EASTERN HEALTH AUTHORITY

Board of Management

24 June 2021

local councils working together to protect the health of the community

EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING

THURSDAY – 24 June 2021

Notice is hereby given that a meeting of the Board of Management of the Eastern Health Authority will be held at the Eastern Health Authority Offices, 101 Payneham Road, St Peters on Thursday 24 June 2021 commencing at 6.30 pm.

A light meal will be served at 6.00 pm.

MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER

AGENDA

EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING

THURSDAY – 24 June 2021

Commencing at 6.30 pm

1 Opening

2 Apologies

3 Confirmation of minutes – 29 April 2021

4 Matters arising from the minutes

Page No

5 Administration report

5.1 FINANCIAL REPORTS

Author: Michael Livori
Ref: AF11/258

Summary

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

Report

The following reports relate to the financial performance of EHA between 1 July 2020 and 31 May 2021.

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

Eastern Health Authority - Financial Statement July 2019 to 31 May 2020				
	Actual	Budgeted	$ Variation	% Variation
Total Operating Income	$2,343,385	$2,423,425	($80,040)	-3.3%
Total Operating Expenditure	$2,000,513	$2,152,979	($152,466)	-7.1%
Net Profit/(Loss)	$200,102	$127,677	$72,425	56.7%

The report shows that for the reporting period, income was $80,040 (-3.3%) less than budgeted and expenditure was $152,466 (-7.1%) less than budgeted.

The net result is an improvement of $72,425 on the budgeted year to date comparative result.

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

Any variances greater than $5,000 are detailed in the following tables named Operating Income Variances and Operating Expenditure Variances which provide explanatory comments for the year to date variation. As EHA has completed the three required budget reviews previously there are no requests to vary the budget. Any end of year variations will be reflected in the Audited Financial Statements that will be presented at the September 2021 meeting.

Operating Income Variances

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

Description	YTD Variation	Comment
Income		
Food Inspection Fees	**($28,343)**	Less income than budgeted for food inspections
Fines & Expiation Fees	**($10,619)**	Reduction in fines issued YTD.
Immunisation: Clinic Vaccines	**($19,035)**	Decreased in purchase of vaccinations at public clinics
Immunisation: Worksite Vaccines	**($13,004)**	Reduction in worksite vaccinations provided.
ACIR Payment	**($8,254)**	Reduction in vaccinations eligible for payment
PHN Project	**($7,630)**	Additional grant funding to budgeted amount
Interest	**($6,467)**	Reduction in interest on cash
Sundry Income	**($5,589)**	Reduction in Sundry Income received

Operating Expenditure Variances

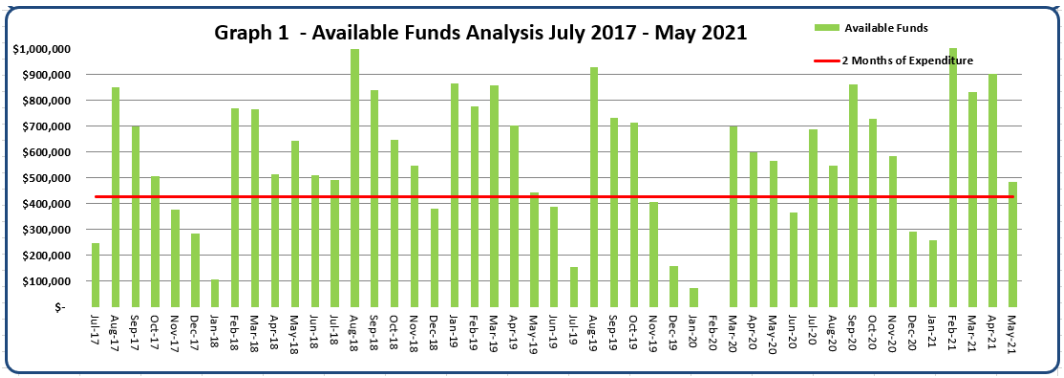
Favourable variances are shown in **black** and **unfavourable** variances are shown in **red**.

Description	YTD Variation	Comment
Expenditure		
Employee Costs	**($122,519)**	Delay in appointment of staff to budgeted positions and staff member on long term unpaid leave
Maintenance	**($8,410)**	Reduction in YTD budgeted expenses
Governance Expenses	**($6,846)**	Reduction in YTD budgeted expenses
Legal	**($12,458)**	Increase in legal advice required
Staff Training	**($6,534)**	Reduction in YTD budgeted expenses
Worksite Vaccines	**$17,578**	Portion of vaccines costs incorrectly allocated to clinic vaccines.
Clinic Vaccines	**($14,088)**	Portion of worksite vaccines costs – see above

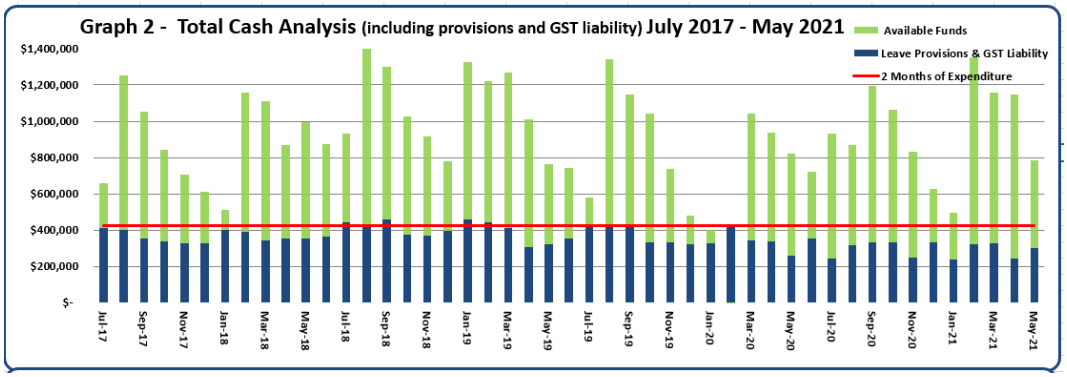
Cash Management

A Bank Reconciliation and Available Funds report for the period ending 31 May 2021 is provided in attachment 2. It shows that, at 31 May 2021, available funds were $484,805 in comparison with $833,143 on 31 March 2021.

Graph 1 which follows, details the level of available funds (total cash minus leave provisions and GST liability) for the preceding 4 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 level of cash available in the annual cash cycle have generally maintained this target.

RECOMMENDATION

That:

1. The financial report is received and adopted.

Eastern Health Authority - Financial Statement (Level 3) 1 July 2020 to 31 May 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	$77,655	$105,998	$28,343	27%
Legionella registration and Inspection	$9,419	$6,417	($3,002)	-47%
SRF Licenses	$2,459	$1,500	($959)	-64%
Fines & Expiation Fees	$14,381	$25,000	$10,619	42%
Total Statutory Charges	**$103,914**	**$138,915**	**$35,001**	**25%**
User Charges				
Immunisation: Clinic Vaccines	$54,298	$73,333	$19,036	26%
Immunisation: Worksite Vaccines	$59,496	$72,500	$13,004	18%
Immunisation: Clinic Service F	$850	$0	($850)	0%
Food Auditing	$69,759	$72,335	$2,576	4%
Food Safety Training	$0	$1,667	$1,667	100%
Total User Charges	**$184,403**	**$219,835**	**$35,432**	**16%**
Grants, Subsidies, Contributions				
Immmunisation: PHN Project	$54,630	$47,000	($7,630)	-16%
Immunisation: ACIR	$21,080	$29,334	$8,254	28%
Immunisation: School Programme	$180,024	$180,000	($24)	0%
Total Grants, Subsidies, Contributions	**$255,733**	**$256,334**	**$601**	**0%**
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-imbursements	$3,051	$0	($3,051)	0%
Sundry Income	$826	$6,416	$5,590	87%
Total Other Income	**$3,877**	**$6,416**	**$2,539**	**40%**
Total of non Constituent Council Income	**$552,710**	**$632,750**	**$80,041**	**13%**
Total Income	**$2,343,385**	**$2,423,425**	**$80,041**	**3%**

Eastern Health Authority - Financial Statement (Level 3) 1 July 2020 to 31 May 2021				
Expenditure	**Actual**	**Budgeted**	**$ Variation**	**% Variation**
Employee Costs				
Salaries & Wages	$1,324,460	$1,456,041	$131,581	9%
Superanuation	$131,505	$128,333	($3,172)	-2%
Workers Compensation	$17,050	$13,500	($3,550)	-26%
Employee Leave - LSL Accruals	$10,064	$10,000	($64)	-1%
Agency Staff	$2,412	$0	($2,412)	0%
Medical Officer Reatiner	$1,364	$1,500	$136	9%
Total Employee Costs	**$1,486,854**	**$1,609,374**	**$122,520**	**8%**
Prescribed Expenses				
Auditing and Accounting	$16,848	$17,000	$153	1%
Insurance	$29,245	$24,751	($4,494)	-18%
Maintenance	$31,760	$40,170	$8,410	21%
Vehicle Leasing/maintenance	$13,693	$11,917	($1,776)	-15%
Total Prescribed Expenses	**$91,545**	**$93,838**	**$2,293**	**2%**
Rent and Plant Leasing				
Electricity	$8,334	$9,167	$833	9%
Plant Leasing Photocopier	$3,479	$3,208	($271)	-8%
Water	$126	$300	$174	58%
Gas	$2,419	$3,000	$581	19%
Total Rent and Plant Leasing	**$14,358**	**$15,675**	**$1,317**	**8%**
IT Licensing and Support				
IT Licences	$54,669	$61,750	$7,081	11%
IT Support	$38,571	$39,694	$1,124	3%
Internet	$7,958	$9,167	$1,209	13%
IT Other	$7,850	$2,000	($5,850)	-292%
Total IT Licensing and Support	**$109,047**	**$112,611**	**$3,564**	**3%**
Administration				
Administration Sundry	$5,137	$5,500	$363	7%
Accreditation Fees	$2,641	$2,750	$109	4%
Board of Management	$3,154	$10,000	$6,846	68%
Bank Charges	$2,467	$3,667	$1,199	33%
Public Health Sundry	$1,468	$4,583	$3,115	68%
Fringe Benefits Tax	$16,524	$12,000	($4,524)	-38%
Health promotion	$304	$0	($304)	0%
Legal	$30,791	$18,333	($12,458)	-68%
Printing & Stationery & Postage	$18,651	$21,917	$3,266	15%
Telephone	$13,230	$17,417	$4,187	24%
Occupational Health & Safety	$4,501	$9,167	$4,665	51%
Rodenticide	$1,923	$1,833	($90)	-5%
Staff Amenities	$1,950	$6,417	$4,467	70%
Staff Training	$4,465	$11,000	$6,535	59%
Human Resource Sundry	$7,452	$11,667	$4,215	36%
Total Administration	**$114,659**	**$136,251**	**$21,592**	**16%**

Eastern Health Authority - Financial Statement (Level 3) 1 July 2020 to 31 May 2021				
Expenditure	**Actual**	**Budgeted**	**$ Variation**	**% Variation**
Immunisation				
Immunisation SBP Consumables	$7,039	$8,250	$1,211	0%
Immunisation clinic vaccines	$35,411	$49,500	$14,089	0%
Immunisation worksite vaccines	$47,578	$30,000	($17,578)	0%
Immunisation: PHN Project	$141	$0	($141)	0%
Total Immunisation	**$90,170**	**$87,750**	**($2,420)**	**-3%**
Uniforms/Income protection				
Income Protection	$20,691	$23,000	$2,309	0%
Total Uniforms/Income protection	**$20,691**	**$23,000**	**$2,309**	**10%**
Sampling				
Legionella Testing	$2,085	$2,292	$207	0%
Total Sampling	**$2,085**	**$2,292**	**$207**	**9%**
Finance Costs				
Interest - Building Lease	$36,667	$36,667	$0	0%
Interest - on Loan	$3,522	$3,522	$0	0%
Interest - Bank SA	($274)	$0	($274)	0%
Total Finance Costs	**$ 39,915**	**$ 40,189**	**($274)**	**-1%**
Total New Initatives	**$31,190**	**$32,000**	**($810)**	**-3%**
Total Materials, contracts and other expenses	**$482,469**	**$511,605**	**$28,862**	**6%**
Depreciation - Building Lease	**$88,000**	**$88,000**	**$0**	**$ -**
Depreciation - Motor Vehicle Lease	**$50,417**	**$50,417**	**$0**	**$ -**
Finance Costs	**$4,352**	**$4,352**	**$0**	**$ -**
Total Operating Expenditure	**$2,000,513**	**$2,152,979**	**$150,298**	**7%**
Total Operating Income	**$2,343,385**	**$2,423,425**	**$80,041**	**3%**
Operating Result	**$200,102**	**$127,677**	**($72,425)**	**-57%**

Eastern Health Authority

Bank Reconciliation as at 31 May 2021

Bank SA Account No. 141/0532306840

Balance as per Bank Statement 31 May 2021		$409,056.18
Plus Outstanding cheques	$ -	
Add Outstanding deposits	$ -	
BALANCE PER General Ledger		$409,056.18

GST as 31 May 2021

GST Collected	$17,802.02
GST Paid	($15,152.92)
Net GST Claimable (Payable)	$2,649.10

Funds Available May 2021

Account	31-May-21	28-Feb-21	Variance
Bank SA Cheque Account	$ 409,056	$ 974,141	($565,084.54)
Local Government Finance Authority	$ 376,841	$ 376,754	$ 87
Net GST Claimable (Payable)	$2,649.10	$72,600.21	($69,951)
Long Service Leave Provision	($163,055.16)	($180,852.67)	$17,797.51
Annual Leave Provision	($140,686.00)	($140,686.00)	$0.00
TOTAL FUNDS AVAILABLE	**$ 484,805**	**$ 734,481**	**($249,676)**

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

Author: Michael Livori
Ref: AF21/5 & 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.

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

7.3. Budget

a) EHA must prepare a proposed budget for each financial year in accordance with clause 25, Schedule 2 to the Act.

b) The proposed budget must be referred to the Board at its April meeting and to the Chief Executive Officers of the Constituent Councils by 30 April each year.

c) A Constituent Council may comment in writing to EHA on the proposed budget by 31 May each year.

d) EHA must, after 31 May but before the end of June in each financial year, finalise and adopt an annual budget for the ensuing financial year in accordance with clause 25, Schedule 2 to the Act.

Report

At the 29 April 2021 Board of Management meeting members were provided with a report in relation to the Draft Annual Business Plan and Budgeted Financial Statements that was developed for the 2021/2022 financial year.

At the meeting:

Cr G Knoblauch moved:

That:

1. The Draft Annual Business Plan and Budgeted Financial Statements for 2021/2022 Report is received.

2. The Draft Annual Business Plan and Budgeted Financial Statements for 2021/2022 as provided as attachment 4 to this report is endorsed.

Seconded by N Cunningham

CARRIED UNANIMOUSLY 3: 29042021

There have been no changes made to the Draft Annual Business Plan and Budgeted Financial Statements provided as attachment 1 to this report from those presented for the Boards consideration at the 29 April 2021 meeting.

A copy of a preliminary Draft Annual Business Plan and Budgeted Financial Statements were provided to Constituent Councils on 31 March 2021. The preliminary draft has no material changes to those presented in this report for adoption.

Correspondence received from Constituent Councils is provided as attachment 2.

All Constituent Councils have endorsed the Draft Annual Business Plan and Budgeted Financial Statements for 2021/2022.

SUMMARY

It has not been necessary to make changes to the information presented to and considered by the Board of Management at its meeting of 29 April 2021.

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

In accordance with the *Local Government Act 1999* and the Eastern Health Authority Charter, the Annual Business Plan and Budget for 2021/2022 (provided as attachment 1) now require adoption by the Board.

RECOMMENDATION

That:

1. The report regarding the adoption of the Eastern Health Authority Annual Business Plan and Budgeted Financial Statements for 2021/2022 is received.

2. The Eastern Health Authority Annual Business Plan and Budget for 2021/2021 provided as attachment 1 to the report is adopted.

3. A copy of the Eastern Health Authority Annual Business Plan 2021/2022 incorporating the Budget are provided to the Chief Executive Officer of each Constituent Council within five business days.

Annual Business Plan
2021/22

EASTERN HEALTH AUTHORITY

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 26 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 the 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.

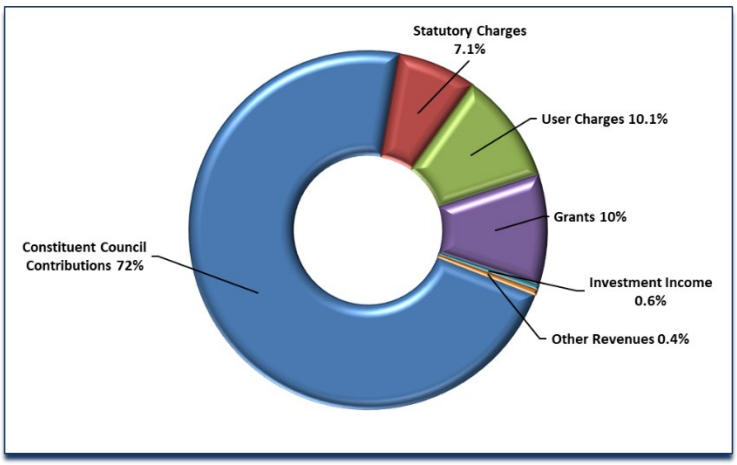
User Charges relate to the recovery of service delivery costs through the charging of fees to users of EHA's services. These include the provision of food safety audit services, workplace immunisation programs and fee vaccines at community immunisation clinics.

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

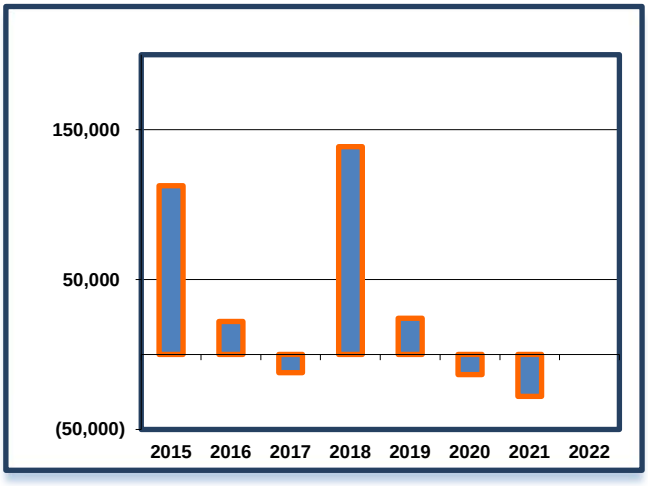
A series of financial indicators have been developed by local government to assist in determining whether a local government organisation is financially sustainable or moving to a position of financial sustainability. Indicators with relevance to EHA are set out below.

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

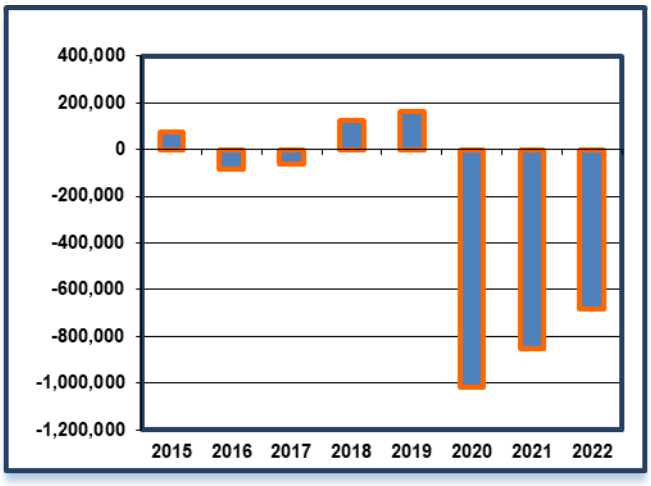
Net Financial Assets indicates the money held, invested or owed to EHA less money owed to others (including provisions for employee entitlements).

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

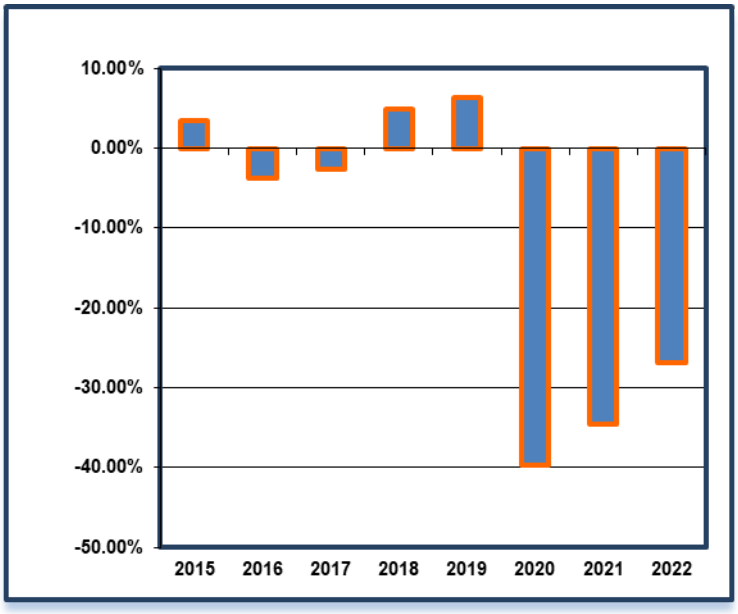
Graph 2: Operating Surplus / (Deficit)



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 Exenditure
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 Augus/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 *South Australian Public Health, Act 2011* 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 *Food Act 2001* and *Safe Drinking Water Act, 2011* in relation to the operations of EHA as required by legislation.	Report adopted at August meeting and provided to SA Health.
1.18	Compare Annual Business Plan against performance measures.	Report presented to September meeting.
1.19	Convene meetings of Constituent Council nominated contacts. Work with contacts to actively promote EHA's services to the Constituent Councils.	4 meetings conducted per year.
1.20	Maintenance of electronic records management system to properly maintain records and reference documents of EHA.	System developed to ensure appropriate standards are being met.
1.21	Continually review the EHA website to improve the functionality and available information and educational material.	Improved website functionality and available information.

	Actions	Performance Measures
1.22	Finalise the EHA Customer Service Public Health Enquiry Guidelines.	Document finalised.
1.23	Explore the potential for the expansion of service provision to areas outside of its current Constituent Council areas.	Report to Board on expansion opportunities.
1.24	Maintenance of Health Manager (electronic database) and Mobile Health (inspection App). Continue to expand Health Manager and Mobile Health internal and external functionality, to improve inspection, complaint and administrative efficiency and reporting capabilities.	Introduce new applications and reporting capabilities where required. Continue to liaise with Open Office to discuss new applications.
1.25	Participate in the Environmental Managers Forum to address environmental health issues and promote uniformity and professional consistency.	Management to attend and participate in the Environmental Managers Forum meetings.
1.26	Engage with LGA, non Government Organisations and state and local government authorities to review best practice standards and promote uniformity and professional consistency.	Engage and actively participate in opportunities to promote consistency.
1.27	Continue membership and actively participate in the Eastern Adelaide Zone Emergency Management Committee to develop and finalise the Eastern Zone Emergency Management Plan.	Attend the Eastern Adelaide Zone Emergency Management Committee and actively contribute towards the development of the Eastern Zone Emergency Management Plan.

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

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

	Actions	Performance Measures
1.1.1	Ensure that EHA is properly staffed and resourced in order to carry out its responsibilities.	Continually review staff resources and report to Board if required.
1.1.2	Performance development framework used to support staff and link to day-to-day and long-term activities within the Annual Business Plan and Public Health Plan and to provide for an equitable workload.	Performance development framework and staff portfolios reviewed annually.
1.1.3	Provide continuing professional development opportunities through ongoing education and training which is relevant to roles within EHA.	Training and education opportunities provided to staff.
1.1.4	Continue to foster team cohesiveness and support effective teamwork.	Training and team building activities provided to staff.
1.1.5	Encourage staff to be members of their relevant professional organisation. Support participation and EHA representation at professional Special Interest Groups to promote uniformity, professional consistency and to discuss the latest information in relation to public health issues affecting local government.	Encourage membership and active participation.
1.1.6	Provide systems for a safe working environment with appropriate Work Health and Safety (WHS) practices in place.	WHS to be discussed at all team and general staff meetings. Provide appropriate training and equipment to new staff.
1.1.7	Review the Work Health Safety action plan outlining program of improvements required in EHA's WHS 3 Year Plan.	Action plan reviewed with input from staff.
1.1.8	Periodic review of EHA's induction program to ensure EHA staff are and familiar with EHA's methods of operation upon commencement of employment.	Periodic review and induction program updated.

2.0 – Public and Environmental Health

Background

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

The *South Australian Public Health Act 2011* (the Act) and Regulations aims to provide a modernised, flexible, legislative framework to respond to both traditional and contemporary public health issues. The Act and Regulations are mechanisms employed by EHA to fulfil its duty of care on behalf of the Constituent Councils with the following public health issues:

- management of domestic squalor and hoarding
- clandestine drug laboratory
- vector control
- surveillance of swimming pool, spa pool, cooling tower and warm water system operations
- assessment of hairdressing salons, beauty salons, acupuncture clinics and tattoo parlours
- approval and inspection of waste control systems
- prevention and control of notifiable diseases
- discharge of waste to stormwater

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

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

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

Government Restrictions and State Government Directions. The surveillance and investigation of the necessary environmental health provisions during the COVID-19 crisis will be modified to acknowledge the advice received the 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**
2.1	Maintain and update a register of applicable public health related premises. Public Health related premises are: 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 Maintain and update a register of all public health related complaints.	Register maintained and updated as required.
2.2.	Undertake assessments and investigate complaints to determine appropriate standards of public swimming pools and spas are maintained in accordance with the *South Australian Public Health (General) Regulations 2013.* Inspection frequency may change subject to compliance.	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.
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 *Legionella* in accordance with *South Australian Public Health (Legionella) Regulations 2013.*	Assessments performed at least annually.
2.4	Investigate notifiable *Legionella* incidences and high *Legionella* counts in accordance with SA Health guidance and internal procedures.	Investigate incidences in accordance with EHA service standards and SA Health guidance.
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.	Assessments performed according to risk-based schedule. Investigate and respond to complaints in accordance with the customer service standards.
2.6	Assess applications and undertake the required inspections for the installation of on-site wastewater systems in accordance with *South Australian Public (Wastewater) Regulations 2013,* the On-site Wastewater System Code 2013 and AS 1547 internal procedures, and service standards.	Applications assessed and onsite inspections undertaken in accordance with the legislative requirements.
2.7	Monitor service reports for aerobic wastewater treatment systems to identify non-compliances. Ensure non-compliances are addressed in accordance with *South Australian Public (Wastewater) Regulations 2013.*	Monitor service reports for wastewater treatment systems to identify non-compliances.

	Actions	Performance Measures
2.8	Update and expand the current wastewater register to clearly identify systems installed within the non-sewered Constituent Council areas.	Update and expand the current register.
2.9	Respond to public health enquiries/complaints within the built environment that give rise to a risk to health in relation to: - hoarding and squalor - sanitation - vector control - hazardous and infectious substances clandestine Drug Laboratory asbestos syringes - on-site wastewater systems - notifiable diseases - refuse storage - COVID-19 (physical distancing) Co-ordinate a multi-agency response where necessary. Undertake joint investigations with Constituent Councils where there may be an overlap relating to offences relating to *SA Public Health Act 2011, Environmental Protection (Water Quality) Policy 2015 and the Local Nuisance and Litter Control Act, 2017*.	Enquiries/complaints are investigated in accordance with the customer service standards and Guidelines. Undertake joint investigations with Constituent Councils where required.
2.10	Administer the COVID-19 State Directions and undertake the required surveillance and report where required to SAPOL based on advice received the from the Local Government Functional Support Group (LGFSG) who are considered as our lead agency. Continue to report COVID-19 physical distancing breaches on the LGA i-Responda Portal as advised and required by the LGA.	Surveillance and reporting as required by LGFSG.
2.11	Provide information to households informing them of localised pests/vector issues that can be minimised. Provide rodent bait to residents upon request.	Provide information and rodent bait to residents as required.
2.12	Undertake relevant notifiable disease investigations in collaboration with SA Health.	Respond to disease notifications in accordance with customer service standards and SA Health guidance.
2.13	Provide advice and information materials to residents about air quality concerns including the installation, operation and standards of solid fuel burning appliances.	Information available to community and via website as required.
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.	Provide sharps containers at cost price and free disposal service to residents as required.

	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 *Safe Drinking Water Act 2012* to meet the requirements set out by the Act and *Safe Drinking Water Regulations 2012*.	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	Conduct relicensing audits of facilities with regard to SRF legislation. Incorporate appropriate annual fire safety requirements from the Constituent Councils Building Fire and Safety Officers.	Unannounced audits conducted at all facilities. Issue of licences annually with conditions where required. Fire safety advice obtained annually. If required, include as licence conditions as agreed between EHA and Constituent Councils.
2.2.4	Conduct 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**
3.1	Ensure effective governance and delivery of a public clinic immunisation program in accordance with: • the current National Health and Medical Research Council (NHMRC) "Australian Immunisation Handbook" • National Vaccine Storage Guidelines 'Strive for 5, 2nd Edition • the *Controlled Substances Act 1984* and the *Controlled Substances (Poisons) Regulations 2011* • Vaccine Administration Code October 2018 v 1.7 • South Australia's Child Protection Legislation – Child Safe Environment Guidelines. • Immunisation Records and Inventory System (IRIS). Immunisation Nurses are provided with opportunities to participate in appropriate professional development opportunities.	Annual clinical performance evaluation. Annual Cold Chain audit and pharmaceutical refrigerator maintenance. Annual review of Child Safe Environment Guidelines and Procedures. Review of Immunisation Nurses CPD annually.
3.2	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. EHA website used as a tool for communication of up-to-date information relating to immunisation. Provide Constituent Councils with educational and promotional materials relating to immunisation for circulation. Continue to develop the EHA Immunisation brand.	Increased number of clinic timetables required and distributed. Review Constituent Council website and social media platforms for updated EHA information. Regular updates of information provided in the home page on immunisation issues. Source and distribute to Constituent Councils promotional and educational materials on immunisation in in conjunction with Constituent Councils.

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

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

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

	• refuse storage • wastewater disposal • allergens • COVID-19 (physical distancing) Liaise with SA Health and other councils to ensure a consistent approach as required. Maintain and update a register of all food related complaints.	
4.8	Administer the COVID-19 State Directions and undertake the required surveillance during inspections based on advice received the from the LGFSG who are considered as our lead agency. Continue to report COVID-19 physical distancing breaches on the LGA i-Responda Portal as advised and required by the LGFSG.	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 *Food Act 2001*.	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	Manage temporary stall notification forms and ensure temporary food businesses are provided with adequate resources and information in safe food practices. Risk assess all event notifications to determine the requirement to inspect the specific events. Conduct food safety assessments of fairs and festivals and temporary events in collaboration with the Constituent Councils and relevant event co-ordinators. Provide written correspondence and feedback to all stall holders assessed at these events.	Food safety assessments are undertaken based on risk. Provide correspondence and feedback to stall holders where required.

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

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

From: Helen Bortoluzzi
To: Michael Livori
Cc: Magnus Heinrich
Subject: Annual Business Plan 2021/22
Date: Wednesday, 16 June 2021 10:52:26 AM

Dear Michael

At its meeting on 11 May 2021 Council resolved.

Regional Subsidiaries Annual Business Plans 2021/22 (Report No: 125-21)

Motion **C110521/12832 (in part)**

Adopt the Eastern Health Authority draft Budget 2021/22, noting the Budgeted result is a breakeven position.

I apologise for the delay in providing this information to you.

Regards

Helen Bortoluzzi | Executive Support Officer
City of Burnside | 401 Greenhill Road Tusmore SA 5065
P: 08 8366 4255
hbortoluzzi@burnside.sa.gov.au
www.burnside.sa.gov.au

Enq: Michelle Hammond
Ph: 8366 9260

6 May 2021

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

Via email: mlivori@eha.sa.gov.au

Dear ~~Mr~~ Michael Livori

Eastern Health Authority – Draft Annual Business Plan and Budget for 2021/2022

I refer to your correspondence dated 31 March 2021 and wish to advise that at its meeting held on Tuesday 4 May 2021 Council endorsed the Authority's draft 2021/2022 Annual Business Plan and Budget.

If you have any queries or wish to discuss this matter further, please contact Council's Manager Finance, Mr Simon Zbierski, on 8366 9289.

Yours sincerely

Paul Di Iulio
Chief Executive Officer

File Number: qA69175 (A152615)
Enquiries To: Sharon Perkins
Direct Telephone: 8366 4533

27 April 2021

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

Dear Michael

EASTERN HEALTH AUTHORITY DRAFT 2021-2022 ANNUAL BUSINESS PLAN AND BUDGET

Thank you for your letter dated 31 March 2021, regarding the Draft 2021-2022 Annual Business Plan and Budget.

I wish to advise that the Council considered the EHA Draft 2021-2022 Annual Business Plan and Budget at its meeting held on 14 April 2021.

Following the consideration of the Draft 2021-2022 Annual Business Plan and Budget, the Council resolved that the Eastern Health Authority be advised that pursuant to Clause 8(1)(c) of the Charter, the Council has considered and hereby approves the Authority's Draft 2021-2022 Annual Business Plan and Budget.

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

Yours sincerely

Sharon Perkins
GENERAL MANAGER, CORPORATE SERVICES

C:\Users\sperkins\Objective\Navigator\objective.in.npsp.sa.gov.au-8008\SPerkins\Objects\WinTalk\25fb7655-da22-4773-a294-6925a1361a0a\EHA Letter 2021-2022 Draft Budget.docx

Ref. CR21/23811

Payinthi
128 Prospect Road
PO Box 171
Prospect SA 5082
Telephone (08) 8269 5355
admin@prospect.sa.gov.au
www.prospect.sa.gov.au

05 May 2021

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

Dear Michael

EHA PRELIMINARY DRAFT ANNUAL BUSINESS PLAN

I am pleased to advise that Council, at its ordinary meeting on 27 April 2021, resolved to support the preliminary Draft Annual Business Plan and Budget through the following resolution:

Item 10.8 Eastern Health Authority Draft Annual Business Plan and Budget 2021/2022

Cr K Barnett moved Cr A Harris seconded

That Council:

(1) Having considered Item 10.8 Eastern Health Authority Preliminary Draft Annual Business Plan and Budget 2021/2022, receives and notes the report.

(2) Supports the Eastern Health Authority Preliminary Draft Annual Business Plan and Budget 2021/2022 (as presented in Attachments 1-29) with nil specific recommended additions and changes, other than to suggest that the Annual Business Plan could highlight a smaller number of key operational areas for focus of the year ahead, with the subsidiary to be advised accordingly.

Carried Unanimously 71/2021

Please note the commentary around the breadth of the Annual Business Plan which Council would appreciate being considered. Should you require additional information please contact Brendan Lott, Manager Community Development.

Yours sincerely

Nigel McBride
Chief Executive Officer

The Corporation of the Town of Walkerville

ABN 49 190 949 882

66 Walkerville Terrace, Gilberton SA 5081

PO Box 55, Walkerville SA 5081

File Number: 11.14.1.1

Please Quote Ref: ADT202173455

Contact Officer: Monique Palmer, Group Manager Corporate Services

Telephone: (08) 8342 7100

Facsimile: (08) 8269 7820

Email: walkerville@walkerville.sa.gov.au

www.walkerville.sa.gov.au

20 May 2021

Mr. Michael Livori
Chief Executive Officer
Eastern Health Authority

Via Email: eha@eha.sa.gov.au

Dear Mr. Michael Livori,

Re: Eastern Health Authority (EHA) Draft Annual Business Plan & Budget 2021/2022

Monday 17 May 2021, Council considered EHA Draft Annual Business Plan & Budget 2021/2022. Council subsequently resolved as follows:

CNC370/20-21

That Council endorses the 2021/22 Eastern Health Authority Draft Budget and Annual Business Plan.

I invite you to contact Monique Palmer, Group Manager Corporate Services on 8342 7134 should you have any questions.

Yours sincerely

Monique Palmer
Group Manager Corporate Services

5.3 EASTERN HEALTH AUTHORITY 2020 CHARTER REVIEW UPDATE

Author: Michael Livori
Ref: AF20/47

Summary

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

Clause 12.3(a) of the Charter also requires the review to occur every 4 years. The last review of the Eastern Health Authority Charter was finalised in May 2016. A report was considered by the Board at its June 2020 meeting and the review process subsequently commenced. Additional update reports was provided at the meetings of 2 December 2020 and 25 February 2021. This report provides an update to members in relation to the review process.

Report

As requested by the Board of Management, an initial review of the Charter was undertaken by EHA administration including seeking advice in relation to what aspects of the Charter need to be amended from a legal and best practice point of view. The proposed changes were considered by the Board at meetings held on 2 December 2020 and 25 February 2021.

At the 25 February 2021 meeting the Board resolved that correspondence be provided to Constituent Councils requesting feedback in relation to the proposed changes. Additionally, the Board requested that Constituent Councils provide any additional comments or suggestions in relation to the review of the Charter that they would like considered.

Correspondence provided to Constituent Councils in relation to this request is provided as attachment 1. Constituent Councils were provided with a table detailing the proposed changes and rationale for the proposed changes (attachment 2) and copies of the current Charter marked up with the proposed changes (attachment 3).

Feedback has now been received from all Constituent Councils and is provided as attachment 4.

The feedback is summarised in a revised table provided as attachment 5.

Constituent Council Feedback

In accordance with clause 12.3 of the current Charter, the Charter can only be amended by unanimous resolution of the Constituent Councils.

The majority of the proposed changes were unanimously endorsed by all Constituent Councils.

There are however a number of clauses where Constituent Councils had differing or opposing views.

I have detailed those clauses where unanimous agreement has not yet been determined below.

1.7 Area of Activity

Revised clause allows for approval of an activity outside of the area of the Constituent Councils following unanimous resolution by the Board Members and concurrence of the Chief Executive Officers of the Constituent Councils.

Currently unanimous approval is required from Constituent Councils for this to occur which can take considerable time.

Any activity presented for approval by the Board and Chief Executive Officers of the Constituent Councils would align with the Public Health Services currently detailed in the EHA Annual Business Plan.

The revised clause would allow response to opportunities that may be of benefit to EHA and its Constituent Councils in a timelier manner.

Burnside

Make it clear that the activity in an outside area is not to the material detriment of the Constituent Councils. This should be made clear in Clause 1.7(b), or in Clause 1.5 by way of explicit reference to the Constituent Councils (or some other suitable amendment); and

Include principles and factors that will be considered when assessing a proposal to undertake an activity outside of the Constituent Councils.

Campbelltown

This clause should require unanimous support of the CEO's (aligning to the unanimous support by Board representatives).

Walkerville

Not supported. No evidence has been presented to Council to suggest that the current process (unanimous resolution of Member Councils) has delayed or prevented "activity outside of the area" from being considered, explored, investigated or advanced.

Administration Comment

Burnside and Campbelltown have requested some redrafting of the clause which will be undertaken by administration for consideration, however Walkerville do not support any change at this stage. This will require consideration at meeting of all Constituent Councils to attempt to gain a consensus position.

2.1 Board of Management - Functions

In relation to the Business Plan, the Board (as the governing body of EHA through which EHA makes decisions) will adopt the business plan therefore it is not considered necessary to refer to the Board assisting in its development.

Consideration to be given to whether there are other functions of the Board to be listed.

Campbelltown

Sub-clause f) should be reinstated to enable Board participation in Regional Health Plan and Business Plan development.

Administration Comment

Legal advice suggests that the Board (as the governing body of EHA through which EHA makes decisions) will adopt the business plan therefore it is not considered necessary to refer to the Board assisting in its development. The Board also participate in an Annual Business plan workshop and endorse a draft business plan.

The Regional Public Health Plan is considered to be the Constituent Councils plan and is adopted by each Constituent Council individually. The elements directly relevant to Eastern Health Authority in the Health Protection section of the Regional Public Health Plan mirror the work undertaken in the EHA Business Plan. Will require consideration at meeting of all Constituent Councils to attempt to gain a consensus position.

2.5 Chair of the Board

The EHA Audit Committee suggested the Chair should be an independent member.

The Audit Committee rationale for this request is that:

- It is best practice and good governance;
- An Independent Chair is primarily free of Conflicts of Interest (Risk Management);
- Able to act as a conciliatory element when and if elements of the Board differ and
- The Independent Chair is best placed to manage other Board members' conflict of interest.

Clause 2.6 h) currently prohibits Board Members from receiving remuneration for attendance at meetings. It is unlikely that an Independent Chair would consider this role without remuneration. The market would need to be tested in this regard and it is anticipated that the sitting fee for this role would be in the order of $450 to $600 per meeting.

The Board considered the feedback from the Audit Committee and were of the collective opinion that the current arrangement where the Chair is elected from Constituent Council Board representatives is suitable when considering the size and structure of EHA and the business transacted at Board meetings.

Norwood Payneham & St Peters

Agree with the Board's position that the current arrangement where the Chair is elected from Constituent Council Board representatives is suitable when considering the size and structure of EHA and the business transacted at Board meetings.

Walkerville

Audit Committee recommendation is supported, namely the Chair of EHA should be an Independent Member.

Administration Comment

Will require consideration at meeting of all Constituent Councils to attempt to gain a consensus position.

3.3 Telephone and video conferencing

Clause 3.3 b) – e) to be removed from the Charter and placed into a meeting procedure document to be adopted by EHA dealing with the procedures for electronic meetings and for board members to be able to participate in meetings by electronic means. There will be detailed procedures for how such meetings are to occur and the responsibilities of board members who attend meetings via electronic means.

Campbelltown

Procedures should only be determined by the EHA Board, not by the Chief Executive Officer

Walkerville

Supported, but should be placed in policy document not procedure document, which should be endorsed and reviewed by the Board.

Administration Comment

Suggest that clause be changed to remove Chief Executive Officer and require meeting procedure to be adopted by the Board. Will require consideration at meeting of all Constituent Councils to attempt to gain a consensus position.

8.1 c) Business Plan

It is not clear based on the current wording of this clause if that only a majority of the Constituent Councils are required to endorse the business plan or only majority of the Constituent Councils are to determine the date the Business Plan is to be provided to them. This should be clarified.

Walkerville

Support the unanimous endorsement of Member Councils not majority.

Administration Comment

Walkerville were the only Council to comment on this clause. Will require consideration at meeting of all Constituent Councils to attempt to gain a consensus position.

8.2b) Business Plan

Consideration of changing date to 15 October of each reporting year to allow additional time to compile required report.

Campbelltown

The timeframe for Annual Report submissions should not be extended beyond 30 September as this will impact Council operations and approval of its own Annual Report.

Walkerville

Not -supported – this amendment refers to the production of the Annual Report, which is currently due by 30 September each year. If council were to support this amendment, we would not be in a position to adopt our Annual Report before November of each year. The *Local Government Act 1999* requires that Annual Reports must be adopted by 30 November of each year.

Administration Comment

Suggest retaining current date of 30 September in clause. Will require consideration at meeting of all Constituent Councils to attempt to gain a consensus position.

Additional Issue Raised

2.2 Membership of the Board

Walkerville

Reduce the number of Board Members from two (2) per member Council to one (1) per member Council, with an Independent Chair.

Currently there are 10 Board Members. This is considered too unwieldy and should be reduced to five (5) plus an independent Chairperson.

Administration Comment

Consideration of this clause during the previous Charter review resulted in a significant delay in finalising the Charter review process. Will require consideration at meeting of all Constituent Councils to attempt to gain a consensus position.

It will now be necessary to convene a meeting of representatives from each Constituent Council to attempt to gain consensus on the clauses that have not been unanimously agreed.

Process steps from that point, anticipating a consensus position on all clauses will include:

- Draft revised Charter developed based on legal / best practice review and outcome of meeting to gain consensus position on clauses not unanimously agreed.
- Formally request a resolution from each Constituent Council agreeing to the proposed revised Charter.
- A copy of the Charter as amended, be provided to the Minister for State/Local Government Relations and published on a website in accordance with the Local Government Act requirements.

RECOMMENDATION

That:

1 The Eastern Health Authority 2020 Charter Review Update Report is received.

2 Correspondence be provided to Constituent Councils requesting attendance at a future meeting to consider the revised clause in the draft revised Charter which have not been unanimously agreed.

EASTERN HEALTH AUTHORITY

101 Payneham Road,
St Peters SA 5069

PO Box 275
Stepney SA 5069

T 8132 3600 / F 8132 3623
eha@eha.sa.gov.au

www.eha.sa.gov.au
ABN 52 535 526 438

Our Ref: D21/45

11 March 2021

Letter to all Constituent Council CEO's

Dear CEO

RE: Eastern Health Authority (EHA) Charter Review

Clause 19 of Schedule 2 of the *Local Government Act 1999* requires that a regional subsidiary has a Charter prepared by its Constituent Councils, and that the Charter is reviewed every four years. The last review of the Eastern Health Authority Charter was finalised in May 2016.

The required review commenced with the EHA Board of Management (Board) endorsing a charter review process at its June 2020 meeting.

Subsequently, an initial review of the Charter has been undertaken by EHA administration including seeking advice in relation to what aspects of the Charter need to be amended from a legal and best practice point of view. The proposed changes were considered by the Board at meetings held on 2 December 2020 and 25 February 2021.

The Board resolved that I now correspond with Constituent Councils requesting feedback in relation to the proposed changes.

Additionally, the board have requested that Constituent Councils provide any additional comments or suggestions in relation to the review of the Charter that they would like considered.

The following documents detailing the draft changes are enclosed:

A table detailing the proposed changes and rationale (attachment 1).
A copy of the draft amended Charter with the majority of changes marked up (attachment 2).
A clean copy of the draft amended Charter with the changes accepted (attachment 3).

Once the feedback is received from Constituent Councils it is intended that the process agreed by the Board at its June meeting will continue.

That is:

- Any additional changes requested by Constituent Councils be circulated to other Constituent Councils for review and comment.
- Draft revised Charter developed based on legal / best practice review and suggestions from Constituent Councils that have been unanimously agreed.
- If required, a meeting of representatives from each Constituent Council is convened to gain consensus on any elements that have not been unanimously agreed and assist in developing a final draft revised Charter.
- Request a resolution from each Constituent Council agreeing to the proposed revised Charter.
- A copy of the Charter as amended, be provided to the Minister for State/Local Government Relations and published on a website in accordance with the Local Government Act requirements.

Please feel free to contact me if you have any queries in relation to the Charter review.

Yours sincerely

Michael Livori
Chief Executive Officer

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

	Title	Commentary on amendments for consideration
1.7	Area of Activity	Revised clause allows for approval of an activity outside of the area of the Constituent Councils following unanimous resolution by the Board Members AND concurrence of the Chief Executive Officers of the Constituent Councils. Currently unanimous approval is required from Constituent Councils for this to occur which can take considerable time. Any activity presented for approval by the Board AND Chief Executive Officers of the Constituent Councils would align with the Public Health Services currently detailed in the EHA Annual Business Plan. The revised clause would allow response to opportunities that may be of benefit to EHA and its Constituent Councils in a timelier manner.
1.8	Common Seal	Current clause b) and c) are deleted as they are merely a replication of what is in the LG Act.
2.1	Board of Management - Functions	Language changed to reflect the LG Act more closely. Reference to developing the Public Health Plan is no longer necessary. In relation to the Business Plan, the Board (as the governing body of EHA through which EHA makes decisions) will adopt the business plan therefore it is not considered necessary to refer to the Board assisting in its development. Consideration to be given to whether there are other functions of the Board to be listed.

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

2.2 2.2 c)	Membership of Board	Minor amendments for clarification purposes. Elected member removed to reflect alternate membership (Administration).
2.4 a) c) b)	Board policies and codes	It is unnecessary to require consultation with Board Members. The mechanism by which EHA will adopt policies etc is by the Board passing a resolution adopting the policies. The Board Members will therefore provide their input by discussing, debating and ultimately adopting and reviewing the policies that are presented to it by the CEO. Changed to reflect that EHA has developed its own code of conduct for Board Members.
2.5 e) f) Other	Chair of the Board	Changed to reflect circumstances where resignation of chair occurs, and Chair is absent. These clauses deal with the following circumstances: • when the Chair ceases to be a Board member and therefore ceases to be the Chair of the Board; and • when the Chair is absent, i.e., unavailable to attend to the duties of Chair. In this circumstance, the person occupying the office of Chair is still the Chair but is merely absent, for example on holidays or unwell. In both the above circumstances, the Deputy Chair will act until either a new Chair is elected (in the first circumstance) or the Chair resumes their duties. The EHA Audit Committee suggested the Chair should be an independent member. The Audit Committee rationale for this request is that: • It is best practice and good governance; • An Independent Chair is primarily free of Conflicts of Interest (Risk Management); • Able to act as a conciliatory element when and if elements of the Board differ and • The Independent Chair is best placed to manage other Board members' conflict of interest.

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

		Clause 2.6 h) currently prohibits Board Members from receiving remuneration for attendance at meetings. It is unlikely that an Independent Chair would consider this role without remuneration. The market would need to be tested in this regard and it is anticipated that the sitting fee for this role would be in the order of $450 to $600 per meeting. The Board considered the feedback from the Audit Committee and were of the collective opinion that the current arrangement where the Chair is elected from Constituent Council Board representatives is suitable when considering the size and structure of EHA and the business transacted at Board meetings.
3.2 d)	Special Meetings	Notice of meeting is changed to four hours.
3.3	Telephone or video conferencing	3.3 b) – e) to be removed from the Charter and placed into a meeting procedure document to be adopted by EHA dealing with the procedures for electronic meetings and for board members to be able to participate in meetings by electronic means. There will be detailed procedures for how such meetings are to occur and the responsibilities of board members who attend meetings via electronic means.
3.6 b)	Quorum	This amendment is merely to clarify that a quorum is required for business to be transacted, it is possible that part of a meeting only may be in quorate and in that case any business transacted during the period the meeting had quorum is valid.
3.8 c)	Voting	Amendment requires Board Members attending meetings by electronic means to vote on a question arising from a decision at the meeting.
3.9	Circular Resolutions	This amendment is made to simplify this clause. The procedures for circular resolutions will be set out in a document to be adopted by the Board (included in the meeting procedures guidelines).
4.3	Functions of the Chief Executive Officer	The functions listed in the revised clause are analogous to the functions of a CEO of a council listed in section 99 of the Act.
4.4	Acting Chief Executive Officer	Clause abbreviated to remove revocation of acting position by Board.

