Sale of replaced assets	–	–
Payments		
Expenditure on renewal/replacements of assets	–	(30,000)
Expenditure on new/upgraded assets	–	–
Distributions paid to constituent Councils	–	–
Net cash Provided/(Used) by Investing Activities	–	(30,000)
Net Increase/(Decrease) in cash held	(4,393)	(75,488)
Cash and cash equivalents at beginning of reporting period	876,554	852,161
Cash and cash equivalents at end of reporting period	872,161	776,673

Eastern Health Authority Statement of Financial Position

for the year ending 30 June 2020

	Revised (March 2019) 2018/19	Adopted Budget
Current Assets		
Cash and cash equivalents	872,161	776,673
Trade and other receivables	122,329	122,329
Total current assets	994,490	899,002
Non-current Assets		
Equipment	301,914	281,914
Total Non-current Assets	301,914	281,914
Total Assets	1,296,404	1,180,916
Current Liabilities		
Trade and other payables	197,380	197,380
Provisions	325,421	325,421
Borrowings	61,440	67,488
Total Current Liabilities	584,241	590,289
Non-current Liabilities		
Provisions	38,690	38,690
Borrowings	189,302	115,766
Total Non-current Liabilities	227,992	154,456
Total Liabilities	812,233	744,745
Net Current Assets/(Current Liabilities)	410,249	308,713
Net Assets	484,171	436,171
Equity		
Accumulated Surplus/(Deficit)	484,171	436,171
Total Equity	484,171	436,171

Eastern Health Authority Statement of Changes in Equity

for the year ending 30 June 2020

	Revised (March 2019) 2018/19	Adopted Budget
Accumulated Surplus		
Balance at beginning of period	464,171	464,171
Net Surplus/(Deficit)	20,000	(28,000)
Distribution to Constituent Councils	–	–
Balance at end of period	484,171	436,171

