



Audit Committee Meeting

3 June 2021



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
AUDIT COMMITTEE MEETING**

THURSDAY 3 JUNE 2021

Notice is hereby given that a meeting of the Audit Committee of Eastern Health Authority will be held at EHA's offices at **101 Payneham Road, St Peters** on Thursday 3 June 2021 commencing at 5.00 pm.

A handwritten signature in black ink, which appears to read 'Michael Livori', is positioned above the printed name and title.

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**



AGENDA

EASTERN HEALTH AUTHORITY AUDIT COMMITTEE MEETING

THURSDAY 3 June 2021
Commencing at 5.00 pm

1	Opening	
2	Apologies	
3	Presiding Member's Remarks	
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6 Closure of meeting

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.*

The first of the statutory budget reviews which relates to the financial performance of EHA between 1 July 2020 and 30 March 2021 was considered by the Board of Management at its meeting held on 29 April 2021.

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.

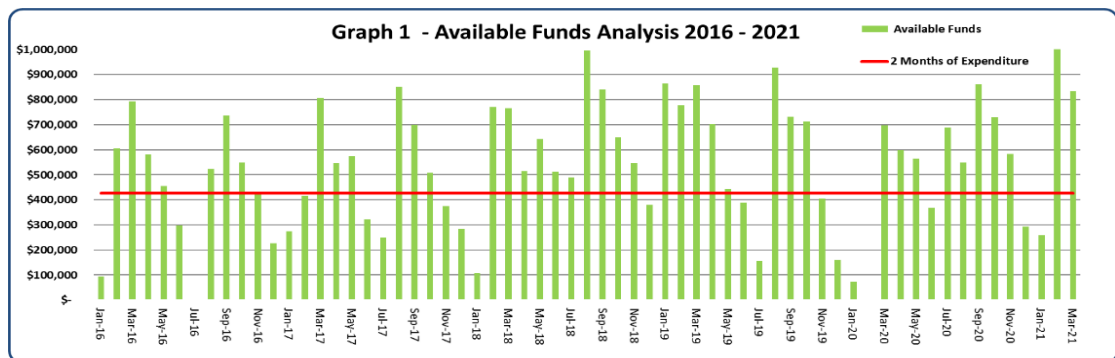
Summary Table of Funding Statement Variations				
Favourable variances are shown in black and unfavourable variances are shown in red .				
Description	YTD Budget	YTD Actual	YTD Variation	Comment
Income				
Food Inspection Fees	\$73,988	\$58,201	(\$15,796)	Decrease in YTD budgeted inspections. No Variation 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.

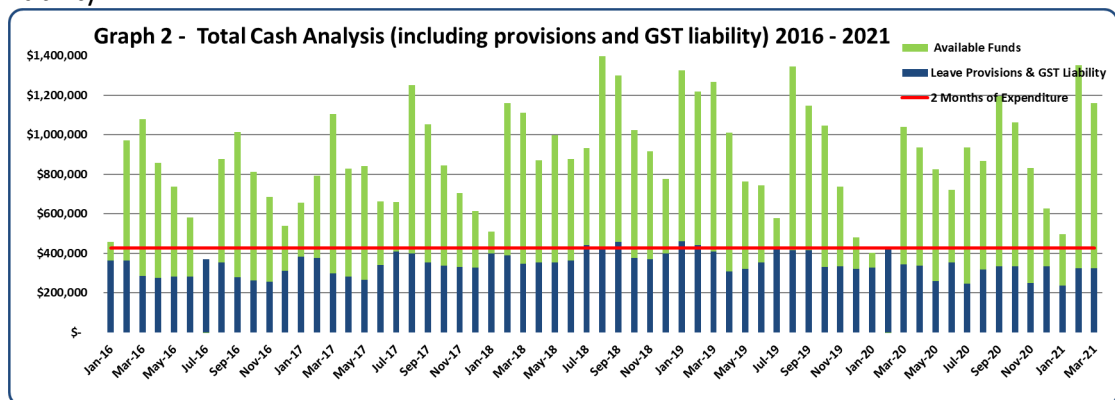
Cash Management

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		\$781,857

GST as at 31 March 2021

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

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 the 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 were no changes made to the ABP presented for the Boards consideration at its April meeting from the ABP provided to Constituent Councils on 31 March 2021.
- In accordance with clause 7 of the EHA Charter, the EHA Board of Management endorsed the 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 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.

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



101 Payneham Road, St Peters SA 5069
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
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Website www.npsp.sa.gov.au

Community Well-being is...
Social Equity
Economic Prosperity
Cultural Vitality
Environmental Sustainability



City of
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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



101 Payneham Road,
St Peters SA 5069

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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%
2015/2016	\$ 1,609,308	\$ 32,703	2.07%
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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

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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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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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.

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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%
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Change in Contribution from previous year						
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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%	
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 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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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.

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%
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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						
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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%	
Change in Contribution (\$)	\$ 10,441	\$ 25,749	\$ (14,522)	\$ 16,242	\$ 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.

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.

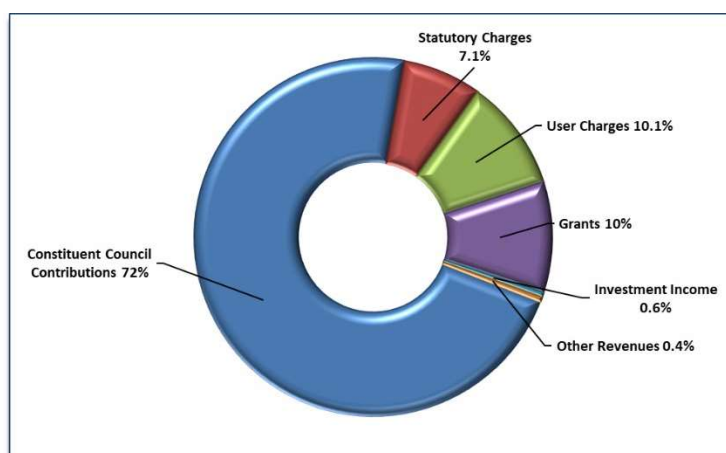
User Charges relate to the recovery of service delivery costs through the charging of fees to users of EHA's services. These include the provision of food safety audit services, workplace immunisation programs and fee vaccines at community immunisation clinics.