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

5	Staff of EHA	Revised provisions in clause are identical to provisions in the LG Act that apply to CEOs of councils.
6	Regional Public Health Plan	Clause has been amended to reflect the current state of the Regional Public Health Planning review and reporting process.
7.9 c)	Insurance and superannuation requirements	Minor change for clarity
8.1 c) 8.2 b)	Business Plan	It is not clear based on the current wording of this clause if that only a majority of the Constituent Councils are required to endorse the business plan or only majority of the Constituent Councils are to determine the date the Business Plan is to be provided to them. This should be clarified. Consideration of changing date to 15 October to allow additional time to compile required report.
12.3	Alteration and review of charter	Clause changed to reflect revised LG Act requirement for publishing of Charter.
N/A	Other	Number of minor grammatical changes have also been made to document.

EASTERN HEALTH AUTHORITY

Charter

2021

local councils working together to protect the health of the community

1. EASTERN HEALTH AUTHORITY

1.1. Regional subsidiary

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

1.2. Constituent Councils

The Constituent Councils of EHA are:

a) City of Norwood Payneham & St Peters;

b) City of Burnside;

c) Campbelltown City Council;

d) City of Prospect; and

e) The Corporation of the Town of Walkerville,

(**Constituent Councils**).

1.3. Preamble

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

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

1.4. Purpose

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

1.5. Functions

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

a) take action to preserve, protect and promote public and environmental health within the area of the Constituent Councils;

b) cooperate with other authorities involved in the administration of public and environmental health;

c) promote and monitor public and environmental health whether in or, so far as the Act and the charter allows, outside the area of the Constituent Councils;

d) assist the Constituent Councils to meet their legislative responsibilities in accordance with the SA Public Health Act, the *Food Act 2001* (SA), the *Supported Residential Facilities Act 1992* (SA), the *Expiation of Offences Act 1996* (SA), the *Housing Improvement Act 1940* (SA) (or any successor legislation to these Acts) and any other legislation regulating similar matters that the Constituent Councils determine is appropriate within the purposes of EHA;

e) establish objectives and policy priorities for the promotion and protection of public and environmental health within the areas of the Constituent Councils;

f) provide immunisation programs for the protection of public health within the areas of the Constituent Councils or to ensure that such programs are provided;

g) promote and monitor standards of hygiene and sanitation;

h) promote and monitor food safety standards;

i) identify risks to public and environmental health within the areas of the Constituent Councils;

j) monitor and regulate communicable and infectious disease control;

k) licence and monitor standards in Supported Residential Facilities;

l) ensure that remedial action is taken to reduce or eliminate adverse impacts or risks to public and environmental health;

m) provide, or support the provision of, educational information about public and environmental health and provide or support activities within the areas of the Constituent Councils to preserve, protect or promote public health;

n) keep the Constituent Councils abreast of any emerging opportunities, trends and issues in public and environmental health; and

o) any other functions described in the Charter or assigned by the Constituent Councils to EHA consistent with EHA's purpose.

1.6. **Powers**

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

a) enter into contracts or arrangements with any government agency or authority, or councils, including the Constituent Councils;

b) appoint, employ, remunerate, remove or suspend officers, managers, employees and agents;

c) enter into contracts with any person for the acquisition or provision of goods and services;

d) receive financial contributions from the Constituent Councils;

e) publish information;

f) acquire, hold, deal with and dispose of any real or personal property, subject to the requirements of the Constituent Councils;

g) open and operate bank accounts;

h) acquire funds for the purpose of its functions or operations by entering into loan agreements;

i) invest any of the funds of EHA in any investment with the LGA Finance Authority, provided that in exercising this power of investment EHA must:

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

(b) avoid investments that are speculative or hazardous in nature;

j) raise revenue by applying for grants and other funding from the State of South Australia or the Commonwealth of Australia and their respective agencies or instrumentalities on behalf of the Constituent Councils or on its own behalf.

1.7. **Area of activity**

a) EHA may ~~only~~ undertake an activity, including in relation to one or more of its functions and powers set out in clauses 1.5 and 1.6 outside the area of the Constituent Councils where that activity has been approved by EHA by a ~~unanimous~~ resolution supported unanimously by all the Board Members of EHA ~~currently in office~~present at the relevant meeting on the basis EHA considers the activity is ~~decision of the Constituent Councils as being~~ necessary or expedient to the performance by EHA of its functions subject to:

(a) ~~the relevant and is an~~ activity being included in the EHA business plan;

(b) there being no material impact on EHA's ability to undertake its functions set out in clause 1.5;

(c) EHA obtaining the concurrence of the Chief Executive Officers of the Constituent Councils to EHA undertaking the relevant activity.

1.8. **Common seal**

a) EHA shall have a common seal upon which its corporate name shall appear in legible characters.

~~b) The common seal shall not be used without the authorisation of a resolution of EHA and every use of the common seal shall be recorded in a register.~~

~~c) The affixing of the common seal shall be witnessed by the Chair or Deputy Chair or such other Board member as the Board may appoint for the purpose.~~

~~d)~~b) The common seal shall be kept in the custody of the Chief Executive Officer or such other person as EHA may from time to time decide.

2. BOARD OF MANAGEMENT

2.1. **Functions**

The Board is the governing body of EHA and is responsible for the administration of the affairs of EHA~~.managing all activities of EHA A decision of the Board is a decision of EHA. and ensuring that EHA acts in accordance with the Charter~~. In addition to the functions of the Board set out in the LG Act the Board ~~The Board~~ will:

a) take all reasonable and practicable steps to ensure that EHA acts in accordance with the Charter;

~~a)~~b) formulate plans and strategies aimed at improving the activities of EHA;

~~b)~~c) provide input and policy direction to EHA;

~~c)~~d) monitor, oversee and evaluate the performance of the Chief Executive Officer;~~.~~

~~d)~~e) ensure that ethical behaviour and integrity is maintained in all activities undertaken by EHA;

~~e)~~f) subject to clause 3.10, ensure that the activities of EHA are undertaken in an open and transparent manner; and

~~assist with the development of the Public Health Plan and Business Plan; and~~

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

2.2. **Membership of the Board**

a) Each Constituent Council must appoint:

(a) one elected member; and

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

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

b) A Board Member shall be appointed for the term of office specified in the instrument of appointment, and at the expiration of the term of office will be eligible for re-appointment by the Constituent Council that appointed that Board Member.

c) Each Constituent Council must give notice in writing to EHA of the ~~elected members~~persons it has appointed as Board Members and of any revocation of any of those appointments.

d) Any person authorised by a Constituent Council may attend (but not participate in) a Board meeting and may have access to papers provided to Board Members for the purpose of the meeting.

e) The provisions regarding the office of a board member becoming vacant as prescribed in the Act apply to all Board Members.

f) Where the office of a board member becomes vacant, the relevant Constituent Council will appoint another person as a Board member for the balance of the original term or such other term as the Constituent Council determines.

g) The Board may by a two thirds majority vote of the Board Members present (excluding the Board Member who is the subject of a recommendation under this clause g)~~g)~~) make a recommendation to the relevant Constituent Council requesting that the Constituent Council terminate the appointment of a Board Member in the event of:

(a) any behaviour of the Board Member which in the opinion of the Board amounts to impropriety;

(b) serious neglect of duty in attending to their responsibilities as a Board Member;

(c) breach of fiduciary duty to EHA, a Constituent Council or the Constituent Councils;

(d) breach of the duty of confidentiality to EHA, a Constituent Council or the Constituent Councils;

(e) breach of the conflict of interest provisions of the Act; or

(f) any other behaviour that may, in the opinion of the Board, discredit EHA a Constituent Council or the Constituent Councils.

h) The members of the Board shall not be entitled to receive any remuneration in respect of their appointment as a Board Member including their attendance at meetings of the Board or on any other business of ~~the Board~~EHA.

2.3. **Conduct of Board Members**

a) Subject to clauses 20(6) and 20(7), Schedule 2 to the Act, the provisions regarding conflict of interest prescribed in the Act apply to Board Members.

b) Board Members are not required to comply with Division 2, Part 4, Chapter 5 (Register of Interests) of the Act.

c) Board Members must at all times act in accordance with their duties under the Act.

2.4. **Board policies and codes**

a) EHA must, ~~in consultation with the Board Members~~ ensure that appropriate policies, practices and procedures are implemented and maintained in order to:

(a) ensure compliance with any statutory requirements; and

(b) achieve and maintain standards of good public administration.

b) EHA will adopt a A code of conduct ~~currently prescribed under section 63 of the Act will apply to~~for Board Members ~~as if the Board Members were elected members, except insofar as the prescribed code of conduct is inconsistent with an express provision of the charter or schedule 2 of the Act. In the event of such an inconsistency, the charter or schedule 2 of the Act (as relevant) will prevail to the extent of the inconsistency~~.

c) ~~To the extent it is able, t~~The Board must, as far as it is reasonable and practicable, ensure that ~~its~~ EHA's policies are complied with in the conduct of the affairs of EHA and are ~~periodically reviewed and, if appropriate, amended~~reviewed at regular intervals to be determined by the Board on the recommendation of the audit committee.

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

2.5. **Chair of the Board**

a) A Chair and Deputy Chair shall be elected at the first meeting of the Board after a Periodic Election.

b) The Chair and Deputy Chair shall hold office for a period of one year from the date of the election by the Board.

c) Where there is more than one nomination for the position of Chair or Deputy Chair, the election shall be decided by ballot.

d) Both the Chair and Deputy Chair shall be eligible for re-election to their respective offices at the end of the relevant one year term.

e) If the Chair should cease to be a Board Member, or resign their position as chair, the Deputy Chair may act as the Chair until the election of a new Chair.

~~e)~~f) In the event the Chair is absent the Deputy Chair shall act as the Chair.

2.6. **Powers of the Chair and Deputy Chair**

a) The Chair shall preside at all meetings of the Board and, in the event of the Chair being absent from a meeting, the Deputy Chair shall preside. In the event of the Chair and Deputy Chair being absent from a meeting, the Board Members present shall appoint a member from among them, who shall preside for that meeting or until the Chair or Deputy Chair is present.

b) The Chair and the Deputy Chair individually or collectively shall have such powers as may be decided by ~~the Board~~EHA.

2.7. **Committees**

a) ~~The Board~~EHA may establish a committee for the purpose of:

(a) enquiring into and reporting to the Board on any matter within EHA's functions and powers and as detailed in the terms of reference given by the Board to the committee; or

(b) exercising, performing or discharging delegated powers, functions or duties.

b) A member of a committee established under this clause holds office at the pleasure of ~~the Board~~EHA.

c) The Chair of the Board is an *ex-officio* member of any committee ~~or advisory committee~~ established by ~~the Board~~EHA.

3. MEETINGS OF THE BOARD

3.1. Ordinary meetings

a) Ordinary meetings of the Board will take place at such times and places as may be fixed by the Board or where there are no meetings fixed by the Board, by the Chief Executive Officer in consultation with the Chair from time to time, so that there are no less than five ordinary meetings per financial year.

b) Notice of ordinary meetings of the Board must be given by the Chief Executive Officer to each Board Member and the chief executive officer of each Constituent Council at least three clear days prior to the holding of the meeting.

3.2. Special meetings

a) Any two Board Members may by delivering a written request to the Chief Executive Officer require a special meeting of the Board to be held.

b) The request must be accompanied by the proposed agenda for the meeting and any written reports intended to be considered at the meeting (if the proposed agenda is not provided the request is of no effect).

c) On receipt of the request, the Chief Executive Officer must send a notice of the special meeting to all Board Members and Chief Executive Officers of the Constituent Councils at least four hours prior to the commencement of the special meeting.

d) The Chair may convene special meetings of the Board at the Chair's discretion without complying with the notice requirements prescribed in clause 3.4 provided always that there is a minimum ~~one~~ four hours notice given to Board members.

3.3. Telephone or video conferencing

a) Special meetings of the Board convened under clause 3.2 may occur by ~~telephone or video conference~~electronic means in accordance with procedures determine by EHA or the Chief Executive Officer and provided that at least a quorum is present at all times.

~~b) Where one or more Board Members attends a Board meeting by telephone or video conferencing~~electronic means~~, the meeting will be taken to be open to the public, provided that members of the public can hear the discussion between Board members.~~

~~c) Each of the Board Members taking part in a meeting via telephone or video conferencing~~by electronic means must, ~~at all times during the~~

meeting, be able to hear and be heard by the other Board Members present.

d) At the commencement of the meeting by telephoneelectronic means, each Board Member must announce their presence to all other Board Members taking part in the meeting.

e) Board Members attending a meeting by electronic means must not leave a meeting by disconnecting the electronic means ir telephone, audio-visual or other communication equipment, without notifying the Chair of the meeting in advance.

3.4. **Notice of meetings**

a) Except where clause 3.2 applies, notice of Board meetings must be given in accordance with this clause.

b) Notice of any meeting of the Board must:

(a) be in writing;

(b) set out the date, time and place of the meeting;

(c) be signed by the Chief Executive Officer;

(d) contain, or be accompanied by, the agenda for the meeting; and

(e) be accompanied by a copy of any document or report that is to be considered at the meeting (as far as this is practicable).

c) Notice under clause b)b) may be given to a Board Member:

(a) personally;

(b) by delivering the notice (whether by post or otherwise) to the usual place of residence of the Board Member or to another place authorised in writing by the Board Member;

(c) electronically via email to an email address approved by the Board Member;

(d) by leaving the notice at the principal office of the Constituent Council which appointed the Board Member; or

(e) by a means authorised in writing by the Board Member being an available means of giving notice.

d) A notice that is not given in accordance with clause c)c) will be taken to have been validly given if the Chief Executive Officer considers it impracticable to give the notice in accordance with that clause and takes action that the Chief Executive Officer considers reasonably

practicable in the circumstances to bring the notice to the Board Member's attention.

e) The Chief Executive Officer may indicate on a document or report provided to Board Members that any information or matter contained in or arising from the document or report is confidential until such time as the Board determines whether the document or report will be considered in confidence under clause 3.10.b)~~3.10.b)~~.

3.5. **Minutes**

a) The Chief Executive Officer must cause minutes to be kept of the proceedings at every meeting of the Board.

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

3.6. **Quorum**

a) A quorum of Board Members is constituted by dividing the total number of Board Members for the time being in office by two, ignoring any fraction resulting from the division and adding one.

b) No business will be transacted at a meeting unless a quorum is present ~~and maintained during the meeting~~.

3.7. **Meeting procedure**

a) ~~The Board~~EHA may determine its own procedures for the conduct of its meetings provided they are not inconsistent with the Act or the charter.

b) Meeting procedures determined by ~~the Board~~EHA must be documented and be made available to the public.

c) Where the Board has not determined a procedure to address a particular circumstance, the provisions of Part 2 of the *Local Government (Procedures at Meetings) Regulations 2000* (SA) shall apply.

3.8. **Voting**

a) Board Members including the Chair, shall have a deliberative vote. The Chair shall not in the event of a tied vote, have a second or casting vote.

b) All matters will be decided by simple majority of votes of the Board Members present. In the event of a tied vote the matter will lapse.

c) Each Board Member present at a meeting, including Board Members attending a meeting by electronic means must vote on a question arising for decision at the meeting.

3.9. **Circular resolutions**

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

A resolution consented to under clause a) is as valid and effectual as if it had been passed at a meeting of the Board.

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

a) Subject to this clause, meetings of the BoardEHA must be conducted in a place open to the public.

b) The BoardEHA may order that the public be excluded from attendance at any meeting in accordance with the procedure under sections 90(2) and 90(3) of the Act.

c) An order made under clause b)b) must be recorded in the minutes of the meeting including describing the grounds on which the order was made.

3.11. **Public inspection of documents**

a) Subject to clause c)c), a person is entitled to inspect, without payment of a fee:

(a) minutes of a Board Meeting;

(b) reports received by the Board Meeting; and

(c) recommendations presented to the Board in writing and adopted by resolution of the Board.

b) Subject to clause c)c), a person is entitled, on payment to the Board of a fee fixed by the Board, to obtain a copy of any documents available for inspection under clause a)a).

c) Clauses a)a) and b)b) do not apply in relation to a document or part of a document if:

(a) the document or part of the document relates to a matter of a kind considered by the Board in confidence under clause 3.10.b)~~3.10.b)~~; and

(b) the Board orders that the document or part of the document be kept confidential (provided that in so ordering the Board must specify the duration of the order or the circumstances in which it will cease to apply or a period after which it must be reviewed).

3.12. **Saving provision**

a) No act or proceeding of EHA is invalid by reason of:

(a) a vacancy or vacancies in the membership of the Board; or

(b) a defect in the appointment of a Board Member.

4. CHIEF EXECUTIVE OFFICER

4.1. **Appointment**

a) ~~The Board~~EHA shall appoint a Chief Executive Officer to manage the business of EHA on a fixed term performance based employment contract, which does not exceed five years in duration.

b) At the expiry of a Chief Executive Officer's contract, the Board may reappoint the same person as Chief Executive Officer on a new contract of no greater than five years duration.

4.2. **Responsibilities**

a) The Chief Executive Officer is responsible to ~~the Board~~EHA for the execution of decisions taken by ~~the Board~~EHA and for the efficient and effective management of the affairs of EHA.

b) The Chief Executive Officer shall cause records to be kept of all activities and financial affairs of EHA in accordance with the charter, in addition to other duties provided for by the charter and those specified in the terms and conditions of appointment.

4.3. **Functions of the Chief Executive Officer**

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

a) ensure that the policies, procedures, codes of conduct and any lawful decisions of EHA are implemented and promulgated in a timely and efficient manner;

b) undertake responsibility for the day to day operations and affairs of EHA;

c) provide advice, assistance and reports to EHA through the Board in the exercise and performance of its powers and functions under the charter and the Act;

d) initiate and co-ordinate proposals for consideration by EHA for developing objectives, policies and programs for the Constituent Council areas;

e) provide information to EHA to assist EHA to assess performance against EHA plans;

f) ensure that timely and accurate information about EHA policies and programs is regularly provided to the communities of the Constituent Councils;

g) ensure that appropriate and prompt responses are given to specific requests for information made to EHA and, where appropriate, the Constituent Councils;

h) ensure that the assets and resources of EHA are properly managed and maintained;

i) maintain records that EHA and the Constituent Councils are required to maintain under the charter, the Act or another Act in respect of EHA;

j) ensure sound principles of human resource management, health and safety to the employment of staff by EHA, including the principles listed in section 107(2) of the Act;

k) ensure compliance with the obligations under *Work Health and Safety Act 2012* (SA) of both EHA and the Chief Executive Officer (as an 'officer' of EHA within the meaning of the WHS Act); and

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

~~l)~~m) such other functions as may be specified in the terms and conditions of appointment of the Chief Executive Officer.

4.4. **Acting Chief Executive Officer**

a) Where an absence of the Chief Executive Officer is foreseen, the Chief Executive Officer may appoint a suitable person to act as Chief Executive Officer.~~, provided that the Board~~EHA ~~may determine to revoke the~~ Acting ~~Chief Executive Officer's appointment and appoint an alternative person as Acting Chief Executive Officer.~~

b) If the Chief Executive Officer does not make or is incapable of making an appointment under clause a)~~a)~~, a suitable person will be appointed by ~~the Board~~EHA.

5. STAFF OF EHA

a) EHA may employ any staff required for the fulfilment of its functions.

b) ~~The~~ The Chief Executive Officer is responsible for appointing, managing, suspending and dismissing the other employees of EHA (on behalf of EHA).

~~conditions on which staff are employed will be determined by the Chief Executive Officer~~.

c) The Chief Executive Officer must ensure that an appointment under this clause is consistent with strategic policies and budgets approved by EHA.

d) The Chief Executive Officer must, in acting under this clause comply with any relevant Act, award or industrial agreement.

e) Suspension of an employee by the Chief Executive Officer does not affect a right to remuneration in respect of the period of suspension.

6. REGIONAL PUBLIC HEALTH PLAN

~~6.1. Obligation to prepare~~

~~a) EHA must prepare for the Constituent Councils a draft regional public health plan for the purposes of the South Australian Public Health Act.~~

~~b) The draft Regional Public Health Plan must be:~~

~~(a) in the form determined or approved by the Minister; and~~

~~(b) consistent with the State Public Health Plan.~~

~~c) In drafting the Regional Public Health Plan, EHA will take into account:~~

~~(a) any guidelines prepared or adopted by the Minister to assist councils prepare regional public health plans; and~~

~~(b) in so far as is reasonably practicable give due consideration to the regional public health plans of other councils where relevant to issues or activities under the Regional Public Health Plan.~~

~~6.2. Contents~~

~~The Regional Public Health Plan must:~~

a) comprehensively assess the state of public health in the areas of the Constituent Councils;

b) identify existing and potential public health risks and provide for strategies for addressing and eliminating or reducing those risks;

c) identify opportunities and outline strategies for promoting public health in the areas of the Constituent Councils;

d) address any public health issues specified by the Minister; and

e) include information as to:

(a) the state and condition of public health within the area of the Constituent Councils and related trends;

(b) environmental, social, economic and practical considerations relating to public health within the area of the Constituent Councils; and

(c) other prescribed matters; and

f) include such other information or material contemplated by the SA Public Health Act or regulations made under that Act.

6.3. **Consultation**

a) EHA will submit the draft Regional Public Health Plan to the Constituent Councils for approval for the plan to be provided, on behalf of the Constituent Councils, to:

(a) the Minister;

(b) any incorporated hospital established under the *Health Care Act 2008* (SA) that operates a facility within the area of the Constituent Councils;

(c) any relevant Public Health Authority Partner; and

(d) any other person prescribed by regulation made under the SA Public Health Act.

b) Once approved by the Constituent Councils, EHA will, on behalf of the Constituent Councils, submit a copy of the draft Regional Public Health Plan to the entities listed in clause a) and consult with the Chief Public Health Officer and the public on the draft Public Health Authority Partner.

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

~~6.4. Adoption of a Regional Public Health Plan~~

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

6.5.6.1. **Implementation of a Regional Public Health Plan**

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

6.6.6.2. **Review**

EHA will, in conjunction with the Constituent Councils, review the ~~current~~ Regional Public Health Plan every five years or at shorter time intervals as directed by the Constituent Councils.

6.7.6.3. **Reporting**

a) EHA will on a biennial basis, on behalf of the Constituent Councils, prepare coordinate the preparation of a draft report that contains a comprehensive assessment of the extent to which, during the reporting period, EHA and the Constituent Councils have succeeded in implementing the Regional Public Health Plan.

~~b) The reporting period for the purposes of clause a) is the two years ending on 30 June preceding the drafting of the report.~~

c)b) EHA will comply with guidelines issued by the Chief Public Health Officer in respect of the preparation of reports on regional public health plans.

d)c) EHA will submit the draft report to the ~~Constituent Councils for approval for the draft report to be provided to the~~ Chief Public Health Officer ~~by 30 June 2014~~on behalf of the constituent councils as required.

7. FUNDING AND FINANCIAL MANAGEMENT

7.1. Financial management

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

b) EHA must meet the obligations set out in the *Local Government (Financial Management) Regulations 2011* (SA).

c) The Chief Executive Officer must act prudently in the handling of all financial transactions for EHA and must provide financial reports to the Board at its meetings and if requested, the Constituent Councils.

7.2. **Bank account**

a) EHA must establish and maintain a bank account with such banking facilities and at a bank to be determined by the Board.

b) All cheques must be signed by two persons authorised by resolution of the Board.

c) Any payments made by electronic funds transfer must be made in accordance with procedures approved by the external auditor.

7.3. **Budget**

a) EHA must prepare a proposed budget for each financial year in accordance with clause 25, Schedule 2 to the Act.

b) The proposed budget must be referred to the Board at its April meeting and to the Chief Executive Officers of the Constituent Councils by 30 April each year.

c) A Constituent Council may comment in writing to EHA on the proposed budget by 31 May each year.

d) EHA must, after 31 May but before the end of June in each financial year, finalise and adopt an annual budget for the ensuing financial year in accordance with clause 25, Schedule 2 to the Act.

7.4. **Funding contributions**

a) Constituent Councils shall be liable to contribute monies to EHA each financial year for its proper operation.

b) The contribution to be paid by a Constituent Council for any financial year shall be determined by calculating the Constituent Council's proportion of EHA's overall activities in accordance with the Funding Contribution Calculation Formula (see Schedule 1).

c) Constituent Council contributions shall be paid in two equal instalments due respectively on 1 July and 1 January each year.

d) The method of determining contributions can be changed with the written approval of not less than two thirds of the Constituent Councils. Where the method for calculating contributions is changed, the revised methodology will apply from the date determined by not less than two thirds of the Constituent Councils.

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

7.5. **Financial reporting**

a) The Board shall present a balance sheet and the audited financial statements for the immediately previous financial year to the Constituent Councils by 31 August each year.

b) The financial year for EHA is 1 July of a year to 30 June in the subsequent year.

7.6. **Audit**

a) The Board shall appoint an external auditor in accordance with the *Local Government (Financial Management) Regulations 2011* (SA).

b) The audit of financial statements of EHA, together with the accompanying report from the external auditor, shall be submitted to the Chief Executive Officer and the Board.

c) The books of account and financial statements shall be audited at least once per year.

d) EHA will maintain an audit committee as required by, and to fulfil the functions set out in, clause 30, Schedule 2 to the Act.

7.7. **Liability**

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

7.8. **Insolvency**

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

7.9. **Insurance and superannuation requirements**

a) EHA shall register with the LGA Mutual Liability Scheme and comply with the rules of that scheme.

b) EHA shall register with the LGA Asset Mutual Fund or otherwise advise the Local Government Risk Services of its insurance requirements relating to local government special risks in respect of buildings, structures, vehicles and equipment under the management, care and control of EHA.

c) ~~If EHA employs any person it~~As an employer, EHA shall register with Statewide Super and the LGA Workers Compensation Scheme and comply with the rules of those schemes.

8. BUSINESS PLAN

8.1. Contents of the Business Plan

a) EHA must each year develop in accordance with this clause a business plan which supports and informs its annual budget.

b) In addition to the requirements for the Business Plan set out in clause 24(6) of Schedule 2 to the Act, the Business Plan will include:

(a) a description of how EHA's functions relate to the delivery of the Regional Public Health Plan and the Business Plan;

(b) financial estimates of revenue and expenditure necessary for the delivery of the Regional Public Health Plan;

(c) performance targets which EHA is to pursue in respect of the Regional Public Health Plan.

c) A draft of the Business Plan will be provided to the Constituent Councils ~~on a date to be determined~~ for the endorsement of the majority of those councils.

d) The Board must provide a copy of the adopted annual Business Plan and budget to the Chief Executive Officers of each Constituent Council within five business days of its adoption.

8.2. Review and assessment against the Business Plan

a) The Board must:

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

(b) in consultation with the Constituent Councils review the contents of the Business Plan on an annual basis; and

(c) consult with the Constituent Councils prior to amending the Business Plan.

b) EHA must submit to the Constituent Councils, by 15 October~~30 September~~ each year in respect of the immediately preceding financial year, an annual report on the work and operations of EHA detailing achievement of the aims and objectives of its Business Plan and incorporating any other information or report as required by the Constituent Councils.

9. MEMBERSHIP

9.1. New Members

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

9.2. Withdrawal of a member

a) Subject to any legislative requirements, including but not limited to ministerial approval, a Constituent Council may resign from EHA at any time by giving a minimum 12 months notice to take effect from 30 June in the financial year after which the notice period has expired, unless otherwise agreed by unanimous resolution of the other Constituent Councils.

b) Valid notice for the purposes of clause a)~~a)~~ is notice in writing given to the Chief Executive Officer and each of the Constituent Councils.

c) The withdrawal of any Constituent Council does not extinguish the liability of that Constituent Council to contribute to any loss or liability incurred by EHA at any time before or after such withdrawal in respect of any act or omission by EHA prior to such withdrawal.

d) Payment of monies outstanding under the charter, by or to the withdrawing Constituent Council must be fully paid by 30 June of the financial year following 30 June of the year in which the withdrawal occurs unless there is a unanimous agreement as to alternative payment arrangements by the Constituent Councils.

10. DISPUTE RESOLUTION

a) The procedure in this clause must be applied to any dispute that arises between EHA and a Constituent Council concerning the affairs of EHA, or between the Constituent Councils concerning the affairs of EHA, including a dispute as to the meaning or effect of the charter and whether the dispute concerns a claim in common law, equity or under statute.

b) EHA and a Constituent Council must continue to observe the charter and perform its respective functions despite a dispute.

c) This clause does not prejudice the right of a party:

(a) to require the continuing observance and performance of the charter by all parties: or

(b) to institute proceedings to enforce payment due under the charter or to seek injunctive relief to prevent immediate and irreparable harm.

d) Subject to clause c)~~c)~~, pending completion of the procedure set out in clauses e)~~e)~~ to i)~~i)~~, a dispute must not be the subject of legal proceedings between any of the parties in dispute. If legal proceedings are initiated or continued in breach of this clause, a party to the dispute is entitled to apply for and be granted an order of the court adjourning those proceedings pending completion of the procedure set out in this clause 10.

e) **Step 1: Notice of dispute**: A party to the dispute must promptly notify each other party to the dispute of:

(a) the nature of the dispute, giving reasonable details;

(b) what action (if any) the party giving notice seeks to resolve the dispute.

A failure to give notice under this clause e)~~e)~~ does not entitle any other party to damages.

f) **Step 2: Request for a meeting of the parties**: A party providing notice of a dispute under clause e)~~e)~~ may at the same or a later time notify each other party to the dispute that the notifying party requires a meeting within 14 business days.

g) **Step 3: Meeting of senior managers**: Where a meeting is requested under clause f)~~f)~~, a senior manager of each party must attend a meeting with the Board in good faith to attempt to resolve the dispute.

h) **Step 4: Meeting of chief executive officers**: Where a meeting of senior managers held under clause g)~~g)~~ fails to resolve the dispute, the chief executive officers of EHA and each of the Constituent Councils must attend a meeting in good faith to attempt to resolve the dispute.

i) **Step 5: Mediation:** If the meeting held under clause h)~~h)~~ fails to resolve the dispute, then the dispute may be referred to mediation by any party to the dispute.

j) Where a dispute is referred to mediation under clause i)~~i)~~:

(a) the mediator must be a person agreed by the parties in dispute or, if they cannot agree within 14 days, a mediator nominated by the President of the South Australian Bar Association (or equivalent office of any successor organisation);

(b) the role of the mediator is to assist in negotiating a resolution of a dispute;

(c) a mediator may not make a decision binding on a party unless the parties agree to be so bound either at the time the mediator is appointed or subsequently;

(d) the mediation will occur at EHA's principal office or any other convenient location agreed by both parties;

(e) a party is not required to spend more than the equivalent of one business day in mediation of a dispute;

(f) each party to a dispute will cooperate in arranging and expediting the mediation, including by providing information in the possession or control of the party reasonably sought by the mediator in relation to the dispute;

(g) each party will send a senior manager authorised to resolve the dispute to the mediation;

(h) the mediator may exclude lawyers acting for the parties in dispute;

(i) the mediator may retain persons to provide expert assistance to the mediator;

(j) a party in dispute may withdraw from mediation if in the reasonable opinion of that party, the mediator is not acting in confidence or with good faith, or is acting for a purpose other than resolving the dispute;

(k) unless otherwise agreed in writing:

(i) everything that occurs before the mediator is in confidence and in closed session;

(ii) discussions (including admissions and concessions) are without prejudice and may not be called into evidence in any subsequent legal proceedings by a party;

(iii) documents brought into existence specifically for the purpose of the mediation may not be admitted in evidence in any subsequent legal proceedings by a party; and

(iv) the parties in dispute must report back to the mediator within 14 days on actions taken based on the outcomes of the mediation; and

(l) each party to the dispute must bear its own costs in respect of the mediation, plus an equal share of the costs and expenses of the mediator.

11. WINDING UP

a) EHA may be wound up by the Minister acting upon a unanimous resolution of the Constituent Councils or by the Minister in accordance with clause 33(1)(b), Schedule 2 of the Act.

b) In the event of EHA being wound up, any surplus assets after payment of all expenses shall be returned to the Constituent Councils in the proportions specified in the Funding Contribution Calculation Formula prior to the passing of the resolution to wind up.

c) If there are insufficient funds to pay all expenses due by EHA on winding up, a levy shall be imposed on all Constituent Councils in the proportion determined under the Funding Contribution Calculation Formula prior to the passing of the resolution to wind up.

12. MISCELLANEOUS

12.1. Action by the Constituent Councils

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

12.2. Direction by the Constituent Councils

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

12.3. Alteration and review of charter

a) The charter will be reviewed by the Constituent Councils acting jointly at least once in every four years.

b) The charter can only be amended by unanimous resolution of the Constituent Councils.

c) Notice of a proposed alteration to the charter must be given by the Chief Executive Officer to all Constituent Councils at least four weeks prior to the Council meeting at which the alteration is proposed.

d) The Chief Executive Officer must ensure that a copy of the charter, as amended, is published on a website (or websites) determined by the chief executive officers of the Constituent Councils, a notice of the fact

of the amendment and a website address at which the charter is available for inspection is published in the Gazette and a copy of the charter, as amended, is provided to the Minister. ~~the amended charter is published in the *South Australian Government Gazette*, a copy of the amended charter is provided to the Minister and a copy is tabled for noting at the next Board meeting.~~

12.4. **Access to information**

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

12.5. **Circumstances not provided for**

a) If any circumstances arise about which the charter is silent or which are, incapable of taking effect or being implemented the Board or the Chief Executive Officer may decide the action to be taken to ensure achievement of the objects of EHA and its effective administration.

b) Where the Chief Executive Officer acts in accordance with clause a)~~a)~~ he or she shall report that decision at the next Board meeting.

13. INTERPRETATION

13.1. **Glossary**

Term	Definition
Act	*Local Government Act 1999* (SA)
Board	board of management of EHA
Board Member	a member of EHA board appointed for the purposes of clause 2.2 of the charter.
Business Plan	a business plan compiled in accordance with part 8 of the charter
Chief Executive Officer	The chief executive officer of EHA
Chief Public Health Officer	the officer of that name appointed under the SA Public Health Act
Constituent Council	a council listed in clause 1.2 of the charter or admitted under clause 9.1.
EHA	Eastern Health Authority
Funding Contribution Calculation Formula	the formula set out in Schedule 1 to the charter.

LGA	Local Government Association of SA
LGA Asset Mutual Fund	means the fund of that name provided by Local Government Risk Services
LGA Mutual Liability Scheme	means the scheme of that name conducted by the LGA.
LGA Workers Compensation Scheme	a business unit of the Local Government Association of South Australia.
Minister	South Australian Minister for Health and Aging
Periodic Election	has the meaning given in the *Local Government (Elections) Act 1999 (SA)*.
Public Health Authority Partner	is an entity prescribed or declared to be a public health authority partner pursuant to the SA Public Health Act
Regional Public Health Plan	the plan prepared under part 6 of the charter for the areas of the Constituent Councils.
SA Public Health Act	*South Australian Public Health Act 2011* (SA)
State Public Health Plan	means the plan of that name under the SA Public Health Act
Statewide Super	Statewide Superannuation Pty Ltd ABN 62 008 099 223
Supported Residential Facility	has the meaning given in the *Supported Residential Facilities Act 1992* (SA).

13.2. **Interpreting the charter**

a) The charter will come into effect on the date it is published in the *South Australian Government* Gazette.

b) The charter supersedes previous charters of the Eastern Health Authority.

c) The charter must be read in conjunction with Schedule 2 to the Act.

d) EHA shall conduct its affairs in accordance with Schedule 2 to the Act except as modified by the charter as permitted by Schedule 2 to the Act.

e) Despite any other provision in the charter:

(a) if the Act prohibits a thing being done, the thing may not be done;

(b) if the Act requires a thing to be done, that thing must be done; and

(c) if a provision of the charter is or becomes inconsistent with the Act, that provision must be read down or failing that severed from the charter to the extent of the inconsistency.

Schedule 1 – Funding Contribution Calculation Formula

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

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

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

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

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

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

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

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

N = Number in Constituent Council area.
B through to I = Total number in all Constituent Councils.
AW = Activity weighting.
CC = Number of Constituent Councils (example provided uses five (5) Constituent Councils)

From: Magnus Heinrich
To: Michael Livori
Cc: Martin Cooper; Jo Biskup; Farlie Taylor
Subject: EHA Charter
Date: Friday, 16 April 2021 10:43:22 AM

Hi Michael

The first draft of the revised EHA Charter has been considered by the Executive. The Executive has resolved to support the amended Charter for progressing to the next stage, subject to the Charter being amended to:

- Make it clear that activity in an outside area is not to the material detriment of the constituent Councils. This should either be made clear in Clause 1.7 (b), or in Clause 1.5 by way of explicit reference to the Constituent Councils (or some other suitable amendment); and
- Include principles and factors that will be considered when assessing a proposal to undertake an activity outside the area of the Constituent Councils.

Kind regards

Magnus

TOWN OF WALKERVILLE

The Corporation of the Town of Walkerville
ABN 49 190 949 882
66 Walkerville Terrace, Gilberton SA 5081
PO Box 55, Walkerville SA 5081

File Number: 11.14.1.1
Please Quote Ref: OLT 202148306
Contact Officer: Acting Chief Executive Officer, Andreea Caddy

Telephone: (08) 8342 7100
Facsimile: (08) 8269 7820
Email: walkerville@walkerville.sa.gov.au
www.walkerville.sa.gov.au

24 May 2021

Mr Michael Livori / Cr Peter Cornish
Chief Executive Officer / Chair of EHA
Eastern Health Authority

via email: MLivori@eha.sa.gov.au / pcornish@burnside.sa.gov.au

Dear Mr Livori,

Re: EHA Charter Review – preliminary feedback sought

You may be aware that at its Ordinary meeting held on 17 May 2021, the Town of Walkerville considered the proposed changes to the EHA Charter. As per:

14.4.5 EHA Charter Review – preliminary feedback sought
CNC373/20-21

That Council authorises Administration to write to EHA providing feedback as presented in Attachment A, in response to EHA's request for preliminary feedback on the proposed amendments to the EHA Charter.

We note the Charter changes have been recommended by EHA Administration and considered by the Board, prior to consultation. As a Constituent Council and in response to your request, preliminary feedback from the Town of Walkerville and additional comments as they relate to the review of the Charter are outlined in the attached document.

Yours sincerely

Andreea Caddy
Acting Chief Executive Officer

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

	Title	Commentary on amendments for consideration	Supported / Not Supported
1.7	Area of Activity	Revised clause allows for approval of an activity outside of the area of the Constituent Councils following unanimous resolution by the Board Members AND concurrence of the Chief Executive Officers of the Constituent Councils. Currently unanimous approval is required from Constituent Councils for this to occurwhich can take considerable time. Any activity presented for approval by the Board AND Chief Executive Officers of the Constituent Councils would align with the Public Health Services currently detailed in the EHA Annual Business Plan. The revised clause would allow response to opportunities that may be of benefit to EHAand its Constituent Councils in a timelier manner.	Not supported. No evidence has been presented to Council to suggest that the current process (unanimous resolution of Member Councils) has delayed or prevented 'activity outside of the area' from being considered, explored, investigated or advanced.
1.8	Common Seal	Current clause b) and c) are deleted as they are merely a replication of what is in the LGAct.	Supported
2.1	Board of Management - Functions	Language changed to reflect the LG Act more closely. Reference to developing the Public Health Plan is no longer necessary. In relation to the Business Plan, the Board (as the governing body of EHA through, which EHA makes decisions) will adopt the business plan therefore it is not considered necessary to refer to the Board assisting in its development. Consideration to be given to whether there are other functions of the Board to be listed.	Supported Supported Supported Supported

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

2.2 2.2 c)	Membership of Board	Minor amendments for clarification purposes. Elected member removed to reflect alternate membership (Administration).	Supported Supported
2.4 a) c) b)	Board policies and codes	It is unnecessary to require consultation with Board Members. The mechanism by which EHA will adopt policies etc is by the Board passing a resolution adopting the policies. The Board Members will therefore provide their input by discussing, debating and ultimately adopting and reviewing the policies that are presented to it by the CEO. Changed to reflect that EHA has developed its own code of conduct for Board Members.	Supported

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

2.5 e) f) Other	Chair of the Board	Changed to reflect circumstances where resignation of chair occurs, and Chair is absent. These clauses deal with the following circumstances: • when the Chair ceases to be a Board member and therefore ceases to be the Chairof the Board; and • when the Chair is absent, i.e., unavailable to attend to the duties of Chair. In this circumstance, the person occupying the office of Chair is still the Chair but is merely absent, for example on holidays or unwell. In both the above circumstances, the Deputy Chair will act until either a new Chair is elected (in the first circumstance) or the Chair resumes their duties. The EHA Audit Committee suggested the Chair should be an independent member.The Audit Committee rationale for this request is that: • It is best practice and good governance; • An Independent Chair is primarily free of Conflicts of Interest (Risk Management); • Able to act as a conciliatory element when and if elements of the Board differ and • The Independent Chair is best placed to manage other Board members' conflict of interest.	Supported Audit Committee recommendation is Supported, namely the Chair of EHA should be an Independent Member. Also support remuneration of Independent Chair, should the Charter be amended to allow for the appointment of an Independent Chair.

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

		Clause 2.6 h) currently prohibits Board Members from receiving remuneration for attendance at meetings. It is unlikely that an Independent Chair would consider this role without remuneration. The market would need to be tested in this regard and it is anticipated that the sitting fee for this role would be in the order of $450 to $600 per meeting. The Board considered the feedback from the Audit Committee and were of the collective opinion that the current arrangement where the Chair is elected from Constituent Council Board representatives is suitable when considering the size and structure of EHA and thebusiness transacted at Board meetings.	
3.2 d)	Special Meetings	Notice of meeting is changed to four hours.	Supported. This is in line with the provisions listed in the *Local Government Act 1999*
3.3	Telephone or video conferencing	3.3 b) – e) to be removed from the Charter and placed into a meeting procedure document to be adopted by EHA dealing with the procedures for electronic meetings and for board members to be able to participate in meetings by electronic means. There will be detailed procedures for how such meetings are to occur and the responsibilities of board members who attend meetings via electronic means.	Supported, but should be placed in Policy document not Procedure document, which should be endorsed and reviewed by the Board.
3.6 b)	Quorum	This amendment is merely to clarify that a quorum is required for business to be transacted, it is possible that part of a meeting only may be in quorate and in that caseany business transacted during the period the meeting had quorum is valid.	Supported
3.8 c)	Voting	Amendment requires Board Members attending meetings by electronic means to vote on a question arising from a decision at the meeting.	Supported

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

3.9	Circular Resolutions	This amendment is made to simplify this clause. The procedures for circular resolutions will be set out in a document to be adopted by the Board (included in the meeting procedures guidelines).	Supported
4.3	Functions of the Chief Executive Officer	The functions listed in the revised clause are analogous to the functions of a CEO of a Council listed in section 99 of the Act.	Supported
4.4	Acting Chief Executive Officer	Clause abbreviated to remove revocation of acting position by Board.	Supported

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

5	Staff of EHA	Revised provisions in clause are identical to provisions in the LG Act that apply to CEOs of councils.	Supported
6	Regional Public Health Plan	Clause has been amended to reflect the current state of the Regional Public Health Planning review and reporting process.	Supported
7.9 c)	Insurance and superannuation requirements	Minor change for clarity	Supported
8.1 c) 8.2 b)	Business Plan	It is not clear based on the current wording of this clause if that only a majority of the Constituent Councils are required to endorse the business plan or only majority of the Constituent Councils are to determine the date the Business Plan is to be provided to them. This should be clarified. Consideration of changing date to 15 October to allow additional time to compile required report.	Support the unanimous endorsement of Member Councils not majority. Not Supported – this amendment refers to the production of the Annual Report, which is currently due by 30 September in each year. If Council were to support this amendment, we would not be in a position to adopt our Annual Report before November of each year. The *Local Government Act 1999,* requires that Annual Reports must be adopted by 30 November of each year.
12.3	Alteration and review of charter	Clause changed to reflect revised LG Act requirement for publishing of Charter.	Supported

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

N/A	Other	Number of minor grammatical changes have also been made to document.	Supported
2.2	Membership of the Board	Reduce the number of Board Members from two (2) per member Council to one (1) per member Council, with an Independent Chair.	Town of Walkerville request. Currently there are 10 Board Members. This is considered too unwieldy and should be reduced to five (5) plus an Independent Chairperson.

Enq: Lyn Barton
Ph: 8366 9234

2 June 2021

Mr M Livori
Chief Executive Officer
Eastern Health Authority
101 Payneham Road
St Peters SA 5069

Dear Mr Livori

EHA Charter 2021

I refer to your letter of 11 March 2021 seeking Council feedback in relation to the proposed changes to the Charter as considered by the Board recently.

I am now pleased to advise that, at its meeting on 1 June 2021, Council resolved that it supports the revised Charter with the exception of:

- 1.7 a)(c) Area of Activity – this clause should require unanimous support of the CEOs (aligning to the unanimous support by Board representatives)

- 2.1 Board of Management Functions – sub-clause f) should be reinstated to enable Board participation in Regional Health Plan and Business Plan development

- 3.3 a) Telephone or video conferencing – procedures should only be determined by the EHA Board, not by the Chief Executive Officer

- 8.2 b) Business Plan – the timeframe for Annual Report submission should not be extended beyond 30 September as this will impact Council operations and approval of its own Annual Report.

Thank you for providing Council with the opportunity to consider and comment on the revised Charter.

Yours sincerely

Lyn Barton
Manager, Governance & Community Interaction

File Number: qA69175
Enquiries To: Carlos Buzzetti
Direct Telephone: 8366 4501

City of Norwood Payneham & St Peters

17 March 2021

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

Sent via email: mlivori@eha.sa.gov.au

Dear Michael

Thank you for your letter dated 11 March 2021 outlining the Authority's Charter Review process.

I have conferred with the Council's Chief Executive Officer and we both concur with the proposed changes to the Charter and agree with the Board's position that the current arrangement where the Chair is elected from Constituent Council Board representatives is suitable when considering the size and structure of EHA and the business transacted at Board meetings.

The remainder of the review process endorsed by the Board is noted with thanks.

Please do not hesitate to contact me if you have any questions about the contents of this letter.

Yours sincerely

Carlos Buzzetti
GENERAL MANAGER
URBAN PLANNING & ENVIRONMENT

175 The Parade
Norwood SA 5067

PO Box 204
Kent Town SA 5071

Telephone
8366 4555

Facsimile
8332 6338

Email
townhall@npsp.sa.gov.au

Website
www.npsp.sa.gov.au

Member
League of Historical Cities

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

Payinthi
128 Prospect Road
PO Box 171
Prospect SA 5082
Telephone (08) 8269 5355
admin@prospect.sa.gov.au
www.prospect.sa.gov.au

Ref. CR21/24651

05 May 2021

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

Via Email: eha@eha.sa.gov.au

Dear Michael

EHA CHARTER REVIEW

I am pleased to advise that Council, at its ordinary meeting on 27 April 2021, resolved the following:

> **Item 10.9 Eastern Health Authority Charter Review**
>
> Cr K Barnett moved Cr M Groote seconded
>
> That Council:
>
> (1) Having considered Item 10.9 Eastern Health Authority Charter Review, receives and notes the report.
>
> (2) Authorises the Chief Executive Officer to write to the Eastern Health Authority advising that Council supports the suggested additions and changes to their Draft Amended Charter as detailed within Attachments 33-62 of this report.
>
> **Carried Unanimously 72/2021**

These resolutions are in response to your correspondence dated 11 March 2021, following a request from the EHA Board that you correspond with Constituent Councils requesting feedback in relation to proposed changes to the Charter.

All the best for the remainder of the review process and please contact me if you require additional information.

Yours sincerely

Nigel McBride
Chief Executive Officer

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

	Title	Commentary on amendments for consideration
1.7	Area of Activity	Revised clause allows for approval of an activity outside of the area of the Constituent Councils following unanimous resolution by the Board Members AND concurrence of the Chief Executive Officers of the Constituent Councils. Currently unanimous approval is required from Constituent Councils for this to occur which can take considerable time. Any activity presented for approval by the Board AND Chief Executive Officers of the Constituent Councils would align with the Public Health Services currently detailed in the EHA Annual Business Plan. The revised clause would allow response to opportunities that may be of benefit to EHA and its Constituent Councils in a timelier manner.
Burnside Make it clear that the activity in an outside area is not to the material detriment of the Constituent Councils. This should be made clear in Clause 1.7(b), or in Clause 1.5 by way of explicit reference to the Constituent Councils (or some other suitable amendment); and Include principles and factors that will be considered when assessing a proposal to undertake an activity outside of the Constituent Councils. **Campbelltown** This clause should require unanimous support of the CEO's (aligning to the unanimous support by Board representatives). **Walkerville** Not supported. No evidence has been presented to Council to suggest that the current process (unanimous resolution of Member Councils) has delayed or prevented "activity outside of the area" from being considered, explored, investigated or advanced.		
1.8	Common Seal	Current clause b) and c) are deleted as they are merely a replication of what is in the LG Act.
Unanimously Supported		

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

2.1	Board of Management - Functions	Language changed to reflect the LG Act more closely. Reference to developing the Public Health Plan is no longer necessary. In relation to the Business Plan, the Board (as the governing body of EHA through which EHA makes decisions) will adopt the business plan therefore it is not considered necessary to refer to the Board assisting in its development. Consideration to be given to whether there are other functions of the Board to be listed.
Campbelltown Sub-clause f) should be reinstated to enable Board participation in Regional Health Plan and Business Plan development.		
2.2 2.2 c)	Membership of Board	Minor amendments for clarification purposes. Elected member removed to reflect alternate membership (Administration).
Unanimously Supported		
2.4 a) c) b)	Board policies and codes	It is unnecessary to require consultation with Board Members. The mechanism by which EHA will adopt policies etc is by the Board passing a resolution adopting the policies. The Board Members will therefore provide their input by discussing, debating and ultimately adopting and reviewing the policies that are presented to it by the CEO. Changed to reflect that EHA has developed its own code of conduct for Board Members.
Unanimously Supported		

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

2.5 e) f) Other	Chair of the Board	Changed to reflect circumstances where resignation of chair occurs, and Chair is absent. These clauses deal with the following circumstances: • when the Chair ceases to be a Board member and therefore ceases to be the Chair of the Board; and • when the Chair is absent, i.e., unavailable to attend to the duties of Chair. In this circumstance, the person occupying the office of Chair is still the Chair but is merely absent, for example on holidays or unwell. In both the above circumstances, the Deputy Chair will act until either a new Chair is elected (in the first circumstance) or the Chair resumes their duties. The EHA Audit Committee suggested the Chair should be an independent member. The Audit Committee rationale for this request is that: • It is best practice and good governance; • An Independent Chair is primarily free of Conflicts of Interest (Risk Management); • Able to act as a conciliatory element when and if elements of the Board differ and • The Independent Chair is best placed to manage other Board members' conflict of interest. Clause 2.6 h) currently prohibits Board Members from receiving remuneration for attendance at meetings. It is unlikely that an Independent Chair would consider this role without remuneration. The market would need to be tested in this regard and it is anticipated that the sitting fee for this role would be in the order of $450 to $600 per meeting. The Board considered the feedback from the Audit Committee and were of the collective opinion that the current arrangement where the Chair is elected from Constituent Council Board representatives is suitable when considering the size and structure of EHA and the business transacted at Board meetings.

