



Board of Management

29 April 2021



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

THURSDAY – 29 April 2021

Notice is hereby given that a meeting of the Board of Management of the Eastern Health Authority will be at Eastern Health Authority Offices, 101 Payneham Road, St Peters on Thursday 29 April 2021 commencing at 6.30 pm.

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**

AGENDA

EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING

THURSDAY – 29 April 2021

Commencing at 6.30 pm

- 1 Opening
- 2 Apologies
- 3 Confirmation of minutes – 25 February 2021
- 4 Matters arising from the minutes

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5.1 FINANCE REPORT AND THIRD AND FINAL (MARCH 2021) BUDGET REVIEW FOR 2020/2021

Author: Michael Livori

Ref: AF19/143

Summary

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

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

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

This report provides the third and final of the budget reviews required in accordance with regulation 9 (1) and relates to the financial performance of EHA between 1 July 2020 and 31 March 2021. It provides the opportunity to compare the adopted budget with revised projections of income and expenditure for the 2020/2021 financial year.

Report

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

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2020 to 31 March 2021				
	Actual	Budgeted	\$ Variation	% Variation
Total Operating Expenditure	\$1,605,344	\$1,709,434	(\$104,089)	-6%
Total Operating Income	\$2,124,197	\$2,202,429	(\$78,232)	-4%
Operating Result	\$401,250	\$375,393	\$25,857	7%

The report shows that for the reporting period income was \$78,232 (-3.6%) less than budgeted and expenditure was \$104,089 (-6.1%) less than budgeted.

The net result is a positive variation of \$25,857 on the budgeted year to date comparative operating result.

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

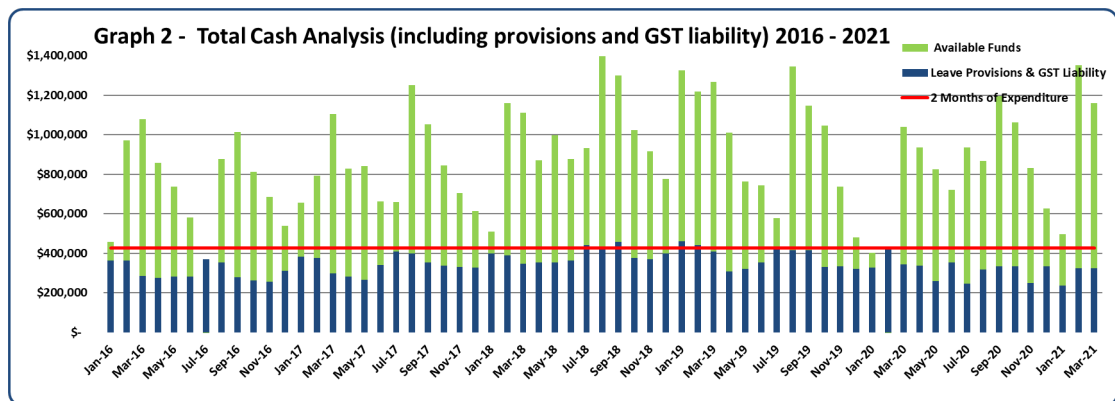
Summary Table of Funding Statement Variations				
Favourable variances are shown in black and unfavourable variances are shown in red .				
Description	YTD Budget	YTD Actual	YTD Variation	Comment
Income				
Food Inspection Fees	\$73,988	\$58,201	(\$15,796)	Decrease in YTD budgeted inspections. No Variation requested.
Fines	\$37,501	\$13,824	(\$23,677)	Reduction in YTD fines issued. No Variation requested.
Non-funded clinic vaccines	\$60,000	\$35,197	(\$24,803)	Decrease in vaccines purchased at clinics. No Variation requested.
Interest on Investments	\$11,250	\$4,782	(\$6,467)	Decrease in interest received. No Variation requested.
Income variations requested				Nil
Expenditure				
Employee Costs	\$1,176,129	\$1,095,829	(\$80,300)	Delay in appointment of staff to budgeted positions. Staff on long term leave. No Variation requested.
IT/Other	\$2,000	\$7,761	\$5,761	Immunisation Booking System Upgrade. No Variation requested.
Legal	\$14,999	\$25,249	\$10,250	Increase in Legal Advice required. No Variation requested.
Purchase of fee for Service Vaccines at Public Clinics	\$40,500	\$29,017	(\$11,482)	Decrease in vaccines sold at public clinics. No Variation requested.
Expenditure variations requested				Nil

There are no budget variations requested or required in this review. A copy of the budget is provided as attachment 2.

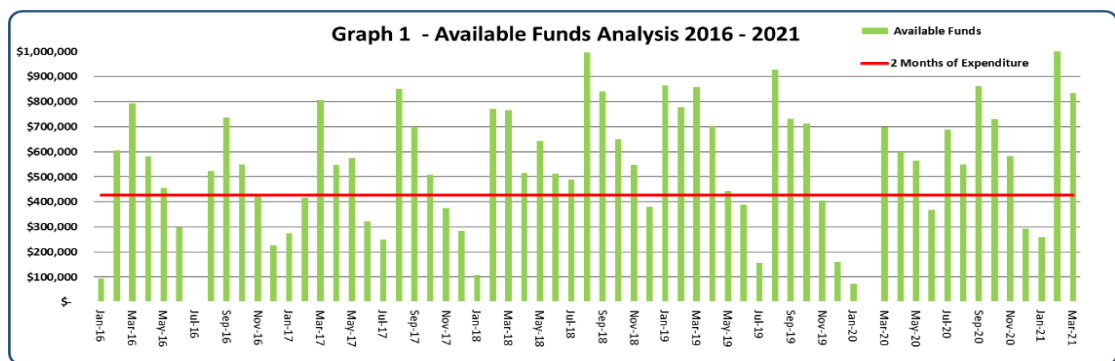
Cash Management

A Bank Reconciliation and Available Funds report for the period ending 31 March 2021 is provided as attachment 3. It shows that available funds were \$833,143 at 31 March 2021 in comparison with \$294,009 on 31 December 2020.

Graph 1 which follows details the level of available funds (total cash minus leave provisions and GST liability) for the preceding 5 year period.



Graph 2 below details the total level of cash on hand including leave provisions and GST liability.



The red line in both graphs indicates the target minimum levels of cash that are recommended to be held for working capital (equivalent to 2 months expenditure). The graphs show that the lowest levels of cash available in the annual cash cycle have generally maintained this target.

RECOMMENDATION

That:

1. The Finance Report and Third and Final (March 2021) Budget Review for 2020/2021 Report be received.

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2020 to 31 March 2021				
Income	Actual	Budgeted	\$ Variation	% Variation
Constituent Council Income				
City of Burnside	\$438,131	\$438,131	\$0	0%
City of Campbelltown	\$452,548	\$452,548	\$0	0%
City of NPS	\$586,308	\$586,308	\$0	0%
City of Prospect	\$210,656	\$210,656	\$0	0%
Town of Walkerville	\$103,032	\$103,032	\$0	0%
Total Constituent Council Contributions	\$1,790,675	\$1,790,675	\$0	0%
Statutory Charges				
Food Inspection fees	\$58,202	\$73,998	(\$15,797)	-21%
Legionella registration and Inspection	\$8,636	\$5,251	\$3,385	64%
SRF Licenses	\$2,459	\$1,500	\$959	64%
Fines & Expiation Fees	\$13,824	\$37,501	(\$23,677)	-63%
Total Statutory Charges	\$83,120	\$118,250	(\$35,130)	-30%
User Charges				
Immunisation: Clinic Vaccines	\$35,197	\$60,000	(\$24,803)	-41%
Immunisation: Clinic Service F	\$730	\$0	\$730	0%
Food Auditing	\$52,968	\$57,001	(\$4,033)	-7%
Food Safety Training	\$0	\$1,001	(\$1,001)	0%
Total User Charges	\$88,895	\$118,002	(\$29,107)	-25%
Grants, Subsidies, Contributions				
Immunisation: PHN Project	\$45,000	\$45,000	\$0	0%
Immunisation: ACIR	\$19,586	\$24,002	(\$4,416)	-18%
Immunisation: School Programme	\$89,058	\$90,000	(\$942)	-1%
Total Grants, Subsidies, Contributions	\$153,644	\$159,002	(\$5,358)	-3%
Investment Income				
Interest on investments	\$4,782	\$11,250	(\$6,468)	-57%
Total Investment Income	\$4,782	\$11,250	(\$6,468)	-57%
Other Income				
Motor Vehicle re-imburements	\$2,560	\$0	\$2,560	0%
Sundry Income	\$521	\$5,250	(\$4,729)	-90%
Total Other Income	\$3,081	\$5,250	(\$2,169)	-41%
Total of non Constituent Council Income	\$333,522	\$411,754	(\$78,232)	-19%
Total Income	\$2,124,197	\$2,202,429	(\$78,232)	-4%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2020 to 31 March 2021				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Salaries & Wages	\$1,095,829	\$1,176,129	(\$80,300)	-7%
Superannuation	\$104,397	\$104,999	(\$602)	-1%
Workers Compensation	\$12,789	\$13,500	(\$711)	-5%
Employee Leave - LSL Accruals	\$3,468	\$0	\$3,468	0%
Medical Officer Retainer	\$1,364	\$1,500	(\$136)	0%
Total Employee Costs	\$1,217,846	\$1,296,128	(\$78,282)	-6%
Prescribed Expenses				
Auditing and Accounting	\$16,848	\$17,000	(\$153)	-1%
Insurance	\$22,477	\$20,253	\$2,224	11%
Maintenance	\$25,098	\$28,090	(\$2,992)	-11%
Vehicle Leasing/maintenance	\$12,341	\$9,750	\$2,591	27%
Total Prescribed Expenses	\$76,763	\$75,093	\$1,670	26%
Rent and Plant Leasing				
Electricity	\$5,980	\$7,501	(\$1,521)	0%
Plant Leasing Photocopier	\$2,898	\$2,624	\$274	10%
Water	\$126	\$300	(\$174)	0%
Gas	\$2,419	\$2,250	\$169	0%
Total Rent and Plant Leasing	\$11,423	\$12,675	(\$1,252)	-10%
IT Licensing and Support				
IT Licences	\$45,536	\$47,250	(\$1,714)	-4%
IT Support	\$33,332	\$33,086	\$246	1%
Internet	\$7,958	\$7,501	\$457	6%
IT Other	\$7,762	\$2,000	\$5,762	288%
Total IT Licensing and Support	\$94,586	\$89,837	\$4,749	5%
Administration				
Administration Sundry	\$4,008	\$4,500	(\$492)	-11%
Accreditation Fees	\$2,641	\$2,250	\$391	17%
Board of Management	\$2,885	\$7,500	(\$4,615)	-62%
Bank Charges	\$2,084	\$3,000	(\$916)	-31%
Public Health Sundry	\$1,345	\$3,750	(\$2,405)	-64%
Fringe Benefits Tax	\$12,393	\$12,000	\$393	0%
Health promotion	\$193	\$0	\$193	0%
Legal	\$25,249	\$14,999	\$10,250	68%
Printing & Stationery & Postage	\$16,046	\$17,751	(\$1,705)	-10%
Telephone	\$10,858	\$14,251	(\$3,393)	-24%
Occupational Health & Safety	\$4,501	\$7,500	(\$2,999)	-40%
Rodenticide	\$1,268	\$1,499	(\$232)	-15%
Staff Amenities	\$1,778	\$5,251	(\$3,473)	-66%
Staff Training	\$4,265	\$8,800	(\$4,535)	-52%
Human Resource Sundry	\$7,333	\$9,001	(\$1,668)	0%
Total Administration	\$96,845	\$112,052	(\$15,207)	-14%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2020 to 31 March 2021				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Immunisation				
Immunisation SBP Consumables	\$5,543	\$6,750	(\$1,207)	-18%
Immunisation clinic vaccines	\$29,017	\$40,500	(\$11,483)	-28%
Immunisation worksite vaccines	\$141	\$0	\$141	0%
Total Immunisation	\$34,701	\$47,250	(\$12,549)	-27%
Uniforms/Income protection				
Income Protection	\$20,691	\$23,000	(\$2,309)	100%
Total Uniforms/Income protection	\$20,691	\$23,000	(\$2,309)	100%
Sampling				
Legionella Testing	\$2,085	\$1,876	\$209	0%
Total Sampling	\$2,085	\$1,876	\$209	0%
Finance Costs				
Interest - Building Lease	\$30,000	\$30,000	\$0	0%
Interest - on Loan	\$3,248	\$3,522	(\$274)	0%
Total Finance Costs	\$ 33,248	\$ 33,522	(\$274)	0%
Total New Initiatives	\$17,155	\$18,000	(\$846)	-5%
Total Materials, contracts and other expenses	\$370,344	\$395,305	(\$24,688)	-6%
Depreciation - Building Lease	\$72,000	\$72,000	\$0	\$ -
Depreciation - Motor Vehicle Lease	\$41,250	\$41,250	\$0	\$ -
Finance Costs	\$4,352	\$4,352	\$0	\$ -
Total Operating Expenditure	\$1,605,344	\$1,709,434	(\$104,089)	-6%
Total Operating Income	\$2,124,197	\$2,202,429	(\$78,232)	-4%
Operating Result	\$401,250	\$375,393	\$25,857	7%

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME						
FOR THE YEAR ENDING 30 JUNE 2021						
AUDITED RESULTS 2019/2020		ADOPTED BUDGET 2020/2021	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2020/2021
	INCOME					
1,757,120	Council Contributions	1,790,674	-	-	-	1,790,674
46,451	Public Health Plan / Service Review Contributions	40,000	(8,000)	-	-	32,000
72,447	Statutory Charges	180,500	-	-	-	180,500
330,134	User Charges	272,000	-	-	-	272,000
245,618	Grants, subsidies and contributions	252,000	-	-	-	252,000
8,183	Investment Income	15,000	-	-	-	15,000
4,031	Other Income	7,000	-	-	-	7,000
2,463,984	TOTAL INCOME	2,557,174	(8,000)	-	-	2,549,174
	EXPENSES					
1,636,215	Employee Costs	1,762,000	-	-	-	1,762,000
594,507	Materials, contracts and other expenses	737,300	(171,000)	-	-	566,300
56,305	Finance Charges	7,874	40,000	-	-	47,874
190,358	Depreciation	50,000	143,000	-	-	193,000
2,477,385	TOTAL EXPENSES	2,557,174	12,000	-	-	2,569,174
(13,401)	Operating Surplus/(Deficit)	-	(20,000)	-	-	(20,000)
	Net gain (loss) on disposal of assets	-	-	-	-	-
(13,401)	Net Surplus/(Deficit)	-	(20,000)	-	-	(20,000)
(13,401)	Total Comprehensive Income	-	(20,000)	-	-	(20,000)

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS						
FOR THE YEAR ENDING 30 JUNE 2021						
AUDITED RESULTS 2019/2020		ADOPTED BUDGET 2020/2021	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2020/2021
	CASHFLOWS FROM OPERATING ACTIVITIES					
	Receipts					
1,983,928	Council Contributions	1,830,674	(8,000)	-	-	1,822,674
72,447	Fees & other charges	180,500	-	-	-	180,500
373,345	User Charges	272,000	-	-	-	272,000
7,234	Investment Receipts	15,000	-	-	-	15,000
245,618	Grants utilised for operating purposes	252,000	-	-	-	252,000
4,031	Other	7,000	-	-	-	7,000
	Payments					
(1,645,676)	Employee costs	(1,762,000)	-	-	-	(1,762,000)
(802,416)	Materials, contracts & other expenses	(737,300)	-	-	-	(737,300)
(57,773)	Finance Payments	(7,874)	-	-	-	(47,874)
180,738	Net Cash Provided/(Used) by Operating Activities	50,000	(8,000)	-	-	2,000
	CASH FLOWS FROM FINANCING ACTIVITIES					
-	Loans Received	-	-	-	-	-
(67,488)	Repayment of Borrowings	(69,090)	-	-	-	(69,090)
(110,535)	Repayment of Finance Lease Liabilities	-	-	-	-	-
(178,023)	Net Cash Provided/(Used) by Financing Activities	(69,090)	-	-	-	(69,090)
	CASH FLOWS FROM INVESTING ACTIVITIES					
	Receipts					
	Sale of Replaced Assets	-	-	-	-	-
	Payments					
(24,677)	Expenditure on renewal / replacements of assets	-	-	-	-	-
-	Expenditure on new / upgraded assets	-	-	-	-	-
-	Distributions paid to constituent Councils	-	-	-	-	-
(24,677)	Net Cash Provided/(Used) by Investing Activities	-	-	-	-	-
(21,962)	NET INCREASE (DECREASE) IN CASH HELD	(19,090)	(8,000)	-	-	(67,090)
743,272	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	667,784	53,526	-	-	721,310
721,310	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	648,694	45,526	-	-	654,220

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION						
FOR THE YEAR ENDING 30 JUNE 2021						
AUDITED RESULTS 2019/2020		ADOPTED BUDGET 2020/2021	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2020/2021
	CURRENT ASSETS					
721,310	Cash and Cash Equivalents	648,694	45,526		-	694,220
155,650	Trade & Other Receivables	122,329	33,321		-	155,650
876,960	TOTAL CURRENT ASSETS	771,023	78,847		-	849,870
	NON-CURRENT ASSETS					
1,491,511	Infrastructure, property, plant and equipment	254,192	1,044,319		-	1,298,511
1,491,511	TOTAL NON-CURRENT ASSETS	254,192	1,044,319		-	1,298,511
2,368,471	TOTAL ASSETS	1,025,215	1,123,166		-	2,148,381
	CURRENT LIABILITIES					
157,719	Trade & Other Payables	197,380	(39,661)		-	157,719
307,885	Provisions	325,421	(17,536)		-	307,885
192,012	Borrowings	67,488	55,434		-	122,922
657,616	TOTAL CURRENT LIABILITIES	590,289	(1,763)		-	588,526
	NON-CURRENT LIABILITIES					
22,268	Provisions	38,690	(16,422)		-	22,268
1,213,708	Borrowings	46,677	1,167,031		-	1,213,708
1,235,976	TOTAL NON-CURRENT LIABILITIES	85,367	1,150,609		-	1,235,976
1,893,592	TOTAL LIABILITIES	675,656	1,148,846		-	1,824,502
219,344	NET CURRENT ASSETS/(CURRENT LIABILITIES)	180,734	80,610		-	261,344
474,879	NET ASSETS	349,559	(25,680)		-	323,879
	EQUITY					
474,879	Accumulated Surplus/(Deficit)	349,559	105,320		-	454,879
474,879	TOTAL EQUITY	349,559	105,320		-	454,879

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY						
FOR THE YEAR ENDING 30 JUNE 2021						
AUDITED RESULTS 2019/2020		ADOPTED BUDGET 2020/2021	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2020/2021
	ACCUMULATED SURPLUS					
488,280	Balance at beginning of period	349,559	125,320		-	474,879
(13,401)	Net Surplus/(Deficit)	-	(20,000)	-	-	(20,000)
-	Distribution to Constituent Councils	-	-	-	-	-
474,879	BALANCE AT END OF PERIOD	349,559	105,320	-	-	454,879
	TOTAL EQUITY					
488,280	Balance at beginning of period	349,559	125,320	-	-	474,879
(13,401)	Net Surplus/(Deficit)	-	(20,000)	-	-	(20,000)
-	Distribution to Constituent Councils	-	-	-	-	-
474,879	BALANCE AT END OF PERIOD	349,559	105,320	-	-	454,879

Eastern Health Authority

Bank Reconciliation as at 31 March 2021

Bank SA Account No. 141/0532306840

Balance as per Bank Statement 31 March 2021		\$781,857
Plus Outstanding cheques	\$ -	
Add Outstanding deposits	\$ -	
BALANCE PER General Ledger		<u>\$781,857</u>

GST as at 31 March 2021

GST Collected	\$5,823.73	
GST Paid	<u>\$9,840.17</u>	
Net GST Claimable (Payable)	<u>(\$4,016.44)</u>	

Funds Available March 2021

Account	31-Mar-21	31-Dec-20	Variance
Bank SA Cheque Account	\$ 781,857	\$ 70,324	\$711,533
Local Government Finance Authority	\$ 376,841	\$ 556,479	(\$179,638)
Net GST Claimable (Payable)	(\$4,016)	(\$2,641)	(\$1,375)
Long Service Leave Provision	(\$180,853)	(\$189,467)	\$8,614
Annual Leave Provision	(\$140,686)	(\$140,686)	\$0
TOTAL FUNDS AVAILABLE	\$ 833,143	\$ 294,009	\$ 539,134

5.2 DRAFT ANNUAL BUSINESS PLAN AND BUDGETED FINANCIAL STATEMENTS FOR 2021/2022

Author: Michael Livori
Ref: AF21/3

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 clause 8 states:

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.

Report

Development of the 2021/2022 EHA Annual Business Plan (ABP) to date:

- On 25 February 2021, Board Members endorsed the ABP development process and were requested to provide comments and suggestions in relation to the content of the ABP and Budget.

