



Board of Management

2 November 2022



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY 2 November 2022

Notice is hereby given that a meeting of the Board of Management of the Eastern Health Authority will be held at Eastern Health Authority Offices, 101 Payneham Road, St Peters on Wednesday 2 November 2022 commencing at 6.30 pm.

A light meal will be served at 6.00 pm.

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

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**

AGENDA

EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING

WEDNESDAY 2 November 2022

Commencing at 6.30 pm

1 Opening

2 Acknowledgement of Traditional Owners

We acknowledge this land that we meet on today is the traditional land of the Kurna People and that we respect their spiritual relationship with their country.

3 Opening Statement

We seek understanding and guidance in our debate, as we make decisions for the management of the Eastern Health Authority, that will impact the public health on those that reside, study, work in and visit the constituent councils that the Eastern Health Authority Charter provides services to.

4 Apologies

5 Minutes

Recommendation

That the minutes of the meeting of the Council held on Wednesday 31 August 2022 as printed and circulated be taken as read and confirmed.

6 Matters arising from the minutes

Agenda Continued

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10 Correspondence

11 Closure of Meeting

EASTERN HEALTH AUTHORITY

Minutes of the Meeting of the Board of Management of Eastern Health Authority (EHA) held at EHA Offices, 101 Payneham Road, St Peters 31 August 2022 commencing at 6:30pm.

MEMBERS PRESENT:

| | |
|------------------------|--|
| Cr G Knoblauch | Norwood, Payneham & St Peters |
| Cr P Cornish | Burnside |
| M Hammond, J Kennedy | Campbelltown |
| Cr K Barnett, J Pearce | Prospect |
| Cr J Nenke | Corporation of the Town of Walkerville |

In attendance:

| | |
|-------------|---|
| M Livori | Chief Executive Officer |
| N Conci | Team Leader Environmental Health |
| K Paparella | Team Leader Administration and Immunisation |

1 OPENING:

The meeting was declared open by the Cr P Cornish at 6:30 pm.

2 ACKNOWLEDGEMENT OF TRADITIONAL OWNERS:

We acknowledge this land that we meet on today is the traditional land of the Kaurna People and that we respect their spiritual relationship with their country.

3 OPENING STATEMENT:

We seek understanding and guidance in our debate, as we make decisions for the management of the Eastern Health Authority, that will impact the public health on those that reside, study, work in and visit the constituent councils that the Eastern Health Authority Charter provides services to.

4 APOLOGIES:

| | |
|------------------|--|
| Cr S Whittington | Norwood, Payneham & St Peters |
| Cr J Davey | Burnside |
| Cr N Coleman | Corporation of the Town of Walkerville |

5 CONFIRMATION OF MINUTES:

Cr G Knoblauch moved:

The minutes of the meeting of the Board held on 29 June 2022 be taken as read and confirmed.

Seconded by Cr K Barnett

CARRIED UNANIMOUSLY

1: 082022

6 MATTERS ARISING FROM THE MINUTES:

Nil.

7 ADMINISTRATION REPORT

7.1 DRAFT GENERAL PURPOSE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

Cr G Knoblauch moved:

That:

1. The General Purpose Financial Reports for the Year ending 30 June 2022 report is received.
2. The General Purpose Financial Reports including the Annual Financial Statements for the Year ending 30 June 2022 provided as attachment 1 are received and adopted.
3. The Chair and Chief Executive Officer be authorised to sign the Certification of Financial Statements in relation to the audit for the 2021/2022 year.
4. A copy of the General Purpose Financial Reports including the Annual Financial Statements for the Year ending 30 June 2022 are provided to the Constituent Councils.

Seconded by Cr J Nenke

CARRIED UNANIMOUSLY

2: 082021

7.2 REPORT ON FINANCIAL RESULTS FOR THE YEAR ENDED 30 JUNE 2022

Cr K Barnett moved:

That:

1. The report on Financial Results for the Year Ending 30 June 2022 is received.

Seconded by Cr G Knoblauch

CARRIED UNANIMOUSLY 3: 082021

7.3 DEBT COLLECTION POLICY

Cr K Barnett moved:

That:

1. The report regarding the Debt Collection Policy is received.
2. The Debt Collection Policy marked attachment 2 to the Debt Collection Report dated 31 August 2022 is adopted.

Seconded by Cr J Nenke

CARRIED UNANIMOUSLY 4: 082021

7.4 ANNUAL BUSINESS PLAN 2021/2022 PERFORMANCE EVALUATION

M Hammond moved:

That:

1. The Annual Business Plan 2021/2022 Performance Evaluation report is received.

Seconded by Cr G Knoblauch

CARRIED UNANIMOUSLY 5: 082021

7.5 EASTERN HEALTH AUTHORITY (EHA) AUDIT COMMITTEE ANNUAL EVALUATION REPORT 2021/2022

M Hammond moved:

That:

1. The report titled EHA Audit Committee Annual Report Evaluation 2021/2022 is received.

Seconded by Cr J Nenke

CARRIED UNANIMOUSLY 6: 082021

7.6 FRAUD AND CORRUPTION PREVENTION POLICY

M Hammond moved:

That:

1. The report regarding the Fraud and Corruption Prevention Policy as amended is received.
2. The Fraud and Corruption Prevention Policy marked attachment 1 to the Fraud and Corruption Prevention Policy Report dated 31 August 2022 is further reviewed and represented to the Board for adoption.

Seconded by Cr K Barnett

CARRIED UNANIMOUSLY 7: 082021

7.7 FOOD ACT ANNUAL REPORT 2021/2022

Cr K Barnett moved:

That:

1. The report titled Food Act Annual Report 2021/2022 be received.

Seconded by Cr G Knoblauch

CARRIED UNANIMOUSLY 8: 082021

Cr J Kennedy joined the meeting at 7:02pm via Teams.

7.8 2021 / 2022 FINANCIAL YEAR ANNUAL ENVIRONMENTAL HEALTH REPORT

Cr J Nenke moved:

That:

1. The Report titled 2021/2022 Financial Year Annual Environmental Health Report is received and endorsed.

Seconded by Cr G Knoblauch

CARRIED UNANIMOUSLY 9: 082021

8 OTHER BUSINESS

The CEO provided a verbal update in relation to progress of the Charter Review.

9 CLOSURE OF MEETING:

The Chairperson, Cr P Cornish, declared the meeting closed at 7:27 pm.

The foregoing minutes were printed and circulated to EHA Members and member Councils on insert date - 2022.

Cr P Cornish

CHAIRPERSON

7.1 FINANCE REPORT AND FIRST (SEPTEMBER 2022) BUDGET REVIEW FOR 2022/2023

Author: Michael Livori

Ref: AF21/87

Summary

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

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

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

This report provides the first of the budget reviews required in accordance with regulation 9 (1) and relates to the financial performance of EHA between 1 July 2022 and 30 September 2022. It provides the opportunity to amend the adopted budget in line with revised projections of income and expenditure for the 2022/2023 financial year.

Report

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

| Eastern Health Authority - Financial Statement (Level 1) | | | | |
|---|--------------------|--------------------|---------------------|--------------------|
| 1 July 2022 to 31 September 2022 | | | | |
| | Actual | Budgeted | \$ Variation | % Variation |
| Total Operating Expenditure | \$677,443 | \$693,084 | (\$15,641) | -2% |
| Total Operating Income | \$1,014,709 | \$1,028,250 | (\$13,541) | -1% |
| Operating Result | \$337,266 | \$335,166 | \$2,100 | 1% |

The table shows that for the reporting period income was **(\$13,541) (-1%)** less than budgeted and expenditure was **(\$15,641) (-2%)** less than budgeted. The net result is a variation of **\$2,100 (1%)** on the budgeted year to date comparative operating result.

More detailed information is provided in Attachment 1. The attachment provides detail on year to date performance of individual budget lines. Any variation greater than \$5,000 is detailed in the table below with explanatory comments.

| Summary Table of Funding Statement Variations | | | | |
|---|------------|------------|---------------|--|
| Income | | | | |
| Favourable variances are shown in black and unfavourable variances are shown in red . | | | | |
| Description | YTD Budget | YTD Actual | YTD Variation | Comment |
| Income | | | | |
| Fines and Expiations | \$12,500 | \$0 | (\$12,500) | Less than budgeted expiations issued this period. No budget variation requested at this point in time. |
| Total of Income Variations Requested | | | | Nil |
| Expenditure | | | | |
| Favourable variances are shown in black and unfavourable variances are shown in red . | | | | |
| Description | YTD Budget | YTD Actual | YTD Variation | Comment |
| Expenditure | | | | |
| Employee costs | \$445,000 | \$402,392 | (\$21,118) | No budget variation requested at this point in time. |
| Total of Expenditure Variations Requested | | | | \$0 |
| Net Result of Variations Requested | | | | \$0 |

Adjustments relating to 2020/2021 Audit

The first budget review for the financial year is required to take into account any differences between the adopted financial statements for 2022/2023 and the audited financial statements for the previous year. The relevant figures from the 2021/2022 audited financial statements have now been incorporated into the financial statement for 2022/2023. The incorporation of these figures has no impact on the estimated operating result.

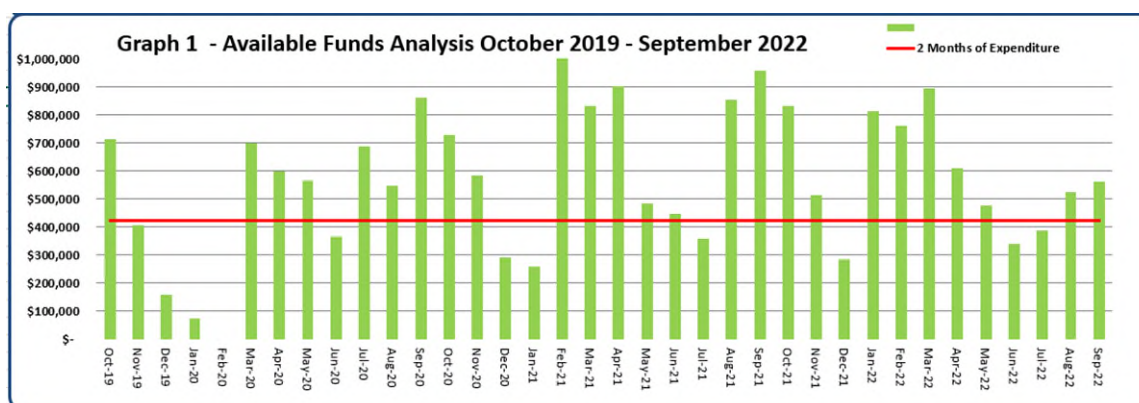
Included as Attachment 2 is a copy of the revised 2022/2023 Budgeted Statutory Financial Statements which include the:

- Revised Statement of Comprehensive Income
- Revised Statement of Cash flows
- Revised Statement of Financial Position
- Revised Statement of Changes in Equity

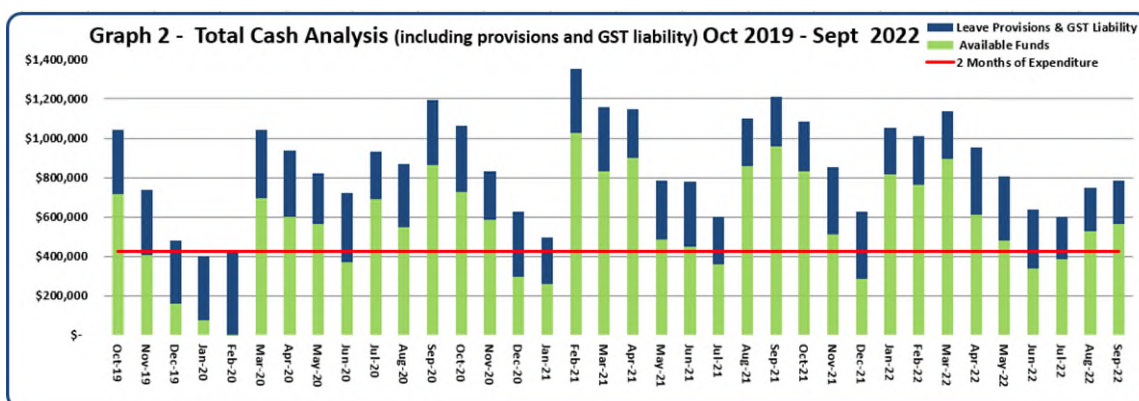
Cash Management

A Bank Reconciliation and Available Funds report for the period ending 30 September 2022 is provided as attachment 3. It shows that available funds were \$558,929 at 30 September 2022 in comparison with \$338,656 on 30 June 2022.

Graph 1 which follows details the level of available funds (total cash minus leave provisions and GST liability) for the preceding 3-year period.



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



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

RECOMMENDATION

That:

1. The Finance Report and First (September 2022) Budget Review for 2022/2023 report be received.
2. The revised financial forecast for 2022/2023 is noted.

| Eastern Health Authority - Financial Statement (Level 3) 1 July 2022 to 31 September 2022 | | | | |
|--|--------------------|--------------------|---------------------|--------------------|
| Income | Actual | Budgeted | \$ Variation | % Variation |
| Constituent Council Income | | | | |
| City of Burnside | \$247,117 | \$247,117 | \$0 | 0% |
| City of Campbelltown | \$226,593 | \$226,593 | \$0 | 0% |
| City of NPS | \$292,105 | \$292,105 | \$0 | 0% |
| City of Prospect | \$107,370 | \$107,370 | \$0 | 0% |
| Town of Walkerville | \$40,816 | \$40,816 | \$0 | 0% |
| Total Constituent Council Contributions | \$914,000 | \$914,000 | \$0 | 0% |
| Statutory Charges | | | | |
| Food Inspection fees | \$27,168 | \$31,000 | (\$3,832) | -12% |
| Legionella registration and Inspection | \$1,775 | \$2,250 | (\$475) | -21% |
| Fines & Expiation Fees | \$0 | \$12,500 | (\$12,500) | -100% |
| Total Statutory Charges | \$28,943 | \$45,750 | (\$16,807) | -37% |
| User Charges | | | | |
| Immunisation: Clinic Vaccines | \$14,956 | \$15,000 | (\$44) | 0% |
| Immunisation: Clinic Service Fee | \$360 | \$0 | \$360 | 0% |
| Food Auditing | \$41,894 | \$37,000 | \$4,894 | 13% |
| Total User Charges | \$57,210 | \$52,000 | \$5,210 | 10% |
| Grants, Subsidies, Contributions | | | | |
| Immunisation:ACIR | \$11,112 | \$12,000 | (\$888) | -7% |
| Total Grants, Subsidies, Contributions | \$11,112 | \$12,000 | (\$888) | -7% |
| Investment Income | | | | |
| Interest on investments | \$369 | \$1,750 | (\$1,381) | -79% |
| Total Investment Income | \$369 | \$1,750 | (\$1,381) | -79% |
| Other Income | | | | |
| Motor Vehicle re-imbursements | \$1,218 | \$1,000 | \$218 | 22% |
| Sundry Income | \$1,857 | \$1,750 | \$107 | 6% |
| Total Other Income | \$3,075 | \$2,750 | \$325 | 12% |
| Total Income | \$1,014,709 | \$1,028,250 | (\$13,541) | -1% |

| Eastern Health Authority - Financial Statement (Level 3) | | | | |
|--|------------------|------------------|-------------------|-------------|
| 1 July 2022 to 31 September 2022 | | | | |
| Expenditure | Actual | Budgeted | \$ Variation | % Variation |
| Employee Costs | | | | |
| Salaries & Wages | \$402,392 | \$445,000 | (\$42,608) | -10% |
| Superannuation | \$41,720 | \$43,750 | (\$2,030) | -5% |
| Workers Compensation | \$10,005 | \$9,000 | \$1,005 | 11% |
| Employee Leave - LSL Accruals | \$3,230 | \$9,500 | (\$6,270) | -66% |
| Agency Staff | \$28,786 | \$0 | \$28,786 | 0% |
| Total Employee Costs | \$486,133 | \$507,250 | (\$21,118) | -4% |
| Prescribed Expenses | | | | |
| Auditing and Accounting | \$8,800 | \$7,000 | \$1,800 | 26% |
| Insurance | \$16,222 | \$15,750 | \$472 | 3% |
| Maintenance | \$475 | \$500 | (\$25) | -5% |
| Vehicle Leasing/maintenance | \$20,478 | \$18,250 | \$2,228 | 12% |
| Income Protection / Uniform | \$29,863 | \$25,000 | \$4,863 | 19% |
| Total Prescribed Expenses | \$75,837 | \$66,500 | \$9,337 | 14% |
| Rent and Plant Leasing | | | | |
| Electricity | \$1,519 | \$2,500 | (\$981) | -39% |
| Plant Leasing Photocopier | \$766 | \$1,000 | (\$234) | -23% |
| Rent | \$18,687 | \$18,333 | \$353 | 2% |
| Water | \$0 | \$75 | (\$75) | -100% |
| Gas | \$0 | \$675 | (\$675) | -100% |
| Total Rent and Plant Leasing | \$20,971 | \$22,583 | (\$1,612) | -7% |
| IT Licensing and Support | | | | |
| IT Licences | \$25,128 | \$22,000 | \$3,128 | 14% |
| IT Support | \$13,426 | \$13,000 | \$426 | 3% |
| Internet | \$3,226 | \$2,500 | \$726 | 29% |
| IT Other | \$0 | \$500 | (\$500) | -100% |
| Total IT Licensing and Support | \$41,780 | \$38,000 | \$3,780 | 10% |
| Administration | | | | |
| Administration Sundry | \$2,019 | \$1,500 | \$519 | 35% |
| Accreditation Fees | \$2,036 | \$750 | \$1,286 | 172% |
| Board of Management | \$8,500 | \$5,250 | \$3,250 | 62% |
| Bank Charges | \$599 | \$750 | (\$151) | -20% |
| Public Health Sundry | \$198 | \$1,250 | (\$1,052) | -84% |
| Fringe Benefits Tax | \$3,620 | \$3,750 | (\$130) | -3% |
| Health Promotion | \$0 | \$2,250 | (\$2,250) | -100% |
| Legal | \$2,212 | \$5,000 | (\$2,788) | -56% |
| Printing & Stationery & Postage | \$3,076 | \$5,500 | (\$2,424) | -44% |
| Telephone | \$5,371 | \$4,250 | \$1,121 | 26% |
| Occupational Health & Safety | \$1,260 | \$2,500 | (\$1,240) | -50% |
| Rodenticide | \$718 | \$500 | \$218 | 44% |
| Staff Amenities | \$394 | \$1,750 | (\$1,356) | -77% |
| Staff Training | \$2,896 | \$5,500 | (\$2,604) | -47% |
| Human Resource Sundry | \$5,440 | \$6,500 | (\$1,060) | -16% |
| Total Administration | \$38,341 | \$47,000 | (\$8,660) | -18% |