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

Norwood Payneham & St Peters Agree with the Board's position that the current arrangement where the Chair is elected from Constituent Council Board representatives is suitable when considering the size and structure of EHA and the business transacted at Board meetings. **Walkerville** Audit Committee recommendation is supported, namely the Chair of EHA should be an Independent Member.		
3.2 d)	Special Meetings	Notice of meeting is changed to four hours.
3.3	Telephone or video conferencing	3.3 b) – e) to be removed from the Charter and placed into a meeting procedure document to be adopted by EHA dealing with the procedures for electronic meetings and for board members to be able to participate in meetings by electronic means. There will be detailed procedures for how such meetings are to occur and the responsibilities of board members who attend meetings via electronic means.
Campbelltown Procedures should only be determined by the EHA Board, not by the Chief Executive Officer **Walkerville** Supported, but should be placed in policy document not procedure document, which should be endorsed and reviewed by the Board.		
3.6 b)	Quorum	This amendment is merely to clarify that a quorum is required for business to be transacted, it is possible that part of a meeting only may be in quorate and in that case any business transacted during the period the meeting had quorum is valid.
Unanimously Supported		
3.8 c)	Voting	Amendment requires Board Members attending meetings by electronic means to vote on a question arising from a decision at the meeting.
Unanimously Supported		

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

3.9	Circular Resolutions	This amendment is made to simplify this clause. The procedures for circular resolutions will be set out in a document to be adopted by the Board (included in the meeting procedures guidelines).
Unanimously Supported		
4.3	Functions of the Chief Executive Officer	The functions listed in the revised clause are analogous to the functions of a CEO of a council listed in section 99 of the Act.
Unanimously Supported		
4.4	Acting Chief Executive Officer	Clause abbreviated to remove revocation of acting position by Board.
Unanimously Supported		
5	Staff of EHA	Revised provisions in clause are identical to provisions in the LG Act that apply to CEOs of councils.
Unanimously Supported		
6	Regional Public Health Plan	Clause has been amended to reflect the current state of the Regional Public Health Planning review and reporting process.
Unanimously Supported		
7.9 c)	Insurance and superannuation requirements	Minor change for clarity

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

Unanimously Supported		
8.1 c)	Business Plan	It is not clear based on the current wording of this clause if that only a majority of the Constituent Councils are required to endorse the business plan or only majority of the Constituent Councils are to determine the date the Business Plan is to be provided to them. This should be clarified.
Walkerville Support the unanimous endorsement of Member Councils not majority.		
8.2 b)	Business Plan	Consideration of changing date to 15 October to allow additional time to compile required report.
Campbelltown The timeframe for Annual Report submissions should not be extended beyond 30 September as this will impact Council operations and approval of its own Annual Report. **Walkerville** Not -supported – this amendment refers to the production of the Annual Report, which is currently due by 30 September each year. If council were to support this amendment, we would not be in a position to adopt our Annual Report before November of each year. The *Local Government Act 1999* requires that Annual Reports must be adopted by 30 November of each year.		
12.3	Alteration and review of charter	Clause changed to reflect revised LG Act requirement for publishing of Charter.
Unanimously Supported		
N/A	Other	Number of minor grammatical changes have also been made to document.
Unanimously Supported		

Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

Additional Issue Raised		
2.2	Membership of the Board	
Walkerville Reduce the number of Board Members from two (2) per member Council to one (1) per member Council, with an Independent Chair. Currently there are 10 Board Members. This is considered too unwieldy and should be reduced to five (5) plus an independent Chairperson.		

5.4 REVIEW OF THE FOOD BUSINESS INSPECTION FEE POLICY

Author: Nadia Conci
Ref: AF17/28

Summary

A review of the Food Business Inspection Fee Policy has been undertaken and the revised policy is submitted for adoption.

Report

The Food Regulations 2002 enable enforcement agencies to impose a fee for the inspection of premises or vehicles required in connection with enforcement of the *Food Act 2001*.

On 3 June 2021 the prescribed fees under the Regulations were published in the South Australian Government Gazette. To consider CPI the prescribed food inspection fees have increased, effective from the date of notification. Under the Regulations, the maximum fee for inspections is prescribed:

- for a small business **–$131.00** per inspection
- in any other case - **$327.00** per inspection

The increase in inspection fees have been applied to food businesses in accordance with their 'priority risk rating' and to the inspection of non-council temporary events.

A review of the Policy also took place in June this year. Minor amendments were made to the policy to provide further clarification in relation to the application of re-inspection fee charges.

A copy of the revised Food Business Inspection Fee Policy is provided as attachment 1 for the Board's endorsement. The changes are accepted in the copy provided as attachment 2.

RECOMMENDATION

That:

1. The report regarding the review of the Food Business Inspection Fee Policy is received.

2. The Policy entitled Food Business Inspection Fee Policy, marked attachment 2 to this report, is adopted.

local councils working together to protect the health of the community

FOOD BUSINESS INSPECTION FEE POLICY

Policy Reference	GOV04
Date of initial Board Adoption	12 February 2003
Minutes Reference	~~8:02122020~~
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	~~2 December 2020~~24 June 2021
Applicable legislation	Memorandum of Understanding between The Minister for Health and Local Government Association (February 2009) Guidelines prepared by LGA for Councils - Inspection Fees, *Food Act 2001*

1. Purpose

The Food Business Inspection Fee Policy (Policy) outlines the circumstances that fees are applied for the inspection of food businesses as provided by Regulation 11 of the *Food Regulations 2017*.

To specify the rate at which inspection fees are charged.

2. Scope

This Policy applies to food businesses that are subject to inspection by authorised officers appointed by the Eastern Health Authority (EHA), an enforcement agency under the *Food Act 2001*.

3. Definitions

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

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

South Australian Food Business Risk Classification (FBRC)

- **'Priority 1 (P1)' and 'Priority 2 (P2)'** – businesses that characteristically handle foods that support the growth of pathogenic micro-organisms and where such pathogens are present or could be present. The handling of food will involve at least one step at which control actions must be implemented to ensure safety of the food. P1 businesses are further characterised by known risk-increasing factors, such as potential for inadequate / incorrect temperature control. Due to the high risk nature of the foods and their practices regular and lengthy inspections are required.

- **'Priority 3 (P3)'** – Businesses that will characteristically handle only 'low risk' or 'medium risk' foods and will warrant an inspection.

- **'Priority 4 (P4)'** - Businesses that will normally handle only 'low risk' foods, because they handle pre-packaged low risk food, and hence will not warrant regular or lengthy inspections. Examples include pharmacies, video stores and newsagents.

'Routine Inspection' - an inspection conducted at a scheduled frequency determined by the business' priority classification and performance history utilising Environmental Health Australia's Food Safety Standard of Practice and Australian Food Safety Assessment tool.

'Re-inspection' – an inspection carried out as a result of non-compliance that has been identified with the *Food Act 2001* or Food Safety Standards**.**

'Small Business' - a food business employing not more than 20 full-time equivalent food handling staff.

'Large Business' - a food business employing more than 20 full-time equivalent food handling staff.

4. Principles

Regulation 11 of the *Food Regulations 2017* provides for EHA as an enforcement agency to charge an inspection fee for the carrying out of any inspection that is required in connection with the operation or administration of the *Food Act 2001*.

Under the Regulations, the maximum fee for inspection is prescribed:

- for a **small business** - $~~129~~131.00 per inspection excl GST
- in any other case - $~~321~~327.00 per inspection excl GST

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

The Minister for Health, Department of Health (DH) and Local Government administer and enforce the *Food Act 2001*, with some functions exercised jointly and others exclusively performed by one authority or the other. The Memorandum of Understanding between the Minister for Health and Local Government Association of SA, adopted in February 2009, clarifies the allocation of responsibility for enforcement of specific areas of the Act.

EHA is responsible for ensuring compliance with Chapter 3 of the Food Standards Code (Food Safety Standards) and the safety and suitability of food sold. This is achieved by performing inspections of food businesses based on a priority classification system developed by Food Standards Australia New Zealand (FSANZ).

The priority categories of high, medium and low risk are determined by the type of food, activity of the business, method of processing and customer base. SA Health has developed the South Australian Food Business Risk Classification (FBRC) using the national food safety risk profiling framework that allocates food businesses into risk classifications, based on their likelihood of contributing to foodborne disease and the potential magnitude of that contribution.

The FBRC took effect from 1 July 2014. From this date EHA utilises SA FBRC system to determine the priority classifications and inspection frequencies for food businesses in accordance with the table below:

Classification	Frequencies (every x months)		
	Starting point (new business owners)	Maximum	Minimum
Priority 1 (P1) – Highest risk	6	3	12
Priority 2 (P2)	12	6	18
Priority 3 (P3)	18	12	24
Priority 4 (P4) – Lowest risk	Inspect on complaint or change to risk profile only	Inspect on complaint or change to risk profile only	

4.0 Fee Schedule

The following inspection and re-inspection fees are based on the 'priority risk rating' of a food business to recognise the inherent risk and time taken to undertake an inspection. The following fee schedule is outlined in the table below:

4.1. Routine Inspections

Classification	Small Business	Large Business
Priority 1 & 2 (P1 & P2) – Highest risk*	$~~129~~131.00	$3~~27~~21.00
Priority 3 (P3)	$~~85.50~~90.00	$~~214~~217.00
Priority 4 (P4) – Lowest risk	No fee	No fee

*A six month inspection frequency is applied to new P1 businesses within their first year of operation. Fees apply to these routine inspections.

4.2 Re-inspections

Priority 1 and 2 – High risk food businesses

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	$~~129~~131.00	$3~~21~~27.00
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the *Food Act 2001*.~~Re-inspections where non compliance with an Improvement Notice served under Section 43 of the *Food Act 2001* is identified.~~	$~~129~~131.00	$~~321~~327.00

Priority 3 – Low risk food businesses including Community Groups, Charitable and Not for Profit Organisations

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	$~~88~~90.00	$~~214~~217.00
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the *Food Act 2001*.~~Re-inspections where non compliance with an Improvement Notice served under Section 43 of the *Food Act 2001* is identified.~~	$~~88~~90.00	$~~214~~217.00

Formatted: Font: (Default) +Body (Calibri), 11.5 pt

Formatted: Font: (Default) +Body (Calibri), 11.5 pt

Formatted: Font: (Default) +Body (Calibri), 11.5 pt, Italic

Formatted: Font: Italic

Formatted: Font: (Default) +Body (Calibri), 11.5 pt, Italic

Formatted: Font: Italic

Formatted: Indent: Left: 0 cm

4.3 Complaint Inspection

An inspection fee will not be imposed for an inspection carried out in response to food safety related complaints received from the public.

If a routine inspection is conducted in conjunction with the investigation of a complaint, an 'inspection fee' will be issued to the food business. This fee applies to P1, P2 and P3 food businesses.

4.4 Inspection of Festivals, Fetes and Markets

4.4.1 Constituent Council temporary events

Temporary events inspections will not incur a charge for festivals, fetes and markets that are organised by EHA's Constituent Councils.

4.4.2 Non- Constituent Council temporary events

A food safety inspection fee to the organising body / event coordinator of food market, festivals, fetes, shows and other events to cover the assessment involved in ensuring food vendors are meeting their requirements under the *Food Act 2001* and Food Safety Standards.

At the discretion of the Authorised Officer, with consideration of the SA food risk classification system an appropriate inspection fee will be considered in the application of fees to the organising body/ event coordinator with aim to balance reasonable cost recovery with supporting community event.

Food markets, festivals, fetes, shows and other events with mobile food vendors and mobile food vending businesses will be 50% charge of the standard inspection fee for a small business or large business depending on the number of temporary food stalls at an event as follows:

Number of Stall Holders	Type of Standard Inspection Fee	Non -Council Event Inspection Fee
1-10	Small Business Inspection Fee (P1&2)	$~~64~~65.50
more than 10	Large Business Inspection Fee (P1&2)	$163~~0~~.50

Where markets occur on a frequent basis more than one inspection will be required throughout the year. The frequency of the inspection is dependent on

the type and transient nature of the food vendors and foods being sold. A charge will apply to these inspections.

Formatted: Indent: Left: 0 cm

4.4.3 Exclusion of inspection fees at non-Constituent Council temporary events

The following temporary food stall/vendor and mobile food vehicles will be excluded when determining an inspection fee charge.

- community or charitable organisations
- sale of 'low risk foods' that are pre-packaged, shelf stable and appropriately labelled and do not require specific storage requirements such as temperature control
- a mobile food vehicle notified within EHA and are inspected as part of a routine premises inspection and subject to an inspection fee during that inspection.

If all food vendors at a temporary event are within one of these above-mentioned categories food inspection fees will not apply.

4.5 Inspection of Businesses with Food Safety Programs

An inspection fee will apply for food businesses that have formal audited food safety programs in place. Please refer to the Food Business Audit Fee Policy.

Formatted: Indent: Left: 0.63 cm, First line: 0 cm

4.6 Exemptions

4.6.1 Community and Charitable Organisations

Routine inspection fees will not be imposed upon community and charitable organisations.

Fees associated to re-inspections do apply. Refer to 4.2 of the Policy.

4.6.2 Schools and Educational Institutions

Inspection fees will not be imposed for inspections of the canteen or out of school hours care service (OSHC) in schools and educational institutions unless the operator of the canteen / OSHC operates the service as a commercial concern for profit.

Fees associated to re-inspections do apply. Refer to 4.2 of the Policy.

4.6.3 Nominal Risk Businesses

Inspection fees will not be imposed upon nominal P4 risk businesses.

4.6.4 Mobile Food Vans

Inspection fees will not be imposed upon mobile food vans that can display evidence of having completed notification with an alternate local council.

5. Review of the Food Inspection Fee Policy

Every 24 months or as needed.

6. Statement of Adoption

This Policy was adopted by the Board of the Eastern Health Authority on 12 February 2003.

FOOD BUSINESS INSPECTION FEE POLICY

Policy Reference	GOV04
Date of initial Board Adoption	12 February 2003
Minutes Reference	
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	24 June 2021
Applicable legislation	Memorandum of Understanding between The Minister for Health and Local Government Association (February 2009) Guidelines prepared by LGA for Councils - Inspection Fees, *Food Act 2001*

1. Purpose

The Food Business Inspection Fee Policy (Policy) outlines the circumstances that fees are applied for the inspection of food businesses as provided by Regulation 11 of the *Food Regulations 2017*.

To specify the rate at which inspection fees are charged.

2. Scope

This Policy applies to food businesses that are subject to inspection by authorised officers appointed by the Eastern Health Authority (EHA), an enforcement agency under the *Food Act 2001*.

3. Definitions

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

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

South Australian Food Business Risk Classification (FBRC)

- **'Priority 1 (P1)' and 'Priority 2 (P2)'** – businesses that characteristically handle foods that support the growth of pathogenic micro-organisms and where such pathogens are present or could be present. The handling of food will involve at least one step at which control actions must be implemented to ensure safety of the food. P1 businesses are further characterised by known risk-increasing factors, such as potential for inadequate / incorrect temperature control. Due to the high risk nature of the foods and their practices regular and lengthy inspections are required.

- **'Priority 3 (P3)'** – Businesses that will characteristically handle only 'low risk' or 'medium risk' foods and will warrant an inspection.

- **'Priority 4 (P4)'** - Businesses that will normally handle only 'low risk' foods, because they handle pre-packaged low risk food, and hence will not warrant regular or lengthy inspections. Examples include pharmacies, video stores and newsagents.

'Routine Inspection' - an inspection conducted at a scheduled frequency determined by the business' priority classification and performance history utilising Environmental Health Australia's Food Safety Standard of Practice and Australian Food Safety Assessment tool.

'Re-inspection' – an inspection carried out as a result of non-compliance that has been identified with the *Food Act 2001* or Food Safety Standards**.**

'Small Business' - a food business employing not more than 20 full-time equivalent food handling staff.

'Large Business' - a food business employing more than 20 full-time equivalent food handling staff.

4. Principles

Regulation 11 of the *Food Regulations 2017* provides for EHA as an enforcement agency to charge an inspection fee for the carrying out of any inspection that is required in connection with the operation or administration of the *Food Act 2001*.

Under the Regulations, the maximum fee for inspection is prescribed:

- for a **small business** - $131.00 per inspection excl GST
- in any other case - $327.00 per inspection excl GST

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

The Minister for Health, Department of Health (DH) and Local Government administer and enforce the *Food Act 2001*, with some functions exercised jointly and others exclusively performed by one authority or the other. The Memorandum of Understanding between the Minister for Health and Local Government Association of SA, adopted in February 2009, clarifies the allocation of responsibility for enforcement of specific areas of the Act.

EHA is responsible for ensuring compliance with Chapter 3 of the Food Standards Code (Food Safety Standards) and the safety and suitability of food sold. This is achieved by performing inspections of food businesses based on a priority classification system developed by Food Standards Australia New Zealand (FSANZ).

The priority categories of high, medium and low risk are determined by the type of food, activity of the business, method of processing and customer base. SA Health has developed the South Australian Food Business Risk Classification (FBRC) using the national food safety risk profiling framework that allocates food businesses into risk classifications, based on their likelihood of contributing to foodborne disease and the potential magnitude of that contribution.

The FBRC took effect from 1 July 2014. From this date EHA utilises SA FBRC system to determine the priority classifications and inspection frequencies for food businesses in accordance with the table below:

Classification	**Frequencies (every x months)**		
	Starting point (new business owners)	**Maximum**	**Minimum**
Priority 1 (P1) – Highest risk	6	3	12
Priority 2 (P2)	12	6	18
Priority 3 (P3)	18	12	24
Priority 4 (P4) – Lowest risk	Inspect on complaint or change to risk profile only	Inspect on complaint or change to risk profile only	

4.0 Fee Schedule

The following inspection and re-inspection fees are based on the 'priority risk rating' of a food business to recognise the inherent risk and time taken to undertake an inspection. The following fee schedule is outlined in the table below:

4.1. Routine Inspections

Classification	Small Business	Large Business
Priority 1 & 2 (P1 & P2) – Highest risk*	$131.00	$327.00
Priority 3 (P3)	$90.00	$217.00
Priority 4 (P4) – Lowest risk	No fee	No fee

*A six month inspection frequency is applied to new P1 businesses within their first year of operation. Fees apply to these routine inspections.

4.2 Re-inspections

Priority 1 and 2 – High risk food businesses

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	$131.00	$327.00
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the *Food Act 2001.*	$131.00	$327.00

Priority 3 – Low risk food businesses including Community Groups, Charitable and Not for Profit Organisations

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	$90.00	$217.00
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the *Food Act 2001*.	$90.00	$217.00

4.3 Complaint Inspection

An inspection fee will not be imposed for an inspection carried out in response to food safety related complaints received from the public.

If a routine inspection is conducted in conjunction with the investigation of a complaint, an 'inspection fee' will be issued to the food business. This fee applies to P1, P2 and P3 food businesses.

4.4 Inspection of Festivals, Fetes and Markets

4.4.1 Constituent Council temporary events

Temporary events inspections will not incur a charge for festivals, fetes and markets that are organised by EHA's Constituent Councils.

4.4.2 Non- Constituent Council temporary events

A food safety inspection fee to the organising body / event coordinator of food market, festivals, fetes, shows and other events to cover the assessment involved in ensuring food vendors are meeting their requirements under the *Food Act 2001* and Food Safety Standards.

At the discretion of the Authorised Officer, with consideration of the SA food risk classification system an appropriate inspection fee will be considered in the application of fees to the organising body/ event coordinator with aim to balance reasonable cost recovery with supporting community event.

Food markets, festivals, fetes, shows and other events with mobile food vendors and mobile food vending businesses will be 50% charge of the standard inspection fee for a small business or large business depending on the number of temporary food stalls at an event as follows:

Number of Stall Holders	Type of Standard Inspection Fee	Non -Council Event Inspection Fee
1-10	Small Business Inspection Fee (P1&2)	$65.50
more than 10	Large Business Inspection Fee (P1&2)	$163.50

Where markets occur on a frequent basis more than one inspection will be required throughout the year. The frequency of the inspection is dependent on the type and transient nature of the food vendors and foods being sold. A charge will apply to these inspections.

4.4.3 Exclusion of inspection fees at non-Constituent Council temporary events

The following temporary food stall/vendor and mobile food vehicles will be excluded when determining an inspection fee charge.

- community or charitable organisations
- sale of 'low risk foods' that are pre-packaged, shelf stable and appropriately labelled and do not require specific storage requirements such as temperature control
- a mobile food vehicle notified within EHA and are inspected as part of a routine premises inspection and subject to an inspection fee during that inspection.

If all food vendors at a temporary event are within one of these above-mentioned categories food inspection fees will not apply.

4.5 Inspection of Businesses with Food Safety Programs

An inspection fee will apply for food businesses that have formal audited food safety programs in place. Please refer to the Food Business Audit Fee Policy.

4.6 Exemptions

4.6.1 Community and Charitable Organisations

Routine inspection fees will not be imposed upon community and charitable organisations.

Fees associated to re-inspections do apply. Refer to 4.2 of the Policy.

4.6.2 Schools and Educational Institutions

Inspection fees will not be imposed for inspections of the canteen or out of school hours care service (OSHC) in schools and educational institutions unless the operator of the canteen / OSHC operates the service as a commercial concern for profit.

Fees associated to re-inspections do apply. Refer to 4.2 of the Policy.

4.6.3 Nominal Risk Businesses

Inspection fees will not be imposed upon nominal P4 risk businesses.

4.6.4 Mobile Food Vans

Inspection fees will not be imposed upon mobile food vans that can display evidence of having completed notification with an alternate local council.

5. Review of the Food Inspection Fee Policy

Every 24 months or as needed.

6. Statement of Adoption

This Policy was adopted by the Board of the Eastern Health Authority on 12 February 2003.

5.5 HEALTH CARE AND COMMUNITY SERVICES

Author: Alysha Riley
Ref: EH12/70

SUPPORTED RESIDENTIAL FACILITY LICENSING REPORT

Eastern Health Authority (EHA) acts under delegated authority as the Licensing Authority pursuant to section 10 of the *Supported Residential Facilities Act 1992* (the Act) for its Constituent Councils. The re-licensing of two pension-only supported residential facilities (SRFs) is recommended.

During this licensing period Authorised Officers conducted multiple announced and unannounced audits including documentation and onsite structural audits at the two pension only facilities.

As reported to the Board of Management in June 2020, the auditing process for the three dual licenced facilities last year was impacted by the COVID-19 pandemic. Authorised Officers were prohibited from entering SRFs for the purpose of conducting licensing audits under the *COVID-19 Emergency Response Act 2020* SRFs. A review of the previous year's 'structural' audits at all three facilities indicated very minor structural non-compliances, and some of the facilities had no non-conformances previously recorded. As a result, six-month licences were issued to these facilities for the period of July 2020 - December 2020.

Full structural and documentation audits were undertaken of these facilities in November 2020. Consequently, the three dual-licenced facilities were provided with eighteen-month licences in December 2020 for the period of 1 January 2021 – 30 June 2022.

Report

During this licensing period Authorised Officers conducted announced and unannounced audits at the two pension-only facilities. The outcomes of the audits have been considered and collated below. The re-licensing audits addressed a range of issues including:

- the adequacy of menus to assess nutrition provided to residents using the nutrition auditing tool
- the prospectus specific to the facility
- the quality of personal care services and suitability of contracts and service plans
- the documentation relating to the management of finances and medication
- structural maintenance, safety and cleanliness of the facility
- the provision of a home like environment for residents; including bedroom allocations, bathrooms, storage and display of personal effects
- ensuring privacy is afforded to residents
- the qualifications, adequacy and experience of staff

- police/ DHS clearance records
- level of staffing using staff rosters
- financial solvency of the business

- building fire safety
- disputes procedures and notification of authorities of untoward events
- public liability insurance; and
- business continuity planning

During the audits conducted at the two pension only facilities, Authorised Officers spoke with residents. Residents were interactive and eager to show the Officers their bedrooms. Residents appeared to have positive relationships with staff.

As a result of the introduction of the National Disability Insurance Scheme (NDIS) the provision of personal care services and the availability of activities for residents has changed. Residents' access to group activities is now dependent on the residents' individual NDIS package. The Proprietors of the two pension only SRFs are approved National Disability Insurance Agency (NDIA) service providers. Therefore, staff of these facilities continue to provide existing personal care services to most residents. Residents also have the option to receive services from alternative NDIS approved service providers of their choosing.

During documentation audits of these facilities, the NDIS care plans were reviewed in conjunction with the facilities' service plans. Service plans remain a requirement of the Act.

During the re-licensing process, the Building Fire Safety Committees of the City of Prospect and The City of Burnside were consulted. Building Fire Safety Officers conducted onsite inspections. Correspondence has been received from both the City of Burnside and the City of Prospect which indicated that the respective Building Fire Safety Committees are satisfied that the facilities have the appropriate level of fire safety and both recommend licensing from a fire safety perspective.

Annual routine food safety inspections were performed at each facility and the reports were reviewed to ensure compliance with legislative requirements. Both facilities were assessed to ensure compliance with the Food Safety Standard. All issues identified as requiring follow up have now been followed-up on and closed off.

It is recommended that the two pension-only facilities be licenced for 12 months, as detailed below:

City of Burnside

Applicant: Magill Lodge Supported Residential Care Pty Ltd.

Premises: Magill Lodge Supported Residential Care
524 Magill Road Magill SA 5072

Premises type: Pension only SRF

Magill Lodge Supported Residential Care is a pension only facility, accommodating residents in single and spacious shared rooms. Bathrooms and toilets are communal for most residents. There are a few bedrooms where residents share an ensuite bathroom, which are gender specific and one bedroom has a private ensuite bathroom. The facility caters for residents requiring additional support to live independently, whilst providing opportunities for residents to develop life skills such as supervised laundry activities.

The proprietor of the facility has employed additional cleaning staff and has effectively implemented the cleaning and maintenance schedule, which is evident in the general standard of cleanliness.

An unannounced re-licensing audit was conducted at Magill Lodge Supported Residential Care in April.

There were minor maintenance and cleaning issues in bathrooms and bedrooms including:

- Windows in several bedrooms were unclean
- Windows in several bedrooms were not in good working order (would not close)
- fly screens in some bedrooms were damaged or not securely fitted
- One bedroom had significant water staining on the ceiling
- One bedroom had damage to the flooring
- There was mould in one bathroom
- The interior surfaces of the bath were deteriorated in another bathroom
- The hallway near the smoker's area had an odour of cigarette smoke in it due to a broken automatic-closing mechanism on the door

A follow up inspection was conducted in May during which it was observed that the manager and proprietor had addressed the structural and cleaning issues that had been identified. Due to the ongoing nature of the cleaning and maintenance issues, a cleaning and maintenance schedule is still required to be in place at the facility.

Based on the audit findings and correspondence received from the City of Burnside Building Fire Safety Committee; Authorised Officers are of the opinion that the licence be granted for one year with the following conditions:

1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition as indicated in the audit report.
2. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules.
3. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1.
4. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case – ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents.
5. Comply with the requirements of Section 71 of the *Development Act 1993* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

City of Prospect

Applicant: MGB Residential Care Pty Ltd

Premises: Prospect Community Village
4 - 6 Dean Street Prospect SA 5082

Premises type: Pension only SRF

Prospect Community Village is a pension only facility, accommodating residents in single and shared rooms. Bathrooms and toilets are communal.

Structural improvements continue at this facility that are above and beyond the requirements of the *Supported Residential Facilities Regulations 2009.* For example, a petting zoo is now available to residents on-site with pet rabbits guinea pigs. There is now a full-time employee responsible for all aspects of maintenance at the facility.

A fire safety inspection by Walkerville Prospect Building Fire Safety Committee was conducted in May as part of the re-licensing process. The City of Prospect issued a letter stating that no deficiency with fire safety was identified and that licensing from a fire safety point of view is recommended.

A re-licensing audit was conducted at this facility. Authorised Officers reviewed all relevant documentation provided through the renewal application process.

During the audit the following documentation non-conformances were identified:

- The prospectus did not detail the rules and policies that apply to residents
- Not all resident service plans had contact details for a next of kin documented

There were minor maintenance and cleaning issues in bathrooms and bedrooms including:

- In two bedrooms, carpets were observed to be stained and in need of cleaning or replacement

Based on the existing audit findings and, Authorised Officers are of the opinion that a licence be granted for twelve months with the following conditions:

1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition as indicated in the audit report.
2. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules.
3. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1.
4. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case – ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents.
5. Comply with the requirements of Section 71 of the *Development Act 1993* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

RECOMMENDATION

That:

1. The Supported Residential Facilities 2020-2021 Licensing Report is received.

2. The applicant detailed below be granted a licence to operate a Supported Residential Facility for a period of one year from 1 July 2021 to 30 June 2022 under the provisions of the *Supported Residential Facilities Act 1992* with conditions:

Applicant	**Premises**
Magill Lodge Supported Residential Care Pty Ltd	Magill Lodge Supported Residential Care 524 Magill Road Magill SA 5072
Conditions	
1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition as indicated in the audit report.	

2. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules.
3. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1.
4. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case – ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents.
5. Comply with the requirements of Section 71 of the *Development Act 1993* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

3. The applicant below be granted a licence to operate a Supported Residential Facility for a period of four months from 1 July 2021 to 30 June 2022 under the provisions of the *Supported Residential Facilities Act 1992* subject to conditions as detailed:

Applicant	**Premises**
MGB Residential Care Pty Ltd	Prospect Community Village 4-6 Dean Street Prospect SA 5082
Conditions	
1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition as indicated in the audit report. 2. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules. 3. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1. 4. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case – ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents. 5. Comply with the requirements of Section 71 of the *Development Act 1993* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.	

5.6 TOWN OF WALKERVILLE PARTICIPATION IN THE EASTERN HEALTH AUTHORITY

Author: Michael Livori
Ref: AF21/37

Summary

The Town of Walkerville (ToW) have advised that they have resolved to withdraw as a Constituent Council, effective 30 June 2022.

Report

On 28 May 2021 correspondence from Mellor Olsson Lawyers (attachment 1) was received by Eastern Health Authority (EHA). The correspondence sent on behalf of ToW advised that ToW had resolved to withdraw as a Constituent Council of EHA, effective 30 June 2022. The Chief Executive Officers of other Constituent Councils have been sent direct communication from Mellor Olsson in relation to the decision.

The correspondence also requested that EHA advise Mellor Olsson (by 18 June 2021) whether the other Constituent Councils intend to reduce the required notice period detailed in the EHA Charter in relation to the withdrawal of a council from EHA.

On 1 June 2021 EHA wrote to Mellor Olsson (attachment 2) acknowledging their correspondence. EHA informed Mellor Olsson that a range of issues will need to be considered in relation to the request to shorten the legally required notice period. In turn the Constituent Councils will need to be provided with appropriate information so that they can consider the request.

The correspondence also noted that time will be required for the remaining Constituent Councils to consider the information and undertake their respective reporting processes. In consideration of the work required to be undertaken, EHA advised that it would not be able to provide Mellor Olsson with the remaining Constituent Councils position by 18 June 2021.

On 2 June 2021 correspondence was sent to the Chief Executive Officers of the remaining Constituent Councils (attachment 3) acknowledging the decision by ToW to withdraw from participation as a Constituent Council and advising of the correspondence to Mellor Olsson.

EHA will now need to consider the long-term consequences of the withdrawal of ToW as a Constituent Council, including consideration of equity, financial, industrial, and operational matters. The work has commenced but has not yet been completed.

Based on the 2022 draft budget, ToW's current annual contributions to EHA account for 4.08% of EHA's total income. When considering total Constituent Council contributions, the ToW proportion is 5.67%. When considering total Constituent Council contributions allocated to operations (proportional component of contribution calculation formula) the ToW proportion is 3.17%.

The work required to be undertaken to consider the long-term consequences of the withdrawal will assist in informing the request for ToW to withdraw earlier than the legal notice period requirement, including the impact on EHA and the remaining Constituent Councils if this were to be agreed.

The required analytical work will be completed as soon as practically possible and be provided to the remaining Constituent Councils for consideration. A meeting will then be arranged with the Chief Executive Officers of the remaining Constituent Councils as a group to discuss the analysis and the request from ToW.

The remaining Constituent Councils will then require time to consider this information and undertake their respective reporting processes before any decisions can be made in relation to the ToW request. It should be noted that the withdrawal notice period can only be varied by unanimous resolution of the Constituent Councils.

A further update report will be provided to the Board at the 8 September 2021 meeting.

RECOMMENDATION

That:

1 The Town of Walkerville Participation in the Eastern Health Authority report is received.

Mellor Olsson

Mellor Olsson Lawyers
ABN 44 157 825 957

lawyers@molawyers.com.au

Our Ref: AK:A210973

28 May 2021

Mr Michael Livori
Eastern Health Authority
101 Payneham Road
ST PETERS SA 5069

BY EMAIL: EHA@EHA.SA.GOV.AU

Dear Sir

CORPORATION OF THE TOWN OF WALKERVILLE:
PARTICIPATION IN EASTERN HEALTH AUTHORITY

As you know, the Corporation of the Town of Walkerville is currently a Constituent Council of the Eastern Health Authority (**'EHA'**).

We have been asked to write on behalf of the Council to advise that at its meeting on 17 May 2021 the Council resolved to withdraw as a Constituent Council of the EHA.

In accordance with Clause 9.2 of the Charter, the Corporation of the Town of Walkerville hereby advises of its intention to resign from the EHA, effective 30 June 2022.

We would be grateful if you could advise by Friday 18 June 2021 whether the other Constituent Councils intend to reduce the required notice period in accordance with clause 9.2(a).

Once we have received confirmation of the position of the remaining Constituent Councils, we will be taking steps on behalf of the Council to obtain Ministerial approval.

Yours faithfully
MELLOR OLSSON

ANTHONY KELLY
Partner
Direct Email: akelly@molawyers.com.au
Phone: 8414 3449 (Adelaide)

Cc *The Chief Executive Officers*
The City of Burnside
Campbelltown City Council
The City of Norwood Payneham & St Peters
The City of Prospect

EASTERN HEALTH AUTHORITY

101 Payneham Road,
St Peters SA 5069

PO Box 275
Stepney SA 5069

T 8132 3600 / F 8132 3623
eha@eha.sa.gov.au

www.eha.sa.gov.au
ABN 52 535 526 438

Our Ref: D21/6674

1 June 2021

Mr Anthony Kelly
Mellor Olsson Lawyers
GPO Box 74
ADELAIDE SA 5001

Dear Sir

RE: TOWN OF WALKERVILLE

I acknowledge receipt of your letter dated 28 May 2021, advising that the Town of Walkerville has resolved to withdraw as a Constituent Council of the Eastern Health Authority, effective 30 June 2022.

In the correspondence you have requested that Eastern Health Authority advise you as to whether the remaining Constituent Councils intend to reduce the required notice period in accordance with 9.2(a), by Friday 18 June 2021.

A range of issues will need to be considered by Eastern Health Authority in relation to the request so that it can provide appropriate information to the remaining Constituent Councils regarding this matter. Additionally, time will be required for the remaining Constituent Councils to consider the information and undertake their respective reporting processes.

In consideration of the above, I can advise that Eastern Health Authority will not be able to provide you with the remaining Constituent Councils position in relation to a reduction in the notice period by 18 June 2021.

Yours sincerely

Michael Livori
Chief Executive Officer

EASTERN HEALTH AUTHORITY

101 Payneham Road,
St Peters SA 5069

PO Box 275
Stepney SA 5069

T 8132 3600 / F 8132 3623
eha@eha.sa.gov.au

www.eha.sa.gov.au
ABN 52 535 526 438

Our Ref: D21/6695

2 June 2021

Letter sent to all Constituent Council CEO's

Dear CEO

RE: Town of Walkerville Participation in Eastern Health Authority

As you have been advised directly, Town Walkerville (ToW) has resolved to withdraw as a Constituent Council of the Eastern Health Authority (EHA), effective 30 June 2022.

In correspondence addressed from Mellor Olsson (enclosed) EHA was advised of ToW's intentions and requested to advise whether the remaining Constituent Councils intend to reduce the required notice period in accordance with 9.2(a) of the EHA Charter, by Friday 18 June 2021.

Following the receipt of this advice, EHA will now need to consider the long-term consequences of the withdrawal of ToW as a Constituent Council, including consideration of equity, financial and operational matters. EHA will also need to consider the request for ToW to withdraw earlier than the legal notice period requirement, including the impact on EHA and the remaining Constituent Councils if this were to occur.

Once EHA has undertaken the required analysis it will be provided to the remaining Constituent Councils for consideration. I will endeavor to undertake the required work as soon as practically possible and then arrange a meeting with the Chief Executive Officers of the remaining Constituent Councils as a group to discuss the request from ToW and a path forward. The remaining Constituent Councils will then require time to consider this information and undertake their respective reporting processes before any decisions can be made in relation to the ToW request.

In consideration of the above, I have advised Mellor Olsson that EHA would not be able to provide them with the remaining Constituent Councils position in relation to a reduction in the notice period by 18 June 2021 (enclosed).

Please feel free to contact me if you have any queries.

Yours sincerely

Michael Livori
Chief Executive Officer

Cc:
Chris Cowley, CEO City of Burnside
Mario Barone, CEO City of Norwood, Payneham & St Peters
Paul Di Iulio, CEO Campbelltown City Council
Nigel McBride, CEO City of Prospect

5.7 PROCUREMENT POLICY

Author: Michael Livori
Ref: AF17/77

Summary

A review of the Procurement Policy has been undertaken by administrative staff and the review was considered by the EHA Audit Committee at its meeting held on 3 June 2021. The policy is now provided to the Board of Management for consideration and adoption.

Report

The EHA Procurement Policy (the 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 EHA Audit Committee considered a revised Policy at its meeting held on 3 June 2021 and resolved the following.

5.4 PROCUREMENT POLICY

Cr P Cornish moved:

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 noting the consolidation of procurement categories 1 and 2.

Seconded by: M Vezis

CARRIED UNANIMOUSLY 5: 062021

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.

In addition, the Audit Committee consider that for operational effectiveness that Procurement Category 1 and 2 were consolidated.

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 for consideration and adoption.

RECOMMENDATION

That:

1. The report regarding the Procurement Policy is received.

2. The Procurement Policy marked attachment 2 to the Procurement Policy report is adopted.

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~~3 June 2021
Date last reviewed by Eastern Health Authority Board of Management	~~29 August 2018~~24 June 2021
Relevant Document Reference	Guidance prepared by Local Government Corporate Services for Councils - The Procurement Guide
Applicable Legislation	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

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 $53K	• Direct sourcing/negotiation • 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
~~2~~	~~$3,001 - $5,000~~	~~• 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~~
2~~3~~	$5,001 - $50,000	• Use of existing third party contracts • Panel arrangements/arrangements with prequalified suppliers	Chief Executive Officer – within the limit of their delegated purchasing authority (see below) and the approved budget

		• Joint procurement arrangements with other Constituent Councils • Written quotes from at least three (3) suppliers Direct negotiation with preferred supplier(s) where market is known to be limited • Request for Quotation	
Procurement Category (cont.)	Estimated Value Range (ex GST)	Acceptable Approaches to Market (cont.)	Decision Making Responsibility (cont.)
3~~4~~	$50,001 and over	• 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.

local councils working together to protect the health of the community

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	24 June 2021
Relevant Document Reference	Guidance prepared by Local Government Corporate Services for Councils - The Procurement Guide
Applicable Legislation	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

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 $5K	• Direct sourcing/negotiation • 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
2	$5,001 - $50,000	• 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 negotiationwith preferred supplier(s)where market is known to be limited • Request for Quotation	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.)
3	$50,001 and over	• 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.

5.8 EASTERN HEALTH AUTHORITY SERVICE REVIEW REPORT

Author: Michael Livori
Ref: AF19/90 and AF20/105

Summary

In late December 2020 Skopion Business Consultants together with Healthy Environs (as a consultancy team joint partnership) were engaged to undertake a review of the Eastern Health Authority. The review considered the current scope and delivery of public and environmental health services by EHA, to ensure that these services fulfil the legislative obligations of EHA's Constituent Councils, are aligned to community needs, are delivered efficiently, and provide value to the public and constituent councils**.** The review has now been finalised and the report from the consultant has been received and is presented to the Board for consideration.

Report

The EHA Board endorsed a comprehensive review of service delivery options and levels for all Council programs leading into the 2019/20 financial year. With the onset of the coronavirus (COVID 19) global pandemic coinciding with the intended completion of the review in the early part of 2020, the review was subsequently postponed and carried over into the 2021 financial year.

The consultancy team commenced the review in late January 2021, with the completion of their report in May 2021 (report provided as attachment 1). The review was undertaken according to the review scope objective, the consultancy Request for Quotation (RFQ) and the consultancy team proposal which included:

- An assessment of the current scope and delivery of public and environmental health services provided by EHA, comparable to other service providers.
- A strategic analysis of the current capacity, capability and value provided by EHA.
- Identification of service delivery challenges faced by EHA, in considering appropriate and sustainable service levels and delivery modes.
- The identification of strategic improvements ensuring that the EHA service profile provides value to its constituent councils, whilst concurrently fulfilling its delegated legislative obligations and community needs.

The review also entailed an in-depth analysis of EHA's value for money proposition and a comprehensive analysis of quantitative and qualitative data and information, in order to meet the review objectives thoroughly and independently.

In conjunction with key stakeholders comprising EHA Board members and the Chief Executive Officer, oversight of the review was governed by a dedicated Project Steering Committee (PSC).

The members of the PSC were:

Michelle Hammond	General Manager Corporate & Community Services City of Campbelltown / Eastern Health Authority Board Member
Nathan Cunningham	Director Community & Planning City of Prospect / Eastern Health Authority Board Member
Carlos Buzzetti	General Manager, Urban Planning and Environment City of Norwood Payneham & St Peters
Michael Livori	Chief Executive Officer Eastern Health Authority

The methodology detailed previously was endorsed by the review's PSC at the project commencement. Key meetings and presentations were held at critical stages throughout the review's progress. Through the PSC advice was sought and provided to the consultants in relation to key constituent stakeholder engagement and consultation; suitability of benchmarking partners (ensuring they were fit-for-purpose for comparative services) and formalising project milestones.

The review entailed three (3) high-level stages.

Stage 1 – Establishing the Current State

The initial phase of the review focused on gaining a comprehensive understanding of the current EHA service delivery model, the services EHA provides its Constituent Councils and stakeholders and the resources it employs to provide these services.

Stage 2 – Assessment of EHA Value for Money Proposition

Analysis of EHA services and resources in comparison to benchmarking participants (across four local government regions and stakeholder feedback in relation to EHA service effectiveness.

Stage 3 – Future State EHA Service Delivery Improvements

The development of service value improvements based on a thematic analysis of stakeholder feedback and the financial and public and environmental health expertise of the consultancy team.

The consultancy team arranged for EHA to provide a suite of documents (refer to Section 5 of the attached report) and files comprising copies of finance and budget information, resource cost recovery model spreadsheet files and resource allocation analysis documents.

EHA also provided copies of a number of qualitative strategic policy documents, incorporating the EHA risk management framework and other service delivery and corporate governance policies, Board reports and statutory services reports such as the annual Public Health Report reported to SA Health (2019/20).

The review leveraged these documents to provide a comprehensive analysis of the EHA current-state of services, primarily focusing on service delivery risks, cost of service

delivery analysis and informing prioritisation of comparative performance with benchmarking partner information.

The provision of confidential benchmarking data and information from local government participants performing equivalent services within their respective jurisdictions, within the Adelaide metropolitan informed the review. Four (4) local government council area representatives were formally approached by the EHA Executive (in conjunction with the consultancy team).

The review included a comprehensive stakeholder engagement phase, with the consultants seeking qualitative feedback from a range of EHA service delivery stakeholders. Primarily the consultation focused on direct feedback from Constituent Council delegates in informal discussion sessions, seeking responses to questions contained within a controlled survey guideline (Appendix A of attached report).

Complementing the Constituent Council interviews, targeted feedback was also sought from representatives of relevant SA Health Branches including the Health Regulation and Protection Branch, the Food and Communicable Disease Control Branch and the Immunisation Branch.

Review of Current State of EHA

The consultants concluded that EHA effectively manages the risk profile for public and environmental health and food safety across the region.

Having centralised services provided through a regional subsidiary model was well recognised and valued by stakeholders.

The efficient and pro-active way in which EHA was able to adjust responsibilities and liaise with State agencies during COVID-19 was highly valued and the ability to pivot service delivery was seen as a strength.

A median score of 9 out of 10 (nil being the lowest and 10 being the highest), given by Constituent Councils for overall service quality, illustrates the value attributable to EHA service delivery by its key stakeholders.

The achievement of economies of scale and the sphere of strategic influence characterised by EHA being a specialist regional subsidiary, illustrated the primary benefits of the current model.

Though EHA governance and risk management were not the primary focus of the review, the consultants found there are several unique benefits of the current regional subsidiary structure defining EHA service delivery which include:

- The collective knowledge base that is provided on public and environmental health matters.
- Increased advocacy strength on behalf of the five (5) Constituent Councils.
- The ability to seek out and participate in partnership project opportunities and grants.

However, areas where there is potential for incremental improvement include:

- Ensuring a consistent approach and service performance standards responding to service requests and/or complaints.
- Ensuring a balance in meeting service level expectations, whilst being aware of the potential for over-servicing, through benchmarking performance with other public and environmental health providers within the local government sector.
- Ensuring discretionary fee-for-service business activity is consistently assessed as being aligned to EHA strategic goals and objectives, in consultation with the EHA Board.
- Ensuring constituent council contributions reflect an equitable recovery methodology, recognising a 'proportional services activity to cost recovery' paradigm, for both frontline and administration service delivery.

Benchmarking Analysis

The review completed a benchmarking exercise to assess EHA service delivery against a selection of other South Australian metropolitan Council environmental health teams. Councils were identified through an objective methodology whereby two principles (size and service delivery attributes) were used to identify those Councils most suitable for benchmarking purposes. The mutual overlay of these selection principles compared to EHA gave rise to four (4) suitable Councils selected for benchmarking process.

Qualitative and quantitative service delivery information was provided to the review, on the basis of confidentiality and anonymity by these Councils.

EHA and participating Councils were compared across three (3) key service activities;

- Food Inspection Activity
- Food Enforcement Activity
- Immunisation

The benchmarking exercise found EHA performs well against other councils across the services areas of food inspection and enforcement activity, particularly against Councils that were most comparable in terms of population and resource allocations.

EHA conducted more food safety inspections than any other benchmarked Council. This includes the highest amount of follow-up inspections, as a total number and percentage of food premises within their jurisdiction. EHA also has the highest number and proportion of P1 (highest risk) food premises.

In the area of immunisation, EHA provides greater delivery of service compared to benchmarked Councils. Compared to benchmarked Councils, EHA has the highest proportion of permanently employed Registered Nurses by FTE (full-time equivalent), as a proportion of the total P&EH Team.

This high proportion contributed to EHA performing vaccinations equivalent to 5.4% of their constituent council's aggregate population, the highest rate amongst all comparative councils.

Stakeholder Feedback

Stakeholders related to the consultants that EHA effectively manages the risk profile for public and environmental health and food safety across the region. The regional subsidiary model was noted as beneficial to service quality and business continuity through the provision of a centralised skilled and knowledgeable environmental health team.

EHA were acknowledged as pro-active and efficient during the Covid-19 emergency and their liaison with State agencies during the pandemic has been highly valued. Knowledge and advice as to how Council's pivot service delivery during this time was a strength of EHA.

There is opportunity to ensure a consistent approach and service performance standards with response to service requests and/or complaints including those which are received directly by EHA or referred by the constituent council. There is also opportunity to ensure that EHA risk-based assessment and determination of the hierarchy of enforcement response is clearly understood and communicated with Constituent Council representatives.

EHA are acknowledged as a progressive subsidiary offering consistency in their approach to public health investigations. There is a willingness to address complex public health and food investigations or incidents and a pro-activeness in contributing to government policy through professional working groups and projects.

EHA was highlighted as a high performer in delivering immunisation services, citing professionalism and their willingness to innovate and improve their service quality. EHA has leveraged their immunisation services into the community through workplace clinics.

Constituent Councils verified the various types of immunisation services provided by EHA. The adequacy and quality of services provided was not questioned, however some councils sought clarification of the cost effectiveness of EHA immunisation services. Regular reporting of client uptake at an individual constituent council level was also sought (although it is noted that information is provided in EHA Board and Annual Reports).

SA Health highlighted that EHA is a high performer in delivering immunisation services, citing professionalism and their willingness to innovate and improve their service quality. SA Health highlighted that EHA demonstrates effective records management and governance of their immunisation services. The Consultancy Team understands that SA Health is currently working with SA councils to ensure that adequate and consistent levels of service, records management and clinical governance are met across the State.

Service Review Findings and Recommendations

Whilst EHA operates and provides services to council stakeholders within a comparatively unique service delivery model, independent analysis by the consultants has revealed an opportunity for incremental improvement in services for consideration and adoption.

Quantitative analysis reveals opportunities to equitably reflect recovery allocations to councils, as well as opportunities to increase revenues by exploring service delivery to organisations residing outside the constituent council jurisdictions.

Qualitative analysis of stakeholder feedback has revealed a range of opportunities for EHA to meet primary client (council) service delivery standards and expectations more consistently and effectively.

The report's findings centre on refining and improving the EHA customer service and cost allocation approach to ensure continued delivery of quality services to stakeholder councils.

The report's nine findings and recommendations are detailed below and are underpinned by a continuous improvement approach adopted by the Project Consultants throughout the EHA Service Review.

Finding: The current methodology for recovering the administration component of the cost recovery formula within the Services Charter requires revision.

Recommendation (1) One: Include a variable and fixed component to the current administration component of the annual Council cost recovery formula within the Services Charter. Recommend 7.5% variable and 5% fixed component combination for the 2022 financial year contributions modelling, maintaining 12.5% administrative recovery component overall.

Finding: There is a gap in regular and consistent executive reporting as identified by Executive Council stakeholders.

Recommendation (2) Two: Deliver a regular targeted performance report focusing on high-level EHA service provision information and pertinent service delivery exceptions for each constituent council.

Finding: There is a gap in regular executive communication at a group and individual level.

Recommendation (3) Three: Propose and create a 'Chief Executive Group' with all Council CEOs to channel informal and formal bilateral communication through. Propose and agree on Terms of Reference to guide collective discussions and meetings to achieve mutually beneficial service delivery outcomes.