- On 16 February 2020 Constituent Councils were requested via their nominated contact to provide preliminary comments and suggestions in relation to the development of the ABP (email provided as attachment 1 and feedback received provided as attachment 2).
- On 24 March 2021, a Budget Workshop was held to provide Board Members with information in relation to the development of the 2021/2022 ABP and Budget.
- At the workshop, the Board agreed that it would be appropriate to provide Constituent Councils with a preliminary draft ABP prior to the Board's April meeting, based on information considered at the workshop so that Constituent Councils have more time to provide feedback. Previously, a draft ABP was sent to Constituent Councils in late April, early May of each year.
- A copy of the preliminary draft ABP was provided to Constituent Councils on 31 March 2021(attachment 3).
- It was agreed that in the event that the draft ABP endorsed at this (April) meeting contained any substantive changes from the preliminary draft ABP provided to Constituent Councils on 31 March 2021, that the details of those changes would be provided to Constituent Councils requesting further comment.
- There have been no changes made to the ABP presented for the Boards consideration in this report to the ABP provided to Constituent Councils on 31 March 2021.
- In accordance with clause 7 of the EHA Charter, the EHA Board of Management should consider and endorse a draft Eastern Health Authority ABP and Budget at its April meeting.

Content of the Draft Annual Business Plan 2021/2022

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 draft plan is provided to members as attachment 4.

Budget Documents

Budgeted Financial Statements can be found on pages 26/27 and consist of a Statement of Comprehensive Income, Statement of Financial Position, Statement of Cash Flows and Statement of Changes in Equity.

An additional document entitled “Eastern Health Authority Funding Statement 2021/2022” 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 ABP.

The ABP is required to be adopted by the Board of Management at the 24 June 2021 meeting as the EHA ABP and budget for 2021/2022.

EHA has set the following priorities as part of the 2021-2022 Annual Business Plan:

- Implement the elements of the Regional Public Health Plan, ‘Better Living, Better Health’ as they apply to EHA.
- Formally commence the SA Health Food Star (voluntary) Rating Scheme.
- Participate in Local Government COVID-19 meetings and forums to ensure consistency of approach in relation to public health and operational matters where applicable.
- Administer any required COVID-19 State Directions and undertake the required surveillance based on advice received from the LGFSG who are considered as our lead agency.
- Review of the EHA Business Continuity Plan considering COVID-19.
- Ensure operational activities (inspections, investigations, immunisation services etc) are undertaken in line with required physical distancing and hygiene measures to protect EHA employees and the community.
- Use advocacy of Adelaide PHN to encourage State and Federal Government to include EHA services for current / ongoing phases of COVID-19 vaccination.
- Promotion of online immunisation appointment system.
- Provision of School Based Immunisation Program to Year 8 and 10 students.
- Engagement with schools to provide immunisation information when requested.
- Continue the Adelaide PHN – Immunisation Community Engagement partnership project.
- Continue to develop the EHA Immunisation brand.
- Conduct immunisation surveys to gain client feedback for use in development of the 2022 Clinic Immunisation Timetable.
- Update and expand the current wastewater register to clearly identify systems installed in areas not connected to sewer system.
- Develop school temporary event fair/fete information pack.

- Undertake a service survey and investigate the feedback to identify areas of improvement and development of further educational materials within the food safety area.

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 (SA) Public Health Act 2011; Food Act 2001; Supported Residential Facilities Act 1992* and the *Local Government Act 1999*.

The forecast for the 2021/2022 financial year is that EHA’s operating result will be a breakeven result. To achieve this operating budget result, a total of \$1,828,263 will be raised through contributions from our Constituent Councils for operational expenditure.

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 global increase in contributions for EHA operations requested from Constituent Councils for 2021/2022 based on the draft budget is 2.1% as detailed in Table 1 below.

As can also be seen in Table 1, the average increases in contributions requested for Constituent Councils over the last 8 financial years has been 1.87%.

Table 1: Global increase in contributions requested from Constituent Councils.

Combined Council Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 1,576,207		
2014/2015	\$ 1,576,605	\$ 398	0.03%
2015/2016	\$ 1,609,308	\$ 32,703	2.07%
2016/2017	\$ 1,641,055	\$ 31,747	1.97%
2017/2018	\$ 1,680,870	\$ 39,815	2.43%
2018/2019	\$ 1,723,023	\$ 42,153	2.51%
2019/2020	\$ 1,757,120	\$ 34,097	1.98%
2020/2021	\$ 1,790,674	\$ 33,554	1.91%
2021/2022	\$ 1,828,263	\$ 37,589	2.10%
Average Annual Increase for 8 year period			1.87%

Table 2 details the contribution required from each Constituent Council using the formula contained in the 2016 Charter. It also details the change from the previous year for each Constituent Council.

Table 2: Constituent Council proportion and contributions for 2021/2022

Eastern Health Authority Constituent Council Contribution Calculations 2021-2022							
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total	
Constituent Council Contribution proportion 2021/2022	24.54%	26.16%	31.27%	12.36%	5.67%	100.00%	
Required Contribution 2021/2022	\$ 448,572	\$ 478,298	\$ 571,786	\$ 225,897	\$ 103,710	\$ 1,828,263	
Change In Contribution from previous year							
Contribution proportion 2020/2021	24.47%	25.27%	32.74%	11.76%	5.75%	100.00%	
Actual Contribution	\$ 438,131	\$ 452,548	\$ 586,308	\$ 210,656	\$ 103,032	\$ 1,790,674	
Change in Contribution Proportion from previous FY	0.07%	0.89%	-1.47%	0.59%	-0.08%		
Change in Contribution (\$)	\$ 10,441	\$ 25,749	\$ (14,522)	\$ 15,242	\$ 678	\$ 37,589	
Change in contributions (%)	2.38%	5.69%	-2.48%	7.24%	0.66%	2.10%	

As can be seen in Table 2 the effect of the charter formula sees single year changes for individual council contributions varying from the overall change in contribution of 2.1%. The single year changes in contributions vary from -2.48% to 7.24% this year.

Campbelltown City Council's contributions have increased by 5.69% for 2021/2022. The main driver for this change was a 75% increase in public health complaints.

City of Norwood Payneham & St Peter's contributions have decreased by 2.48% for 2021/2022. The main driver for this change was a decrease in the proportion of public health complaints and school enrolment numbers.

City of Prospect's contributions have increased by 7.24% for 2021/2022 (note that they decreased by 8.67% in 2020/2021). The main driver for this change was an increase in public health complaints (100%) and an increase in the proportion of food businesses.

Table 4 provides a longer-term perspective for each Constituent Council and details the average annual change in contributions over the last 8 years. As previously noted in table 1, the EHA average change in contributions over this period is 1.87%. The average for Constituent Councils over this period ranges from 0.59% to 2.94%.

Table 4: Eight-year average annual change to contributions by Constituent Council

Burnside Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 424,220	\$ 5,092	1.21%
2018/2019	\$ 444,498	\$ 20,278	4.78%
2019/2020	\$ 437,022	\$ (7,476)	-1.68%
2020/2021	\$ 438,131	\$ 1,109	0.25%
2021/2022	\$ 448,572	\$ 10,441	2.38%
Average Annual Increase for 8 year period			1.44%

Campbelltown Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 406,328	\$ 27,302	7.20%
2018/2019	\$ 403,854	\$ (2,474)	-0.61%
2019/2020	\$ 426,994	\$ 23,140	5.73%
2020/2021	\$ 452,548	\$ 25,554	5.98%
2021/2022	\$ 478,298	\$ 25,750	5.69%
Average Annual Increase for 8 year period			2.94%

NPSP Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 512,052	\$ (3,270)	-0.63%
2018/2019	\$ 523,301	\$ 11,249	2.20%
2019/2020	\$ 559,954	\$ 36,653	7.00%
2020/2021	\$ 586,308	\$ 26,354	4.71%
2021/2022	\$ 571,786	\$ (14,522)	-2.48%
Average Annual Increase for 8 year period			2.12%

Prospect Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 225,470	\$ 4,518	2.04%
2018/2019	\$ 237,123	\$ 11,653	5.17%
2019/2020	\$ 230,650	\$ (6,473)	-2.73%
2020/2021	\$ 210,656	\$ (19,994)	-8.67%
2021/2022	\$ 225,897	\$ 15,241	7.24%
Average Annual Increase for 8 year period			0.59%

Walkerville Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 112,800	\$ 6,173	5.79%
2018/2019	\$ 114,237	\$ 1,437	1.27%
2019/2020	\$ 102,500	\$ (11,737)	-10.27%
2020/2021	\$ 103,032	\$ 532	0.52%
2021/2022	\$ 103,710	\$ 678	0.66%
Average Annual Increase for 8 year period			1.77%

Process from here

- The Draft ABP and Budget was provided to Constituent Councils on 31 March 2021 requesting any comment by 30 May 2021.
- Constituent Council feedback and a final budget will be considered for adoption at the Board of Management meeting to be held on 24 June 2021.
- 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 2021/2022 Report is received.
2. The Draft Annual Business Plan and Budgeted Financial Statements for 2021/2022 as provided as attachment 4 to this report is endorsed.

Mary Papageorgiou

From: Michael Livori
Sent: Tuesday, 16 February 2021 4:33 PM
To: Constituent Council Contacts
Subject: EHA Annual Business Plan and Budget for 2021/2022

Hi all,

As you are aware, the work EHA undertakes on behalf of councils is detailed in the ABP.

We are seeking any preliminary comments (**by 10 March 2021**) regarding the content of the current ABP in relation to any suggestions or comments you may have relating to our current/future service delivery.

These comments will be taken into consideration during the development of the preliminary draft ABP for 2021/2022.

Due to the short timeframe the feedback would generally come from council administration.

The 2020/2021 Annual Business plan which details our current work can be found here - <https://www.eha.sa.gov.au/about-us/annual-business-plan>

Please note we have a Constituent Council Contacts on **2 March 2021** and the ABP and budget will be on the agenda.

Staff have commenced work on the 2021/2022 ABP.

There are no major changes expected to be made to the 2021/2022 ABP in relation to our current operations from EHA's perspective.

The preliminary draft ABP and budget that is being prepared will not include any consideration for the delivery of Covid-19 vaccines as there is currently no clarity in relation to Local Governments role.

A preliminary draft ABP and budget will be considered by the Board at its **24 March 2021** Budget Workshop.

As soon as possible following the workshop, councils will be provided via written correspondence to your respective CEO with a preliminary draft ABP and budget for consideration.

Feedback in relation to the preliminary draft ABP and budget will be requested to be provided to EHA by constituent councils by **30 May 2021**.

A draft ABP and Budget will formally be considered and endorsed by the Board on **28 April 2021**.

Constituent Councils will be provided with further correspondence if there are any changes made to the Board endorsed draft ABP in comparison to the preliminary draft ABP and budget provided to constituent councils following the Board budget workshop.

EHA is required by the Local Government Act to adopt a budget prior to 30 June and the Board will consider and adopt the budget at its **23 June 2020** meeting.

I hope this makes sense. I have slightly changed the process from previous years to try and make it a little simpler.

Previously we waited until the Board had formally endorsed the draft ABP and Budget in late April early May to formally request comments from councils which doesn't leave much time to go through required processes.

I will now provide a preliminary draft to councils after our budget workshop and then make contact if there are any substantive changes made to this version when the Board endorses a draft ABP and budget.

To assist with your budgeting I am providing below some **preliminary** figures for constituent council contributions for your own budgeting. These figures are obviously subject to some change but will generally be around the mark.

Weighted % of Activities used by Council		Burnside	Campbelltown	NPSP	Prospect	Walkerville	
	Weighting						
Administration	12.50%	2.50%	2.50%	2.50%	2.50%	2.50%	12.50%
Number of Food Premises	35.00%	7.84%	7.92%	13.08%	4.98%	1.19%	35.00%
Environmental Health Complaints	7.00%	1.48%	2.27%	2.08%	0.91%	0.26%	7.00%
Supported Residential Facilities	6.50%	1.30%	2.60%	1.30%	1.30%	0.00%	6.50%
Cooling Towers	6.50%	2.02%	1.79%	2.24%	0.45%	0.00%	6.50%
Hairdressers/Beauty Treatment	0.50%	0.12%	0.11%	0.19%	0.06%	0.02%	0.50%
Swimming Pools	2.00%	0.88%	0.28%	0.60%	0.09%	0.14%	2.00%
Number of Yr 8/10/11 Enrolments	15.00%	4.74%	4.04%	4.68%	0.89%	0.65%	15.00%
Avg. Clients receiving vaccines at all venues	15.00%	3.66%	4.66%	4.60%	1.18%	0.91%	15.00%
Contribution proportion 2021/2022		24.54%	26.16%	31.27%	12.36%	5.67%	100.00%
Expenditure 2021/2022 - see below	\$ 2,551,328						
Less General Receipts 2021/2022 - Funding Statement D45	\$ 712,500						
Constituent Council Distribution	\$ -	0	0	0	0	0	0
Less Nominal Surplus - Finance Treatment Adjustment	\$ 10,000						
Total Required Operating contributions 2021/2022	\$ 1,828,828						
Constituent Council Contribution proportion 2021/2022		24.54%	26.16%	31.27%	12.36%	5.67%	100.00%
Required Contribution 2021/2022		\$ 448,710	\$ 478,446	\$ 571,963	\$ 225,967	\$ 103,742	\$ 1,828,828
Change In Contribution from previous year							
Expenditure 2020/2021	\$ 2,536,264						
General Receipts 2020/2021	\$ 726,500						
Less Nominal Surplus - to Achieve Breakeven	\$ 19,090						
Required contributions	\$ 1,790,674						
Contribution proportion 2020/2021		24.47%	25.27%	32.74%	11.76%	5.75%	100.00%
Actual Contribution		\$ 438,131	\$ 452,548	\$ 586,308	\$ 210,656	\$ 103,032	\$ 1,790,674
Change in Contribution Proportion from previous FY		0.07%	0.89%	-1.47%	0.59%	-0.08%	
Change in Contribution (\$)		\$ 10,580	\$ 25,897	\$ (14,345)	\$ 15,312	\$ 710	\$ 38,154
Change in contributions (%)		2.41%	5.72%	-2.45%	7.27%	0.69%	2.13%

Highlighted in yellow at the bottom is total change in contributions.

Total change for combined councils is 2.13%.

The figure for individual councils due to the formula data ranges from -2.45% to 7.27%.

Variation to individual councils which are lower or greater than the average occurs every year.

So as to have some perspective how this evens out over the longer term I provide the following tables below which cover an 8 year period.

Combined Council Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 1,576,207		
2014/2015	\$ 1,576,605	\$ 398	0.03%
2015/2016	\$ 1,609,308	\$ 32,703	2.07%
2016/2017	\$ 1,641,055	\$ 31,747	1.97%
2017/2018	\$ 1,680,870	\$ 39,815	2.43%
2018/2019	\$ 1,723,023	\$ 42,153	2.51%
2019/2020	\$ 1,757,120	\$ 34,097	1.98%
2020/2021	\$ 1,790,674	\$ 33,554	1.91%
2021/2022	\$ 1,828,828	\$ 38,154	2.13%
Average Annual Increase for 8 year period			1.88%
Burnside Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 424,220	\$ 5,092	1.21%
2018/2019	\$ 444,498	\$ 20,278	4.78%
2019/2020	\$ 437,022	\$ (7,476)	-1.68%
2020/2021	\$ 438,131	\$ 1,109	0.25%
2021/2022	\$ 448,710	\$ 10,580	2.41%
Average Annual Increase for 8 year period			1.44%
Campbelltown Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 406,328	\$ 27,302	7.20%
2018/2019	\$ 403,854	\$ (2,474)	-0.61%
2019/2020	\$ 426,994	\$ 23,140	5.73%
2020/2021	\$ 452,548	\$ 25,554	5.98%
2021/2022	\$ 478,446	\$ 25,898	5.72%
Average Annual Increase for 8 year period			2.94%
NPSP Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 512,052	\$ (3,270)	-0.63%
2018/2019	\$ 523,301	\$ 11,249	2.20%
2019/2020	\$ 559,954	\$ 36,653	7.00%
2020/2021	\$ 586,308	\$ 26,354	4.71%
2021/2022	\$ 571,963	\$ (14,345)	-2.45%
Average Annual Increase for 8 year period			2.12%
Prospect Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 225,470	\$ 4,518	2.04%
2018/2019	\$ 237,123	\$ 11,653	5.17%
2019/2020	\$ 230,650	\$ (6,473)	-2.73%
2020/2021	\$ 210,656	\$ (19,994)	-8.67%
2021/2022	\$ 225,967	\$ 15,311	7.27%
Average Annual Increase for 8 year period			0.60%
Walkerville Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 112,800	\$ 6,173	5.79%
2018/2019	\$ 114,237	\$ 1,437	1.27%
2019/2020	\$ 102,500	\$ (11,737)	-10.27%
2020/2021	\$ 103,032	\$ 532	0.52%
2021/2022	\$ 103,742	\$ 710	0.69%
Average Annual Increase for 8 year period			1.77%

If you have any queries or would like to discuss this further please give me a call.

Regards

Michael Livori
Chief Executive Officer
T / 8132 3611



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PO Box 275 Stepney SA 5069
www.eha.sa.gov.au



<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

Mary Papageorgiou

From: Carlos Buzzetti <CBuzzetti@npsp.sa.gov.au>
Sent: Monday, 22 February 2021 4:10 PM
To: Michael Livori
Subject: RE: EHA Annual Business Plan and Budget for 2021/2022

Hi Michael

Thank you for your email. Staff from the City of Norwood Payneham & St Peters have no feedback to offer at this stage of the Annual Business Plan development.

With kind regards

Carlos Buzzetti **RPIA (Fellow)**
GENERAL MANAGER, URBAN PLANNING & ENVIRONMENT

City of Norwood Payneham & St Peters

175 The Parade, Norwood SA 5067

Telephone 8366 4501

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Email cbuzzetti@npsp.sa.gov.au

Website www.npsp.sa.gov.au

Community Well-being is...

Social Equity

Economic Prosperity

Cultural Vitality

Environmental Sustainability



City of
Norwood
Payneham
& St Peters





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ABN 52 535 526 438

Ref: D21/4205

31 March 2021

Mr Chris Cowley
Chief Executive Officer
City of Burnside
401 Greenhill Road
TUSMORE SA 5065

Dear Chris

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2021/2022

EHA held a workshop on 24 March 2021 to provide Board Members with information in relation to the development of the 2021/2022 Annual Business Plan and Budget. In accordance with clause 7 of the EHA Charter, the EHA Board of Management (Board) will now consider and endorse a draft Eastern Health Authority Annual Business Plan and Budget (ABP) at its meeting to be held on 29 April 2021.

At the workshop the Board agreed that it would be appropriate to provide constituent councils with a preliminary draft ABP prior to the Board's April meeting, based on information considered at the workshop so that constituent councils have more time to provide feedback. Previously, a draft ABP was sent to Constituent Councils in late April, early May of each year.

In the event that the draft ABP endorsed at the April meeting contains any substantive changes from the preliminary draft ABP provided with this correspondence, details of those changes will be provided to Constituent Councils requesting further comment.

Feedback from constituent councils and other stakeholders have indicated that the current form of the ABP could be condensed. The Board have subsequently agreed that work be undertaken to condense the ABP document. It is intended that the EHA administration will still develop a detailed workplan moving forward and then use this as the basis for a more condensed ABP document.

The preliminary draft (non-condensed at this stage) ABP enclosed details EHA's objectives and priorities for the financial year, the activities that the EHA intends to undertake to achieve those objectives and the measures that EHA intends to use to assess its performance against its objectives over the financial year.

The forecast for the 2021/2022 financial year is that EHA's operating result will be a breakeven position. To achieve this operating budget result, a total of \$1,828,263 will be raised through contributions from our Constituent Councils for operational expenditure.

local councils working together to protect the health of the community

The increase in contributions for EHA operations requested from Constituent Councils for 2021/2022 based on the draft budget is 2.1% as detailed in Table 1.

As can also be seen in Table 1, the average increases in contributions requested for Constituent Councils over the last 8 financial years has been 1.87%.

Table 1: Overall increase in contributions requested from Constituent Councils.

Combined Council Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 1,576,207		
2014/2015	\$ 1,576,605	\$ 398	0.03%
2015/2016	\$ 1,609,308	\$ 32,703	2.07%
2016/2017	\$ 1,641,055	\$ 31,747	1.97%
2017/2018	\$ 1,680,870	\$ 39,815	2.43%
2018/2019	\$ 1,723,023	\$ 42,153	2.51%
2019/2020	\$ 1,757,120	\$ 34,097	1.98%
2020/2021	\$ 1,790,674	\$ 33,554	1.91%
2021/2022	\$ 1,828,263	\$ 37,589	2.10%
Average Annual Increase for 8 year period			1.87%

Table 2 details the contribution required from each Constituent Council using the formula contained in the 2016 Charter. It also details the change from the previous year for each Constituent Council.