| Eastern Health Authority - Financial Statement (Level 3) 1 July 2022 to 31 September 2022 | | | | |
|--|--------------------|--------------------|-------------------|------------|
| Immunisation | | | | |
| Immunisation SBP Consumables | \$2,717 | \$2,500 | \$217 | 9% |
| Immunisation Clinic Vaccines | \$10,896 | \$8,750 | \$2,146 | 25% |
| Total Immunisation | \$13,613 | \$11,250 | \$2,363 | 21% |
| | | | | |
| Sampling | | | | |
| Legionella Testing | \$874 | \$500 | \$374 | 75% |
| Total Sampling | \$874 | \$500 | \$374 | 75% |
| | | | | |
| Finance Costs | | | | |
| Unallocated - Bank Trace | (\$105) | \$0 | (\$105) | 0% |
| Total Finance Costs | (\$105) | \$ - | (\$105) | 0% |
| | | | | |
| Total Materials, contracts and other expenses | \$677,443 | \$693,084 | (\$15,641) | -2% |
| | | | | |
| Total Operating Income | \$1,014,709 | \$1,028,250 | (\$13,541) | -1% |
| | | | | |
| Operating Result | \$337,266 | \$335,166 | \$2,100 | 1% |
| | | | | |
| | | | | |

| EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME | | | | |
|--|---|-----------------------------|---------------------|-----------------------------|
| FOR THE YEAR ENDING 30 June 2023 | | | | |
| AUDITED RESULTS 2021/2022 | | ADOPTED BUDGET 2022/2023 | SEPTEMBER REVIEW | REVISED BUDGET 2022/2023 |
| | <u>INCOME</u> | | | |
| 1,828,263 | Council Contributions | 1,828,000 | | 1,828,000 |
| 111,391 | Statutory Charges | 185,000 | - | 185,000 |
| 295,541 | User Charges | 407,000 | - | 407,000 |
| 226,108 | Grants, subsidies and contributions | 301,000 | - | 301,000 |
| 4,320 | Investment Income | 7,000 | - | 7,000 |
| 3,585 | Other Income | 11,000 | - | 11,000 |
| 2,469,208 | TOTAL INCOME | 2,739,000 | - | 2,739,000 |
| | <u>EXPENSES</u> | | | |
| 1,750,609 | Employee Costs | 2,014,000 | - | 2,014,000 |
| 516,677 | Materials, contracts and other expenses | 608,000 | - | 608,000 |
| 46,752 | Finance Charges | 35,000 | - | 35,000 |
| 168,844 | Depreciation | 131,000 | - | 131,000 |
| 2,482,882 | TOTAL EXPENSES | 2,788,000 | - | 2,788,000 |
| (13,674) | Operating Surplus/(Deficit) | (49,000) | - | (49,000) |
| | | | | |
| | Net gain (loss) on disposal of assets | - | - | - |
| (13,674) | Net Surplus/(Deficit) | (49,000) | - | (49,000) |
| | | | | |
| (13,674) | Total Comprehensive Income | (49,000) | - | (49,000) |

| EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS | | | | |
|--|--|-----------------------------|---------------------|-----------------------------|
| FOR THE YEAR ENDING 30 June 2023 | | | | |
| AUDITED RESULTS 2021/2022 | | ADOPTED BUDGET 2022/2023 | SEPTEMBER REVIEW | REVISED BUDGET 2022/2023 |
| | CASHFLOWS FROM OPERATING ACTIVITIES | | | |
| | Receipts | | | |
| 1,828,263 | Council Contributions | 1,828,000 | - | 1,828,000 |
| 111,391 | Fees & other charges | 185,000 | - | 185,000 |
| 227,946 | User Charges | 407,000 | - | 407,000 |
| 4,044 | Investment Receipts | 7,000 | - | 7,000 |
| 226,108 | Grants utilised for operating purposes | 301,000 | - | 301,000 |
| 3,585 | Other | 11,000 | - | 11,000 |
| | Payments | | | |
| (1,764,556) | Employee costs | (2,014,000) | - | (2,014,000) |
| (536,431) | Materials, contracts & other expenses | (608,000) | - | (608,000) |
| (48,367) | Finance Payments | (35,000) | - | (35,000) |
| 51,983 | Net Cash Provided/(Used) by Operating Activities | 82,000 | - | 82,000 |
| | CASH FLOWS FROM FINANCING ACTIVITIES | | | |
| - | Loans Received | - | - | - |
| (74,132) | Repayment of Borrowings | (38,391) | - | (38,391) |
| (37,485) | Repayment of Finance Lease Liabilities | (82,000) | - | (82,000) |
| (111,617) | Net Cash Provided/(Used) by Financing Activities | (120,391) | - | (120,391) |
| | CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| | Receipts | | | |
| | Sale of Replaced Assets | - | - | - |
| | Payments | | | |
| (82,379) | Expenditure on renewal / replacements of assets | - | - | - |
| - | Expenditure on new / upgraded assets | - | - | - |
| - | Distributions paid to constituent Councils | - | - | - |
| (82,379) | Net Cash Provided/(Used) by Investing Activities | - | - | - |
| (142,013) | NET INCREASE (DECREASE) IN CASH HELD | (38,391) | - | (38,391) |
| 782,896 | CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD | 793,639 | (152,756) | 640,883 |
| 640,883 | CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD | 755,248 | (152,756) | 602,492 |

| EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION | | | | |
|--|---|-----------------------------|---------------------|-----------------------------|
| FOR THE YEAR ENDING 30 June 2023 | | | | |
| AUDITED RESULTS 2021/2022 | | ADOPTED BUDGET 2022/2023 | SEPTEMBER REVIEW | REVISED BUDGET 2022/2023 |
| | CURRENT ASSETS | | | |
| 640,883 | Cash and Cash Equivalents | 755,248 | (152,756) | 602,492 |
| 231,080 | Trade & Other Receivables | 188,901 | 42,179 | 231,080 |
| 871,963 | TOTAL CURRENT ASSETS | 944,149 | (110,577) | 833,572 |
| | NON-CURRENT ASSETS | | | |
| 1,214,249 | Infrastructure, property, plant and equipment | 1,024,437 | 58,812 | 1,083,249 |
| 1,214,249 | TOTAL NON-CURRENT ASSETS | 1,024,437 | 58,812 | 1,083,249 |
| 2,086,212 | TOTAL ASSETS | 1,968,586 | (51,765) | 1,916,821 |
| | CURRENT LIABILITIES | | | |
| 133,225 | Trade & Other Payables | 163,940 | (30,715) | 133,225 |
| 289,466 | Provisions | 307,903 | (18,437) | 289,466 |
| 140,794 | Borrowings | 119,871 | 20,923 | 140,794 |
| 563,485 | TOTAL CURRENT LIABILITIES | 591,714 | (28,229) | 563,485 |
| | NON-CURRENT LIABILITIES | | | |
| 9,860 | Provisions | 21,716 | (11,856) | 9,860 |
| 961,297 | Borrowings | 794,444 | 103,612 | 898,056 |
| 971,157 | TOTAL NON-CURRENT LIABILITIES | 816,160 | 91,756 | 907,916 |
| 1,534,642 | TOTAL LIABILITIES | 1,407,874 | 63,527 | 1,471,401 |
| 308,478 | NET CURRENT ASSETS/(CURRENT LIABILITIES) | 352,435 | (82,348) | 270,087 |
| 551,570 | NET ASSETS | 560,712 | (115,292) | 445,420 |
| | EQUITY | | | |
| 551,570 | Accumulated Surplus/(Deficit) | 536,712 | (34,142) | 502,570 |
| 551,570 | TOTAL EQUITY | 536,712 | (34,142) | 502,570 |

| EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY | | | | |
|---|---------------------------------|-----------------------------|---------------------|-----------------------------|
| FOR THE YEAR ENDING 30 June 2023 | | | | |
| AUDITED RESULTS 2021/2022 | | ADOPTED BUDGET 2022/2023 | SEPTEMBER REVIEW | REVISED BUDGET 2021/2022 |
| | ACCUMULATED SURPLUS | | | |
| 565,244 | Balance at beginning of period | 585,712 | (34,142) | 551,570 |
| (13,674) | Net Surplus/(Deficit) | (49,000) | - | (49,000) |
| 551,570 | BALANCE AT END OF PERIOD | 536,712 | (34,142) | 502,570 |
| | TOTAL EQUITY | | | |
| 565,244 | Balance at beginning of period | 585,712 | (34,142) | 551,570 |
| (13,674) | Net Surplus/(Deficit) | (49,000) | - | (49,000) |
| 551,570 | BALANCE AT END OF PERIOD | 536,712 | (34,142) | 502,570 |

| Eastern Health Authority | | | |
|---|----------------------|-------------------|------------------|
| Bank Reconciliation as at 30 September 2022 | | | |
| Bank SA Account No. 141/0532306840 | | | |
| Balance as per Bank Statement 30 September 2022 | | \$ | 403,790.02 |
| Less Outstanding cheques | \$ | - | |
| Add Outstanding deposits | \$ | - | |
| BALANCE PER General Ledger | | \$ | 403,790.02 |
| GST as 31 May 2022 | | | |
| GST Collected | \$96,751.39 | | |
| GST Paid | <u>(\$23,825.84)</u> | | |
| Net GST Claimable (Payable) | <u>\$72,925.55</u> | | |
| Funds Available 30 September 2022 | | | |
| Account | 30-Sep-22 | 30-Jun-22 | Variance |
| Bank SA Cheque Account | \$ 403,790 | \$ 154,826 | \$248,963.97 |
| Local Government Finance Authority | \$ 381,539 | \$ 481,170 | (\$99,630.90) |
| Net GST Claimable (Payable) | \$ 72,925.55 | \$ 1,985.57 | \$70,940 |
| Long Service Leave Provision | (\$175,831.00) | (\$175,831.00) | \$0.00 |
| Annual Leave Provision | (\$123,495.00) | (\$123,495.00) | \$0.00 |
| TOTAL FUNDS AVAILABLE | \$ 558,929 | \$ 338,656 | \$220,273 |

7.2 LONG-TERM FINANCIAL PLAN REVISED FINANCIAL ESTIMATES

Author: Michael Livori
Ref: AF13/78

Summary

This report provides updated Long-Term financial estimates for consideration by Board of Management.

Report

The purpose of the EHA LTFP is to express, in financial terms, the activities that EHA proposes to undertake over the medium to longer term to achieve its stated objectives as outlined in its Charter and Business Plan.

EHA is an operational based organisation focused on meeting the regulatory requirements of its member councils. Unlike its Constituent Councils it is not responsible for managing a high level of long-lived assets.

The one exception to this was the upgrade of office accommodation at EHA's St Peters office which occurred in 2012. A 10 year loan from the LGFA was used to fund the required office accommodation. The final payment on the loan was made in July 2022.

The LTFP is now simply a projection of current operating arrangements moving forward.

The Long-Term Financial Plan were presented to and considered by the EHA Audit Committee at its meeting of 22 August 2022. The committee requested that the key assumptions (drivers) used to develop revised EHA Long-Term financial estimates are based on EHA's Constituent Council values. The key assumptions used in our current LTF estimates are detailed in the table below with the revised values based on the average of our largest 3 councils.

| | Current | Revised |
|-----------|---------|---------|
| Growth | 1.2% | 1.1% |
| CPI | 1.5% | 3.2% |
| Wages | 2.5% | 3.8% |
| Materials | 1.5% | 2.8% |

Revised Long-Term financial estimates based on the audited results from 2021/2022 and the updated key assumption values detailed above are provided as attachment 1 for consideration.

RECOMMENDATION

That:

1. Long-Term Financial Plan revised financial estimates report is received.

Eastern Health Authority
Long Term Financial Plan Model
ESTIMATED COMPREHENSIVE INCOME STATEMENT

| Year Ended 30 June: | | 2022 Actual \$ | 2023 Estimate \$ | 2024 Plan Year 1 \$ | 2025 Plan Year 2 \$ | 2026 Plan Year 3 \$ | 2027 Plan Year 4 \$ | 2028 Plan Year 5 \$ | 2029 Plan Year 6 \$ | 2030 Plan Year 7 \$ | 2031 Plan Year 8 \$ | 2032 Plan Year 9 \$ | 2033 Plan Year 10 \$ |
|---|---|----------------------|------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| INCOME | | | | | | | | | | | | | |
| Constituent Council Contributions | A | 1,828,263 | 1,828,000 | 1,866,604 | 1,948,588 | 2,034,097 | 2,123,283 | 2,216,304 | 2,313,325 | 2,414,517 | 2,520,062 | 2,630,145 | 2,744,961 |
| Statutory Charges | B | 111,391 | 185,000 | 190,920 | 197,029 | 203,334 | 209,841 | 216,557 | 223,487 | 230,638 | 238,019 | 245,636 | 253,496 |
| User Charges | C | 295,541 | 407,000 | 420,024 | 433,464 | 447,335 | 461,649 | 476,423 | 491,668 | 507,401 | 523,638 | 540,394 | 557,687 |
| Grants, subsidies, contributions | D | 226,108 | 301,000 | 269,352 | 277,972 | 286,867 | 296,046 | 305,519 | 315,295 | 325,384 | 335,796 | 346,541 | 357,630 |
| Investment Income | E | 4,320 | 7,000 | 21,947 | 23,967 | 22,472 | 22,184 | 21,042 | 21,238 | 22,258 | 31,839 | 37,632 | 44,921 |
| Other Income | G | 3,585 | 11,000 | 11,352 | 11,715 | 12,090 | 12,477 | 12,876 | 13,288 | 13,714 | 14,153 | 14,606 | 15,073 |
| Total Revenues | | 2,469,208 | 2,739,000 | 2,780,199 | 2,892,735 | 3,006,195 | 3,125,480 | 3,248,721 | 3,378,301 | 3,513,912 | 3,663,507 | 3,814,954 | 3,973,768 |
| EXPENSES | | | | | | | | | | | | | |
| Employee costs | J | 1,750,609 | 2,014,000 | 2,090,352 | 2,169,600 | 2,251,855 | 2,337,230 | 2,425,843 | 2,517,818 | 2,613,283 | 2,712,370 | 2,815,216 | 2,921,962 |
| Materials, contracts & other expenses | K | 516,677 | 549,025 | 548,119 | 589,919 | 606,998 | 624,553 | 642,600 | 661,153 | 680,226 | 699,833 | 719,989 | 740,711 |
| Depreciation | L | 168,844 | 163,843 | 145,342 | 145,342 | 145,342 | 145,342 | 145,342 | 145,342 | 145,342 | 32,198 | 814 | 0 |
| Finance Costs | M | 46,752 | 42,132 | 59,167 | 59,167 | 61,151 | 61,242 | 62,339 | 24,315 | 38,804 | 35,902 | 32,905 | (16,192) |
| Total Expenses | | 2,482,882 | 2,769,000 | 2,842,980 | 2,964,028 | 3,065,346 | 3,168,367 | 3,276,124 | 3,348,628 | 3,477,655 | 3,480,303 | 3,568,924 | 3,646,481 |
| OPERATING SURPLUS/(DEFICIT) BEFORE CAPITAL A | | (13,674) | (30,000) | (62,781) | (71,293) | (59,151) | (42,887) | (27,403) | 29,673 | 36,257 | 183,204 | 246,030 | 327,287 |
| Other Comprehensive Income | | | | | | | | | | | | | |
| Total Other Comprehensive Income | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL COMPREHENSIVE INCOME | | (13,674) | (30,000) | (62,781) | (71,293) | (59,151) | (42,887) | (27,403) | 29,673 | 36,257 | 183,204 | 246,030 | 327,287 |

Eastern Health Authority
Long Term Financial Plan Model
ESTIMATED BALANCE SHEET

| Year Ended 30 June: | | 2022 Actual \$ | 2023 Estimate \$ | 2024 Plan Year 1 \$ | 2025 Plan Year 2 \$ | 2026 Plan Year 3 \$ | 2027 Plan Year 4 \$ | 2028 Plan Year 5 \$ | 2029 Plan Year 6 \$ | 2030 Plan Year 7 \$ | 2031 Plan Year 8 \$ | 2032 Plan Year 9 \$ | 2033 Plan Year 10 \$ |
|-----------------------------|--|----------------------|------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| ASSETS | | | | | | | | | | | | | |
| Current Assets | | | | | | | | | | | | | |
| Cash & Equivalent Assets | | 640,883 | 683,283 | 726,167 | 707,588 | 710,366 | 698,370 | 710,040 | 736,363 | 913,092 | 1,023,588 | 1,160,557 | 1,371,998 |
| Trade & Other Receivables | | 231,080 | 231,080 | 238,475 | 246,106 | 253,981 | 262,108 | 270,495 | 279,151 | 288,084 | 297,303 | 306,817 | 316,635 |
| Total Current Assets | | 871,963 | 914,363 | 964,642 | 953,694 | 964,347 | 960,478 | 980,535 | 1,015,514 | 1,201,176 | 1,320,891 | 1,467,374 | 1,688,633 |
| Non-Current Assets | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Infrastructure, Property, Plant & Equipment | | 1,214,249 | 1,050,406 | 905,064 | 759,722 | 614,380 | 469,038 | 323,696 | 178,354 | 33,012 | 814 | 0 | 0 |
| Total Non-Current Assets | | 1,214,249 | 1,050,406 | 905,064 | 759,722 | 614,380 | 469,038 | 323,696 | 178,354 | 33,012 | 814 | 0 | 0 |
| Total Assets | | 2,086,212 | 1,964,769 | 1,869,706 | 1,713,416 | 1,578,727 | 1,429,516 | 1,304,231 | 1,193,868 | 1,234,188 | 1,321,705 | 1,467,374 | 1,688,633 |
| LIABILITIES | | | | | | | | | | | | | |
| Current Liabilities | | | | | | | | | | | | | |
| Trade & Other Payables | | 133,225 | 133,225 | 137,269 | 135,135 | 141,205 | 140,142 | 142,679 | 143,424 | 145,087 | 146,307 | 147,767 | 149,124 |
| Borrowings | | 91,443 | 68,619 | 84,186 | 99,753 | 115,320 | 115,320 | 153,973 | 12,446 | 111,724 | 117,498 | 123,500 | 123,629 |
| Provisions | | 289,466 | 289,466 | 321,460 | 322,941 | 340,637 | 350,775 | 365,488 | 378,625 | 393,348 | 408,075 | 423,644 | 439,659 |
| Total Current Liabilities | | 514,134 | 491,310 | 542,915 | 557,829 | 597,162 | 606,237 | 662,140 | 534,495 | 650,159 | 671,880 | 694,911 | 712,412 |
| Non-Current Liabilities | | | | | | | | | | | | | |
| Trade & Other Payables | | 9,860 | 9,860 | 10,159 | 10,001 | 10,450 | 10,371 | 10,559 | 10,614 | 10,737 | 10,827 | 10,935 | 11,035 |
| Borrowings | | 1,010,648 | 942,029 | 857,843 | 758,090 | 642,770 | 527,450 | 373,477 | 361,031 | 249,307 | 131,809 | 8,309 | (115,320) |
| Total Non-Current Liabilities | | 1,020,508 | 951,889 | 868,002 | 768,091 | 653,220 | 537,821 | 384,036 | 371,645 | 260,044 | 142,636 | 19,244 | (104,285) |
| Total Liabilities | | 1,534,642 | 1,443,199 | 1,410,917 | 1,325,920 | 1,250,382 | 1,144,058 | 1,046,176 | 906,140 | 910,203 | 814,516 | 714,155 | 608,127 |
| NET ASSETS | | 551,570 | 521,570 | 458,789 | 387,496 | 328,345 | 285,458 | 258,055 | 287,728 | 323,985 | 507,189 | 753,219 | 1,080,506 |
| EQUITY | | | | | | | | | | | | | |
| Accumulated Surplus | | 551,570 | 521,570 | 458,789 | 387,496 | 328,345 | 285,458 | 258,055 | 287,728 | 323,985 | 507,189 | 753,219 | 1,080,506 |
| TOTAL EQUITY | | 551,570 | 521,570 | 458,789 | 387,496 | 328,345 | 285,458 | 258,055 | 287,728 | 323,985 | 507,189 | 753,219 | 1,080,506 |