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

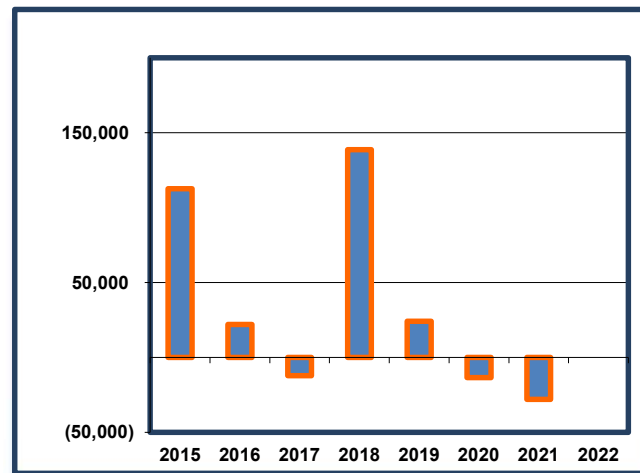
A series of financial indicators have been developed by local government to assist in determining whether a local government organisation is financially sustainable or moving to a position of financial sustainability. Indicators with relevance to EHA are set out below.

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

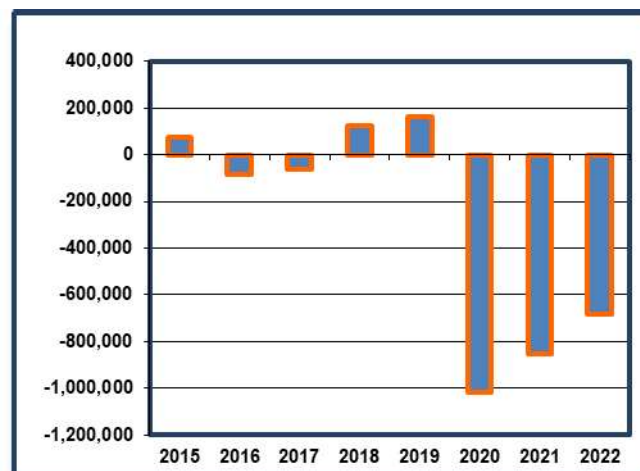
Net Financial Assets indicates the money held, invested or owed to EHA less money owed to others (including provisions for employee entitlements).

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

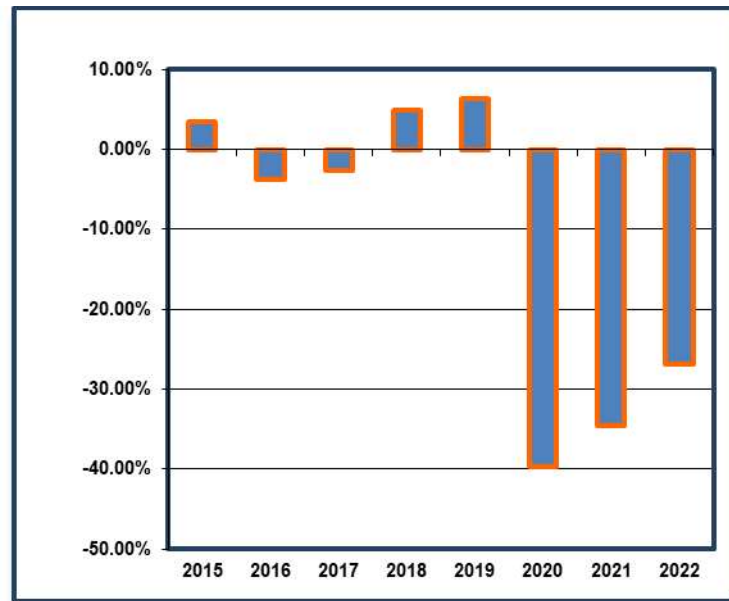
Graph 2: Operating Surplus / (Deficit)



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 continue 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 out two most prevalent foodborne diseases *Salmonella* and *Campylobacter* is on the increase. Illness caused by food is a significant public health problem and has major social and economic impacts.

Campylobacter is the most commonly notified cause of gastroenteritis in Australia 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	
(69,090)	Repayment of Borrowings	(76,131)
	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 UPDATE ON AUDIT FINDING RECOMENDATIONS

Author: Michael Livori
Ref: AF20/43

Summary

This report provides an update on management responses to the 2019/2020 Audit Finding recommendations.

Report

In the EHA Auditors' Report of Audit Finding for 2019/2020 a number of recommendations were made in relation to areas of improvement. The observation, recommendation, initial management response and actions to date for each recommendation are detailed below.

Issue 1 - Provision for doubtful debts

Observation

The receivable balance as at 30 June 2020 includes long overdue accounts totalling \$22,160. Majority of these accounts relate to fines which are now being administered by the Fines and Recovery Unit who provides service to issuing authorities across South Australia in the recovery of debts owed on expiation notices issued. Some balances have been outstanding since 2012. There is no provision for doubtful debts balance to recognise the possible non-recovery of these long outstanding balances.

Risk

There is a risk that receivable balances are not recorded at recoverable value.

