



Board of Management

24 June 2020



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY – 24 June 2020

Notice is hereby given that a meeting of the Board of Management of the Eastern Health Authority will be held at the Campbelltown City Council, **172 Montacute Road, Rostrevor** on Wednesday 24 June 2020 commencing at 6.30 pm.

A light meal will be served at 6.00 pm.

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**

AGENDA

**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY – 24 June 2020

Commencing at 6.30 pm

- 1 Opening
- 2 Apologies
- 3 Confirmation of minutes – 29 April 2020
- 4 Matters arising from the minutes

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5.1 FINANCIAL REPORTS

Author: Michael Livori

Ref: AF11/258

Summary

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

Report

The following reports relate to the financial performance of EHA between 1 July 2019 and 31 May 2020.

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

Eastern Health Authority - Financial Statement July 2019 to 31 May 2020				
	Actual	Budgeted	\$ Variation	% Variation
Total Operating Income	\$2,450,412	\$2,483,978	(\$33,566)	-1.35%
Total Operating Expenditure	\$2,248,493	\$2,330,245	\$81,752	3.51%
Net Profit/(Loss)	\$201,919	\$153,733	\$48,186	31.34%

The report shows that for the reporting period, income was \$33,566 less (-1.35%) than budgeted and expenditure was \$81,752 (-3.51%) less than budgeted.

The net result is an improvement of \$48,186 on the budgeted year to date comparative result.

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

Any variances greater than \$5,000 are detailed in the following tables named Operating Income Variances and Operating Expenditure Variances which provide explanatory comments for the year to date variation. As EHA has completed the three required budget reviews previously there are no requests to vary the budget. Any end of year variations will be reflected in the Audited Financial Statements that will be presented at the September 2020 meeting.

Operating Income Variances

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

Description	YTD Variation	Comment
Income		
Food Inspection Fees	(\$10,955)	Less income than budgeted as a result of fees not charged or recovered – see item 5.1 Food Inspection Fee Policy Report - 29 April 2020
Fines & Expiation Fees	(\$15,306)	Reduction in fines issued YTD
Immunisation: Worksite Vaccines	(\$7,543)	Reduction in worksite visits due to COVID-19 (previously booked worksites closed).
Immunisation: Clinic Vaccines	\$10,756	Increased purchase of Men B vaccinations at public clinics

Operating Expenditure Variances

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

Description	YTD Variation	Comment
Expenditure		
Employee Costs	(\$57,177)	Less employee costs than budgeted as a result of delay in appointment of staff to budgeted positions.
Printing and Stationery	(\$7,955)	Reduction in expenses
Legal	(\$6,425)	Reduction in legal advice required
Staff Training	(\$11,157)	Training opportunities limited due to COVID-19
Immunisation Consumables	\$6,469	Increase of supplies due to COVID-19
Purchase of fee for Service	\$5,815	Increase in Men B vaccines required at public clinics

Bank Reconciliation and Available Funds report for the period ending 31 May 2020 is provided in attachment 2. It shows that at 31 May 2020 available funds were \$564,594 in comparison with \$697,719 on 31 March 2020.

RECOMMENDATION

That:

1. The financial report is received and adopted.

Eastern Health Authority - Financial Statement (Level 3)				
July 2019 to 31 May 2020				
Income	Actual	Budgeted	\$ Variation	% Variation
Constituent Council Income				
City of Burnside	\$437,022	\$437,022	\$0	0.00%
Campbelltown City Council	\$426,994	\$426,994	\$0	0.00%
Norwood, Payneham & St Peters	\$559,954	\$559,954	\$0	0.00%
City of Prospect	\$230,650	\$230,650	\$0	0.00%
Town of Walkerville	\$102,500	\$102,500	\$0	0.00%
Public Health Plan / Service Review	\$46,451	\$50,000	(\$3,549)	-7.10%
Total Constituent Council Contrib	\$1,803,571	\$1,807,120	(\$3,549)	(\$0.00)
Statutory Charges				
Food Inspection Fees	\$53,213	\$64,167	(\$10,955)	-17.07%
Legionella registration and Inspection	\$7,171	\$7,334	(\$163)	-2.22%
SRF Licences	\$413	\$0	\$413	NA
Fines & Expiation Fees	\$7,611	\$22,917	(\$15,306)	-66.79%
Total Statutory	\$68,407	\$94,418	(\$26,011)	-27.55%
User Charges				
Immunisation: Clinic Vaccines	\$79,506	\$68,750	\$10,756	15.65%
Immunisation: Worksite Vaccines	\$97,457	\$105,000	(\$7,543)	-7.18%
Immunisation: Clinic Service F	\$2,600	\$0	\$2,600	NA
Food Auditing	\$82,858	\$77,917	\$4,941	6.34%
City of Unley	\$59,566	\$60,000	(\$434)	-0.72%
Food Safety Training	\$0	\$3,000	(\$3,000)	-100.00%
Total User Charges	\$321,988	\$314,667	\$7,321	2.33%
Grants Subsidies Contributions				
Immunisation: School Programme	\$220,308	\$219,000	\$1,308	0.60%
Immunisation: ACIR	\$24,542	\$29,273	(\$4,731)	-16.16%
Total Grants Subsidies Contributions	\$244,850	\$248,273	(\$3,423)	-1.38%
Investment Income				
Interest on Investments	\$7,622	\$11,250	(\$3,628)	-32.25%
Total Investment Income	\$7,622	\$11,250	(\$3,628)	-32.25%
Other Income				
Motor Vehicle Reimbursements	\$1,627	\$1,834	(\$207)	-11.29%
Sundry Income	\$2,347	\$6,416	(\$4,069)	-63.42%
Total Other Income	\$3,974	\$8,250	(\$4,276)	-51.83%
Total of non Constituent Council Income	\$1,803,571	\$1,807,120	(\$3,549)	-0.20%
Total Income	\$2,450,412	\$2,483,978	(\$33,566)	-1.35%