Finding: There is a gap in strategic council engagement and communication which would aid to highlight the strategic strengths and benefits of the centralised service delivery model EHA operates within.

Recommendation (4) Four: Leverage creation of the proposed 'Chief Executive Group' to deliver a presentation highlighting the strategic strengths and benefits for Councils receiving health services via a centralised service delivery model provider.

Finding: Communication and media response requires review to drive consistency in approach across constituent councils.

Recommendation (5) Five: Develop an EHA Media Policy detailing delegations and communication with constituent councils.

Finding: A consistent assessment method is needed to explore opportunities to scale up EHA discretionary services such as food audit services and workplace immunisation services.

Recommendation (6) Six: Complete a feasibility case-study seeking to identify the benefits, risks, and costs to scale EHA food audit services to sectors exclusive to the current EHA Council cohort. Adopt a consistent feasibility approach to assessing external fee-for-service opportunities with the EHA Board.

Finding: Onset of Covid has increased demand for health practitioners and specialists, resulting in a shortage of suitably qualified nurses.

Recommendation (7) Seven: Continually monitor and positively reinforce relationships with permanent and casual nursing staff to ensure workforce is content with current employment arrangements.

Finding: Risk Management policies refer to redundant version of AS ISO 31000 Principles and Guidelines framework, informing EHA treatment of inherent risks and control actions.

Recommendation (8) Eight: Renew and refresh current Risk Management Policy with new internationally recognised standards – AS ISO 31000: 2018 Principles and Guidelines framework (revised from 2009 framework), ensuring EHA risk treatment is contemporarily aligned to statutory risk management frameworks.

Finding: There is opportunity to raise awareness of the EHA customer response approach and agree service performance standards with regard to service requests and/or complaints 1) received directly by the EHA or 2) referred by the constituent council

Recommendation (9) Nine: Develop a customer request response procedure and key performance indicators in consultation with constituent council representatives to incorporate an EHA risk-based assessment approach and method for determining the hierarchy of enforcement response.

A copy of the EHA Service review report will be provided to the Chief Executive Officers of the Constituent Councils who contributed to the cost of the review immediately following the Board Meeting.

The EHA administration will now consider and commence work on implementation of the recommendations in consultation with the Constituent Councils where appropriate. An update report will be provided to the Board at a future meeting.

RECOMMENDATION

That:

1. The Eastern Health Authority Service Review Report is received.

Healthy Environs

Eastern Health Authority

Service Review

Report

16th June 2021

In partnership with:

SKOPION business consultants

EXECUTIVE SUMMARY

The Eastern Health Authority (EHA) is solely responsible for delivering public and environmental health services to a cohort of five (5) local government councils, located in the eastern suburbs of the Adelaide metropolitan area. It operates within a centralised service delivery model, incorporated under the South Australian *Local Government Act 1999*, unique to public and environmental health service provision in the South Australian local government sector.

The Project Consultants (Healthy Environs Pty. Ltd. and Skopion Business Consultants) have undertaken a comprehensive review of the EHA service delivery current-state, incorporating a wide-range of analysis focusing on both statutory and discretionary service provision to its primary constituent council clients. The review extended to corporate fundamentals supporting public and environmental health service delivery, given the exceptional governance, risk management and reporting requirements that come with operating within a regional services model.

Current State

EHA deliver services to five (5) constituent councils; The City of Burnside, The City of Prospect, The City of Norwood Payneham and St. Peters, Campbelltown City Council and the Town of Walkerville, servicing an aggregate residential cohort of approximately 163,000 residents.

Service streams include food premises inspections and food audits, public, school and workplace immunisation program delivery, squalor and hoarding response, and response to public health complaints and/or incidents . Other services include environmental health service compliance with regard to legionella control, wastewater management, swimming pools, Supported Residential Facilities (SRFs) and personal health businesses such as hairdressers, body art and beautician service providers.

The statutory landscape governing public and environmental health reveals that as the local public health authority, a council has an obligation to manage the public and environmental health within their jurisdiction. As the Regional Subsidiary for its constituent councils, EHA takes on that obligation and assists its councils to meet their legislative responsibilities in accordance with the *SA Public Health Act 2011*, the *Food Act 2001* (SA), *Supported Residential Facilities Act 1992* (SA) and any other legislation that the constituent councils determine appropriate within the purposes of EHA. Along with legislative requirements, there are a number of Standards, Guidelines and policies guiding EHA functions, including the Food Standards Code, the *Supported Residential Facilities Regulations 2009* and National Immunisation Program Schedule.

EHA continued their regular services throughout the onset of the COVID-19 pandemic. Their Public, School and Workplace Immunisation services continued, albeit with a reduced number of facilities operating for Public and Workplace Immunisation services. This ensured the safest possible environment for clients and to effectively manage COVID-19 restrictions. School immunisation numbers increased during 2019/20 due to the introduction of the Meningococcal Catch-up program for year 11 students and introducing the immunisation program to year 10 students.

EHA's food safety monitoring involves five (5) general types of food safety inspections - routine, follow-up, inspections based on complaints, new premise fit outs and event inspections.

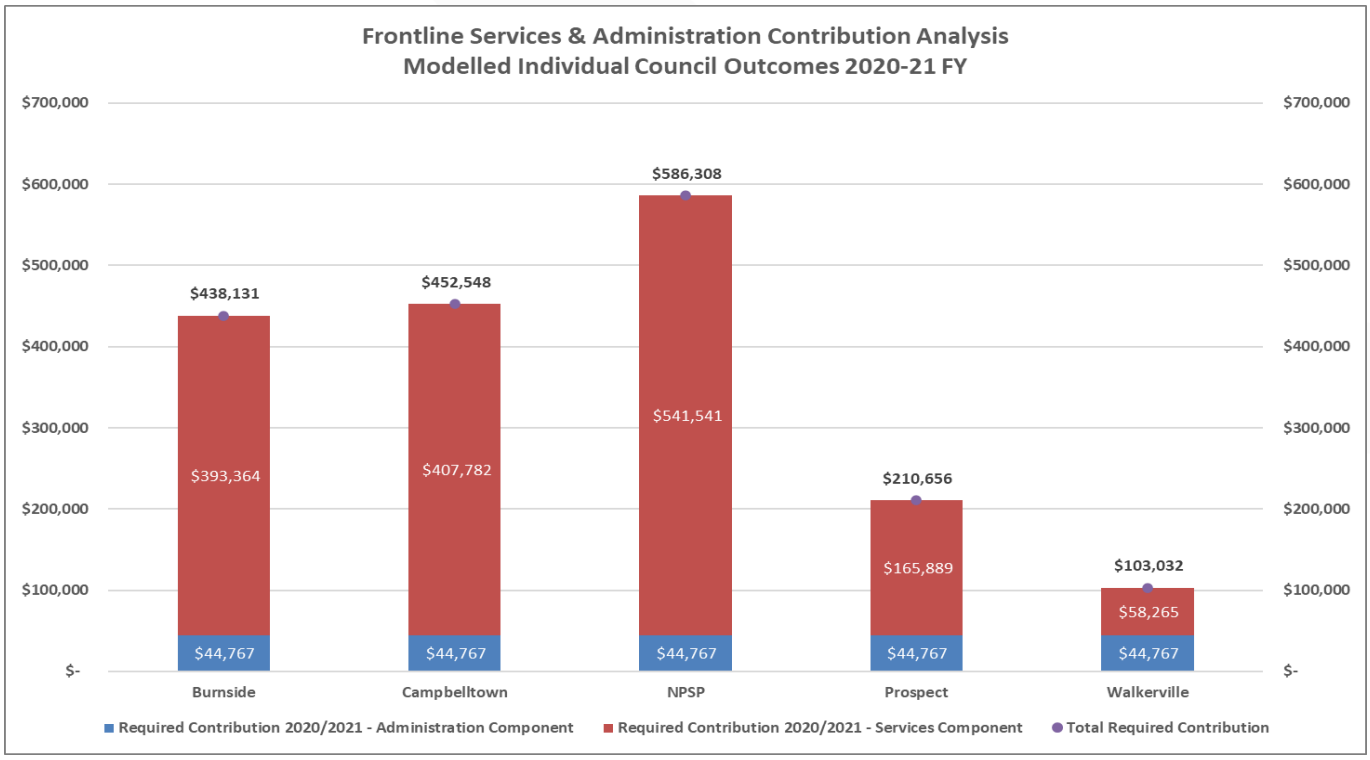
COVID-19 saw a significant number of food businesses closed during 2019/20 period, resulting in a decrease in routine as well as follow-up food inspections. During this time, EHA Environmental Health Officers were required to shift their primary focus to ensure businesses were adhering to physical distancing restrictions. Concurrent to these unexpected responsibilities, EHA conducted routine inspections on over half of constituent council food premises and performed 465 follow-up inspections.

In addition EHA continued to fulfil its duty of care on behalf of the constituent councils and conduct investigations into public health complaint types such as vector control relating to rodents, pigeons and mosquitoes, sanitation and notifiable diseases. Within the June quarter of 2019/20, physical distancing measures and restrictions of non-essential mass gatherings were put in place across the State. In that time, EHA received and investigated physical distance complaints comprising 13% of total complaints for the financial year.

EHA conducted inspections on all High Risk Manufactured Water Systems, as required under *South Australian Public Health (Legionella) Regulations 2013* with no follow-ups required in 2019/20. Inspections were also carried out on all high-risk body art premises with a decrease in inspections of high-risk beauty premises in 2019/20 compared to previous years. The decrease was attributed to premise closures influenced by COVID-19 safety measures.

Total annual budget capacity underpinning the delviery of these services equated to $2.5m in the 2021 (current) financial year. Approximately $0.7m is offset by revenues, predominantly derived from specific program grants, user charges and other statutory fees and charges. The total net cost contributed directly by constituent councils equates to $1.80m for the period. Individual council contributions supporting EHA service delivery are predicated on a proportional basis, approximately reflecting each Council's consumption of EHA resources dedicated to each service stream. The activity based contributions for the 2021 financial year are outlined below (Figure 1).

Figure 1 Total Council Contributions for 2020/21 Financial Year



EHA was found to effectively manage the risk profile for public and environmental health and food safety across the region. Having centralised services provided through a regional subsidiary model was well recognised and valued by stakeholders. The efficient and pro-active way in which EHA was able to adjust responsibilities and liaise with State agencies during COVID-19 was highly valued and the ability to pivot service delivery was seen as a strength.

A median score of 9 out of 10 (nil being the lowest and 10 being the highest), given by constituent councils for overall service quality, illustrates the value attributable to EHA service delivery by its key stakeholders. The achievement of economies of scale and the sphere of strategic influence characterised by EHA being a specialist regional subsidiary, illustrated the primary benefits of the current model. However, areas where there is potential for incremental improvement include:

- Ensuring a consistent approach and service performance standards responding to service requests and/or complaints.
- Ensuring a balance in meeting service level expectations, whilst being aware of the potential for over-servicing, through benchmarking performance with other public and environmental health providers within the local government sector.

- Ensuring discretionary fee-for-service business activity is consistently assessed as being aligned to EHA strategic goals and objectives, in consultation with the EHA Board.
- Ensuring constituent council contributions reflect an equitable recovery methodology, recognising a 'proportional services activity to cost recovery' paradigm, for both frontline and administration service delivery.

EHA adopts various forms of communication commensurate with operational, the Media, the Board, constituent council Chief Executives and Elected Members as well as external Regulatory Stakeholders, such as SA Health. While EHA communication was found to be adequate and appropriate at most levels of stakeholder engagement, some areas for incremental improvement were identified. Improved communications regarding public health standards within the council jurisdictions, in a format which enables Chief Executive Officers or Executive management to brief their Elected Members was raised, as well as ensuring a consistent approach in responding to media requests and enquiries on behalf of constituent councils.

Though EHA governance and risk management were not the primary focus of this review, it was found there are several unique benefits of the current regional subsidiary structure defining EHA service delivery:

- The collective knowledge base that is provided on public and environmental health matters.
- Increased advocacy strength on behalf of the five (5) constituent councils.
- The ability to seek out and participate in partnership project opportunities and grants.

Value for Money Analysis

The review completed a benchmarking exercise to assess EHA service delivery against a selection of other South Australian metropolitan Council environmental health teams. Councils were identified through an objective methodology whereby two principles (size and service delivery attributes) were used to identify those Councils most suitable for benchmarking purposes. The mutual overlay of these selection principles compared to EHA gave rise to four (4) suitable Councils selected for benchmarking process. Qualitative and quantitative service delivery information was provided to the review, on the basis of confidentiality and anonymity by these Councils. The following labels have been used to identify the participating Councils A, B, C and D.

Benchmarking Activities

EHA and participating Councils were compared across three (3) key service activities;

- Food Inspection Activity
- Food Enforcement Activity
- Immunisation

The benchmarking exercise found EHA performs well against other councils across the services areas of food inspection and enforcement activity, particularly against Councils that were most comparable in terms of population and resource allocations. EHA conducted more food safety inspections than any other benchmarked Council. This includes the highest amount of follow-up inspections, as a total number and percentage of food premises within their jurisdiction.

In the area of immunisation, EHA provides greater delivery of service compared to benchmarked Councils. Compared to benchmarked Councils, EHA has the highest proportion of permanently employed Registered Nurses by FTE (full-time equivalent), as a proportion of the total P&EH Team. This high proportion contributed to EHA performing vaccinations equivalent to 5.4% of their constituent council's aggregate population, the highest rate amongst all comparative councils. The review also found two (2) comparative councils currently outsource their immunisation service delivery to specialist 3rd party providers.

Findings & Recommendations

The Report's recommendations are underpinned by a continuous improvement approach adopted by the Project Consultants throughout the EHA Service Review. The Project Consultants have considered all qualitative feedback and quantitative data, directly informing the following recommendations, with due care and consideration.

Findings & Recommendations

Finding: The current methodology for recovering the administration component of the cost recovery formula within the Services Charter requires revision.

Recommendation (1) One: Include a variable and fixed component to the current administration component of the annual Council cost recovery formula within the Services Charter. Recommend 7.5% variable and 5% fixed component combination for the 2022 financial year contributions modelling, maintaining 12.5% administrative recovery component overall.

Finding: There is a gap in regular and consistent executive reporting as identified by Executive Council stakeholders.

Recommendation (2) Two: Deliver a regular targeted performance report focusing on high-level EHA service provision information and pertinent service delivery exceptions for each constituent council.

Finding: There is a gap in regular executive communication at a group and individual level.

Recommendation (3) Three: Propose and create a 'Chief Executive Group' with all Council CEOs to channel informal and formal bilateral communication through. Propose and agree on Terms of Reference to guide collective discussions and meetings to achieve mutually beneficial service delivery outcomes.

Finding: There is a gap in strategic council engagement and communication which would aid to highlight the strategic strengths and benefits of the centralised service delivery model EHA operates within.

Recommendation (4) Four: Leverage creation of the proposed 'Chief Executive Group' to deliver a presentation highlighting the strategic strengths and benefits for Councils receiving health services via a centralised service delivery model provider.

Finding: Communication and media response requires review to drive consistency in approach across constituent councils.

Recommendation (5) Five: Develop an EHA Media Policy detailing delegations and communication with constituent councils.

Finding: A consistent assessment method is needed to explore opportunities to scale up EHA discretionary services such as food audit services and workplace immunisation services.

Recommendation (6) Six: Complete a feasibility case-study seeking to identify the benefits, risks and costs to scale EHA food audit services to sectors exclusive to the current EHA Council cohort. Adopt a consistent feasibility approach to assessing external fee-for-service opportunities with the EHA Board.

Finding: Onset of Covid has increased demand for health practitioners and specialists, resulting in a shortage of suitably qualified nurses.

Recommendation (7) Seven: Continually monitor and positively reinforce relationships with permanent and casual nursing staff to ensure workforce is content with current employment arrangements.

Finding: Risk Management policies refer to redundant version of AS ISO 31000 Principles and Guidelines framework, informing EHA treatment of inherent risks and control actions.

Recommendation (8) Eight: Renew and refresh current Risk Management Policy with new internationally recognised standards – AS ISO 31000 : 2018 Principles and Guidelines framework (revised from 2009 framework), ensuring EHA risk treatment is contemporarily aligned to statutory risk management frameworks.

Finding: There is opportunity to raise awareness of the EHA customer response approach and agree service performance standards with regard to service requests and/or complaints 1) received directly by the EHA or 2) referred by the constituent council

Recommendation (9) Nine: Develop a customer request response procedure and key performance indicators in consultation with constituent council representatives to incorporate an EHA risk-based assessment approach and method for determining the hierarchy of enforcement response.

Table of Contents

Figures

Tables

1. BACKGROUND

1.1 Review Objective

The Eastern Health Authority (EHA) is an established Regional Subsidiary providing public and environmental health services to the community on behalf of its five (5) constituent councils within the South Australian metropolitan locale – The City of Burnside, Campbelltown City Council, The City of Norwood Payneham & St. Peters, The City of Prospect and The Corporation of the Town of Walkerville. Healthy Environs Pty Ltd and Skopion Business Consultants (the consultancy team) were engaged by the EHA to undertake an independent review of the Authority's Services.

The objective of the review was to assess if the EHA currently provide value for money to its constituent councils in relation to the delivery of public and environmental health services.

The service review was undertaken during the period from January to May 2021 and based on the project brief and accepted consultancy team proposal encompassed:

- An assessment of the current scope and delivery of public and environmental health services provided by EHA, comparable to other service providers.
- A strategic analysis of the current capacity, capability and value provided by EHA.
- Identification of service delivery challenges faced by EHA, in considering appropriate and sustainable service levels and delivery modes.
- The identification of strategic improvements ensuring that the EHA service profile provides value to its constituent councils, whilst concurrently fulfilling its delegated legislative obligations and community needs.

Note: the scope excluded due-diligence as to the appropriateness of the current service delivery model by which EHA provides services. A comparative investigation focusing on the pros and cons of the current and possible alternate service delivery frameworks, including the divestment of the EHA as a statutory local government body, would require a specific suite of investigative parameters, outside the scope or resources available within this service review.

1.2 Review Methodology

The EHA Board endorsed a comprehensive review of service delivery options and levels for all Council programs leading into the 2019/20 financial year. With the onset of the coronavirus (COVID 19) global pandemic coinciding with the intended completion of the review in the early part of 2020, the review was subsequently postponed and carried over into the 2021 financial year.

The consultancy team commenced the review in late January 2021, with the completion of this report in May 2021. The review was undertaken according to the review scope objective, the consultancy Request for Quotation (RFQ) and the consultancy team proposal (dated 11th December 2020).

The review entailed an in-depth analysis of EHA's value for money proposition. The consultancy team conducted a comprehensive analysis of quantitative and qualitative data and information, in order to meet the review objectives thoroughly and independently. The methodology outlined in this section exemplifies this approach, which was endorsed by the review's Project Steering Committee at the project commencement.

Project Governance

In conjunction with key stakeholders comprising EHA Board members and the Chief Executive, oversight of the review was governed by a dedicated Project Steering Committee (PSC). Key meetings and presentations were held at critical stages throughout the review's progress. Through the PSC advice was sought and provided in relation to: key constituent stakeholder engagement and consultation; suitability of benchmarking partners (ensuring they were fit-for-purpose for comparative services) and formalising project milestones.

Review Stages

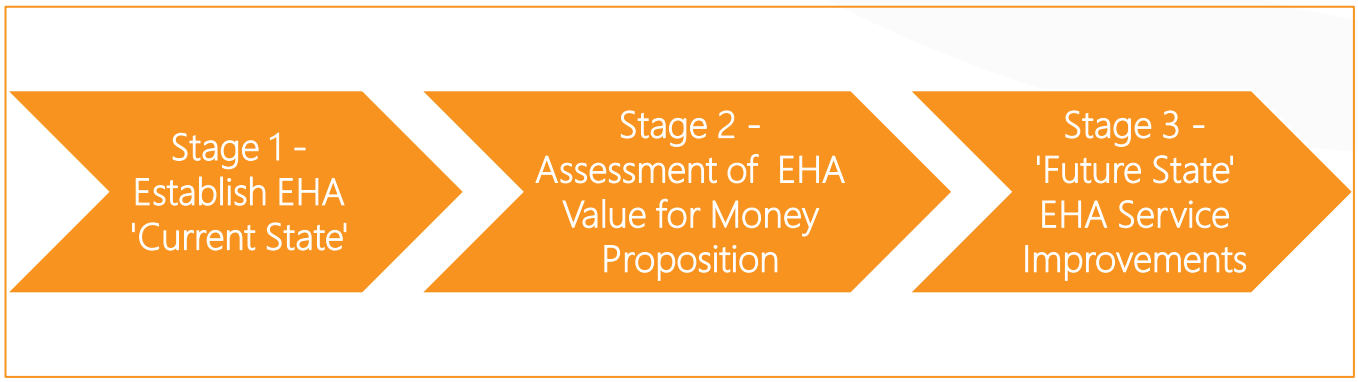
The review entailed three (3) high-level stages (Figure 2).

Stage 1 – Establishing the Current State - The initial phase of the review focused on gaining a comprehensive understanding of the current EHA service delivery model, the services EHA provides its constituent councils and stakeholders and the resources it employs to provide these services.

Stage 2 – Assessment of EHA Value for Money Proposition – Analysis of EHA services and resources in comparison to benchmarking participants (across four local government regions and stakeholder feedback in relation to EHA service effectiveness.

Stage 3 – Future State EHA Service Delivery Improvements – The development of service value improvements based on a thematic analysis of stakeholder feedback and the financial and public and environmental health expertise of the consultancy team.

Figure 2 – Review Stages



Information Sources

Documents, Data and Information Files

The consultancy team arranged for EHA to provide a suite of documents (refer to Section 5 'References) and files comprising copies of finance and budget information, resource cost recovery model spreadsheet files and resource allocation analysis documents. EHA also provided copies of a number of qualitative strategic policy documents, incorporating the EHA risk management framework and other service delivery and corporate governance policies, Board reports and statutory services reports such as the annual Public Health Report reported to SA Health (2019/20).

The review has leveraged these documents to provide a comprehensive analysis of the EHA current-state of services, primarily focusing on service delivery risks, cost of service delivery analysis and informing prioritisation of comparative performance with benchmarking partner information.

The provision of confidential benchmarking data and information from local government participants performing equivalent services within their respective jurisdictions, within the Adelaide metropolitan has informed the review. Four (4) local government council area representatives were formally approached by the EHA Executive (in conjunction with the consultancy team).

Key Stakeholder Engagement

The review has undertaken a comprehensive stakeholder engagement phase, seeking qualitative feedback from a range of EHA service delivery stakeholders. Primarily the consultation focused on direct feedback from constituent council delegates in informal discussion sessions, seeking responses to questions contained within a controlled survey guideline (Appendix A).

Complementing the constituent council interviews, targeted feedback was also sought from representatives of relevant SA Health Branches including the Health Regulation and Protection Branch, the Food and Communicable Disease Control Branch and the Immunisation Branch.

2. THE CURRENT STATE

This section provides an overview of the EHA current shared service model, service delivery elements and cost and recovery allocation key findings.

2.1 Organisational Governance and Structure

Regional Subsidiary

The Eastern Health Authority is a Regional Subsidiary established under Section 43 the *Local Government Act 1999* to deliver public and environmental health duties across its five (5) constituent councils: The City of Burnside, Campbelltown City Council, The City of Norwood Payneham & St. Peters, The City of Prospect and The Corporation of the Town of Walkerville.

Established in 1986, the subsidiary enabled the five (5) constituent councils to discharge their respective environmental health responsibilities as required under the *South Australian (SA) Public Health Act 2011*, *the Food Act 2001 and Supported Residential Facilities Act 1992*.[1] Given that its sole focus is on environmental health, EHA provides specialist services to the 163,000 residents across the region.

As a regional subsidiary, the EHA is governed by a Board, which has responsibility for managing all EHA activities and ensuring that EHA acts in accordance with its Charter. The Board comprises two (2) members from each of the five (5) constituent councils, including an Elected Member; and one (1) other person who may be an officer, employee or Elected Member, of that constituent council or an independent person.

While the Authority's main responsibility is in assisting the constituent councils to meet their legislative responsibilities and providing public and environmental health services, the EHA can also conduct activities outside of the area of the constituent councils, provided the councils have approved this unanimously.

Consultation with constituent council representatives confirmed that EHA represents a collaborative approach to providing environmental health regulatory services and risk management. Representatives referred to a range of services, including:

- Performance of a variety of public health and food safety regulatory functions.
- Management of the development, implementation and reporting in relation to the region's Public Health Plan 'Better Living: Better Health'.
- Incident and notifiable disease response.
- Pandemic planning, education and response (including recent service re-orientation during the coronavirus (COVID -19) pandemic).
- Delivery of school immunisation clinics (through an agreement with SA Health) as well as public clinics and workplace clinics.
- Monitoring Supported Residential Facilities (currently five (5) across the region).
- Representation and advocacy on behalf of the constituent councils regarding public and environmental health.
- Broader scale public health education and promotion as well as food safety training for businesses.

There are some outlying services of relevance to only sections of the region, such as assessing wastewater compliance (of relevance to small unsewered sections of the City of Burnside.

[1] https://www.eha.sa.gov.au/files/36_adopted_final_eastern_health_authority_charter_2016.pdf?v=785 accessed 4th March 2021,

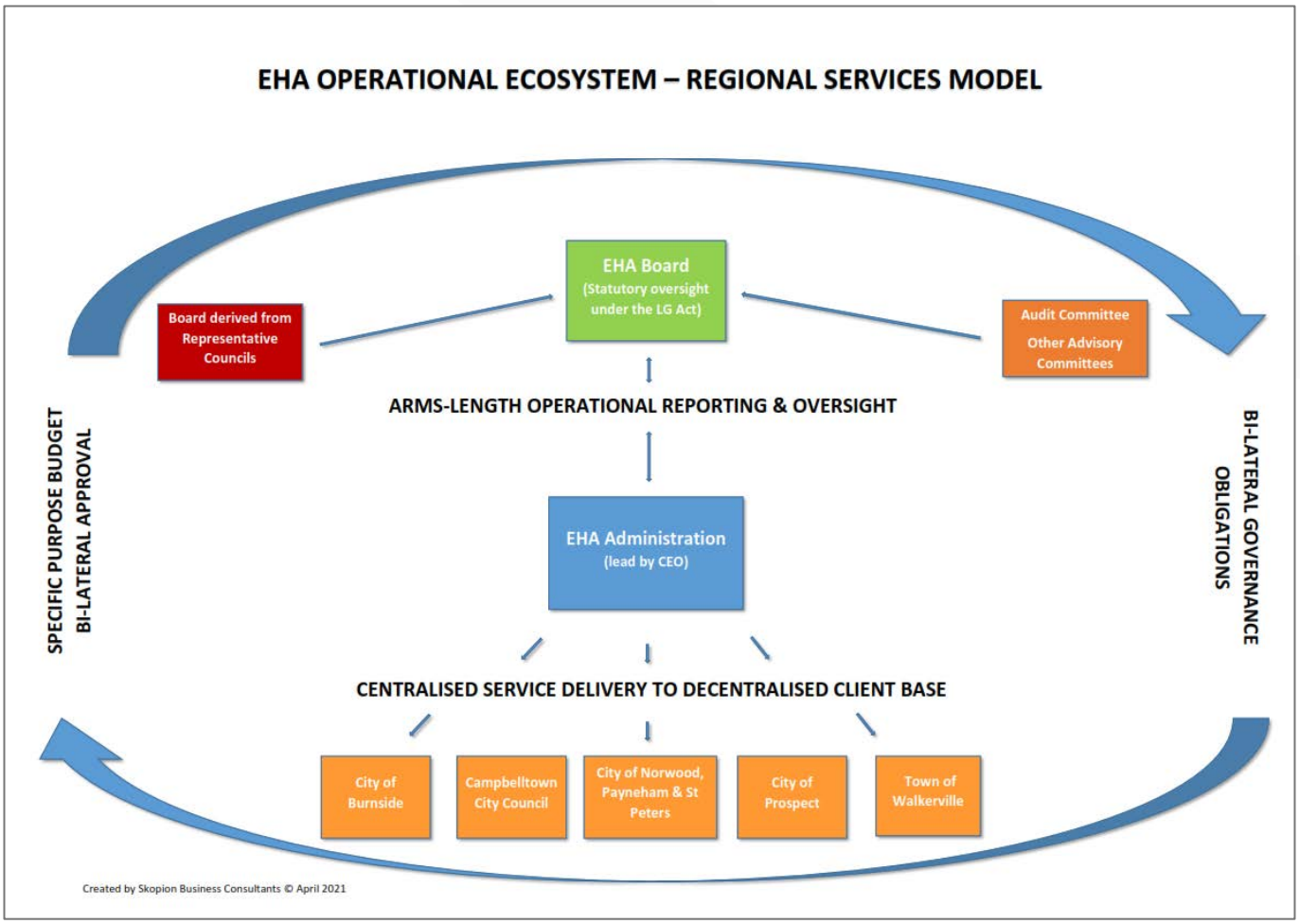
Under the *Local Nuisance and Litter Control Act 2016*, EHA services are limited to responding to water quality policy matters (such as drag out from development sites). Constituent councils undertake nuisance response pertaining to other matters.

SA Health confirmed their interface with EHA (as a regional subsidiary) is managed consistently with their approach to liaising with other, internally managed council environmental health teams. SA Health acknowledged that EHA advocate a collaborative approach and allows for consistency in public and environmental health compliance across the five (5) council cohort.

Given the centralised model by which EHA deliver services, the review required a layered approach with engagement across internal staff and management, constituent council representatives and external stakeholders.

A depiction of the EHA operational ecosystem, underscoring the EHA centralised services model to regionally based stakeholders, is illustrated below (Figure 3), as distinct from in-sourced environmental health functions, as shown in Figure 4.

Figure 3 EHA Operational Ecosystem - Regional Shared Services Model



Characteristics of a Shared-Services Model

The adopted 'shared-services' model by which EHA operates within to deliver public and environmental health services to its council clientele, has several uniquely identifiable characteristics.

The primary identifier is the 'hub and spoke' nature of functional specialists located in one central locality, solely dedicated to delivering public and environmental services to off-site clients. This brings with it respective strengths and challenges in terms of service delivery expertise, such as delivering public and environmental health services as the sole and only purpose of the organisation. It provides an opportunity to create economies of service delivery scale and scope, as well as

aligning specific operational service delivery and risk mitigation measures with strategic organisational goals and governance frameworks.

However, this model also presents a number of challenges, which counterbalance these unique strengths. Primarily, the model retains inherent operational costs such as statutory and operating 'fixed' costs, which all things being equal, are an inevitable impact of its adoption. Costs such as occupancy rents or leases, or premises ownership impacts such as property maintenance, depreciation and dilapidations are all unavoidable costs of adopting the hub and spoke model.

Stand-alone governance costs such as the requirement to complete external audits, annual financial statements, annual report and other statutory acquittals (such as the obligation to complete a Long-Term Financial Plan), also adversely impact the ability of a shared-services model operator to minimise its operating costs. EHA are obliged to undertake these and other activities to comply with governance obligations associated with a stand-alone, statutory regional subsidiary.

Characteristics of a Conventional Model

Other metropolitan Council's across the South Australian local government sector adopt the more conventional in-house, unilateral service delivery model, to provide public and environmental health services to their constituents.

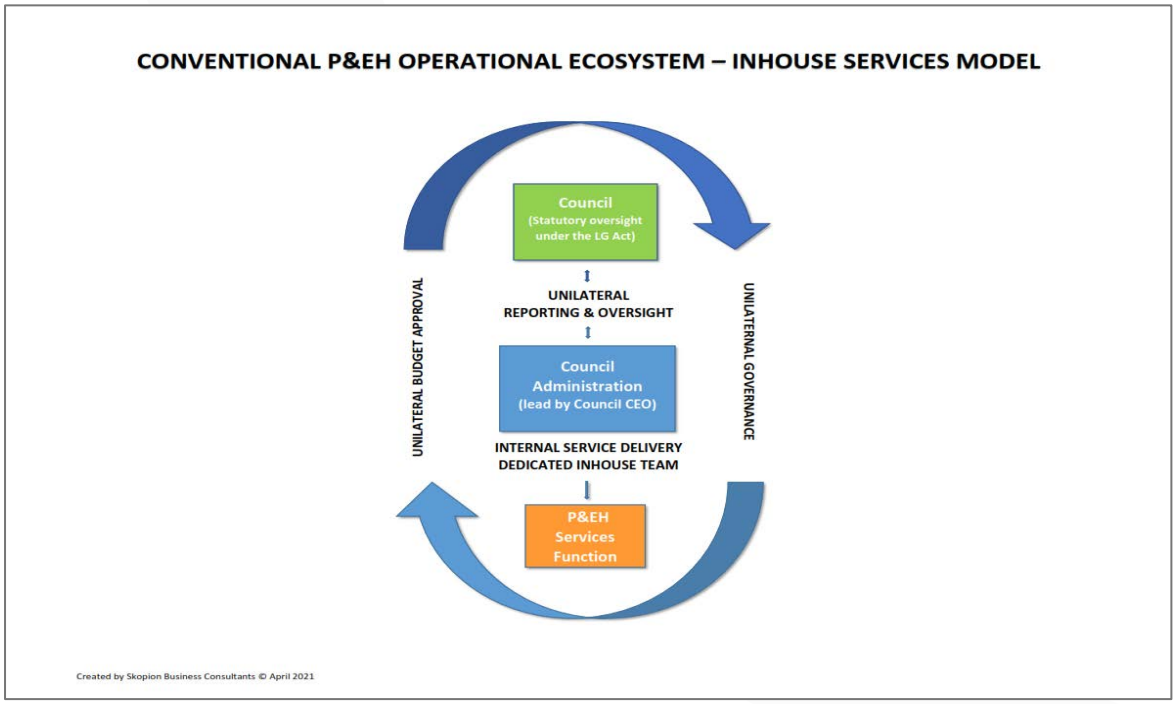
Primarily the conventional model is predicated on a shared level of oversight, control and management of service delivery, amongst all other services provided within the one organisation or Council.

Governance of in-house, specific service delivery falls within the broader, statutory Council oversight and risk management framework. This allows local government entities to raise or reduce the level of service delivery risk and mitigating control actions, without the need to specifically consult at arms-length with its governance oversight bodies, such as the Council Elected Group and / or the Council Audit Committee.

A conventional model also allows a Council Administration to make decisions as to resource allocations, risk appetite and service delivery prioritisation unilaterally, bypassing formal, bi-lateral consultation between the 'service-provider' and 'service-receiver' governance bodies and the need for formal resource cost recovery mechanisms between parties. It also exhibits lesser inherent hurdles for the insourcing organisation to deliver on its strategic objectives, therefore minimising additional resources and costs associated with bi-lateral communications with multiple stakeholder groups, inherent in operating within a regional model framework.

The diagram below (Figure 4) illustrates the conventional model's unilateral alignment of strategic goals to operational delivery, with comparatively less reporting and oversight obligations, as well as more flexibility in allocating resources to meet stakeholder demand.

Figure 4 Conventional Operating Ecosystem – Inhouse Services Model



EHA Organisational Structure

The current EHA organisation structure (Figure 5) illustrates the high-level characteristics of the regional subsidiary service delivery framework, providing a specialist service skillset to a decentralised client base.

The Administration is led by the Chief Executive Officer (CEO). At a high-level the EHA CEO is responsible for delivering the Authority's strategic service delivery objectives, management of operational service delivery and corporate risk and the allocation of EHA resources underpinning day-to-day service delivery. The CEO is also the primary officer reporting to the EHA Board and therefore responsible for implementing good governance practices and managing constituent council and other stakeholder service delivery expectations and communications.

Service Streams – Specialist Teams

The operational arms of the EHA comprise two (2) primary specialist employee streams. Public and environmental health specialist expertise is arranged within one of those streams, led by the Team Leader Environmental Health. This team overseas the delivery of all public health services to constituent councils (except for Immunisation services). These services entail all food premises inspections and audits, squalor and hoarding response, statutory incident management and reporting, periodic inspections of Supported Residential Facilities and other environmental health inspections such as High Risk Manufactured Water Systems (cooling towers and warm water systems) and swimming pools where required. This team also manage services pertaining to personal health service providers (hairdressers, beauticians and tattooists) and response to public health complaints and/or incidents across the council cohort.

The team is managed by an experienced Team Leader, responsible for high performing technical service delivery concurrently with ensuring accurate and timely statutory compliance reporting to peak-body institutions (State and Commonwealth). The Team Leader also oversees the management of exceptional incident cases, leading communication with affected constituent council stakeholders and other inter-related government service such as government planning officers in certain cases.

The second stream is dedicated to all Immunisation program delivery, coupled with corporate and administration support to the organisation. Immunisation services are provided through a mix of permanently employed registered nurses and a pool of casual registered nurses during peak vaccination periods. Nursing staff are the primary providers of vaccination

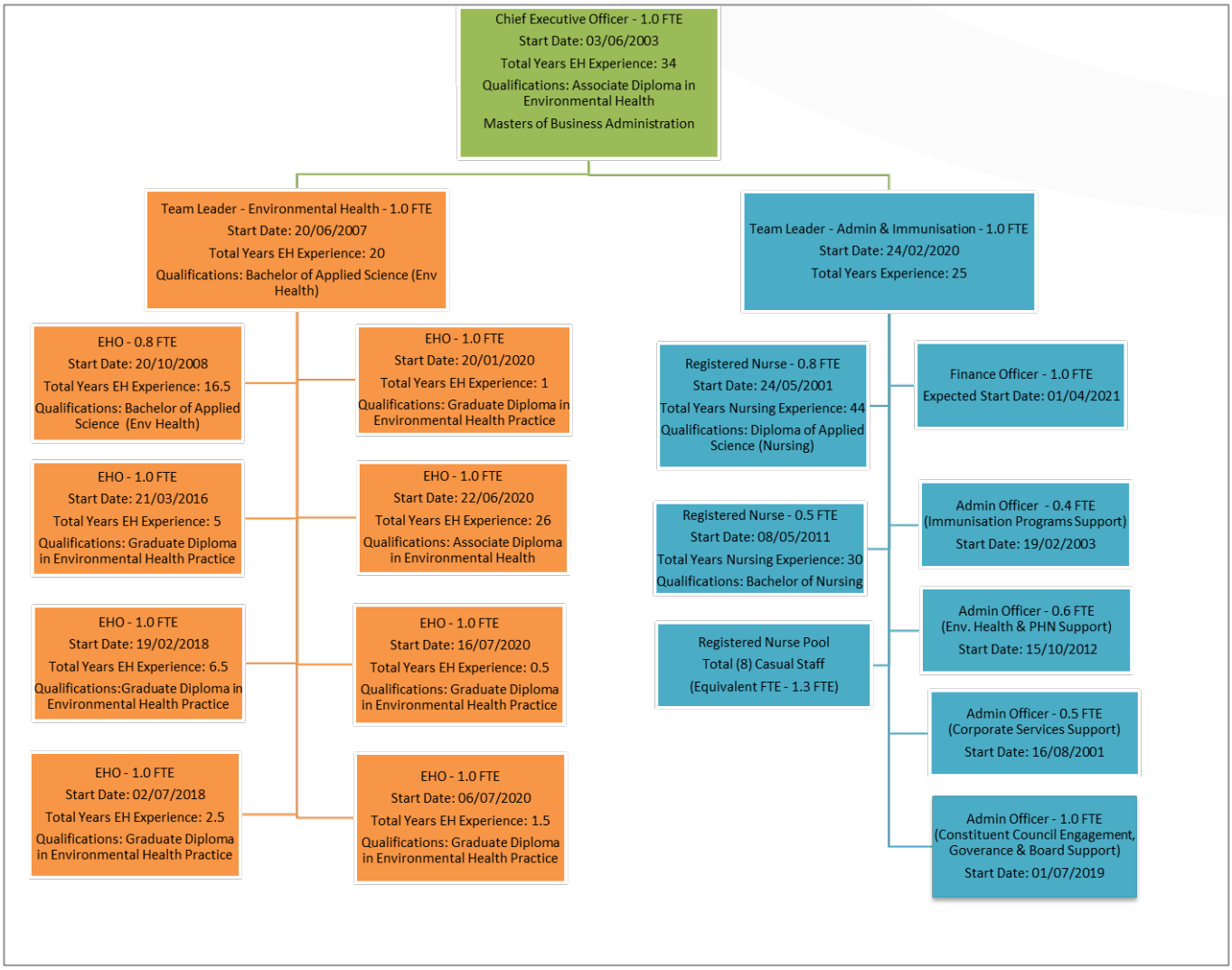
services across statutory or regulated programs such as community and school-based programs, as well as discretionary programs EHA offer businesses via on-site workplace immunisation services.

Immunisation program governance and record-keeping is undertaken by officers within the corporate and administration service stream, given the strong alignment of tasks between these two (2) organisational responsibilities. Some of these roles are weighted towards corporate services, such as the Finance Officer, whilst others are more aligned to supporting Immunisation support via records management of dedicated vaccination databases, managed by peak-body health institutions. Other officers are dedicated to Board and constituent council liaison tasks and supporting public health network engagement, communications and administration.

This multi-disciplinary team managed by the Immunisation and Admin Services Team Leader with finance and accounting experience, is responsible for delivering internal management and budget performance reports, leads the compilation of statutory annual financial reports and liaises directly with external auditors in their preparation of independent audit reports and acquittals.

The Team Leader is also responsible for all Human Resource, Work Health and Safety and Procurement tasks at a transactional level. Strategic oversight and management of once-off actions pertaining to these corporate services resides with the CEO.

Figure 5 Eastern Health Authority Organisational Structure



2.2 EHA Legislative Functions

The EHA consists of a team of professionally qualified Environmental Health Officers (EHOs) dedicated to ensuring that public health is maintained across the constituent council catchment. The team is responsible for the administration of public health legislation and monitoring of a number of key environmental functions. The legislative as well as Corporate policies guiding EHA functions are summarised in Table 1.

Table 1 – EHA Legislative Functions

Service	**Service Purpose**		**Service Standards**	
	Legislative	Corporate	Government Codes/Agreements	Internal Policy
Food Safety				
Inspections and Customer Requests	To administer Council's responsibilities under the Food Act 2001 and Regulations	Aligns with action 4.2, 4.3, 4.4, 4.5 of Annual Business Plan	Food Standards Code Food Act MOU 2009 (the Minister for Health and Local Government) South Australian Food Business Risk Classification	Food Inspection Fees Policy EHA Enforcement Policy
Food Auditing	Support food premises to comply with Food Safety Standard 3.3.1. (under the Food Safety Act 2001)	Aligns with action 4.7, 4.8 of Annual Business Plan	Food Standards Code South Australian Guidelines for Auditors of Mandatory Food Safety Programs	Food Business Audit Fee Policy EHA Enforcement Policy
Public and Environmental Health				
Health Premise Inspections and Customer Requests	To administer Council's responsibilities under various Acts and Regulations: *SA Public Health Act 2011* *SA Public Health (General) Regulations 2013* *Environment Protection Act 2003* *Local Government Act 1999* *Safe Drinking Water Act 2011*	Aligns with action 2.2 of Annual Business Plan	Standards for the Operation of Swimming Pools and Spa Pools in South Australia, 2013 Guideline on the Public Health Standards of Practice for Hairdressing Guidelines on the Safe and Hygienic Practice of Skin Penetration	EHA Enforcement Policy

Service	Service Purpose		Service Standards	
	Legislative	Corporate	Government Codes/Agreements	Internal Policy
Wastewater Control	To administer Council's authorisations under: *SA Public Health Act 2011* and Regulations *Environment Protection Act 1993*	Aligns with actions 2.6 and 2.7 of Annual Business Plan	On-site Wastewater Systems Code	EHA Enforcement Policy
Legionella Control	To administer Council's authorisations under the Public Health Act 2011 and Regulations	Aligns with actions 2.3 and 2.4 of Annual Business Plan	Guidelines for the Control of Legionella, Department of Health, 2013	Legionella Control Fee Policy
Public Health Complaints	To administer Council's authorisations under the *SA Public Health Act 2011* and Regulations		Relevant Standards and Guidelines under the *SA Public Health Act 2011* and Regulations	EHA Enforcement Policy
Immunisation				
School Clinics	*SA Public Health Act 2011* – requirement to support and promote immunisation.	Aligns with action 3.1 of Annual Business Plan	National Immunisation Program Schedule Australian Immunisation Handbook School Immunisation Program Protocols, CDCB, 2020	School Immunisation Program Agreement
Public Clinics	*SA Public Health Act 2011* - requirement to support and promote immunisation	Aligns with action 3.4 of Annual Business Plan	National Immunisation Program Schedule Australian Immunisation Handbook	
Workplace Clinics	*SA Public Health Act 2011* - requirement to support and promote immunisation	Aligns with action 3.5 of Annual Business Plan	National Immunisation Program Schedule Australian Immunisation Handbook	

Service	Service Purpose		Service Standards	
	Legislative	Corporate	Government Codes/Agreements	Internal Policy
Supported Residential Facilities	To administer Council's authorisations under the *Supported Residential Facilities Act 1992*	Aligns with action 2.2.1-8 of Annual Business Plan	The Supported Residential Facilities Regulations 2009 SA Health Hoarding and Squalor Policy and Guideline	

2.3 EHA Constituent Council Services

The *South Australian Public Health Act 2011* recognises the functions of councils in protecting and promoting public health and preventing public health risks. EHA provides public and environment health services such as immunisation, hygiene and sanitation control, licensing and monitoring of Supported Residential Facilities (SRFs); and inspection and regulation of food outlets. In addition to regular EHA functions and services, the novel coronavirus (COVID-19) and the restrictions that the Government of South Australia progressively applied throughout the 2019/210 period has meant the role of EHA has had to shift focus. EHA has played an active role in ensuring physical distancing has taken place to protect the health and wellbeing of individuals and the community from the spread of COVID-19.

This section summarises the service levels provided to constituent councils based on an analysis of quantitative service data as well as the qualitative feedback received during stakeholder interviews.

Immunisation

EHA provides a range of free immunisation services to eligible people and delivers these services at its public and school clinics within the constituent councils. EHA provides these as free services, including the Annual Influenza Vaccine through the National Immunisation Program (NIP) Schedule. The NIP Schedule is a series of immunisations given at specific times for children, adolescents and adults. Under the NIP, EHA also facilitates South Australia's School Immunisation Program (SIP). This program provides free recommended vaccines for South Australian students in Years 8 and 10. The program is also available to home-schooled and correspondence school students.

EHA provides a Workplace Influenza Vaccination Program on a fee for service basis. The program enables schools, childcare centres, government departments and private businesses to have their staff vaccinated on site by EHA nurses.

General Clinics

EHA is funded under the National Immunisation Program which allows it to provide public clinics for free vaccinations to residents of its constituent councils. Clinics can be found at all five constituent councils. Immunisation services were provided to the City of Unley on a user-pays basis, but this clinic ceased operations in 2019[2].

A range of vaccines are available to the public including:

- Diphtheria, Tetanus and Pertussis (dTpa)
- Meningococcal B, Meningococcal ACWY
- Measles, Mumps and Rubella (MMR)
- Chickenpox
- Pneumococcal
- Hepatitis A and B
- Influenza
- Polio

Figure 6 shows how many clients there were from each constituent council and which council clinic they chose to attend through the 2017/18 to 2019/20 reporting period.

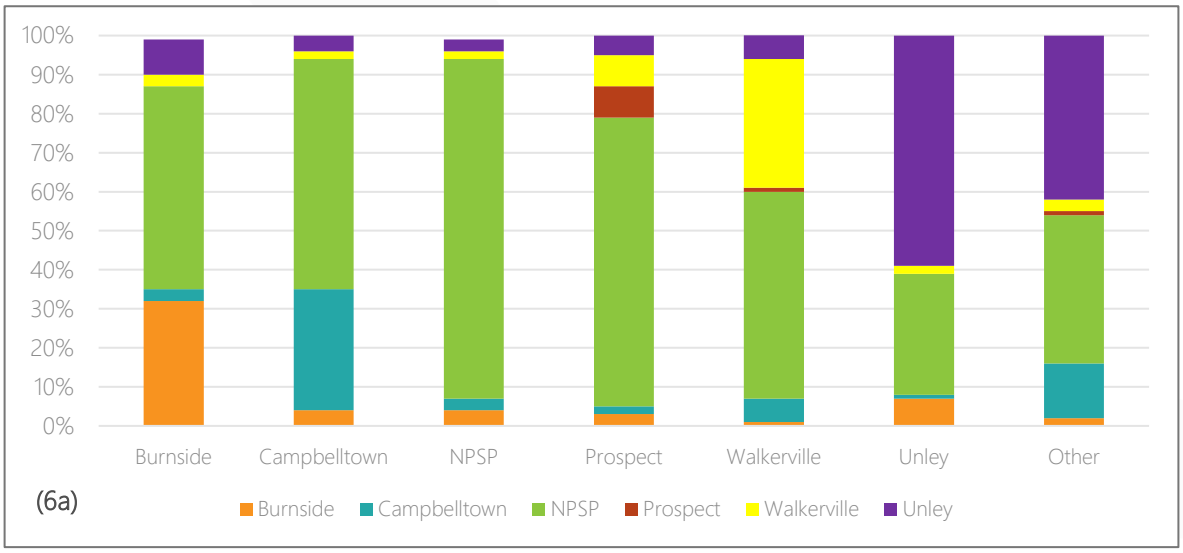
In January 2018, a clinic operating at City of Prospect was relocated to the Norwood Payneham and St Peters venue due to the redevelopment of the Prospect Civic Centre and only reopening January through March 2020. This explains the low attendance of the Prospect clinic in 2017/18 and 2019/20 (Figure 6 a & c) and attendance of zero in 2018/19 (Figure 6 b). In March 2020, all public clinics were moved to EHA's offices at St. Peters and were by appointment only. This ensured the safest possible environment for clients and to effectively manage COVID-19 restrictions.