Recommendation

We recommend that management should review the requirements under AASB 9 and assess provision for doubtful debts in accordance with the Standard. A formal doubtful debts policy should then be developed in line with the accounting standard.

It is also important that outstanding debts are periodically and consistently reviewed and assessed for recoverability. Account balances where probability of collection is considered remote should be written-off with prior Board approval.

Management response

EHA will review the current doubtful debts policy and ensure the necessary changes are made to meet requirements under AASB 9 prior to 30 June 2021.

Debt, where all reasonable steps to collect have been exhausted and further pursuit is not viable will be considered for write off. In the event the debt is required to be submitted to the Fines Recovery Unit EHA will continue to liaise for regular updates regarding the status of the debt outstanding.

Management Actions to date

There is currently no provision for Doubtful Debts in the current budget. An option discussed with the with Auditors was the creation of a general ledger line for uncollectable debt. The Auditors have committed to discussing with other smaller councils how they manage bad debt particularly as it relates to unpaid fines that are managed by the Fines Enforcement Branch and unpaid food inspection fees which form the bulk of EHA's unpaid debt. When a response is provided the Debt Collection Policy will incorporate the revised process.

Issue 2 – Credit account balances in Receivables

Observation

The MYOB debtor reconciliation report as at 30 June 2002 includes account balances in credit totalling \$6,409. The majority of this balance had long been outstanding with some credit balances dating back as far as 2010.

Risk

There are several implications of credit balances, including but not limited to:

- The customer overpaid the balance due, causing an immediate liability of Eastern Health Authority;
- A payment from another customer may be erroneously applied; and
- The customer had a balance and has been making payments but is given a discount or credit for a legitimate reason.

Recommendation

We recommend that management should investigate balances regularly as part of its periodic review of debtors to ensure they are actioned on a timely basis.

Management response

A review of all credit balances as of 30 June 2020 will be undertaken and settled prior to 30 June 2021. Moving forward investigation of credit balances will be managed as part of the periodic debtors review to ensure timely action is taken.

Management Actions to date

A review of all credit balances has been undertaken. High levels of staff annual leave following the review has restricted the settlement of these accounts. When staff levels stabilise the settlement of these accounts will be reprioritised.

Issue 3 – Contract of employment

Observation

We noted an instance when an employee was remunerated at 0.8 FTE however, we were not able to obtain the employer's updated employment contract to support the FTE hours. The only available employment contract was dated April 2008 when the employee previously worked at 0.6 FTE.

Risk

Employment law changes regularly and if employee agreements are not updated and resigned by the employee, there is a risk that they will become outdated and invalid.

Recommendation

We recommend that employment agreements should be updated on a periodic basis and re-signed by the employee and employer to document the understanding of the terms of employment.

Management response

All employment agreements will be reviewed prior to 30 June 2021.

Management Actions to date

All employment agreements have been reviewed. Advice has been sought in relation to current industry practices relating to the suggested re-signing of documentation in relation to employment arrangements. The work will be completed by 30 June 2021.

Issue 4 – High level of annual leave accrued

Observation

There are 2 employees who each have accrued annual leave of more than 370 hours (approximately 10 weeks) as at 30 June 2020.

Significance

The high level of accrued annual leave indicates that employees are not taking their entitled leave on a regular basis. Taking leave is important for the health and wellbeing of the employees and allows for some rotation of duties. Keeping accrued leave entitlements low allows the organisation to better manage its commitments and its cash flow.

Recommendation

We suggest that management consider the current leave backlog and consider implementing a plan to reduce the outstanding balances over a defined period. Although this may be difficult in the short term, we suggest that consideration be given to this matter over the medium to longer term.

We recommend that employees are encouraged to use their leave entitlement. The maintenance of low accrued leave entitlements will allow the entity to better manage its commitments and cash flow.

Management response

High annual leave accruals will be managed through discussions with relevant staff to ensure entitlements are taken over the medium to long term.

Management Actions to date

Discussions have been undertaken with staff in relation to ensuring entitlements taken over the medium to long term where possible.

RECOMMENDATION

That:

The Update on Audit Findings Recommendations report is received.

5.4 PROCUREMENT POLICY

Author: Michael Livori
Ref: AF17/77

Summary

The Eastern Health Authority (EHA) Procurement Policy, originally adopted by the Board of Management on 22 June 2011 was last reviewed on 29 August 2018. A review of the policy has been undertaken.

Report

The EHA Procurement Policy is based on the Local Government Association Procurement Guide which provides guidance to Local Government in applying a consistent approach to their various procurement activities.

The policy applies to the procurement of all goods, equipment and related services, construction contracts and service contracts. The purpose of the policy is to ensure the process of procuring goods and services acquired by EHA promotes accountability, results in best value and effectively manages risks.

The current policy has been reviewed and the only changes recommended are in relation to expenditure delegations limits. It is proposed, for operational effectiveness that the Team Leader Environmental Health and Team Leader Administration and Immunisation have their general expenditure delegation increased from \$500 to \$3,000. Team Leader Administration and Immunisation retain their delegation for immunisation vaccine purchase up to \$10,000.

A copy of the Procurement Policy with tracked changes is provided as attachment 1.

A copy of the Procurement Policy with the changes accepted is provided as attachment 2.

RECOMMENDATION

That:

1. The report regarding the Procurement Policy as amended is received.
2. The Procurement Policy marked attachment 2 to Procurement Policy report is endorsed and referred to the Board of Management for adoption.