Table 2: Constituent Council proportion and contributions for 2021/2022

Eastern Health Authority Constituent Council Contribution Calculations 2021-2022							
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total	
Constituent Council Contribution proportion 2021/2022	24.54%	26.16%	31.27%	12.36%	5.67%	100.00%	
Required Contribution 2021/2022	\$ 448,572	\$ 478,298	\$ 571,786	\$ 225,897	\$ 103,710	\$ 1,828,263	
Change in Contribution from previous year							
Contribution proportion 2020/2021	24.47%	25.27%	32.74%	11.76%	5.75%	100.00%	
Actual Contribution	\$ 438,131	\$ 452,548	\$ 586,308	\$ 210,656	\$ 103,032	\$ 1,790,674	
Change in Contribution Proportion from previous FY	0.07%	0.89%	-1.47%	0.59%	-0.08%		
Change in Contribution (\$)	\$ 10,441	\$ 25,749	\$ (14,522)	\$ 15,242	\$ 678	\$ 37,589	
Change in contributions (%)	2.38%	5.69%	-2.48%	7.24%	0.66%	2.10%	

As can be seen in Table 2 the effect of the charter formula sees single year changes for individual council contributions varying from the overall change in contribution of 2.1%. The charter formula calculates a proportion of EHA activities estimated to be used by each council and this fluctuates from year to year. The single year changes in contributions vary from -2.48% to 7.24% this year.

City of Burnside's contributions have increased by 2.38% for 2021/2022.

Due to the fluctuating nature of each council's contributions required when using the charter formula, I have provided Table 3 which provides a longer-term view of the change in contributions required. Table 3 shows that City of Burnside has had an average increase of contributions of 1.44% over the last 8 years.

Table 3: Eight-year average annual change to contributions for your council

Burnside Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 424,220	\$ 5,092	1.21%
2018/2019	\$ 444,498	\$ 20,278	4.78%
2019/2020	\$ 437,022	\$ (7,476)	-1.68%
2020/2021	\$ 438,131	\$ 1,109	0.25%
2021/2022	\$ 448,572	\$ 10,441	2.38%
Average Annual Increase for 8 year period			1.44%

If possible, it would be appreciated if feedback in relation to the ABP is received by 30 May 2021 so that it can be considered by the Board of Management prior to its meeting to be held on 24 June 2021 when it adopts the Annual Business Plan and Budget for 2021/2022.

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

Yours sincerely

A handwritten signature in black ink, appearing to read 'M Livori', written in a cursive style.

Michael Livori
Chief Executive Officer



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PO Box 275
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ABN 52 535 526 438

Ref: D21/4206

31 March 2021

Mr Mario Barone
Chief Executive Officer
City of Norwood, Payneham & St Peters
175 The Parade
Norwood SA 5067

Dear Mario

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2021/2022.

EHA held a workshop on 24 March 2021 to provide Board Members with information in relation to the development of the 2021/2022 Annual Business Plan and Budget. In accordance with clause 7 of the EHA Charter, the EHA Board of Management (Board) will now consider and endorse a draft Eastern Health Authority Annual Business Plan and Budget (ABP) at its meeting to be held on 29 April 2021.

At the workshop the Board agreed that it would be appropriate to provide constituent councils with a preliminary draft ABP prior to the Board's April meeting, based on information considered at the workshop so that constituent councils have more time to provide feedback. Previously, a draft ABP was sent to Constituent Councils in late April, early May of each year.

In the event that the draft ABP endorsed at the April meeting contains any substantive changes from the preliminary draft ABP provided with this correspondence, details of those changes will be provided to Constituent Councils requesting further comment.

Feedback from constituent councils and other stakeholders have indicated that the current form of the ABP could be condensed. The Board have subsequently agreed that work be undertaken to condense the ABP document. It is intended that the EHA administration will still develop a detailed workplan moving forward and then use this as the basis for a more condensed ABP document each year.

The preliminary draft (non-condensed at this stage) ABP enclosed, details EHA's objectives and priorities for the financial year, the activities that the EHA intends to undertake to achieve those objectives and the measures that EHA intends to use to assess its performance against its objectives over the financial year.

The forecast for the 2021/2022 financial year is that EHA's operating result will be a breakeven position. To achieve this operating budget result, a total of \$1,828,263 will be raised through contributions from our Constituent Councils for operational expenditure.

The increase in contributions for EHA operations requested from Constituent Councils for 2021/2022 based on the draft budget is 2.1% as detailed in Table 1.

As can also be seen in Table 1, the average increases in contributions requested for Constituent Councils over the last 8 financial years has been 1.87%.

Table 1: Overall increase in contributions requested from Constituent Councils.

Combined Council Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 1,576,207		
2014/2015	\$ 1,576,605	\$ 398	0.03%
2015/2016	\$ 1,609,308	\$ 32,703	2.07%
2016/2017	\$ 1,641,055	\$ 31,747	1.97%
2017/2018	\$ 1,680,870	\$ 39,815	2.43%
2018/2019	\$ 1,723,023	\$ 42,153	2.51%
2019/2020	\$ 1,757,120	\$ 34,097	1.98%
2020/2021	\$ 1,790,674	\$ 33,554	1.91%
2021/2022	\$ 1,828,263	\$ 37,589	2.10%
Average Annual Increase for 8 year period			1.87%

Table 2 details the contribution required from each Constituent Council using the formula contained in the 2016 Charter. It also details the change from the previous year for each Constituent Council.

Table 2: Constituent Council proportion and contributions for 2021/2022

Eastern Health Authority Constituent Council Contribution Calculations 2021-2022						
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Constituent Council Contribution proportion 2021/2022	24.54%	26.16%	31.27%	12.36%	5.67%	100.00%
Required Contribution 2021/2022	\$ 448,572	\$ 478,298	\$ 571,786	\$ 225,897	\$ 103,710	\$ 1,828,263
Change in Contribution from previous year						
Contribution proportion 2020/2021	24.47%	25.27%	32.74%	11.76%	5.75%	100.00%
Actual Contribution	\$ 438,131	\$ 452,548	\$ 586,308	\$ 210,656	\$ 103,032	\$ 1,790,674
Change in Contribution Proportion from previous FY	0.07%	0.89%	-1.47%	0.59%	-0.08%	
Change in Contribution (\$)	\$ 10,441	\$ 25,749	\$ (14,522)	\$ 15,242	\$ 678	\$ 37,589
Change in contributions (%)	2.38%	5.69%	-2.48%	7.24%	0.66%	2.10%

As can be seen in Table 2 the effect of the charter formula sees single year changes for individual council contributions varying from the overall change in contribution of 2.1%. The charter formula calculates a proportion of EHA activities estimated to be used by each council and this fluctuates from year to year. The single year changes in contributions vary from -2.48% to 7.24% this year.

City of Norwood Payneham & St Peter's contributions have decreased by 2.48% for 2021/2022. The main driver for this change was a decrease in the proportion of public health complaints and school enrolment numbers.

Due to the fluctuating nature of each council's contributions required when using the charter formula, I have provided Table 3 which provides a longer-term view of the change in contributions required. Table 3 shows that City of Norwood Payneham & St Peters has had an average increase of contributions of 2.12% over the last 8 years.

Table 3: Eight-year average annual change to contributions for your council

NPSP Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 512,052	\$ (3,270)	-0.63%
2018/2019	\$ 523,301	\$ 11,249	2.20%
2019/2020	\$ 559,954	\$ 36,653	7.00%
2020/2021	\$ 586,308	\$ 26,354	4.71%
2021/2022	\$ 571,786	\$ (14,522)	-2.48%
Average Annual Increase for 8 year period			2.12%

If possible, it would be appreciated if feedback in relation to the ABP is received by 30 May 2021 so that it can be considered by the Board of Management prior to its meeting to be held on 24 June 2021 when it adopts the Annual Business Plan and Budget for 2021/2022.

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

Yours sincerely

A handwritten signature in black ink, appearing to read 'Michael Livori', written in a cursive style.

Michael Livori
Chief Executive Officer



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ABN 52 535 526 438

Ref: D21/4212

31 March 2021

Mr Paul Di Iulio
Chief Executive Officer
Campbelltown City Council
PO Box 1
Campbelltown SA 5074

Dear Paul

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2021/2022

EHA held a workshop on 24 March 2021 to provide Board Members with information in relation to the development of the 2021/2022 Annual Business Plan and Budget. In accordance with clause 7 of the EHA Charter, the EHA Board of Management (Board) will now consider and endorse a draft Eastern Health Authority Annual Business Plan and Budget (ABP) at its meeting to be held on 29 April 2021.

At the workshop the Board agreed that it would be appropriate to provide constituent councils with a preliminary draft ABP prior to the Board's April meeting, based on information considered at the workshop so that constituent councils have more time to provide feedback. Previously, a draft ABP was sent to Constituent Councils in late April, early May of each year.

In the event that the draft ABP endorsed at the April meeting contains any substantive changes from the preliminary draft ABP provided with this correspondence, details of those changes will be provided to Constituent Councils requesting further comment.

Feedback from constituent councils and other stakeholders have indicated that the current form of the ABP could be condensed. The Board have subsequently agreed that work be undertaken to condense the ABP document. It is intended that the EHA administration will still develop a detailed workplan moving forward and then use this as the basis for a more condensed ABP document each year.

The preliminary draft (non-condensed at this stage) ABP enclosed, details EHA's objectives and priorities for the financial year, the activities that the EHA intends to undertake to achieve those objectives and the measures that EHA intends to use to assess its performance against its objectives over the financial year.

The forecast for the 2021/2022 financial year is that EHA's operating result will be a breakeven position. To achieve this operating budget result, a total of \$1,828,263 will be raised through contributions from our Constituent Councils for operational expenditure.

The increase in contributions for EHA operations requested from Constituent Councils for 2021/2022 based on the draft budget is 2.1% as detailed in Table 1.

As can also be seen in Table 1, the average increases in contributions requested for Constituent Councils over the last 8 financial years has been 1.87%.

Table 1: Overall increase in contributions requested from Constituent Councils.

Combined Council Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 1,576,207		
2014/2015	\$ 1,576,605	\$ 398	0.03%
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2019/2020	\$ 1,757,120	\$ 34,097	1.98%
2020/2021	\$ 1,790,674	\$ 33,554	1.91%
2021/2022	\$ 1,828,263	\$ 37,589	2.10%
Average Annual Increase for 8 year period			1.87%

Table 2 details the contribution required from each Constituent Council using the formula contained in the 2016 Charter. It also details the change from the previous year for each Constituent Council.

Table 2: Constituent Council proportion and contributions for 2021/2022

Eastern Health Authority Constituent Council Contribution Calculations 2021-2022							
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total	
Constituent Council Contribution proportion 2021/2022	24.54%	26.16%	31.27%	12.36%	5.67%	100.00%	
Required Contribution 2021/2022	\$ 448,572	\$ 478,298	\$ 571,786	\$ 225,897	\$ 103,710	\$ 1,828,263	
Change in Contribution from previous year							
Contribution proportion 2020/2021	24.47%	25.27%	32.74%	11.78%	5.75%	100.00%	
Actual Contribution	\$ 438,131	\$ 452,548	\$ 586,308	\$ 210,656	\$ 103,032	\$ 1,790,674	
Change in Contribution Proportion from previous FY	0.07%	0.89%	-1.47%	0.58%	-0.08%		
Change in Contribution (\$)	\$ 10,441	\$ 25,749	\$ (14,522)	\$ 15,242	\$ 678	\$ 37,589	
Change in contributions (%)	2.38%	5.69%	-2.48%	7.24%	0.66%	2.10%	

As can be seen in Table 2 the effect of the charter formula sees single year changes for individual council contributions varying from the overall change in contribution of 2.1%. The charter formula calculates a proportion of EHA activities estimated to be used by each council and this fluctuates from year to year. The single year changes in contributions vary from -2.48% to 7.24% this year.

Campbelltown City Council's contributions have increased by 5.69% for 2021/2022. The main driver for this change was a 75% increase in public health complaints.

Due to the fluctuating nature of each council's contributions required when using the charter formula, I have provided Table 3 which provides a longer-term view of the change in contributions required. Table 3 shows that Campbelltown City Council has had an average increase of contributions of 2.94% over the last 8 years.

Table 3: Eight-year average annual change to contributions for your council

Campbelltown Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 406,328	\$ 27,302	7.20%
2018/2019	\$ 403,854	\$ (2,474)	-0.61%
2019/2020	\$ 426,994	\$ 23,140	5.73%
2020/2021	\$ 452,548	\$ 25,554	5.98%
2021/2022	\$ 478,298	\$ 25,750	5.69%
Average Annual Increase for 8 year period			2.94%

local councils working together to protect the health of the community

If possible, it would be appreciated if feedback in relation to the ABP is received by 30 May 2021 so that it can be considered by the Board of Management prior to its meeting to be held on 24 June 2021 when it adopts the Annual Business Plan and Budget for 2021/2022.

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

Yours sincerely

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Michael Livori
Chief Executive Officer



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Ref: D21/4214

31 March 2021

Mr Nigel McBride
Chief Executive Officer
City of Prospect
PO Box 171
Prospect SA 5082

Dear Nigel

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2021/2022

EHA held a workshop on 24 March 2021 to provide Board Members with information in relation to the development of the 2021/2022 Annual Business Plan and Budget. In accordance with clause 7 of the EHA Charter, the EHA Board of Management (Board) will now consider and endorse a draft Eastern Health Authority Annual Business Plan and Budget (ABP) at its meeting to be held on 29 April 2021.

At the workshop the Board agreed that it would be appropriate to provide constituent councils with a preliminary draft ABP prior to the Board's April meeting, based on information considered at the workshop so that constituent councils have more time to provide feedback. Previously, a draft ABP was sent to Constituent Councils in late April, early May of each year.

In the event that the draft ABP endorsed at the April meeting contains any substantive changes from the preliminary draft ABP provided with this correspondence, details of those changes will be provided to Constituent Councils requesting further comment.

Feedback from constituent councils and other stakeholders have indicated that the current form of the ABP could be condensed. The Board have subsequently agreed that work be undertaken to condense the ABP document. It is intended that the EHA administration will still develop a detailed workplan moving forward and then use this as the basis for a more condensed ABP document each year.

The preliminary draft (non-condensed at this stage) ABP enclosed, details EHA's objectives and priorities for the financial year, the activities that the EHA intends to undertake to achieve those objectives and the measures that EHA intends to use to assess its performance against its objectives over the financial year.

The forecast for the 2021/2022 financial year is that EHA's operating result will be a breakeven position. To achieve this operating budget result, a total of \$1,828,263 will be raised through contributions from our Constituent Councils for operational expenditure.

The increase in contributions for EHA operations requested from Constituent Councils for 2021/2022 based on the draft budget is 2.1% as detailed in Table 1.

As can also be seen in Table 1, the average increases in contributions requested for Constituent Councils over the last 8 financial years has been 1.87%.

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Combined Council Requested Contributions	Net Cost	\$ change previous year	% Change previous year
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Change in Contribution Proportion from previous FY	0.07%	0.89%	-1.47%	0.59%	-0.08%	
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Change in contributions (%)	2.38%	5.69%	-2.48%	7.24%	0.66%	2.10%

As can be seen in Table 2 the effect of the charter formula sees single year changes for individual council contributions varying from the overall change in contribution of 2.1%. The charter formula calculates a proportion of EHA activities estimated to be used by each council and this fluctuates from year to year. The single year changes in contributions vary from -2.48% to 7.24% this year.

City of Prospect's contributions have increased by 7.24% for 2021/2022. The main driver for this change was an increase in public health complaints (100%) and an increase in the proportion of food businesses.

Due to the fluctuating nature of each council's contributions required when using the charter formula, I have provided Table 3 which provides a longer-term view of the change in contributions required. Table 3 shows that City of Prospect has had an average increase of contributions of 0.59% over the last 8 years.

Table 3: Eight-year average annual change to contributions for your council

Prospect Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 225,470	\$ 4,518	2.04%
2018/2019	\$ 237,123	\$ 11,653	5.17%
2019/2020	\$ 230,650	\$ (6,473)	-2.73%
2020/2021	\$ 210,656	\$ (19,994)	-8.67%
2021/2022	\$ 225,897	\$ 15,241	7.24%
Average Annual Increase for 8 year period			0.59%

local councils working together to protect the health of the community

If possible, it would be appreciated if feedback in relation to the ABP is received by 30 May 2021 so that it can be considered by the Board of Management prior to its meeting to be held on 24 June 2021 when it adopts the Annual Business Plan and Budget for 2021/2022.

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

Yours sincerely

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Michael Livori
Chief Executive Officer



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Ref: D21/4217

31 March 2021

Ms Kiki Cristol
Chief Executive Officer
Corporation of the Town of Walkerville
PO Box 55
Walkerville SA 5081

Dear Kiki

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2021/2022

EHA held a workshop on 24 March 2021 to provide Board Members with information in relation to the development of the 2021/2022 Annual Business Plan and Budget. In accordance with clause 7 of the EHA Charter, the EHA Board of Management (Board) will now consider and endorse a draft Eastern Health Authority Annual Business Plan and Budget (ABP) at its meeting to be held on 29 April 2021.

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Feedback from constituent councils and other stakeholders have indicated that the current form of the ABP could be condensed. The Board have subsequently agreed that work be undertaken to condense the ABP document. It is intended that the EHA administration will still develop a detailed workplan moving forward and then use this as the basis for a more condensed ABP document each year.

The preliminary draft (non-condensed at this stage) ABP enclosed, details EHA's objectives and priorities for the financial year, the activities that the EHA intends to undertake to achieve those objectives and the measures that EHA intends to use to assess its performance against its objectives over the financial year.

The forecast for the 2021/2022 financial year is that EHA's operating result will be a breakeven position. To achieve this operating budget result, a total of \$1,828,263 will be raised through contributions from our Constituent Councils for operational expenditure.

local councils working together to protect the health of the community

The increase in contributions for EHA operations requested from Constituent Councils for 2021/2022 based on the draft budget is 2.1% as detailed in Table 1.

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2018/2019	\$ 1,723,023	\$ 42,153	2.51%
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2021/2022	\$ 1,828,263	\$ 37,589	2.10%
Average Annual Increase for 8 year period			1.87%

Table 2 details the contribution required from each Constituent Council using the formula contained in the 2016 Charter. It also details the change from the previous year for each Constituent Council.

Table 2: Constituent Council proportion and contributions for 2021/2022

Eastern Health Authority Constituent Council Contribution Calculations 2021-2022						
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
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Actual Contribution	\$ 438,131	\$ 452,548	\$ 586,308	\$ 210,656	\$ 103,032	\$ 1,790,674
Change in Contribution Proportion from previous FY	0.07%	0.89%	-1.47%	0.59%	-0.08%	
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Change in contributions (%)	2.38%	5.69%	-2.48%	7.24%	0.66%	2.10%

As can be seen in Table 2 the effect of the charter formula sees single year changes for individual council contributions varying from the overall change in contribution of 2.1%. The charter formula calculates a proportion of EHA activities estimated to be used by each council and this fluctuates from year to year. The single year changes in contributions vary from -2.48% to 7.24% this year.

Town of Walkerville's contributions have increased by 0.66% for 2021/2022.

Due to the fluctuating nature of each council's contributions required when using the charter formula, I have provided Table 3 which provides a longer-term view of the change in contributions required. Table 3 shows that Town of Walkerville has had an average increase of contributions of 1.77% over the last 8 years.

Table 3: Eight-year average annual change to contributions for your council

Walkerville Requested Contributions	Net Cost	\$ 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%
2017/2018	\$ 112,800	\$ 6,173	5.79%
2018/2019	\$ 114,237	\$ 1,437	1.27%
2019/2020	\$ 102,500	\$ (11,737)	-10.27%
2020/2021	\$ 103,032	\$ 532	0.52%
2021/2022	\$ 103,710	\$ 678	0.66%
Average Annual Increase for 8 year period			1.77%

If possible, it would be appreciated if feedback in relation to the ABP is received by 30 May 2021 so that it can be considered by the Board of Management prior to its meeting to be held on 24 June 2021 when it adopts the Annual Business Plan and Budget for 2021/2022.

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

Yours sincerely

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Michael Livori
Chief Executive Officer



Annual Business Plan 2021/22



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

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

The Budgeted Financial Statements can be found on pages XX 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 2021-2022 financial year.



ABOUT EASTERN HEALTH AUTHORITY

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

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

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

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

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

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

Activity Data	Burnside	C/Town	NPSP	Prospect	Walkerville	Total
No. of Food Premises	296	299	494	188	45	1,322
Swimming Pools	19	6	13	2	3	43
High Risk Manufactured Water Systems	9	8	10	2	0	29
Supported Residential Facilities	1	2	1	1	0	5
Environmental Health Complaints	39	60	55	24	7	185
Hairdresser/Beauty Treatment Premises	71	64	108	33	12	288
Number of high school student enrolments	1,432	1,219	1,414	270	195	4,530
Average clients receiving vaccines at public clinics	916	1,166	1,152	295	228	3,757

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.