Eastern Health Authority - Financial Statement (Level 3)				
July 2019 to 31 May 2020				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Pay: Salaries & Wages	\$1,325,210	\$1,398,834	(\$73,624)	-5.26%
Pay: Superannuation	\$125,577	\$121,917	\$3,660	3.00%
Pay: Workers Compensation	\$18,441	\$15,584	\$2,857	18.33%
Employee Leave - LSL Accruals	\$25,146	\$31,167	(\$6,021)	-19.32%
Leave - Annual Leave Accrual	\$1,753	\$0	\$1,753	NA
Pay: Medical Officer Retainer	\$2,727	\$3,000	(\$273)	-9.09%
Pay: Agency Staff	\$14,470	\$0	\$14,470	NA
Total Employee Costs	\$1,513,325	\$1,570,502	(\$57,177)	-3.64%
Prescribed Expenses				
Audit & Accounting	\$12,967	\$16,000	(\$3,034)	-18.96%
Insurance	\$17,728	\$15,584	\$2,144	13.76%
LGA Insurance	\$11,089	\$9,167	\$1,922	20.97%
Cleaning: Office	\$20,250	\$23,834	(\$3,584)	-15.04%
Cleaning: Carpet	\$0	\$917	(\$917)	-100.00%
Maintenance	\$16,170	\$16,500	(\$330)	-2.00%
Vehicle Lease & Maintenance	\$59,945	\$62,334	(\$2,389)	-3.83%
Total Prescribed Expenses	\$138,148	\$144,336	(\$6,188)	-4.29%
Rent & Plant Leasing				
Electricity	\$10,141	\$9,167	\$974	10.63%
Plant Leasing: Photocopier	\$3,194	\$3,208	(\$14)	-0.42%
Rent	\$97,971	\$97,167	\$804	0.83%
Water	\$271	\$300	(\$29)	-9.78%
Gas	\$1,854	\$3,000	(\$1,146)	-38.21%
Emergency Services Levy	\$0	\$700	(\$700)	-100.00%
Total Rent & Plant Leasing	\$113,431	\$113,542	(\$111)	-0.10%
IT Licencing & Support				
IT Licences	\$62,638	\$58,025	\$4,613	7.95%
IT Support	\$64,303	\$63,422	\$881	1.39%
Internet	\$10,636	\$9,167	\$1,469	16.03%
IT Other	\$5,951	\$1,833	\$4,118	224.67%
Total IT Licencing & Support	\$143,528	\$132,447	\$11,081	8.37%