PROCUREMENT POLICY

Policy Reference	FM02
Date of initial Board Adoption	22 June 2011
Minutes Reference	11: 082018
Date of Audit Committee Endorsement (if applicable)	15 August 2018 <u>3 June 2021</u>
Date last reviewed by Eastern Health Authority Board of Management	29 August 2018
<i>Relevant Document Reference</i>	Guidance prepared by Local Government Corporate Services for Councils - The Procurement Guide
<i>Applicable Legislation</i>	Section 49 of the Local Government Act 1999

1. Purpose

The Procurement Policy (the “Policy”) provides information and guidance to staff and officers in their procurement of goods, works or services.

The Policy demonstrates Eastern Health Authority’s (EHA) commitment to procuring goods and services in an open, fair, transparent and effective manner that ensures the maintenance of appropriate standards of probity and ethics throughout procurement processes.

2. Scope

Procurement encompasses the whole process of acquiring property, goods or services.

Procurement begins when EHA has identified a need and has decided on its procurement requirement. Procurement continues through the processes of risk assessment, seeking and evaluating alternative solutions, contract award, delivery of and payment for the property, goods or services and, when relevant, the ongoing management of a contract and the consideration of options related to the contract, and also extends to the ultimate disposal of property. An essential part of the procurement cycle is the ongoing monitoring and assessment of the procurement, including the property, goods or services procured.

3. Policy Objective

EHA aims to achieve advantageous procurement outcomes by:

- enhancing value for money through fair, competitive, non-discriminatory procurement
- promoting the use of resources in an efficient, effective and ethical manner
- making decisions with probity, accountability and transparency
- advancing and/or working within EHA's economic, social and environmental policies
- providing reasonable opportunity for competitive local businesses to supply to EHA appropriately managing risk; and
- ensuring compliance with all relevant legislation.

4. Procurement Principles

EHA must have regard to the following principles in its acquisition of goods and services:

4.1 *Encouragement of open and effective competition*

4.2 *Obtaining Value for Money*

4.2.1 This is not restricted to price alone

4.2.2 An assessment of value for money must include, where possible, consideration of:

- the contribution to EHA's long term financial plan and strategic direction
- any relevant direct and indirect benefits to EHA, both tangible and intangible
- efficiency and effectiveness of the proposed procurement activity
- the performance history, and quality, scope of services and support of each prospective supplier
- fitness for purpose of the proposed goods or service
- whole of life costs
- EHA's internal administration costs
- technical compliance issues

- risk exposure; and
- the value of any associated environmental benefits.

4.3 *Probity, Ethical Behaviour and Fair Dealing*

EHA is to behave with impartiality, fairness, independence, openness and integrity in all discussions and negotiations.

4.4 *Risk Management*

Ensure that appropriate risk management practices are in place for procurement activities including risk identification, assessment, and implementation of controls.

4.5 *Accountability, Transparency and Reporting*

4.6 *Ensuring compliance with all relevant legislation*

4.7 *Encouragement of the development of competitive local business and industry*

Where the evaluation criteria are comparable, EHA may consider the following:

- *the creation of local employment opportunities*
- *increased availability of local servicing support*
- *increased convenience with communications with the supplier for contract management*
- *economic growth within the local area*
- *benefit to EHA of associated local commercial transaction; and/or*
- *the short and long term impact of the procurement on local business.*

4.8 *Environmental protection*

EHA will seek to:

- adopt purchasing practices which conserve natural resources
- align the EHA's procurement activities with principles of ecological sustainability
- purchase recycled and environmentally preferred products where possible
- integrate relevant principles of waste minimisation and energy
- foster the development of products and services which have a low environmental impact
- provide leadership to business, industry and the community in promoting the use of environmentally sensitive goods and services.

4.9 *Financial Responsibility*

Ensure that EHA employees procure Goods, Works, or Services where there is an approved and allocated budget for that purchase, and where an EHA employee with the appropriately delegated financial authority approves the purchase.

5 Selection of an Appropriate Procurement Process

5.1 *EHA will generally select from one of the following procurement processes:*

- Open tendering
- Select tendering
- Direct negotiation with a preferred supplier, group of suppliers or supplier panel
- Request for quotes
- The use of existing third party contracts
- Joint procurement arrangements with constituent councils
- Direct sourcing
- Panel arrangements (eg Local Government Association Procurement, Strategic Purchasing) or arrangements with prequalified suppliers.

The appropriate procurement method will be determined on a case by case basis.

Participation in the procurement process imposes costs on EHA and potential suppliers. These costs will be considered when determining a process commensurate with the sale, scope and relative risk of the proposed procurement and where relevant.

5.2 *Justification of Choice of Procurement Method*

Employees will select a method of approaching the market which is suited to the procurement. Determining the best method in the circumstances will generally be based on the consideration of the following types of issues:

- The nature of the procurement
- The value of the procurement
- The risk associated with the procurement
- Whether the market for the procurement is known
- What is the most efficient process to achieve EHA's objectives in a timely and cost efficient manner

PROCUREMENT POLICY

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5.3 The following table provides direction regarding approach to market selection and the decision making responsibility for procurements:

Procurement Category	Estimated Value Range (ex GST)	Acceptable Approaches to Market	Decision Making Responsibility
1	Up to \$3K	<ul style="list-style-type: none"> • Direct sourcing/negotiation • Use of existing third party contracts • Panel arrangements/arrangements with prequalified suppliers 	Employees – within the limit of their delegated purchasing authority (see below) and the approved budget
2	\$3,001 - \$5,000	<ul style="list-style-type: none"> • Use of existing third party contracts • Panel arrangements/arrangements with prequalified suppliers • Joint procurement arrangements with other Constituent Councils • Verbal quotes from at least two (2) suppliers • Direct negotiation with supplier(s) where market is known to be limited 	Employees – within the limit of their delegated purchasing authority (see below) and the approved budget
3	\$5,001 - \$50,000	<ul style="list-style-type: none"> • Use of existing third party contracts • Panel arrangements/arrangements with prequalified suppliers • Joint procurement arrangements with other Constituent Councils • Written quotes from at least three (3) suppliers • Direct negotiation with preferred supplier(s) where 	Chief Executive Officer – within the limit of their delegated purchasing authority (see below) and the approved budget

