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Annual Business Plan 2021/22



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

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

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

This document presents the Annual Business Plan for EHA for the 2021-2022 financial year.



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.

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

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.





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.









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2015 2016 2017 2018 2019 2020 2021 2022
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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.

	 tituent 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%

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

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

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

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

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

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

2.0 – Public and Environmental Health

Background

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

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

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

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

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

To protect the health and well-being of the community during the COVID-19 crisis, it is imperative for EHA to continues to undertake the necessary functions on behalf of its Constituent Councils. These functions are controlled by the limitations set by the Federal Government Restrictions and State Government Directions. The surveillance and investigation of the necessary environmental health provisions during the COVID-19 crisis will be modified to acknowledge the advice received 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: premises with public swimming pools and spas premises with cooling tower systems and warm water systems personal care and body art 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 <i>South Australian Public Health</i> <i>(General) Regulations 2013.</i> 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 <i>Legionella</i> in accordance with <i>South Australian Public Health (Legionella) Regulations 2013</i> .	Assessments performed at least annually.
2.4	Investigate notifiable <i>Legionella</i> incidences and high <i>Legionella</i> 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 <i>South Australian Public (Wastewater) Regulations 2013</i> , 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	Enquiries/complaints are investigated in accordance with the customer service standards and Guidelines. Undertake joint investigations with Constituent Councils where required.
2.10	Local Nuisance and Litter Control Act, 2017. 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 <i>Safe Drinking Water Act 2012</i> to meet the requirements set out by the Act and <i>Safe Drinking Water Regulations 2012</i> .	Continue to monitor potential water providers to ensure compliance with the Act and associated regulations.

Objective 2.1 An innovative approach to public and environmental health through community and business education and interaction to increase awareness and understanding

	Actions	Performance Measures
2.1.1	Develop and maintain a comprehensive range of health education and promotion material targeting public health issues incorporating the resources of other health related agencies.	Information resources updated as required.
2.1.2	Promote EHA services and educate the community on matters of public health in conjunction with Constituent Councils.	Provide information updates and articles to Constituent Councils as required.
2.1.3	Participate in State/National proactive educational initiatives that raise awareness of public health related issues amongst the community.	Number of proactive educational activities conducted each year.

Objective 2.2 Promote a safe and home-like environment for residents by ensuring quality of care in supported residential facilities

	Actions	Performance Measures
2.2.1	Assess applications for new licences, licence renewals and transfer of licence with regard to SRF legislation and within legislative timeframes.	Applications processed within legislative timeframes.

	Actions	Performance Measures
2.2.2	Assess applications for manager and acting manager with regard to SRF legislation.	Applications processed in accordance with the customer service standards.
	Conduct relicensing audits of facilities with regard to SRF legislation.	Unannounced audits conducted at all facilities. Issue of licences annually with conditions where required.
2.2.3	Incorporate appropriate annual fire safety requirements from the Constituent Councils Building Fire and Safety Officers.	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
	Ensure effective governance and delivery of a public clinic immunisation program in accordance with:	Annual clinical performance evaluation.
	 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 	Annual Cold Chain audit and pharmaceutical refrigerator maintenance.
3.1	 Vaccine Administration Code October 2018 v 1.7 South Australia's Child Protection Legislation – Child Safe Environment Guidelines. Immunisation Records and Inventory System (IRIS). 	Annual review of Child Safe Environment Guidelines and Procedures.
	Immunisation Nurses are provided with opportunities to participate in appropriate professional development opportunities.	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
		Review and evaluate each public clinic venue and times offered.
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.	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 <i>Food Act 2001</i> 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 <i>Food Act 2001</i> 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.

4.15	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.
	Manage temporary stall notification forms and ensure temporary food businesses are provided with adequate resources and information in safe food practices.	Food safety assassments are
	Actions	Performance Measures
4.14	Provide new food businesses with a welcome pack to acknowledge their notification and to introduce EHA.	Information provided following receipt of notification.
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.
4.12	Review plans and liaise with the applicant regarding structural fit out of a food business.	Review plans and undertake onsite inspections as required.
4.11	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.
4.10	Ensure all businesses servicing vulnerable populations within the Constituent Councils have their food safety plan audited in accordance with Food Safety Standard 3.2.1 and the <i>Food Act 2001</i> .	Number of audits conducted in accordance to audit frequency.
4.9	Respond to food recalls in accordance with SA Health recommendations.	Number of recalls actioned when required or based on SA Health directions.
	Continue to report COVID-19 physical distancing breaches on the LGA i-Responda Portal as advised and required by the LGFSG.	
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.	Surveillance and reporting as required by LGFSG.
	Maintain and update a register of all food related complaints.	
	Liaise with SA Health and other councils to ensure a consistent approach as required.	
	 refuse storage wastewater disposal allergens COVID-19 (physical distancing) 	

	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.	Liaise with Constituent Council, other councils and relevant event coordinators prior to the event.
4.16	Conduct stall holder meetings and food safety training for stall holders upon request by the Constituent Councils and relevant event coordinators.	Provide stall holder presentations where required.
	Develop school temporary event fair/fete information pack	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.

FOR THE YEAR ENDING 30 JUNE 2022			
REVISED BUDGET		DRAFT BUDGET	
2020/2021		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	
	<u>EXPENSES</u>		
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 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)	•	(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	694,220
721,510	REPORTING PERIOD	054,220
694,220	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	660,477

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		157,719	
307,885		307,885	
74,131		38,391	
539,735	TOTAL CURRENT LIABILITIES	503,995	
	NON-CURRENT LIABILITIES		
22,268		38,690	
1,139,499	Borrowings	956,520	
1,161,767	TOTAL NON-CURRENT LIABILITIES	995,210	
1 701 502		1 400 205	
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	