Eastern Health Authority
Long Term Financial Plan Model
ESTIMATED CASH FLOW STATEMENT

| Year Ended 30 June: | | 2022 Actual | 2023 Estimate | 2024 Plan Year 1 | 2025 Plan Year 2 | 2026 Plan Year 3 | 2027 Plan Year 4 | 2028 Plan Year 5 | 2029 Plan Year 6 | 2030 Plan Year 7 | 2031 Plan Year 8 | 2032 Plan Year 9 | 2033 Plan Year 10 |
|---|--|----------------|------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|-------------------------|
| | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| CASH FLOWS FROM OPERATING ACTIVITIES | | | | | | | | | | | | | |
| <u>Receipts</u> | | | | | | | | | | | | | |
| Constituent Council Contributions | | | 1,828,000 | 1,859,209 | 1,940,957 | 2,026,222 | 2,115,156 | 2,207,917 | 2,304,669 | 2,405,584 | 2,510,843 | 2,620,631 | 2,735,143 |
| Statutory Charges | | | 185,000 | 190,920 | 197,029 | 203,334 | 209,841 | 216,557 | 223,487 | 230,638 | 238,019 | 245,636 | 253,496 |
| User Charges | | | 407,000 | 420,024 | 433,464 | 447,335 | 461,649 | 476,423 | 491,668 | 507,401 | 523,638 | 540,394 | 557,687 |
| Grants, subsidies, contributions | | | 301,000 | 269,352 | 277,972 | 286,867 | 296,046 | 305,519 | 315,295 | 325,384 | 335,796 | 346,541 | 357,630 |
| Investment Income | | | 7,000 | 21,947 | 23,967 | 22,472 | 22,184 | 21,042 | 21,238 | 22,258 | 31,839 | 37,632 | 44,921 |
| Other Income | | | 11,000 | 11,352 | 11,715 | 12,090 | 12,477 | 12,876 | 13,288 | 13,714 | 14,153 | 14,606 | 15,073 |
| <u>Payments</u> | | | | | | | | | | | | | |
| Employee costs | | | (2,014,000) | (2,058,059) | (2,168,277) | ##### | (2,327,171) | (2,410,942) | (2,504,626) | (2,598,437) | (2,697,553) | (2,799,539) | (2,905,847) |
| Materials, contracts & other expenses | | | (549,025) | (544,075) | (592,053) | (600,928) | (625,616) | (640,063) | (660,408) | (678,563) | (698,613) | (718,529) | (739,354) |
| Finance Costs | | | (42,132) | (59,167) | (59,167) | (61,151) | (61,242) | (62,339) | (24,315) | (38,804) | (35,902) | (32,905) | 16,192 |
| Net Cash provided by (or used in) Operating Activities | | | 133,843 | 111,503 | 65,607 | 102,531 | 103,324 | 126,990 | 180,296 | 189,175 | 222,220 | 254,467 | 334,941 |

| | | | | | | | | | | | | | |
|---|--|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|-----------------|------------------|------------------|------------------|------------------|
| CASH FLOWS FROM FINANCING ACTIVITIES | | | | | | | | | | | | | |
| Payments | | | | | | | | | | | | | |
| Repayments of Borrowings | | (38,391) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Repayment of Finance Lease Liabilities | | (53,052) | (68,619) | (84,186) | (99,753) | (115,320) | (115,320) | (153,973) | (12,446) | (111,724) | (117,498) | (123,500) | |
| Net Cash provided by (or used in) Financing Activities | | (91,443) | (68,619) | (84,186) | (99,753) | (115,320) | (115,320) | (153,973) | (12,446) | (111,724) | (117,498) | (123,500) | |
| | | | | | | | | | | | | | |
| Net Increase/(Decrease) in cash held | | 42,400 | 42,884 | (18,579) | 2,778 | (11,996) | 11,670 | 26,323 | 176,729 | 110,496 | 136,969 | 211,441 | |
| | | | | | | | | | | | | | |
| Opening cash, cash equivalents or (bank overdraft) | | 640,883 | 683,283 | 726,167 | 707,588 | 710,366 | 698,370 | 710,040 | 736,363 | 913,092 | 1,023,588 | 1,160,557 | |
| | | | | | | | | | | | | | |
| Closing cash, cash equivalents or (bank overdraft) | | 640,883 | 683,283 | 726,167 | 707,588 | 710,366 | 698,370 | 710,040 | 736,363 | 913,092 | 1,023,588 | 1,160,557 | 1,371,998 |

Eastern Health Authority
Long Term Financial Plan Model
ESTIMATED STATEMENT OF CHANGES IN EQUITY

| Year Ended 30 June: | | 2022 Actual \$ | 2023 Estimate \$ | 2024 Plan Year 1 \$ | 2025 Plan Year 2 \$ | 2026 Plan Year 3 \$ | 2027 Plan Year 4 \$ | 2028 Plan Year 5 \$ | 2029 Plan Year 6 \$ | 2030 Plan Year 7 \$ | 2031 Plan Year 8 \$ | 2032 Plan Year 9 \$ | 2033 Plan Year 10 \$ |
|--|--|----------------------|------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| ACCUMULATED SURPLUS | | | | | | | | | | | | | |
| Balance at end of previous reporting period | | 565,244 | 551,570 | 521,570 | 458,789 | 387,496 | 328,345 | 285,458 | 258,055 | 287,728 | 323,985 | 507,189 | 753,219 |
| Net Result for Year | | (13,674) | (30,000) | (62,781) | (71,293) | (59,151) | (42,887) | (27,403) | 29,673 | 36,257 | 183,204 | 246,030 | 327,287 |
| Balance at end of period | | 551,570 | 521,570 | 458,789 | 387,496 | 328,345 | 285,458 | 258,055 | 287,728 | 323,985 | 507,189 | 753,219 | 1,080,506 |
| | | | | | | | | | | | | | |
| TOTAL EQUITY AT END OF REPORTING PERIOD | | 551,570 | 521,570 | 458,789 | 387,496 | 328,345 | 285,458 | 258,055 | 287,728 | 323,985 | 507,189 | 753,219 | 1,080,506 |

Eastern Health Authority
Long Term Financial Plan Model
SUMMARY STATEMENT INCLUDING FINANCING TRANSACTIONS

| Year Ended 30 June: | | 2022 Actual \$ | 2023 Estimate \$ | 2024 Plan Year 1 \$ | 2025 Plan Year 2 \$ | 2026 Plan Year 3 \$ | 2027 Plan Year 4 \$ | 2028 Plan Year 5 \$ | 2029 Plan Year 6 \$ | 2030 Plan Year 7 \$ | 2031 Plan Year 8 \$ | 2032 Plan Year 9 \$ | 2033 Plan Year 10 \$ |
|---|--|----------------------|------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| Operating Revenues | | 2,469,208 | 2,739,000 | 2,780,199 | 2,892,735 | 3,006,195 | 3,125,480 | 3,248,721 | 3,378,301 | 3,513,912 | 3,663,507 | 3,814,954 | 3,973,768 |
| less Operating Expenses | | 2,482,882 | 2,769,000 | 2,842,980 | 2,964,028 | 3,065,346 | 3,168,367 | 3,276,124 | 3,348,628 | 3,477,655 | 3,480,303 | 3,568,924 | 3,646,481 |
| Operating Surplus/(Deficit) before Capital Amounts | | (13,674) | (30,000) | (62,781) | (71,293) | (59,151) | (42,887) | (27,403) | 29,673 | 36,257 | 183,204 | 246,030 | 327,287 |
| | | | | | | | | | | | | | |
| Less: Net Outlays on Existing Assets | | | | | | | | | | | | | |
| Capital Expenditure on Renewal/Replacement of Existing | | 4,545 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| less Depreciation, Amortisation & Impairment | | 168,844 | 163,843 | 145,342 | 145,342 | 145,342 | 145,342 | 145,342 | 145,342 | 145,342 | 32,198 | 814 | 0 |
| | | (164,299) | (163,843) | (145,342) | (145,342) | (145,342) | (145,342) | (145,342) | (145,342) | (145,342) | (32,198) | (814) | 0 |
| | | | | | | | | | | | | | |
| Less: Net Outlays on New and Upgraded Assets | | | | | | | | | | | | | |
| Capital Expenditure on New/Upgraded Assets | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | |
|---|--|----------------|----------------|---------------|---------------|---------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | |
| Net Lending / (Borrowing) for Financial Year | | 150,625 | 133,843 | 82,561 | 74,049 | 86,191 | 102,455 | 117,939 | 175,015 | 181,599 | 215,402 | 246,844 | 327,287 |

In any one year, the above financing transactions are associated with either applying surplus funds stemming

| KEY FINANCIAL INDICATORS | | 2022 Actual | 2023 Estimate | 2024 Plan Year 1 | 2025 Plan Year 2 | 2026 Plan Year 3 | 2027 Plan Year 4 | 2028 Plan Year 5 | 2029 Plan Year 6 | 2030 Plan Year 7 | 2031 Plan Year 8 | 2032 Plan Year 9 | 2033 Plan Year 10 |
|---|--|----------------|------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|-------------------------|
| Operating Surplus / (Deficit) - \$'000 | | (13,674) | (30,000) | (62,781) | (71,293) | (59,151) | (42,887) | (27,403) | 29,673 | 36,257 | 183,204 | 246,030 | 327,287 |
| Operating Surplus Ratio - % | | (1)% | (2)% | (3)% | (4)% | (3)% | (2)% | (1)% | 1% | 2% | 7% | 9% | 12% |
| Net Financial Liabilities - \$'000 | | 662,679 | 528,836 | 446,275 | 372,226 | 286,035 | 183,580 | 65,641 | (109,374) | (290,973) | (506,375) | (753,219) | (1,080,506) |
| Net Financial Liabilities Ratio - % | | 26.8% | 19.3% | 16.1% | 12.9% | 9.5% | 5.9% | 2.0% | (3.2)% | (8.3)% | (13.8)% | (19.7)% | (27.2)% |
| Interest Cover Ratio - % | | 1.7% | 1.3% | 1.3% | 1.2% | 1.3% | 1.3% | 1.3% | 0.1% | 0.5% | 0.1% | (0.1)% | (1.6)% |
| Asset Sustainability Ratio - % | | 3% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Asset Consumption Ratio - % | | 59% | 51% | 44% | 37% | 30% | 23% | 16% | 9% | 2% | 0% | 0% | 0% |

7.3 EASTERN HEALTH AUTHORITY APPOINTMENT OF AUTHORISED OFFICERS

Author: Michael Livori

Ref: AF19/61

Summary

It is generally recognised that for the efficient operation of an organisation the powers for effective decision making should be delegated to persons directly involved in the administration of the legislation. The delegation process also involves the appointment of appropriate people as Authorised Officers under required legislation.

Report

Pursuant to Section 44 of the *Local Government Act 1999*, Eastern Health Authority (EHA) has had powers and functions delegated to it by its Constituent Councils under the following legislation, in order to be able to fulfil its functions:

- *Environment Protection Act 1993* and Environment Protection (Waste to Resources) Policy 2010
- *Expiation of Offences Act 1996*
- *Local Government Act 1999*
- *Safe Drinking Water Act 2011*
- *South Australian Public Health Act 2011; South Australian Public Health (Wastewater) Regulations 2013; South Australian Public Health (Legionella) Regulations 2013 and South Australian Public Health (General) Regulations 2013 and South Australian Public Health (Fees) Regulations 2018*
- *Fines Enforcement and Debt Recovery Act 2017*
- *Supported Residential Facilities Act 1992 and Supported Residential Facilities Regulations 2009*

The powers and functions in relation to the legislation detailed above have then been sub delegated to EHA staff pursuant to Clause 36 of Schedule 2 and Section 44 of the *Local Government Act 1999* and Section 9(3) (b) of the *Supported Residential Facilities Act 1992*.

Included in these sub-delegated powers is the ability for the Chief Executive Officer of EHA to appoint any appropriate EHA staff member as Authorised Officers to the respective pieces of legislation where necessary.

There are times when the Chief Executive Officer may be required to use the powers of an Authorised Officer. For best practice, the appointment to that person should be made by the Board of Management.

To this end, the resolution below appoints Michael Livori (Chief Executive Officer) to the required pieces of legislation.

RECOMMENDATION

That:

1. The Board of the Eastern Health Authority:

- (i) Is satisfied that Michael Livori has the appropriate qualifications or experience to exercise the functions of an Authorised Officer under the *Food Act 2001* and;
- (ii) is satisfied that Michael Livori holds the qualifications required under section 45(1) of the *South Australian Public Health Act 2011* to be appointed as a Local Authorised Officer under the *South Australian Public Health Act 2011*, allowing Michael Livori to be appointed as a Local Authorised Officer under the *South Australian Public Health Act 2011*.

2. In accordance with the power delegated by the:

- City of Campbelltown;
- City of Burnside;
- City of Norwood Payneham and St Peters;
- City of Prospect; and
- Town of Walkerville

to the Board of the Eastern Health Authority, under:

- (i) section 44 of the *Local Government Act 1999*;
- (ii) section 9 of the *Supported Residential Facilities Act 1992*;
- (iii) section 91 of the *Food Act 2001*;

the Board of the Eastern Health Authority hereby:

- (a) revokes all previous authorisations for Michael Livori; and
- (b) appoints Michael Livori to the following position(s):

AUTHORISED OFFICER pursuant to section 85(3) of the *Environment Protection Act 1993*

LOCAL AUTHORISED OFFICER pursuant to section 44(1) of the *South Australian Public Health Act 2011*

AUTHORISED OFFICER pursuant to section 21 of the *Supported Residential Facilities Act 1992*

AUTHORISED PERSON pursuant to section 260 of the *Local Government Act 1999*

for the:

- City of Campbelltown
- City of Burnside
- City of Norwood Payneham and St Peters
- City of Prospect
- Town of Walkerville

and

AUTHORISED OFFICER pursuant to section 94(1) of the *Food Act 2001*

AUTHORISED PERSON pursuant to section 6(3)(b)(ii) of the *Expiation of Offences Act 1996*

for the Eastern Health Authority;

for as long as he holds or is assigned to an office or position with Eastern Health Authority.

3. Michael Livori is only authorised to issue expiation notices under the *Expiation of Offences Act 1996* on behalf of the Eastern Health Authority (the statutory authority responsible for the enforcement of the relevant provisions) for alleged offences against the Acts that Michael Livori has been appointed as an authorised officer or local authorised officer by virtue of this resolution.

7.4 Eastern Regional Public Health Plan 2020-2025 - Biennial Report 2020-22

Author: Nadia Conci
Ref: AF21/74

Summary

A requirement under s52 *South Australian Public Health Act 2011* is that Regional Public Health Plans are reported on biennially.

The progress report on the Eastern Regional Public Health and Wellbeing Plan for Eastern Health Authority and Constituent Councils 2020-2025 (the Plan), 'Better Living, Better Health' has been prepared and submitted to the Chief Public Health Officer by 30 September 2022.

Report

Under Section 52 of the *SA Public Health Act* (the Act), local Councils, are required to report on the progress of their respective Regional Public Health Plans biennially and submit it to the Chief Public Health Officer.

On 19 June 2022, SA Health informed EHA that the Acting Executive Director, Health Protection and Licensing Services wrote to EHA's five Constituent Council's notifying them of the biennial reporting requirement under Section 52 of the *South Australian Public Health Act 2011*.

SA Health provided a discretionary template along with a reporting guideline to assist the Regional Public Health Plan Committee with reporting on the administration of the Act.

The progress report on the Plan, was prepared in line with the requirements outlined in the reporting guidelines and submitted to the Chief Public Health Officer on 29 September 2022.

The collective contributions from all members of the Regional Public Health Planning Committee were used to prepare the biennial report 2020-22. The report summarises the action taken by EHA and the five Constituent Councils against the key performance measures set out in the Plan and is provided as attachment 1 to this report.

The Committee also collaborated and prepared two additional activity reports to support the biennial report 2020-22 (attachment 1). An introductory summary outlining the steps taken to design, endorse and implement the new Plan and an infographics overview of public health and wellbeing actions taken across the region by the five Constituent Councils. Both of these reports summarises how Councils have been creative, flexible and adaptable at the local level from the impacts during the COVID-19 Pandemic.

RECOMMENDATION

That:

The report titled Eastern Regional Public Health and Wellbeing Plan for Eastern Health Authority and Constituent Councils 2020-2025, 'Better Living, Better Health' biennial report 2020-22 is received.



EHA Constituent Councils Regional Public Health and Wellbeing Plan 2020-2025

Biennial Report 2020-22

Executive Summary

The EHA Constituent Councils are pleased to present their biennial report 2020-2022 outlining progress in the Regional Public Health and Wellbeing Plan 2020-2025.

During this reporting period COVID-19 significantly influenced and impacted how Councils worked regionally, as individual Councils and the way that people connected with their communities. During this time the partnering Councils demonstrated a high level of creativity, flexibility and adaptability to meet local needs.

The Advisory Committee met to reflect and prioritise the regional projects detailed below:

- Priority 1 – *Regional Volunteering*
- Priority 2 – *Talk to your Neighbour*
- Priority 3 – *Regional Community Transport*
- Priority 4 – *Open space mapping with cycling and walking routes*
- Priority 5 – *Regional Promotion and Events*

The attached template provides an outline of the achievements, key partnerships and challenges/unexpected benefits or impacts encountered during the implementation over the past two years of the EHA Constituent Councils Regional Public Health and Wellbeing Plan - Better Living Better Health 2020-2025.

The attached document also provides a summary of the public health and wellbeing actions undertaken throughout this reporting period.

Background

Regional Public Health Plan 2015-2019

The State Public Health Plan 2019-2024, seeks to strengthen the systems that support public health and wellbeing in South Australia, thereby addressing both existing and emerging public health challenges such as:

- increasing chronic disease and communicable disease;

- public health risk factors (such as new and re-emerging infectious diseases, and excessive use of tobacco and alcohol); and
- responding to the impacts of climate change on local communities.

Councils were recognised for the role that they play in providing infrastructure and services that contribute to the health and social wellbeing of their communities and for preparing Public Health Plans that consolidate their planning and implementation activities in respect to public health and social wellbeing.

EHA and its Constituent Councils met in 2012 and unanimously agreed to plan together for community health and wellbeing, providing EHA Constituent Councils an opportunity to adopt a coordinated approach to promote public health in the region.