EHA has set the following priorities as part of the 2021-2022 Annual Business Plan:

Priorities

- Implement the elements of the Regional Public Health Plan, 'Better Living, Better Health' as they apply to EHA.
- Formally commence the SA Health Food Star (voluntary) Rating Scheme.
- Participate in Local Government COVID-19 meetings and forums to ensure consistency of approach in relation to public health and operational matters where applicable.
- Administer any required COVID-19 State Directions and undertake the required surveillance based on advice received from the LGFSG who are considered as our lead agency.
- Review of the EHA Business Continuity Plan considering COVID-19.
- Ensure operational activities (inspections, investigations, immunisation services etc) are undertaken in line with required physical distancing and hygiene measures to protect EHA employees and the community.
- Use advocacy of Adelaide PHN to encourage State and Federal Government to include EHA services for current / ongoing phases of COVID-19 vaccination.
- Promotion of online immunisation appointment system.
- Provision of School Based Immunisation Program to Year 8 and 10 students.
- Engagement with schools to provide immunisation information when requested.
- Continue the Adelaide PHN – Immunisation Community Engagement partnership project.
- Continue to develop the EHA Immunisation brand.
- Conduct immunisation surveys to gain client feedback for use in development of the 2022 Clinic Immunisation Timetable.
- Update and expand the current wastewater register to clearly identify systems installed in areas not connected to sewer system.
- Develop school temporary event fair/fete information pack.
- Undertake a service survey and investigate the feedback to identify areas of improvement and development of further educational materials within the food safety area.

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 (SA) Public Health Act 2011*; *Food Act 2001*; *Supported Residential Facilities Act 1992* and the *Local Government Act 1999*.

The forecast for the 2021/2022 financial year is that EHA's operating result will be a breakeven result. To achieve this operating budget result, a total of \$1,828,263 will be raised through contributions from our Constituent Councils for operational expenditure.

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

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

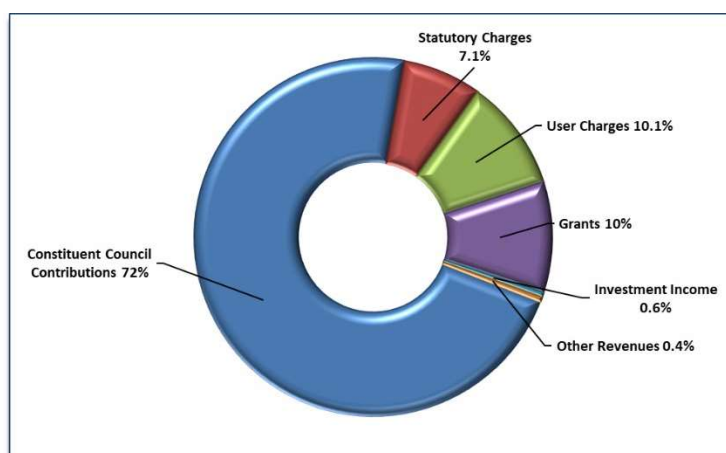
User Charges relate to the recovery of service delivery costs through the charging of fees to users of EHA's services. These include the provision of food safety audit services, workplace immunisation programs and fee vaccines at community immunisation clinics.

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



FINANCIAL INDICATORS

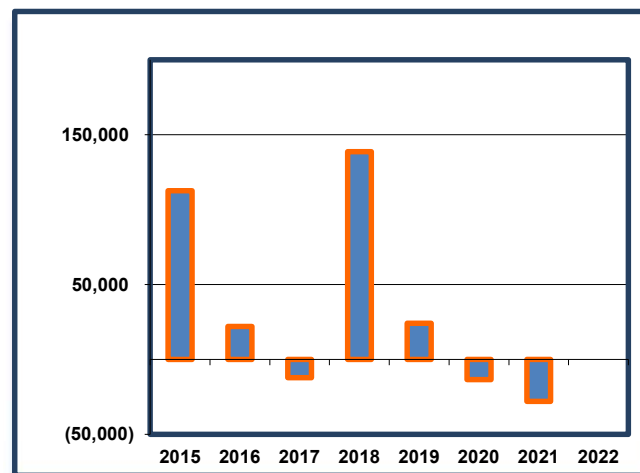
A series of financial indicators have been developed by local government to assist in determining whether a local government organisation is financially sustainable or moving to a position of financial sustainability. Indicators with relevance to EHA are set out below.

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

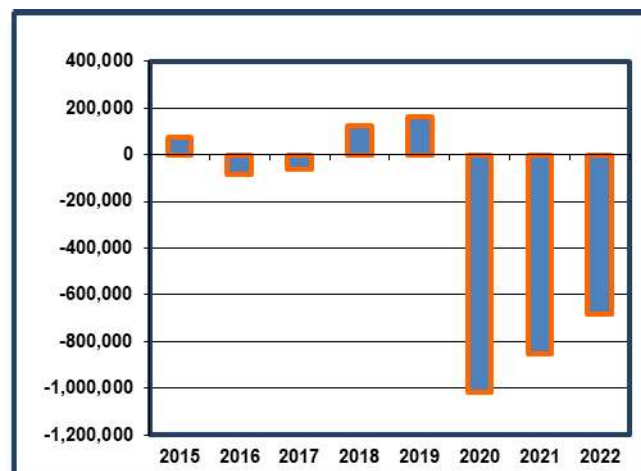
Net Financial Assets indicates the money held, invested or owed to EHA less money owed to others (including provisions for employee entitlements).

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

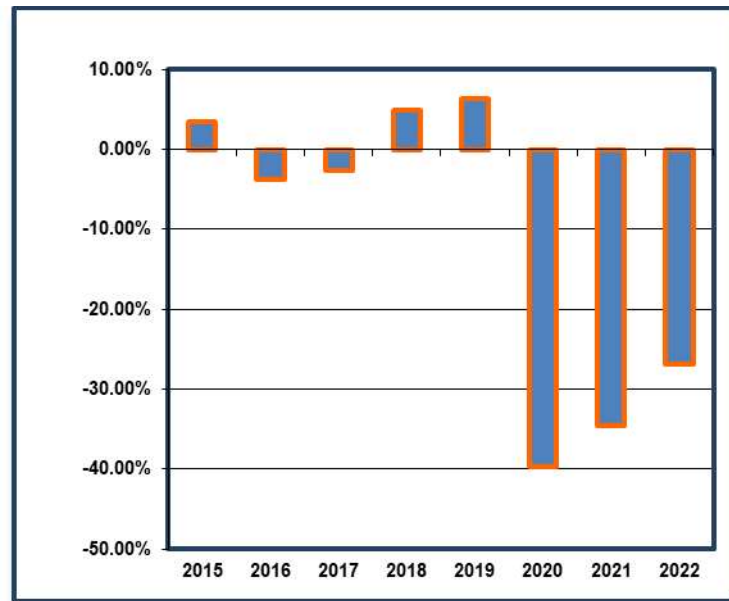
Graph 2: Operating Surplus / (Deficit)



Graph 3: Net Financial Assets



Graph 4: Net Financial Assets Ratio



Note – Net Financial Assets have been impacted by application of AASB Standard 16 Leases as they relate to building and vehicle leases.

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

	Constituent Council Contribution 2020/2021	Operating Expenditure 2020/2021	EHA as % of Expenditure
Burnside	\$ 438,131	\$ 48,755,000	0.90%
Campbelltown	\$ 452,548	\$ 51,386,969	0.88%
NPSP	\$ 586,308	\$ 45,248,000	1.30%
Prospect	\$ 210,656	\$ 25,703,000	0.82%
Walkerville	\$ 103,032	\$ 10,196,985	1.01%
Total Constituent Council Expenditure	\$ 1,790,674	\$ 181,289,954	0.99%

ACTIVITIES FOR 2021-2022

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 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.	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 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) specified as EHA's responsibility.	As detailed in 'Better Health, Better Living' 'Protection for Health'.
1.5 Provide administrative assistance to the Public Health Plan Advisory Committee.	Meetings conducted as required.
1.6 Annual business plan to be developed with detailed objectives for the year in consultation with Constituent Councils.	Draft considered at April/May meeting and adopted at June meeting.
1.7 Develop budgeted financial statements to implement the Annual Business Plan of EHA. Draft Budgeted Financial Statements considered at April/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.
1.8 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.

Actions	Performance Measures
1.9 Conduct Audit Committee meetings as required by Charter.	Audit committee meet minimum of two times per annum.
1.10 Ensure the financial statements are audited annually as per the requirements of the Charter.	Audited financial statements adopted at August/September meeting and provided to Constituent Councils within 5 days.
1.11 Monitor Long Term Financial Plan.	Plan reviewed annually as part of budget process.
1.12 Provide regular statistical reports to Board Members and Constituent Council.	Reports provided at scheduled Board meetings.
1.13 Conduct review of delegations as required. 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 as required.
1.14 Provide information to the Board of Management in relation to public health reforms 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.
1.15 Compile annual report in relation to the operations of EHA as required by the charter.	Annual report provided to Constituent Councils by 30 September.
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 Compare Annual Business Plan against performance measures.	Report presented to September meeting.
1.19 Convene meetings of Constituent Council nominated contacts. Work with contacts to actively promote EHA's services to the Constituent Councils.	4 meetings conducted per year.
1.20 Maintenance of electronic records management system to properly maintain records and reference documents of EHA.	System developed to ensure appropriate standards are being met.
1.21 Continually review the EHA website to improve the functionality and available information and educational material.	Improved website functionality and available information.

Actions	Performance Measures
1.22 Finalise the EHA Customer Service Public Health Enquiry Guidelines.	Document finalised.
1.23 Explore the potential for the expansion of service provision to areas outside of its current Constituent Council areas.	Report to Board on expansion opportunities.
1.24 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.
1.25 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.
1.26 Engage with LGA, non Government Organisations and state and local government authorities to review best practice standards and promote uniformity and professional consistency.	Engage and actively participate in opportunities to promote consistency.
1.27 Continue membership and actively participate in the Eastern Adelaide Zone Emergency Management Committee to develop and finalise the Eastern Zone Emergency Management Plan.	Attend the Eastern Adelaide Zone Emergency Management Committee and actively contribute towards the development of the Eastern Zone Emergency Management Plan.

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

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 to promote uniformity, professional consistency and to discuss the latest information in relation to public health issues affecting local government.	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 Periodic review of EHA's induction program to ensure EHA staff are and familiar with EHA's methods of operation upon commencement of employment.	Periodic review and induction program updated.

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. website: NEHA

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:

- management of domestic squalor and hoarding
- clandestine drug laboratory
- vector control
- 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
- prevention and control of notifiable diseases
- discharge of waste to stormwater

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 (SRF's). SRF's provide accommodation to people in the community who require personal care and support. EHA is licensing authority of all SRF's 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.

To protect the health and well-being of the community during the COVID-19 crisis, it is imperative for EHA to continues to undertake the necessary functions on behalf of its Constituent Councils. These functions are controlled by the limitations set by the Federal

Government Restrictions and State Government Directions. The surveillance and investigation of the necessary environmental health provisions during the COVID-19 crisis will be modified to acknowledge the advice received from the LGFSG who are considered as our lead agency.

Where inspections and investigations are undertaken, the Environmental Health Officers ensure they practice the required physical distancing and hygiene measures to protect themselves and the community.

Objective 2 Promote healthy communities by managing the risk from communicable and infectious disease and environmental impacts

Actions	Performance Measures
<p>2.1 Maintain and update a register of applicable public health related premises. 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. personal care and body art 4. onsite wastewater management systems <p>Maintain and update a register of all public health related complaints.</p>	<p>Register maintained and updated as required.</p>
<p>2.2. Undertake assessments and investigate complaints to 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>Inspection frequency may change subject to compliance.</p>	<p>All indoor pools assessed twice a year and outdoor pools once a year. Investigate and respond to complaints in accordance with the customer service standards.</p>
<p>2.3 Undertake assessments and collect water samples for analysis to 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>2.4 Investigate notifiable <i>Legionella</i> incidences and high <i>Legionella</i> counts in accordance with SA Health guidance and internal procedures.</p>	<p>Investigate incidences in accordance with EHA service standards and SA Health guidance.</p>
<p>2.5 Undertake assessments and investigate complaints to determine appropriate standards at personal care and body art premises are maintained in accordance with guidelines and legislation.</p>	<p>Assessments performed according to risk-based schedule. Investigate and respond to complaints in accordance with the customer service standards.</p>
<p>2.6 Assess applications and undertake the required inspections 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.</p>	<p>Applications assessed and onsite inspections undertaken in accordance with the legislative requirements.</p>
<p>2.7 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>.</p>	<p>Monitor service reports for wastewater treatment systems to identify non-compliances.</p>

Actions	Performance Measures
<p>2.8 Update and expand the current wastewater register to clearly identify systems installed within the non-sewered Constituent Council areas.</p>	<p>Update and expand the current register.</p>
<p>2.9 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 - vector control - hazardous and infectious substances <ul style="list-style-type: none"> clandestine Drug Laboratory asbestos syringes - on-site wastewater systems - notifiable diseases - refuse storage - COVID-19 (physical distancing) <p>Co-ordinate a multi-agency response where necessary.</p> <p>Undertake joint investigations with Constituent Councils where there may be an overlap relating to offences relating to <i>SA Public Health Act 2011, Environmental Protection (Water Quality) Policy 2015 and the Local Nuisance and Litter Control Act, 2017.</i></p>	<p>Enquiries/complaints are investigated in accordance with the customer service standards and Guidelines.</p> <p>Undertake joint investigations with Constituent Councils where required.</p>
<p>2.10 Administer the COVID-19 State Directions and undertake the required surveillance and report where required to SAPOL based on advice received from the Local Government Functional Support Group (LGFSG) who are considered as our lead agency.</p> <p>Continue to report COVID-19 physical distancing breaches on the LGA i-Responda Portal as advised and required by the LGA.</p>	<p>Surveillance and reporting as required by LGFSG.</p>
<p>2.11 Provide information to households informing them of localised pests/vector issues that can be minimised. Provide rodent bait to residents upon request.</p>	<p>Provide information and rodent bait to residents as required.</p>
<p>2.12 Undertake relevant notifiable disease investigations in collaboration with SA Health.</p>	<p>Respond to disease notifications in accordance with customer service standards and SA Health guidance.</p>
<p>2.13 Provide advice and information materials to residents about air quality concerns including the installation, operation and standards of solid fuel burning appliances.</p>	<p>Information available to community and via website as required.</p>
<p>2.14 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.</p>	<p>Provide sharps containers at cost price and free disposal service to residents as required.</p>

Actions	Performance Measures
2.15 Continue to co-ordinate and attend the Eastern Hoarding and Squalor Committee meetings to promote interagency management of residents affected by hoarding and squalor.	Coordinate and attend the Eastern Hoarding and Squalor meetings.
2.16 Participate in Metropolitan Fire Service fire risk notification system.	Notify MFS when required as per the notification process.
2.17 Respond to development application referrals from councils regarding public health related premises and activities.	Respond to all referrals in accordance with the customer service standards.
2.18 Monitor providers who supply water to the public under the <i>Safe Drinking Water Act 2012</i> to 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.

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 updated as required.
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 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.

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.

	Actions	Performance Measures
2.2.2	Assess applications for manager and acting manager with regard to SRF legislation.	Applications processed in accordance with the customer service standards.
2.2.3	<p>Conduct relicensing audits of facilities with regard to SRF legislation.</p> <p>Incorporate appropriate annual fire safety requirements from the Constituent Councils Building Fire and Safety Officers.</p>	<p>Unannounced audits conducted at all facilities. Issue of licences annually with conditions where required.</p> <p>Fire safety advice obtained annually. If required, include as licence conditions as agreed between EHA and Constituent Councils.</p>
2.2.4	Conduct follow-up inspections to ensure facilities continue to operate at satisfactory standards in accordance with the legislation.	Unannounced inspections and follow-ups conducted at SRFs where required.
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	Liaise with Constituent Councils and other relevant stakeholders in relation to potential 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.
2.2.8	Liaise with LGA and State Government to ensure legislation applicable to SRFs is appropriate and that local government receives appropriate support for its licensing role.	Continue discussion with LGA and State Government regarding these issues.
2.2.9	Ensure COVID-19 State Directions are administered as guided by the LGFSG and DHS to protect the health and well-being of the SRF residents.	Monitor communication from LGFSG and DHS and operating within the current Directions.

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 and proactively provide public health and food safety information to the community and businesses via the website or email.	Review and update as required.
2.3.5 Participate in the LGFSG and work with other agencies and councils in our emergency management zone regarding the coronavirus (COVID-19).	Participate when resources allow.
2.3.6 Review of Business Continuity Plan considering COVID-19.	Plan Finalised.
2.3.7 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.

3.0 – Immunisation

Background

Immunisation is the most cost-effective public health initiative and 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 periods for children, adolescents, and adults. The NIP provides free vaccines against 17 diseases (including shingles) for eligible people and EHA delivers these vaccinations at its public clinics and school visits. EHA also offers the Annual Influenza Vaccine at its public clinics and worksites 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 consenting School Immunisation Program (SIP). The program currently includes Year 8 and Year 10 students with year 8s receiving with two doses of human papillomavirus (HPV) and one dose of diphtheria, tetanus and whooping cough vaccine (dTpa). Year 10 students receive two doses of the Meningococcal B vaccine and one dose of Meningococcal ACWY vaccine. EHA will undertake approximately 62 visits to 17 high schools offering vaccinations to 2,450 Year 8 students and 2,492 Year 10 students.

Workplace Immunisation programs are conducted on a fee for service basis. A total of 3,466 vaccinations were provided during 98 worksite visits to EHA clients in 2020. EHA actively account manages workplace clients to ensure return business and strives to provide a professional service. Where staffing resources allow, EHA continues to pursue new business opportunities, 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, childcare centres, schools and aged care facilities can easily coordinate a program with minimal downtime for their staff.

An Immunisation Community Engagement Project funded by the Adelaide Public Health Network has been established. The project provides immunisation program support to community groups and immunisation providers within the eastern and north eastern metropolitan area of Adelaide. EHA's specialist immunisation nurses and customer service team are working to increase vaccine uptake, through raising community and provider awareness, knowledge and confidence in immunisation delivery.

The Commonwealth's current roll out of COVID-19 vaccinations has not included EHA services to date. EHA has been monitoring all available communications from Commonwealth Government and SA Health. EHA has been in regular contact with SA Health to enquire about future involvement in delivery of COVID-19 vaccine.

Actions	Performance Measures
<p>3.1</p> <p>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> • Vaccine Administration Code October 2018 v 1.7 • South Australia's Child Protection Legislation – Child Safe Environment Guidelines. • Immunisation Records and Inventory System (IRIS). <p>Immunisation Nurses are provided with opportunities to participate in appropriate professional development opportunities.</p>	<p>Annual clinical performance evaluation.</p> <p>Annual Cold Chain audit and pharmaceutical refrigerator maintenance.</p> <p>Annual review of Child Safe Environment Guidelines and Procedures.</p> <p>Review of Immunisation Nurses CPD annually.</p>
<p>3.2</p> <p>Promotion of EHA's public immunisation clinic program through channels identified in the EHA Marketing Plan. Build Social Media presence through Constituent Council platforms to promote immunisation clinics.</p> <p>EHA website used as a tool for communication of up-to-date information relating to immunisation.</p> <p>Provide Constituent Councils with educational and promotional materials relating to immunisation for circulation.</p> <p>Continue to develop the EHA Immunisation brand.</p>	<p>Increased number of clinic timetables required and distributed.</p> <p>Review Constituent Council website and social media platforms for updated EHA information.</p> <p>Regular updates of information provided in the home page on immunisation issues.</p> <p>Source and distribute to Constituent Councils promotional and educational materials on immunisation in conjunction with Constituent Councils.</p>

Actions	Performance Measures
<p>3.3</p> <p>Improve customer experience at EHA public immunisation clinics.</p> <p>Conduct an annual review of EHA's public clinic venues and timetable.</p> <p>Continual development and promotion of online immunisation appointment booking system.</p>	<p>Review and evaluate each public clinic venue and times offered.</p> <p>Clinic Timetable reviewed and published in November.</p> <p>Increase mailout of Clinic Timetable and provision of electronic copy to relevant sites completed in December / January. Report and expand website analytical tools to monitor usage.</p> <p>Improve the access and increase in use of Immunisation Online Booking System.</p> <p>Implement program of review and reminders for residents of overdue vaccinations.</p>
<p>3.4</p> <p>Deliver School Immunisation Program (SIP) in accordance with the SA Health Service Agreement contract.</p> <p>Liaise with school coordinators and SA Health regarding implementation and evaluation of program.</p> <p>Immunisation statistics submitted via IRIS to SA Health and the Australian Immunisation Register (AIR) in accordance with contractual arrangements.</p> <p>Community engagement with schools to provide support with all immunisation matters.</p>	<p>Statistics reported to AIR within 5 days of clinics.</p> <p>All students offered vaccinations. Those absent at school are invited to EHA public clinics to catch up.</p> <p>Statistics uploaded onto IRIS for the SIP within 10 days of school visit.</p> <p>Monitor and report on coverage data for the SIP compared to the SA Average. Delivery of SIP with ongoing improvement and evaluation of coverage data. Follow up of students who missed vaccination at school.</p> <p>Further promote EHA clinics and catch-up facilities offered in regular school newsletter updates and electronic reminders to parents.</p>

Actions	Performance Measures
<p>3.5</p> <p>Promote and provide a professional and quality Workplace Immunisation Program on a fee for service basis.</p> <p>Continual development and promotion of online workplace immunisation appointment booking system.</p> <p>Account management: including launch of program bookings, account liaison, pre visit consultation and post visit follow up.</p>	<p>Target services to organisations whose staff are at high risk of acquiring vaccine preventable diseases.</p> <p>Generate new business and management of existing clients.</p> <p>Income generated and EHA brand awareness.</p> <p>Review program annually.</p>
<p>3.6</p> <p>The CEO/Team Leader Immunisation lobby through LGA for appropriate funding for sustainability of local government delivery of immunisation services.</p>	<p>Meet with LGA and SA Health to discuss funding and support from governments.</p>
<p>3.7</p> <p>Continue to facilitate the Community Engagement Project which forms part of a broader Adelaide PHN Immunisation Hub initiative.</p> <p>The initiative aims to increase immunisation coverage and reduce vaccine preventable illness in the Adelaide metropolitan region.</p> <p>Increase community awareness and knowledge of the benefits of childhood immunisation, increasing coverage within the eastern and inner northern suburbs of metropolitan Adelaide.</p> <p>Conduct on-site education and awareness raising sessions at participating childcare centres, schools and hospitals.</p> <p>Provide education and training on immunisation information and immunisation services for Health professionals.</p> <p>Use advocacy of Adelaide PHN to encourage State and Federal Government to include EHA services for current / ongoing phases of COVID-19 vaccination.</p>	<p>Comply with the Adelaide PHN project specific requirements, including submission of periodic reports as required.</p> <p>Meet with PHN periodically to monitor and review compliance against project Schedule.</p> <p>Monitor the increased rates of immunisation via catchups (overseas, adolescents, school absentees).</p> <p>Meet with PHN to discuss support for EHA involvement in COVID-19 vaccinations.</p>
<p>3.8</p> <p>Provision of COVID-19 vaccination</p>	<p>Meet with SA Health, LGA & Adelaide PHN to advocate for local government immunisation services to be included in COVID-19 vaccination program.</p>

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, 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.