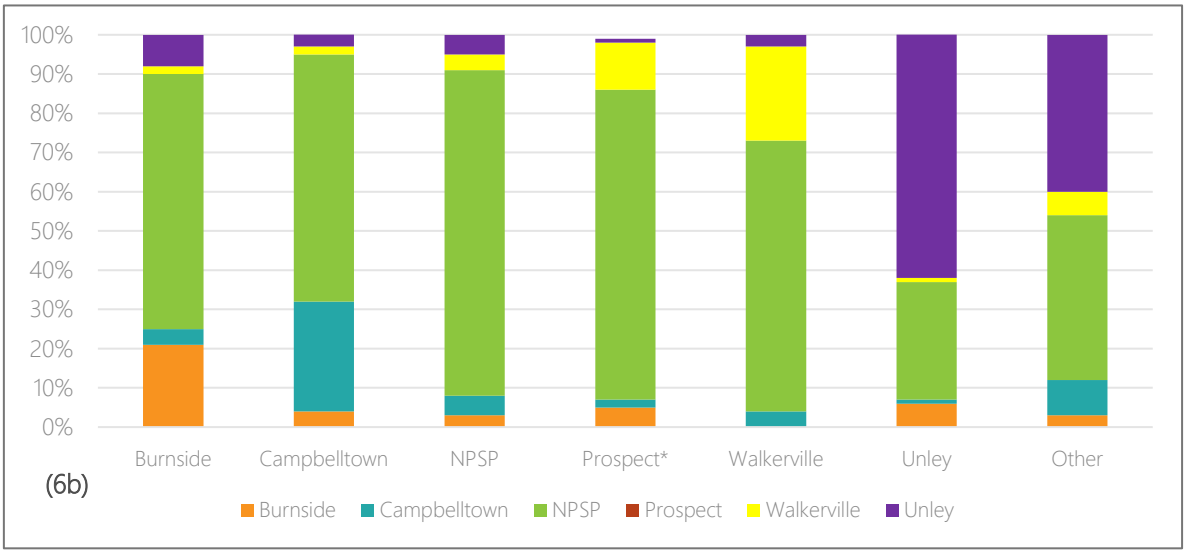
[2] https://www.eha.sa.gov.au/files/419_eha_0151_20_annual_report_2020_v4_long_financials.pdf?v=584 accessed 10th March 2021.

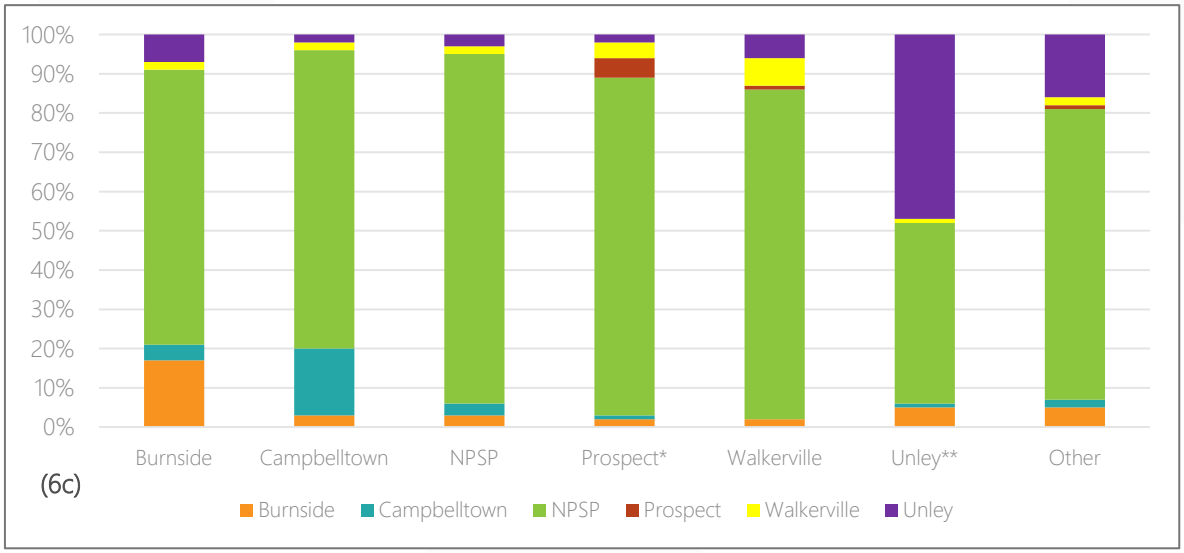
As of January 2021, immunisation clinics at Burnside, Campbelltown, and Prospect returned to their council locations to both appointment and walk-in capacities. St Peter's clinics will continue to operate as normal., All clinics are following the Australian Government recommendations of social distancing, hand sanitising stations and QR check in on arrival.

Immunisations are booked either through the EHA's online booking system or by contacting EHA by phone where the client can choose their preferred date, time and location from the timetable available to download from the EHA website.

Figure 6 Client attendance per council area and their choice of clinic venue during the (a) 2017/18, (b) 2018/19 and (c) 2019/20 reporting period







School Immunisation Program

Each school year, EHA visits schools in the constituent councils to deliver vaccines to adolescents through the NIP's consenting School Immunisation Program (SIP). The SIP is a public health intervention to prevent disease amongst the young and adolescent. This service is managed according to a contract agreement with SA Health. Students enrolled in year 8 and 10 for 2021 are offered immunisations against the following:

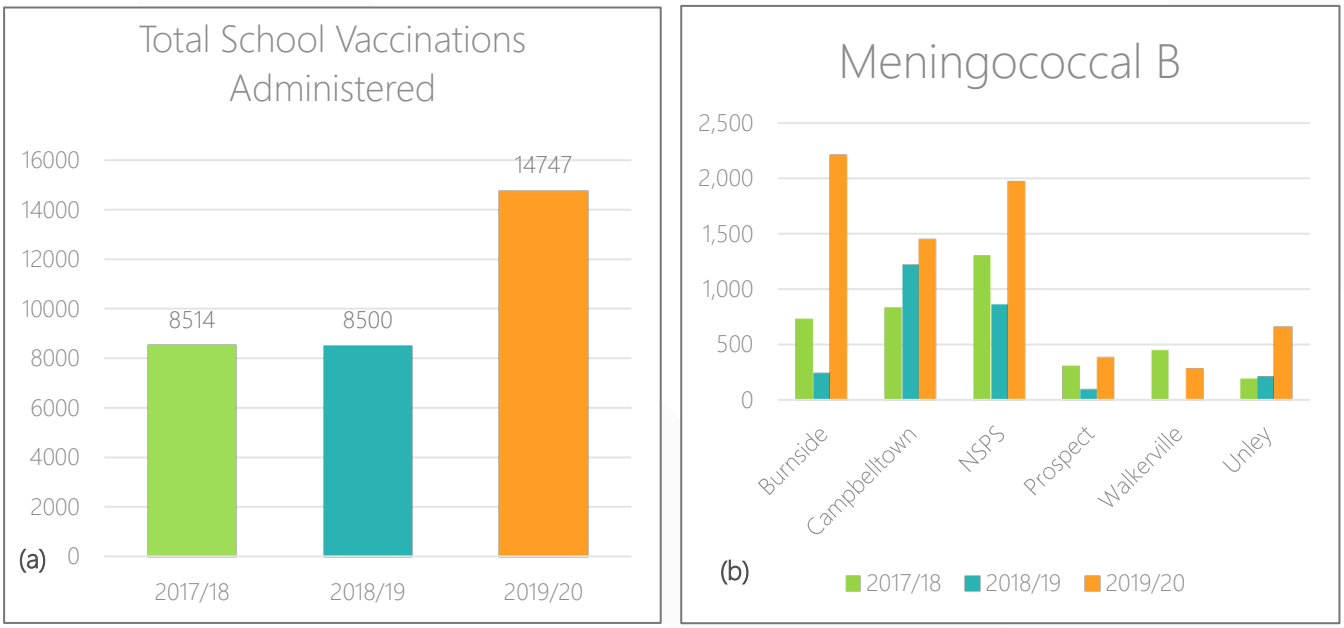
- Human Papillomavirus (HPV)
- Diphtheria, Tetanus, Pertussis (dTpa)
- Meningococcal B and ACWY.

EHA administered a total of 8,514 vaccinations in 2017/18, 8,500 in 2018/19 and 14,747 in the 2019/20 financial periods (Figure 7a). The increase in school vaccinations in 2019/20 was due to expansion of the school program in 2019 to include a Meningococcal B catch-up program for Year 11 students together with the introduction of Meningococcal B and Meningococcal ACWY for Year 10 students.

In 2017, EHA continued to work in partnership with SA Health and the University of Adelaide to deliver the two-year study named 'B Part of It'. The purpose of the study was to collect data to find out whether there are herd immunity benefits as a result of giving the meningococcal B vaccination to students in the South Australian school community.

In 2018 EHA visited high schools in the area to deliver the annual School Immunisation Program (SIP) and the second and final year of the Meningococcal B Vaccine Herd Immunity Study. No Meningococcal vaccines were given at Walkerville in 2018/19 as the vaccine study was completed in 2017 (Figure 7b).

Figure 7 Total number of school vaccines (a) administered and Meningococcal B vaccines (b) administered across Constituent Councils over financial periods 2017/18, 2018/19 and 2019/20.



Workplace Clinics

EHA has leveraged their immunisation services into the community through workplace clinics. EHA's Workplace Immunisation Program assists businesses in protecting their staff from respiratory illnesses caused by Influenza A and B. The Workplace Immunisation Program is conducted on a fee for service basis. Since 2017, EHA offers an 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.

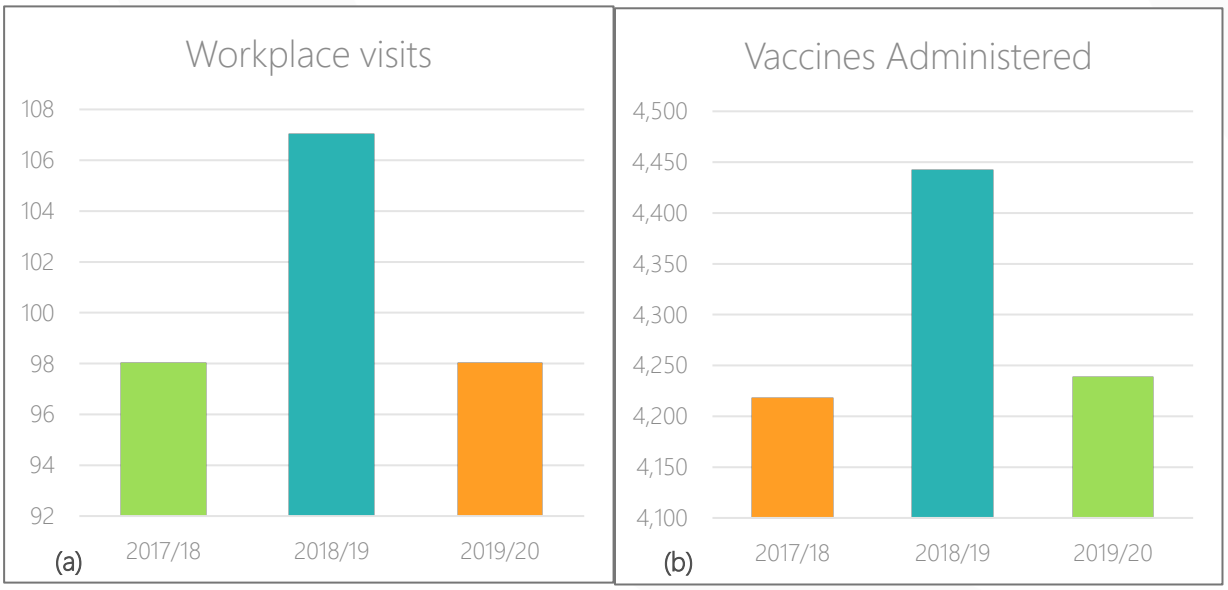
Throughout the COVID-19 pandemic, EHA worked with businesses to ensure all scheduled visits could proceed where possible. Successful bookings were also conducted on-site at EHA offices at St Peters and a single on-site drive through clinic was used for a client to ensure their original booking could be honoured. With COVID-19 providing a challenging environment for workplaces to enable visits, EHA did experience several cancellations due to companies operating with staff working from home. These challenges resulting in 98 workplace visits and 4,238 vaccinations administered. This was a minor decrease (-5%) of workplaces visited and vaccines administered in 2020 compared to the same period in 2019 (Figure 8a & b).

Stakeholder Feedback on Immunisation Services

Constituent councils verified the various types of immunisation services provided by EHA. The adequacy and quality of services provided was not questioned, however some councils sought clarification of the cost effectiveness of EHA immunisation services. Regular reporting of client uptake at an individual constituent council level was also sought (although it is noted that information is provided in EHA Board and Annual Reports).

SA Health highlighted that EHA is a high performer in delivering immunisation services, citing professionalism and their willingness to innovate and improve their service quality. SA Health highlighted that EHA demonstrates effective records management and governance of their immunisation services. The Consultancy Team understands that SA Health is currently working with SA councils to ensure that adequate and consistent levels of service, records management and clinical governance are met across the State.

Figure 8 EHA Workplace Vaccination Program for financial periods 2017/18, 2018/19 and 2019/20 (a) Total number of workplace visits. (b) total number of workplace vaccinations administered.



Food Safety

EHA promote food safety and help food businesses meet legislative requirements by:

- Conducting routine food safety inspections.
- Providing food safety education.
- Conducting food safety audits at food businesses that service food to vulnerable populations (aged care, hospitals, delivered meals and childcare businesses).

EHA administers the *Food Act 2001* in conjunction with the Food Safety Standards to protect the public from food-borne illness and associated risks. This 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.

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

Food Safety Inspections

EHA's food safety monitoring involves five (5) general types of food safety inspections- routine, follow-up, inspections based on complaints, new premise fit outs and event inspections.

COVID-19 saw a significant number of food businesses closed during 2019/20 period (Figure 9) which accounts for the decrease in routine and follow up food inspections in 2019/20 compared to the previous years (Figure 10). During this time, EHOs shifted their primary focus to ensure businesses were following physical distancing restrictions as imposed by the Federal Government and State Police Commissioner.

Figure 9 No. food premises within EHA region

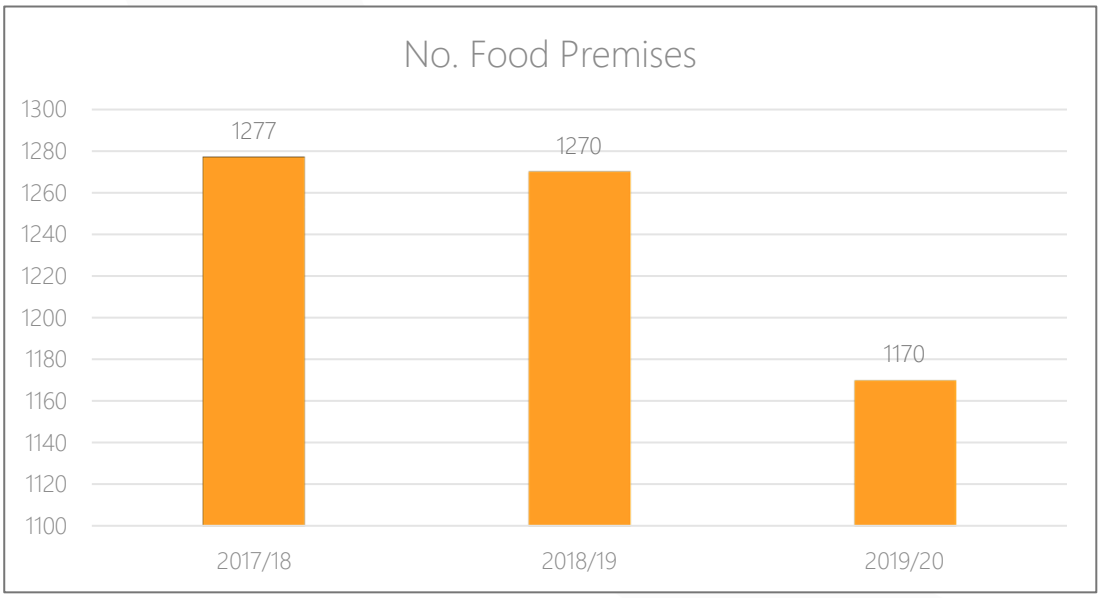
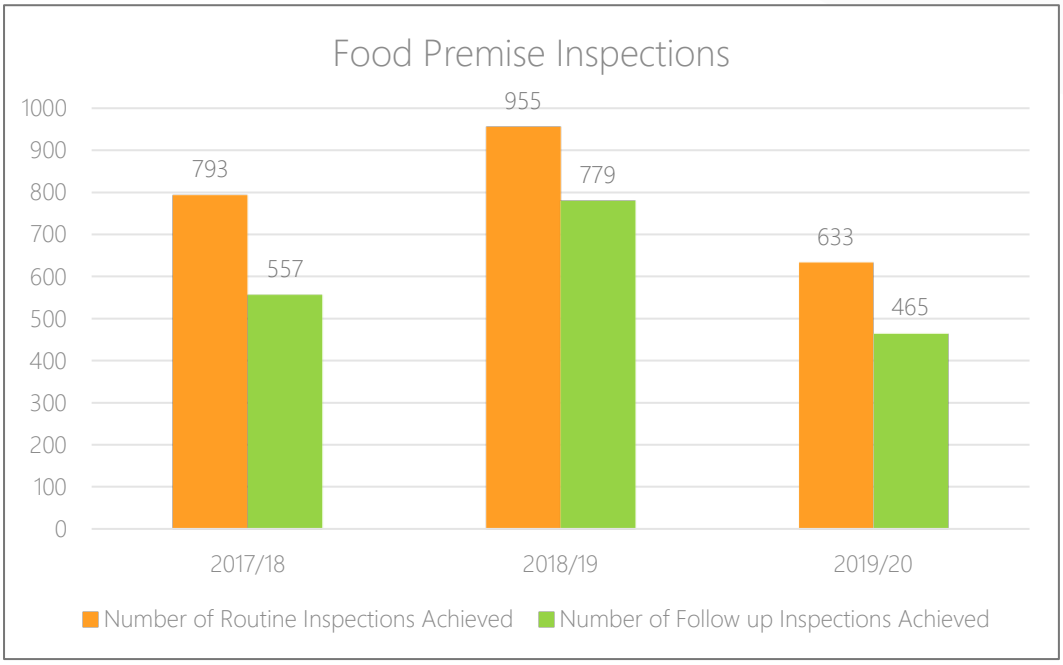


Figure 10 No. Routine and follow up food premise inspections conducted by EHA for 2017/18, 2018/19 and 2019/20 financial periods.



Food businesses are classified on the basis of food safety risk, using the South Australian Food Business Risk Classification (FBRC) profiling framework[3]. This framework allows for the monitoring and enforcement to be aligned with the inherent food safety risk of the business, taking into account the business' performance during inspections. The framework classifies businesses into one of four risk classifications: Priority 1 (P1) as the highest risk classification to

[3] https://www.sahealth.sa.gov.au/wps/wcm/connect/c30973804209353ab856bdf8b1e08c6d/Final+November+2018+Food+Business+Risk+Classification.pdf accessed 18th March 2021.

P4 as the lowest risk classification. Food inspection frequency is determined by risk category. A minimum and maximum inspection frequency range is applied to each risk classification. The frequency range allows for inspections to either be increased or decreased depending on whether or not compliance is satisfactory during the inspection.

The majority of food businesses in EHA region are risk classified as P1 (Table 2).

Table 2 - Food Premises by Risk Category for 2017/18, 2018/19 and 2019/20 period

Risk Category	Inspection Frequency	Number of Food Premises		
		2017/18	2018/19	2019/20
Priority 1 (P1) High Risk	6 monthly (ranges 3-12monthly)	629	640	579
Priority 2 (P2) Medium Risk	12 monthly (ranges 6-18 monthly)	337	292	251
Priority 3 (P3) Low Risk	18 monthly (ranges 12-24monthly)	112	130	132
Priority 4 (P4) Negligible Risk	24 monthly or no inspection	199	208	208

EHA perform routine food inspections at a cost to the food business:

- $129 for P1-P3 and $85.50 for P4 for small businesses
- $321 for P1-P3 and $214 for P4 for large businesses.

If a routine inspection shows any non-compliances, EHA may schedule a follow-up inspection at no cost to the business. If two or more additional follow-ups are required, the business may be charged an inspection fee.

Non-compliances against the Food Safety Standards can range from Minor, Major to Serious. If repeated non-compliance continues, EHA has adopted an Enforcement Policy, which determines the use of compliance and enforcement in such a way as to best achieve legislated objectives in the public's interest. EHA's Enforcement Policy is guided by two principles which are based on a graduated and proportionate response to non-compliance. A graduated enforcement approach requires the initial use of milder enforcement options, such as education, verbal advice and written warnings. When compliance is not achieved, EHA will pursue more significant enforcement options such as Notices, Orders, Expiations and prosecution. A proportionate response means that the extent of EHA's actions will be determined by having regard to the seriousness of the breach. Decisions about a graduated response must be balanced by the severity of the alleged offence[4].

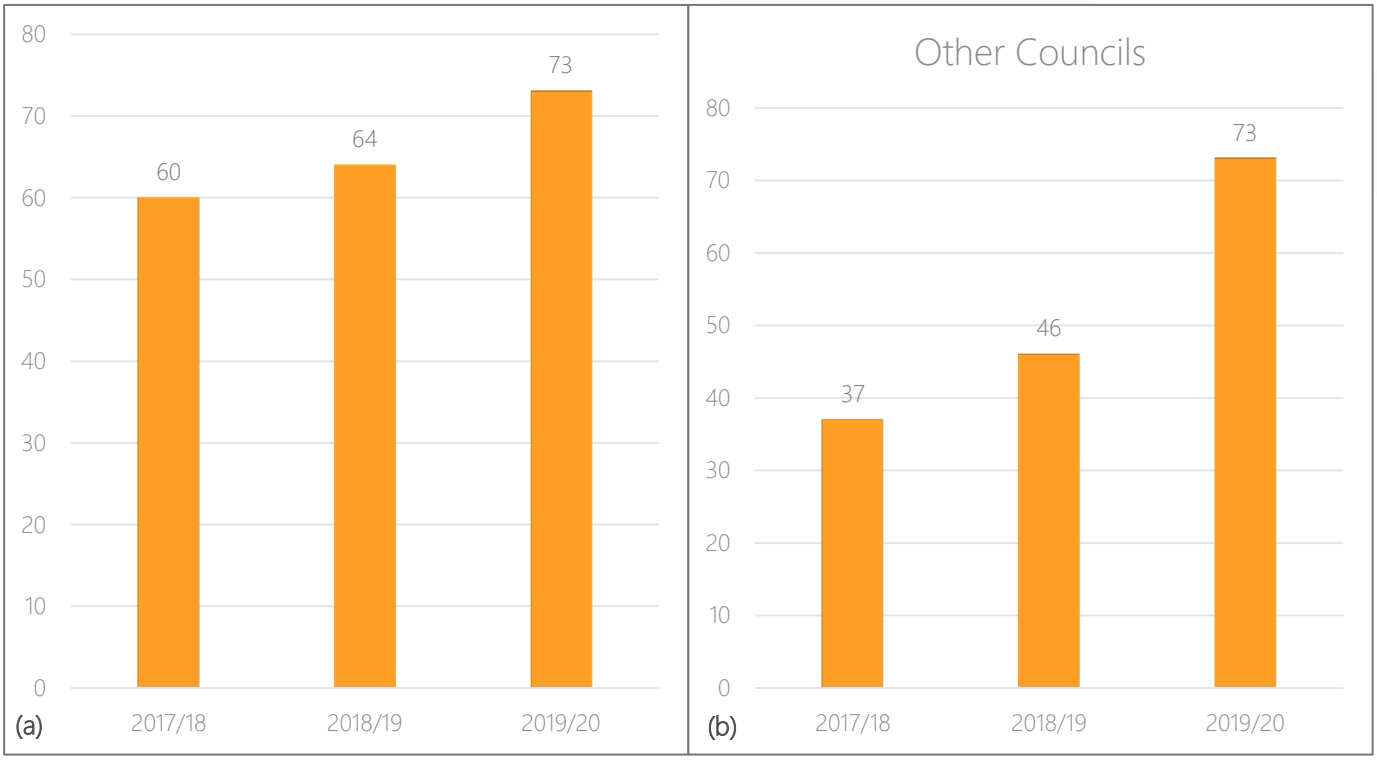
[4] https://www.eha.sa.gov.au/files/205_201010_enforcement_policy.pdf?v=822 accessed 18th March 2021.

Food Safety Audits-

EHA offers Food Safety Audit services for food businesses that serve food to vulnerable populations, including hospitals, aged care facilities, childcare centres and delivered meal organisations. These businesses are captured under Food Safety Standard 3.3.1, which requires food businesses to comply with Food Safety Standard 3.2.1, and the implementation of a documented and audited Food Safety Program.

EHA conducts food safety audits within their constituent council areas and other council areas outside of their jurisdiction. Over the 2019/20 financial period, a total of 73 scheduled food safety audits were conducted within EHA's jurisdiction. This was a slight increase from 64 audits in the 2018/19 period (Figure 11a). The number of audits conducted of other councils outside EHA jurisdiction increased from 46 over the 2018/19 period to 73 over the 2019/20 period (Figure 11b). During the year EHA secured an agreement to audit the food safety plan at 18 aged care sites across Adelaide. This agreement along with other new sites within EHA's jurisdiction contributed to an increase in audits conducted during the reporting period.

Figure 11 Number of Food Safety Audits conducted by EHA (a) within EHA Constituent Councils and (b) Councils outside EHA jurisdiction.



Food Safety Star Ratings

The Food Safety Rating Scheme is used to inform consumers about the food safety practices of food service businesses such as hotels, restaurants and cafés. The scheme was developed in conjunction with industry, consumers and local government and the rating is based on routine inspection results conducted by EHOs. EHA's EHOs assess businesses using the Food Safety Rating Scheme assessment form and rates businesses accordingly, however, EHA does not issue rating certificates.

Public and Environmental Health

EHA relies on the *SA Public Health Act 2011* and Regulations to fulfil its duty of care on behalf of the constituent councils with the following public health issues: investigation and management of domestic squalor and hoarding; surveillance of swimming pools and spa pools; high risk manufactured water systems (cooling towers and warm water systems); assessment of personal care and body art premises; approval and inspection of waste control systems and prevention and control of notifiable diseases.

EHA conducts investigations into a number of different public health complaint types. As shown in Table 3, vector control relating to rodents, pigeons and mosquitoes, sanitation and notifiable diseases accounted for a large proportion of public health complaints.

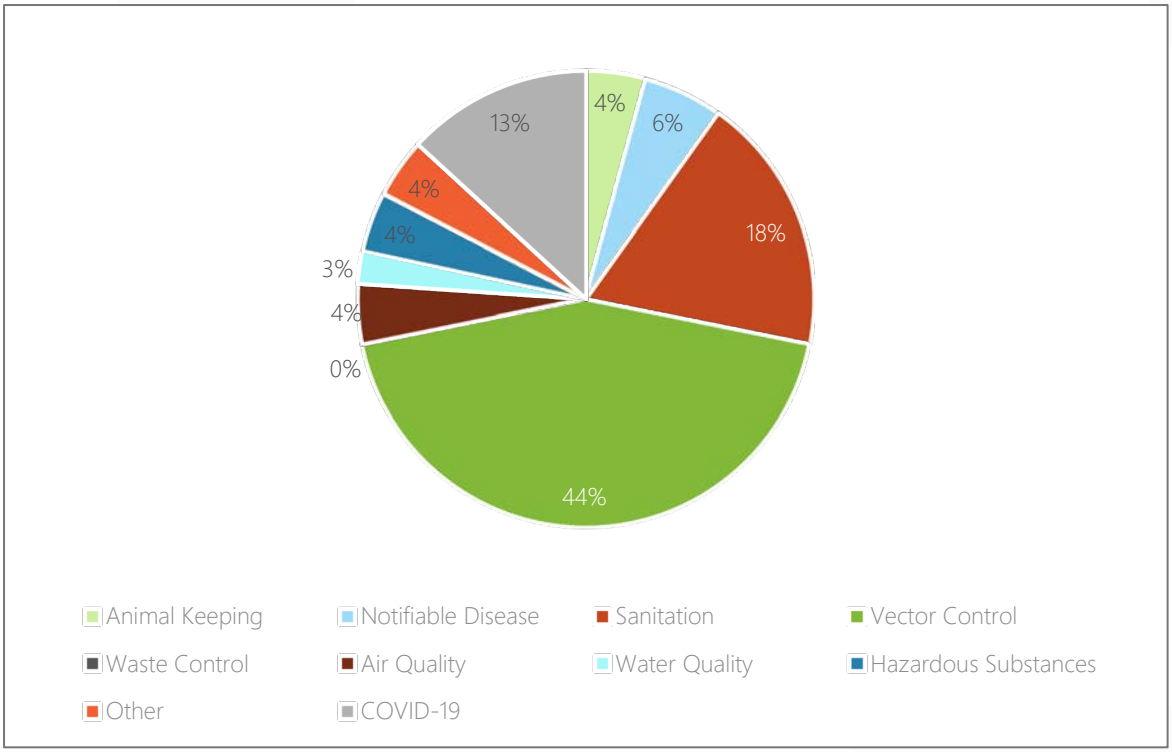
Table 3 – A three-year comparison of the type of public health complaints received.

Public health complaints	2017/18	2018/19	2019/20
Animal Keeping	3	4	9
Notifiable Disease	12	13	12
Sanitation	38	41	39
Vector Control	108	73	93
Waste Control	2	0	0
Air Quality	0	9	9
Water Quality	0	5	5
Hazardous Substances	9	5	9
Other	13	0	9
Total	185	150	185

In March of 2020, physical distancing measures and restrictions of non-essential mass gatherings were put in place to limit the spread of COVID-19. Under the *SA Public Health Act 2011*, EHOs take the responsibility of Authorised Officers and played an active role in protecting the health and wellbeing of individuals and the community from the spread of COVID-19 through surveillance, education and support.

During the final quarter of the 2019/20 financial year, Authorised Officers received and investigated a total of 28 physical distancing complaints (Figure 12). These complaints accounted for 13% of the total complaints received for the year. This is a considerable proportion of complaints received within a condensed timeframe.

Figure 12 Complaint types received during the 2019/20 period.



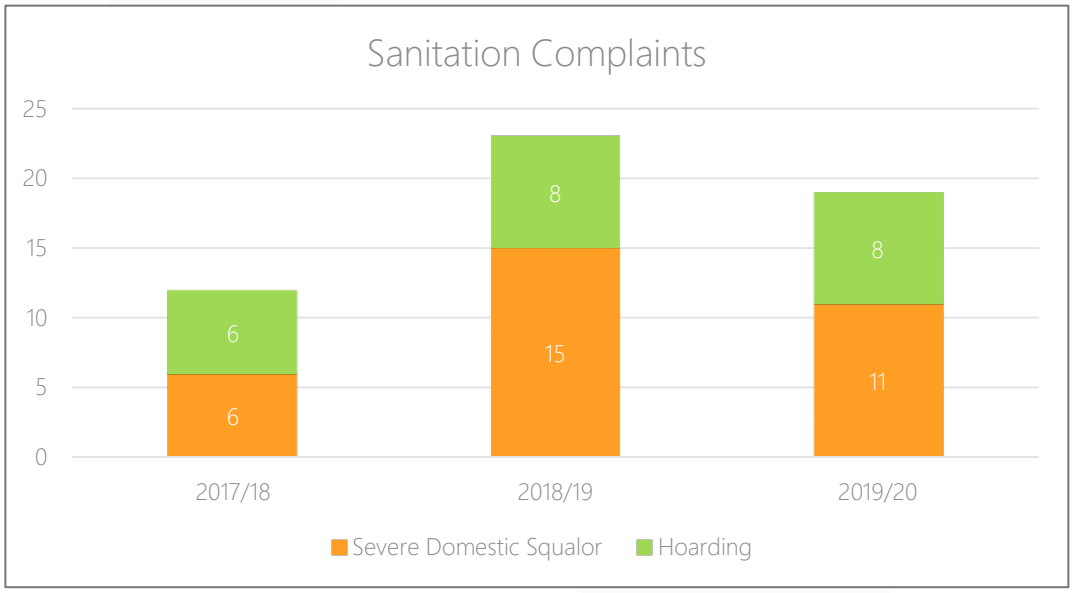
Hoarding and Squalor

Hoarding is recognised by the World Health Organisation as a diagnosable, and treatable, behavioural mental health condition. Squalor describes a living environment which the SA Health guideline 'A Foot in the Door' defines as; 'either 'wet' or 'dry'. Wet squalor refers to an accumulation of filth and refuse, and dry squalor refers to the accumulation of items and possessions. While it may be possible to distinctly separate cases of wet and dry squalor, they may occur together. Severe domestic squalor does not refer to properties that are simply unsightly, unkept or where the accumulation of items does not jeopardise the occupants' health and safety.

Given that hoarding is a behavioural mental health condition, EHA generally adopts, where possible, a non-legislative community support orientated approach when addressing matters relating to hoarding and squalor. Where there is no serious and/or imminent risk to public health, individuals are encouraged to address conditions pertaining to hoarding and squalor within their living environment. If these options do not achieve compliance or there is a serious risk to public health, further enforcement action is taken under the *SA Public Health Act 2011*. Most hoarding and squalor complaints have been related to large accumulations of refuse on properties and substandard conditions, along with vermin infestation. Depending on the nature of the concern, including whether it is deemed to be hoarding and squalor, EHA may carry out further investigation. During any investigations, EHA works with other relevant agencies to ensure that the hoarding or squalor is addressed alongside any underlying causes.

The number of severe domestic squalor complaints for 2019/20 was eleven (11) and the number of hoarding complaints over the same period was 8. This was a decrease in the number of squalor complaints when compared to the 2018/19 period (Figure 13). The number of hoarding investigations remained the same.

Figure 13 Number of severe domestic squalor and hoarding complaints over the 2017/18 to 2019/20 period.



Surveillance of Swimming Pools and Spa Pools

EHA carries out routine inspections of all public swimming pools and spa pools across the constituent council areas, as well as pools used in private practice such as hydrotherapy.

Public swimming, spa and hydrotherapy pools within EHA's constituent councils are assessed against the standards prescribed in the *SA Public Health (General) Regulations 2013*.

Despite the COVID-19 State Directions requiring the closure of public pools and spas for a period of time, all swimming, spa and hydrotherapy pools were assessed at least once during the 2019/20 period. This resulted in 71 inspections across 27 facilities, which is comparable to the 2018/19 period (Table 4).

Table 4 - A three-year comparison of the number of routine and follow-up inspections conducted at swimming/hydrotherapy pools and spas.

Pool/Spa Surveillance	2017/18	2018/19	2019/20
Number of Sites	28	28	27
Number of Pools/Spas	44	43	42
Inspections of Pools/Spas	58	69	71
Follow-ups of Pools/Spas	26	36	22
Voluntary Temporary Closures	4	5	4
Complaints	2	1	1

High Risk Manufactured Water Systems (Cooling Towers and Warm Water Systems)

Cooling water systems such as cooling towers and evaporative condensers found in commercial buildings, hotels, hospitals and shopping centres, are used to remove heat. Warm water systems are used to provide heated water in buildings and businesses such as childhood centres, primary and secondary schools and health care facilities.

If not properly operated and maintained, cooling water systems and warm water systems are ideal breeding grounds for *Legionella* bacteria, which can infect people working and living nearby.

Under the *South Australian Public Health (Legionella) Regulations 201*3, EHA inspects all registered high-risk manufactured water systems at least once every year with microbiological testing of at least one sample of water taken from each cooling water system at least two samples of water taken from each warm water system, to determine the presence and number of colonies forming units of Legionella in the water[5]. EHA may inspect systems at any time in relation to disease investigations, reports of non-compliance, *legionella* detection or complaints.

In the 2019/20 period, a total of 30 high-risk manufactured water systems (HRMWS) were registered at 16 sites within EHA. All HRMWS systems were inspected at least once throughout the year as per the South Australian Public Health (Legionella) Regulations 2013 with a total of 30 routine inspections undertaken at 12 cooling tower and four warm water system sites (Table 5). The numbers are comparable across the 2018/19 and 2019/20 period. the period of 2017/18 had a higher number of registered HRMWS resulting in higher number of inspections. The high level of Legionella detections in 2017/18 was due to a single site.

Table 5 - A three-year comparison of the number of registered high risk manufactured water systems and the number of routine and follow-up inspections undertaken and Legionella high count test results.

HRMWS	2017/18	2018/19	2019/20
Number of sites	20	17	16
Total number HRMWS registered	43	28	30
Number of system inspections	62	31	30
Number of follow-ups	2	6	0
Notices issued to HRMWS	4	0	0
Expiation Notices issued to HRMWS	1	0	0
Detections of Legionella	31	2	2
Investigation of Legionella disease notifications from CDCB	0	3	4

[5] https://www.legislation.sa.gov.au/LZ/C/R/SOUTH%20AUSTRALIAN%20PUBLIC%20HEALTH%20(LEGIONELLA)%20REGULATIONS%202013/CURRENT/2013.42.AUTH.PDF accessed 23rd March 2021.

Assessment of Personal Care and Body Art Premises

Assessments of high-risk personal care and body art (PCBA) premises involving high risk skin penetration practices such as tattooing, permanent make-up, microdermabrasion, derma-rolling and piercing with reusable needles are undertaken during the year. EHA assesses these activities against the standards prescribed in the *SA Public Health (General) Regulations, 2013*.

During the year 2019/20 all 10 tattoo premises involving high risk skin penetration practice were assessed with no follow-up inspections required. These are similar numbers to 2018/19 and 2017/18. In 2019/20, six beauty premises undertaking high risk treatment processes were assessed. This was 20 less inspections than the previous year. The decrease in the number of inspections was influenced by the COVID-19 State Directions which resulted in the closure of a beauty premises for a period of time (Table 6).

Table 6 - A three-year comparison of the number of notified tattoo premises

Personal Care and Body Art (PCBA)	2017/18	2018/19	2019/20
Tattoo premises	12	8	10
Beauty premises undertaking high risk treatment		26	6

Approval and Inspection of Waste Control Systems

A small area within EHA's catchment is not connected to SA Water Sewer or a Community Wastewater Management Scheme, requiring the installation of an approved onsite wastewater system. Waste control system applications are assessed in accordance with the requirements of the *SA Public Health (Wastewater) Regulations 2013*.

In the 2019/20 period, EHA assessed six wastewater applications for wastewater works approval. Assessment of two pending applications that were carried over from the previous reporting period also took place. During the 2018/29 period, four applications were assessed and four in the 2017/18 period.

Prevention and Control of Notifiable Diseases.

The SA Public Health Act 2011 prescribes a list of diseases that are notifiable. Notification of these diseases allows for surveillance and investigation to be undertaken to protect the community from the risk of infectious disease. *Campylobacter* is the most commonly notified cause of gastroenteritis in Australia and high rates of *Salmonella* also occurring. Salmonella and Campylobacter are consistently the most frequently reported food borne disease within EHA's five Constituent Councils (Table 7).

Table 7 The number of reported notifiable diseases for 2017/18-2019/20.

Reported Notifiable Diseases	2017/18	2018/19	2019/20
Campylobacter	262	258	267
Salmonella	107	58	79
Legionellosis	0	NA	5
Cryptosporidiosis	24	8	5
Hepatitis A	3	NA	1
Rotovirus	113	27	47

Health Care and Community Services

Supported Residential Facilities (SRFs) are privately owned facilities providing personal care services and support a homelike environment for vulnerable people in the community. EHA licence and regulates all Supported Residential Facilities within the constituent councils. EHA manages all SRF licencing matters including:

- annual licence renewal
- licence transfer
- new licence applications
- manager approval applications

Currently, there are a total of five facilities are licensed, with two Pension Only and three retirement Village /Dual License Facilities. This is down from six licensed facilities (three Pension Only and three retirement Village /Dual License Facilities) in 2017-18 and 2018-19.

EHA conduct unannounced routine audits and, where required, follow-up inspections and complaint investigations to ensure the SRFs are compliant with the *Supported Residential Facilities Act 1992*, the *Supported Residential Facilities Regulations 2009* and the Supported Residential Facilities Guidelines and Standards 2011. Table 8 summarises SRF related activity.

Table 8 A Three-Year Comparison of SRF activity by EHA

SRF Visits	2017/18	2018/19	2019/20
Unannounced Visits	11	12	3
Follow-up Visits	6	8	2
Complaints		2	2

EHA Chief Executive Officer has delegated authority to approve SRF Managers and Acting Managers.

Other Legislative and Business Services

Eastern Hoarding and Squalor Group

EHA plays an important role in convening the Eastern Hoarding and Squalor Group (a collaborative forum to adequately address hoarding and squalor in the eastern region). The group comprises membership from Government and non-Government agencies which assist people affected by hoarding and squalor: Meetings are held quarterly and are chaired by representatives of EHA.

The Group works alongside local service providers to ensure a range of information, assistance and advice is available for those in need. Members are required to adhere to a high level of confidentiality. Individual case details may be shared amongst the group however is only to be used for the best interest of the client.

PHN Grant

EHA has been awarded a grant in 2020 to increase community awareness and knowledge of the benefits of childhood immunisation and increase childhood immunisation coverage within the eastern and inner northern suburbs of metropolitan Adelaide. The project includes a focus on the hard-to-reach populations, including people from Aboriginal and Torres Strait Islander backgrounds, people from culturally and linguistically diverse backgrounds and people at either end of the socioeconomic spectrum.

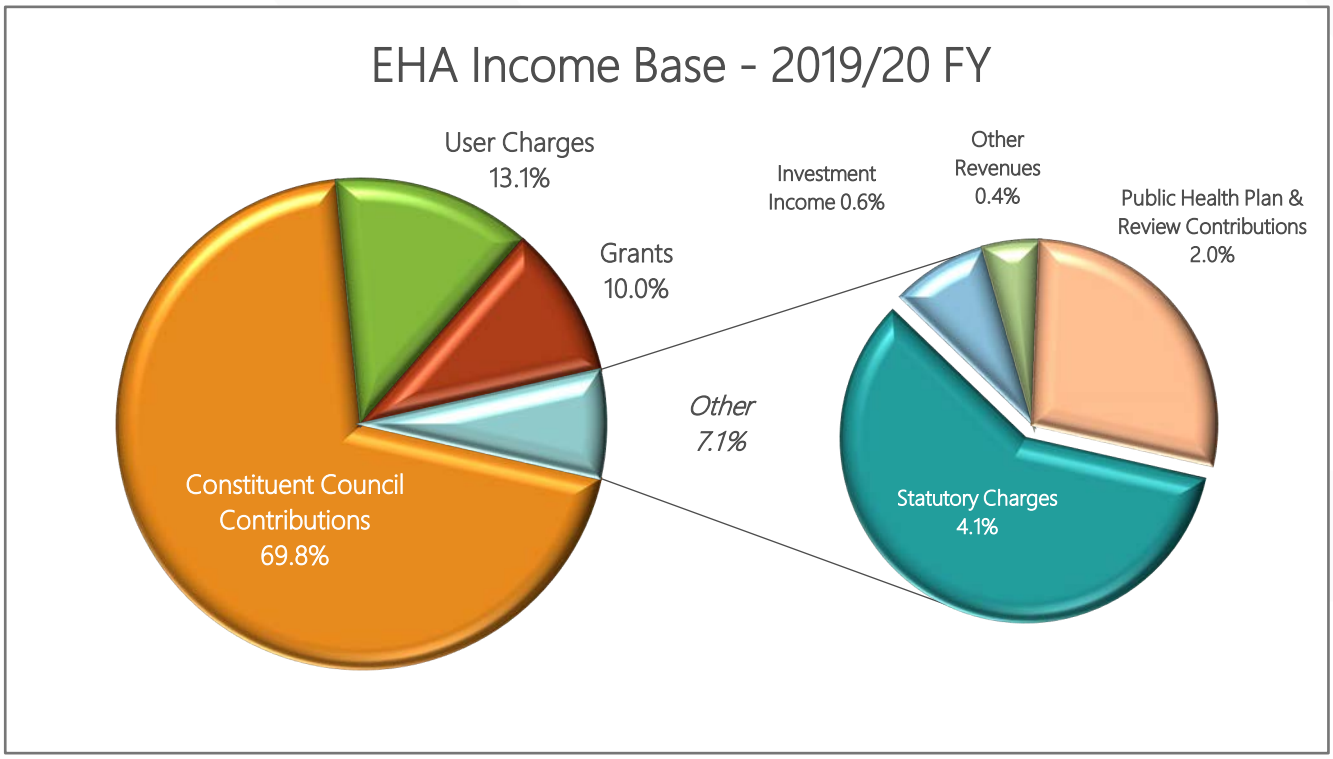
This work complements the existing educational activities undertaken by EHA.

2.4 Current Status of EHA Income and Resource Allocation

The EHA service delivery model is underpinned by annual contributions recovered from constituent councils. This cost recovery mechanism is codified within the EHA Charter with constituent councils, informing the predominant financial resources framework by which the EHA operates within.

Other income comprising statutory fees and charges, grants and financial instrument income complements the constituent council annual contributions.

Figure 14 EHA Income Base - 2019/20 Financial Year



Council Contributions

Councils contributed just over two thirds (69.8%) of all EHA income for the 2019/20 financial year, by far the predominant source of income for the EHA, equating to $1.76m of $2.52m total income. Analysis of the EHA 2021 financial year budget model reveals a consistent contribution proportion for this current financial year's income base, equating to 70.2% or $1.79m of $2.55m in total income sources (Figure 15 below).

The total contributions increase of $0.03m year-on-year equates to a modest 1.9% from the 2019/20 base of $1.76m.

Other Income Sources

Residual income derived by the EHA predominantly comprises statutory fees and charges, time-limited grants (such as the PHN grant), user pays service fees (such as food auditing income) and other minor sources such as financial and investment income. For the 2019/20 financial year, this cohort totalled $0.76m or 31.2% of total income sources.

Statutory fees and charges equated to $0.10m or 4.2% of total income. The EHA perform services and activities in accordance with specific public health legislative frameworks, such as the initial inspection of food retail businesses within constituent council jurisdictions. In turn, the EHA has the statutory authority to charge a fee for that service to the food retailer.

Comparative budget analysis reveals the respective statutory charges for food inspections during this financial year, highlighting a significant increase in fee income expectations, rising from $0.10m in 2019/20 to $0.18m, a year-on-year increase of approximately 80%. The rise is predominantly due to the reinstatement of business food premise inspection fees at the commencement of the 2020/21 financial year. EHA took a decision in March 2020 to waive food premise inspection fees during the height of the COVID-19 outbreak, therefore 2019/20 financial year fee income budgets were adjusted accordingly to reflect the loss of fee income.

The increase in year-on-year fee income reflects the normalisation of food premise inspection fees, as businesses recover from the significant and disrupting effects of COVID-19 for much of the latter part of the 2019/20 financial year. . Given the COVID-19 pandemic's effects on food retailers, via a graduated response to social distancing encompassing restricted dining and takeaway guidelines, the EHA have provided for an increase in statutory food inspections in the 2020/21 financial year.

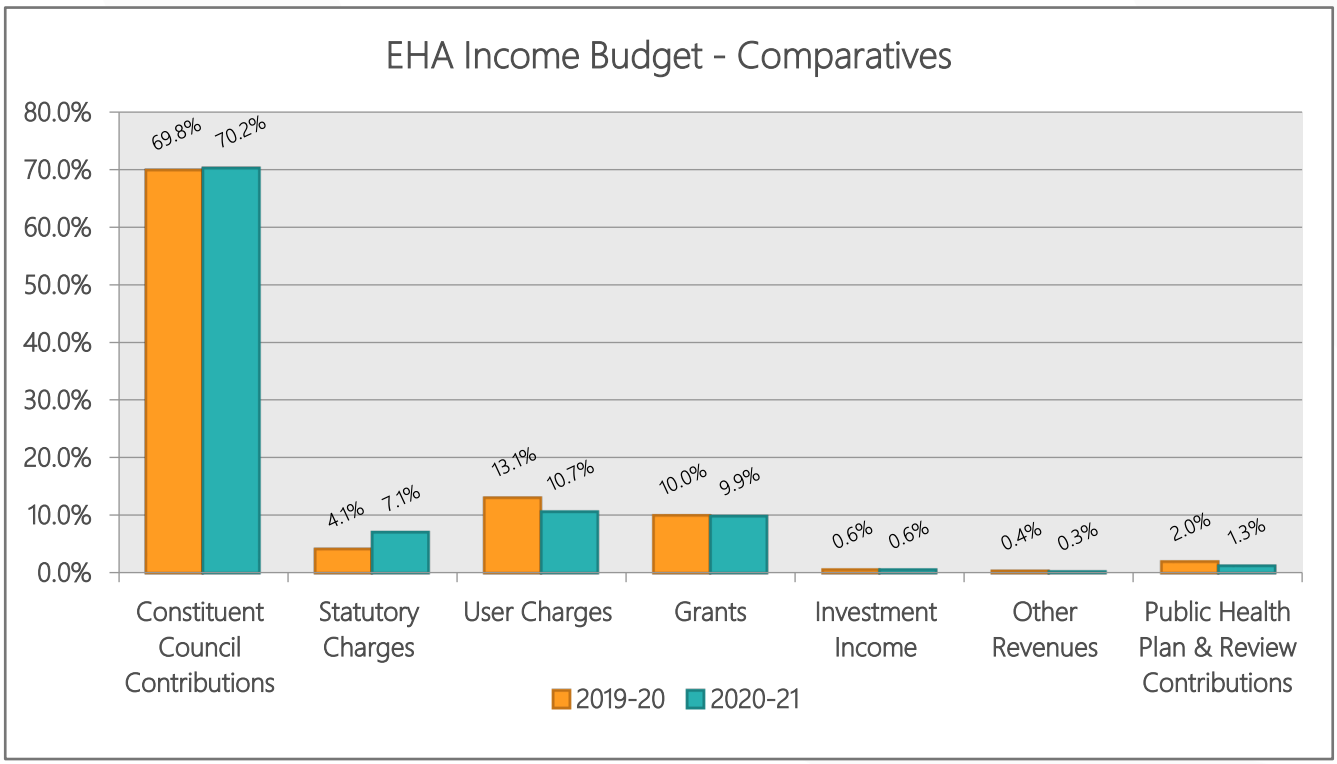
User charges comprise $0.33m in 2019/20 budget or 13.1% of total income. User charges comprise food auditing fees, workplace influenza clinic fees, non-funded vaccines purchased at public immunisation clinics and income from external contracts. It is apparent the EHA are expecting a significant fall in commensurate fee income this financial year, equating to $0.06m to $0.27m or 17%. This is due to the discontinuation of immunisation services to the City of Unley at the end of calendar year 2019.

The EHA also derive non-recurring grant income from various statutory and not-for-profit sources. In 2019/20 income from grants totalled $0.25m or 10% of total income comprising of SIP funding, Child Immunisation Register payments and the grant agreement with the Adelaide PHN. SIP funding reduced by $0.04m in 2020/21 due to a program change which was offset by the $0.04m for the PHN project.

Other minor income for 2019/20 is derived from financial instrument interest on cash held at institutions, a contributory provision for completion of the Public Health Plan (PHP) and Service Review equating to $0.05m in total, and incidental income ($0.02m) totalling $0.07m overall.

The year-on-year change in total income equates to a $0.03m increase, attributable to an increase in the provision for constituent contributions ($0.03m) and statutory charges ($0.08m), predominantly offset by a reduction in user charges ($0.06m).