Eastern Health Authority - Financial Statement (Level 3)				
July 2019 to 31 May 2020				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Administration				
Administration Sundry	\$4,373	\$6,417	(\$2,044)	-31.85%
Accreditation Fees	\$3,194	\$2,750	\$444	16.15%
Board of Management	\$10,898	\$12,500	(\$1,602)	-12.81%
Bank Charges	\$2,703	\$3,667	(\$964)	-26.28%
Public Health Sundry	\$1,577	\$4,583	(\$3,006)	-65.59%
Fringe Benefits Tax	\$13,137	\$15,000	(\$1,863)	-12.42%
Health Promotion	\$3,214	\$4,583	(\$1,369)	-29.87%
Legal	\$11,245	\$17,670	(\$6,425)	-36.36%
Printing Stationery & Postage	\$10,379	\$18,334	(\$7,955)	-43.39%
Telephone	\$17,017	\$17,584	(\$567)	-3.22%
Work Health Safety & Injury Ex	\$4,286	\$9,167	(\$4,881)	-53.24%
Rodenticide	\$1,224	\$1,833	(\$609)	-33.22%
Staff Amenities	\$2,407	\$6,417	(\$4,010)	-62.48%
Staff Training	\$6,843	\$18,000	(\$11,157)	-61.98%
Human Resource Sundry	\$16,391	\$14,667	\$1,724	11.76%
Doubtful Debts Expense	\$1,227	\$0	\$1,227	NA
Total Administration	\$110,118	\$153,172	(\$43,054)	-28.11%
Immunisation				
Immunisation SBP Consumables	\$15,636	\$9,167	\$6,469	70.57%
Immunisation Clinic Vaccines	\$58,982	\$53,167	\$5,815	10.94%
Immunisation Worksite Vaccines	\$34,578	\$30,000	\$4,578	15.26%
Total Immunisation	\$109,196	\$92,334	\$16,862	-18.26%
Income Protection				
Income Protection	\$24,177	\$23,000	\$1,177	-5.12%
Total Income Protection	\$24,177	\$23,000	\$1,177	-5.12%
Sampling				
Legionella Testing	\$1,500	\$1,375	\$125	9.09%
Food Sampling	\$0	\$917	(\$917)	-100.00%
Total Sampling	\$1,500	\$2,292	(\$792)	-34.55%

Eastern Health Authority - Financial Statement (Level 3)				
July 2019 to 31 May 2020				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
New Initiatives				
Public Health Plan Review and Service Review	\$46,450	\$50,000	(\$3,550)	-7.10%
Total New Initiatives	\$46,450	\$50,000	(\$3,550)	-7.10%
Total Materials, contracts and other expenses	\$2,199,874	\$2,281,625	(\$81,751)	-3.58%
Depreciation	\$37,500	\$37,500	\$0	0.00%
Finance Costs	\$11,118	\$11,120	(\$2)	-0.02%
Total Operating Expenditure	\$2,248,493	\$2,330,245	(\$81,752)	-3.51%
Total Operating Income	\$2,450,412	\$2,483,978	(\$33,566)	-1.35%
Operating Result	\$201,919	\$153,733	\$48,186	31.34%

Eastern Health Authority

Bank Reconciliation as at 31 May 2020

Bank SA Account No. 141/0532306840

Balance as per Bank Statement 31 May 2020		\$21,789.10
Plus Outstanding cheques	\$ -	
Add Outstanding deposits	\$ -	
BALANCE PER General Ledger		\$21,789.10

GST January to May 2020

GST Collected		\$90,836.58
GST Paid		\$12,639.37
Net GST Claimable (Payable)		\$78,197.21

Funds Available May 2020

Account	31-May-20	31-Mar-20	Variance
Bank SA Cheque Account	\$ 21,789	\$ 838,879	-\$ 817,090
Local Government Finance Authority	\$ 802,166	\$ 202,031	\$ 600,135
Net GST Claimable (Payable)	\$78,197.21	(\$5,632)	\$ 83,830
Long Service Leave Provision	(\$203,121)	(\$203,021)	\$0.00
Annual Leave Provision	(\$134,438)	(\$134,438)	\$0.00
TOTAL FUNDS AVAILABLE	\$ 564,594	\$ 697,819	-\$ 133,226

5.2 ADOPTION OF ANNUAL BUSINESS PLAN AND BUDGETED FINANCIAL STATEMENTS FOR 2020/2021

Author: Michael Livori

Ref: AF19/141 & AF19/143

Summary

In accordance with the *Local Government Act 1999*, Schedule 2, Part 2 Section 25:

- (1) a regional subsidiary must have a budget for each financial year
- (2) each budget of a regional subsidiary
 - (a) must deal with each principal activity of the subsidiary on a separate basis; and
 - (b) must be consistent with its business plan; and
 - (c) must comply with standards and principles prescribed by the regulations; and
 - (d) must be adopted after 31 May for the ensuing financial year, and before a date fixed by the Constituent Councils; and
 - (e) must be provided to the Constituent Councils in accordance with the regulations.

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

7.3. Budget

- a) EHA must prepare a proposed budget for each financial year in accordance with clause 25, Schedule 2 to the Act.
- b) The proposed budget must be referred to the Board at its April meeting and to the Chief Executive Officers of the Constituent Councils by 30 April each year.
- c) A Constituent Council may comment in writing to EHA on the proposed budget by 31 May each year.
- d) EHA must, after 31 May but before the end of June in each financial year, finalise and adopt an annual budget for the ensuing financial year in accordance with clause 25, Schedule 2 to the Act.

Report

At the 29 April 2020 Board of Management meeting members were provided with a report in relation to the Draft Annual Business Plan (DABP) that was developed for the 2020/2021 financial year (the report is provided to members as attachment 1).