The first iteration of the EHA Constituent Councils Regional Public Health Plan, Better Living Better Health 2015-2019 was endorsed by all Constituent Councils on 25 August 2015. As the first public health and wellbeing plan for EHA Constituent Councils, it was considered as a 'starting point' for documenting the regional state of health and strategic directions for improving community wellbeing.

Regional Public Health Plan 2020-2025

In line with the s51(19) *SA Public Health Act 2011* relating to Regional Public Health planning it was necessary for the Regional Public Health Plan Advisory Committee to consider life beyond the first iteration of the EHA Constituent Councils regional public health and wellbeing plan, Better Living, Better Health 2015-2019 (the Plan).

The second iteration of the EHA Constituent Councils Regional Public Health and Wellbeing Plan, Better Living Better Health 2020-2025 was deliberately designed to be more aspirational, building on the previous Public Health Plan and laying foundations for the next Public Health Plan.

The Plan does not detail individual council actions, rather it focuses on regional activities that require collaboration between councils and community partners, whilst considering the priority populations and strategic priorities in the South Australian State Public Health Plan 2019-2024.

To commence the planning process for the second iteration of the Plan representatives from five Constituent Councils met on 24 September 2018 and discussed the future public health planning direction. At the meeting it was unanimously agreed that a regional planning approach was still most suitable. This decision was subsequently endorsed by all five Constituent Councils prior to the commencement of the review and development of the second iteration of the Plan.

Following the Councils endorsement, the Regional Public Health Plan Advisory Committee engaged an external Consultant URPS to assist with the review process and development a new Plan.

The development of the draft Plan was undertaken in a robust manner by URPS, in collaboration with the Regional Public Health Plan Advisory Committee and numerous staff from each of the EHA Constituent Councils.

On 29 July 2019, URPS, hosted a co-design workshop at the Campbelltown City Council, which was attended by staff from across Council operations from each of the EHA Constituent Councils.

The half-day workshop provided an opportunity for council staff to provide 'up-front' input into the development of the draft Plan.

Staff were also provided a copy of the draft Plan that was released for community consultation and were invited to make submissions.

Based on the feedback, a draft Plan was finalised. The Councils approved the release of the draft Regional Public Health and Wellbeing Plan for community consultation which was undertaken over a five week period from 11 November 2019 until 13 December 2019, involving:

- community consultation undertaken by all EHA Constituent Councils at the same time and for the same time period, to ensure a consistent and collaborative approach. The City of Burnside hosted an on-line portal to receive digital submissions throughout the consultation period.
- information was provided in the Council's Messenger Column and on the Council's website.
- hard copy surveys were provided at the Customer Service desk, council libraries and digital surveys and flyers were emailed to key stakeholders, including community groups and volunteers, local hospitals, peak bodies such as Bike SA, local churches, retirement villages and the like.
- posters were displayed at all of councils facilities open to the public and bookmarks advising of the consultation were also available. Council social media posts were also utilised to promote the draft Plan and consultation process.
- SA Health, including the Office of Ageing and Wellbeing (now Wellbeing SA), the Women's and Children's Local Health Network, the Central Adelaide Health Network and the Local Government Association of SA were directly consulted.

A total of 68 submissions on the draft Plan were received during the consultation period. This compares favourably to the 13 submissions which were received for the first iteration of the Plan in 2014 and may reflect the more co-ordinated and robust nature of the consultation methodology used on this occasion, as well as the opportunity provided for people to submit a digital survey on the draft Plan.

Overall, the comments which were received were very positive and the three theme areas and proposed projects and initiatives were generally supported.

The submissions received covered a range of issues and many of the suggestions were incorporated or clarified in the draft Plan. In this regard, the key addition to the draft Plan following the consultation process, is an additional reference to regional consideration of mental health and suicide prevention.

A number of aspects of the draft Plan were also clarified following a review of the submissions which was received during the consultation period. These include:

- clarification that the Plan will be delivered in conjunction with other plans adopted by some or all of the EHA Constituent Councils which are designed to improve programs and amenity that are likely to have public health and wellbeing outcomes. Some examples include the Resilient East Climate Change Adaptation Plan, Open Space and Recreation Plans and Child and Youth Development Plans;
- outlining target populations for regional projects;
- specifying actions and implementation plans associated with projects; and
- reference to evaluation and reporting being part of the role of the regional project working groups that will progress implementation of the Plan

Prior to the release of the final copy of the Plan and council reference document, the effects of Coronavirus (COVID-19) pandemic on our local community were becoming increasingly apparent. Following the suggested advice from the external Consultant the Committee were in consensus to amend the Plan and council supporting document to recognise COVID-19.

At the time, the impacts of COVID-19 were unknown. The Committee agreed that the proposed projects and initiatives under the 'Environments for Health' and 'Capacity for Health' headings in the draft Plan could still be progressed throughout the five year life of the Plan.

The draft Plan recognised the need for a co-ordinated and equitable response to the provision of a COVID-19 vaccine by EHA, should or when one becomes available.

The final version of the draft Plan and the council supporting reference document were circulated to the Committee for adoption by their respective councils on 9 April 2020.

EHA Constituent Council's endorsed the final draft Regional Public Health and Wellbeing Plan allowing the Committee to commence the implementation of the Plan's strategies and actions. Further feedback was received from members of the Advisory Committee and minor amendments were made to the documents prior to making them available to the councils. The final copies of the Plan and Supporting Reference document were circulated to Councils on 24 July 2020.

Since the endorsement of the Plan the Advisory Committee have met on numerous occasions over the past two years to commence and provide oversight of the Plan's implementation.

The advisory committee agreed to including the following key regional projects to the new Plan:

- Open space mapping with cycling and walking routes
- Regional Community Transport Network
- Regional Promotion and Events
- Talk to your Neighbour
- Regional Volunteering

These proposed projects and initiatives remain low cost, realistic and achievable and importantly, they are complementary to and align with, the planning and delivery of public health and wellbeing programs that each of the EHA Constituent Councils already provide.

The Plan is presented as a double sided A3 tri-fold Plan to make the Plan a user-friendly document and convenient for distribution in hard copy. However, the intent was to also make a supporting document available as a digital document, to provide greater regional context and understanding of processes that underpinned the development of the Plan.

Section 1: STATUS OF RPHP COMMITMENT IMPLEMENTATION ('commitment' can include a priority, strategy or action)

| 1. PRIORITY/STRATEGY/ ACTION | 2. STATE PUBLIC HEALTH PLAN STRATEGIC PRIORITY(S) ALIGNMENT | | | | 3. STATUS Please number according to one of the following | 4. ACHIEVEMENTS (if deferred, or not commenced, please mark N/A) | 5. PARTNERSHIP(S) ESTABLISHED OR SOUGHT TO ACHIEVE THIS COMMITMENT (if any) (if not applicable, please mark N/A) | 6. ADDITIONAL COMMENTS ON STATUS (eg key enablers and challenges, unexpected benefits or impacts) |
|--|--|--|---|---|---|---|---|--|
| | TICK BOX - can be more than one | | | | | | | |
| | 1 | 2 | 3 | 4 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PROMOTE: build stronger communities and healthier environments. | PROTECT: against public and environmental health risks and responds to climate change. | PREVENT: chronic disease, communicable disease and injury. | PROGRESS: Strengthen the systems that support public health and community wellbeing | | | | | |
| | | | | | 1. in progress | | | |
| | | | | | 2. completed | | | |
| | | | | | 3. ongoing | | | |
| | | | | | 4. deferred | | | |
| | | | | | 5. will not be progressed | | | |
| Environments for Health | | | | | | | | |
| Active Regional Connections - Open Space mapping with cycling and walking routes | ✓ | ✓ | ✓ | ✓ | | A grant was sought to support this regional initiative and as it was unsuccessful it was not a priority for the Region. A project plan has been developed. | | |
| Regional community transport network | ✓ | ✓ | ✓ | ✓ | | A project plan has been developed. This action was impacted by COVID during the reporting period as community buses and other transport either halted or impacted by COVID measures. Volunteer capacity was also impacted during this time. Initial scoping has occurred to identify what transport infrastructure each Council has. | Council's have provided regional information | |
| Capacity for Health | | | | | | | | |
| Regional Promotion of activities and events | ✓ | | | ✓ | 4 | n/a - due to the impacts of COVID-19 the project was deferred. | n/a | n/a |
| Talk to your neighbour' - addressing social isolation | ✓ | | | | | A project plan has been developed. Council's have undertaken neighbourhood initiatives which have been shared. Work has also been undertaken by Play Australia to support Council's closing roads for neighbourhood activities | | |
| Regional volunteering | ✓ | | | ✓ | | A project plan has been developed. In March 2020 most Council volunteer programs were stopped until some recommenced in June 2020. Every Council reported a reduction in volunteers that is slowly starting to recover in 2022. A project meeting was held and since then there have been staff changes in 4 of the 5 Councils in this area so the project needs to recommence with new staff on board. | | |
| Mental Health and Suicide Prevention Network | | | ✓ | ✓ | | Initially this network was included as a regional approach which was discovered to not be possible. However, since the change in Government a regional approach is once again being considered. | | |
| Protection for Health | | | | | | | | |
| Regional vaccination program | a | | a | | 2 | <p>Public Clinics - Due to COVID 19 - the majority of public clinics provided by EHA were appointment only to residents of EHA's five Constituent Councils. EHA also provided immunisation services to Adelaide Hills Council and Unley Council from 1 January 2022. 2020-22 - 7,861 clients provided with 14,479 vaccinations. A total of 10,000 copies of the 2021 and 2022 clinic timetables and were printed and distributed to constituent Councils, local preschools, primary schools, childcare centres, hospitals and CAFHS regional offices during 2020-22.</p> <p>Worksite Immunisation Programs - 2020-22 - Staff Workplace Influenza Program was delivered across 87 workplace visits, a minor decrease of 20 visits when compared to 107 in 2021. A total of 7,440 vaccines were administered over the past two years.</p> <p>School Immunisation Programs - 2020-22 - Total vaccinations - 20,899; HPV - 6,960; dTPa - 3,506; Men B - 6,685; Men ACWY - 3,748.</p> <p>Public Health Networks - Project -</p> <p>2020-21 -Ongoing relations with Adelaide PHN to deliver program as per Work Plan.</p> <p>EHA representation at school parent introduction events.</p> <p>Displays and attendance at Council seminars/summits.</p> <p>Networking with Child Care Centres and CAFHS nurses / regional coordinators to provide staff and families with immunisation education and information and promote EHA services.</p> <p>Provision of immunisation information and promo material to schools/childcare centres/CAFHS nurses.</p> <p>2021-22 - Education sessions for the delivery of the PHN program were completed via Teams with Burnside Hospital and North-eastern Community</p> | SA Health, LGA, PHN | Ongoing COVID-19 considerations EHA have been in place, with clinics continuing to be managed to ensure all necessary requirements are being met. Numbers were affected due to delivery methodology for periods during the reporting timeframe. The Staff Workplace Influenza Program for 2022 experienced a delayed launch due to the postponed confirmation of availability of vaccines from suppliers. From mid-February EHA proceeded with website updates, direct emails, flyer mail outs and social media posts to launch into commencement of the program for 2022. EHA representative attends Local Government Immunisation Providers Strategic Working Group do discuss immunisation delivery programs and advocate for sustainable funding arrangements. |

Item 7-4 Attachment 1

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| Public and Environmental Health Service performance | | ✓ | ✓ | | 2 | <p>Public swimming pool 87 inspections, 23 follow-up inspections, 3 complaint investigations and 7 pools voluntarily closed; High Risk Manufacture Water Systems 38 cooling tower and warm water system 18 inspections, 8 positive detections of Legionella, 5 from water samples taken during routine inspections and 3 notifications received from three sites own internal sampling. 2 Legionella disease notifications received from SA Health, both requiring desktop reviews and no further action; tattooists 19 inspections. 433 public health complaints received and 304 onsite inspections performed. 24 Squalor and 8 hoarding matters investigated. 5 Compliances Notices (Severe Domestic Squalor) and 2 General Duty Notices issued under the SA Public Health Act. Seven applications approved. Nine onsite wastewater system applications were received, two applications pending decision at the end of the reporting period. Undertook physical distancing inspections to administer the COVID-19 State Directions and continue surveillance as required by the LGFSFG.</p> <p>In late 2021 due to the easing of the restrictions LGFSFG required EHO's to undertake a passive surveillance role during routine food inspections.</p> <p>Attached documents: 2019-20 and 2021-22 EHA Annual Reports</p> | <p>Eastern Hoarding and Squalor Group, SA Health, LGA, Office of the Technical Regulator, Housing Improvement Branch, Environmental Health Association, MFS, East Waste, NGO's, Older Persons Mental Health, Eastern Mental Health Services, Churches</p> | <p>COVID-19 has presented many challenges. Access to inspect these public health areas were affected by the COVID-19 Emergency Directions, and staff from the businesses or EHA contracting COVID-19. Despite this, the environmental health team effectively monitored the Directions and effectively communicated with the required businesses to ensure the public health inspections could be undertaken. In addition, volunteer services via local churches and community groups used to assist complex matters where people are living in homes that are squalid or hoarded were limited due to the risks associated with COVID-19. Regular meetings and updates provided by LGFSFG during the initial stages of the pandemic were instrumental in guiding EHO team in interpreting the Emergency Directions and ensuring that a consistent message was being applied. Furthermore, the introduction of the SA Health COVID-19 Safe App. allowed for interactions with businesses to be easily captured and reported. The preference for businesses is to receive all correspondence via email. The electronic reporting system specific to environmental health enabled EHA to effectively communicate and provide updates on all matters relating to COVID-19 and related public health matters via email keeping the businesses informed and up to date.</p> |
| Food safety service performance | | ✓ | ✓ | | 2 | <p>407 new food business notifications received; food safety inspections 2,823; 11,413 non-compliances identified; 383 food premises requiring more than one follow-up inspection; Warnings 39, Improvement Notices 142, 31 Offences Expired and 24 Prohibition Orders issued; Food Safety Complaints received and investigated 181; Food safety audits 143 and 6 follow-ups; attended festivals and fairs and inspected 76 food stalls; 5 food safety training sessions held with 89 participants attending; 2020-21 EHA participation in SA Health Food Star Rating Scheme (FSRS) – 561 businesses are captured within the scheme and 425 FSRS inspected, 19% 5 Star, 18% 4 star, 18% 3 star and 47% no star. Undertook physical distancing inspections to administer the COVID-19 State Directions and continue surveillance as required by the LGFSFG.</p> <p>In late 2021 due to the easing of the restrictions LGFSFG required EHO's to undertake a passive surveillance role during routine food inspections.</p> <p>Attached documents: 2019-20 and 2021-22 EHA Annual Reports</p> | <p>SA Health, LGA, WorkSafe SA, Environmental Health Association</p> | <p>COVID-19 has presented many challenges since the adoption of the new Plan. Access to inspect food premises areas were affected by the COVID-19 Emergency Directions. A significant proportion of business were either closed for periods of time due to the COVID-19 Emergency Directions or have closed temporarily or permanently over the past two years. Furthermore, EHO's were required to focus on monitoring the COVID-19 Emergency Directions to ensure businesses were adhering to the requirements. This impacted the EHO's ability to undertake the required scheduled inspections for a period of time. Despite this, the environmental health team effectively monitored the Directions and effectively communicated with the required businesses to ensure the food inspections could be undertaken where required in a safe manner. Regular meetings and updates provided by LGFSFG during the initial stages of the pandemic were instrumental in guiding EHO team in interpreting the Emergency Directions and ensuring that a consistent message was being applied. Furthermore, the introduction of the SA Health COVID-19 Safe App. allowed for interactions with businesses to be easily captured and reported. EHA conducted training sessions on the fundamentals of food safety. All food businesses in our Constituent Council areas were invited to attend. During SA's COVID-19 peak in early 2022, we were able to navigate the obstacles and deliver two sessions online, with a great response from food businesses. The majority of food businesses' preference is to receive all correspondence via email. The electronic reporting system specific to environmental health enabled EHA to effectively communicate and provide updates on all matters relating to COVID-19 and food safety via email keeping the businesses informed and up to date.</p> |
| Supported residential facilities regulation and licensing | | ✓ | | | 2 | <p>10 Licence renewal applications were received and approved. 2020-21 -One pension only facility was licenced from 1 July 2020 – 31 December 2020. A subsequent licence was issued from 01 January – 30 June 2021. Three dual licenced facilities were licenced from 1 July 2020 – 31 December 2020. A subsequent licence was issued for these facilities from 1 January 2021 – 30 June 2022. 2021-22 - 4 facilities – 1 year licence and 1 facility – short term licence. 13 unannounced routine licensing audits were conducted across 5 facilities. Four follow-up inspections were performed at facilities where required. 7 complaint investigations were undertaken / ongoing. Two acting manager applications were received.</p> <p>Attached documents: 2019-20 and 2021-22 EHA Annual Reports</p> | <p>Department of Human Services, NDIS Quality Safe Guards Commission, Environmental Health Australia, LGA, other Councils.</p> | <p>Access to the supported residential facilities was affected by COVID-19 Emergency Directions which meant unexpected challenges in the licensing space for local government. As Officers were unable to enter SRFs to perform inspections (as is standard in the licensing procedure) in many instances facilities were issued multiple short licenses until Officers were able to enter to inspect the facilities. This created a greater administrative demand on Officer time overall but ensured a safe outcome for residents. Local government was also responsible for advising SRFs of changes to state issued Directions where they affected SRFs such as new directions requiring vaccination of all employees of SRFs. The Special Interest Group facilitated by Environmental Health Australia has been an excellent resource to meet with and discuss the variables impacting the licensing of SRFs during the COVID-19 pandemic. Environmental Health Officers have met with representatives of the NDIS and continue to closely with them on a complaint for 1 SRF.</p> |
| Emergency management and planning | ✓ | ✓ | ✓ | ✓ | 1 | <p>Team Leader Environmental Health invited by SA Health Disaster Preparedness and Resilience Branch to be part of a working group to review the State Public Health Emergency Management Plan. Working group has commenced the review in early 2022. EHA attends EAZEMC meetings and case scenarios. The case scenario's enables public health matters to be raised within these forums and considered in the future planning and preparedness of emergencies locally and within the eastern zone.</p> <p>Attached documents: 2019-20 and 2021-22 EHA Annual Reports</p> | <p>SA Health, LGA, EAZEMC</p> | <p>Finalisation of the State Public Health Plan along with information from SA Health on the management of specific public health emergencies will enable EHA's Emergency Management Plan to be finalised. The State Public Health Plan will also outline the specific roles and responsibilities and contacts during and emergency event. Information from SA Health will enable consistent messaging specific to food safety, vector control, sanitation etc during bush fire, flood or other emergencies such as heatwaves or earthquakes.</p> |

Better Living Better Health

Regional Public Health and Wellbeing
Plan for the EHA Constituent Councils

September 2020-2025

Report 2020-2022

An overview of public health and wellbeing actions taken across the region. The pandemic in March 2020 had a significant impact on regional partnerships and continues to influence how Councils work and how people connect to their communities. Each partner Council has to be creative, flexible and adaptable at the local level. This summary outlines those initiatives that ran in at least 2 partner Councils.