Procurement Category (cont.)	Estimated Value Range (ex GST)	Acceptable Approaches to Market (cont.)	Decision Making Responsibility (cont.)
		<p>market is known to be limited</p> <ul style="list-style-type: none"> Request for Quotation 	
4	\$50,001 and over	<ul style="list-style-type: none"> Use of existing third party contracts Panel arrangements/arrangements with prequalified suppliers Joint procurement arrangements with other Constituent Councils Request for Quotation Open/Select Tender 	Chief Executive Officer – within the approved budget – based on recommendations by Employees provided in a report

6 Records

EHA must record written reasons for utilising a specific procurement method in each activity and where it uses a procurement method other than tendering.

7 Exemptions from this policy

This Policy contains general guidelines to be followed by EHA in its procurement activities. There may be emergencies, or procurements in which a tender process will not necessarily deliver best outcome for EHA, and other market approaches may be more appropriate.

7.1 Policy Waiver

In certain circumstances, EHA may, after approval from its Board Members, waive application of this Policy and pursue a method which will bring the best outcome for EHA. EHA must record its reasons in writing for waiving application of this Policy.

7.2 Emergency Procurement

- 7.1.1 CEO will undertake procurement activities during an emergency taking into account EHA's procurement objectives. Preferred suppliers must be given consideration in the first instance. An emergency is deemed a serious situation or occurrence that happens unexpectedly and demands immediate action. Emergency purchase may be made outside this policy and without Board approval if not practicable if one of the following situations exist:

- There is a genuine concern for public safety
- To avoid major expenses from an unplanned event
- To provide security of EHA's assets eg invoking an Emergency Response Plan or Business Continuity Plan
- Any other incident or circumstance determined by the CEO.

7.1.2 Where a purchase is made under this clause, the following will apply:

- The expenditure will be limited to that required to alleviate the emergency situation only
- This policy will be abided by as soon as the emergency situation is alleviated
- A report will be made to the Board in relation to the emergency expenditure.

8 Delegations

Expenditure must be within the employees delegated financial authority, as follows:

POSITION	\$1- \$500	\$501 - \$3,000	\$3,001 - \$10,000	\$10,001- \$50,000	\$50,001 +
Chief Executive Officer	X	X	X	X	X
Team Leader - Environmental Health	X	X			
Team Leader – Administration & Immunisation	X	X *	X *		
	All contracts for the acquisition of goods and services in excess of \$50,000 are to be authorised by CEO/EHA.				

*For vaccine purchases only

9 Review and Evaluation

This policy will be reviewed at least once every two years. However, EHA may revise or review this Policy at any time (but not so as to affect any process that has already commenced).

10. Statement of Adoption

This Policy was adopted by the Board of the Eastern Health Authority on 19 February 2014.



PROCUREMENT POLICY

Policy Reference	FM02
Date of initial Board Adoption	22 June 2011
Minutes Reference	11: 082018
Date of Audit Committee Endorsement (if applicable)	3 June 2021
Date last reviewed by Eastern Health Authority Board of Management	29 August 2018
<i>Relevant Document Reference</i>	Guidance prepared by Local Government Corporate Services for Councils - The Procurement Guide
<i>Applicable Legislation</i>	Section 49 of the Local Government Act 1999

1. Purpose

The Procurement Policy (the “Policy”) provides information and guidance to staff and officers in their procurement of goods, works or services.

The Policy demonstrates Eastern Health Authority’s (EHA) commitment to procuring goods and services in an open, fair, transparent and effective manner that ensures the maintenance of appropriate standards of probity and ethics throughout procurement processes.

2. Scope

Procurement encompasses the whole process of acquiring property, goods or services.

Procurement begins when EHA has identified a need and has decided on its procurement requirement. Procurement continues through the processes of risk assessment, seeking and evaluating alternative solutions, contract award, delivery of and payment for the property, goods or services and, when relevant, the ongoing management of a contract and the consideration of options related to the contract, and also extends to the ultimate disposal of property. An essential part of the procurement cycle is the ongoing monitoring and assessment of the procurement, including the property, goods or services procured.

3. Policy Objective

EHA aims to achieve advantageous procurement outcomes by:

- enhancing value for money through fair, competitive, non-discriminatory procurement
- promoting the use of resources in an efficient, effective and ethical manner
- making decisions with probity, accountability and transparency
- advancing and/or working within EHA's economic, social and environmental policies
- providing reasonable opportunity for competitive local businesses to supply to EHA appropriately managing risk; and
- ensuring compliance with all relevant legislation.

4. Procurement Principles

EHA must have regard to the following principles in its acquisition of goods and services:

4.1 *Encouragement of open and effective competition*

4.2 *Obtaining Value for Money*

4.2.1 This is not restricted to price alone

4.2.2 An assessment of value for money must include, where possible, consideration of:

- the contribution to EHA's long term financial plan and strategic direction
- any relevant direct and indirect benefits to EHA, both tangible and intangible
- efficiency and effectiveness of the proposed procurement activity
- the performance history, and quality, scope of services and support of each prospective supplier
- fitness for purpose of the proposed goods or service
- whole of life costs
- EHA's internal administration costs
- technical compliance issues

- risk exposure; and
- the value of any associated environmental benefits.

4.3 *Probity, Ethical Behaviour and Fair Dealing*

EHA is to behave with impartiality, fairness, independence, openness and integrity in all discussions and negotiations.