To prevent food borne outbreaks and protect the health and well-being of the community during the COVID-19 crisis, it is imperative for EHA to continue to undertake the surveillance of food premises and investigations of food related complaints on behalf of its Constituent Councils.

The execution of these functions is controlled by limitations set by the Federal Government Restrictions and State Government Directions. Assessments undertaken will be modified to acknowledge the advice received from the LGFSG who are considered as our lead agency.

Where inspections and investigations are undertaken, the Environmental Health Officers ensure they practice the required physical distancing and hygiene measures to protect themselves and the community.

Actions	Performance Measures
<p>4.1</p> <p>Ensure businesses provide notification of their business details.</p> <p>Monitor and maintain a register of all food businesses operating within EHA's jurisdiction.</p> <p>Continue to monitor businesses that have temporarily closed due to COVID-19.</p>	<p>Update within in accordance with the customer service policy.</p>
<p>4.2</p> <p>Assign and where required update food businesses risk classification in accordance with the SA Health Food Business Risk Classification framework</p>	<p>Apply relevant risk rating to new businesses and undertake assessments in accordance with the SA Health Food Business Risk Classification framework</p> <p>Monitor and identify new food processing practices during routine assessments. Update the risk classification to reflect the changes.</p>
<p>4.3</p> <p>Conduct routine food business assessments using an appropriate food safety rating tool to ensure compliance with the <i>Food Act 2001</i> and Food Safety Standards.</p> <p>Determine the frequency of routine assessments by the food business risk classification framework.</p>	<p>Assessments performed using the appropriate food safety rating tool.</p> <p>Assessments conducted in accordance with the assigned risk rating and frequency.</p>
<p>4.4</p> <p>Introduce and implement the voluntary SA Health Food Star Rating Scheme.</p>	<p>Assign food businesses a star rating following a routine inspection.</p>
<p>4.5</p> <p>Monitor food businesses during inspections to assess if they are captured by the Primary Production Standards.</p>	<p>Inform SA Health of new food businesses that may be captured under the Primary Production Standards as required.</p>
Actions	Performance Measures
<p>4.6</p> <p>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.</p>	<p>Number of enforcement actions taken.</p>
<p>4.7</p> <p>Investigate food related complaints in relation to:</p> <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 	<p>Respond to complaints in accordance with customer service standards and where necessary SA Health guidance.</p>

	<ul style="list-style-type: none"> • refuse storage • wastewater disposal • allergens • COVID-19 (physical distancing) <p>Liaise with SA Health and other councils to ensure a consistent approach as required.</p> <p>Maintain and update a register of all food related complaints.</p>	
4.8	<p>Administer the COVID-19 State Directions and undertake the required surveillance during inspections based on advice received from the LGFSG who are considered as our lead agency.</p> <p>Continue to report COVID-19 physical distancing breaches on the LGA i-Responda Portal as advised and required by the LGFSG.</p>	Surveillance and reporting as required by LGFSG.
4.9	Respond to food recalls in accordance with SA Health recommendations.	Number of recalls actioned when required or based on SA Health directions.
4.10	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> .	Number of audits conducted in accordance to audit frequency.
4.11	Provide professional auditing services to businesses servicing vulnerable populations outside of EHA's of Constituent Councils.	Number of audits conducted in accordance to audit frequency.
4.12	Review plans and liaise with the applicant regarding structural fit out of a food business.	Review plans and undertake onsite inspections as required.
4.13	Provide feedback to Constituent Councils when requested as per the Development Assessment sharing process.	Respond and provide feedback to Constituent Councils as required.
4.14	Provide new food businesses with a welcome pack to acknowledge their notification and to introduce EHA.	Information provided following receipt of notification.
	Actions	Performance Measures
4.15	<p>Manage temporary stall notification forms and ensure temporary food businesses are provided with adequate resources and information in safe food practices.</p> <p>Risk assess all event notifications to determine the requirement to inspect the specific events.</p> <p>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.</p>	<p>Food safety assessments are undertaken based on risk.</p> <p>Provide correspondence and feedback to stall holders where required.</p>

4.16	<p>Liaise 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.</p> <p>Conduct stall holder meetings and food safety training for stall holders upon request by the Constituent Councils and relevant event coordinators.</p> <p>Develop school temporary event fair/fete information pack</p>	<p>Liaise with Constituent Council, other councils and relevant event coordinators prior to the event.</p> <p>Provide stall holder presentations where required.</p> <p>Develop a school fair/fete information pack</p>
4.17	<p>Maintain and update a register of food stalls/Mobile food vehicles on Health Manager.</p> <p>Maintain the register of all events within the Constituent Council areas on Health Manager.</p>	<p>Update Health Manager as required</p>
4.18	<p>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.</p>	<p>Provide feedback to council where necessary.</p>
4.19	<p>Assessments, investigations and actions are updated in Health Manager to ensure effective reporting to the Board of Management, Constituent Councils and SA Health.</p>	<p>Update within in accordance with the customer service policy.</p>
4.20	<p>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.</p>	<p>Information reports provided to Board and distributed to Constituent Councils as required.</p>

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 Continue to Provide the food safety training program for food businesses.	Provide food safety training.
4.1.2 Develop and maintain a comprehensive range of health education and promotion material targeting food related issues incorporating the resources of other health related agencies.	Information resources maintained.
4.1.3 Participate in State/National proactive educational initiatives that raise awareness of food related issues amongst the community.	Number of proactive educational activities conducted each year.
4.1.4 Undertake a service survey and investigate the feedback to identify areas of improvement and development of further educational materials within the food safety area.	Undertake a service feedback survey.

Budget Financial Statements 2021-2022

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDING 30 JUNE 2022		
REVISED BUDGET 2020/2021		DRAFT BUDGET 2021/2022
	INCOME	
1,782,674	Council Contributions	1,828,263
32,000	Public Health Plan / Service Review Contributions	-
180,500	Statutory Charges	181,500
272,000	User Charges	256,000
252,000	Grants, subsidies and contributions	254,000
15,000	Investment Income	10,000
7,000	Other Income	11,000
2,541,174	TOTAL INCOME	2,540,763
	EXPENSES	
1,762,000	Employee Costs	1,802,000
566,300	Materials, contracts and other expenses	526,000
47,874	Finance Charges	44,209
193,000	Depreciation	168,554
2,569,174	TOTAL EXPENSES	2,540,763
(28,000)	Operating Surplus/(Deficit)	-
	Net gain (loss) on disposal of assets	-
(28,000)	Net Surplus/(Deficit)	-
(28,000)	Total Comprehensive Income	-

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS FOR THE YEAR ENDING 30 JUNE 2022		
REVISED BUDGET 2020/2021		DRAFT BUDGET 2021/2022
	CASHFLOWS FROM OPERATING ACTIVITIES	
	Receipts	
1,822,674	Council Contributions	1,828,263
180,500	Fees & other charges	181,500
272,000	User Charges	256,000
15,000	Investment Receipts	10,000
252,000	Grants utilised for operating purposes	254,000
7,000	Other	11,000
	Payments	
(1,762,000)	Employee costs	(1,802,000)
(737,300)	Materials, contracts & other expenses	(652,166)
(7,874)	Finance Payments	(44,209)
42,000	Net Cash Provided/(Used) by Operating Activities	42,388
	CASH FLOWS FROM FINANCING ACTIVITIES	
	Loans Received	
-	Repayment of Borrowings	(76,131)
(69,090)	Repayment of Finance Lease Liabilities	-
(69,090)	Net Cash Provided/(Used) by Financing Activities	(76,131)
	CASH FLOWS FROM INVESTING ACTIVITIES	
	Receipts	
	Sale of Replaced Assets	
	Payments	
	Expenditure on renewal / replacements of assets	
	Expenditure on new / upgraded assets	
	Distributions paid to constituent Councils	
-	Net Cash Provided/(Used) by Investing Activities	-
(27,090)	NET INCREASE (DECREASE) IN CASH HELD	(33,743)
721,310	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	694,220
694,220	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	660,477

Budget Financial Statements 2021-2022 cont.

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDING 30 JUNE 2022		
REVISED BUDGET 2020/2021		DRAFT BUDGET 2021/2022
	CURRENT ASSETS	
694,220	Cash and Cash Equivalents	660,477
155,650	Trade & Other Receivables	155,650
849,870	TOTAL CURRENT ASSETS	816,127
	NON-CURRENT ASSETS	
1,298,511	Infrastructure, property, plant and equipment	1,129,957
1,298,511	TOTAL NON-CURRENT ASSETS	1,129,957
2,148,381	TOTAL ASSETS	1,946,084
	CURRENT LIABILITIES	
157,719	Trade & Other Payables	157,719
307,885	Provisions	307,885
74,131	Borrowings	38,391
539,735	TOTAL CURRENT LIABILITIES	503,995
	NON-CURRENT LIABILITIES	
22,268	Provisions	38,690
1,139,499	Borrowings	956,520
1,161,767	TOTAL NON-CURRENT LIABILITIES	995,210
1,701,502	TOTAL LIABILITIES	1,499,205
310,135	NET CURRENT ASSETS/(CURRENT LIABILITIES)	312,132
446,879	NET ASSETS	446,879
	EQUITY	
446,879	Accumulated Surplus/(Deficit)	446,879

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDING 30 JUNE 2022		
REVISED BUDGET 2020/2021		DRAFT BUDGET 2021/2022
	ACCUMULATED SURPLUS	
474,879	Balance at beginning of period	446,879
(28,000)	Net Surplus/(Deficit)	-
-	Distribution to Constituent Councils	-
446,879	BALANCE AT END OF PERIOD	446,879
	TOTAL EQUITY	
474,879	Balance at beginning of period	446,879
(28,000)	Net Surplus/(Deficit)	-
-	Distribution to Constituent Councils	-
446,879	BALANCE AT END OF PERIOD	446,879

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2021/2022		
Income	Revised Budget 2020/2021	Draft Budget 2021-2022
Constituent Council Income		
City of Burnside	\$ 438,131	\$ 448,572
City of Campbelltown	\$ 452,548	\$ 478,298
City of Norwood Payneham & St Peters	\$ 586,308	\$ 571,786
City of Prospect	\$ 210,656	\$ 225,897
Town of Walkerville	\$ 103,032	\$ 103,710
Public Health Plan Review and Service Review	\$ 32,000	\$ -
Total Constituent Council Contributions	\$ 1,822,674	\$ 1,828,263
Statutory Charges		
Food Inspection fees	\$ 122,000	\$ 122,000
Legionella registration and Inspection	\$ 7,000	\$ 8,000
SRF Licenses	\$ 1,500	\$ 1,500
Fines	\$ 50,000	\$ 50,000
Total Statutory Charges	\$ 180,500	\$ 181,500
User Charges		
Immunisation - non funded vaccines	\$ 80,000	\$ 60,000
Immunisation - Worksites	\$ 110,000	\$ 110,000
Food Auditing	\$ 80,000	\$ 84,000
Food Safety Training	\$ 2,000	\$ 2,000
Total User Charges	\$ 272,000	\$ 256,000
Grants, Subsidies, Contributions		
School Based immunisation Program	\$ 180,000	\$ 184,000
Child Immunisation register	\$ 32,000	\$ 30,000
Adelaide PHN Immunisation Community Engagement Project	\$ 40,000	\$ 40,000
Total Grants, Subsidies, Contributions	\$ 252,000	\$ 254,000
Investment Income		
Interest on investments	\$ 15,000	\$ 10,000
Total Investment Income	\$ 15,000	\$ 10,000
Other Income		
Motor Vehicle re-imburements	\$ -	\$ 4,000
Sundry Income	\$ 7,000	\$ 7,000
Total Other Income	\$ 7,000	\$ 11,000
Total of non Constituent Council Income	\$ 726,500	\$ 712,500
Total Income	\$ 2,549,174	\$ 2,540,763

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2021/2022 (CONT)

Expenditure	Revised Budget 2020-2021	Draft Budget 2021-2022
Employee Costs		
Salaries & Wages	\$ 1,565,000	\$ 1,600,000
Superannuation	\$ 140,000	\$ 145,000
Workers Compensation	\$ 18,000	\$ 18,000
Employee Leave Expenses	\$ 36,000	\$ 36,000
Medical Officer Retainer and Agency Staff	\$ 3,000	\$ 3,000
Total Employee Costs	\$ 1,762,000	\$ 1,802,000
Prescribed Expenses		
Auditing and Accounting	\$ 17,000	\$ 15,000
Bad and Doubtful Debts	\$ -	\$ -
Insurance	\$ 27,000	\$ 30,000
Maintenance	\$ 45,000	\$ 45,000
Vehicle Leasing/maintenance	\$ 13,000	\$ 14,000
Total Prescribed Expenses	\$ 102,000	\$ 104,000
Rent and Plant Leasing		
Electricity	\$ 10,000	\$ 11,000
Plant Leasing Photocopier	\$ 3,500	\$ 3,000
Rent	\$ -	\$ -
Water	\$ 300	\$ 300
Gas	\$ 3,000	\$ 2,700
Total Rent and Plant Leasing	\$ 16,800	\$ 17,000
IT Licensing and Support		
IT Licences and Subscriptions	\$ 70,000	\$ 73,000
IT Support	\$ 43,000	\$ 52,000
Internet	\$ 10,000	\$ 11,000
IT Other	\$ 2,000	\$ 2,000
Total IT Licensing and Support	\$ 125,000	\$ 138,000
Administration		
Administration Sundry	\$ 6,000	\$ 6,000
Accreditation Fees	\$ 3,000	\$ 3,000
Governance Expenses	\$ 12,000	\$ 12,000
Bank Charges	\$ 4,000	\$ 4,000
Public Health Sundry	\$ 5,000	\$ 5,000
Fringe Benefits Tax	\$ 16,000	\$ 15,000
Health promotion	\$ 5,000	\$ 5,000
Legal	\$ 20,000	\$ 20,000
Printing & Stationery & Postage	\$ 25,000	\$ 20,000
Telephone	\$ 19,000	\$ 19,000
Work Health and Safety	\$ 10,000	\$ 10,000
Rodenticide	\$ 2,000	\$ 2,000
Staff Amenities	\$ 7,000	\$ 7,000
Staff Training	\$ 22,000	\$ 22,000
Human Resource / Organisational Development	\$ 16,000	\$ 16,000
Total Administration	\$ 172,000	\$ 166,000

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2021/2022 (CONT)		
Expenditure	Revised Budget 2020-2021	Draft Budget 2021-2022
Immunisation		
Immunisation SBP Consumables	\$ 9,000	\$ 9,000
Immunisation clinic vaccines	\$ 54,000	\$ 35,000
Immunisation worksite vaccines	\$ 30,000	\$ 30,000
Total Immunisation	\$ 93,000	\$ 74,000
Income protection		
Income Protection	\$ 23,000	\$ 25,000
Total Uniforms/Income protection	\$ 23,000	\$ 25,000
Sampling		
Legionella Testing	\$ 1,500	\$ 2,000
Food Sampling	\$ 1,000	\$ -
Total Sampling	\$ 2,500	\$ 2,000
New Initiatives		
Website Upgrade	\$ -	\$ -
Public Health Plan Review	\$ -	\$ -
Service/Governance Review	\$ 32,000	\$ -
Total New Initiatives	\$ 32,000	\$ -
Total Materials, contracts and other expenses	\$ 566,300	\$ 526,000
Total Operating Expenditure	\$ 2,328,300	\$ 2,328,000
Finance Charges	\$ 47,874	\$ 44,209
Depreciation, amortisation and impairment	\$ 193,000	\$ 168,554
Total Expenditure	\$ 2,569,174	\$ 2,540,763
Total Income	\$ 2,549,174	\$ 2,540,763
Net Surplus/Deficit	\$ (20,000)	\$ -
Depreciation Add Back	\$ 42,000	\$ 26,000
Amortisation Add Back	\$ 28,000	\$ 16,388
Loans Received	\$ -	\$ -
Capital Expenditure - plant and Equipment	\$ -	\$ -
Capital Expenditure - Office Fit-out	\$ -	\$ -
Loan Repayments	\$ (69,090)	\$ (76,131)
Funding Result	\$ (19,090)	\$ (33,743)

5.3 SA HEALTH FOOD SAFETY RATING SCHEME

Author: Nadia Conci
Ref: AF15/108

Summary

A Food Safety Rating Scheme was launched by SA Health in 2016. EHA commenced an internal trial of the scheme in 2017. EHA intends to now commit to participate in the scheme on a formal basis from 1 July 2021.

Report

The voluntary Food Safety Rating Scheme (FSRS) was developed in response to the recommendations from a SA parliamentary inquiry. The scheme aims to encourage improvements in food safety compliance amongst food businesses and increase consumer awareness of food safety.

The FSRS developed in SA was initially based on elements of systems in NSW and the UK. It was further developed in consultation with industry, local government, and consumers.

In line and supported by the South Australia Food Business Risk Classification, the scheme targets high and medium (P1 and P2) food service and businesses and bakeries who sell food to consumers direct from the site of inspection for 'immediate' consumption.

Environmental Health Officers conducting food safety assessments use an inspection template form specific to the FSRS. The form requires each of 48 elements (scoring questions) to be assessed and scored to the minimum legal requirements in the Food Safety Standards. Non-compliant elements are awarded a pre-determined score based on potential risk to food safety and the total inspection score is then converted into a food safety rating.

The food safety rating score is represented by stars, with businesses able to obtain a maximum rating of five stars. Five stars represents excellent compliance with the Food Safety Standards, four stars very good and three stars good compliance.

Unlike other schemes, businesses do not receive a rating score below three stars. Businesses who do not meet this rating are simply considered not rated. In contrast to this, using the UK model as an example, a business which does not meet the three stars scoring threshold are given a two, one or zero star rating depending on their score.

Food businesses that achieve a star rating of three, four or five stars are awarded a certificate which is able to be displayed on the site of inspection by the business at the discretion of the business owner. Businesses are not eligible to receive revised star ratings until an additional routine inspection is conducted.

Review of other Australian and International food rating schemes

In other Australian jurisdictions, FSRS generally operate on a voluntary basis including schemes (Scores on Doors) designed by the NSW Food Authority. This scheme operates with similar principles and structures as the SA Health FSRS as they are voluntary for both councils

and businesses to join and rate high risk food businesses based on routine inspections with a 3, 4 or 5 star rating.

Internationally, non-voluntary FSRS are operated by the Food Standards Agency in the United Kingdom. This scheme has been adopted by all councils in England, Wales and Northern Ireland and scores food businesses from 0-5 stars. The ratings are displayed on a website regardless of whether the business displays the certificate themselves.