At the meeting:

Cr S Whittington moved:

That:

1. The Draft Annual Business Plan and Budgeted Financial Statements for 2020/2021 Report is received.
2. The Draft Annual Business Plan and Budgeted Financial Statements for 2020/2021 as provided as attachment 4 to this report is endorsed and forwarded to Constituent Councils for comment.

Seconded by Cr J Kennedy

CARRIED UNANIMOUSLY 5: 29042020

On 30 April 2020 correspondence was provided to Constituent Councils requesting feedback on and endorsement for the DABP. A copy of the correspondence is provided as attachment 2.

Correspondence received from Constituent Councils is provided as attachment 3.

All Constituent Councils have endorsed the DABP for 2020/2021.

A summary of comments received, other than in relation to endorsement of the DABP and Budget were:

City of Prospect

A desire to see more promotions in relation to Immunisation programs, noting that a current heightened community awareness could be capitalised on.

Noting a key project for EHA during 2020/2021 includes the organisation service review and indicated that they were looking forward to receiving the details and findings in due course.

Town of Walkerville (ToW)

Endorses the DABP except for the proposed independent service review and refuses to make an \$8,000 commitment to the cost of the review.

ToW rationale for not supporting the proposed independent service review is:

- that Council is undertaking its own independent review and wishes to await that outcome before committing any further funds.
- Council was aware that the EHA Board, at its 29 April 2020 meeting, resolved to postpone the service review until such time that the COVID-19 pandemic period is over and EHA's operations return to relatively normal levels.

SUMMARY

It generally has not been necessary to make significant changes (other than grammatical and graphical design changes) to the information presented to and considered by the Board of Management at its meeting of 29 April 2020.

Service Review Funding

In relation to the proposed Service Review and the impact of the ToW position (detailed above) on other Constituent Councils I provide the following information.

In May 2019, ToW wrote to EHA requesting a range of information, including a request for a service (cost) review to be undertaken.

In July 2019 a draft Request for Quote (RFQ) document/specification for a service /cost review of EHA was provided to Constituent Councils for comment.

Subsequent to this, administrative contacts from Constituent Councils provided feedback (received between August 2019 and December 2019) and met and agreed on a final version of the RFQ document. It was also agreed that the costs for the review would be shared evenly among all Constituent Councils.

The process required to move forward was considered by Constituent Council administrative contacts which included the requirement to gain the appropriate approval for variations to the EHA and Constituent Council budgets to accommodate the review. The first opportunity to commence this process was at the 20 November 2019 Board meeting when the first EHA budget review for 2019/2020 was considered.

On 3 December 2019 EHA wrote to Constituent Councils requesting approval to amend its budget in line with its first budget review report and which included the costs associated with service review. This included the request for additional funds required from Constituent Council for the service review.

Approval from all Constituent Councils for the amendments to the budget to fund the service review was received between 18 December 2019 and 3 March 2020.

Due to the unfolding impacts of the COVID-19 Pandemic becoming evident in March 2020 a recommendation to postpone the service review was considered and endorsed by the EHA Board at its meeting of 29 April 2020. This in effect means that funds for the service review need to be contained within the 2020/2021 budget and will not be required in the 2019/2020 financial year.

ToW originally requested the service review and subsequently approved the budget review to contribute to the cost required for the work originally planned to occur in 2019/2020. ToW have now refused to contribute to the costs associated with the service review deferred to 2020/2021.

The impact on the remaining Constituent Councils is that they will be requested to make up the shortfall created by the ToW decision on an equal share basis.

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

In accordance with the *Local Government Act 1999* and the Eastern Health Authority Charter, the Annual Business Plan and Budget for 2020/2021 (provided as attachment 5) now require adoption by the Board.

RECOMMENDATION

That:

1. The report regarding the adoption of the Eastern Health Authority Annual Business Plan and Budgeted Financial Statements for 2019/2020 is received.
2. The Eastern Health Authority Annual Business Plan and Budget for 2020/2021 provided as attachment 4 to the report is adopted.
3. A copy of the Eastern Health Authority Annual Business Plan 2020/2021 incorporating the Budget are provided to the Chief Executive Officer of each Constituent Council within five business days.

5.3 DRAFT ANNUAL BUSINESS PLAN AND BUDGETED FINANCIAL STATEMENTS FOR 2020/2021

Author: Michael Livori
Ref: AF19/141

Summary

In accordance with the *Local Government Act 1999*, Schedule 2, Part 2 Section 25:

- (1) *a regional subsidiary must have a budget for each financial year*
- (2) *each budget of a regional subsidiary*
 - (a) *must deal with each principal activity of the subsidiary on a separate basis; and*
 - (b) *must be consistent with its business plan; and*
 - (c) *must comply with standards and principles prescribed by the regulations; and*
 - (d) *must be adopted after 31 May for the ensuing financial year, and before a date fixed by the constituent councils; and*
 - (e) *must be provided to the constituent councils in accordance with the regulations.*