Priority RPHP Project: Talk to your neighbour

32 Local street initiatives were held to connect neighbours

6 Community led Gardens supported by Council

Priority RPHP Project: Open Space

Councils providing and maintaining open spaces became even more important to support social connection and physical activity

Public Health and Wellbeing initiatives had to be a little different

Libraries moved to click and collect and / or expanded home delivery services

Over 1200 Commonwealth Home Support Program (CHSP) clients had social kits delivered to their home

As an essential service, Councils delivered 220,250 hours of CHSP services

Councils adapted their websites to include a range of information e.g. COVID, mental health and practical help

Council programs went online including storytime, exercises and social programs

Over 2000 calls to CHSP clients to check on their wellbeing

3 Councils partnered to develop a First Nations Waterways Project incorporating 1st - 6th creeks

Council Staff were redeployed to support service changes

Priority RPHP Project: Regional Volunteering

March 2020 most volunteering stopped and restarted late 2020

Volunteer numbers have decreased and are slowly rebuilding

MARCH 2022

983

REGISTERED VOLUNTEERS

Special public health & wellbeing projects 2020-2022

Whilst Covid changed the way councils worked they were flexible to meet the needs of their local communities



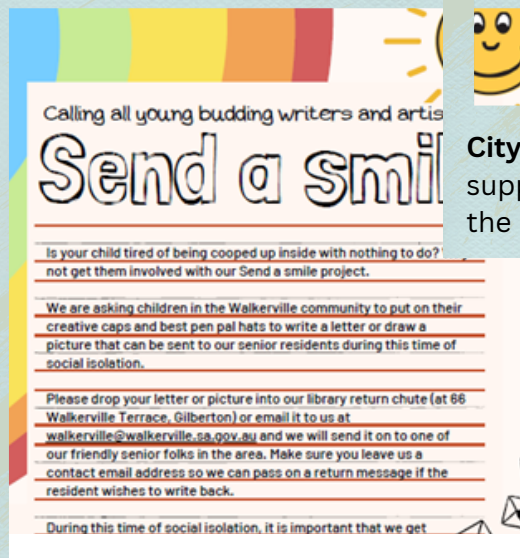
City of Campbelltown 'Giveanhour' flexible volunteering where local 'Waste Warriors' assembled 18,000 and delivered 9,000 kitchen caddies



City of Norwood Payneham & St Peters 'Be Kind postcards' shared between neighbours offering practical help



City of Prospect 'Prospect Delivers' supporting local businesses during the pandemic



Town of Walkerville 'Send a smile' intergenerational pen pal project



City of Burnside 'Shopping for' where redeployed staff shopped for vulnerable residents

7.5 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. An initial report was considered by the Board at its June 2020 meeting and the review process subsequently commenced. Additional update reports were provided at the meetings of 2 December 2020, 25 February 2021, 21 June 2021 and 17 November 2021. This report provides an update to members in relation to the review process.

Report

In March 2021, EHA wrote to its Constituent Councils requesting feedback in relation to a number of proposed amendments to the current EHA Charter and any other feedback in relation to the review process. Subsequently, feedback was received from all Constituent Councils. The full feedback determined that the majority of the proposed changes were unanimously endorsed by all Constituent Councils. There were however a small number of clauses where Constituent Councils had differing or opposing views.

In July 2021 EHA wrote to its Constituent Councils requesting feedback in relation to how the Constituent Councils should move forward to gain consensus on the clauses that have not been unanimously agreed.

It was determined at that time that the review would be placed on hold until the Town of Walkerville (ToW) had completed their considerations in relation to membership of EHA.

On 6 May 2022, EHA was informed by ToW that they had resolved to remain a member of EHA which allowed the review process to recommence.

On 22 June 2022 EHA wrote to all Constituent Councils (attachment 1) providing them with an updated Summary of Charter Amendments Table. A number of clauses had been amended in line with feedback received in response to the July 2021 correspondence sent to Constituent Councils which has assisted with consensus being obtained on those particular matters.

A number of non-consensus items remained unresolved however and a meeting with the Chief Executive Officers of all Constituent Councils was arranged to consider these items on 15 August 2022.

The Summary of Charter Amendments (attachment 2) has now been further updated to reflect the outcome of the discussion at the 15 August 2022 meeting.

In essence, there are now only two matters which require further development so that a draft revised Charter is able to be presented to each Constituent Council for consideration.

1. Clause 9.2 considers Withdrawal of a Member Council and Council CEO's have requested some further refining of the clause in relation to equity considerations.
2. Clauses 2.2 and 2.5 e) f) considers the membership of the Board of Management and the Chair of the Board of Management. CEO's have requested that a clause be developed that allows for a Board consisting of an independent chair plus one member from each council and deputy members. A clause is being developed and will require input from council administration prior to presentation to councils.

When the work detailed above has been finalised, EHA will provide a copy of the draft revised Charter to Constituent Councils for consideration. Council CEO's have indicated that the matter will be presented to their respective Councils after the November General Election.

In addition to the updated Summary of Amendments Table, I have provided both a marked up version (attachment 3), and a clean version (attachment 4) of the current version of the proposed revised Charter. These versions do not yet contain the refined clause around withdrawal of a member Council and Board of Management structure.

RECOMMENDATION

That:

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

Our Ref: D22/5595

21 June 2022

Letter sent to all Constituent Council CEOs

Dear CEO

RE: Eastern Health Authority (EHA) Charter Review

In July 2021, EHA wrote to its Constituent Councils requesting feedback on how they wished to proceed with the non-consensus items relating to the EHA Charter review. Thank you for your response.

This request was in light of the decision (at that time) by Town of Walkerville (ToW) to withdraw as a member of EHA.

Subsequent to this, EHA were informed that the ToW were considering rescinding their decision to withdraw from EHA. Due to the uncertainty, the EHA Board of Management, at a meeting held on 8 December 2021, resolved to place the Charter review on hold until the matter of ToW membership was resolved.

On 6 May 2022, EHA was informed by ToW that they had resolved to remain a member of EHA which now allows the process to proceed.

I have enclosed with this correspondence an updated Summary of Charter Amendments Table. A number of clauses have been amended in line with feedback received in response to the July 2021 correspondence sent to Constituent Councils which I believe should assist with consensus on those matters.

There are a number of matters however that will require consideration at the meeting (coloured in beige) in relation to obtaining consensus positions.

Amendments previously unanimously agreed have been coloured green in the table.

In addition, the consideration of the arrangements and implications of a Council withdrawing as a member of EHA resulted in the sourcing of expert legal and financial advice. Subsequently, a number of draft amendments have been made to the clause relating to withdrawal of a member council for Constituent Council consideration based on the advice received. This matter has not

been considered previously by Constituent Councils.

Another matter not previously considered is the Civil Liability Protections for Subsidiary Employees. Section 121 of the Local Government Act 1999 provides protection from personal liability for an employee of a council. Legal advice has indicated that these protections do not extend to subsidiary employees. This appears to be a legislative anomaly. A clause has been developed (12.6) for consideration to provide EHA employees the same protections afforded to Council employees.

In addition to the updated Summary of Amendments Table, I have provided both a marked up version, and clean version of the current version of the proposed revised Charter.

To finalise the Charter review process, I would now like to arrange a meeting with all Constituent Council Chief Executive Officers to attempt to gain consensus on all outstanding matters and will shortly be in contact with your office to find a suitable time and date.

Process steps after the meeting, anticipating a consensus position on all clauses will include:

- Formally requesting 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

A handwritten signature in black ink, appearing to read 'Michael Livori', with a stylized flourish at the end.

Michael Livori
Chief Executive Officer

Eastern Health Authority Charter Review– Non-Consensus Amendments for Consideration – August 2022

| Clause | Title | Commentary on amendments for consideration |
|--|-------------------------|--|
| 1.7 | Area of Activity | <p>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.</p> <p>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.</p> <p>The revised clause would allow response to opportunities that may be of benefit to EHA and its Constituent Councils in a timelier manner.</p> |
| <p><u>Previous Constituent Council Comments</u></p> <p>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. Support clause requiring unanimous support of Constituent Council CEO's.</p> <p>Campbelltown This clause should require unanimous support of the CEO's (aligning to the unanimous support by Board representatives).</p> <p>Norwood Payneham & St Peters Support the proposed amendment and believe that while the changes suggested by Burnside have no work do are happy to accept them in the interest of obtaining consensus.</p> <p>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.</p> | | |

Eastern Health Authority Charter Review– Non-Consensus Amendments for Consideration – August 2022

| Clause | Title | Commentary on amendments for consideration |
|--------|-------|---|
| | | <p>EHA Administration believe that the recent request by EHA for approval from Constituent Councils to undertake Immunisation service for Unley Council and Adelaide Hills Council, clearly demonstrated the time sensitive nature of tender/quoting processes.</p> <p>The clause has been further revised to require the activity to have a positive impact on EHA and its Constituent Councils in line with Burnside’s request.</p> <p>Constituent Council Chief Executive Officers considered revised clause at meeting of 15 August 2022 and now happy to present to respective Councils for consideration.</p> |

Eastern Health Authority Charter Review– Non-Consensus Amendments for Consideration – August 2022

| | | |
|---|--|--|
| 2.1 | Board of Management – Functions (specific to Business Plan and Regional Public Health Plan) | <p>Language changed to reflect the LG Act more closely.</p> <p>Reference to developing the Public Health Plan is no longer necessary.</p> <p>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.</p> <p>Consideration to be given to whether there are other functions of the Board to be listed.</p> |
| <p>Campbelltown Sub-clause f) should be reinstated to enable Board participation in Regional Health Plan and Business Plan development.</p> <p>Norwood Payneham & St Peters The Campbelltown position is not supported on the basis that the suggest change to the Charter correctly distinguishes the role of the EHA Board in considering and either endorsing or rejecting the proposed Business Plan rather than formally contributing to the early stages of development. Nothing in the suggested change to Clause 2.1 prevents the Board from having early informal input into the development of the Annual Business Plan. That said, if other Councils agree with the change, NPSP will recommend to Council to accept the change.</p> <p>Burnside Support Campbelltown’s suggestion.</p> | | |
| <p>Sub-clause g) has been added to acknowledge Board participation in the development of the Business Plan.</p> <p>Constituent Council Chief Executive Officers considered revised clause at meeting of 15 August 2022 and now happy to present to respective Councils for consideration.</p> | | |

Eastern Health Authority Charter Review– Non-Consensus Amendments for Consideration – August 2022

| | | |
|-------------------------|----------------------------------|---|
| <p>2.5 e) f)</p> | <p>Chair of the Board</p> | <p>Changed to reflect circumstances where resignation of chair occurs, and Chair is absent.</p> <p>These clauses deal with the following circumstances:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>The EHA Audit Committee suggested the Chair should be an independent member.</p> |
| <p>Other</p> | <p>Independent Chair?</p> | <p>The Audit Committee rationale for this request is that:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p> |

Eastern Health Authority Charter Review– Non-Consensus Amendments for Consideration – August 2022**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.

Burnside

Agree with NPSP position above

Walkerville

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

Campbelltown

Support Walkerville position.

Constituent Council Chief Executive Officers considered clause at meeting of 15 August 2022. CEO's have requested that a clause be developed that allows for a Board consisting of an independent chair plus one member from each council and deputy members. Clause is being developed and will require input from council administration prior to presentation to councils.

Eastern Health Authority Charter Review– Non-Consensus Amendments for Consideration – August 2022

| | | |
|--|--|--|
| 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. |
| <p>Campbelltown Procedures should only be determined by the EHA Board, not by the Chief Executive Officer</p> <p>Burnside Procedures should only be determined by the EHA Board, not by the Chief Executive Officer</p> <p>Walkerville Supported, but should be placed in policy document not procedure document, which should be endorsed and reviewed by the Board.</p> <p>Norwood Payneham & St Peters Support amendment and redrafting in relation to Board endorsement.</p> | | |
| <p>Clause 3.3 has been amended to reflect that the procedures are to be determined by the Board of Management</p> <p>Constituent Council Chief Executive Officers considered revised clause at meeting of 15 August 2022 and now happy to present to respective Councils for consideration.</p> | | |

Eastern Health Authority Charter Review– Non-Consensus Amendments for Consideration – August 2022

| | | |
|---|----------------------|---|
| 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. |
| <p>Walkerville and Campbelltown Support the unanimous endorsement of Member Councils not majority.</p> <p>NPSP, Prospect, Burnside Support the current proposed amendment</p> | | |
| <p>Potential issue if one Council has singular position</p> <p>Constituent Council Chief Executive Officers considered proposed amendment at meeting of 15 August 2022 and now happy to present to respective Councils for consideration.</p> | | |

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| | | |
|---|--|---|
| 8.2 b) | Review and assessment against Business Plan | Consideration of changing date to 15 October to allow additional time to compile required report. |
| <p>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.</p> <p>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 <i>Local Government Act 1999</i> requires that Annual Reports must be adopted by 30 November of each year.</p> | | |
| <p>Clause 8.2 b) has been changed back to reflect the due date as 30 September.</p> | | |

Eastern Health Authority Charter Review– Non-Consensus Amendments for Consideration – August 2022

| Additional Issue Raised | | |
|---|--------------------------------|--|
| 2.2 | Membership of the Board | |
| <p>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.</p> <p>Burnside/NPSP Do not Support Walkerville's Position</p> <p>Campbelltown Supports Walkerville's position</p> | | |
| <p>Constituent Council Chief Executive Officers considered clause at meeting of 15 August 2022. CEO's have requested that a clause be developed that allows for a Board consisting of an independent chair plus one member from each council and deputy members. Clause is being developed and will require input from council administration prior to presentation to councils.</p> | | |

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Additional Matters not previously considered relating to

- Withdrawal of a Member Council
- Subsidiary Employee Liability Protection

9.2

Withdrawal of a Member

As part of the due diligence process in relation to the request from a member to withdraw as a member council, legal and financial advice was obtained.

The legal advice requested included:

- whether a withdrawing member is entitled to an equity distribution;
- the obligations arising under clause 10 of the charter (dispute resolution);
- the effect upon the obligations on EHA under its enterprise agreement;
- how staff redundancy costs are to be treated vis-a vis the withdrawing member; and
- any other considerations

The legal advice received from Kelledy Jones Lawyers regarding the position to be taken by EHA (at that time) was;

1. the Charter is silent and incapable of providing any clear solutions to the issues;
2. to obtain expert financial advice, including by having regard to this legal advice, as to what equity entitlement a withdrawing member might justifiably claim;
3. to consider that, on the basis of it being a persuasive effect in the absence of any prescribed formula, any entitlement claimed by a withdrawing member should have regard to the Function Contribution Calculation Formula – as refined by the difference in the equity position of EHA at the date the withdrawing member became a Constituent Council and at the date of it ceasing to be a Constituent Council;

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4. to undertake a due diligence exercise in respect of all known and potential financial risks to EHA until 30 June 2022 and to provide accordingly for them. In my opinion any payment to the withdrawing member of its percentage of such amounts, will not be payable by 30 June 2023 and will not become payable until the risk is extinguished; and
5. any liability incurred by EHA in the nature of staffing costs, as envisaged at clause 7 (in particular clause 7.7) which included any redundancy costs of the Enterprise Agreement 2019-2022 that are attributable to the withdrawal, are liabilities for the purposes of clause 9.2 of the Charter and paragraph 4 above. However, I expect that on the basis of the provisions of the Charter, that the withdrawing Council will assert that such is not fully recoverable from the withdrawing Council, but only in accordance with its percentage contribution to liabilities that would otherwise be the case. Rather, I expect the withdrawing Council position will be that whilst such will be a deduction from or a set off against, its equity entitlements or are otherwise payable by the withdrawing Council to EHA, they are payable in the agreed percentage as per paragraph 3 above.

The expert financial advice is detailed below;

1. The Authority is established to provide public and environmental health services to its Constituent Councils, rather than each Council individually providing such services.
2. The Authority's Charter states the following key information to support 1 above:
 - a. *"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"*.
 - b. The Authority is *"to provide high quality, specialist services to the community on behalf of its Constituent Councils"* which *"ensures Constituent Councils are meeting their broad environmental health legislative responsibilities"*.
3. Given 1 and 2 above, the Authority is established with the primary purpose to provide community health services and as such not to enter into services which may be deemed 'commercial' in nature.
4. It would be highly unlikely that the private sector would be interested in acquiring the Authority given the non-commercial nature of its underlying business model. The Balance Sheet of the Authority does not represent the 'value of the business' for the purposes of a commercial transaction for buying/selling the business. The equitable interest in the Balance Sheet of the Constituent Councils therefore has little to no value to the private sector in terms of a commercial investment.

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5. In the event a Constituent Council was to withdraw from the Authority, there are likely additional costs associated with the withdrawal which the current Charter does not address. Examples include staff redundancies (given that current staffing numbers moving forward may well be in excess of requirements) and legal costs. In addition, the fixed operating costs of the Authority will also need to be funded by the remaining Constituent Councils, which may well increase the cost of services and/or Administration charges (e.g., rent, insurance, governance costs, etc.).
6. In light of 5 above, I recommend that the Authority considers introducing clauses in the Charter that requires *“any withdrawing Constituent Council is to reimburse the Authority for any operating costs incurred as a direct result of the withdrawal”*.
7. As previously stated, the Authority was established to provide public and environmental health services to the Constituent Councils – it was not established as a commercial undertaking. Therefore, there should be no expectation from a ‘withdrawing Council’ to receive some monetary exit amount from either the remaining Constituent Councils or the Authority. The only expectation should be that the ‘withdrawing Council’ compensate the Authority for any costs incurred as a direct result.

The information provided above should be read in conjunction with the legal advice provided by Kelledy Jones Lawyers on 14 October 2021 concerning specific matters the Authority needs to consider under the *Local Government Act 1999* should such an event occur.

Sub Clauses 9.2 e) and f) have been included for consideration in line with the legal and financial advice.

Constituent Council Chief Executive Officers considered clause at meeting of 15 August 2022. CEO’s have requested that further work be undertaken on the equity consideration contained within the clause.