Mandatory FSRS are operated in Denmark, Toronto, New York City, Singapore and Auckland City Council. These schemes provide partial to full disclosure of inspection findings and it is compulsory for food businesses to display food safety rating certificates. The proven success of these mandatory schemes was summarised in a Regulatory Impact Statement published by the ACT Health Directorate:

- *New York – compliance rates with hygiene standards increased from 21% to 63% when the ‘Scores on Doors’ scheme was introduced in 2005,*
- *Toronto – compliance with food safety standards is estimated to have increased from 50% in 2000 (the year before the scheme was introduced) to 78% in 2001. In addition, there was a decline in the rate (per 100,00 population) of reported food poisoning cases from 94.7 in 2001 to 64.5 in 2007. This declining rate coincide with increased compliance with food safety regulations that is reported to have resulted from the introduction of the DineSafe program.*
- *Denmark – 19% of food managers reported initiating improvements in hygiene standards following the introduction of ‘Score on Doors’ in 2001,*
- *Los Angeles County – reported a reduction of 20% in food related hospitalisation since 1998 (when the ‘Scores on Doors’ scheme was introduced).*

Limitations of current SA FSRS

A comparison of the voluntary SA Health FSRS with rating schemes operated internationally was undertaken to identify the limitations and advantages. The comparison identified the following:

- SA Health FSRS awards food businesses with a 5-star rating for meeting the ‘minimum’ required compliance with the Food Safety Standards. There is an expectation within the community that a 5-star food business implements best food safety practices. The reality is a 5-star business is achieving excellence within a minimum set of standards.

There is no incentive or recognition for those businesses that implement further ‘best practice’ measures. Examples of best practice include undertaking food safety training of food handlers, temperature monitoring and record keeping of storage, cooking and display temperatures.

- As the FSRS is voluntary, there is little incentive for very poor performing businesses to improve as they are not required to inform the public of the result of the inspection. For some businesses that achieve very low ratings, it is possible that they may become complacent about improving food hygiene standards if they are not required to display the rating score.

- If a business receives between 3 to 5 stars the FSRS voluntary Scheme allows for businesses to make their own decision to display the certificate. The public is unable to make an informed decision prior to purchasing food from a premises as it is not mandatory to display the certificates. The voluntary display of the certificate limits the consumer's awareness of the Scheme.

Review of the SA Food Rating Scheme

Following the success of the FSRS pilot program with nine local councils the scheme was officially launched in 2016. After two years of its operation SA Health initiated a review of the FSRS in August 2018. Food business inspection findings (11,076) from 21 participating local council areas between March 2016 and June 2019 were analysed as part of the review. In addition, two online surveys were hosted on a state-wide online engagement platform between 23 August 2018 and 30 September 2018. These surveys reached 43,354 people which resulted in 142 responses from consumers and 89 from food businesses.

In summary, the key statistics and feedback from the review included:

Food businesses and Consumers

- 65% of businesses were awarded a star rating certificate – 11% improvement in compliance when compared with the baseline set by the pilot. The percentage of businesses awarded a star rating included:
 - 5 Star - 38% of food businesses. A 16% improvement when compared with the baseline set by pilot
 - 4 Star - 16% of food businesses
 - 3 Star - 7% of food businesses
 - 35% of food businesses did not achieve a Star Rating certificate.
- When participating businesses were asked how often customers comment on, or as about the FSRS:
 - 65% Rarely/Never
 - 13% Sometimes
 - 4% Always
- Non participating businesses were questioned if customers asked about the FSRS:
 - 90% responded 'no'
 - 10% responded 'yes'
- Only 22% of participating businesses believed that displaying a certificate would have an impact on their business
- Participating businesses were not certain of the impact of the Scheme. They believed that displaying a 3 star certificate would not be beneficial as consumers did not understand the Scheme.
- Participating businesses were questioned which FSRS Certificate they would display at their business:
 - 35% - 5 star
 - 39% - 4 star
 - 17% 5,4 or 3 star
 - 9% prefer to not display the certificate

Participating Councils and General Comments

- Provisions of EHO Support Inspection Toolkit have assisted EHO's with the interpretation of the assessment form and allow for inspection consistency and uniformity across locally competing businesses. However, council representatives raised further recommendations to address the issues relating to the present inspection inconsistencies;
- The scheme has the potential to drive compliance with food safety standards where competition is high such as food courts;
- The report does provide data on the proportion of businesses that displayed the certificates;
- Council officers indicated that businesses would be unlikely to display a 3 star rating certificate due to the negative connotations associated with it as it represents the lowest score that can be obtained.
- FSRS is believed to be limited where the business owner is disengaged. Making the Scheme mandatory would assist this as the certificate would be required to be displayed regardless of the inspection outcome;
- Limited awareness of the Scheme by consumers. Improving consumer awareness is essential in the long-term effectiveness of the scheme and improved compliance with the food safety standards.
- NSW Food Authority's Scores on Doors program review received similar feedback that the system should be 'Mandatory'. In addition, 3 star ratings have a negative connotation as it is the lowest score that can be obtained.

EHA's Participation

To date EHA has not committed to formally participating in the FSRS program. EHA has however commenced an internal trial of the scheme. Since 2017 all businesses within EHA's five Constituent Councils have been assessed in accordance with the FSRS inspection template. This has enabled a score and star rating to be calculated which is communicated to the respective food business for information only.

The purpose of the internal trial was to enable EHA to monitor the effectiveness of the voluntary scheme prior to committing to a program that was in its infancy as there were identified limitations and further administrative resources would be required.

Data from the past four years of routine food inspections was collated. Table 1 outlines the percentage of inspected food businesses allocated a specific star rating.

As shown in the Table 1 the number of businesses receiving a five star rating remained consistent with a small increase in 2020. This trend is promising and suggests that some food businesses have an increased awareness of food hygiene requirements, improving compliance with the minimum food safety standards. Conversely, the percentage of businesses receiving no rating to four stars continues to decrease.

Table 1 - outlines the percentage of inspected food businesses allocated a specific star rating within EHA's Constituent Council area.

	2017	2018	2019	2020
	%	%	%	%
5 Star	11	15	15	21
4 Star	11	9	13	16
3 Star	9	12	13	12
Did not meet min. 3 star score	69	63	58	51

Whilst EHA recognises limitations with the current voluntary scheme, food businesses captured by the FSRS will have the ability to promote their achievements, proactively work towards improving food safety standards and overall food safety culture.

The scheme aims to provide consumers with an indication of who these businesses are via display of applicable certificates. EHA's participation in the FSRS will enable engagement as a stakeholder with the state government in relation to suggesting future scheme improvements.

SA Health has been informally notified that EHA will partake in the scheme from the 1 July 2021.

To ensure the success of the FSRS within the EHA's Constituent Council area a communication and administration plan and strategy has been prepared. This includes:

- formal written notification to SA Health, EHA will commence FSRS from 1 July 2021 and nominate a dedicated contact person;
- formal written notification to Constituent Councils;
- communication to all food businesses of the formal introduction of the FSRS and which businesses will be captured;
- promotion of the FSRS to the community via EHA and the Constituent Council website and social media pages;
- set-up and trial internal database to communicate the required information to weekly information to SA Health to allow for the processing and issuing of star rating certificates; and
- amend environmental health activity report templates to communicate the findings from the FSRS to the Constituent Councils.

From 1 July 2021 the FSRS will apply to only to P1 and P2 food service businesses and bakeries within EHA's Constituent Councils who sell food to consumers direct from site of inspection for 'immediate' consumption. However, the FSRS assessment form will continue to be used for all 'other' P1, P2 and P3 businesses that do not fall within the scheme. This allows for all food businesses to be assessed consistently with one assessment form. In addition, a score and star rating is calculated which is communicated to these respective food businesses for information only, in aim to continually educate and improve the food safety culture.

RECOMMENDATION

That:

1. The report regarding the review of the Food Safety Rating Scheme is received.

References

SA Health (2015), *Food Safety Rating Scheme Pilot Assessment Report*, Government of South Australia.

SA Health (2020), *Food Safety Rating Scheme Review Report 2018-19*, Government of South Australia.

SA Health (2015), *Food Safety Rating – EHO Support Kit*, Government of South Australia.

NSW Food Authority (2013), *Progress of ‘Scores on Doors’ (Food Hygiene Rating Scheme) in NSW – Increasing its effectiveness for the future. Review Summary – June 2013*, Department of Primary Industries – NSW Food Authority.

KPMG, (2012), *‘Scores on Doors’ – Regulatory Impact Statement on options for improving transparency of food regulation in the ACT*, ACT Government Health Directorate.

6.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

1.0 General Activity

During the reporting period EHA administered the *Food Act 2001*, *SA Public Health Act 2011* and *SRF Act 1992* along with their respective standards and regulations to protect and promote the health and wellbeing of the community.

Graph 1 illustrates the number of inspections per category for the financial year to date. As shown in Graph 1 a large proportion of inspections relate to activities under the *Food Act 2001*.

Graph 1: Number of inspections conducted per category for financial-year-to-date.

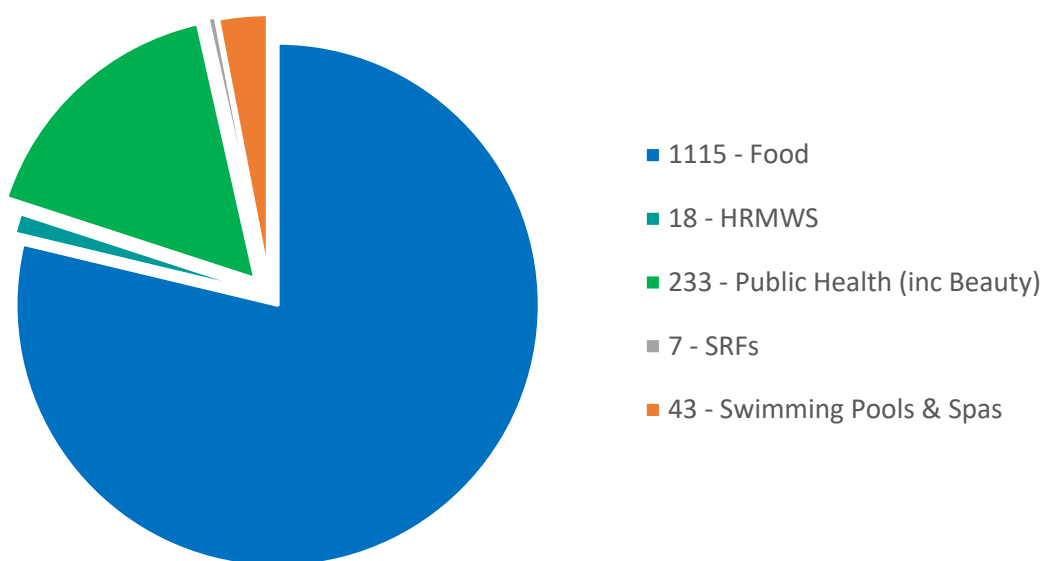


Table 1: Number of inspections conducted per category for financial-year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Food	257	211	445	168	34	1,115
Beauty	1	3	0	0	0	4
HRMWS	1	7	9	1	0	18
Public Health Complaint	38	52	75	47	17	229
SRFs	0	3	1	3	0	7
Swimming Pools & Spas	18	6	9	5	5	43
Total	315	282	539	224	56	1,416

2.0 Food Safety

2.1 Food Premise Inspections

A total of 133 routine inspections of food businesses were undertaken during the reporting period. An additional 134 follow-up inspections were required to ensure compliance with the Food Safety Standards. In total, 351 food premise inspections were completed during the reporting period (Table 2).

As shown in Graph 2 there is an increase in the number of routine and follow-up inspections conducted when compared to the reporting period for the previous year.

Graph 2: A two year comparison of the total number of inspections conducted from 1 January 2021 to 31 March 2021.

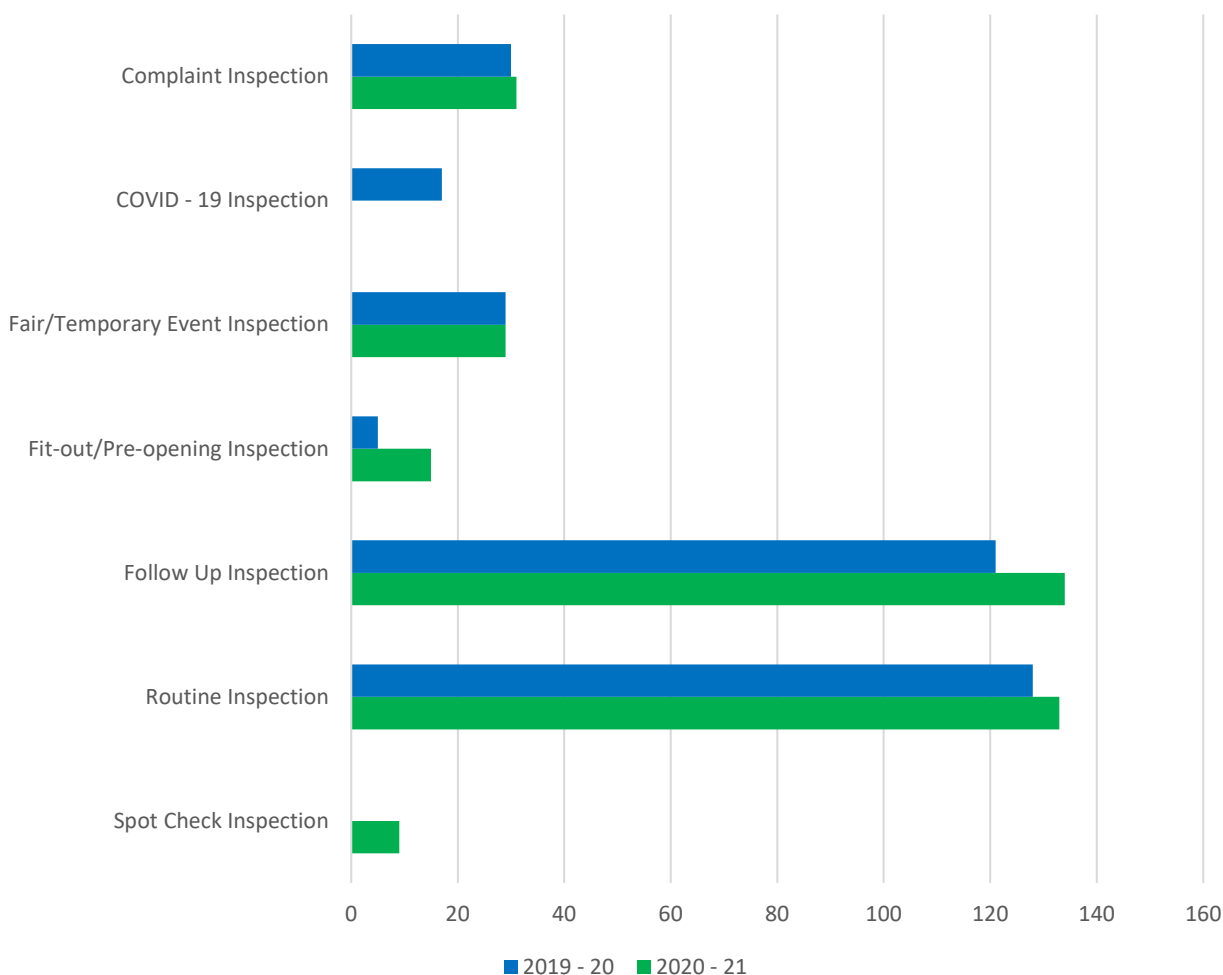


Table 2: Food premises inspections from 1 January 2021 to 31 March 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	39	17	54	15	8	133
Follow up Inspection	21	32	49	30	2	134
Complaint Inspection	12	5	8	5	1	31
Fit-out/Pre-opening Inspection	4	0	8	2	1	15
Fair/Temporary Event Inspection	0	23	0	6	0	29
Spot Check Inspection	2	1	3	3	0	9
Total	78	78	122	61	12	351

Graph 3 shows that the total number of complaint, fit out and follow-up inspections for the financial year to date is comparable to the previous year. There was also an increase in the number of routine inspections completed.

Graph 3: A two year comparison of the total number of inspections conducted for the financial-year-date.

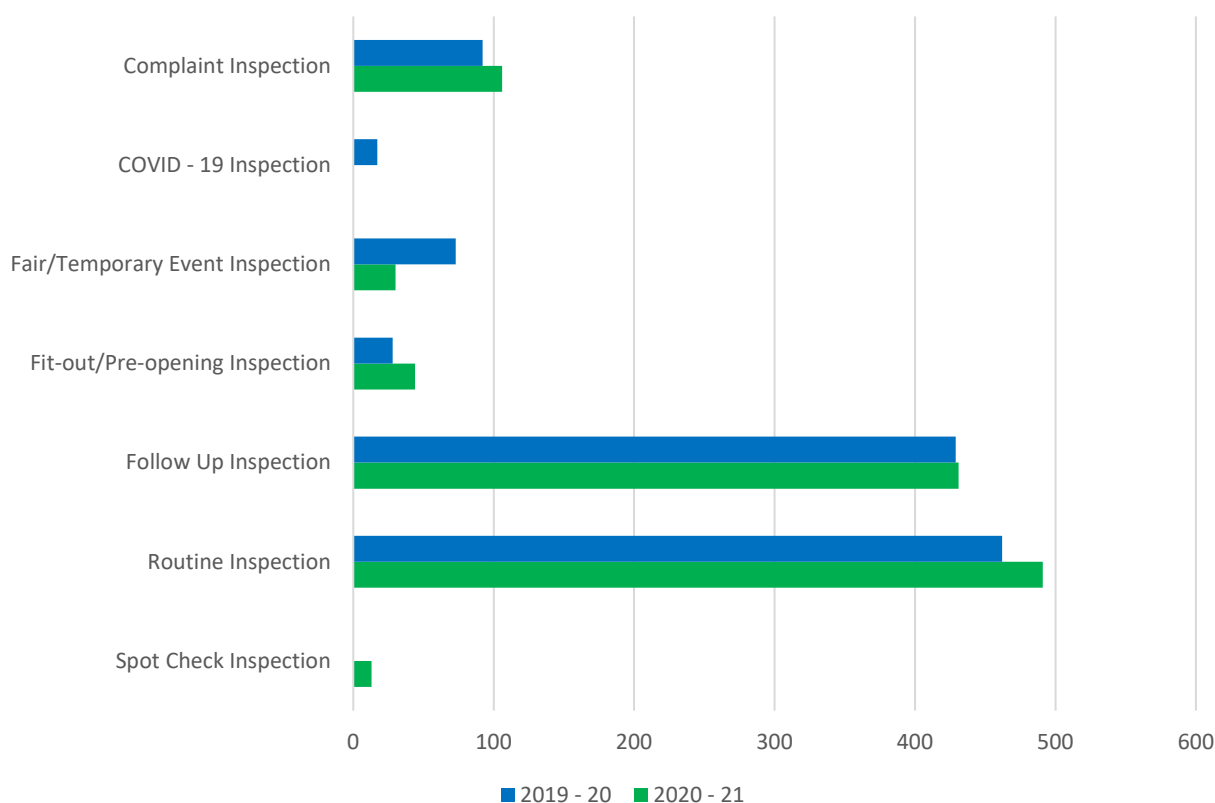


Table 3: Food premises inspections for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	121	78	214	59	19	491
Follow up Inspection	79	86	177	76	13	431
Complaint Inspection	43	16	31	15	1	106
Fit-out/Pre-opening Inspection	11	6	18	8	1	44
Fair/Temporary Event Inspection	0	24	0	6	0	30
Spot Check Inspection	3	1	5	4	0	13
Total	257	211	445	168	34	1,115

2.2 Non-Compliance with Food Safety Standards

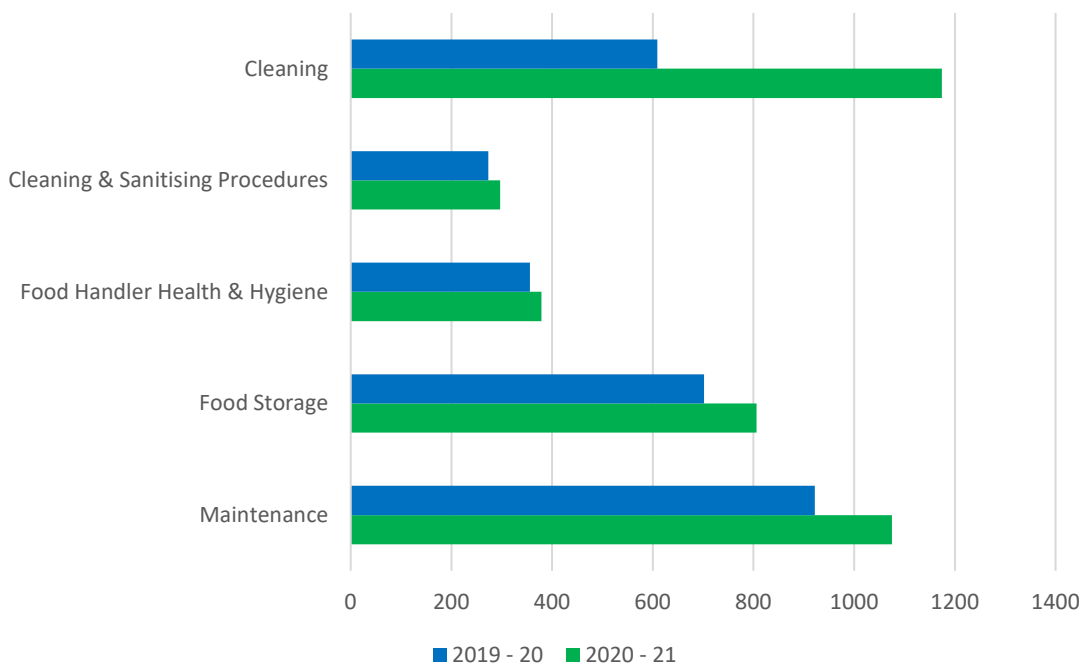
The SA Health Food Safety Rating Scheme Checklist is used to assess business compliance with food safety standards at routine inspections. Non-compliances against the standards can range from Minor, Major to Serious. This is dependent on the risk and seriousness of the breach. EHO's identified a total of 1,239 non-compliances with the food safety standards during the reporting period (Table 4). The majority of non-compliances were minor in nature.