The Eastern Health Authority (EHA) Charter requires pursuant to clause 8 the:

8.1 Contents of the Business Plan

- a) EHA must each year develop in accordance with this clause a business plan which supports and informs its annual budget.
- b) In addition to the requirements for the Business Plan set out in clause 24(6) of Schedule 2 to the Act, the Business Plan will include:
 - (a) a description of how EHA's functions relate to the delivery of the Regional Public Health Plan and the Business Plan;
 - (b) financial estimates of revenue and expenditure necessary for the delivery of the Regional Public Health Plan;
 - (c) performance targets which EHA is to pursue in respect of the Regional Public Health Plan.
- c) A draft of the Business Plan will be provided to the Constituent Councils on a date to be determined for the endorsement of the majority of those councils.

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

Report

Development of the 2020/2021 EHA Annual Business Plan to date:

- On 26 February 2020, Board Members endorsed the Annual Business Plan development process and were requested to provide comments and suggestions in relation to the content of the Annual Business Plan and Budget.
- On 27 February 2020 Constituent Councils were requested via their nominated contact to provide comments and suggestions in relation to the development of the Annual Business Plan (email provided as attachment 1 and feedback received provided as attachment 2).
- Due to the required organisational response to the COVID-19 crisis the Budget workshop was rescheduled until immediately prior to the meeting to be held on 29 April 2020 to consider the draft budget.

Content of the Draft Annual Business Plan 2020/2021

The Draft 2020/2021 EHA Annual Business Plan includes the following:

- EHA's objectives for the financial year.
- The activities that the EHA intends to undertake to achieve those objectives.
- The measures (financial and non-financial) which EHA intends to use to assess its performance against its objectives over the financial year.

The draft plan is provided to members as attachment 3.

Budget Documents

The budget contained within the Annual Business Plan is required to be adopted by the Board of Management at the 24 June 2020 meeting as the EHA budget for 2020/2021.

An additional document entitled "Eastern Health Authority Funding Statement 2020/2021" which provides a greater level of detail in respect to budgeted income and expenditure has been provided as attachment 5.

The Funding Statement does not form part of the Annual Business Plan.

Significant Influences

- COVID-19 response

- School Based Immunisation Program reduced to Year 8 and 10 students only (current year 11 catch-up program was finalised in 2019).
- Immunisation services to Unley ceased.
- Commencement of Adelaide PHN – Immunisation Community Engagement partnership project
- Enterprise Bargaining wage increase for staff.

EHA has set the following priorities as part of the 2020/2021 Annual Business Plan:

Priorities

- Implement the elements of the Regional Public Health Plan, 'Better Living, Better Health' as they apply to EHA.
- Where practicable, continue to undertake the necessary public health functions on behalf of Constituent Councils to protect the health and well-being of the community during the COVID-19 crisis.
- Attend and participate in Local Government COVID-19 meetings and forums to ensure consistency of approach in relation to public health and operational matters
- Review of the EHA Business Continuity Plan considering COVID-19.
- Ensure operational activities (inspections, investigations, immunisation services etc) are undertaken in line with required social distancing and hygiene measures to protect EHA employees and the community.
- Promotion of online immunisation appointment system.
- Conduct immunisation surveys to gain client feedback for use in development of the 2021 Clinic Immunisation Timetable.
- Implement process of improved recalls and reminders for overdue immunisation clients.

- Conduct organisation service review which considers the current scope and delivery of public and environmental health services by EHA to its Constituent Councils.

Funding the Business Plan and the Budget

EHA bases its expenditure on the services required to ensure its Constituent Councils are meeting their wide range of legislative responsibilities which are mandated in a range of legislation including the *South Australian (SA) Public Health Act 2011; Food Act 2001; Supported Residential Facilities Act 1992 and the Local Government Act 1999*.

The forecast for the 2020/2021 financial year is that EHA's operating result will be a breakeven position. To achieve this operating budget result, a total of \$1,790,674 will be raised through contributions from our Constituent Councils for operational expenditure. Constituent Councils will be requested to collectively contribute a further \$40,000 (20% per council) for the service review which was postponed from 2019/2020.

EHA's Charter requires Constituent Councils to contribute to its operations in accordance with a formula that calculates the estimated proportion of overall activities it requires. The calculations are based on the previous year's activities.

The global increase in contributions for EHA operations requested from Constituent Councils for 2020/2021 based on the draft budget is 1.91% as detailed in Table 1 below.

As can also be seen in Table 1, the average increases in contributions requested for Constituent Councils over the last 7 financial years has been 1.84%.