Eastern Health Authority Charter Review– Non-Consensus Amendments for Consideration – August 2022

| | | |
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| 12.6 | Civil Liability Protections for EHA Employees | |
| <p>Section 121 of the Local Government Act 1999 provides protection from personal liability for an employee of a council. Legal advice has indicated that these protections do not extend to subsidiary employees. This appears to be a legislative anomaly.</p> <p>The LGAMLS have been contacted and have been made aware of the anomaly. They have indicated that they would provide the same protection to subsidiary employees, even with the lack of clarity in the legislation.</p> <p>Despite this, legal advice is that a risk of employees of not being indemnified still remains in certain circumstances. In the absence of appropriate legislative change, a clause (12.6) has been drafted to provide certainty in relation to employee indemnity for EHA employees.</p> <p>Clause 12.6 (a) is in the same terms as the protection for council employees in section 121 of the Local Government Act.</p> <p>Clause 12.6 (b) has been drafted in the event a court found that it was beyond the power of EHA to provide that an employee does not incur any civil liability as stated in the clause. The reason there is a small chance of that is that the first clause essentially has the effect that any legal action would need to be commenced against EHA and not the employee. A court may consider that to be beyond the power of EHA.</p> <p>Clause 12.6 (b) has the effect that if an action is commenced against an employee, then whilst the employee would remain a party in that action, EHA agrees to indemnify the employee for any liability.</p> <p>The draft clauses were forwarded to the LGAMLS, and they have indicated that they are comfortable with them being included in the Charter as ultimately the MLS will need to cover any liability of EHA as a result of an employee seeking to rely on the above clauses.</p> | | |
| <p>Clause 12.6 has been added to the Charter for consideration.</p> <p>Constituent Council Chief Executive Officers considered proposed amendment at meeting of 15 August 2022 and now happy to present to respective Councils for consideration.</p> | | |

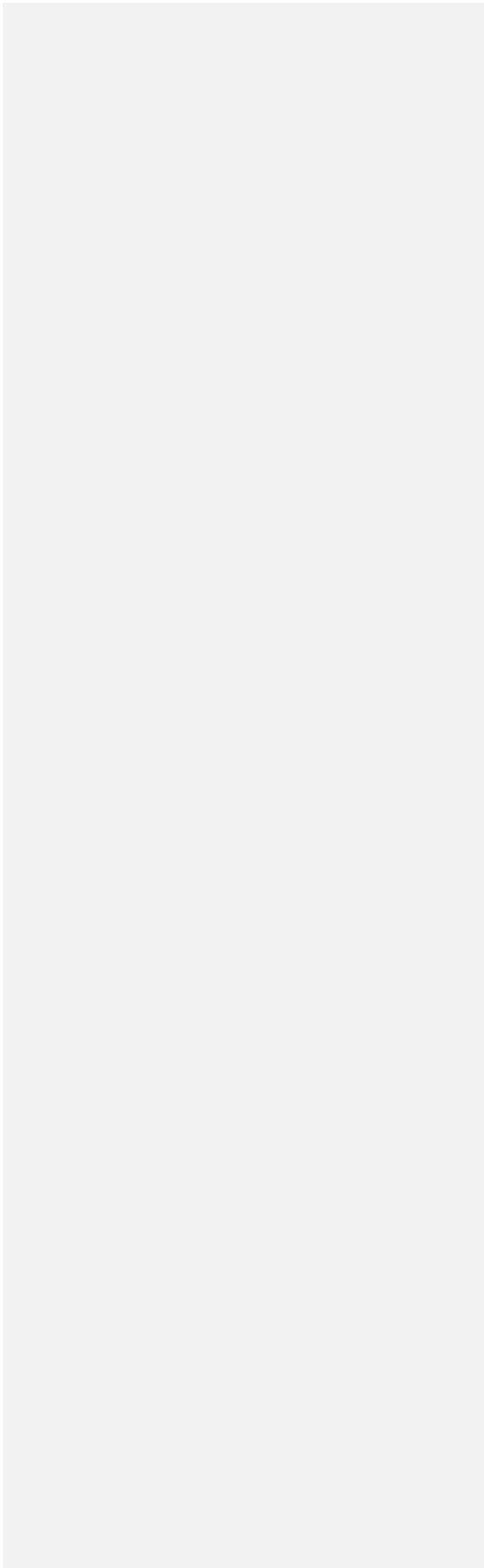


Charter

2021



local councils working together to protect the health of the community



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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) ~~the relevant activity is determined to have a positive impact on EHA and its Constituent Council;~~

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

Commented [ML1]: Clause to b amended to satisfy Burnside comments

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;~~
- ~~f) subject to clause 3.10, ensure that the activities of EHA are undertaken in an open and transparent manner; and~~
- ~~e)g) participate in the development of the Business Plan, and assist with the development of the Public Health Plan and Business Plan; and~~

~~f)h)~~ 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)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;

Commented [ML2]: CEO's have asked that the Board Structure be changed to a 6 persons Board, 1 from each council , with an independent chair and deputy Board Members . Can we simply replicate the East Waste Membership/Chair clauses, renaming director to Board Member/ or is there another way of accommodating this.

- (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 tofor 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, tThe 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 BoardEHA.

2.7. Committees

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

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 the EHA Board of Management 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 telephone electronic 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 or 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) 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) 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)3.10.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)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)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)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)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)a)~~.
- c) Clauses ~~a)a)a)~~ and ~~b)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)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 BoardEHA;
- 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 BoardEHA 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)~~, 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 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 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)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.
- e) The withdrawing Constituent Council is to reimburse EHA for any operating costs incurred as a direct result of the withdrawal.
- d)f) The withdrawing Constituent Council is not automatically entitled to any retained equity upon exit, and any financial distribution shall be unanimously agreed by the remaining 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)c)~~, pending completion of the procedure set out in clauses ~~e)e)e)~~ to ~~i)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)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)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)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)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.

12.6. Civil liability Protection for Subsidiary employees

- a) No civil liability attaches to an employee of EHA for an honest act or omission in the exercise performance or discharge or purported exercise performance or discharge of powers functions and duties of the employee under the Local Government Act 1999 or any other Act.
- b) EHA must indemnify its employees against any civil liability incurred by the employee of for an honest act or omission in the exercise, performance or discharge, or purported exercise, performance or discharge, of powers, functions or duties under the Local Government Act 1999 or any other Act.

13. INTERPRETATION

13.1. Glossary

| Term | Definition |
|---|--|
| Act | <i>Local Government Act 1999 (SA)</i> |
| 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 <i>Local Government (Elections) Act 1999 (SA)</i> . |

| | |
|--|--|
| 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 | <i>South Australian Public Health Act 2011</i> (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 <i>Supported Residential Facilities Act 1992</i> (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 – (5% Fixed and 7.5% Variable) | 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 – Fixed Allocation (to be shared evenly.) | A1 | 12.5% | 12.5%/ CC | 12.5%/ CC | 12.5%/ CC | 12.5%/ CC | 512.5%/ CC | 12.5% |
| Administration – Variable Allocation | A2 | 7.5% | (Sum B-I / 87.5%) x 7.5% | (Sum B-I / 87.5%) x 7.5% | (Sum B-I / 87.5%) x 7.5% | (Sum B-I / 87.5%) x 7.5% | (Sum B-I / 87.5%) x 7.5% | 7.5% |
| 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 | (N/B) x AW(N/B)x AW | (N/B) x AW(N/B)x AW | 35%2 8.5% |
| 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 | (N/C) x AW(N/C)x AW | (N/C) x AW(N/C)x AW | 7%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 | (N/D) x AW(N/D)x AW | (N/D) x AW(N/D)x AW | 6.5%1 0% |
| 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 | (N/E) x AW(N/E)x AW | (N/E) x AW(N/E)x AW | 6.5%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 | (N/F) x AW(N/F)x AW | (N/F) x AW(N/F)x AW | 0.5%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 | (N/G) x AW(N/G)x AW | (N/G) x AW(N/G)x AW | 2%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 | (N/H) x AW(N/H)x AW | (N/H) x AW(N/H)x AW | 15.0% 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 | (N/I) x AW(N/I)x AW | (N/I) x AW(N/I)x AW | 15.0% 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)



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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 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 a resolution supported unanimously by all the Board Members of EHA present at the relevant meeting on the basis EHA considers the activity is necessary or expedient to the performance by EHA of its functions subject to:
 - (a) the relevant 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) the relevant activity is determined to have a positive impact on EHA and its Constituent Council;

- (d) 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 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. A decision of the Board is a decision of EHA.. In addition to the functions of the Board set out in the LG Act the Board will:

- a) take all reasonable and practicable steps to ensure that EHA acts in accordance with the Charter;
- b) formulate plans and strategies aimed at improving the activities of EHA;
- c) provide input and policy direction to EHA;
- d) monitor, oversee and evaluate the performance of the Chief Executive Officer;
- e) ensure that ethical behaviour and integrity is maintained in all activities undertaken by EHA;
- f) subject to clause 3.10, ensure that the activities of EHA are undertaken in an open and transparent manner;
- g) participate in the development of the Business Plan, and
- h) 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 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)) 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 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, 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 code of conduct for Board Members.
- c) The Board must, as far as it is reasonable and practicable, ensure that EHA's policies are complied with in the conduct of the affairs of EHA and are 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.
- 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 EHA.

2.7. Committees

- a) 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 EHA.
- c) The Chair of the Board is an *ex-officio* member of any committee established by 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 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 electronic means in accordance with procedures determine by the EHA Board of Management and provided that at least a quorum is present at all times.

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) 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) 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).

3.5. 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), 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 .

3.7. Meeting procedure

- a) 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 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 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..

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

- a) Subject to this clause, meetings of EHA must be conducted in a place open to the public.
- b) EHA 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) 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), 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), 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).
- c) Clauses a) and 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); 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) 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 EHA for the execution of decisions taken by 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 include to::

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

5. STAFF OF EHA

- a) EHA may employ any staff required for the fulfilment of its functions.
- b) The Chief Executive Officer is responsible for appointing, managing, suspending and dismissing the other employees of EHA (on behalf of EHA).
- 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. 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.

6.2. Review

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

6.3. Reporting

- a) EHA will on a biennial basis, on behalf of the Constituent Councils, 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) EHA will comply with guidelines issued by the Chief Public Health Officer in respect of the preparation of reports on regional public health plans.
- c) EHA will submit the draft report to the Chief Public Health Officer 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) 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 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 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) 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.
- e) The withdrawing Constituent Council is to reimburse EHA for any operating costs incurred as a direct result of the withdrawal.
- f) The withdrawing Constituent Council is not automatically entitled to any retained equity upon exit, and any financial distribution shall be unanimously agreed by the remaining 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), pending completion of the procedure set out in clauses e) to 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) 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) 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), 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) 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) 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):
 - (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.

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) he or she shall report that decision at the next Board meeting.

12.6. **Civil liability Protection for Subsidiary employees**

- a) No civil liability attaches to an employee of EHA for an honest act or omission in the exercise performance or discharge or purported exercise performance or discharge of powers functions and duties of the employee under the Local Government Act 1999 or any other Act.
- b) EHA must indemnify its employees against any civil liability incurred by the employee of for an honest act or omission in the exercise, performance or discharge, or purported exercise, performance or discharge, of powers, functions or duties under the Local Government Act 1999 or any other Act.

13. INTERPRETATION

13.1. Glossary

| Term | Definition |
|--|--|
| Act | <i>Local Government Act 1999 (SA)</i> |
| 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 <i>Local Government (Elections) Act 1999 (SA)</i> . |

| | |
|--|--|
| 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 | <i>South Australian Public Health Act 2011 (SA)</i> |
| 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 <i>Supported Residential Facilities Act 1992 (SA)</i> . |

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 – (5% Fixed and 7.5% Variable) | 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 – Fixed Allocation | A1 | 5% | 5%/ CC | 5%/ CC | 5%/ CC | 5%/ CC | 5%/ CC | 5% |
| Administration – Variable Allocation | A2 | 7.5% | (Sum B-I / 87.5%) x 7.5% | (Sum B-I / 87.5%) x 7.5% | (Sum B-I / 87.5%) x 7.5% | (Sum B-I / 87.5%) x 7.5% | (Sum B-I / 87.5%) x 7.5% | 7.5% |
| 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 | 35% |
| 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 | 7% |
| 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 | 6.5% |
| 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 | 6.5% |
| 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 | 0.5% |
| 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 | 2% |
| 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 | 15.0% |
| 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 | 15.0% |
| 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)

8.1 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.

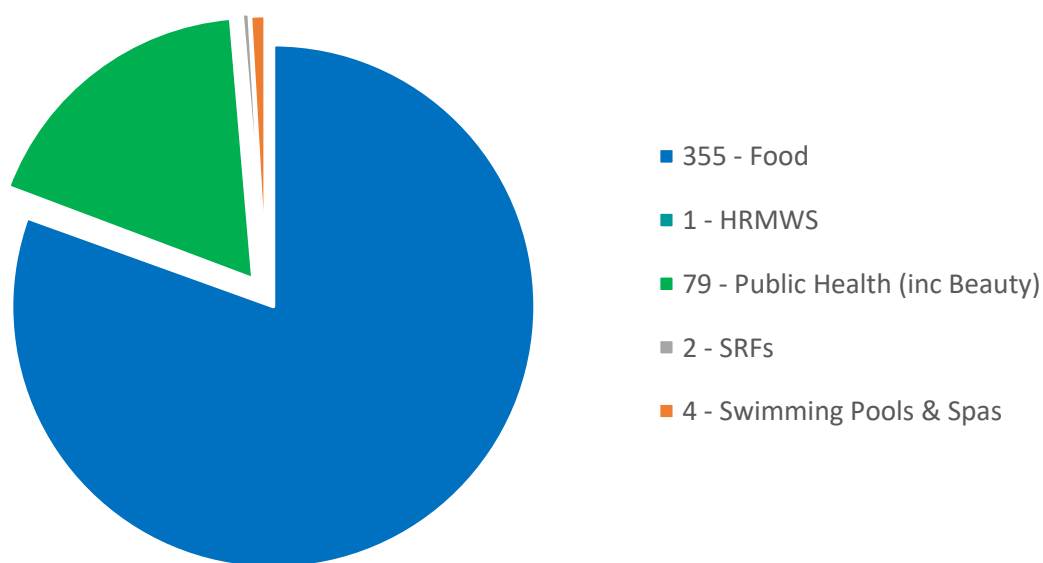


Table 1: Number of inspections conducted per category for financial-year-to-date.

| | Burnside | Campbelltown | NPSP | Prospect | Walkerville | Total |
|----------------------------------|-----------|--------------|------------|-----------|-------------|------------|
| Food | 69 | 70 | 160 | 39 | 17 | 355 |
| Beauty | 0 | 0 | 1 | 0 | 0 | 1 |
| HRMWS | 0 | 1 | 0 | 0 | 0 | 1 |
| Public Health Complaints | 12 | 23 | 28 | 14 | 1 | 78 |
| SRFs | 0 | 0 | 0 | 2 | 0 | 2 |
| Swimming Pools & Spas | 4 | 0 | 0 | 0 | 0 | 4 |
| Total | 85 | 94 | 189 | 55 | 18 | 441 |

2.0 Food Safety

2.1 Food Premise Inspections

A total of 214 routine inspections of food businesses were undertaken during the reporting period. An additional 89 follow-up inspections were required to ensure compliance with the Food Safety Standards. In total, 355 food premise inspections were completed during the reporting period (Table 2).

As shown in Graph 2 the number of routine and follow-up inspections decreased compared to the reporting period for the previous year. The required number food complaints requiring investigation increased by 85% when compared to the reporting period for the previous year. The total number of inspections completed for the financial year to date are further broken down by Council area in Table 2.

Graph 2: A two year comparison of the total number of inspections conducted for the financial-year-to-date.

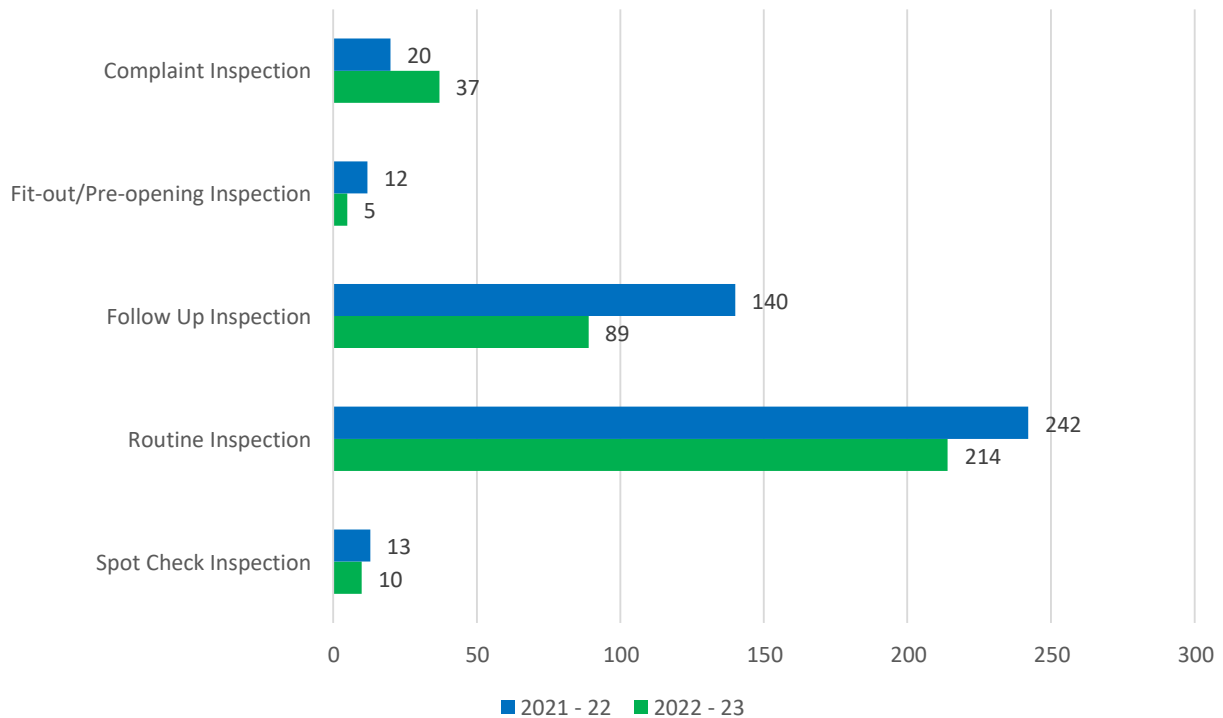


Table 2: Food premises inspections for the financial year-to-date.

| | Burnside | Campbelltown | NPSP | Prospect | Walkerville | Total |
|---------------------------------------|-----------|--------------|------------|-----------|-------------|------------|
| Routine Inspection | 40 | 52 | 94 | 19 | 9 | 214 |
| Follow up Inspection | 18 | 15 | 42 | 10 | 4 | 89 |
| Complaint Inspection | 11 | 2 | 15 | 8 | 1 | 37 |
| Fit-out/Pre-opening Inspection | 0 | 0 | 5 | 0 | 0 | 5 |
| Spot Check Inspection | 0 | 1 | 4 | 2 | 3 | 10 |
| Total | 69 | 70 | 160 | 39 | 17 | 355 |

2.2 Non-Compliance with Food Safety Standards

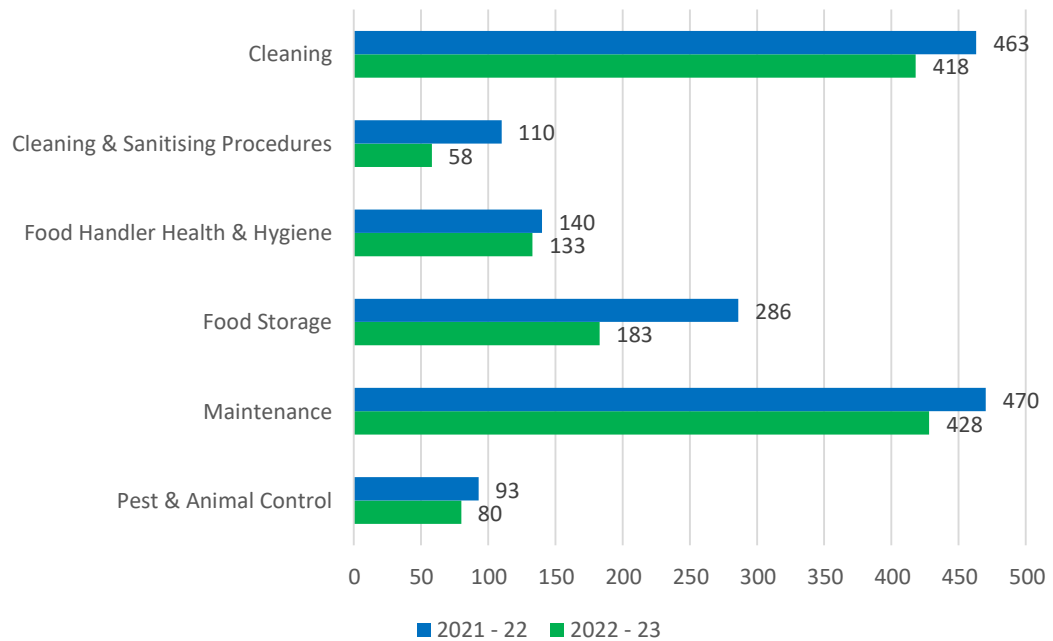
The SA Health Food Safety Rating Scheme Checklist (FSRS) is used to assess business compliance with food safety standards at routine inspections. Non-compliances against the Standards can range from Minor, Major to Serious. This is dependent on the risk and seriousness of the breach. EHO's identified a total of 1,327 non-compliances with the Food Safety Standards during the reporting period (Table 3). The majority of non-compliances were minor in nature, with 74% of the non-compliances captured within this category.