Table 4: The type and number of non-compliances identified at routine inspections from 1 January 2021 to 31 March 2021.

Type of non-compliance	Number of non-compliances
Minor	914
Major	200
Serious	125
Total	1,239

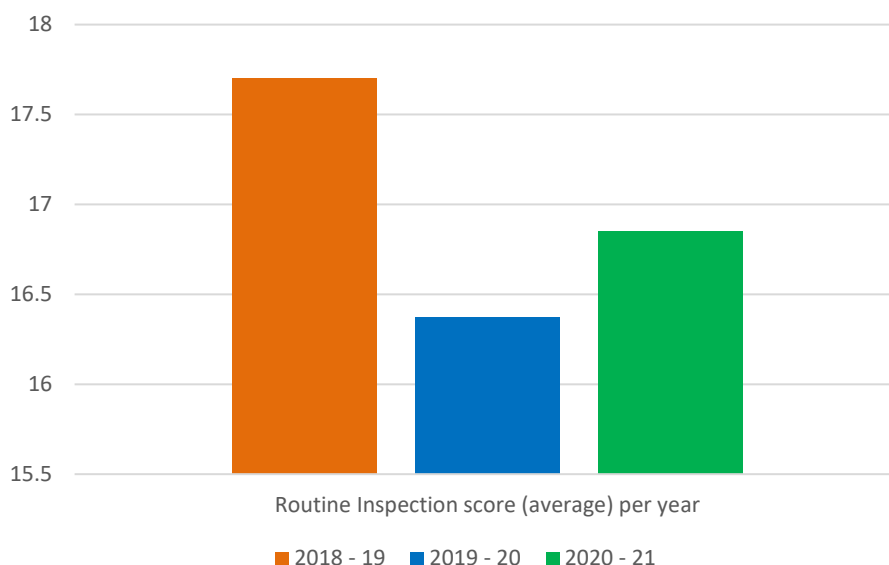
A poor standard of cleanliness, maintenance and unsafe storage of food accounted for the most common non-compliances identified during routine inspections for the financial year to date over a two year period (Graph 4).

Graph 4: A two year comparison of non-compliances identified at routine inspections during the financial year-to-date.



There was a small increase in the average routine inspection score for the financial year to date when compared to the previous year, however, this average score is lower to the recorded average score for 2018-19 (Graph 5). Despite the small increase the graph demonstrates a positive trend of improved compliance from food businesses.

Graph 5: A three year comparison of the average routine inspection score during the financial year-to-date.



2.3 Legal Actions for Food Premises

During the reporting Board Report period, 17 Improvement Notices, four Final Warnings and two Prohibition Orders were issued. In addition, two Expiations Notices were issued.

All of the food businesses requiring legal action were P1 high risk businesses (Table 7).

A total of 71 legal actions were required to be taken for food businesses for the financial year to date.

Table 5: Legal action taken from 1 January 2021 to 31 March 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Final Warning	2	1	0	1	0	4
Improvement Notice	2	4	8	2	1	17
Expiation Notice	1	0	0	1	0	2
Prohibition Order	0	1	1	0	0	2
Total	5	6	9	4	1	25

Table 6: Legal action taken for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Final Warning	3	2	2	2	0	9
Improvement Notice	9	5	27	9	1	51
Expiation Notice	1	0	1	1	1	4
Prohibition Order	0	3	3	1	0	7
Total	13	10	33	13	2	71

Table 7: Legal action taken per food business risk classification from 1 January 2021 to 31 March 2021.

	P1	P2	P3
Final Warning	4	0	0
Improvement Notice	17	0	0
Expiation Notice	2	0	0
Prohibition Order	2	0	0

2.4 Food Complaints

For the reporting period 1 January 2021 to 31 March 2021 EHA received 30 complaints that were investigated under the *Food Act 2001*. The complaints are shown by category in Graph 6 and by respective Constituent Council area in Table 8.

Alleged food poisoning and poor personal hygiene/food handling practices were the most common type of complaints received and investigated for both the reporting period and financial year to date (Graphs 6 and 7).

There has been a significant decrease in the number of unsuitable/unsafe complaints received during the reporting period and financial year to date when compared to the previous year (Graph 6 and 7).

Graph 6: A two year comparison of food complaints received from 1 January 2021 to 31 March 2021.

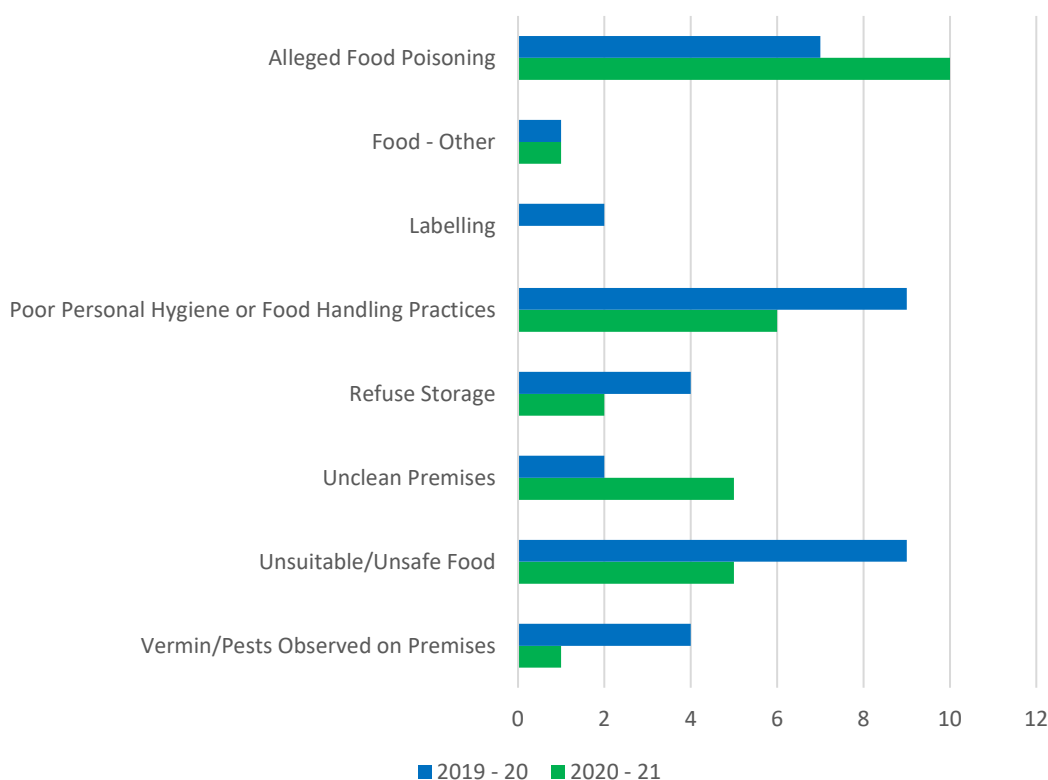


Table 8: Food complaints received by council area from 1 January 2021 to 31 March 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	5	2	3	0	0	10
Food - Other	0	1	0	0	0	1
Labelling	0	0	0	0	0	0
Poor personal hygiene or food handling practices	2	1	2	1	0	6
Refuse Storage	1	0	1	0	0	2
Unclean premises	1	0	2	2	0	5
Unsuitable/unsafe food	1	2	1	0	1	5
Vermin/pests observed on premises	1	0	0	0	0	1
Total	11	6	9	3	1	30

Graph 7: A two year comparison of food complaints received for the financial year-to-date.

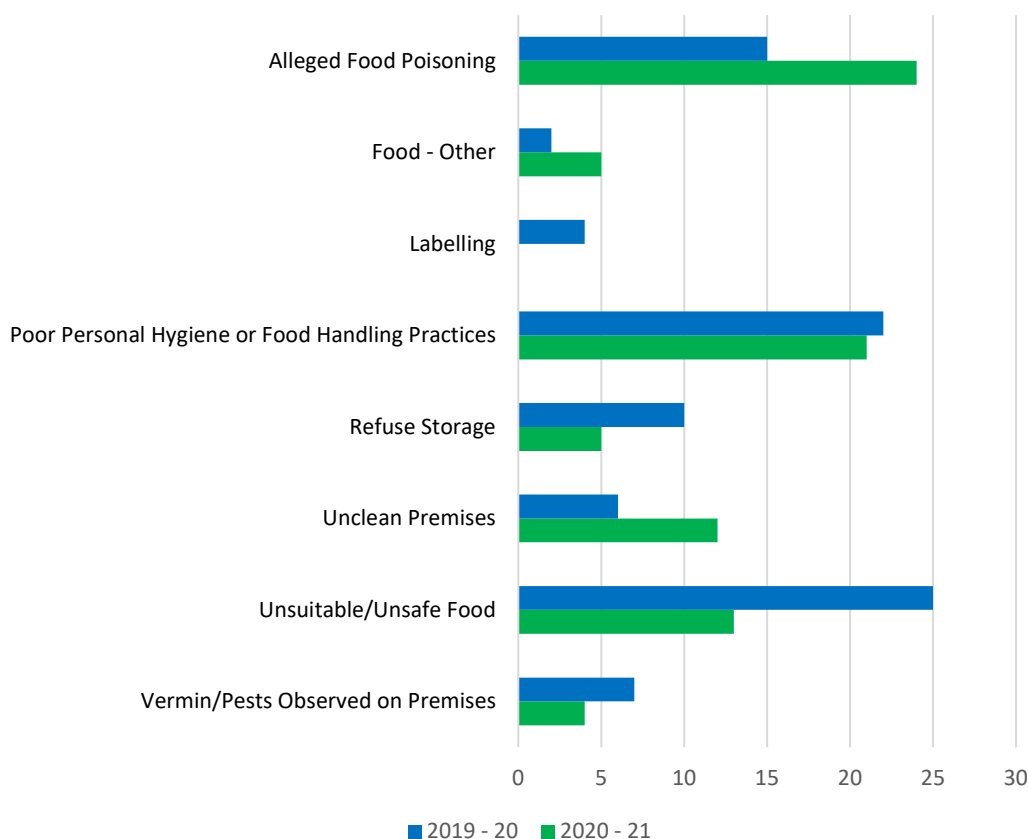


Table 9: Food complaints received by council area for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	7	5	12	0	0	24
Food - Other	1	2	0	2	0	5
Labelling	0	0	0	0	0	0
Poor personal hygiene or food handling practices	8	2	8	3	0	21
Refuse Storage	3	0	2	0	0	5
Unclean premises	5	1	3	3	0	12
Unsuitable/unsafe food	3	6	1	2	1	13
Vermin/pests observed on premises	1	1	1	1	0	4
Total	28	17	27	11	1	84

2.5 Audits of Businesses that Serve Vulnerable Populations

During the reporting period, 17 businesses within the Constituent Council boundaries and 25 businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code*. One follow-up audit was completed.

A total of 93 audits of businesses that serve vulnerable populations and one follow up audit have been completed in the financial year to date (Table 11).

Table 10: Food audits completed for the period from 1 January 2021 to 31 March 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	6	7	3	1	0	25	42
Follow-up audits	0	0	0	0	0	1	1
Total	6	7	3	1	0	26	43

Table 11: Food audits completed for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	16	15	11	7	0	44	93
Follow-up audits	0	0	0	0	0	1	1
Total	16	15	11	7	0	45	94

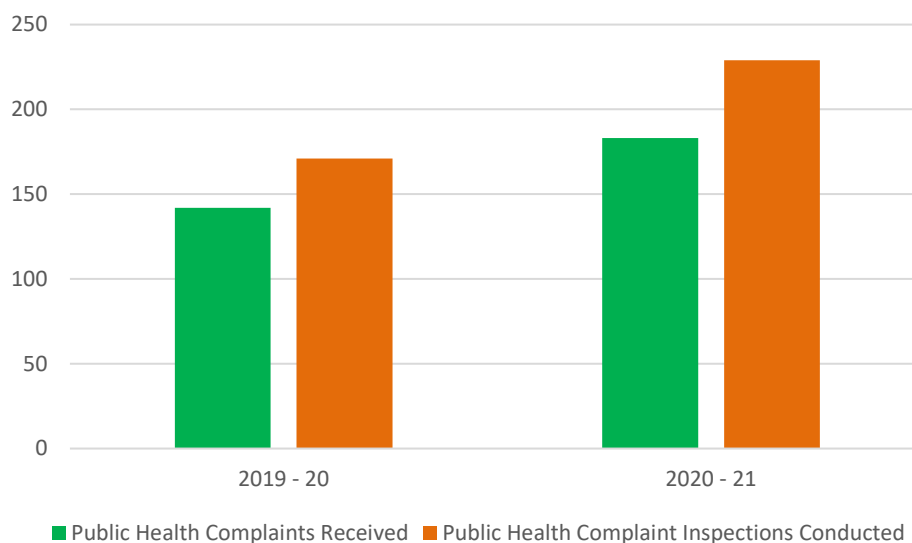
3.0 Public Health

3.1 Public Health Complaints

For the reporting period 1 January 2021 to 31 March 2021 there was a total of 70 public and environmental health related complaints received.

As shown in Graph 8 there is a general increasing trend in the total number of complaints and number of inspections undertaken over the past two years. The graph also shows that there is an average rate of 1.23 inspections required per complaint received over the past two years.

Graph 8: A two year comparison of the public and environmental health complaints received compared to completed inspections for the financial year-to-date.



As shown in Graphs 9 and 10 vector control and sanitation complaints account for the most common type of complaints received and investigated over the past two years. During the current reporting period 61% of the complaints related to vector control (Table 12). The number of vector control complaints and inspections have increased when compared to the previous year. There has been a 34% increase in the number of vector control complaints received (Graph 9).

Graph 9: A two year comparison of public and environmental health complaints received from 1 January 2021 to 31 March 2021.

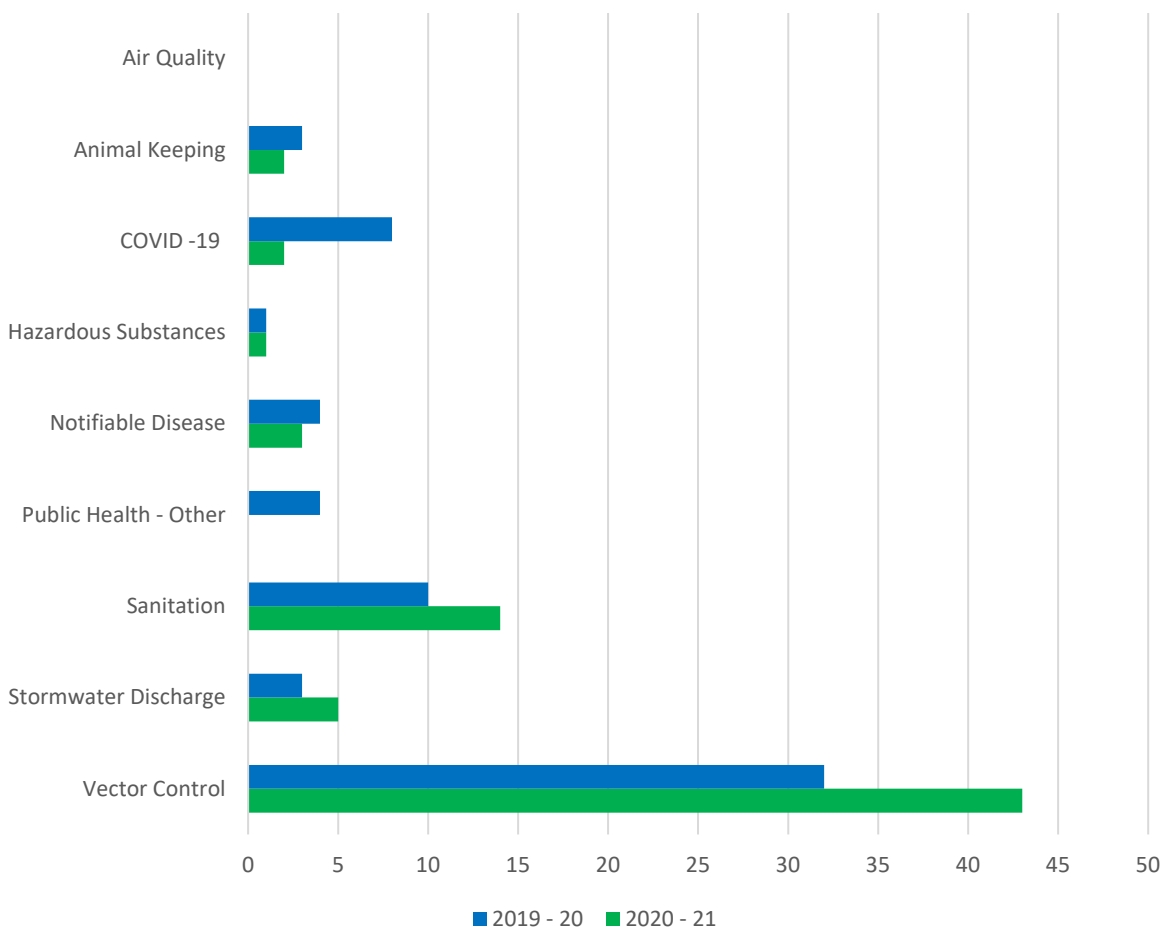


Table 12: Public and environmental health complaints for 1 January 2021 to 31 March 2021 by council area.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	0	0	0	0	0	0
Animal Keeping	0	1	0	1	0	2
COVID - 19	0	1	0	0	1	2
Hazardous Substances	1	0	0	0	0	1
Notifiable Disease	0	0	2	1	0	3
Sanitation	2	1	5	6	0	14
Stormwater Discharge	1	2	2	0	0	5
Vector Control	9	13	17	2	2	43
Total	13	18	26	10	3	70

Graph 10: A two year comparison of public and environmental health complaints received for the financial year-to-date.

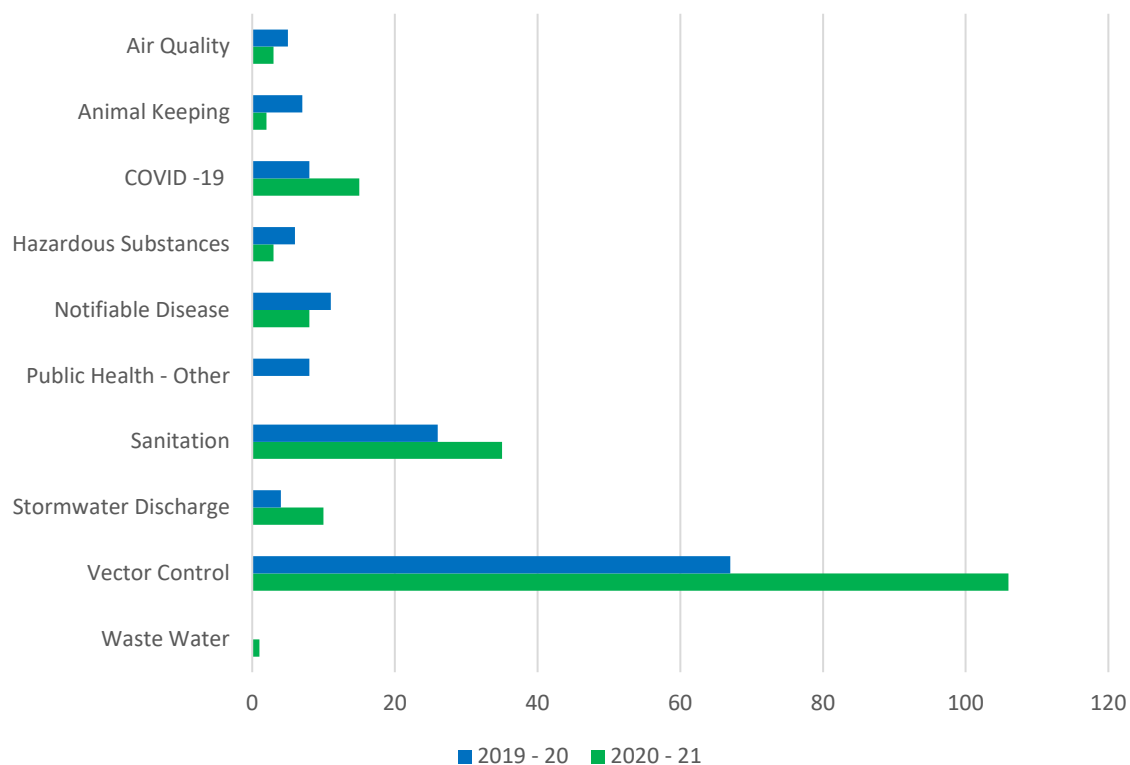


Table 13: Public and environmental health complaints for financial year-to-date by council area.