Table 1: Global increase in contributions requested from Constituent Councils

Combined Council Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 1,576,207		
2014/2015	\$ 1,576,605	\$ 398	0.03%
2015/2016	\$ 1,609,308	\$ 32,703	2.07%
2016/2017	\$ 1,641,055	\$ 31,747	1.97%
2017/2018	\$ 1,680,870	\$ 39,815	2.43%
2018/2019	\$ 1,723,023	\$ 42,153	2.51%
2019/2020	\$ 1,757,120	\$ 34,097	1.98%
2020/2021	\$ 1,790,674	\$ 33,554	1.91%
Average Annual Increase for 7 year period			1.84%

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

Table 2: Constituent Council proportion and contributions for 2020/2021

Eastern Health Authority Constituent Council Contribution Calculations 2020-2021							
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total	
Constituent Council Contribution proportion 2020/2021	24.47%	25.27%	32.74%	11.76%	5.75%	100.00%	
Required Contribution 2020/2021	\$ 438,131	\$ 452,548	\$ 586,308	\$ 210,656	\$ 103,032	\$ 1,790,674	
Change In Contribution from previous year							
Contribution proportion 2019/2020	24.87%	24.30%	31.87%	13.13%	5.83%	100.00%	
Actual Contribution	\$ 437,022	\$ 426,994	\$ 559,954	\$ 230,650	\$ 102,500	\$ 1,757,120	
Change in Contribution Proportion from previous FY	-0.40%	0.97%	0.87%	-1.36%	-0.08%		
Change in Contribution (\$)	\$ 1,108	\$ 25,554	\$ 26,354	\$ (19,994)	\$ 532	\$ 33,554	
Change in contributions (%)	0.25%	5.98%	4.71%	-8.67%	0.52%	1.91%	

As can be seen in Table 2 the effect of the charter formula sees single year changes for individual council contributions varying from the overall change in contribution of 1.91%. These changes vary from -8.67% to 5.98% this year.

City of Prospect's contribution decreased by 8.67%, which relates to a lower proportion of environmental complaints and attendance at public immunisation clinics. The reduction in attendance at public immunisation clinics was most likely due to the temporary closure of the Prospect based clinic while the Civic Centre was being redeveloped.

City of Norwood Payneham and St Peters contributions have increased by 4.71%, driven by a greater proportion of environmental health complaints and school enrolment numbers.

Campbelltown City Council contributions have increased by 5.98%, driven by a significant increase (28.7%) in Campbelltown residents attending public immunisation clinics offered by EHA.

Table 4 below provide a longer-term perspective for each Constituent Council and details the average annual change in contributions over the last 7 years. As mentioned previously, the EHA average change in contributions over this period is 1.84%. The average for Constituent Councils over this period ranges from -0.36% to 2.77%.

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

Burnside Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 400,742		
2014/2015	\$ 400,896	\$ 154	0.04%
2015/2016	\$ 415,038	\$ 14,142	3.53%
2016/2017	\$ 419,128	\$ 4,090	0.99%
2017/2018	\$ 424,220	\$ 5,092	1.21%
2018/2019	\$ 444,498	\$ 20,278	4.78%
2019/2020	\$ 437,022	\$ (7,476)	-1.68%
2020/2021	\$ 438,131	\$ 1,109	0.25%
Average Annual Increase for 7 year period			1.30%

Campbelltown Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 381,319		
2014/2015	\$ 376,996	\$ (4,323)	-1.13%
2015/2016	\$ 389,840	\$ 12,844	3.41%
2016/2017	\$ 379,026	\$ (10,814)	-2.77%
2017/2018	\$ 406,328	\$ 27,302	7.20%
2018/2019	\$ 403,854	\$ (2,474)	-0.61%
2019/2020	\$ 426,994	\$ 23,140	5.73%
2020/2021	\$ 452,548	\$ 25,554	5.98%
Average Annual Increase for 7 year period			2.54%

NPSP Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 485,199		
2014/2015	\$ 487,613	\$ 2,414	0.50%
2015/2016	\$ 490,646	\$ 3,033	0.62%
2016/2017	\$ 515,322	\$ 24,676	5.03%
2017/2018	\$ 512,052	\$ (3,270)	-0.63%
2018/2019	\$ 523,301	\$ 11,249	2.20%
2019/2020	\$ 559,954	\$ 36,653	7.00%
2020/2021	\$ 586,308	\$ 26,354	4.71%
Average Annual Increase for 7 year period			2.77%

Prospect Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 217,316		
2014/2015	\$ 222,291	\$ 4,975	2.29%
2015/2016	\$ 219,622	\$ (2,669)	-1.20%
2016/2017	\$ 220,952	\$ 1,330	0.61%
2017/2018	\$ 225,470	\$ 4,518	2.04%
2018/2019	\$ 237,123	\$ 11,653	5.17%
2019/2020	\$ 230,650	\$ (6,473)	-2.73%
2020/2021	\$ 210,656	\$ (19,994)	-8.67%
Average Annual Increase for 7 year period			-0.36%