Table 3: The type and number of non-compliances identified at routine inspections during the financial year-to-date.

| Type of non-compliance | Number of non-compliances |
|------------------------|---------------------------|
| Minor | 985 |
| Major | 224 |
| Serious | 118 |
| Total | 1,327 |

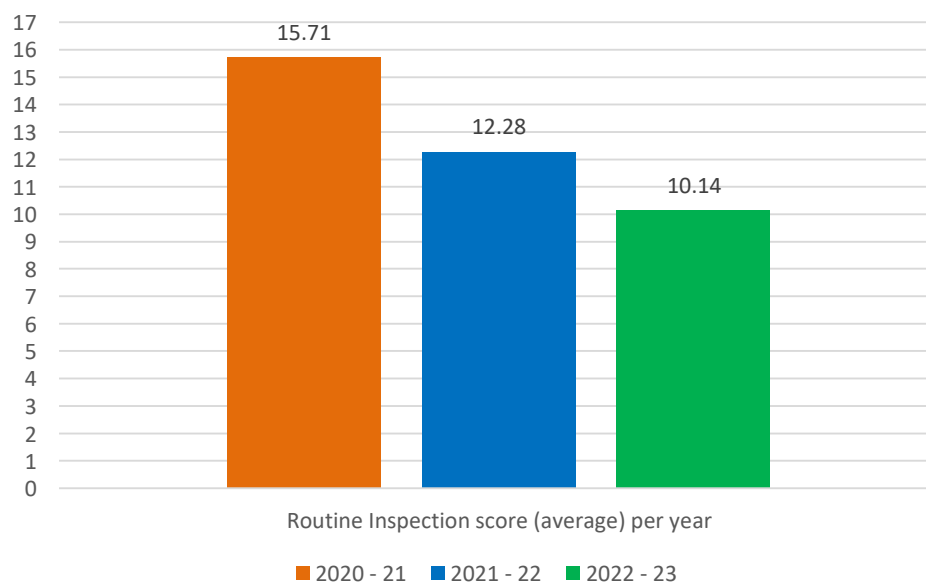
A poor standard of cleanliness, maintenance and unsafe storage of food accounted for the most common non-compliances identified during routine inspections for the financial year to date over a two year period (Graph 3). For the current financial year there has been a decrease in cleaning and food storage non-compliances of 10% and 36% respectively when compared to the same period for the previous year. Maintenance non-compliances recorded have also shown a 9% decrease when compared to the reporting period for the previous year (Graph 3).

Graph 3: A two year comparison of non-compliances identified at routine inspections during the financial year-to-date.



Graph 4 demonstrates that there is a decreasing trend over time in the average routine inspection score for the financial year to date over the past three years.

Graph 4: 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, 13 Improvement Notices and six final warnings were issued. There were no Prohibition Orders or Expiations issued during the reporting period.

The majority of the food businesses requiring legal action were P1 high risk businesses (Table 5). Enforcement action is however not limited to high-risk businesses with legal actions also required to be taken for lower risk P2 food businesses. No legal action was required to be taken for any P3 food businesses. A total of 19 legal actions were required to be taken for food businesses for the financial year-to-date (Table 4).

As shown in Graph 5 the number of legal actions required to be taken for the current financial year to date is comparative to the previous year. The Improvement Notices that were issued during the reporting period were mainly due to unsafe food handling practices and extremely poor standards of cleanliness.

Graph 5: A two year comparison of legal action taken for the financial year-to-date.

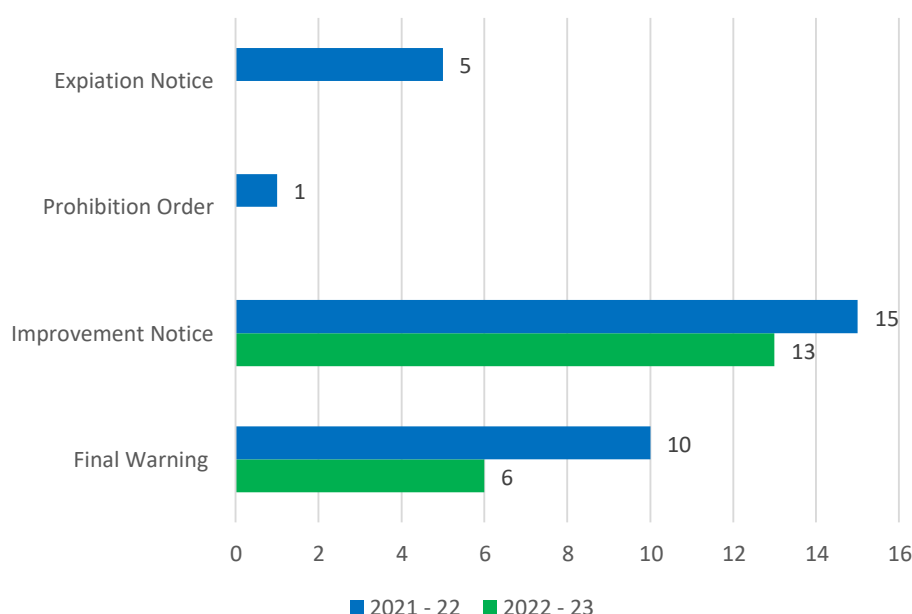


Table 4: Legal action taken for financial year-to-date.

| | Burnside | Campbelltown | NPSP | Prospect | Walkerville | Total |
|---------------------------|----------|--------------|----------|----------|-------------|-----------|
| Final Warning | 0 | 3 | 2 | 1 | 0 | 6 |
| Improvement Notice | 1 | 5 | 4 | 0 | 3 | 13 |
| Total | 1 | 8 | 6 | 1 | 3 | 19 |

Table 5: Legal action taken per food business risk classification for the financial year-to-date

| | P1 | P2 | P3 |
|---------------------------|----|----|----|
| Final Warning | 4 | 2 | 0 |
| Improvement Notice | 11 | 2 | 0 |
| Expiation Notice | 0 | 0 | 0 |
| Prohibition Order | 0 | 0 | 0 |

2.4 Food Complaints

For the reporting period 1 July 2022 to 30 September 2022, EHA received 35 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 6.

There was a significant increase in the number poor personal hygiene/food handling practices, alleged food poisoning and unsuitable/unsafe food complaints received during the reporting period when compared to the previous year (Graph 6).

Graph 6: A two year comparison of food complaints received for the financial year-to-date.

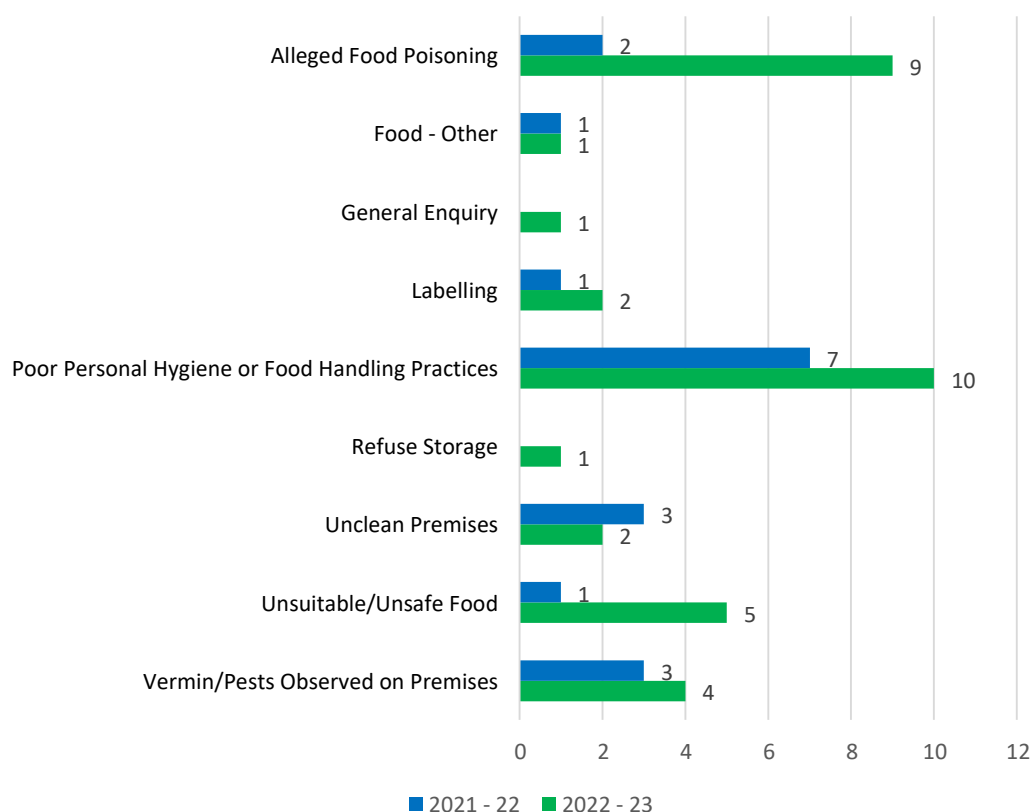


Table 6: Food complaints received by council area for the financial year-to-date.

| | Burnside | Campbelltown | NPSP | Prospect | Walkerville | Total |
|---|-----------|--------------|-----------|----------|-------------|-----------|
| Alleged food poisoning | 5 | 0 | 2 | 1 | 1 | 9 |
| Food - Other | 0 | 0 | 1 | 0 | 0 | 1 |
| General enquiry | 0 | 0 | 1 | 0 | 0 | 1 |
| Labelling | 0 | 0 | 1 | 1 | 0 | 2 |
| Poor personal hygiene or food handling practices | 3 | 1 | 3 | 3 | 0 | 10 |
| Refuse Storage | 0 | 0 | 1 | 0 | 0 | 1 |
| Unclean premises | 0 | 0 | 2 | 0 | 0 | 2 |
| Unsuitable/unsafe food | 3 | 1 | 1 | 0 | 0 | 5 |
| Vermin/pests observed on premises | 2 | 0 | 2 | 0 | 0 | 4 |
| Total | 13 | 2 | 14 | 5 | 1 | 35 |

2.5 Audits of Businesses that Serve Vulnerable Populations

During the reporting period, 15 businesses within the Constituent Council boundaries and 27 businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code* (Table 7). No follow-up audits were required during the reporting period.

Table 7: Food audits completed for financial year-to-date.

| | Burnside | Campbelltown | NPSP | Prospect | Walkerville | Out of Council | Total |
|-------------------------|----------|--------------|----------|----------|-------------|----------------|-----------|
| Audits | 4 | 4 | 5 | 2 | 0 | 27 | 42 |
| Follow-up audits | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 4 | 4 | 5 | 2 | 0 | 27 | 42 |

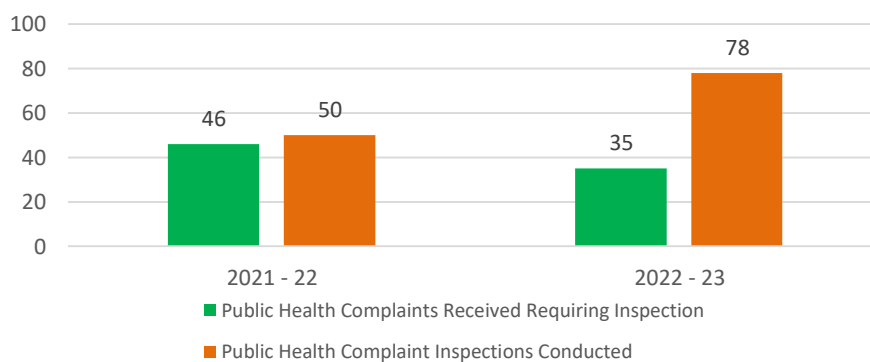
3.0 Public Health

3.1 Public Health Complaints

For the reporting period 1 July 2022 to 30 September 2022 there was a total of 46 public and environmental health related complaints received. Eleven of these matters did not require further investigation by an Environmental Health Officer (EHO) as they were resolved by the EHO Duty Officer at the time of call.

As shown in Graph 7, of the 35 public and environmental health related complaints requiring inspection, and a total of 78 inspections were undertaken to investigate these complaints. This equates to an average rate of 2.2 inspections to be completed per complaint received for the current reporting period.

Graph 7: A two year comparison of the public and environmental health complaints received compared to completed inspections for the financial year-to-date.



Although there has been a slight decrease in the number of public health complaints received when compared to the previous year (Graph 7), vector control and sanitation complaints account for the most common type of complaints received and investigated over the past two years (Table 8).

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

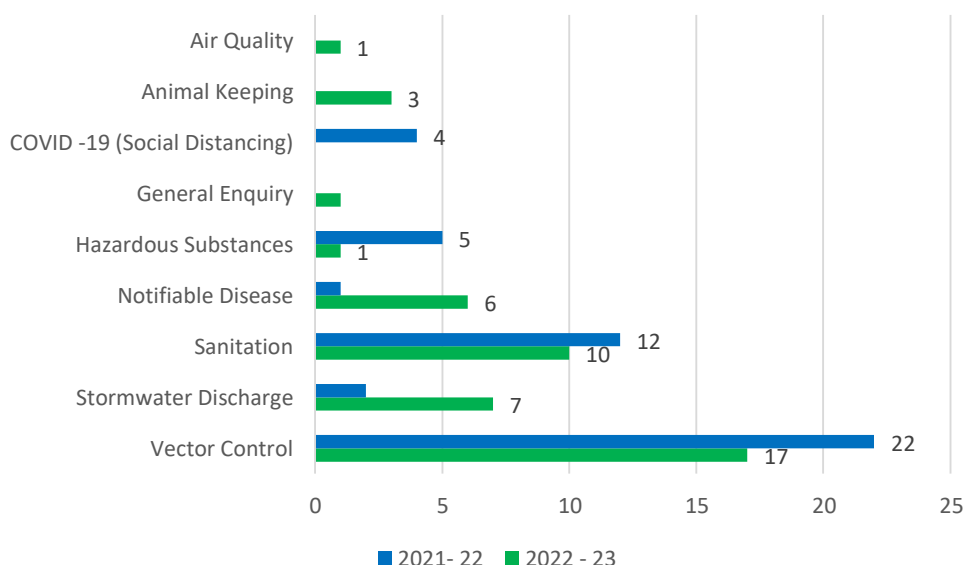


Table 8: Public and environmental health complaints for financial year-to-date by council area.

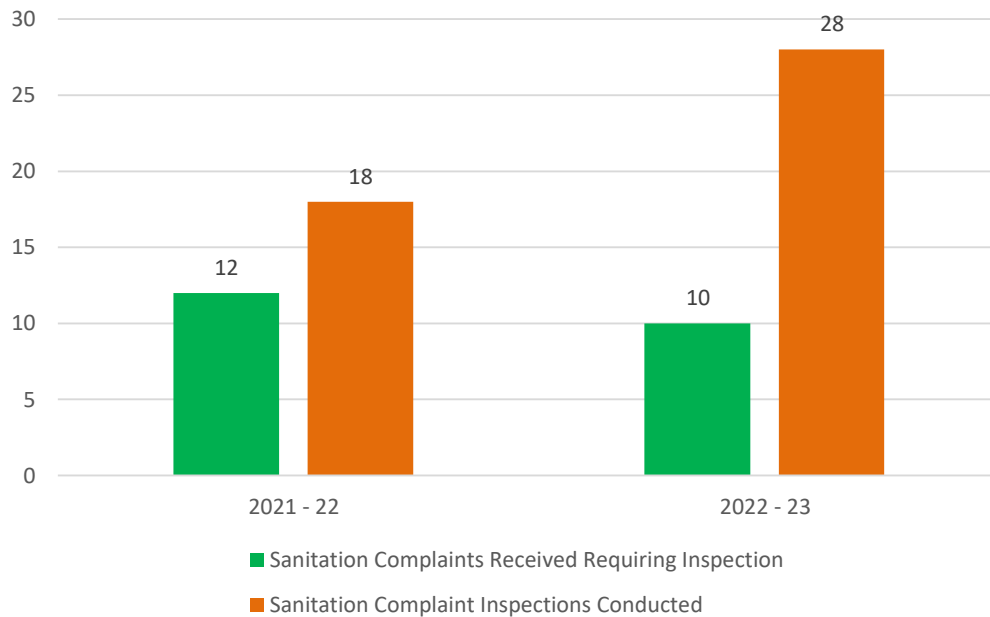
| | Burnside | Campbelltown | NPSP | Prospect | Walkerville | Total |
|-----------------------------|-----------|--------------|-----------|----------|-------------|-----------|
| Air Quality | 0 | 0 | 0 | 1 | 0 | 1 |
| Animal Keeping | 0 | 1 | 2 | 0 | 0 | 3 |
| General Enquiry | 1 | 0 | 0 | 0 | 0 | 1 |
| Hazardous Substances | 0 | 0 | 1 | 0 | 0 | 1 |
| Notifiable Disease | 3 | 1 | 1 | 1 | 0 | 6 |
| Sanitation | 2 | 4 | 2 | 1 | 1 | 10 |
| Stormwater Discharge | 3 | 0 | 3 | 1 | 0 | 7 |
| Vector Control | 1 | 9 | 5 | 2 | 0 | 17 |
| Total | 10 | 15 | 14 | 6 | 1 | 46 |

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. Within the current financial year there has been a total of 14 inspections completed for the five premises that have required more than two inspections.