Figure 15 Financial Year Comparatives



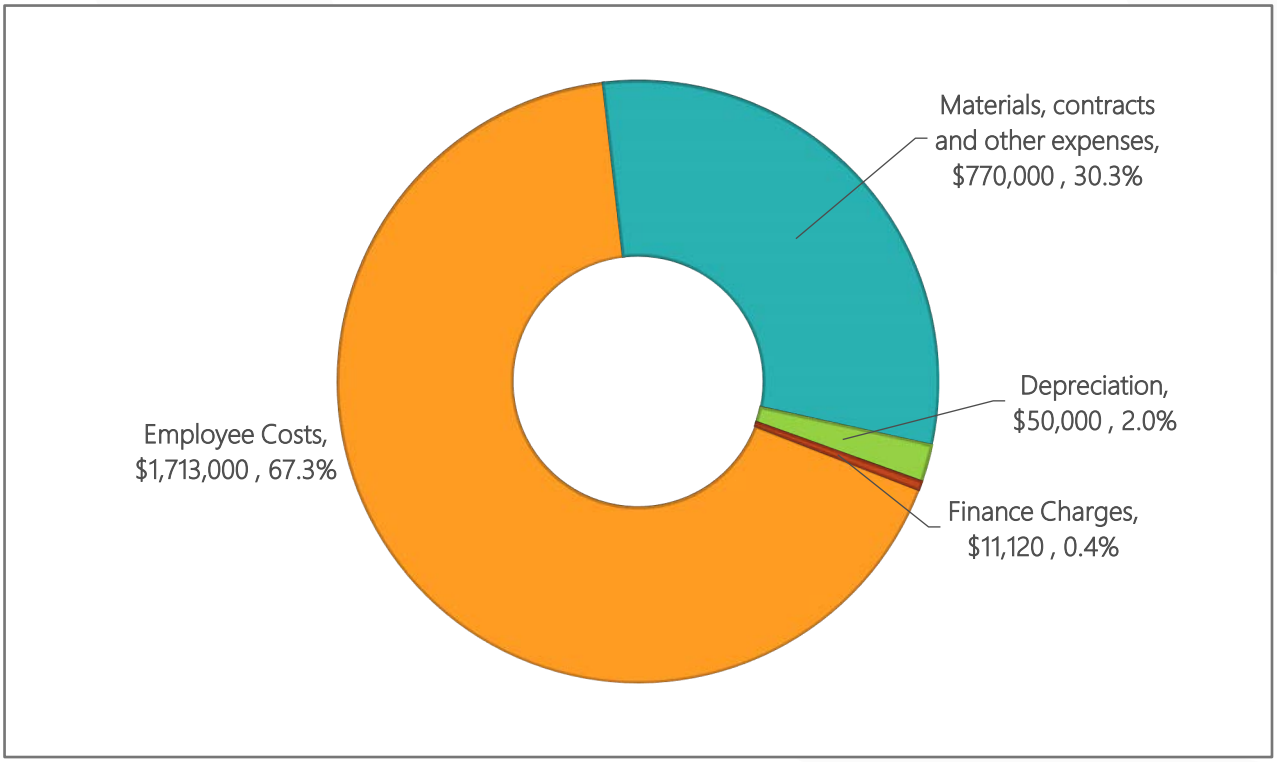
Resource Distribution

EHA income is allocated across a small number of resource categories. Specialist employed labour performing mostly frontline services, supported by corporate personnel, comprises a large proportion of the EHA resource base.

Comparatively less resources are allocated to goods and services, comprising external supply of services such as utilities costs, specialist IT services and other supplies such as vehicle leases and external audit provisions.

Other expenses include financial expenses and taxes, as well as administrative charges. Figure 16 outlines resource proportions for the 2019/20 financial year (revised budget), according to financial reporting cost categories.

Figure 16 Resource Allocation by Expenditure Type – FY 2019/20



Employee Resources

EHA employee resources comprise just on two-thirds (67%) of all annual costs, equating to $1.72m in the 2019/20 financial year.

Total employee costs comprise salaries and wages of $1.53m, in addition to employee related on-costs such as superannuation, leave and workers compensation premiums totalling another $0.19m.

Materials, Contracts and Other Costs

High-level analysis of the Goods and Services expenses for the 2019/20 financial year reveals EHA incurs supplier costs for both public health program implementation, fixed premises and utilities costs along with outsourced specialist corporate services. In total all goods and services costs equate to $0.77m for the previous financial year, with equivalent costs this financial year forecast to fall marginally to $0.74m.

Corporate Support & Overheads

Analysis reveals a significant proportion of all non-labour operating costs in the previous financial year supported the EHA to deliver its frontline services, comprising corporate and fixed utilities costs, as well as other overhead charges.

Outsourced corporate costs ranging from IT and cyber-security costs ($0.14m), fixed premises rental and utilities ($0.12m) and other administrative overheads mainly comprising staff training, telecommunications costs, vehicle fleet leasing, insurances and external audit costs total another $0.35m. A further $0.05m was set aside in the budget for a once-off public health planning review.

Specific Program Support

Other minor costs include program support for Immunisation service delivery consumables, as well as food testing and sampling costs, totalling $0.10m in the previous financial year.

Current Weighted Average FTE Costs by High-Level Service Stream

Analysis of current FTE information reveals two predominant employee streams. The environmental health employee stream exclusively comprises eight (8) employees, equating to approximately 7.8 FTE (full-time equivalent). Staff delivering frontline immunisation services comprise two (2) registered nurses, equating to 1.3 FTE. A further six (6) employees perform various roles incorporating immunisation records administration, finance and program promotion services, equating to approximately 3.5 FTE.

A pool of eight (8) nurses comprise a casual employee pool of approximately 1.3 FTE, providing support during peak periods of the immunisation programs' roll out.

Executive and supervisory staff comprise the Chief Executive and two (2) full-time supervisors respectively (3.0 FTE).

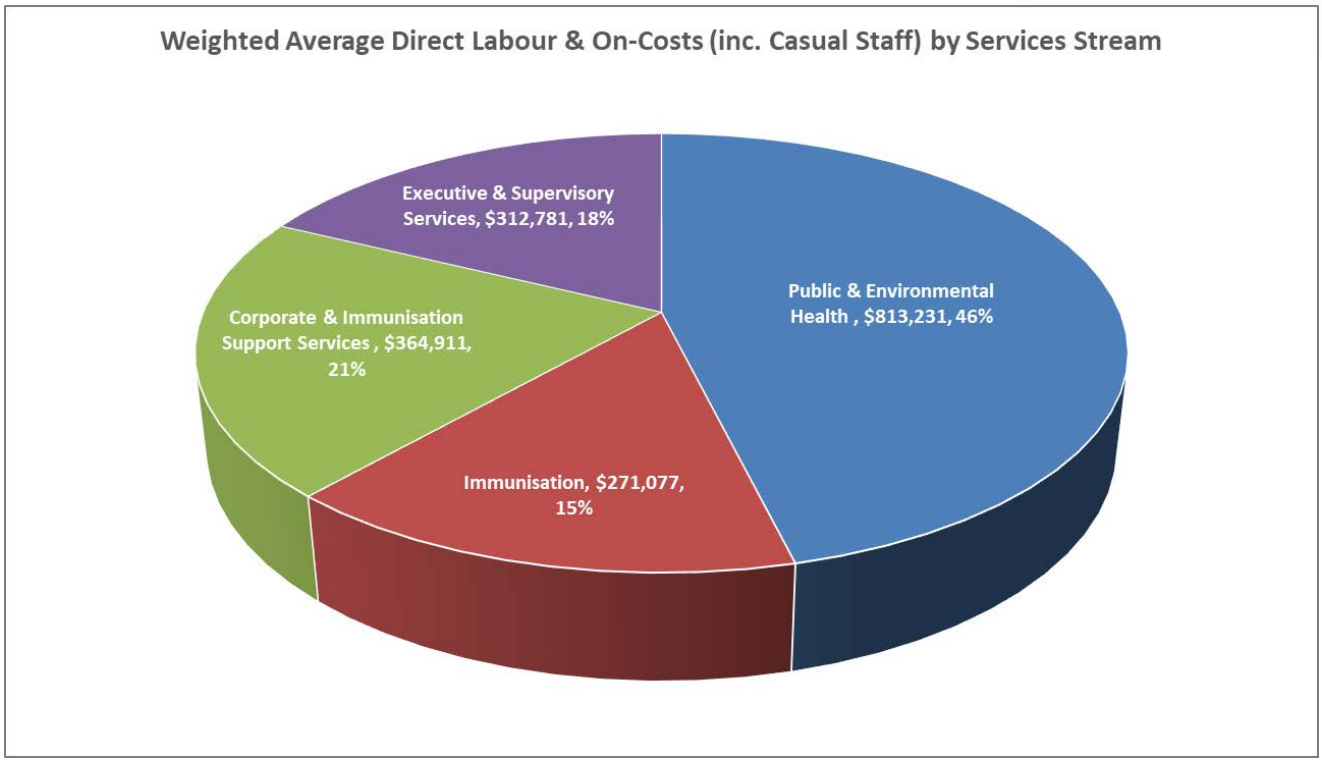
Table 9 EHA Staff by Service Stream

All EHA Staff by Services Stream	FTE
Public & Environmental Health	7.8
Immunisation	2.6
Corporate & Immunisation Support Services	3.5
Executive & Supervisory Services	3.0
TOTAL	**16.9**

Total EHA labour resources equate to 16.9 FTE across both permanently and casually employed staff (Table 9).

Total labour resources, including on-costs such as leave provisions and superannuation, for the current financial year equate to $1.76m. The average cost of all EHA staff members equates to approximately $104.3k per FTE. This cost driver has been applied to the stream FTE as weightings, representing total service stream labour costs, by average FTE costs (Figure 17).

Figure 17 Weighted Average Direct Labour and On-Costs (inc. Casual Staff) by Services Stream (2020/21 FY)



3. SERVICE ANALYSIS – VALUE PROPOSITION

This Section documents the consultancy team's service analysis into the 'value proposition' provided by EHA with reference to:

- Stakeholder feedback regarding the strengths and limitations of EHA services.
- A quantitative benchmarking analysis of EHA service delivery and resourcing parameters in comparison to other Council service providers.
- Analysis of the model used to attribute budget charges across the five (5) constituent councils.

3.1 Stakeholder Feedback

During the period of early March to mid-April 2021, the project consultants conducted interviews with the Chief Executives (or their nominated representative) across the five (5) constituent councils. Interviews were also held with representatives of SA Health's Health Regulation and Protection, Food and Communicable Disease Control and Immunisation Branches to gain their perspective of EHA service delivery. The following meetings were held:

- 1st March 2021 - Magnus Heinrich (City of Burnside - Group Manager City Development and Safety)
- 2nd March 2021 – Representatives of SA Health - Health Regulation and Protection Branch
- 3rd March 2021 – Kiki Cristol (Chief Executive Officer Town of Walkerville)
- 4th March 2021 - Carlos Buzetti (General Manager Urban Planning City of Norwood, Payneham and St Peters)
- 5th March 2021 - Ginny Moon (Director Corporate Services City of Prospect)
- 5th March 2021 – Representatives of the SA Health Food and Communicable Disease Control Branch
- 22nd March 2021 – Paul Di Iulio (Chief Executive Officer City of Campbelltown)
- 16th April 2021 – Representative of the SA Health Immunisation Branch (phone meeting)

Interview guides were used to promote a consistent approach to discussions (as provided in Appendix A). Notes of interviews were analysed to derive common themes of relevance to assessing EHA services and value for money proposition to their constituent council clients and relevant stakeholders. This section summarises the themes, strengths and areas for improvement which have emerged from the consultancy team analysis of the stakeholder consultations against the categories of: 1). Service Provision 2). Reporting and Communication 3). Governance.

Service Provision

EHA effectively manage the risk profile for public and environmental health and food safety across the region. The regional subsidiary model was noted as beneficial to service quality and business continuity through the provision of a centralised skilled and knowledgeable environmental health team. EHA were acknowledged as pro-active and efficient during the Covid-19 emergency and their liaison with State agencies during the pandemic has been highly valued. Knowledge and advice as to how Council's pivot service delivery during this time was a strength of EHA.

There is opportunity to ensure a consistent approach and service performance standards with response to service requests and/or complaints including those which are received directly by EHA or referred by the constituent council. There is also opportunity to ensure that EHA risk-based assessment and determination of the hierarchy of enforcement response is clearly understood and communicated with constituent council representatives.

The five (5) constituent councils were asked to rank EHA service quality on a scale of 1 (poor) to 10 (strong) from which a median of score of 9 was received. (5,7, 9, 9, 10)

EHA are acknowledged as a progressive subsidiary offering consistency in their approach to public health investigations. There is a willingness to address complex public health and food investigations or incidents and a pro-activeness in contributing to government policy through professional working groups and projects.

EHA was highlighted as a high performer in delivering immunisation services, citing professionalism and their willingness to innovate and improve their service quality. EHA has leveraged their immunisation services into the community through workplace clinics. EHA demonstrates effective records management and governance of their immunisation services. It is the consultancy team's understanding that SA Health is currently working with councils to ensure high standards of quality assurance and clinical governance of immunisation services.

Perceptions of Service Value

On considering the value for money proposition through the EHA model, the constituent councils balance the relationship between cost, risk and business continuity. The economies of scale and sphere of influence through a regional approach are benefits of the current model. However, there is opportunity to:

- Ensure that service levels are adequate yet not over-serviced through benchmarking comparison with other providers.
- Ensure that service levels and the degree of fee for service business activity is consistently assessed in consultation with the EHA Board (through a consistent feasibility analysis of service expansion opportunities).
- Review the constituent council costing model (explored in Section 3.2 of this report).

Reporting and Communication

The effectiveness of EHA communications with their constituent councils and stakeholders was discussed across various levels (operational through to strategic). The level and types of communication is summarised in Table 10.

Table 10 Communication Level and Methods between EHA and Constituent Councils

Communication Level	Methods of Communication Used
Operational – Communication Regarding Public and Environmental Health Investigations	Direct liaison with Council representative Constituent Council Representative Meetings – every 3 months Sharing of enforcement documentation (record keeping)
Media Communications	Direct upload to EHA social media platforms Key messages/notices shared with Council communication sections Direct liaison with Council representative
Board Communications	Board of Management Meetings held 5 times per annum plus special meetings as required Board Agendas and Associated Board Reports Annual Business Plans Annual Budget Information Reports: Environmental Health and Immunisation
Communications with Council Chief Executives and Elected Bodies	Presentations/briefings as required Communication via Constituent Council rep
External Regulatory Stakeholders (SA Health)	Annual Environmental Healthy Activity Reporting (voluntary) Annual Food Act reporting Two-yearly Public Health Plan reporting (statutory) School immunisation records provision (in-time/service reporting) Attendance at Working Groups and special project meetings Convening partnership forums (Regional Hoarding and Squalor Forum) Communication with SA Health and or regulatory agency representatives as required (on a case basis)

Operational – Communication Regarding Public and Environmental Health Investigations

EHA adopts a collaborative approach and where necessary multi-disciplinary approach to public and environmental health investigations. EHA has developed guidance material for constituent Council on matters or approvals which need to be referred to the Authority.

EHA staff may work with constituent council planning, building or community staff to resolve complaints or issues as needed. For example, joint team meetings are held with other Council staff when significant issues arise such as incidents of hoarding in which a multidisciplinary approach is adopted whereby EHA deal with the public health elements, the Building Officer deals with unsafe structures and community services may get involved from a community support perspective. Consistency in communication needs to be ensured for complaints or incidents which are referred by council as well as matters referred to EHA.

Constituent Council Representative Meetings are held every three (3) months to report and discuss a breakdown of EHA activities as well as discuss incidents and issues arising. Constituent councils are notified, and discussions held where enforcement action is being escalated. However, it was reporting on public health standards and particular cases within the Council areas is sought, especially in a format which enables Chief Executive Officers or management to brief their Elected Members (whilst honouring confidentiality requirements). Where enforcement action is taken, records are maintained within EHA Health Manager System and are also referred directly to councils to allow for record keeping at a council level.

Media Communications

EHA undertake social media communications regarding public and environmental health events and education (such as Public Health week) is valued. Digital media is provided in a format which can be shared on individual Council websites and social media platforms. There is opportunity to ensure a consistent approach in responding to media, the required notification of constituent councils and agreed media communication delegations.

Board Communications

EHA Board Meetings are held five (5) times per annum with special meetings as required. In accordance with the EHA Charter the Board consists of one Elected Member and one other Member (staff member or Elected Member) from each constituent council. The Board is the governing body of EHA and is responsible for ensuring that EHA acts in accordance with the Charter, formulate plans and strategies aimed at improving the activities of EHA and providing input and policy direction on EHA services.

Communications with the Board comprise:

- Meetings five (5) times per annum with special meetings as required
- Board Agendas and Associated Board Reports Information Reports including:
- detailed activity reports for Environmental Health and Immunisation
- Finance reports (twice yearly)
- Annual Business Plans
- Annual Budget submissions

Communication with Council Chief Executives and Elected Bodies

Briefings for Council Chief Executives may occur at a Constituent Council level, however there is currently no structured mechanism for reporting through to Chief Executives. The EHA Chief Executive Officer has previously briefed Council executives through the Eastern Region Alliance (ERA), however this forum does go beyond the five Constituent Councils (extending to the City of Unley). EHA may provide strategic briefings for their Elected Members in relation to specific topics or projects.

Improvement opportunities for reporting at a Chief Executive and Elected Member level:

- The introduction of more formalised and 'fit for purpose' strategic reporting from EHA to Council Chief Executives.
- The provision of more background contextual information with the presentation of EHA draft budgets and Charter Reviews.
- Development of a more detailed activity-based report for Councils with contextual information on the state of public health and activity within each Constituent Council area. Note: It was highlighted that EHA used to provide a summary of the Board report at a Council-by-Council level. These reports were valued and could be re-introduced.

Reporting at this level would enable more informed briefings for Constituent Council Elected Bodies on matters as required.

An Audit undertaken by Galpins of the Public Health Planning processes highlighted that public health awareness for Council Executives as an improvement opportunity.

Communication with State Level Agencies (SA Health)

EHA pro-actively discuss matters with State level agencies. Immunisation records and Food Safety Audit Reports are submitted in a timely fashion. EHA contributes to the public and environmental health profession overall through the provision of community fact sheets and information.

Currently EHA participates in the voluntary food rating system yet does not share this assessment and rating data with SA Health (due to the system not being mandatory). The Food Safety Rating Scheme provides meaningful data which is valuable at a State level for monitoring food safety performance across businesses and sectors. This data would contribute to inform policy, training and guidance on food safety and hence there is a gap with EHA not providing this information. *It is noted that a decision was made by the EHA Board (at the meeting of the 29th of April 2021) to fully participate in the food safety rating scheme from the 1st of July 2021.*

There is opportunity for pro-active informal communication to discuss public and environmental health matters was highlighted, whilst respecting the varied roles of State and Local government.

Governance

Whilst governance structure was not the primary focus of this review, there were benefits and limitations raised in association with EHA regional structure during the qualitative interviews. The following benefits of a regional approach were acknowledged:

- The collective knowledge base that is provided on public and environmental health matters.
- Increased advocacy strength on behalf of the five Constituent Councils.
- The ability to go for partnership project opportunities and grants.

EHA must ensure the same governance and meeting standards as Local Government (with reference to recommendations of the Local Government Association and Local Government Ombudsman recommendations). Evidence was sighted of this, for example the provision of financial reports in accordance with the *Local Government (Financial Management) Regulations 2011* and the selection of a Board Chair in accordance with (ref: Board Report February 2021).

Opportunity to review the EHA Board size and structure was raised, including the potential for a smaller board, representation of Council Chief Executives and an Independent Chair.

3.2 Constituent Council Cost Recovery Model Analysis

The consultancy team reviewed the current financial year (2021) cost recovery model provided by the EHA.

High-level due-diligence of the working model, coupled with targeted consultation of the model's principles with EHA Executives has informed the analysis outcomes. Importantly, the review has not found any fundamental arithmetic anomalies with regards to the model workings or its outcomes. However, analysis reveals some underlying principles informing cost recovery from constituent councils embedded within the model, may require revision, which have been highlighted for EHA consideration.

The explanation of the specific methodology for apportioning service delivery activity underpinning contributions, has been simplified through an example, highlighting the application of the methodology to the number of High Risk Manufactured Water Systems (HRMWS) inspections, expected for the current financial year.

Cost Recovery Model Principles

In general, resources consumed to provide constituent council service delivery are recovered through the application of a specific cost driver, applicable to those services being delivered.

For instance, the EHA provide several HRMWS inspection services where this infrastructure exists within its constituent council jurisdictions. To account for the variability of the number of HRMWS residing within each council area, the cost recovery model calculates a weighted proportion according to this variability, as compared to the total number of systems across the total council cohort.

Table 11 - Cost Driver Variability – High Risk Manufactured Water Systems (HRMWS)

Activity Data	2020-21 FY	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
High Risk Manufactured Systems		9	8	10	2	0	29

As illustrated in Table 11, the total number of HRMWS within the five (5) council jurisdictional limits, totals 29. However, the variability in the number of HRMWS across each council is evident within the cost recovery model extract above. It illustrates NPSP has the highest number of systems totalling ten (10), whilst the Town of Walkerville has no systems within its jurisdiction.

Table 12 - Proportional Application embedded within Recovery Principles

% of Individual Activities used by Council	2020-21 FY	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
High Risk Manufactured Systems		31.03%	27.59%	34.48%	6.90%	0.00%	100%

Accordingly the proportion of the number of HRMWS applicable to each individual council is then derived as highlighted above in Table 12. For instance, Burnside's nine (9) HRMWS comprise 31% of all systems within the EHA service delivery cohort.

Weighted Estimates of Service Delivery Activity

To determine the cost recovery applied to each service delivery activity, the recovery model applies an informed weighted average estimate of the total resources required to provide all its services across the council cohort. In the current financial year, the weighted estimate applied to HRMWS is 6.5% of all service delivery activity in the 2020/21 financial year (Table 13 – see 'High Risk Manufactured Water Systems').

Table 13 – Services Profile Weighting Estimates

Administration	**12.50%**
Number of Food Premises	**35.00%**
Environmental Health Complaints	**7.00%**
Supported Residential Facilities	**6.50%**
High Risk Manufactured Water Systems	**6.50%**
Hairdressers/Beauty Treatment	**0.50%**
Swimming Pools	**2.00%**
Number of Yr 8/10/11 Enrolments	**15.00%**
Avge. Clients receiving vaccines at all venues	**15.00%**

Application of Weighting % to Individual Councils

Ultimately the determination of any costs applied to service delivery drivers is a function of two (2) predominant factors, as illustrated by the principal formula below:

Estimated Weighted Proportion of EHA Service Delivery Activity *x* *Individual Council Cost Driver % for that Service Delivery Activity*

In the case of the HRMWS service delivery costs, the estimated 6.5% of all service delivery activity is applied to each individual council's proportion of HRMWS located within their jurisdiction. Table 14 highlights the results of these apportionments for HRMWS service delivery activity below.

Table 14 - Service Delivery Cost Driver Proportions for HRMWS

Estimated Service Activity Weightings	2020-21 FY	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
High Risk Manufactured Water Systems	**6.50%**	**2.02%**	**1.79%**	**2.24%**	**0.45%**	**0.00%**	**6.50%**

For example, the costs recovered for servicing Burnside's HRMWS equates to 6.5% multiplied by 31.03%, equating to 2.02% of total cost recovery requirements from Councils ($1.79m). Therefore, Burnside contribute $36.1k of its total contributions, for HRMWS service provision by EHA, for the current financial year.

Derivation of Total Contributions Pool Requirements

In order to calculate the total contribution requirement by constituent councils, EHA recognise a net cost of service methodology, which ultimately prevents contribution recovery from Councils, subsidising any other separate income streams the EHA derive throughout the financial year.

For the current financial year, the total expected operational resource requirements equate to $2.56m including depreciation ($0.05m) and once-off project provisions ($0.04m) respectively. Subsequent manual adjustments are made to account for the exclusion of these extraordinary items respectively.

In addition, total expected loan debt repayments ($0.07m) are added back in the equation, to arrive at an adjusted total costs pool of $2.54m (Table 15).

Table 15 Current Derivation of Total Cost Pool Forming Basis of Council Contribution Calculation

Current Derivation of Total Cost Pool forming basis of Council Contribution Calculation

Total All Expenditure (including Depreciation and once-off review provision)	**$**	**2,557,174**
Depreciation (excluded)	$	(50,000)
Once-off Review Provision (excluded)	$	(40,000)
Adjusted All Expenditure adjusted for Depreciation / Once-Off Review Provisions	**$**	**2,467,174**
Addback Loan Repayments	$	69,090
Adjusted Total Cost Pool forming basis of Council Contributions (inc Loan Repayment	**$**	**2,536,264**

The final stage in deriving the annual contribution pool specifically excludes all other income sources EHA derive from the adjusted total operational costs ($2.54m), representing the balance of resources required for the authority to operate at cost-neutrality throughout the year.

Other Income Adjustments

All other income sources for the current financial year equate to $0.73m. In addition, the EHA apply a nominal estimate of the expected annual surplus for the year ($0.02m). Total income adjustments equate to $0.75m.

Table 16 Current Derivation of Total Council Contributions Pool

Current Derivation of Total Council Contributions Pool

Adjusted Total Cost Pool forming basis of Council Contributions (inc Loan Repayments	**$**	**2,536,264**
All Other Income Sources (excluded)	$	(726,500)
Nominal Estimate of Annual FY Financial Surplus (excluded)	$	(19,090)
Current Total Contributions Cost Pool for Apportionment to Councils	**$**	**1,790,674**

The total adjusted contribution pool requirements for the current financial year equate to $1.79m.

Apportionment of Total Contributions Pool to Council Service Delivery

The final step in deriving cost recovery contributions from individual councils entails applying the service delivery apportionments, for each Council by each service.

In effect this applies the individual Council apportionments to the total adjusted contributions pool.

For instance, by applying the calculated service delivery driver proportion specific to Burnside HRMWS services to the total contribution requirements pool of $1.79m, the amount recoverable from the City of Burnside for EHA delivering those services equates to $36.1k for the current financial year.

By contrast, the Town of Walkerville indicate no HRMWS within their jurisdiction, therefore no commensurate contribution from that council is applied to its total contribution calculation. The contributions for HRMWS services across all Councils is outlined below Table 17.

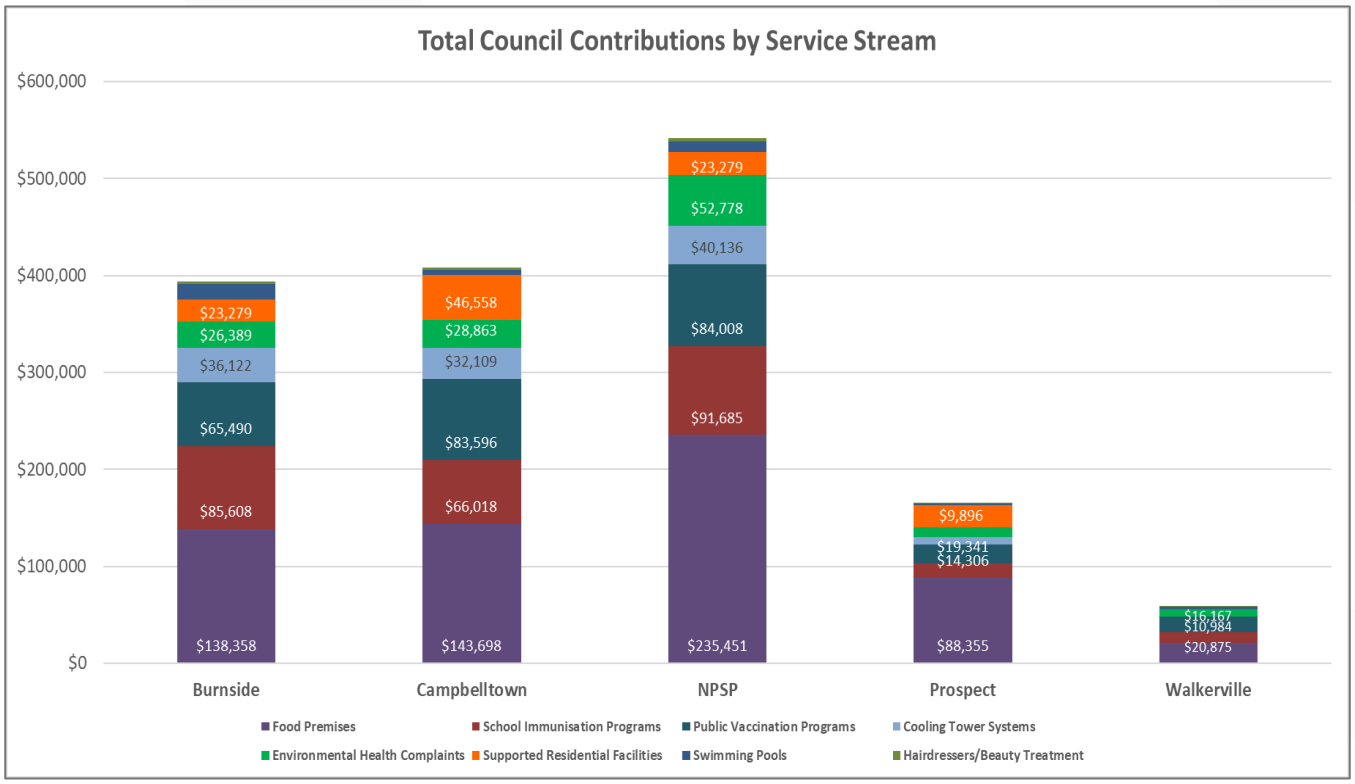
Table 17 - Contributions by Council for HRMWS Snapshot

Estimated Service Activity Weightings	Burnside	Campbelltown	NPSP	Prospect	Walkerville
High Risk Manufactured Water Systems	$36,122	$32,109	$40,136	$8,027	$0

Council Contributions by Service Delivery Stream

The review has applied all service delivery apportionment calculations within the cost recovery model to the contributions pool, illustrating variable individual stream costs according to each of the five (5) Councils (Figure 18).

Figure 18 Total Council Contributions by Service Stream



Administration Cost Recovery Principles

Analysis of the cost recovery model principles reveals a proportion of Council contributions are allocated to administrative services, supporting frontline public and environmental health service delivery.

Currently the proportion of total Council contributions is set, in line with Schedule 1 of the EHA Services Charter, at 12.5% of total contribution pool resource requirements of $1.79m.

For the current financial year, this administration cost recovery equates to $0.22m.

Arbitrary Allocation Method

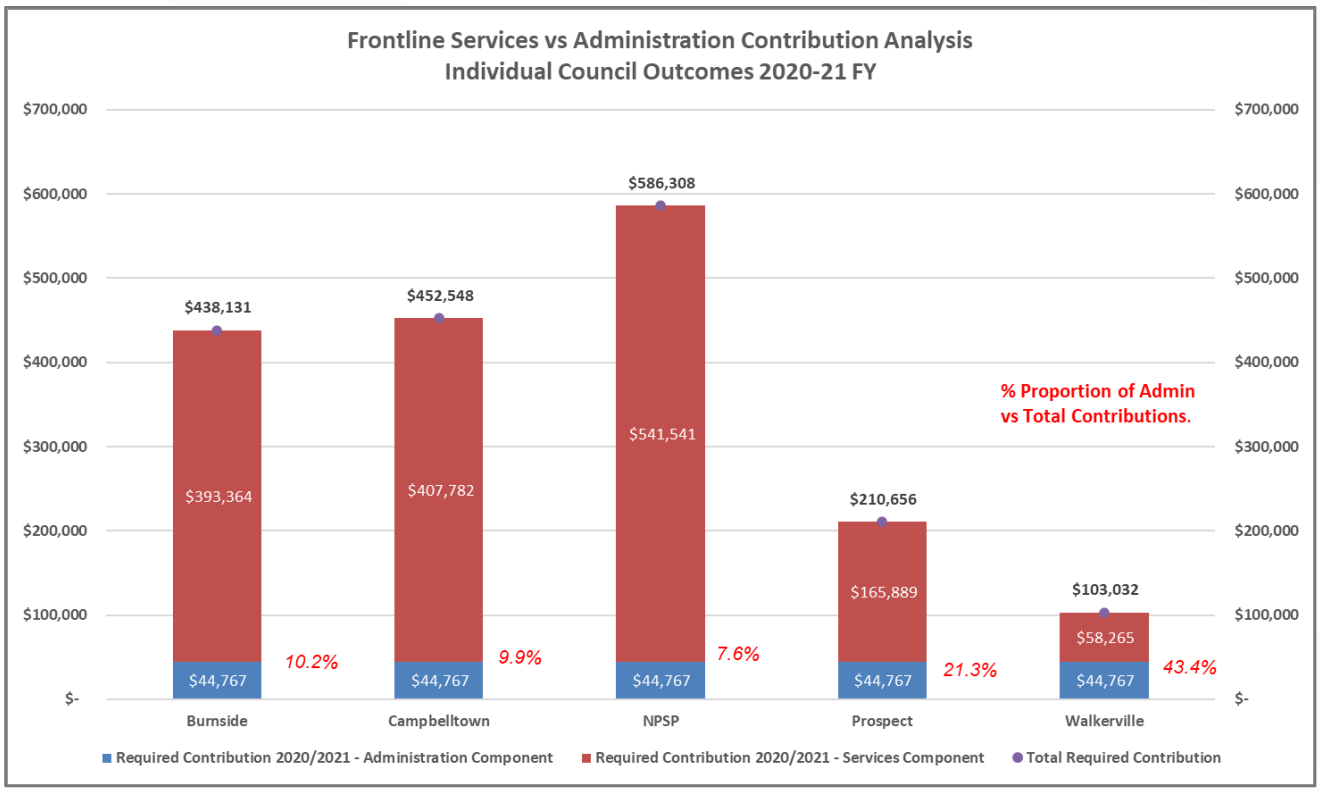
Deeper analysis of the administrative portion of the contribution pool to each council, reveals EHA applies administration recovery on an arbitrary basis, where each Council contributes what is effectively a fixed amount.

For the current financial year this proportional fixed allocation is 2.5% per individual Council, equating to approximately $44.7k each. Whilst the review found this method to be the most expeditious to recover for corporate services that have a secondary relationship as to frontline service delivery, it is arguable if this approach is the most efficient, effective and equitable from an individual Council perspective.

Comparative analysis completed by the review highlights this assertion. For instance, the proportional allocation of frontline service delivery costs based on variable frontline activity drivers across the Council cohort recognises the changeability in services from Council to Council, year in year out.

However, by adopting the more arbitrary approach to the allocation of administration service recovery, this results in a comparatively less equitable outcome to individual Councils, for the administrative portion of their respective contributions to the EHA (Figure 19).

Figure 19 Frontline Services vs Administrative Contribution Analysis



The chart highlights the proportional inequity in the current method for allocating the administrative component of the contribution pool, on a Council-by-Council basis.

It is apparent the Councils which have comparatively larger proportions of frontline services activity, also have administration fee recovery components more akin to conventional corporate recovery benchmarks. For comparative purposes an administration fee benchmark equating to approximately 15% is deemed appropriate for analytical purposes. In the case of Burnside, Norwood Payneham and St. Peters and Campbelltown Councils respectively, it is apparent the corporate recovery component is well below this nominal benchmark, with Norwood, Payneham and St. Peters Council administrative contribution component equating to just 7.6% of its total EHA contributions.

However, by comparison both the City of Prospect and the Town of Walkerville are comparatively worse off than these Councils on a like-for-like basis. Both their contributions comprise administrative recovery as compared to total recovery amounts, that are significantly above conventional levels, at 21.3% and 43.4% respectively.

These outcomes require a sustainable solution that provides an equitable and accepted outcome by all EHA council contributors, before the next round of annual contributions are considered and approved (prior to the setting of 2021-22 financial year contributions).

With that in mind, the review has provided a proposed solution for consideration below.

Adjusted Recovery Principle - Equitable Allocation of Administration Component

The consulting partners were provided with an editable version of the cost recovery model by EHA. Initially the model was reviewed for data and calculation authenticity and integrity, with no material adverse matters requiring remediation.

The model was then customised primarily to reflect the reality that administrative support for frontline service delivery is partially fixed and variable in nature. To this end, a provision for nominating the fixed and variable components was constructed within the tailored model. As a result, the consulting team have been able to road-test a number of scenarios based on this primary principle, in order to represent a comparatively more equitable administration cost recovery component for each council contributor.

Proposed Scenario Outcomes

For the purposes of maintaining a consistent approach as to the over-arching apportionments between frontline and administration cost recovery components, new modelling maintained the current 88.5% (Frontline) and 12.5% (Administration) apportionments respectively, as set out in the current EHA Services Charter.

However, the nominal allocation of all the administration component being fixed in nature (at 2.5% for each council), ignores the variable nature in the consumption of administration resources on a Council-by-Council basis. This was substituted with a more equitable allocation of the 12.5% component to each Council. The substituted variable and fixed components for modelling purposes were 7.5% and 5.0% respectively.

Variable Component Replicates Frontline Services Recovery Methodology

In this scenario, the variable weighting of individual Council Administration cost recovery, exactly mirrors the total variable apportionments used to inform frontline services recovery. In this case, the variable apportionment calculated to ascertain each Council's service activity recovery is consistently multiplied by 7.5%. This calculation applies a proportion of all administration costs equitably to each Council (Table 18).

Table 18 Administration Recovery Variable Component Calculations

% of Individual Activities used by Council	Weighting	Burnside	Campbelltown	NPSP	Prospect	Walkerville
Weighted Apportionment of All Individual Service Activities		*27.53%*	*25.61%*	*33.44%*	*9.68%*	*3.74%*
Administration - Variable Component	*7.50%*	*2.06%*	*1.92%*	*2.51%*	*0.73%*	*0.28%*

For example, the variable weighting applied to the City of Burnside's administration fee component comprises 7.5%, multiplied by its overall frontline service delivery activity weighting relative to other Councils, equating to 27.53% for the current financial year. This resulting apportionment is 2.06% of all EHA cost recovery being allocated to variable administrative service delivery for the period. Other modelled variable component apportionment outcomes applicable to each respective Council are also provided (Table 18) .

Fixed Component Apportioned Equitably

The total weighted apportionment reflecting the fixed component of administrative services, equating to 5% overall, has been allocated evenly across all Councils. In this scenario, each Council has been allocated 1% each of all cost recovery representing the component dedicated to fixed costs (Table 19). The allocation highlights a high-level demarcation from variable cost apportionment (7.5%) of all costs, where unavoidable fixed administrative costs are a reality of the regionally based service delivery model EHA operate within.

Table 19 Total Administration Cost Recovery Apportionment – Scenario Outcomes By Council

% of Individual Activities used by Council	Weighting	Burnside	Campbelltown	NPSP	Prospect	Walkerville
Administration - Variable Component	*7.50%*	*2.06%*	*1.92%*	*2.51%*	*0.73%*	*0.28%*
Administration - Flat Fee Component	*5.00%*	*1.00%*	*1.00%*	*1.00%*	*1.00%*	*1.00%*
Administration - Total Charge	*12.50%*	*3.06%*	*2.92%*	*3.51%*	*1.73%*	*1.28%*

Modelling revealed the adjusted total apportionments respective to each Council, as a result of applying this methodology. The administration charge component for the City of Burnside now comprises 3.06% of total cost recovery. This comprises a new variable component equating to 2.06% and a fixed fee component of 1%. Total administration fee apportionment outcomes are outlined in the table above (Table 19).

Extending this analysis on a 'What-If' premise, modelling reveals the new apportionments of administration cost recovery, applicable to each respective Council using this more equitable suite of principles. Critically, the total amount required by EHA applicable to the Administration component remains unchanged at $223,834 for the current financial year.

However, the equitable apportionment methodology results in adjustments to each Council's total Administrative cost recovery amounts, and therefore their respective overall cost recovery amounts (Table 20).

Table 20 Scenario Outcomes and Results

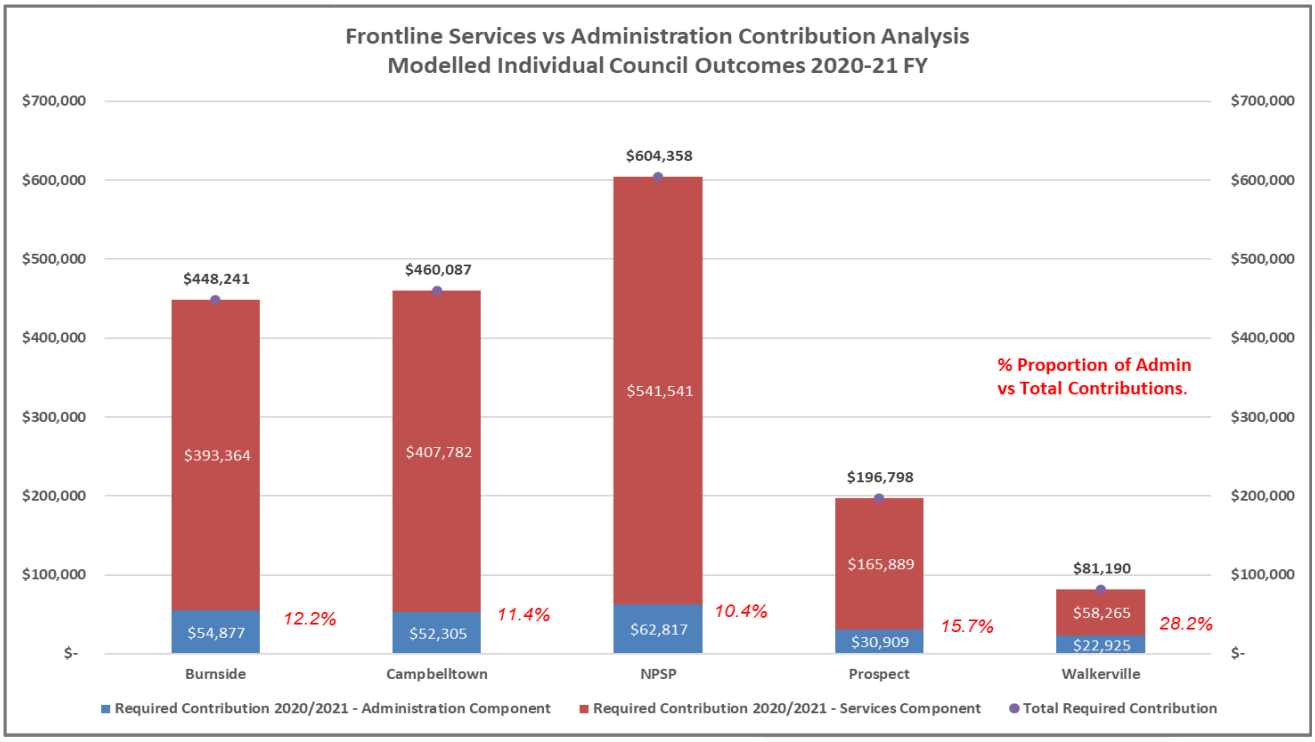
Council Contribution Analysis FY 2020-21 (Variable & Fixed Scenario)	Total	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Required Contribution 2020/2021 - Administration Component	*$ 223,834*	*$ 54,877*	*$ 52,305*	*$ 62,817*	*$ 30,909*	*$ 22,925*	*$ 223,834*
Required Contribution 2020/2021 - Services Component	*$ 1,566,840*	*$ 393,364*	*$ 407,782*	*$ 541,541*	*$ 165,889*	*$ 58,265*	*$ 1,566,840*
Administration Proportion of Total Council Contributions	*12.5%*	*12.2%*	*11.4%*	*10.4%*	*15.7%*	*28.2%*	*12.50%*
Total Required Contribution	***$ 1,790,674***	***$ 448,241***	***$ 460,087***	***$ 604,358***	***$ 196,798***	***$ 81,190***	***$ 1,790,674***
Current Administrative Contributions	*$ 223,834*	*$ 44,767*	*$ 44,767*	*$ 44,767*	*$ 44,767*	*$ 44,767*	*$ 223,834*
Individual Council Variances to Current	***$ 0***	***$ 10,110***	***$ 7,538***	***$ 18,050***	***$ (13,857)***	***$ (21,841)***	***$ 0***

The scenario modelling impacts all councils administrative and therefore total overall contribution outcomes, as compared to their 'current-state' contributions. For example, the City of Burnside administrative recovery apportionment rises from 2.5% to 3.06%, which results in its proposed administrative component increasing from $44,767 to $54,877. This increase of $10,110 has the effect of proportionally increasing the Council's administrative contribution, as compared to total contributions, from 10.2% to 12.2%.

By contrast, the Town of Walkerville's administrative recovery apportionment decreases from 2.5% to 1.73%, which results in its administrative component decreasing from $44,767 to $22,926. This comparatively larger decrease of $21,841 has the effect of proportionally decreasing the Council's administrative contribution, as compared to total contributions, from 43.4% to 28.2%.

The net changes in administrative, and total contributions, for each Council are illustrated in Figure 20.

Figure 20 Frontline Services vs Administration Contribution Analysis Modelled Individual Council Outcomes 2020/21



Existing Cross-Subsidisation of Administrative Cost Recovery Resolved

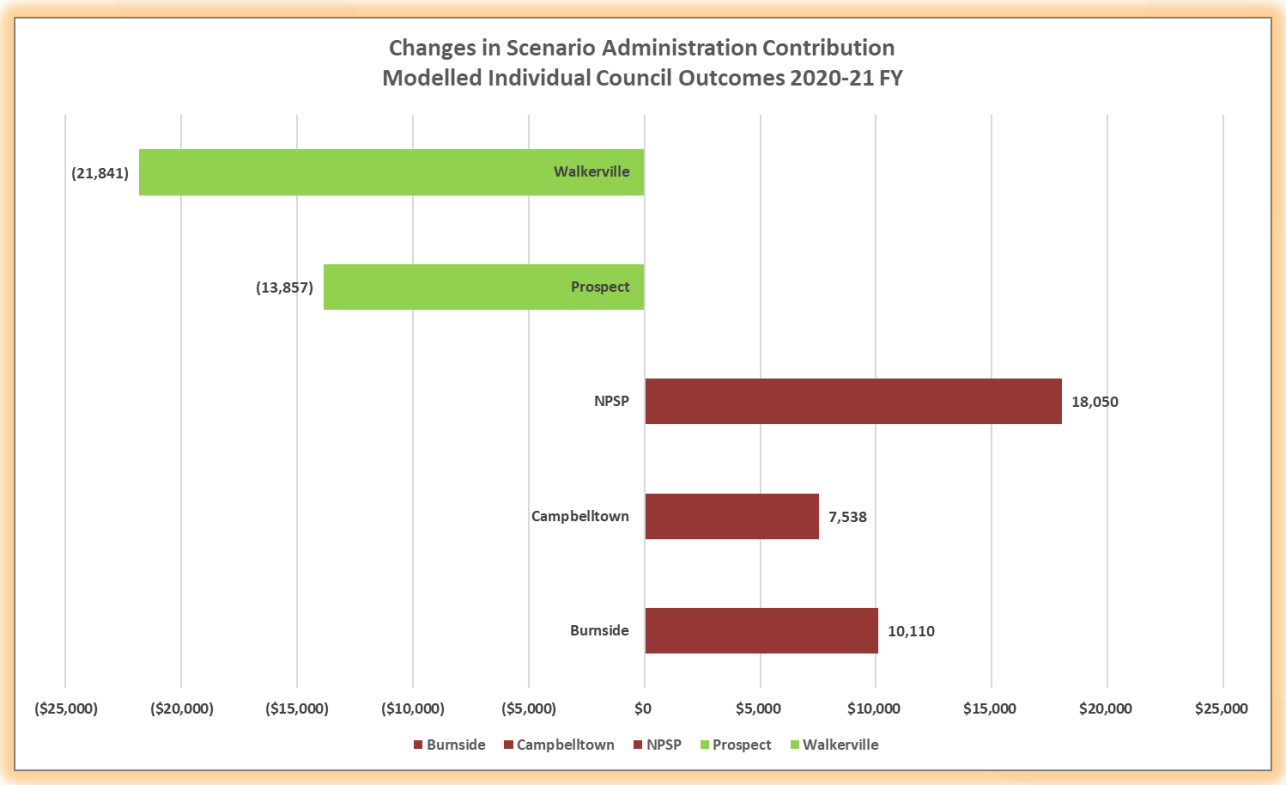
Modelling these outcomes has revealed a cross-subsidisation effect currently inherent in the EHA administrative component cost recovery mechanism, requiring a sustainable solution to implement. For instance, the outcome trend points to three (3) comparatively larger Council (Burnside, NPSP and Campbelltown) incurring potential fee increases, whilst the comparatively smaller Councils (Prospect and Walkerville) fees will potentially decrease significantly, as proportions of their total individual contributions currently. This outcome indicates a material subsidisation of cost recovery currently, to the benefit of the comparatively larger Councils, at the expense of the comparatively smaller Councils.

The chart below outlines the impacts on each Council as a result of modelling a variable administrative cost component, reflective of the trends in frontline service absorption on a Council-by-Council basis. These modelled outcomes retain an over-arching cost neutrality across total Council contributions in aggregate.

Total reductions in recovery amounts equate to total increases, being $35,698. The City of Prospect contribution reduces by $13,857 per annum, whilst the Town of Walkerville contributions reduce by $21,841.

These reductions are offset by increases to all other Council contributions, where the City of NPSP increase by $18,050, the City of Burnside increase by $10,110 and the City of Campbelltown will require an additional $7,538.