4.4 *Risk Management*

Ensure that appropriate risk management practices are in place for procurement activities including risk identification, assessment, and implementation of controls.

4.5 *Accountability, Transparency and Reporting*

4.6 *Ensuring compliance with all relevant legislation*

4.7 *Encouragement of the development of competitive local business and industry*

Where the evaluation criteria are comparable, EHA may consider the following:

- *the creation of local employment opportunities*
- *increased availability of local servicing support*
- *increased convenience with communications with the supplier for contract management*
- *economic growth within the local area*
- *benefit to EHA of associated local commercial transaction; and/or*
- *the short and long term impact of the procurement on local business.*

4.8 *Environmental protection*

EHA will seek to:

- adopt purchasing practices which conserve natural resources
- align the EHA's procurement activities with principles of ecological sustainability
- purchase recycled and environmentally preferred products where possible
- integrate relevant principles of waste minimisation and energy
- foster the development of products and services which have a low environmental impact
- provide leadership to business, industry and the community in promoting the use of environmentally sensitive goods and services.

4.9 *Financial Responsibility*

Ensure that EHA employees procure Goods, Works, or Services where there is an approved and allocated budget for that purchase, and where an EHA employee with the appropriately delegated financial authority approves the purchase.

5 Selection of an Appropriate Procurement Process

5.1 *EHA will generally select from one of the following procurement processes:*

- Open tendering
- Select tendering
- Direct negotiation with a preferred supplier, group of suppliers or supplier panel
- Request for quotes
- The use of existing third party contracts
- Joint procurement arrangements with constituent councils
- Direct sourcing
- Panel arrangements (eg Local Government Association Procurement, Strategic Purchasing) or arrangements with prequalified suppliers.

The appropriate procurement method will be determined on a case by case basis.

Participation in the procurement process imposes costs on EHA and potential suppliers. These costs will be considered when determining a process commensurate with the sale, scope and relative risk of the proposed procurement and where relevant.

5.2 *Justification of Choice of Procurement Method*

Employees will select a method of approaching the market which is suited to the procurement. Determining the best method in the circumstances will generally be based on the consideration of the following types of issues:

- The nature of the procurement
- The value of the procurement
- The risk associated with the procurement
- Whether the market for the procurement is known
- What is the most efficient process to achieve EHA's objectives in a timely and cost efficient manner

PROCUREMENT POLICY

5

5.3 The following table provides direction regarding approach to market selection and the decision making responsibility for procurements:

Procurement Category	Estimated Value Range (ex GST)	Acceptable Approaches to Market	Decision Making Responsibility
1	Up to \$3K	<ul style="list-style-type: none"> • Direct sourcing/negotiation • Use of existing third party contracts • Panel arrangements/arrangements with prequalified suppliers 	Employees – within the limit of their delegated purchasing authority (see below) and the approved budget
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3	\$5,001 - \$50,000	<ul style="list-style-type: none"> • Use of existing third party contracts • Panel arrangements/arrangements with prequalified suppliers • Joint procurement arrangements with other Constituent Councils • Written quotes from at least three (3) suppliers • Direct negotiation with preferred supplier(s) where 	Chief Executive Officer – within the limit of their delegated purchasing authority (see below) and the approved budget

PROCUREMENT POLICY**6**

Procurement Category (cont.)	Estimated Value Range (ex GST)	Acceptable Approaches to Market (cont.)	Decision Making Responsibility (cont.)
		<p>market is known to be limited</p> <ul style="list-style-type: none"> Request for Quotation 	
4	\$50,001 and over	<ul style="list-style-type: none"> Use of existing third party contracts Panel arrangements/arrangements with prequalified suppliers Joint procurement arrangements with other Constituent Councils Request for Quotation Open/Select Tender 	Chief Executive Officer – within the approved budget – based on recommendations by Employees provided in a report

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In certain circumstances, EHA may, after approval from its Board Members, waive application of this Policy and pursue a method which will bring the best outcome for EHA. EHA must record its reasons in writing for waiving application of this Policy.

7.2 Emergency Procurement

- 7.1.1 CEO will undertake procurement activities during an emergency taking into account EHA's procurement objectives. Preferred suppliers must be given consideration in the first instance. An emergency is deemed a serious situation or occurrence that happens unexpectedly and demands immediate action. Emergency purchase may be made outside this policy and without Board approval if not practicable if one of the following situations exist:

- There is a genuine concern for public safety
- To avoid major expenses from an unplanned event
- To provide security of EHA's assets eg invoking an Emergency Response Plan or Business Continuity Plan
- Any other incident or circumstance determined by the CEO.

7.1.2 Where a purchase is made under this clause, the following will apply:

- The expenditure will be limited to that required to alleviate the emergency situation only
- This policy will be abided by as soon as the emergency situation is alleviated
- A report will be made to the Board in relation to the emergency expenditure.

8 Delegations

Expenditure must be within the employees delegated financial authority, as follows:

POSITION	\$1- \$500	\$501 - \$3,000	\$3,001 - \$10,000	\$10,001- \$50,000	\$50,001 +
Chief Executive Officer	X	X	X	X	X
Team Leader - Environmental Health	X	X			
Team Leader – Administration & Immunisation	X	X	X *		
	All contracts for the acquisition of goods and services in excess of \$50,000 are to be authorised by CEO/EHA.				

*For vaccine purchases only

9 Review and Evaluation

This policy will be reviewed at least once every two years. However, EHA may revise or review this Policy at any time (but not so as to affect any process that has already commenced).

10. Statement of Adoption

This Policy was adopted by the Board of the Eastern Health Authority on 19 February 2014.