Walkerville Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 91,631		
2014/2015	\$ 88,809	\$ (2,822)	-3.08%
2015/2016	\$ 94,162	\$ 5,353	6.03%
2016/2017	\$ 106,627	\$ 12,465	13.24%
2017/2018	\$ 112,800	\$ 6,173	5.79%
2018/2019	\$ 114,237	\$ 1,437	1.27%
2019/2020	\$ 102,500	\$ (11,737)	-10.27%
2020/2021	\$ 103,032	\$ 532	0.52%
Average Annual Increase for 7 year period			1.93%

Process from here

- The Draft Annual Business Plan and Budget will be provided to Constituent Councils on 30 April 2020 requesting any comment by 15 June 2020.
- The final budget will be considered for adoption at the Board of Management meeting to be held on 24 June 2020.
- A copy of the budget will be provided to the Chief Executive Officer of each Constituent Council within 5 days of its adoption.

RECOMMENDATION

That:

1. The Draft Annual Business Plan and Budgeted Financial Statements for 2020/2021 Report is received.
2. The Draft Annual Business Plan and Budgeted Financial Statements for 2020/2021 as provided as attachment 4 to this report is endorsed and forwarded to Constituent Councils for comment.



101 Payneham Road,
St Peters SA 5069

PO Box 275
Stepney SA 5069

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

D20/6048

30 April 2020

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

Dear Paul

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2020/2021.

In accordance with clause 7 of the EHA Charter, the EHA Board of Management (Board) considered and endorsed a draft Eastern Health Authority Annual Business Plan and Budget (ABP) at its meeting held on 29 April 2020 (a copy of the report is enclosed).

The Board resolved that the ABP (attachment 1 to the enclosed report) is provided to Constituent Councils for review and comment.

The ABP details EHA's objectives and priorities for the financial year, the activities that the EHA intends to undertake to achieve those objectives and the measures that EHA intends to use to assess its performance against its objectives over the financial year.

The forecast for the 2020/2021 financial year is that EHA's operating result will be a breakeven position. To achieve this operating budget result, a total of \$1,790,674 will be raised through contributions from our Constituent Councils for operational expenditure. Constituent Councils will be requested to collectively contribute a further \$40,000 (20% per council) for the requested service review which was postponed from 2019/2020 due to the COVID-19 crisis.

The overall increase in contributions for EHA operations (excluding the Regional Public Health Plan Review and Service Review costs) requested from Constituent Councils for 2020/2021 based on the draft budget is 1.91% as detailed in Table 1. The change in total contributions is 1.3% when considering the Regional Public Health Plan Review and Service Review costs.

As can also be seen in Table 1, the average increases in contributions requested for Constituent Councils over the last 7 financial years has been 1.84%.

Table 1: Overall increase in contributions requested from Constituent Councils

Combined Council Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 1,576,207		
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2020/2021	\$ 1,790,674	\$ 33,554	1.91%
Average Annual Increase for 7 year period			1.84%

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

Table 2: Constituent Council proportion and contributions for 2020/2021

Eastern Health Authority Constituent Council Contribution Calculations 2020-2021						
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Constituent Council Contribution proportion 2020/2021	24.47%	25.27%	32.74%	11.76%	5.75%	100.00%
Required Contribution 2020/2021	\$ 438,131	\$ 452,548	\$ 586,308	\$ 210,656	\$ 103,032	\$ 1,790,674
Contribution proportion 2019/2020	24.87%	24.30%	31.87%	13.13%	5.83%	100.00%
Actual Contribution	\$ 437,022	\$ 426,994	\$ 559,954	\$ 230,650	\$ 102,500	\$ 1,757,120
Change in Contribution Proportion from previous FY	-0.40%	0.97%	0.87%	-1.36%	-0.08%	
Change in Contribution (\$)	\$ 1,108	\$ 25,554	\$ 26,354	\$ (19,994)	\$ 532	\$ 33,554
Change in contributions (%)	0.25%	5.98%	4.71%	-8.67%	0.52%	1.91%

As can be seen in Table 2 the effect of the charter formula sees single year changes for individual council contributions varying from the overall change in contribution of 1.91%. The charter formula calculates a proportion of EHA activities estimated to be used by each council and this fluctuates from year to year. The single year changes in contributions vary from -8.67% to 5.98% this year.

Campbelltown City Council contributions have increased by 5.98%, driven by a significant increase (28.7%) in Campbelltown residents attending public immunisation clinics offered by EHA.

Due to the fluctuating nature of each council's contributions required when using the charter formula, I have provided Table 3 below which provides a longer-term view of the change in contributions required.

This shows that Campbelltown City Council has had an average increase of contributions of 2.54% over the last 7 years.