Figure 21 Changes in Scenario Administration Contribution Modelled Individual Council Outcomes 2020/21



3.3 External Benchmarking Analysis

External Benchmarking Methodology

The review completed an external benchmarking exercise to assess if EHA's service delivery is performing similar service fundamentals compared with a selection of other South Australian metropolitan Council environmental health teams. EHA and participating Councils were benchmarked across three key service activities. These activities fell into the following categories:

- Food Inspection Activity
- Food Enforcement Activity
- Immunisation

A benchmark template was developed to obtain key data for priority benchmark target areas. To identify which councils would be approached for benchmarking, an objective methodology was proposed for adopting the selection process based on the following categories:

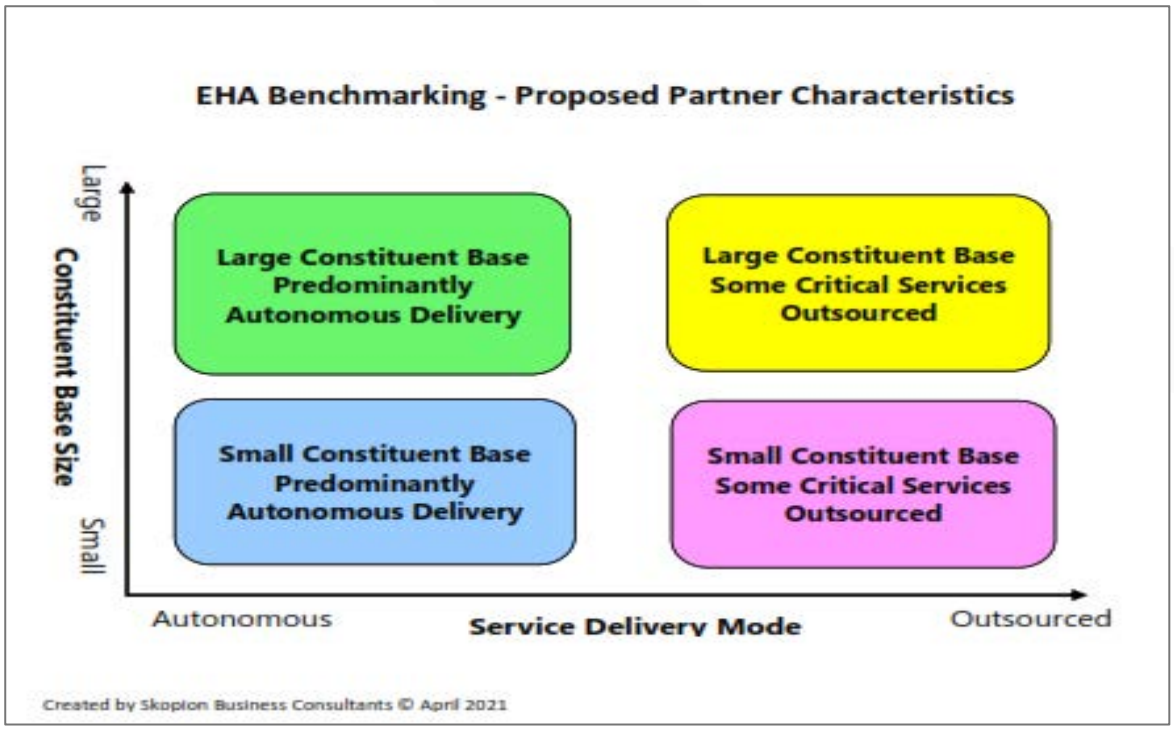
- Principle One – selection of a Council that represents both EHA Constituent Councils in aggregate and a Council representative of an individual Council receiving EHA services.

- Principle Two – selection of a Council that is known to operate a predominantly insourced (Autonomous) service delivery model to its constituents, and a selection of a Council that may outsource services to 3rd-party providers.

The mutual overlay of these principles guided final selection as to which metropolitan Councils best fit these four (4) categories (Figure 22) and approached for participation in the benchmarking process.

Given the sensitivity of the information provided by benchmarking Councils, their identification has been withheld for the purposes of publishing this Report and instead, the following labels have been used to identify the participating Councils- A, B, C, D.

Figure 22 Objective methodology using Partner Characteristics for adopting the selection process for Stage Two benchmarking completion.



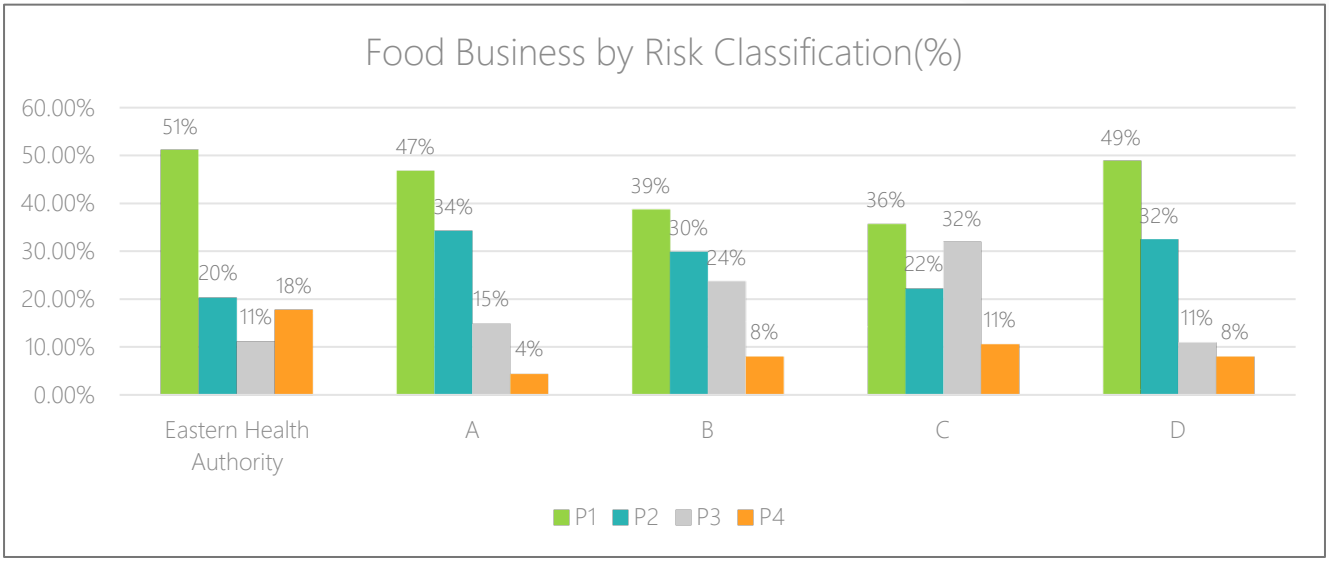
External Benchmarking Data and Analysis

General Food Business Inspection Data

EHA has 967 food businesses requiring inspection (Figure 23). These are businesses with the risk classification P1 to P3. The number of food businesses requiring inspection ranged from 310 to 1,102. While not having the highest amount of food businesses requiring inspection, EHA does have the highest percentage of businesses in the P1 classification with 50.94% classified as P1 (Figure 24). These businesses require more inspections than other classifications with one to four inspections per year.

Figure 23 Number of food businesses requiring inspection (P1-P3) within EHA and benchmark Councils jurisdictions.

Figure 24 Food businesses by risk classification as a percentage of total food businesses



EHA conducted routine inspections on 65.46% of food businesses requiring inspections (Figure 25). The percentage of routine inspections ranged from 40.49% to 102.90%. The routine inspection rate for EHA is higher than both Councils A and C, who are the most comparable to EHA in number of food businesses.

Figure 25 Routine inspections conducted as a percentage of total food businesses requiring inspection.

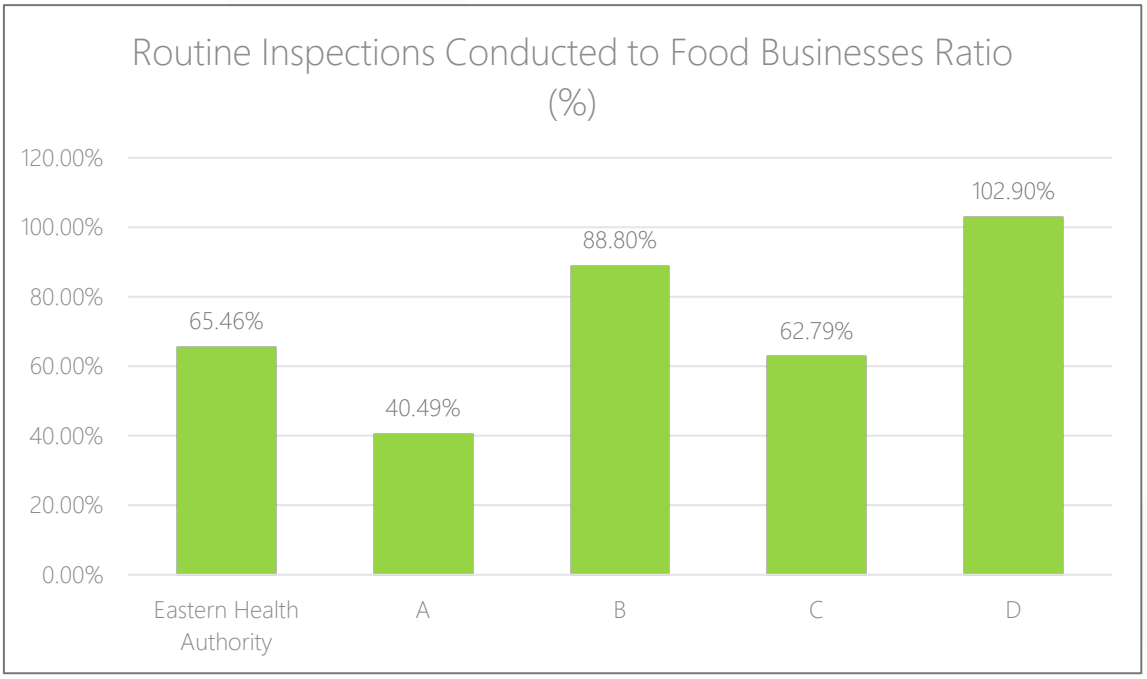


Figure 26 indicates the level of food inspection activity conducted by EHA and benchmarked councils. EHA conducted 633 routine inspections. This was the second highest on inspections. A total of 465 follow-up inspections were conducted by EHA. This is equal to almost half of inspected businesses requiring at least one follow-up inspection. This was the highest number of follow-up inspections conducted by benchmarked samples, which ranged from 39 to 465. EHA investigated 111 customer requests and/or complaints. The number of investigations ranged from 29 to 181.

Figure 26 Number of Routine Inspections, Follow up Inspections and Customer Requests/Complaints inspections conducted by EHA and four benchmarked Councils for 2019/20 period.

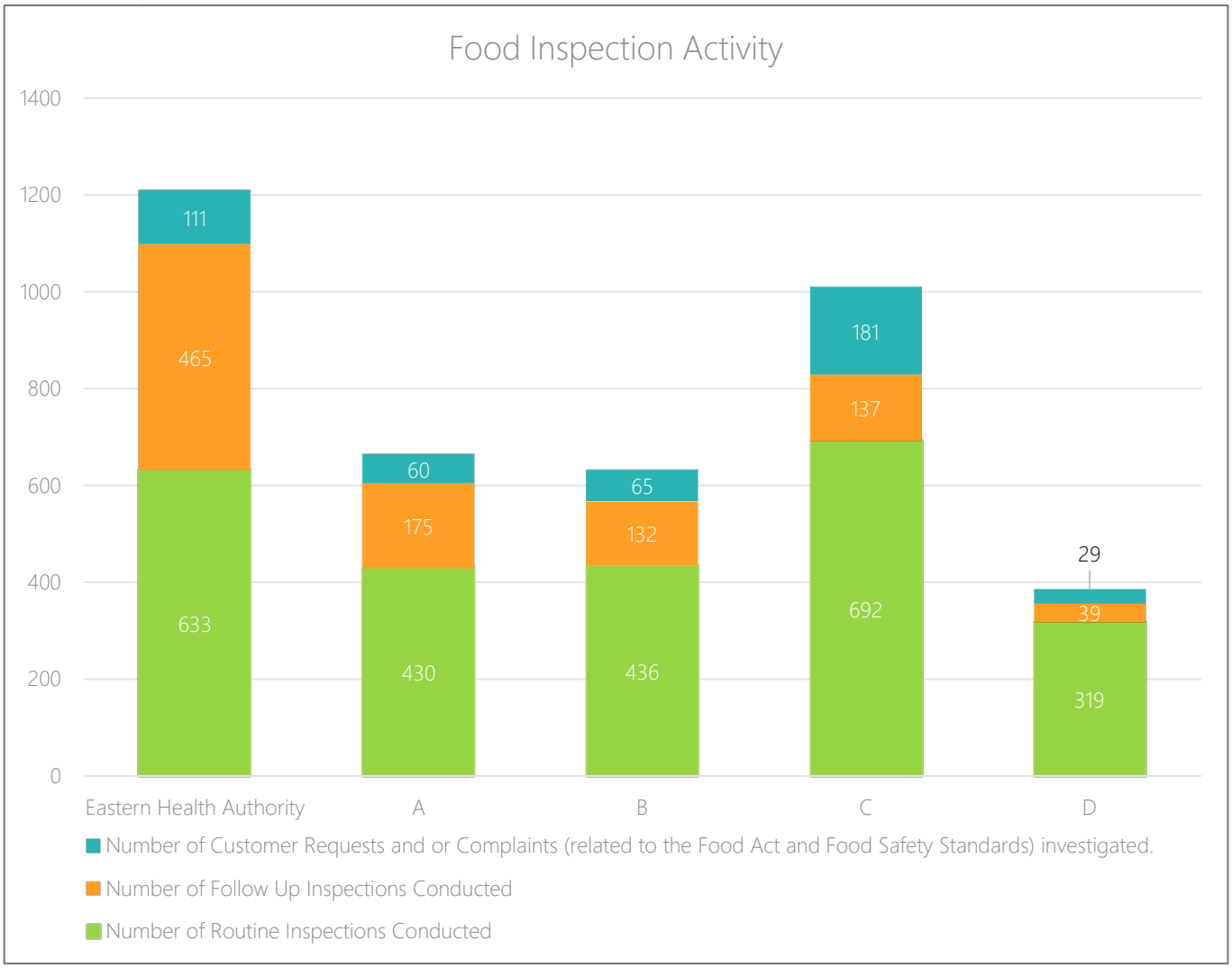
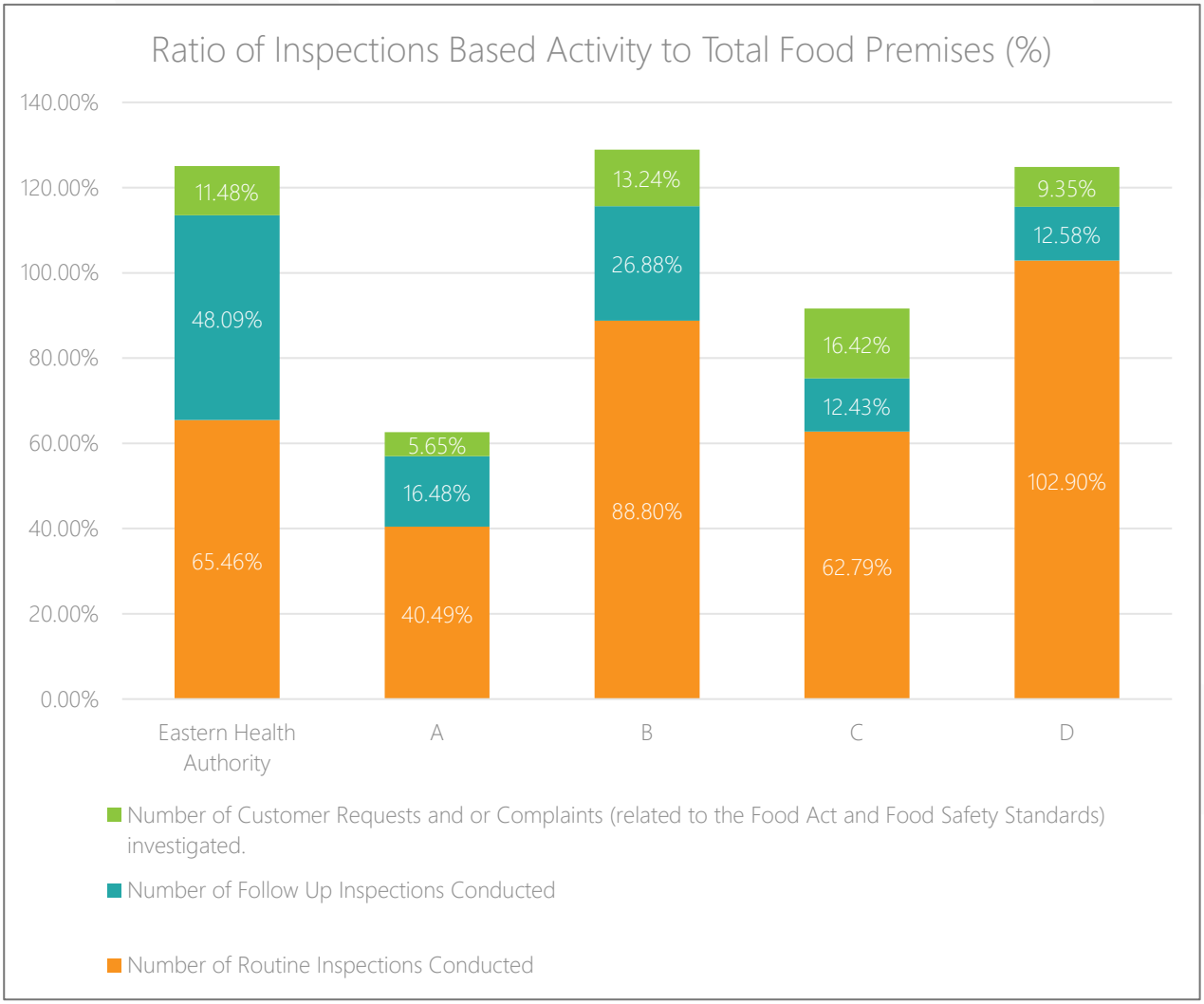


Figure 27 indicates the ratio of each food inspection activity type against the total number of food premises to be inspected for EHA and benchmarked Councils. The number of routine inspections is described in Figure XX. EHA performed the highest amount of Follow up inspections in numbers (Figure 27) and as a percentage against total inspections when compared to benchmarked Councils. Percentages of follow up inspections ranged from 12.43% to 48.09%. The number of customer requests or complaints investigated as a percentage of total number of food premises ranged from 5.65% to 13.24%. The number of requests or complaints EHA inspected was 11.48% of food premises.

Figure 27 Percentage of each Inspection Based Activity against the number of food premises to be inspected for EHA and Benchmarked Councils



Food Safety Enforcement

If repeated non-compliance continues, councils employ a graduated and proportionate response to be applied to either recurring or very serious food safety breaches. Responses include written warnings, Improvement Notices, Prohibition Orders, Expiations or Prosecutions.

Figure 28 demonstrates the food enforcement activity of EHA and the benchmarked councils. EHA issued 17 Written Warnings. One council did not input Written Warnings data. This may indicate either zero issued or missed input. This was recorded as zero. The number of written warnings issued by other councils ranged from zero to 27. Improvement Notices account for the majority of enforcement action taken across benchmarked councils. There was a total of 55 Improvement Notices issued by EHA, which was the highest rate. Notices issued ranged from 10 to 55. The number of Prohibition Notices issued was low across the councils. EHA issued three which was the highest. Numbers ranged from zero to three. The number of Expiation notices issued ranged from one to 15, with EHA issuing five notices. The total number of prosecutions finalised by councils ranged from zero to one. EHA did not finalise any prosecutions.

Figure 28 Number of Written Warnings, Improvement Notices, Prohibition Notices, Expiation notices and Prosecutions issued to food businesses by EHA and four benchmarked Councils in 2019/20 period.

Provision of Immunisation Services

Figure 29 indicates the number of immunisation clinics held for school, public and workplace programs. EHA held 61 school clinics. The number held ranged from 12 to 82. Importantly EHA school clinic numbers are for the 2020 calendar year. Other benchmarked councils are for the 2019/20 financial year. EHA also held the greatest number of public clinics over the financial period with 214. Numbers ranged from 24 to 214. In addition to school and public immunisation clinics, EHA held 98 workplace clinics.

Figure 29 Number of School Public and Workplace Immunisation clinics held by EHA and four benchmarked Councils for 2019/20 period.

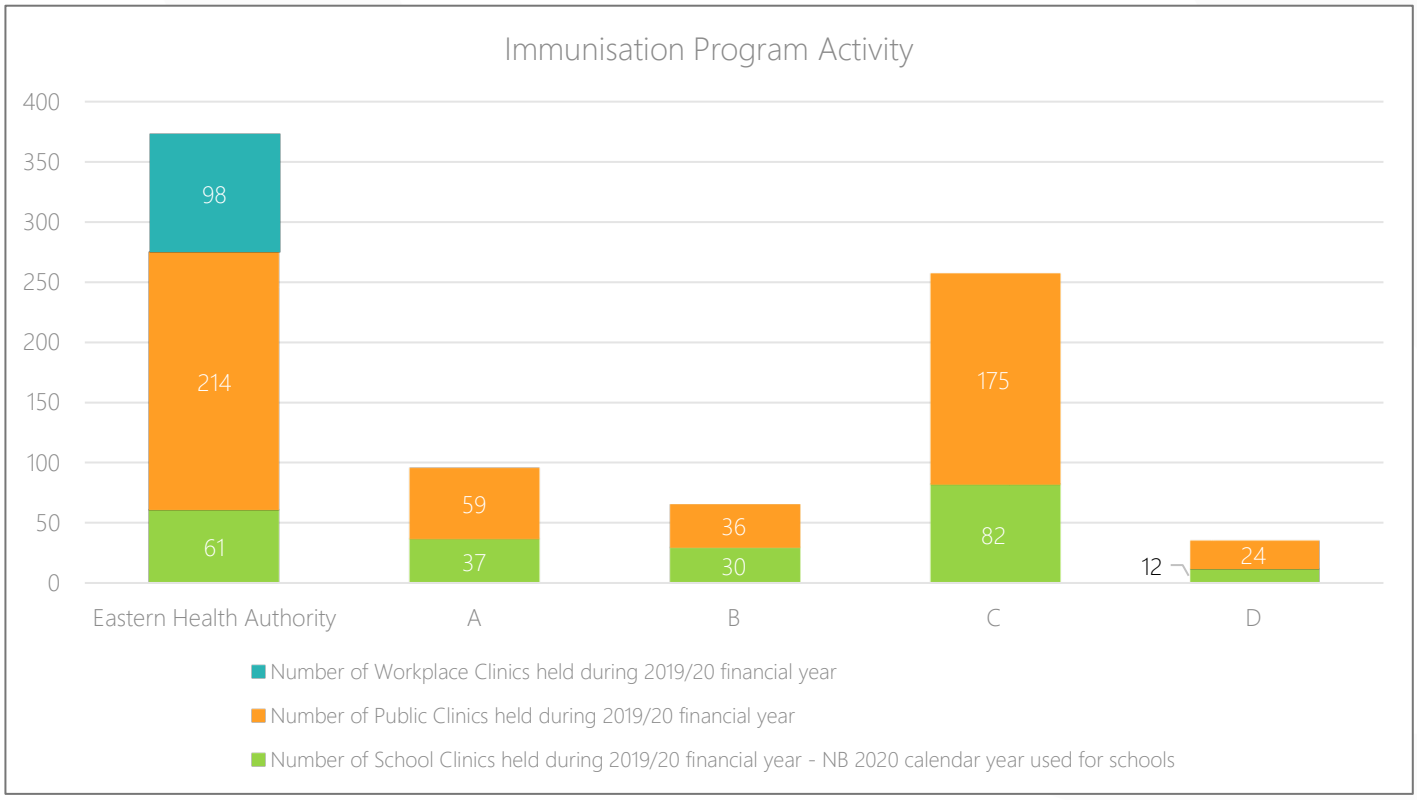


Figure 30 indicates the total number of vaccinations provided for each immunisation program. EHA provided the most vaccines across all clinics. During school clinics, EHA provided 10,497 vaccinations. At their public clinics, EHA provided 8,819 vaccinations and 4,238 were provided during their workplace program. The vaccination numbers ranged from 1,614 to 10,497 for school clinics, 572 to 8,819 for public clinics.

Figure 30 Number of vaccinations given through School, public and Workplace clinics by EHA and four benchmarked Councils for 2019/20 period.

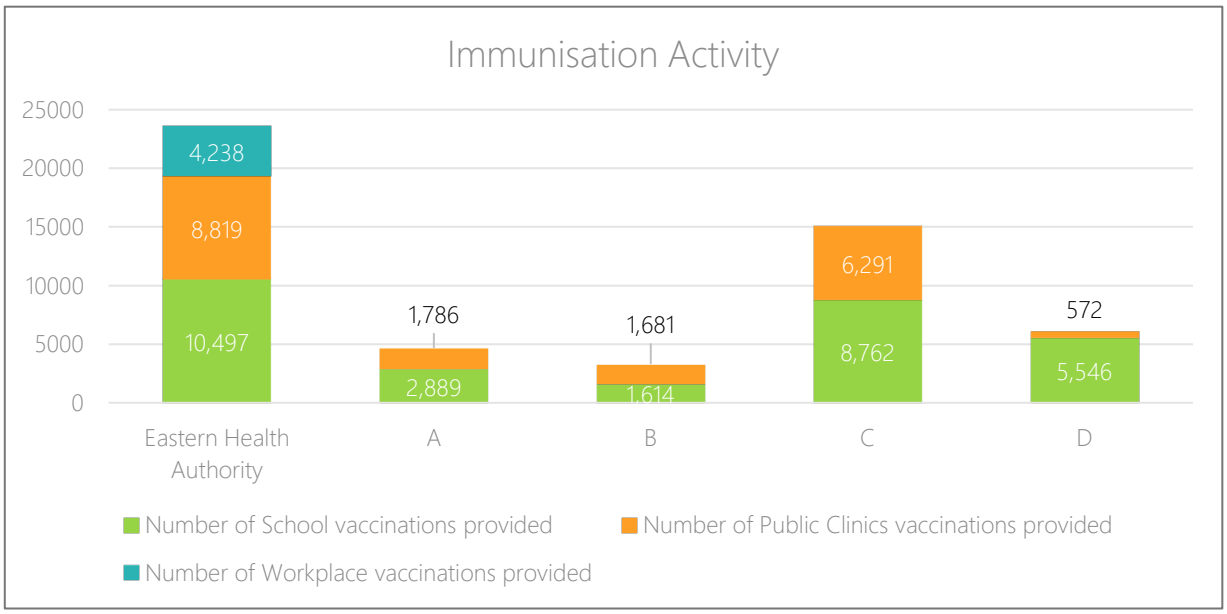
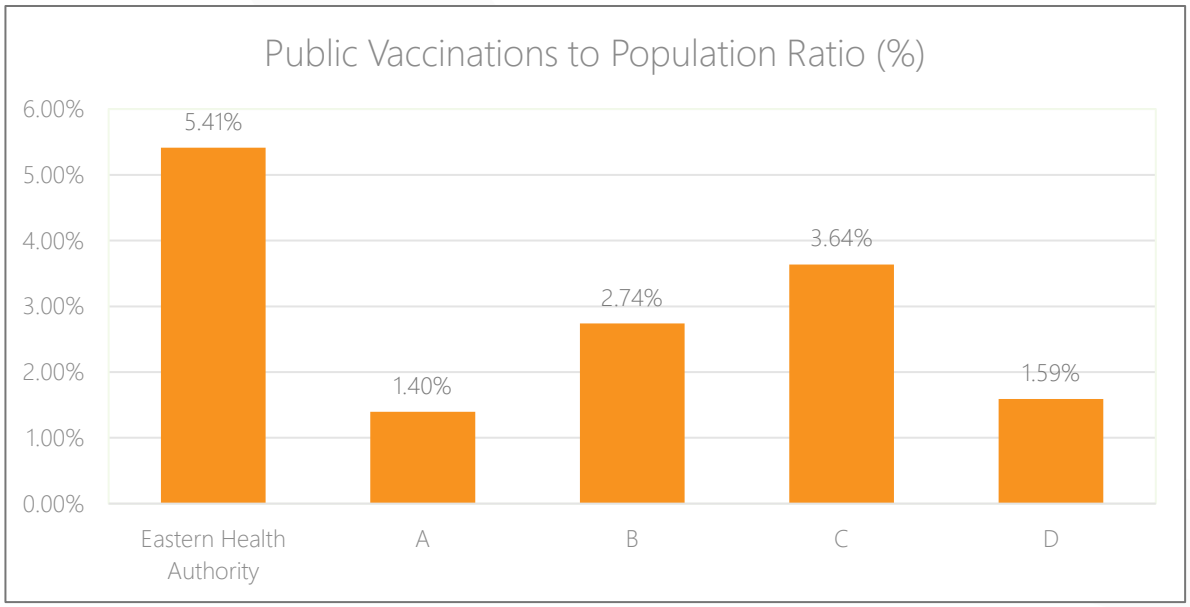


Figure 31 shows the percentage of each council's population that received vaccinations through the public vaccination program. EHA provided the highest number of public vaccinations with the number equalling to 5.41% of the council's population receiving vaccinations. Values ranged from 1.40% to 5.41%.

Figure 31 Percentage of Council's population that received Vaccinations through Public Vaccination Program in 2019/20 period.



Service Delivery Resources Employed Benchmarks

The review has also provided comparative benchmark analysis based on a common service delivery driver, which disregards the underlying contrasts in service delivery model characteristics, across all benchmarking entities. For the following benchmarking outcomes, the common comparative driver selected is each council's per capita population. For the purposes of an integral comparison between EHA and each respective council, all five (5) of its constituent council population totals have been aggregated (approximately 163,000), underpinning EHA analysis outcomes.

Figure 32 indicates each organisations' total population apportioned across the respective EHO FTE employed to service those populations, on a per capita basis. For each environmental health officer EHA currently employs, it services approximately 20.9k on a per capita basis, within the five (5) council population catchment. This compares very closely with Council B which services 20.5k per capita, for every EHO FTE it employs.

Council A EHO FTE services the most per capita with 25.5k, whilst Council D EHO FTE services 18.0k of its population on a per capita basis. Council C's like result is 21.6k per capita for every EHO FTE it employs.

In relation to EHA specifically, its comparative result statistically represents the median (or middle) per capita outcome, as compared to all four (4) benchmark councils.

Figure 32 Population (per Capita) vs EHO FTE employed

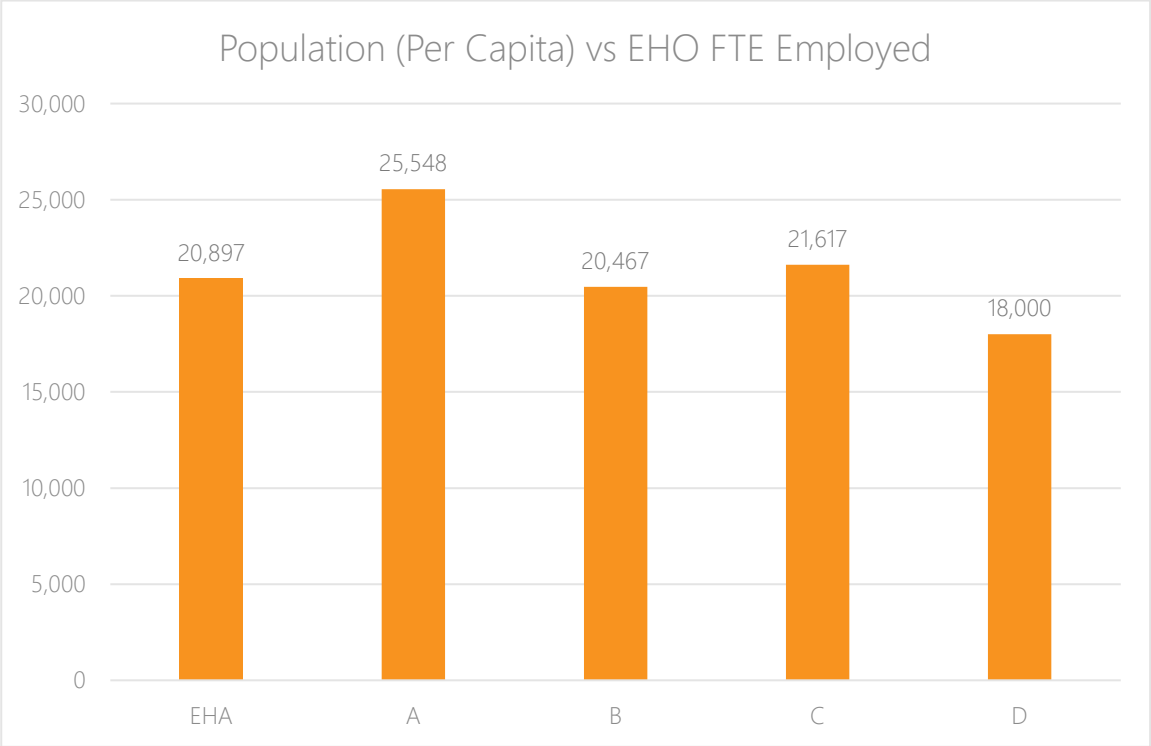


Figure 33 analyses each organisations' total population apportioned across their respective total public and environmental health (P&EH) team FTE employed, on a per capita basis.

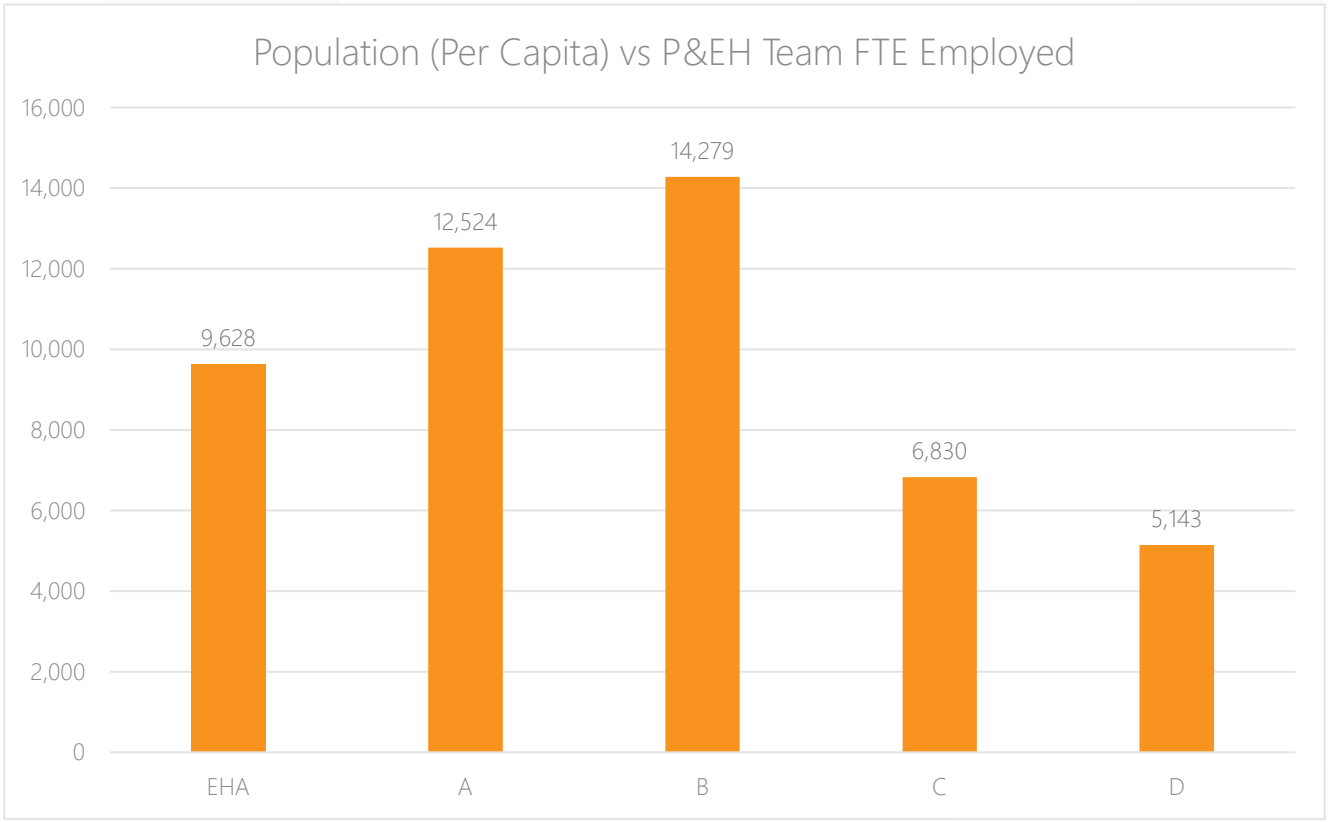
For each P&EH team FTE employed, the EHA service approximately 9.6k constituents within the five (5) council population catchment.

Council B P&EH team FTE service the most constituents equating to 14.3k per capita, whilst Council D service the least number of its respective population at approximately 5.1k on a per capita basis.

Comparative to the EHA directly, Council C represents the closest statistically to the EHA, servicing 6.8k of its population for each P&EH FTE employed. This equates to 2.8k less per capita than the EHA. Conversely Council A P&EH team FTE services 2.9k more constituents than the EHA, equating to 12.4k on a per capita basis for each FTE employes,

In relation to EHA specifically, its comparative result statistically represents the median (or middle) per capita outcome, as compared to all four (4) benchmark councils.

Figure 33 Population (per Capita) vs P&EH Team FTE Employed



External Benchmarking Summary

EHA performs well against the other benchmarked councils, particularly against the most comparable councils. Even though having only the third highest number of food businesses requiring inspection, EHA conducted more food safety inspections than other benchmarked councils. This includes the highest number of follow up inspections as a total number and percentage of food premises within their jurisdiction. EHA also has the highest enforcement activity compared to benchmarked councils.

EHA outperforms benchmarked councils in all areas of immunisation activity except number of school clinics provided. In this area, Council C provided an additional 21 clinics more than EHA. Despite this, EHA performed a higher number of school and public vaccinations than all other benchmarked councils. Through their public vaccination programs, EHA performed vaccinations on the equivalent of 5.41% of their constituent council's population. This was the highest percentage of benchmarked councils. In addition to the school and public clinics, EHA provide Workplace immunisation services. It should be noted that Councils A and B outsource their immunisation program to a 3rd party.

Resource allocation benchmarks comparing the EHA and participating councils on a per capita basis, reveals a significant spread of results for P&EH Team FTE analysis. The minimum value being 5.1k per capita (Council D), whilst the largest spread of FTE employed equated to 14.3k per capita (Council B), a nearly 3-fold increase from the minimum to maximum results.

Conversely, there is far less variation in the per capita comparisons to EHO FTE employed results. Each councils' environmental health officers service between 18.0k and 25.6k on a per capita basis, of their respective constituent populations, per each EHO FTE employed.

For both these resources oriented benchmark results respectively, EHA outcomes represent the median values as compared to benchmarking councils. At a very high-level this provides comparative comfort that EHA is employing resources within a bandwidth, consistent with other councils performing public and environmental health services in the South Australian local government sector.

It is also apparent the resource oriented benchmark outcomes specific to EHA as compared to benchmark councils, do not represent significant outlier results, which may otherwise objectively demarcate EHA from the benchmarking council cohort.

4. SUMMARY FINDINGS – SWOT ANALYSIS

A summary of the Consultancy Team findings is presented in Table 21 – Service Review Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. The analysis and its concluding outcomes are predominantly informed by the project review stages (Sections 2 and 3), incorporating findings from both the quantitative and qualitative data and information sources and stakeholders, as well as independent analysis conducted by the project consultants.

Table 21 Service Review SWOT Analysis

Strengths

- Established strong informal working relationships between EHA staff & Council units for the majority of Councils.
- Council public health service delivery obligations and needs are well understood by EHA, as a cohort receiver group.
- Enhanced business continuity of public and environmental health, through a more comparatively capable centralised team.
- Staff expertise, knowledge, consistency and agility has been successfully 'road-tested' with the ability to manage COVID-19 pandemic, concurrently with regular service provision to Councils.
- Executive staff responsiveness to exceptional public health challenges and willingness to 'go above and beyond' was observed with the majority of Council constituent and State level stakeholders.
- Risk management and governance documentation suite, comprising policies and protocols are comprehensive and fit-for-purpose.
- Effective risk, service and clinical governance of immunisation services
- Ability to advance public and environmental health outreach services and education through grants (such as the PHN grant)

Weaknesses

- Current EHA Performance Reporting framework to individual Councils requires refinement and improved communication with Council Executives.
- Minor level of inconsistencies occur in service delivery information provided to individual Councils as to exceptional incidents within their respective jurisdictions.
- Risk management policies require review and renewal (AS ISO 31000 : 2018 Risk Management Principles & Guidelines refresh).
- Communication and media response requires review to drive consistency in approach across Constituent Councils.
- Current allocation method for apportioning EHA administration costs could be more equitable , in line with front-line service delivery cost recovery.
- Current benefits of unique EHA service delivery model could be better communicated to Council stakeholders.

Opportunities

- Formal management reporting framework to Councils to include targeted performance report directly to Council Executives.
- Increase more formal and systematic communications to build sustainable and robust understanding of Council needs at a cohort level.
- Propose and create a formal 'Chief Executive Group' aimed at discussing strategic public health issues, in a bi-lateral setting.
- Re-affirm the benefits of the current service delivery model and reinforce the value for money proposition EHA provide as a specialist services provider to Constituent Councils.
- Potential to cost offset through expanded outsourced services (such as food audits and workplace immunisation services)

Threats

- Current Service Delivery Model may become incongruent in meeting contemporary Council needs, with increasing service delivery demands on the EHA – increased costs to recover from Councils.
- Workforce shortages due to seasonal and pandemic demand for nurses.
- Balancing of resource demands of outsourced services (food audits and workplace immunisation services) with core statutory activity and delivery.

5. SERVICE REVIEW RECOMMENDATIONS

The report's recommendations are underpinned by a continuous improvement approach adopted by the Project Consultants throughout the EHA Service Review. Whilst the EHA operate and provide services to council stakeholders within a comparatively unique service delivery model, independent analysis has revealed an opportunity for incremental improvement in services for consideration and adoption.

Quantitative analysis reveals opportunities to equitably reflect recovery allocations to councils, as well as opportunities to increase revenues by exploring service delivery to organisations residing outside the constituent council jurisdictions.

Qualitative analysis of stakeholder feedback has revealed a range of opportunities for EHA to meet primary client (council) service delivery standards and expectations more consistently and effectively. The Project Consultants have considered all qualitative feedback, directly informing recommendations, with due care and consideration.

The report's findings centre on refining and improving the EHA customer service and cost allocation approach to ensure continued delivery of quality services to stakeholder councils.

Findings & Recommendations

Finding: The current methodology for recovering the administration component of the cost recovery formula within the Services Charter requires revision.

Recommendation (1) One: Include a variable and fixed component to the current administration component of the annual Council cost recovery formula within the Services Charter. Recommend 7.5% variable and 5% fixed component combination for the 2022 financial year contributions modelling, maintaining 12.5% administrative recovery component overall.

Finding: There is a gap in regular and consistent executive reporting as identified by Executive Council stakeholders.

Recommendation (2) Two: Deliver a regular targeted performance report focusing on high-level EHA service provision information and pertinent service delivery exceptions for each constituent council.

Finding: There is a gap in regular executive communication at a group and individual level.

Recommendation (3) Three: Propose and create a 'Chief Executive Group' with all Council CEOs to channel informal and formal bilateral communication through. Propose and agree on Terms of Reference to guide collective discussions and meetings to achieve mutually beneficial service delivery outcomes.

Finding: There is a gap in strategic council engagement and communication which would aid to highlight the strategic strengths and benefits of the centralised service delivery model EHA operates within.

Recommendation (4) Four: Leverage creation of the proposed 'Chief Executive Group' to deliver a presentation highlighting the strategic strengths and benefits for Councils receiving health services via a centralised service delivery model provider.

Finding: Communication and media response requires review to drive consistency in approach across constituent councils.

Recommendation (5) Five: Develop an EHA Media Policy detailing delegations and communication with constituent councils.

Finding: A consistent assessment method is needed to explore opportunities to scale up EHA discretionary services such as food audit services and workplace immunisation services.

Recommendation (6) Six: Complete a feasibility case-study seeking to identify the benefits, risks and costs to scale EHA food audit services to sectors exclusive to the current EHA Council cohort. Adopt a consistent feasibility approach to assessing external fee-for-service opportunities with the EHA Board.

Finding: Onset of Covid has increased demand for health practitioners and specialists, resulting in a shortage of suitably qualified nurses.

Recommendation (7) Seven: Continually monitor and positively reinforce relationships with permanent and casual nursing staff to ensure workforce is content with current employment arrangements.

Finding: Risk Management policies refer to redundant version of AS ISO 31000 Risk Management Principles and Guidelines framework, informing EHA treatment of inherent risks and control actions.

Recommendation (8) Eight: Renew and refresh current Risk Management Policy with new internationally recognised standards – AS ISO 31000 : 2018 Risk Management Principles and Guidelines framework (revised from 2009 framework), ensuring EHA risk treatment is contemporarily aligned to statutory risk management frameworks.

Finding: There is opportunity to raise awareness of the EHA customer response approach and agree service performance standards with regard to service requests and/or complaints 1) received directly by the EHA or 2) referred by the constituent council.

Recommendation (9) Nine: Develop a customer request response procedure and key performance indicators in consultation with constituent council representatives to incorporate an EHA risk-based assessment approach and method for determining the hierarchy of enforcement response.

5. REFERENCES

Eastern Health Authority (2018), *Annual Report 2017/18*, https://www.eha.sa.gov.au/files/266_eha_annual_report_2017_2018.pdf?v=747 (Accessed: 10 March 2021)

Eastern Health Authority (2019), *Annual Report 2018/19*, https://www.eha.sa.gov.au/files/333_eha_annual_report_2018_2019_final_low_resolution_with_full_financials.pdf?v=117 (Accessed: 10 March 2021)

Eastern Health Authority (2020), *Annual Report 2019/20*, https://www.eha.sa.gov.au/files/419_eha_0151_20_annual_report_2020_v4_long_financials.pdf?v=565 (Accessed: 10 March 2021)

Eastern Health Authority (2021), *Eastern Health Authority Funding Statement 2020/21*, electronic dataset

Eastern Health Authority (2016), *EHA Charter 2016*, *https://www.eha.sa.gov.au/files/36_adopted_final_eastern_health_authority_charter_2016.pdf?v=698*

Eastern Health Authority (2008), *Enforcement Policy*, https://www.eha.sa.gov.au/files/205_201010_enforcement_policy.pdf?v=198 (Accessed: 18 March 2021)

Eastern Health Authority (2021), *EHA Service Review Completed Statistics and Commentary 2021*

Eastern Health Authority (2021), Eastern Health Authority Board of Management Meeting 29 April 2021 (Ref AF15/108).

Livori, M., (2020), " Item 5.1 Draft General Purpose Financial Statements for the Year Ended 30 June 2020", *Eastern Health Authority Board of Management Meeting 9 September 2020*

Livori, M., (2020), " Item 5.2 Report of Financial Results for the Year Ended 30 June 2020", *Eastern Health Authority Board of Management Meeting 9 September 2020*

Livori, M., (2020), " Item 5.3 Long-Term Financial Plan Revised Financial Statements", *Eastern Health Authority Board of Management Meeting 9 September 2020*

SA Health (2018), *The South Australian Food Business Risk Classification.* Government of South Australia https://www.sahealth.sa.gov.au/wps/wcm/connect/c30973804209353ab856bdf8b1e08c6d/Final+November+2018+Food+Business+Risk+Classification.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-c30973804209353ab856bdf8b1e08c6d-nwLM6vg (Accessed 18 March 2021)

Healthy Environs

Thank you

Contact Details
Matt Flowers: 0448 554 782
Sally Modystach: 0458 777 227

6.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

1.0 General Activity

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

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

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

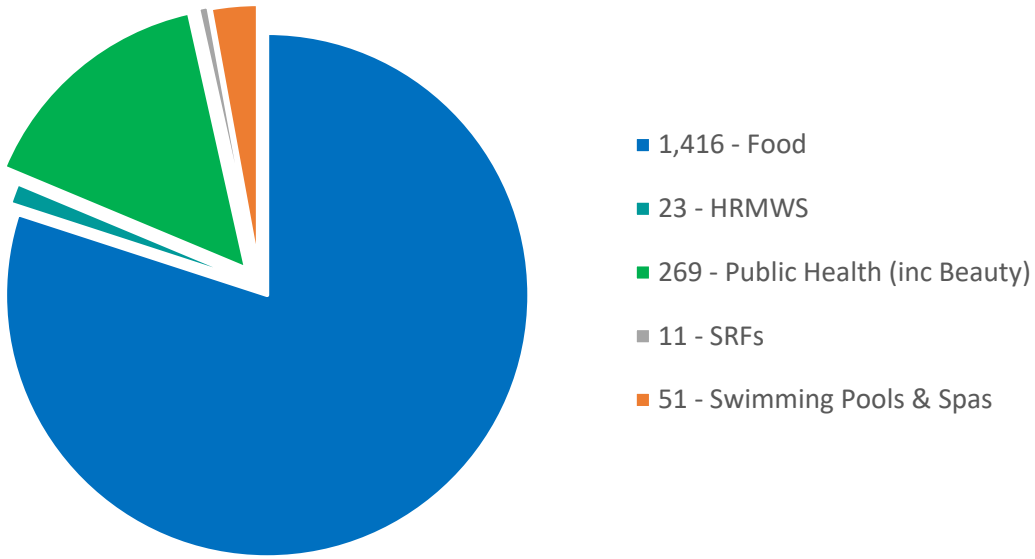


Table 1: Number of inspections conducted per category for financial-year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Food	331	254	566	217	48	**1,416**
Beauty	1	3	2	0	0	**6**
HRMWS	5	8	9	1	0	**23**
Public Health Complaint	44	59	85	54	21	**263**
SRFs	2	3	1	5	0	**11**
Swimming Pools & Spas	23	9	9	4	6	**51**
Total	**406**	**336**	**672**	**281**	**75**	**1,770**

2.0 Food Safety

2.1 Food Premise Inspections

A total of 205 routine inspections of food businesses were undertaken during the reporting period. An additional 138 follow-up inspections were required to ensure compliance with the Food Safety Standards. In total, 426 food premise inspections were completed during the reporting period (Table 2).

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

The significant decrease in routine food inspections in the previous year was attributed to Authorised Officers being required to undertake social distancing observation inspections as a priority to assist. During this period EHA made a decision to continue to inspect food business that were open to the public. COVID-19 food inspections were undertaken as shown in Graph 2. The food inspection assessment forms were altered to reflect COVID-19 and focus on 'high risk' priority areas as part of their inspections, i.e. hand washing, sanitising and food processing.