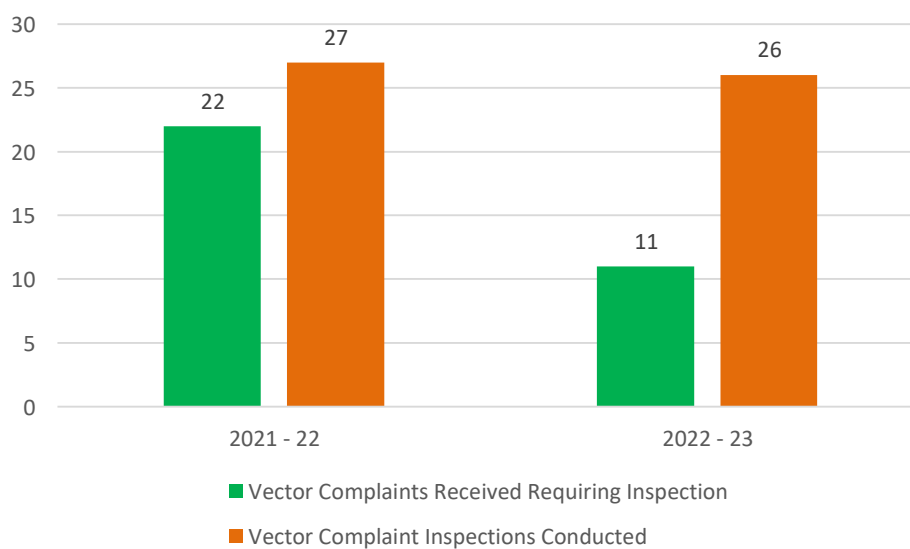
As shown in Graph 9, the number of sanitation complaints received over the past two years has remained relatively consistent. The graph also shows that there is a high average rate of 2.1 inspections required per sanitation complaint over the past two years.

Graph 9: A two year comparison of sanitation complaints received compared to completed inspections for the financial year-to-date.



As illustrated in Graph 8 a high proportion of vector control complaints relate to vermin activity. The number of vector control complaints and inspections has decreased when compared to the previous year. There has been a 50% decrease in the number of vector control complaints received and a 4% decrease in the number of inspections required to be undertaken for the financial year to date (Graph 10).

Graph 10: 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 one warm water system scheduled inspection was conducted at one site (Table 9). One warm water site returned positive results for *Legionella* sampling. The required decontamination was undertaken as required.

No complaints were received during the reporting period.

Table 9: Cooling Tower and Warm Water System Inspections for financial year-to-date.

| | Burnside | Campbelltown | NPSP | Prospect | Walkerville | Total |
|---|----------|--------------|------|----------|-------------|-------|
| Routine Inspection | 0 | 1 | 0 | 0 | 0 | 1 |
| <i>Legionella</i> Detections during sampling | 0 | 1 | 0 | 0 | 0 | 1 |
| Total | 0 | 2 | 0 | 0 | 0 | 2 |

3.3 Public Swimming Pools and Spas

During the reporting period there were four swimming and spa pool follow up inspections conducted at one site. There were no routine scheduled inspections required during the reporting period (Table 10).

No complaints were received during the reporting period.

Table 10: Swimming and Spa Pool Inspections conducted for financial year-to-date.

| | Burnside | Campbelltown | NPSP | Prospect | Walkerville | Total |
|-----------------------------|----------|--------------|------|----------|-------------|-------|
| Follow-up Inspection | 4 | 0 | 0 | 0 | 0 | 4 |
| Total | 4 | 0 | 0 | 0 | 0 | 4 |

3.4 Personal Care and Body Art

During the reporting period one follow up inspection was completed for a Personal Care and Body Art premises. There were no routine inspections required during the reporting period (Table 11).

No complaints were received during the reporting period.

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*. Three applications were approved during the reporting period. No new applications were received during the reporting period.

4.0 Health Care and Community Services - Supported Residential Facilities

For the financial year-to-date three dual licence and two pension only facilities were licenced by Eastern Health Authority under the *Supported Residential Facilities Act 1992*.

Audits/Inspections

During the reporting period, no unannounced routine audits were required to be completed.

Complaints

One complaint was received during the reporting period.

An ongoing complaint investigation is currently being undertaken in conjunction with the NDIS Security and Safeguard Commission.

A joint site visit was undertaken with NDIS Security and Safeguard Commission with regard to the ongoing complaint investigation.

Approval of Manager / Acting Manager

During the reporting period one application for the approval of an acting manager was received.

Licence Transfer

There were no licence transfer applications or approvals.

RECOMMENDATION

That:

The Environmental Health Activity Report is received.

8.2 IMMUNISATION

2022 School Immunisation Program (SIP)

During July 2022 to September 2022, 24 school year immunisation visits were completed and a total of 2,403 vaccines were administered.

A total of 10,668 vaccines have been administered for the school year from January to September 2022 which is an increase of 1,949 (18.26%) when compared to the same period in 2021.

This increase is due to the addition of the Unley and Adelaide Hills schools to our 2022 School Immunisation Program. The School Immunisation Program had no changes between 2021 and 2022.

Table 1: School Vaccinations for Calendar Year to Date – January to September 2022

| Council | Human Papillomavirus | Diphtheria Tetanus and Pertussis | Meningococcal B | Meningococcal ACWY | Total |
|----------------|----------------------|----------------------------------|-----------------|--------------------|---------------|
| Burnside | 817 | 770 | 1,814 | 373 | 3,774 |
| Campbelltown | 221 | 224 | 442 | 199 | 1,086 |
| NPSP | 515 | 475 | 943 | 585 | 2,518 |
| Prospect | 136 | 114 | 155 | 88 | 493 |
| Walkerville | 67 | 67 | 129 | 77 | 340 |
| Unley | 294 | 161 | 287 | 175 | 917 |
| Adelaide Hills | 301 | 305 | 586 | 348 | 1,540 |
| Total | 2,351 | 2,116 | 4,356 | 1,845 | 10,668 |

With regards to the 2023 SIP protocols, EHA has received confirmation from SA Health that these protocols are expected to be released in November, there will be minimal changes from the 2022 document.

It has also been confirmed the hard copy immunisation student consents will continue to be used for the 2023 School Immunisation Program.

There will be an additional year level with Year 7 to be included in the SIP Program for 2023. Planning is underway for this increase in the program.

Workplace Influenza Program

As at the end of September all schools have been provided the 2023 Workplace Influenza Program details and offered first preference to book dates. Thus far, 4 schools have requested bookings and we expect more schools to confirm their dates when confirming the SIP dates for the upcoming school year.

We will be sending out the launch of the 2023 workplace program to our constituent councils, and Contract Councils over the coming weeks with available dates effective 1 April 2023. The official launch of the 2023 workplace program will commence the 1st week of November with our bulk e-mail sent to all returning business'.

Cynthia has been working with Darren at Karma Bunny regarding the minor updates to EHA's online booking system. The WIP online bookings system allows clients to enjoy the ease of EHA's online booking and quick quote system together with personal account management to ensure a smooth workplace experience. Once these online booking changes have been updated, additional promotional opportunities for the program will be finalised, along with the 2023 Workplace Influenza Program marketing poster, we will communicate to all Constituent Council the details for uploading on all media outlets where possible.

The workplace program runs over an approximate 13-week period commencing 1 April and generally concluding 30 June 2023.

Public Clinics

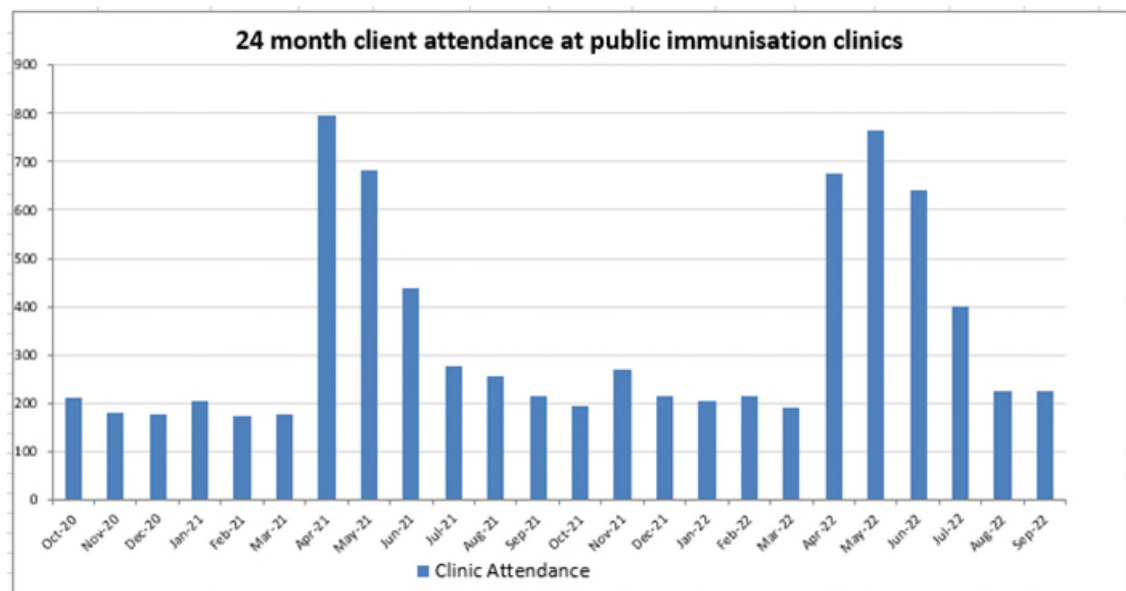
During the period of review 856 clients received 1,653 vaccines at EHA's public immunisation clinics. This is an increase of 75 (9.60%) clients and 92 (5.89%) vaccines in comparison to the same period in 2021.

Our public immunisation clinics continue to be popular, with clinics returning to our Constituent Council locations being well received by our clients and the availability of both Unley City Council and Adelaide Hills Council locations.

Demand for immunisation at public clinics was extremely high during this period and clinics were booked out for a number of months in advance, with our on-line booking system accounting for approximately 70% of our client bookings.

Below details Client attendance for the reporting period in 2020 to 2022.

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



We are currently working on finalising EHA's 2023 Immunisation timetable. This will be provided to all Constituent Councils over the next couple of months, with a mail out scheduled for the 1st week of December 2022.

The table over the page provides details of the council of origin of people attending the public clinics during the reporting period and year to date.

Table 3: Combined Clinic breakdown for July 2022 – September 2022

| EASTERN HEALTH AUTHORITY PUBLIC IMMUNISATION CLINICS | | | | | | | | | | | | | | | | | | | |
|--|----------|----------|---------|----------|---------|----------|----------|----------|---------|----------|------------|----------|---------|----------|---------|----------|---------------------|----------|--|
| CLIENT ATTENDANCE BY COUNCIL AREA | | | | | | | | | | | | | | | | | | | |
| BURNSIDE CLINIC held at Burnside Council | | | | | | | | | | | | | | | | | | | |
| Client Council of origin | BURNSIDE | | CAMP | | NPS | | PROSPECT | | WALK | | ADEL HILLS | | UNLEY | | OTHER | | Site Total | | |
| | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | |
| Jul - Sept 2022 | 69 | 146 | 14 | 25 | 11 | 24 | 2 | 5 | 1 | 5 | 4 | 7 | 8 | 23 | 6 | 17 | 115 | 252 | |
| Year to Date | 69 | 146 | 14 | 25 | 11 | 24 | 2 | 5 | 1 | 5 | 4 | 7 | 8 | 23 | 6 | 17 | 115 | 252 | |
| CAMPBELLTOWN CLINIC HELD AT the ARC | | | | | | | | | | | | | | | | | | | |
| Client Council of origin | BURNSIDE | | CAMP | | NPS | | PROSPECT | | WALK | | ADEL HILLS | | UNLEY | | OTHER | | Site Total | | |
| | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | |
| Jul - Sept 2022 | 8 | 12 | 61 | 117 | 7 | 13 | 1 | 3 | 0 | 0 | 2 | 3 | 3 | 3 | 4 | 6 | 86 | 157 | |
| Year to Date | 8 | 12 | 61 | 117 | 7 | 13 | 1 | 3 | 0 | 0 | 2 | 3 | 3 | 3 | 4 | 6 | 86 | 157 | |
| NORWOOD, PAYNEHAM & ST PETERS COUNCIL CLINICS - held at EHA Office | | | | | | | | | | | | | | | | | | | |
| Client Council of origin | BURNSIDE | | CAMP | | NPS | | PROSPECT | | WALK | | ADEL HILLS | | UNLEY | | OTHER | | Site Total | | |
| | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | |
| Jul - Sept 2022 | 98 | 196 | 110 | 297 | 161 | 337 | 46 | 88 | 28 | 62 | 9 | 20 | 27 | 55 | 35 | 66 | 514 | 1121 | |
| Year to Date | 98 | 196 | 110 | 297 | 161 | 337 | 46 | 88 | 28 | 62 | 9 | 20 | 27 | 55 | 35 | 66 | 514 | 1121 | |
| PROSPECT CLINIC - held at Prospect Town Hall - Payinthei | | | | | | | | | | | | | | | | | | | |
| Client Council of origin | BURNSIDE | | CAMP | | NPS | | PROSPECT | | WALK | | ADEL HILLS | | UNLEY | | OTHER | | Site Total | | |
| | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | |
| Jul - Sept 2022 | 1 | 2 | 5 | 8 | 2 | 5 | 20 | 35 | 2 | 3 | 0 | 0 | 1 | 2 | 0 | 0 | 31 | 55 | |
| Year to Date | 1 | 2 | 5 | 8 | 2 | 5 | 20 | 35 | 2 | 3 | 0 | 0 | 1 | 2 | 0 | 0 | 31 | 55 | |
| ADELAIDE HILLS CLINIC held at Stirling and Woodside | | | | | | | | | | | | | | | | | | | |
| Client Council of origin | BURNSIDE | | CAMP | | NPS | | PROSPECT | | WALK | | ADEL HILLS | | UNLEY | | OTHER | | Site Total | | |
| | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | |
| Jul - Sept 2022 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 38 | 59 | 1 | 3 | 1 | 1 | 41 | 64 | |
| Year to Date | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 38 | 59 | 1 | 3 | 1 | 1 | 41 | 64 | |
| UNLEY CLINIC held at Unley Civic Centre | | | | | | | | | | | | | | | | | | | |
| Client Council of origin | BURNSIDE | | CAMP | | NPS | | PROSPECT | | WALK | | ADEL HILLS | | UNLEY | | OTHER | | Site Total | | |
| | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | |
| Jul - Sept 2022 | 18 | 28 | 6 | 14 | 12 | 31 | 3 | 5 | 1 | 4 | 4 | 7 | 52 | 103 | 13 | 28 | 109 | 220 | |
| Year to Date | 18 | 28 | 6 | 14 | 12 | 31 | 3 | 5 | 1 | 4 | 4 | 7 | 52 | 103 | 13 | 28 | 109 | 220 | |
| | | | | | | | | | | | | | | | | | Grand Total | | |
| | | | | | | | | | | | | | | | | | Clients | Vaccines | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | Year to date | | |
| | | | | | | | | | | | | | | | | | 896 | 1869 | |
| | | | | | | | | | | | | | | | | | 896 | 1869 | |
| 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 | | ADEL HILLS | | UNLEY | | OTHER | | TOTALS | | |
| | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | Clients | Vaccines | |
| Jul - Sept 2022 | 194 | 384 | 197 | 462 | 193 | 410 | 72 | 136 | 32 | 74 | 57 | 96 | 92 | 189 | 59 | 118 | 896 | 1869 | |
| Year to date | 194 | 384 | 197 | 462 | 193 | 410 | 72 | 136 | 32 | 74 | 57 | 96 | 92 | 189 | 59 | 118 | 896 | 1869 | |

RECOMMENDATION

That:

The Immunisation Services Report is received.

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

Notice is hereby given in accordance with Clause 3.4(e) of the Eastern Health Authority Charter that the information and matters contained in the following documents related to item 9.1 'Prospect Community Village Licensing Report' may, if the Board of Management so determines, be considered in confidence under Clause 3.10(b) of the Eastern Health Authority Charter (with reference to the provisions of Part 3 of the *Local Government Act 1999*) at item 3 (Prospect Community Village Licensing Report') of the Agenda for the Meeting of the Board on 2 November 2022 on the grounds set out at Section 90(3)(h) and 90(3)(i) of the Local Government Act 1999.

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

MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER

9.1 PROSPECT COMMUNITY VILLAGE LICENSING REPORT

RECOMMENDATION 1

1. Pursuant to Clause 3.10(b) of the Eastern Health Authority Charter (and with reference to Section 90 of the *Local Government Act 1999*) the Board of Management (Board) orders that all members of the public, except the Chief Executive Officer, Team Leader Environmental Health and Team Leader Administration and Immunisation, be excluded from attendance at the meeting for Agenda Item 9.1 – Prospect Community Village Licensing Report.
2. The Board is satisfied that, pursuant to Section 90(3)(h) and 90(3)(i) of the *Local Government Act 1999*, the information to be received, discussed or considered in confidence is namely:

Is based on legal advice,

specifically, legal advice from the Authority's solicitors; and

specifically, matters relating to the Supported Residential Facilities Act.
3. Accordingly, on this basis, the Board considers the principle that meetings of the Board should be conducted in a place open to the public has been outweighed by the need to keep the information or matter confidential.

RECOMMENDATION 3

That:

1. In accordance with Clause 3.11(c) of the Eastern Health Authority Charter, the Board of Management orders that the Report relating to Prospect Community Village Licensing, all the relevant documentation and the Minutes arising from the Report, having been considered by the Board in confidence under Clause 3.10(b) of the Eastern Health Authority Charter (by virtue of Section 90 (3)(h) and 90(3)(i) of the *Local Government Act 1999*), be kept confidential and not available for public inspection until further order of the Board; and
2. This Order is reviewed at least once in every twelve months; and
3. The Board authorise the Chief Executive Officer to disclose the contents of the report and minutes in respect of this item, as necessary to give effect to the Board's decision.

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

Notice is hereby given in accordance with Clause 3.4(e) of the Eastern Health Authority Charter that the information and matters contained in the following documents related to item 9.0 - 'Chief Executive Officer Performance Review and Remuneration Review' may, if the Board of Management so determines, be considered in confidence under Clause 3.10(b) of the Eastern Health Authority Charter and Part 3 of the *Local Government Act 1999* at item 9.0 - (Chief Executive Officer Performance Review and Remuneration Review) of the Agenda for the Meeting of the Board on 2 November 2022 on the grounds set out at Section 90(3)(a) of the *Local Government Act 1999*.

A handwritten signature in black ink, appearing to read 'M. Livori', with a stylized, cursive script.

MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER

9.2 CHIEF EXECUTIVE OFFICER PERFORMANCE AND REMUNERATION REVIEW

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

Ref: AF11/327

RECOMMENDATION 1

1. Pursuant to Clause 3.10(b) of the Eastern Health Authority Charter and Section 90(2) of the *Local Government Act 1999* the Board of Management (Board) orders that all members of the public, except the Chief Executive Officer be excluded from attendance at the meeting for Agenda Item 9.2 - Chief Executive Officer Performance Review.
2. The Board is satisfied that, pursuant to Section 90(3)(a) of the *Local Government Act 1999*, the information to be received, discussed or considered in confidence is namely:

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

RECOMMENDATION 3

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