5.5 DEBT COLLECTION POLICY

Author: Michael Livori
Ref: AF17/79

Summary

Eastern Health Authority (EHA) Debt Collection Policy was originally adopted at a Board of Management meeting held on 19 February 2014. An update in relation to the periodic review of the Debt Collection Policy is provided in the following report.

Report

The Debt Collection Policy sets out a clear, equitable, accountable, and transparent process that EHA will follow for its debt management and collection practices. The Policy assists in ensuring that all debts owed to EHA are received by the due date or followed up within specified timeframes.

The current policy has been preliminarily reviewed and a number of changes have been proposed in relation to the process of managing debt.

It is being proposed in this initial draft; if payment has not been received by the due date payment reminder letters will now be sent to the customer at 7, 14 and 21 days overdue. If payment remains outstanding at 14 days; telephone contact to the customer will also commence with a final notice being sent at 28 days as apposed to the current 90 days.

By shortening our collection time frames we anticipate a significant reduction in the accounts falling into doubtful debt timeframes.

As detailed in report item 5.3 Update on Audit Finding Recommendations, EHA's Auditors recommend that management review the requirements under AASB 9 and assess provision for doubtful debts in accordance with the Standard. The Auditors also commented that it is important that outstanding debts are periodically and consistently reviewed and assessed for recoverability and that account balances where probability of collection is considered remote should be written-off with prior Board approval.

The Auditors have committed to discussing with other smaller councils how they manage bad debt particularly as it relates to unpaid fines that are managed by the Fines Enforcement Branch and unpaid food inspection fees which form the bulk of EHA's unpaid debt.

When the advice is provided by the auditors it is intended that the policy is further reviewed and that the recommendations are incorporated into the Debt Collection Policy. Additionally, the policy will be further reviewed to ensure it is in line with the appropriate accounting standard.

A copy of the current Debt Collection Policy with suggested changes to the policy detailed as tracked changes is provided as attachment 1.

A copy of a draft amended Debt Collection Policy with these changes accepted is provided as attachment 2.

RECOMMENDATION

That:

1. The report regarding the Debt Collection Policy as amended is received.
2. A further report be presented to the Audit Committee for consideration when the review of the Debt Collection Policy is finalised.



DEBT COLLECTION POLICY

Policy Reference	FM03
Date of initial Board Adoption	19 February 2014
Minutes Reference	8: 082018
Date of Audit Committee Endorsement (if applicable)	15 August 2018
Date last reviewed by Eastern Health Authority Board of Management	29 August 2018
<i>Relevant Document Reference</i>	EHA Standard Operating Procedure - Debt Collection
Applicable Legislation	S143 Local Government Act 1999

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1. Purpose

This Debt Collection Policy (Policy) sets out a clear, equitable, accountable and transparent process that Eastern Health Authority (EHA) will follow for its debt management and collection practices.

The Policy will also assist in ensuring that debts owed to EHA are received by the due date or followed up within specified timeframes and to provide a consistent approach to debt management.

2. Scope

This policy applies to all EHA Staff in relation to the collection of outstanding debt.

3. Definitions

Credit – the purchase and/or provision of goods and services from EHA by a debtor on the basis of a commitment to pay at a future time.

Debt – the amount of money owed by the debtor as a result of a transaction with EHA. A debt is expected to be settled within the normal payment terms of trade.

Debtor – an individual, organisation or other party that transacts with EHA where goods or services are provided, use of facilities are made available, fines and licence fees are levied and any other transaction that results in a future payment to EHA.

A debtor is an asset for EHA, as it gives rise to an anticipated future benefit. The future benefits are cash inflows, which occur when the debt is paid.

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Debt Collection Policy

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Invoice Date – the date which the invoice has been raised in the debtors system.

Write Off – the accounting procedure for cancelling a debt that is no longer collectable resulting in its removal from EHA's Balance Sheet.

4. Principles

Decisions relating to collection of outstanding debts will be considered in the context of:

- **Accountability and Transparency**

EHA's practices and decisions will be made in accordance with the relevant legislation and accepted conventions. Staff will ensure that internal controls are applied when dealing with outstanding debts.

- **Fairness and Equity**

EHA will ensure that all credit and related debts are managed fairly and equitably.

This Policy confirms that parties who incur debts do so on the understanding that the prescribed repayment terms are met.

- **Responsibilities**

The team providing the goods and/or service to the debtor will be responsible for completing the documentation required for an invoice to be generated.

Administration will be responsible for raising the invoice and the recovery of any debts for all teams.

- **Risk Management**

Principles of risk management will underpin decisions made in relation to credit and related debt management. To reduce the risk of non-payment of debt, a structured collection and recovery process will be applied.

5. Policy

EHA staff will maintain procedures that support the administration of this Policy.

5.1 Credit Management

Credit terms for all Debtors are 30 days from the date of invoice.

5.2 Debt Management

- 5.2.1 If payment has not been received ~~by the due date within 30 days~~ of the invoice ~~date an invoice a payment reminder will be emailed scheduled in MYOB to be sent at 7, 14 and 21 days overdue, if the customer's account remains unpaid, to the debtor advising of invoices still to be paid as a first reminder.~~