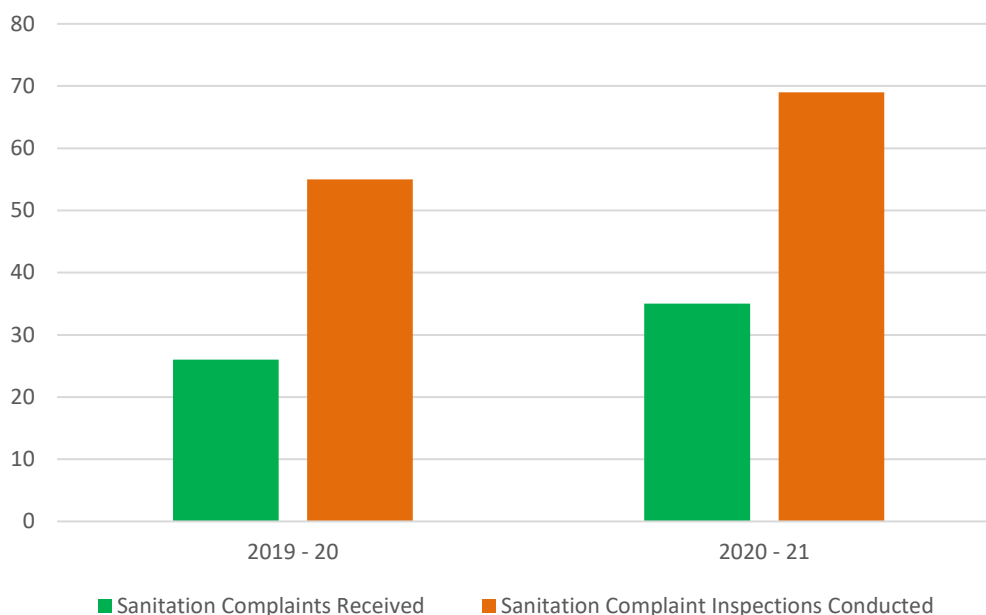
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	1	1	1	0	0	3
Animal Keeping	0	1	0	1	0	2
COVID - 19	0	1	9	3	2	15
Hazardous Substances	2	0	1	0	0	3
Notifiable Disease	3	1	2	2	0	8
Sanitation	8	6	11	6	4	35
Stormwater Discharge	4	3	3	0	0	10
Vector Control	15	36	37	12	6	106
Wastewater	1	0	0	0	0	1
Total	34	49	64	24	12	183

Due to the nature of vector control and sanitation complaints the investigation will often require more than one inspection.

Sanitation complaints most commonly involve hoarding and squalor. These types of complaints are often complex and have additional underlying issues that require interaction from other agencies. Multiple inspections over an extended period of time are required to enable the complaint to be successfully addressed. Two hoarding and squalor complaints have accounted for 15 inspections within this financial year.

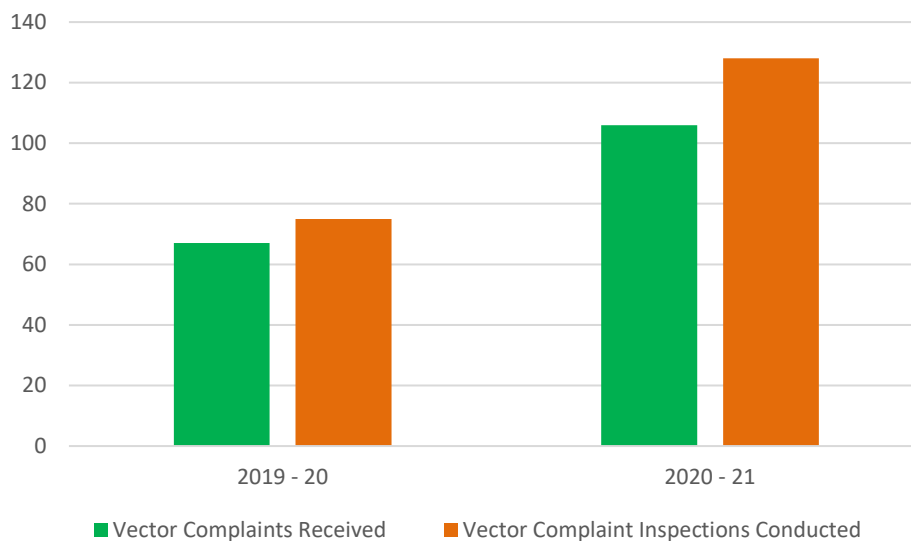
As shown in Graph 11, there is a significantly high proportion of the number of inspections conducted to investigate sanitation complaints over a two-year period. The graph also shows that there is an average rate of 2.0 inspections required per sanitation complaint received over the past two years.

Graph 11: A two year comparison of sanitation complaints received compared to completed inspections for the financial year-to-date.



As illustrated in Graph 12 a high proportion of vector control complaints relate to vermin activity. The number of vector control complaints and inspections have increased when compared to the previous year. There has been a 58% increase in the number of vector control complaints received and a 70% increase in the number of inspections undertaken (Graph 12).

Graph 12: A two year comparison of vector control complaints received compared to completed inspections for the financial year-to-date.



3.2 Cooling Towers & Warm Water Systems

During the reporting period five cooling tower and warm water system inspections were conducted at four sites. One warm water site returned positive results for *Legionella* sampling. The required decontamination was undertaken as required.

No complaints were received during the reporting period.

Table 14: Cooling Tower and Warm Water System Inspections conducted from 1 January 2021 to 31 March 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	3	1	0	0	4
Follow-up Inspection	1	0	0	0	0	1
Complaint Inspection	0	0	0	0	0	0
<i>Legionella</i> Detections during sampling	0	1	0	0	0	1
Enforcement Action	0	0	0	0	0	0
Total	1	4	1	0	0	6

Table 15: Cooling Tower and Warm Water System Inspections for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	7	8	1	0	16
Follow-up Inspection	1	0	1	0	0	2
Complaint Inspection	0	0	0	0	0	0
<i>Legionella</i> Detections during sampling	0	3	2	0	0	5
Enforcement Action	0	2	0	0	0	2
Total	1	12	11	1	0	25

3.3 Public Swimming Pools and Spas

During the reporting period 12 swimming and spa pool inspections were conducted at six sites. Two pool sites received a Compliance Notice under the *SA Public Health Act 2011* and as a result the pool and spa pool were closed until the necessary actions were addressed.

A further four follow up inspections were completed at three separate sites.

No complaints were received during the reporting period.

Table 16: Swimming and Spa Pool Inspections conducted between 1 January 2021 to 31 March 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	5	4	1	3	0	13
Follow-up Inspection	0	1	1	2	0	4
Enforcement Action	0	0	1	1	0	2
Total	5	5	3	6	0	19

Table 17: Swimming and Spa Pool Inspections conducted for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	13	5	8	3	3	32
Follow-up Inspection	5	1	1	2	2	11
Complaint Inspection	0	0	0	0	0	0
Enforcement Action	1	0	1	1	0	3
Total	19	6	10	6	5	46

3.4 Personal Care and Body Art

During the reporting period two Personal Care and Body Art premises were inspected.

One complaint was received during the reporting period.

Table 18: Personal Care and Body Art Premise Inspections conducted between 1 January 2021 to 31 March 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	1	0	0	0	1
Follow-up Inspection	0	1	0	0	0	1
Complaint Inspection	0	1	0	0	0	1
Fit-out/Pre-opening Inspection	1	0	0	0	0	1
Enforcement Action	0	0	0	0	0	0
Total	1	3	0	0	0	4

Table 19: Personal Care and Body Art Premise Inspections conducted for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	1	0	0	0	1
Follow-up Inspection	0	1	0	0	0	1
Complaint Inspection	0	1	0	0	0	1
Fit-out/Pre-opening Inspection	1	0	0	0	0	1
Total	1	3	0	0	0	4

3.5 Wastewater

During the reporting period waste control system applications are assessed in accordance with the requirements of the *SA Public Health (Wastewater) Regulations 2013*.

Table 20: Wastewater actions completed between 1 January 2021 to 31 March 2021 and financial year-to-date.

Type of Activity	1 Jan 2021 – 31 March 2021	Year to date
Number of applications received	1	6
Number of pending decisions	1	5
Number of applications refused	0	0
Number of Inspections to determine progress of approved wastewater works	3	5
Number of complaint investigations	0	0

4.0 Health Care and Community Services - Supported Residential Facilities

Licence Renewal Applications

Licence renewal applications were received for two facilities during the reporting period. The licencing process for these two pension only facilities will be undertaken in the next reporting period April – June 2021 in readiness for the next licensing period commencing July 2021. The re-licensing audits will include a detailed review of documentation, standards of care, staffing arrangements, facilities, hygiene and safety.

The building fire safety committee of the City of Prospect and the City of Burnside were contacted during this reporting period to request the performance of a building fire safety inspection which is a normal part of the re-licensing process.

Complaints

No complaints were received during the reporting period.

Approval of Manager / Acting Manager

During the reporting period no applications for the approval of an acting manager were received.

RECOMMENDATION

That:

The Environmental Health Activity Report is received.

6.2 IMMUNISATION

2020 School Immunisation Program (SIP)

During the period of review EHA has commenced the 2021 School Immunisation Program (SIP), offering immunisations to both Year 8 and Year 10 students across 17 high schools.

19 school immunisation sessions have been completed and a total of 2,422 vaccines administered. EHA have a total of 61 visits scheduled for the 2021 school year.

With no changes made to the SIP program from 2020 the visits have remained the same as we commence our 2021 program. Year 8 students will continue to be offered a two-dose course of HPV (Human Papillomavirus) and a single dose of dTpa (diphtheria, tetanus, whooping cough) vaccines. Year 10 students are offered a two-dose course of Meningococcal B (Men B) vaccine and a single dose of Meningococcal ACWY vaccine.

The Table below lists a breakdown of the vaccines administered for each council area in 2021.

Table 1: School Vaccinations for Calendar Year to Date – January to March 2021

Council	Human Papillovavirus	Diphtheria Tetanus and Pertussis	Meningococcal B	Meningococcal ACWY	Total
Burnside	258	257	57	67	639
Campbelltown	151	153	-	-	304
NPSP	427	331	76	86	920
Prospect	103	106	24	24	257
Walkerville	71	74	65	92	302
Unley	-	-	-	-	-
Total	1,010	921	222	269	2,422

Public Clinics

During the period of review 552 clients received 1,274 vaccines at EHA's public immunisation clinics. This is a decrease of 239 (-30%) clients and 404 (-24%) vaccines in comparison to the same period in 2020.

Numbers for the comparative reporting period (Jan-Mar 2019) had not yet been impacted by COVID-19. COVID-19 has had a significant impact on immunisation operations, and it will take time to recover attendance numbers to pre-COVID-19 levels. Similar effects have been noted at other large local government immunisation providers.

EHA has continued to ensure that all COVID-19 requirements are being managed and continue the following protocols.

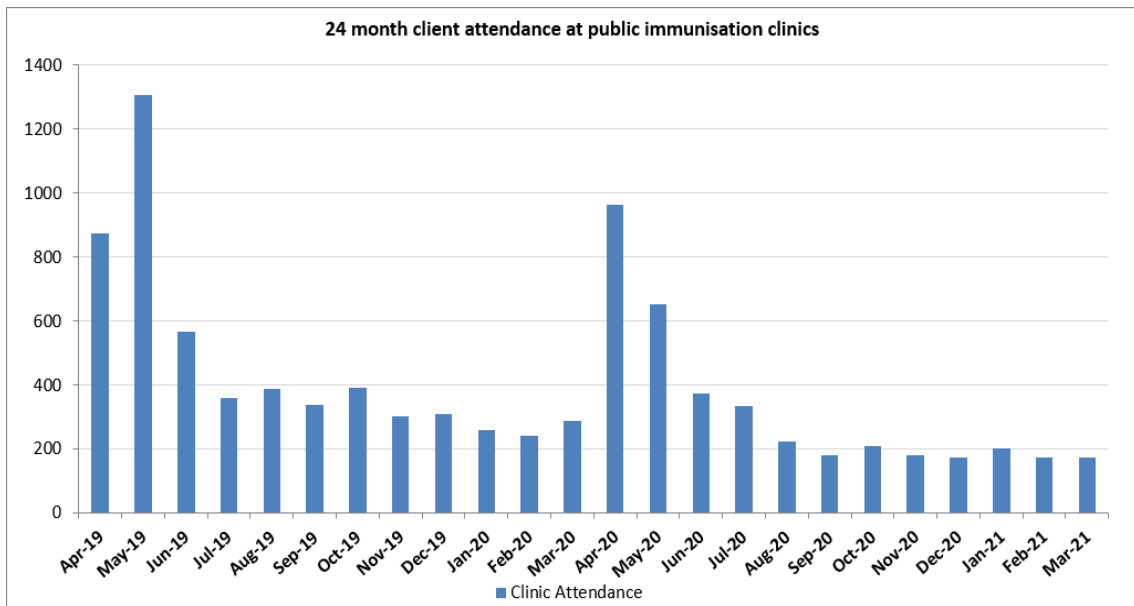
- Individual QR code for clinic locations
- Hand Sanitiser at check in points
- 1.5 social distancing points

With the clinic locations now returned to Constituent Council locations, along with the Walk-In options now also being available we are seeing a large increase in clients serviced

over the recent weeks (April 21) and we hope to see this reflect positively in our numbers moving forward.

The below graph shows the 24-month comparison of client attendance at EHA public immunisation clinics.

Graph 2: Client Numbers at public clinics – 24-month comparison



Workplace Influenza Program

As at the end of March a total of 95 workplace influenza programs (WIP) have been booked for employees of schools, childcare centres, businesses and local and state government departments and agencies.

All but three of our 2020 clients have returned, and an additional eight new clients have registered. The workplace program runs over an 11-week period commencing 26 March and concluding 4 June 2021.

The launch of WIP bookings commenced in December 2020 and clients have enjoyed the ease of EHA's online booking and quick quote system together with personal account management to ensure a smooth workplace experience.

An education session for casual immunisation nurses was held in February and presented by our two permanent immunisation nurses. The session included an update on the School Immunisation Program for 2021 and the Workplace Influenza Program. All administration and nursing staff undertook CPR training and accreditation on this day also.

The first delivery of the private (fee for service) Quadrivalent Influenza vaccine for the season arrived in mid-March; however, the influenza vaccines on the Annual Funded Influenza Program (including FludQuad specifically for 65+) were not delivered until 9 April due to delayed supply by SA Health. EHA nurses and admin staff managed the initial two-week non-supply of vaccines overlap in the program most effectively and were able to fulfil requirements and satisfy any effected clients without disruption.

To date, the 2020 WIP has run smoothly with several emails from clients in recognition of outstanding service and professionalism.

Table 3 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 3: Combined Clinic breakdown for July 2020 – March 2021

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		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul 20-Mar 21	52	99	16	50	6	10	4	8	1	3	3	8	82	178
Year to Date	52	99	16	50	6	10	4	8	1	3	3	8	82	178

CAMPBELLTOWN CLINIC HELD AT Campbelltown Library every 1st & 3rd Wednesday of the month
10 am to 12 noon and 4.00 pm to 6.30 pm

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul 20-Mar 21	4	8	51	89	7	14	1	2	0	0	3	9	66	122
Year to Date	4	8	51	89	7	14	1	2	0	0	3	9	66	122

NORWOOD, PAYNEHAM & ST PETERS COUNCIL CLINICS - held at EHA Office
ST PETERS CLINIC is held every 2nd and 4th 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 5.00 pm to 7.00 pm

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul 20-Mar 21	397	843	528	1222	471	1091	128	289	103	233	64	126	1691	3804
Year to Date	397	843	528	1222	471	1091	128	289	103	233	64	126	1691	3804

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

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul 20-Mar 21	1	1	1	1	2	3	13	32	0	0	1	5	18	42
Year to Date	1	1	1	1	2	3	13	32	0	0	1	5	18	42

WALKERVILLE CLINIC held every 3rd Monday of the month
New time from 1st January 2016 - 4.00-6.00pm

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul 20-Mar 21	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Year to Date	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Grand Total of all Clinic Sites

	Grand Total	
	Clients	Vaccines
Jul 20-Mar 21	1857	4146
Year to date	1857	4146

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		OTHER		TOTALS	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul 20-Mar 21	454	951	596	1362	486	1118	146	331	104	236	71	148	1857	4146
Year to date	454	951	596	1362	486	1118	146	331	104	236	71	148	1857	4146

RECOMMENDATION

That:

The Immunisation Services Report is received.

CEO Indication under Clause 3.4(e) of the Eastern Health Authority Charter

Notice is hereby given in accordance with Clause 3.4(e) of the Eastern Health Authority Charter that the information and matters contained in the following documents related to item 7.1 'Ongoing Non-attendance at Board of Management Meetings by a Constituent Council' may, if the Board of Management so determines, be considered in confidence under Clause 3.10(b) of the Eastern Health Authority Charter (with reference to the provisions of Part 3 of the *Local Government Act 1999*) at item 7.1 (Ongoing Non-attendance at Board of Management Meetings by a Constituent Council) of the Agenda for the Meeting of the Board on 29 April 2021 on the grounds set out at Section 90(3)(h) of the *Local Government Act 1999*.



MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER

7.1 ONGOING NON-ATTENDANCE AT BOARD OF MANAGEMENT MEETINGS BY A CONSTITUENT COUNCIL

Author: Michael Livori
Ref: AF18/90

RECOMMENDATION 1

1. Pursuant to Clause 3.10(b) of the Eastern Health Authority Charter (and with reference to Section 90 of the *Local Government Act 1999*) the Board of Management (Board) orders that all members of the public, except the Chief Executive Officer, Team Leader Environmental Health, and Team Leader Administration and Immunisation, be excluded from attendance at the meeting for Agenda Item 7.1 - Ongoing Non-attendance at Board of Management Meetings by a Constituent Council.
2. The Board is satisfied that, pursuant to Section 90(3)(h) of the *Local Government Act 1999*, the information to be received, discussed or considered in confidence is namely:
 - legal advice,
 - specifically, legal advice from the Authority's solicitors in relation to Ongoing Non-attendance at Board of Management Meetings by a Constituent Council
3. Accordingly, on this basis, the Board considers the principle that meetings of the Board should be conducted in a place open to the public has been outweighed by the need to keep the information or matter confidential.

RECOMMENDATION 3

That:

1. In accordance with Clause 3.11(c) of the Eastern Health Authority Charter, the Board of Management orders that the Report relating to the Ongoing Non-attendance at Board of Management Meetings by a Constituent Council report, all the relevant documentation and the Minutes arising from the Report, having been considered by the Board in confidence under Clause 3.10(b) of the Eastern Health Authority Charter (by virtue of Section 90 (3)(h) of the *Local Government Act 1999*), be kept confidential and not available for public inspection until further order of the Board; and
2. The Board authorise the Chief Executive Officer to disclose the contents of the report and minutes in respect of this item, as necessary to give effect to the Board's decision.

CEO Indication under Clause 3.4(e) of the Eastern Health Authority Charter

Notice is hereby given in accordance with Clause 3.4(e) of the Eastern Health Authority Charter that the information and matters contained in the following documents related to item 7.2 - 'Chief Executive Officer Performance Review' may, if the Board of Management so determines, be considered in confidence under Clause 3.10(b) of the Eastern Health Authority Charter and Part 3 of the *Local Government Act 1999* at item 7.2 - (Chief Executive Officer Performance Review) of the Agenda for the Meeting of the Board on 29 April 2021 on the grounds set out at Section 90(3)(a) of the *Local Government Act 1999*.

A handwritten signature in black ink, appearing to read 'M. Livori', written in a cursive style.

MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER

7.2 CHIEF EXECUTIVE OFFICER PERFORMANCE REVIEW

Author: Cr Peter Cornish
Chair CEO Performance and Remuneration Review Committee

Ref: AF11/327

RECOMMENDATION 1

1. Pursuant to Clause 3.10(b) of the Eastern Health Authority Charter and Section 90(2) of the *Local Government Act 1999* the Board of Management (Board) orders that all members of the public, except the Chief Executive Officer be excluded from attendance at the meeting for Agenda Item 7.2 - Chief Executive Officer Performance Review.
2. The Board is satisfied that, pursuant to Section 90(3)(a) of the *Local Government Act 1999*, the information to be received, discussed or considered in confidence is namely:

information the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of a person, being the performance and remuneration of the Chief Executive Officer.
3. Accordingly, on this basis, the Board considers the principle that meetings of the Board should be conducted in a place open to the public has been outweighed by the need to keep the information or matter confidential.

RECOMMENDATION 3

In accordance with Clause 3.11(c) of the Eastern Health Authority Charter the Board of Management (Board) orders that in relation to the Chief Executive Officer Performance and Remuneration Review Report, all relevant documentation and minutes arising from the report, having been considered by the Board in confidence under Clause 3.10(b) of the Eastern Health Authority Charter and Section 90 (3)(a) of the Act be kept confidential and not available for public inspection on the grounds that it involves information the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of the Chief Executive Officer. This order is to remain in place until the Chief Executive Officer ceases employment with the Eastern Health Authority.