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

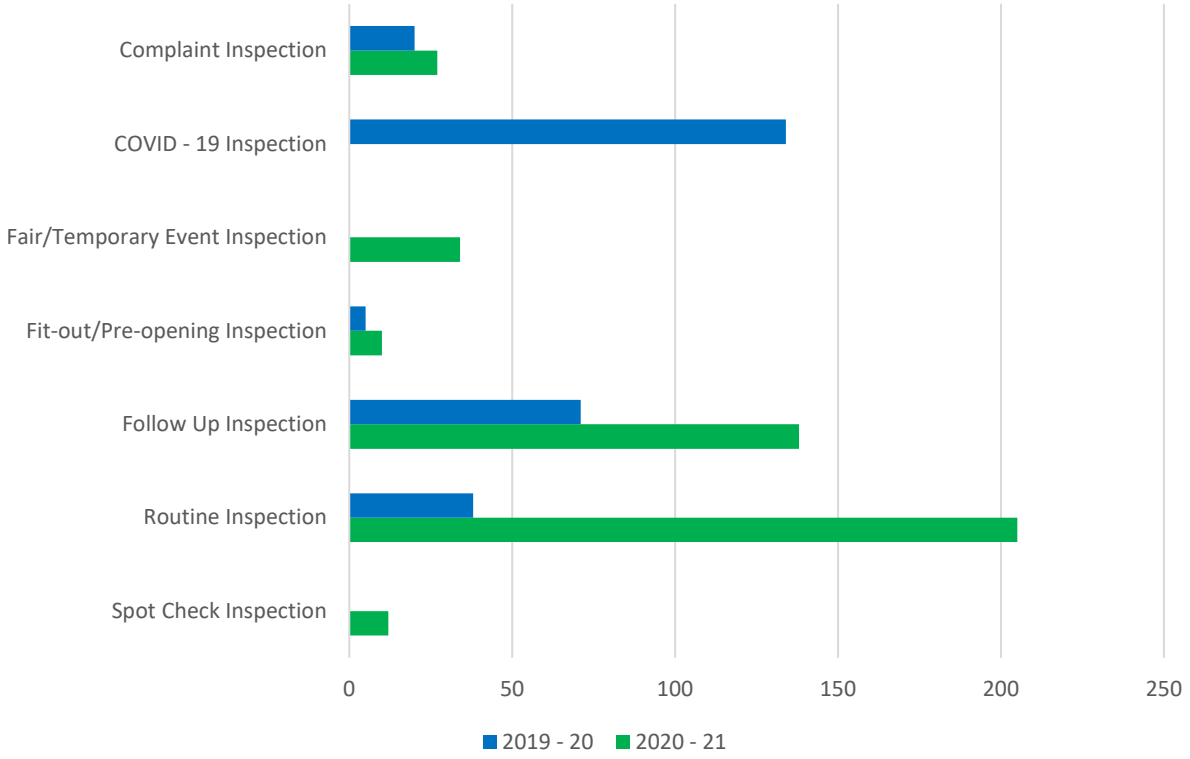


Table 2: Food premises inspections from 1 March 2021 to 31 May 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	55	27	74	38	11	**205**
Follow up Inspection	33	16	55	31	3	**138**
Complaint Inspection	10	1	8	5	3	**27**
Fit-out/Pre-opening Inspection	1	2	6	0	1	**10**
Fair/Temporary Event Inspection	0	15	19	0	0	**34**
Spot Check Inspection	4	3	3	2	0	**12**
Total	**103**	**64**	**165**	**76**	**18**	**426**

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

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

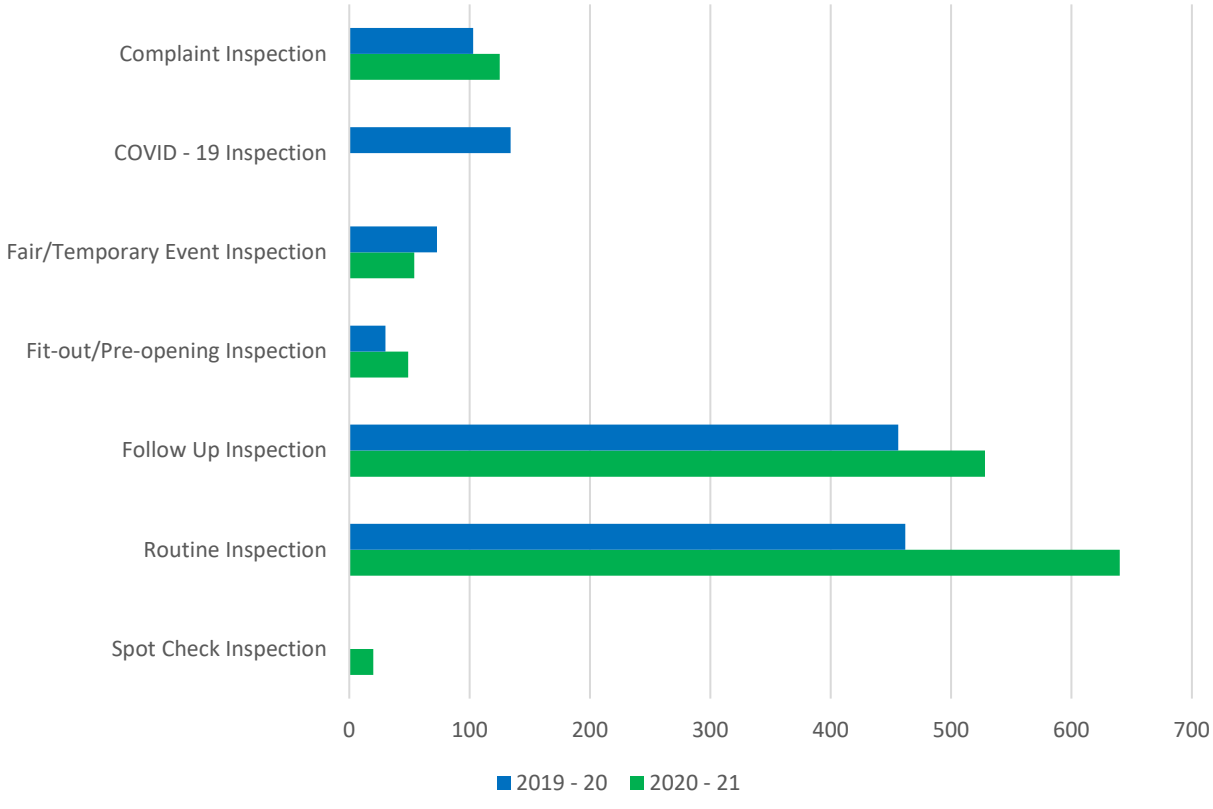


Table 3: Food premises inspections for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	156	102	268	88	26	**640**
Follow up Inspection	107	95	218	92	16	**528**
Complaint Inspection	51	17	35	18	4	**125**
Fit-out/Pre-opening Inspection	12	8	19	8	2	**49**
Fair/Temporary Event Inspection	0	29	19	6	0	**54**
Spot Check Inspection	5	3	7	5	0	**20**
Total	**331**	**254**	**566**	**217**	**48**	**1,416**

2.2 Non-Compliance with Food Safety Standards

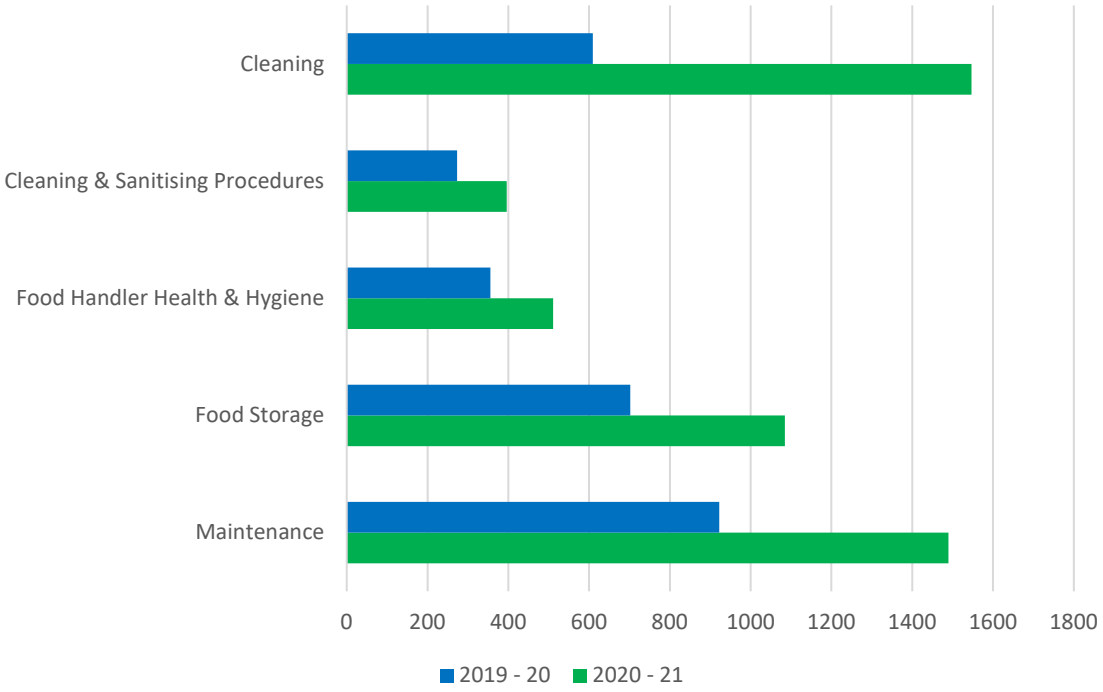
The SA Health Food Safety Rating Scheme Checklist is used to assess business compliance with food safety standards at routine inspections. Non-compliances against the Standards can range from Minor, Major to Serious. This is dependent on the risk and seriousness of the breach. EHO's identified a total of 2,013 non-compliances with the Food Safety Standards during the reporting period (Table 4). The majority of non-compliances were minor in nature.

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

Type of non-compliance	Number of non-compliances
Minor	**1,511**
Major	**305**
Serious	**197**
Total	**2,013**

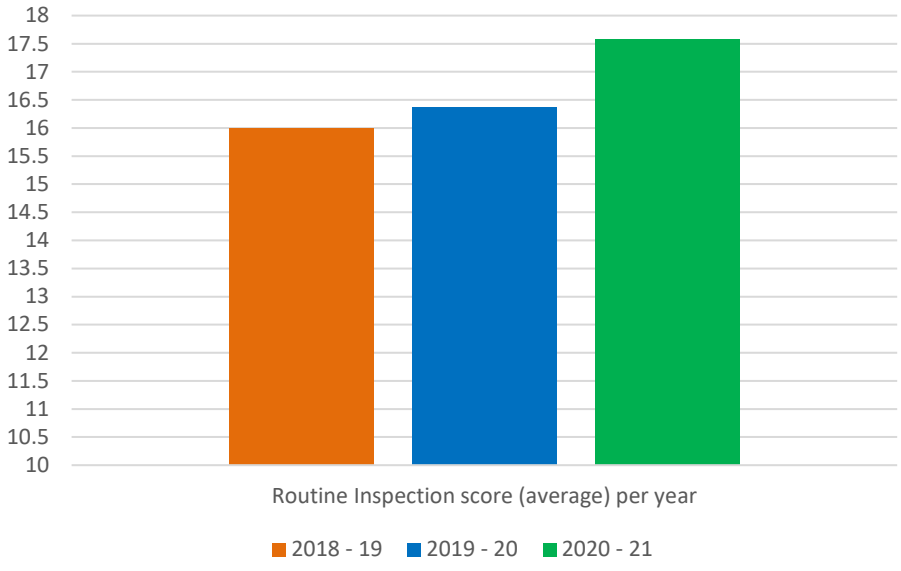
A poor standard of cleanliness, maintenance and unsafe storage of food accounted for the most common non-compliances identified during routine inspections for the financial year to date over a two year period (Graph 4).

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



Graph 5 demonstrates that there is an increasing trend in the average routine inspection score for the financial year to date over the past three years. The increase in non-compliance for this financial year to date also correlates with the increase in legal action taken (Graph 6).

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



2.3 Legal Actions for Food Premises

During the reporting Board Report period, 23 Improvement Notices, four Final Warnings and eight Prohibition Orders were issued. In addition, three Expiations Notices were issued.

The majority of the food businesses requiring legal action were P1 high risk businesses (Table 7). Enforcement action is however not limited to high-risk businesses with Improvement Notices also issued to moderate P2 food businesses. A total of 101 legal actions were required to be taken for food businesses for the financial year to date (Table 6).

As shown in Graph 6 there has been a significant increase in the number of Improvement Notices, Expiation Notices and Prohibition Orders issued for the financial year to date. Thirteen Prohibition Orders have been issued for the financial year to date, 10 more than the previous year (Graph 6). The Prohibition Orders were issued due to significant vermin and cockroach activity, extremely poor standards of cleanliness and unsafe food processing practices.

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Final Warning	3	0	0	1	0	**4**
Improvement Notice	0	5	13	5	0	**23**
Expiation Notice	1	1	0	0	1	**3**
Prohibition Order	0	2	5	1	0	**8**
Total	**4**	**8**	**18**	**7**	**1**	**38**

Graph 6 : A two year comparison of legal action taken for the financial year-to-date.

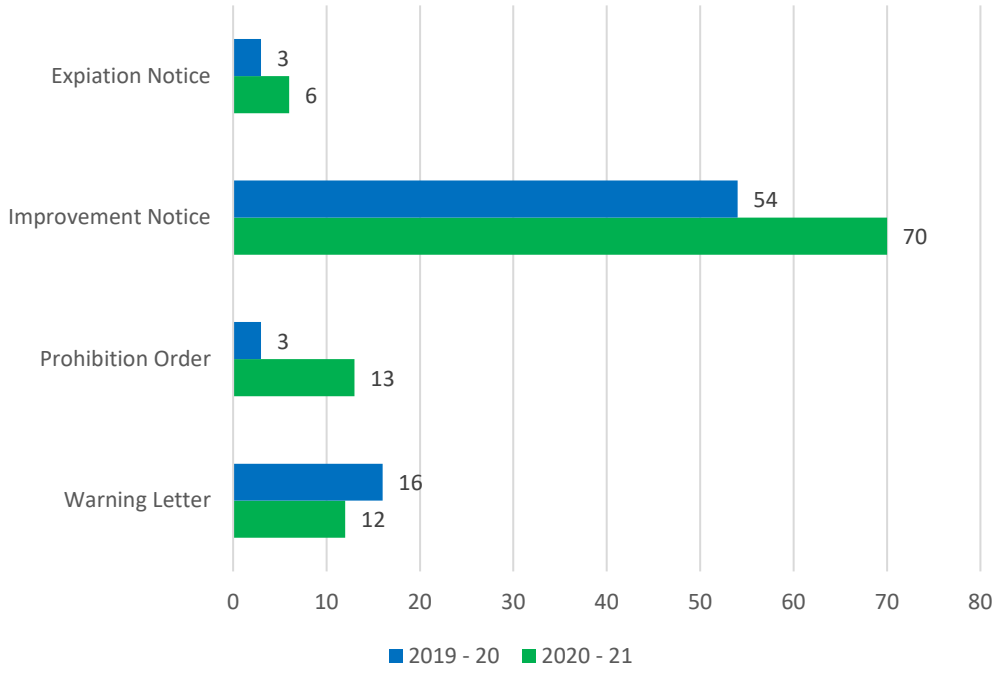


Table 6: Legal action taken for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Final Warning	5	2	2	3	0	**12**
Improvement Notice	9	8	38	14	1	**70**
Expiation Notice	1	1	1	1	2	**6**
Prohibition Order	0	4	7	2	0	**13**
Total	**15**	**15**	**48**	**20**	**3**	**101**

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

	P1	P2	P3
Final Warning	4	0	0
Improvement Notice	21	2	0
Expiation Notice	3	0	0
Prohibition Order	8	0	0

2.4 Food Complaints

For the reporting period 1 March 2021 to 31 May 2021 EHA received 21 complaints that were investigated under the *Food Act 2001*. The complaints are shown by category in Graph 6 and by respective council area in Table 8.

Alleged food poisoning and poor personal hygiene/food handling practices were the most common type of complaints received and investigated for both the reporting period and financial year to date (Graphs 7 and 8).

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

Graph 7: A two year comparison of food complaints received from 1 March 2021 to 31 May 2021.

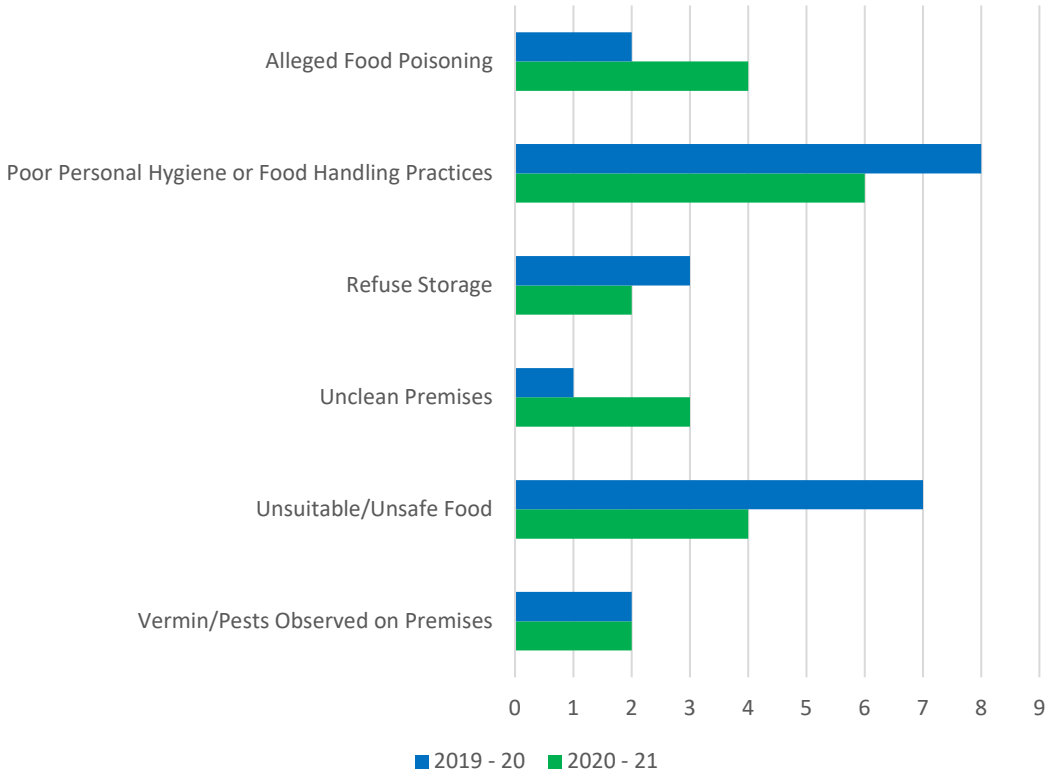


Table 8: Food complaints received by council area from 1 March 2021 to 31 May 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	2	0	2	0	0	**4**
Poor personal hygiene or food handling practices	1	1	3	1	0	**6**
Refuse Storage	1	0	1	0	0	**2**
Unclean premises	0	0	1	2	0	**3**
Unsuitable/unsafe food	2	1	1	0	0	**4**
Vermin/pests observed on premises	0	0	2	0	0	**2**
Total	**6**	**2**	**10**	**3**	**0**	**21**

Graph 8: A two year comparison of food complaints received for the financial year-to-date.

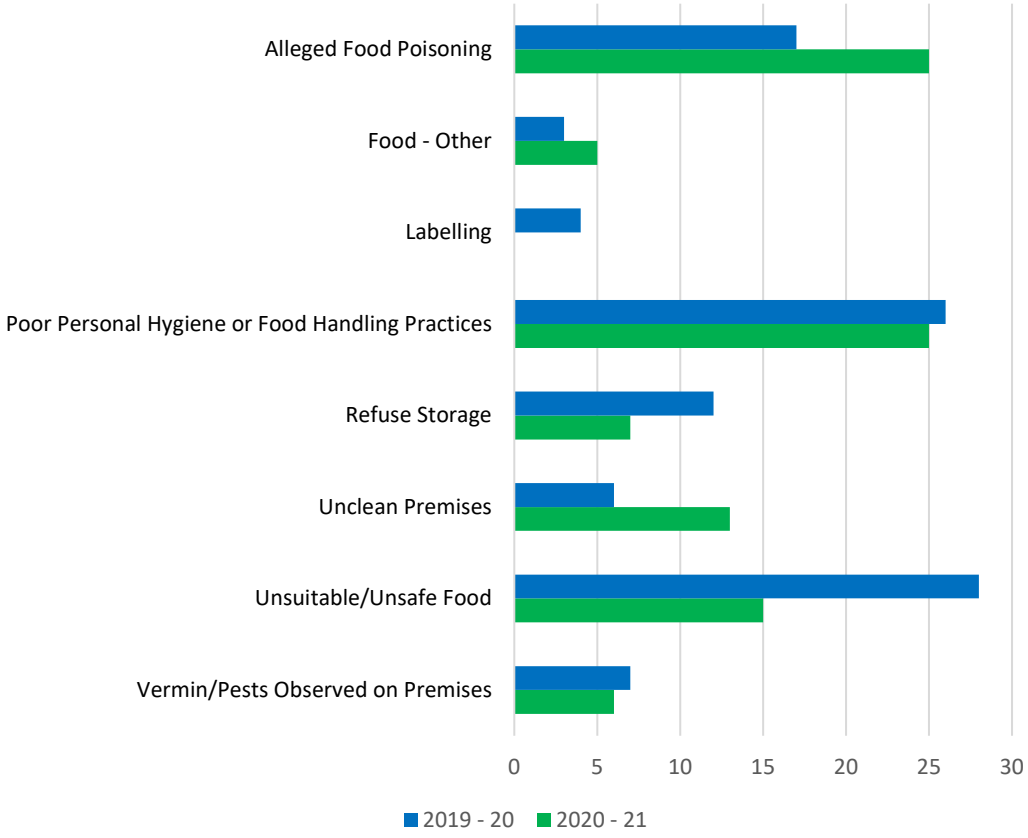


Table 9: Food complaints received by council area for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	7	5	13	0	0	**25**
Food - Other	1	2	0	2	0	**5**
Poor personal hygiene or food handling practices	8	3	10	4	0	**25**
Refuse Storage	4	0	3	0	0	**7**
Unclean premises	5	1	3	4	0	**13**
Unsuitable/unsafe food	4	7	1	2	1	**15**
Vermin/pests observed on premises	1	1	3	1	0	**6**
Total	**30**	**19**	**33**	**13**	**1**	**96**

2.5 Audits of Businesses that Serve Vulnerable Populations

During the reporting period, 20 businesses within the Constituent Council boundaries and 17 businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code*. No follow-up audits were required.

A total of 114 audits of businesses that serve vulnerable populations and one follow up audit have been completed in the financial year to date (Table 11).

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	4	6	6	2	2	17	**37**
Follow-up audits	0	0	0	0	0	0	**0**
Total	**4**	**6**	**6**	**2**	**2**	**17**	**37**

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	17	18	17	8	2	52	**114**
Follow-up audits	0	0	0	0	0	1	**1**
Total	**17**	**18**	**17**	**8**	**2**	**53**	**115**

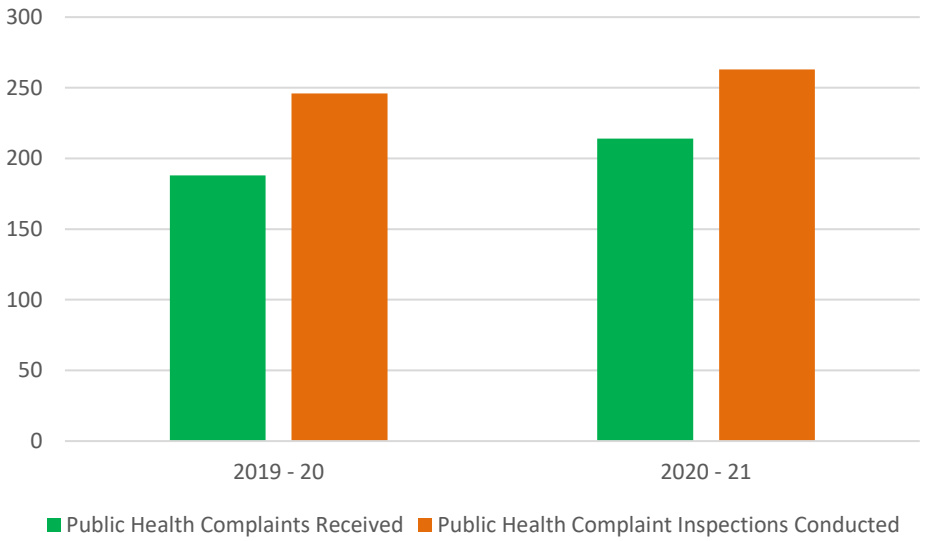
3.0 Public Health

3.1 Public Health Complaints

For the reporting period 1 March 2021 to 31 May 2021 there was a total of 48 public and environmental health related complaints received.

As shown in Graph 9 there is a general increasing trend in the total number of complaints and number of inspections undertaken over the past two years. The graph also shows that there is an average rate of 1.27 inspections required per complaint received over the past two years.

Graph 9: A two year comparison of the public and environmental health complaints received compared to completed inspections for the financial year-to-date.



As shown in Graphs 10 and 11 vector control and sanitation complaints account for the most common type of complaints received and investigated over the past two years.

During the current reporting period 58% of the complaints related to vector control (Table 12). The number of vector control complaints and inspections have increased when compared to the previous year. There has been a 47% increase in the number of vector control complaints received (Graph 10).

Graph 10: A two year comparison of public and environmental health complaints received from 1 March 2021 to 31 May 2021.

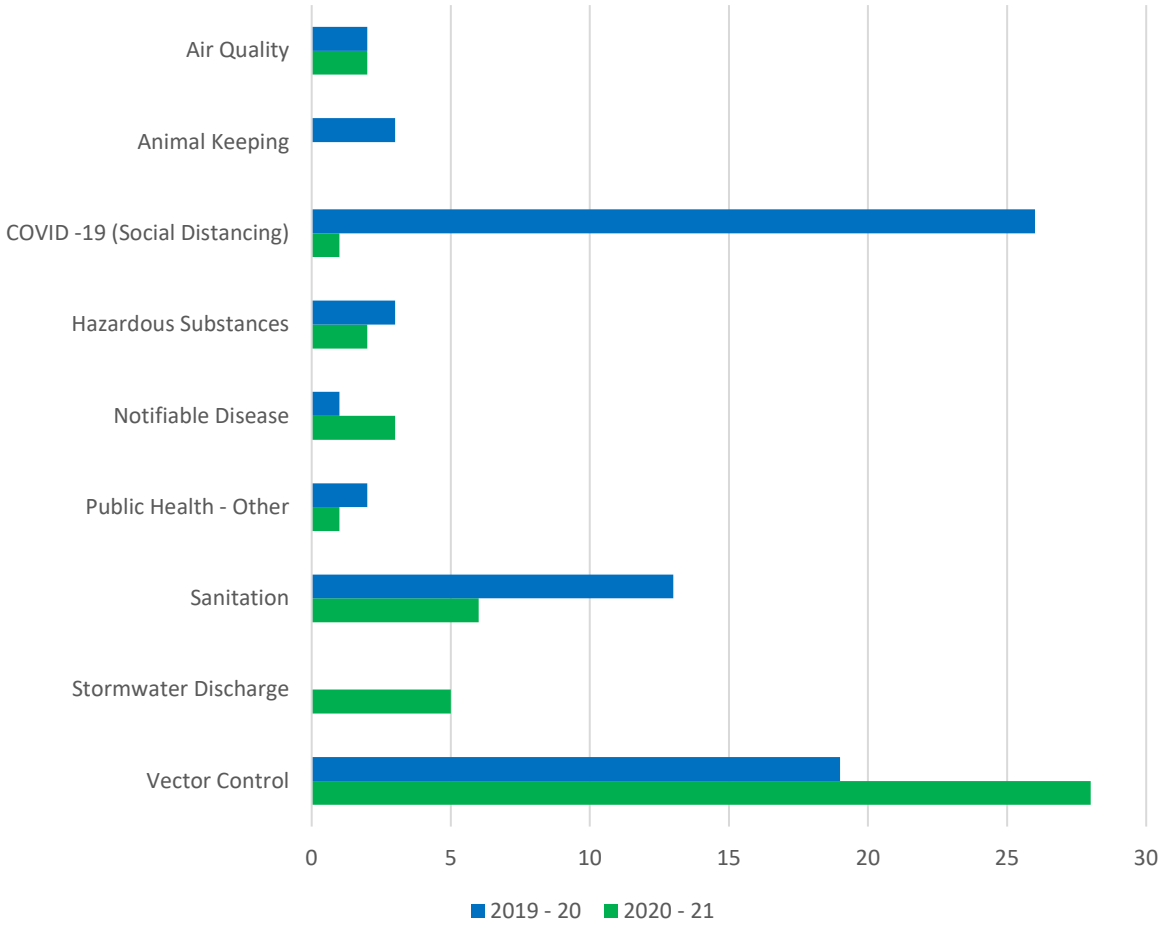


Table 12: Public and environmental health complaints for 1 March 2021 to 31 May 2021 by council area.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	0	1	0	1	0	**2**
COVID – 19 (Social Distancing)	0	1	0	0	0	**1**
Hazardous Substances	0	0	1	1	0	**2**
Notifiable Disease	2	0	0	0	1	**3**
Public Health - Other	0	1	0	0	0	**1**
Sanitation	2	0	1	3	0	**6**
Stormwater Discharge	0	1	4	0	0	**5**
Vector Control	5	10	10	2	1	**28**
Total	**9**	**14**	**16**	**7**	**2**	**48**

Graph 11: A two year comparison of public and environmental health complaints received for the financial year-to-date.

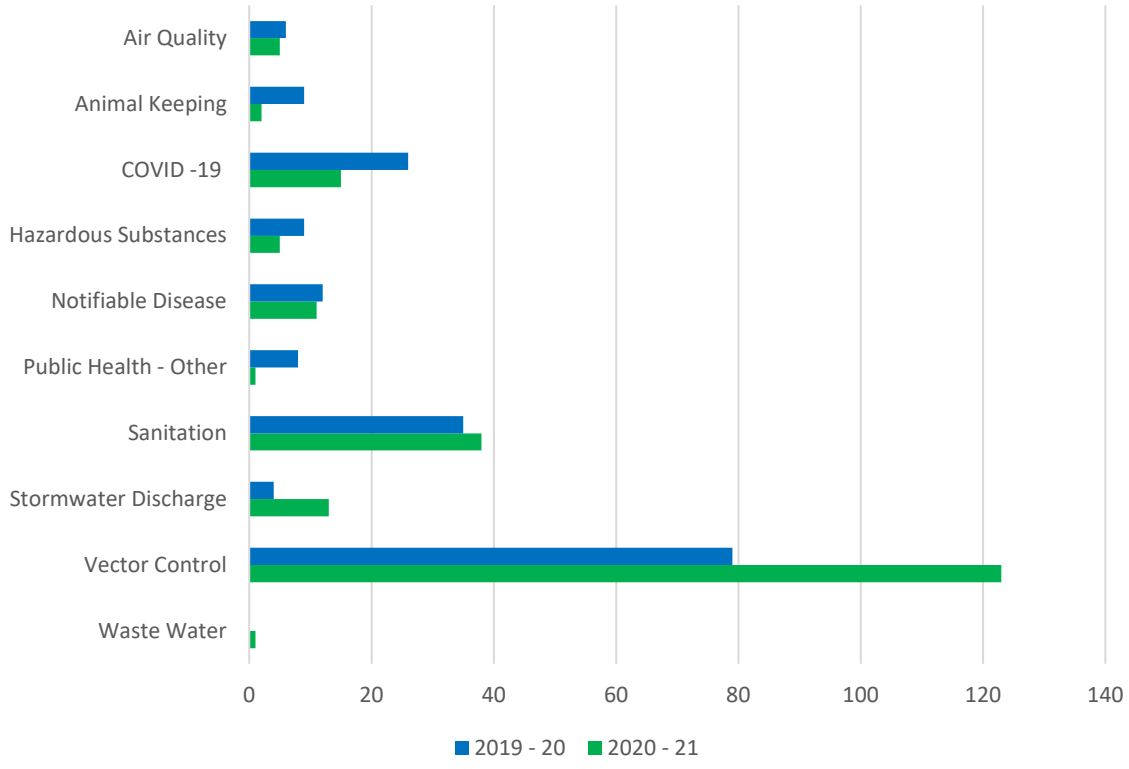


Table 13: Public and environmental health complaints for financial year-to-date by council area.

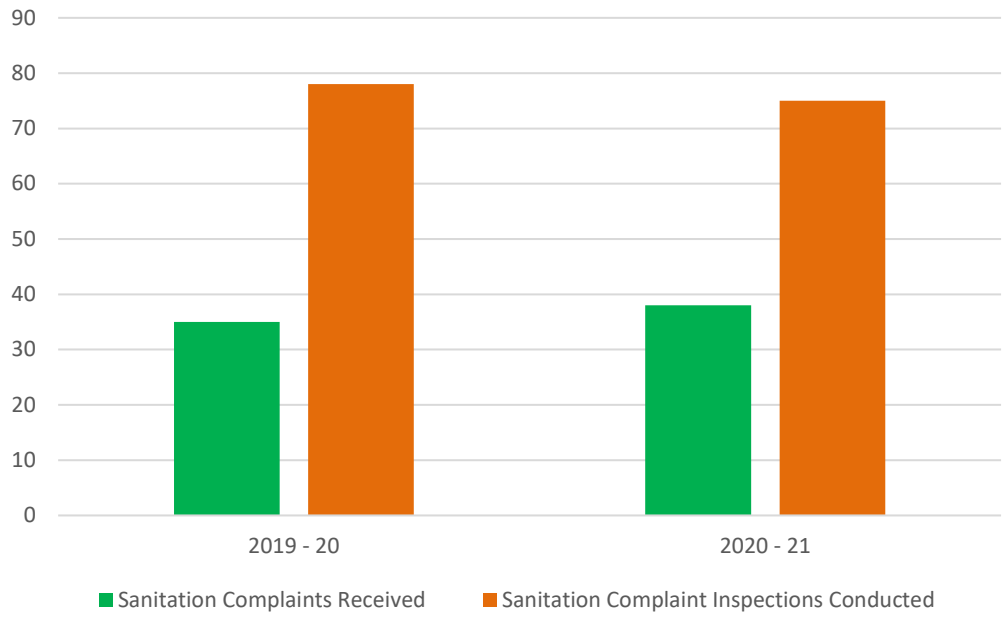
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	1	2	1	1	0	**5**
Animal Keeping	0	1	0	1	0	**2**
COVID – 19 (Social Distancing)	0	1	9	3	2	**15**
Hazardous Substances	2	0	2	1	0	**5**
Notifiable Disease	5	1	2	2	1	**11**
Public Health - Other	0	1	0	0	0	**1**
Sanitation	9	6	12	7	4	**38**
Stormwater Discharge	4	3	6	0	0	**13**
Vector Control	18	42	43	13	7	**123**
Wastewater	1	0	0	0	0	**1**
Total	**40**	**57**	**75**	**28**	**14**	**214**

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

Sanitation complaints most commonly involve hoarding and squalor. These types of complaints are often complex and have additional underlying issues that require interaction from other agencies. Multiple inspections over an extended period of time are required to enable the complaint to be successfully addressed. Two hoarding and squalor complaints have accounted for 18 inspections within this financial year.

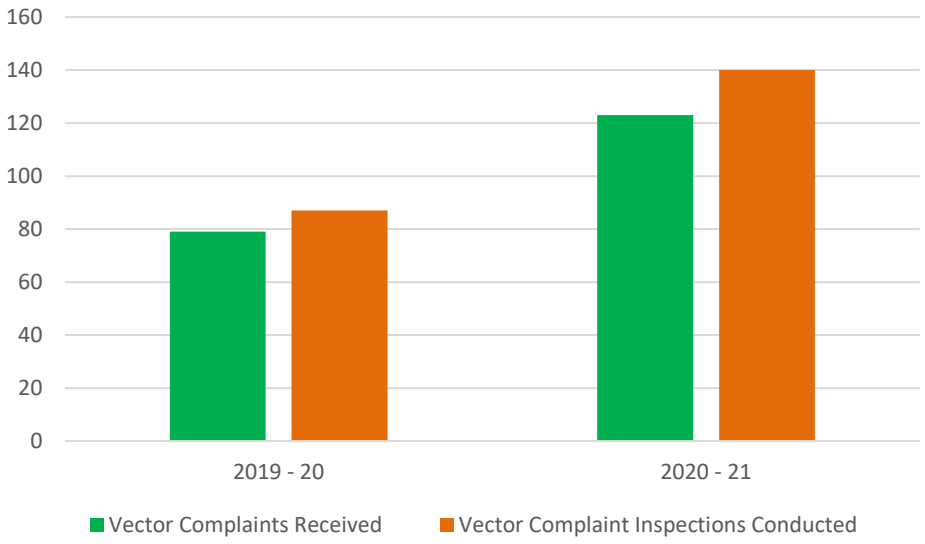
As shown in Graph 12, there is a significantly high proportion of the number of inspections conducted to investigate sanitation complaints over a two-year period. The graph also shows that in there is an average rate of 2.1 inspections required per sanitation complaint received over the past two years.

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



As illustrated in Graph 13 a high proportion of vector control complaints relate to vermin activity. The number of vector control complaints and inspections have increased when compared to the previous year. There has been a 56% increase in the number of vector control complaints received and a 61% increase in the number of inspections undertaken (Graph 13).

Graph 13: A two year comparison of vector control complaints received compared to completed inspections for the financial year-to-date.



3.2 Cooling Towers & Warm Water Systems

During the reporting period five cooling tower inspections were conducted at two sites. There were no warm water inspections completed during the reporting period. There were no positive results for *Legionella* sampling completed.

No complaints were received during the reporting period.

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	4	1	0	0	0	**5**
Follow-up Inspection	0	0	0	0	0	**0**
***Legionella* Detections during sampling**	0	0	0	0	0	**0**
Total	**4**	**1**	**0**	**0**	**0**	**5**

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	4	8	8	1	0	**21**
Follow-up Inspection	1	0	1	0	0	**2**
Complaint Inspection	0	0	0	0	0	**0**
***Legionella* Detections during sampling**	0	3	2	0	0	**5**
Enforcement Action	0	2	0	0	0	**2**
Total	**5**	**13**	**11**	**1**	**0**	**30**

3.3 Public Swimming Pools and Spas

During the reporting period 11 swimming and spa pool inspections were conducted at seven sites. Two pool sites received a Compliance Notice under the *SA Public Health Act 2011* and as a result the pool and spa pool were closed until the necessary actions were addressed.

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

No complaints were received during the reporting period.

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	6	3	1	0	1	**11**
Follow-up Inspection	1	3	1	0	0	**5**
Enforcement Action	0	0	1	1	0	**2**
Total	**7**	**6**	**3**	**1**	**1**	**18**

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	17	5	8	2	4	**36**
Follow-up Inspection	6	4	1	2	2	**15**
Enforcement Action	1	0	1	1	0	**3**
Total	**24**	**9**	**10**	**5**	**6**	**54**

3.4 Personal Care and Body Art

During the reporting period a routine and follow up inspection were completed for a Personal Care and Body Art premises.
One fit-out/pre-opening inspection was completed for a tattoo studio.

No complaints were received during the reporting period.

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	0	1	0	0	**1**
Follow-up Inspection	0	0	1	0	0	**1**
Fit-out/Pre-opening Inspection	1	0	0	0	0	**1**
Total	**1**	**0**	**2**	**0**	**0**	**3**

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	1	1	0	0	**2**
Follow-up Inspection	0	1	1	0	0	**2**
Complaint Inspection	0	1	0	0	0	**1**
Fit-out/Pre-opening Inspection	1	0	0	0	0	**1**
Total	**1**	**3**	**2**	**0**	**0**	**6**

3.5 Wastewater

During the reporting period waste control system applications are assessed in accordance with the requirements of the *SA Public Health (Wastewater) Regulations 2013*. Two waste control applications were approved during the reporting period. Amendments to a previous approved waste control application was submitted and assessed.

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

Type of Activity	1 March 2021 – 31 May 2021	Year to date
Number of applications received	1	7
Number of pending decisions	0	5
Number of applications refused	0	0
Number of Inspections to determine progress of approved wastewater works	2	7
Number of complaint investigations	0	0

4.0 Health Care and Community Services - Supported Residential Facilities

Audits/Inspections

Complete structural and documentation licencing audits were completed for two pension only facilities for the next licensing period of 1 July 2021 – 30 June 2022. This included two on-site audits and two on-site follow-up inspections as well as two desktop documentation audits. The re-licensing audits included a detailed review of documentation, standards of care, staffing arrangements, facilities, hygiene and safety.

The building fire safety committee of the City of Prospect and the City of Burnside performed building fire safety inspection which is a normal part of the re-licensing process. No fire safety issues were identified by the committees for either facility.

Complaints

No complaints were received during the reporting period.

Approval of Manager / Acting Manager

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

Licence Transfer

There were no licence transfer applications or approvals.

RECOMMENDATION

That:

The Environmental Health Activity Report is received.

6.2 IMMUNISATION

2019 School Immunisation Program (SIP)

Between 1 April 2021 and 31 May 2021 there were 12 school visits for the 2021 School immunisation program where 3,014 vaccines were administered (2020 – 3,214 vaccines administered).

The minor decrease of 200 vaccines delivered is due to the size of the schools scheduled during this 2-month period.

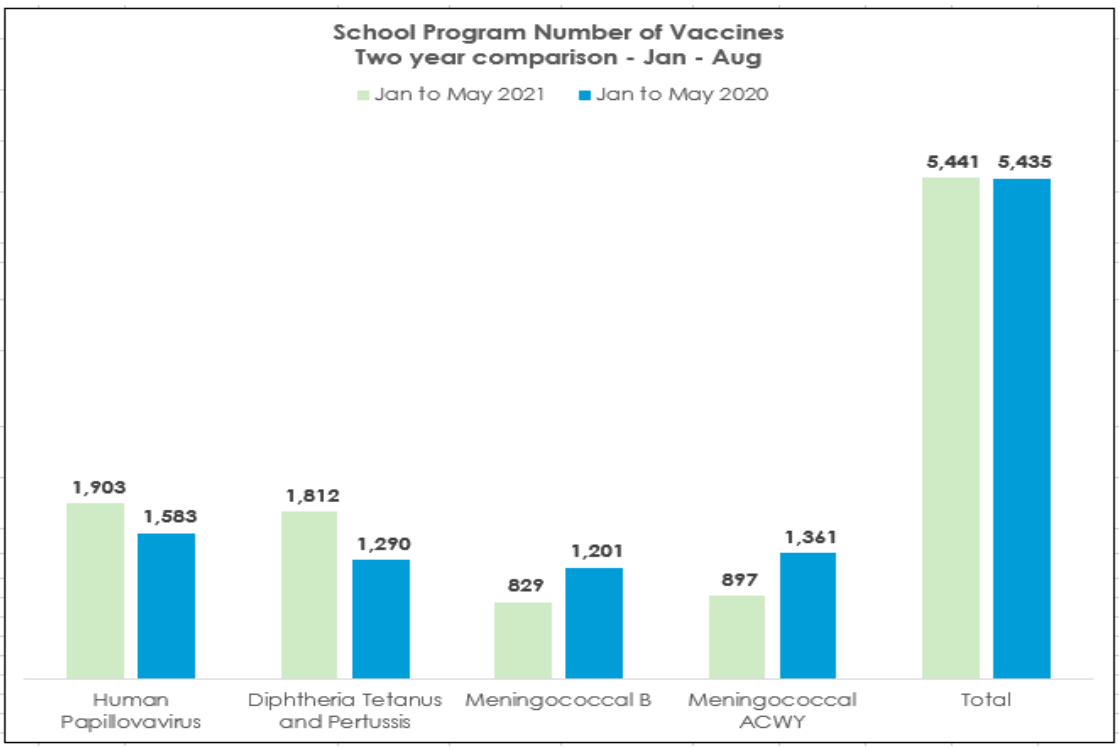
From January to May 2021 a total of 5,436 vaccines have been administered at school visits which closely compares with a total of 5,435 vaccines for the same period in 2020.

Table 1 below shows the breakdown of the vaccines by type which have been administered specific to each council area.

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

Council	Human Papillova Virus	Diphtheria Tetanus and Pertussis	Meningococcal B	Meningococcal ACWY	Total
Burnside	649	646	296	324	1,915
Campbelltown	515	517	108	107	1,247
NPSP	565	469	314	349	1,697
Prospect	103	106	46	25	280
Walkerville	71	74	65	92	302
Total	**1,903**	**1,812**	**829**	**897**	**5,441**

Graph 1: School Program number of vaccines administered - Two-year comparison 2020– 2021



Workplace Influenza Program

The 2021 Staff Workplace Influenza Program commenced on 26 March 2021 and was delivered across 106 workplace visits, an increase of 8 visits on 98 in 2020. A total of 4,085 vaccines were administered at these visits compared to 4,238 in 2020 (-153).

Of the 106 visits, 8 were new businesses and 6 were return businesses who did not participate in 2020.

Only 3 businesses did not return from the previous year and client feedback was sought and provided as below:

- (5 sites and immunisation figures of 327 in 2020): "We were simply offered Influenza vaccinations as part of a new Pharmacy Contract so financially it made sense. We certainly didn't have any concerns with EHA service."

- "Returning to previous provided CHC who was unable to provide service during 2020 Covid-19)"
- "Not providing workplace visit but reimbursing staff to do privately".

The Staff Workplace Influenza Program 2021 was launched in December 2020/January 2021 with EHA website updates, direct emails, flyer mail outs and social media posts and personal account management leading into commencement to ensure the success of the program.

EHA staff will now review the 2021 workplace season and commence planning for 2022.

Public Clinics

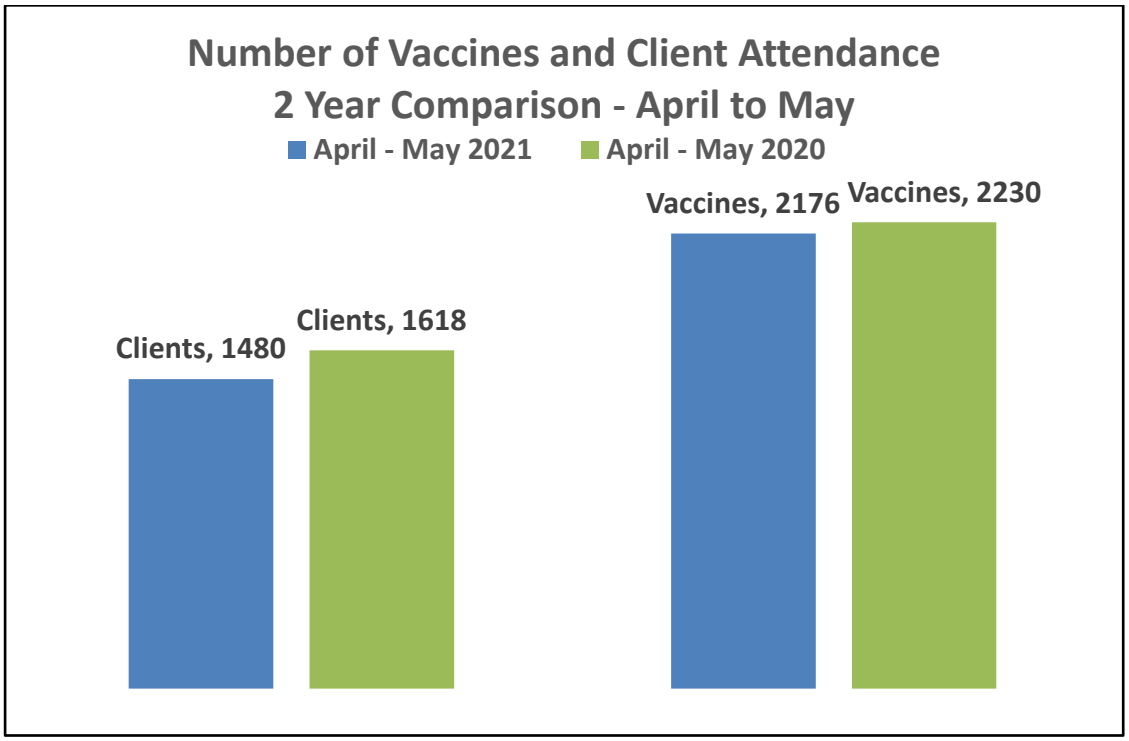
During the period of review 1,480 clients received 2,176 vaccines at EHA's public immunisation clinics. This is a decrease of 54 (-2.4%) vaccines administered compared to the same period in 2020.

On a longer term basis, client numbers are improving at public clinics after the significant impact of COVID 19. EHA's clinics also now back operating at our Constituent Council locations, walk-in clinics are also being offered again and EHA has introduced Saturday morning Flu-only clinics which have proven to be very successful. In May we reported 93 clients in 2 ½ hours through our Saturday morning St Peters clinic.

To ensure COVID-19 restrictions continue to be managed, EHA has ensured all regulations wither regards to 1.5 distancing, hand sanitisers and QR codes are in place for each individual clinic location.

The graph below details Client Attendance and Vaccines administered for the reporting period in 2020 and 2021.

Graph 2: Two-year comparison of clients and vaccines April – May 2020 & 2021



Below details Client attendance for year to date with 4,153 clients attending our clinics and 7,498 Vaccines administered for the reporting period in 2021.

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

Table 2: Combined Clinic breakdown for April 2021 – May 2021

EASTERN HEALTH AUTHORITY PUBLIC IMMUNISATION CLINICS
CLIENT ATTENDANCE BY COUNCIL AREA

BURNSIDE CLINIC held at Burnside Council every 2nd and 4th Monday of the month
2.00 pm to 4.00 pm

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Apr-May 2021	113	155	11	19	13	23	0	0	1	2	16	19	154	218
	165	254	27	69	19	33	4	8	2	5	19	27	236	396

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

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Apr-May 2021	9	10	93	138	13	23	3	7	0	0	20	24	138	202
Year to Date	13	18	144	227	20	37	4	9	0	0	23	33	204	324

NORWOOD, PAYNEHAM & ST PETERS COUNCIL CLINICS - held at EHA Office
ST PETERS CLINIC is held every 2nd and 4th Tuesday of the month 10 am to 12. 30 pm
and St Peters Evening Clinic is held every 2nd and 4th Tuesday of the month 5.00 pm to 7.00 pm

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Apr-May 2021	221	343	280	448	392	565	80	125	74	98	84	102	1131	1681
Year to Date	618	1186	808	1670	863	1656	208	414	177	331	148	228	2822	5485

PROSPECT CLINIC held every 1st Wednesday of the month *(Please note from 1st Jan 2018 Prospect Clinic relocated to St Peters due to redevelopment of Prospect Civic Centre)*
New time from 1st January 2016 - 10.00am to 12.00pm

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total	
		Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines		
Apr-May 2021	1	2	4	4	4	8	41	50	2	2	5	8	57	74
Year to Date	2	3	5	5	6	11	54	82	2	2	6	13	75	116

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

Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Apr-May 2021	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Year to Date	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Grand Total	
	Clients	Vaccines
Apr-May 2021	1480	2175
Year to date	3337	6321

Grand Total of all Clinic Sites

The following Table provides details on the numbers of clients in attendance and the vaccines administered at all of the public clinics based on the clients council of origin

	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		TOTALS	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Apr-May 2021	344	510	388	609	422	619	124	182	77	102	125	153	1480	2175
Year to date	798	1461	984	1971	908	1737	270	513	181	338	196	301	3337	6321

RECOMMENDATION

That:

The Immunisation Services Report is received.