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Debt Collection Policy**3**

- 5.2.2 ~~If payment has not been received within 60 days of the invoice date a Final Demand Letter will be sent to the debtor requesting immediate payment. The letter will advise that debt collection will commence if the invoice is not paid in full and all costs associated with this process will be added to the outstanding debt. If payment is not received within 14 days of the invoice date, telephone contact to the customer will commence. Please note: payment reminders as mentioned above will continue to be sent if payment is not made.~~
- 5.2.3 ~~If payment has not been received within 90 28 days of the invoice date, a final notice will be sent to the customer, telephone contact is made requesting immediate payment. Repeated attempts are made by EHA staff to speak to the debtor and resolve the outstanding debt.~~
- 5.2.4 ~~If payment is not received within 7 days of the final notice being issued and all telephone contact has been exhausted, a further 14 days and attempts to contact the debtor have been unsuccessful~~ EHA Administration staff will seek approval from the relevant Team Leader and CEO to refer the outstanding debt ~~and all relevant account information will be to the~~ forwarded to the Debt Collection Agency. This resulting action will be determined on a case by case basis.
- 5.2.5 ~~If approval is given for the debt to be referred to the Debt Collection Agency, the debtor's contact details and relevant outstanding debt information will be provided to the Debt Collection Agency.~~
- 5.2.6 The Chief Executive Officer has the discretion to vary steps in 5.2.
- 5.2.7 This process does not apply to debts managed by the Fines Enforcement and Recovery Unit of South Australia.

6. Provision for Doubtful Debts

Where the recovery of debt is unlikely prior to completing all steps listed in 5.2 (i.e. where the debtor is bankrupt or in liquidation), a provision for doubtful debt shall be made.

7. Write off

- 7.1 Section 143 of the Local Government Act 1999 will apply when determining if an outstanding debt should be written off.
- 7.2 Debts will only be written off when all reasonable attempts to recover outstanding amounts have been made or the costs of recovery are likely to equal or exceed the amount to be recovered.
- 7.3 All debts up to the value of \$10,000 must be authorised by the CEO.
- 7.4 Any debts greater than \$10,000 must be authorised by the Board of Management.

8. Review & Evaluation

This Policy will be reviewed at least once every two years. However, EHA may revise or

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Debt Collection Policy

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review this Policy at any time (but not so as to affect any process that has already commenced).

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DEBT COLLECTION POLICY

Policy Reference	FM03
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Date last reviewed by Eastern Health Authority Board of Management	29 August 2018
<i>Relevant Document Reference</i>	EHA Standard Operating Procedure - Debt Collection
Applicable Legislation	S143 Local Government Act 1999

1. Purpose

This Debt Collection Policy (Policy) sets out a clear, equitable, accountable and transparent process that Eastern Health Authority (EHA) will follow for its debt management and collection practices.

The Policy will also assist in ensuring that debts owed to EHA are received by the due date or followed up within specified timeframes and to provide a consistent approach to debt management.

2. Scope

This policy applies to all EHA Staff in relation to the collection of outstanding debt.

3. Definitions

Credit – the purchase and/or provision of goods and services from EHA by a debtor on the basis of a commitment to pay at a future time.

Debt – the amount of money owed by the debtor as a result of a transaction with EHA. A debt is expected to be settled within the normal payment terms of trade.

Debtor – an individual, organisation or other party that transacts with EHA where goods or services are provided, use of facilities are made available, fines and licence fees are levied and any other transaction that results in a future payment to EHA.

A debtor is an asset for EHA, as it gives rise to an anticipated future benefit. The future benefits are cash inflows, which occur when the debt is paid.

Invoice Date – the date which the invoice has been raised in the debtors system.

Write Off – the accounting procedure for cancelling a debt that is no longer collectable resulting in its removal from EHA's Balance Sheet.

4. Principles

Decisions relating to collection of outstanding debts will be considered in the context of:

- **Accountability and Transparency**

EHA's practices and decisions will be made in accordance with the relevant legislation and accepted conventions. Staff will ensure that internal controls are applied when dealing with outstanding debts.

- **Fairness and Equity**

EHA will ensure that all credit and related debts are managed fairly and equitably.

This Policy confirms that parties who incur debts do so on the understanding that the prescribed repayment terms are met.

- **Responsibilities**

The team providing the goods and/or service to the debtor will be responsible for completing the documentation required for an invoice to be generated.

Administration will be responsible for raising the invoice and the recovery of any debts for all teams.

- **Risk Management**

Principles of risk management will underpin decisions made in relation to credit and related debt management. To reduce the risk of non-payment of debt, a structured collection and recovery process will be applied.

5. Policy

EHA staff will maintain procedures that support the administration of this Policy.

5.1 Credit Management

Credit terms for all Debtors are 30 days from the date of invoice.

5.2 Debt Management

- 5.2.1 If payment has not been received by the due date of the invoice a payment reminder will be scheduled in MYOB to be sent at 7, 14 and 21 days overdue, if the customer's account remains unpaid.

- 5.2.2 If payment is not received within 14 days of the invoice date, telephone contact to the customer will commence. Please note: payment reminders as mentioned above will continue to be sent if payment is not made.
- 5.2.3 If payment has not been received within 28 days of the invoice date, a final notice will be sent to the customer.
- 5.2.4 If payment is not received within 7 days of the final notice being issued and all telephone contact has been exhausted, EHA Administration staff will seek approval from the relevant Team Leader and CEO to refer the outstanding debt and all relevant account information will be forwarded to the Debt Collection Agency. This resulting action will be determined on a case by case basis.
- 5.2.5
- 5.2.6 The Chief Executive Officer has the discretion to vary steps in 5.2.
- 5.2.7 This process does not apply to debts managed by the Fines Enforcement and Recovery Unit of South Australia.

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Where the recovery of debt is unlikely prior to completing all steps listed in 5.2 (i.e. where the debtor is bankrupt or in liquidation), a provision for doubtful debt shall be made.

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- 7.2 Debts will only be written off when all reasonable attempts to recover outstanding amounts have been made or the costs of recovery are likely to equal or exceed the amount to be recovered.
- 7.3 All debts up to the value of \$10,000 must be authorised by the CEO.
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