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

Campbelltown Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 381,319		
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If possible, it would be appreciated if feedback in relation to the ABP is received by 15 June 2020 so that it can be considered by the Board of Management at its meeting to be held on 24 June 2020 when it adopts the Annual Business Plan and Budget for 2020/2021.

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

Yours sincerely

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

Michael Livori
Chief Executive Officer

Ref: D20/6041

30 April 2020

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

Dear Chris

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2020/2021.

In accordance with clause 7 of the EHA Charter, the EHA Board of Management (Board) considered and endorsed a draft Eastern Health Authority Annual Business Plan and Budget (ABP) at its meeting held on 29 April 2020 (a copy of the report is enclosed).

The Board resolved that the ABP (attachment 1 to the enclosed report) is provided to Constituent Councils for review and comment.

The ABP details EHA's objectives and priorities for the financial year, the activities that the EHA intends to undertake to achieve those objectives and the measures that EHA intends to use to assess its performance against its objectives over the financial year.

The forecast for the 2020/2021 financial year is that EHA's operating result will be a breakeven position. To achieve this operating budget result, a total of \$1,790,674 will be raised through contributions from our Constituent Councils for operational expenditure. Constituent Councils will be requested to collectively contribute a further \$40,000 (20% per council) for the requested service review which was postponed from 2019/2020 due to the COVID-19 crisis.

The overall increase in contributions for EHA operations (excluding the Regional Public Health Plan Review and Service Review costs) requested from Constituent Councils for 2020/2021 based on the draft budget is 1.91% as detailed in Table 1. The change in total contributions is 1.3% when considering the Regional Public Health Plan Review and Service Review costs.

As can also be seen in Table 1, the average increases in contributions requested for Constituent Councils over the last 7 financial years has been 1.84%.

Table 1: Overall increase in contributions requested from Constituent Councils

Combined Council Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 1,576,207		
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2020/2021	\$ 1,790,674	\$ 33,554	1.91%
Average Annual Increase for 7 year period			1.84%

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

Table 2: Constituent Council proportion and contributions for 2020/2021

Eastern Health Authority Constituent Council Contribution Calculations 2020-2021							
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total	
Constituent Council Contribution proportion 2020/2021	24.47%	25.27%	32.74%	11.76%	5.75%	100.00%	
Required Contribution 2020/2021	\$ 438,131	\$ 452,548	\$ 586,308	\$ 210,666	\$ 103,032	\$ 1,790,674	
Contribution proportion 2019/2020	24.87%	24.30%	31.87%	13.13%	5.83%	100.00%	
Actual Contribution	\$ 437,022	\$ 426,994	\$ 559,954	\$ 230,650	\$ 102,500	\$ 1,757,120	
Change in Contribution Proportion from previous FY	-0.40%	0.97%	0.87%	-1.36%	-0.08%		
Change in Contribution (\$)	\$ 1,108	\$ 25,554	\$ 26,354	\$ (19,984)	\$ 532	\$ 33,554	
Change in contributions (%)	0.25%	5.98%	4.71%	-8.67%	0.52%	1.91%	

As can be seen in Table 2 the effect of the charter formula sees single year changes for individual council contributions varying from the overall change in contribution of 1.91%. The charter formula calculates a proportion of EHA activities estimated to be used by each council and this fluctuates from year to year. The single year changes in contributions vary from -8.67% to 5.98% this year.

City of Burnside's contributions have increased by 0.25% for 2020/2021.

Due to the fluctuating nature of each council's contributions required when using the charter formula, I have provided Table 3 below which provides a longer-term view of the change in contributions required.

This shows that City of Burnside has had an average increase of contributions of 1.30% over the last 7 years.

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

Burnside Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 400,742		
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If possible, it would be appreciated if feedback in relation to the ABP is received by 15 June 2020 so that it can be considered by the Board of Management at its meeting to be held on 24 June 2020 when it adopts the Annual Business Plan and Budget for 2020/2021.

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

Yours sincerely

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

Michael Livori
Chief Executive Officer

Ref: D20/6051

30 April 2020

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

Dear Mario

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2020/2021.

In accordance with clause 7 of the EHA Charter, the EHA Board of Management (Board) considered and endorsed a draft Eastern Health Authority Annual Business Plan and Budget (ABP) at its meeting held on 29 April 2020 (a copy of the report is enclosed).

The Board resolved that the ABP (attachment 1 to the enclosed report) is provided to Constituent Councils for review and comment.

The ABP details EHA's objectives and priorities for the financial year, the activities that the EHA intends to undertake to achieve those objectives and the measures that EHA intends to use to assess its performance against its objectives over the financial year.

The forecast for the 2020/2021 financial year is that EHA's operating result will be a breakeven position. To achieve this operating budget result, a total of \$1,790,674 will be raised through contributions from our Constituent Councils for operational expenditure. Constituent Councils will be requested to collectively contribute a further \$40,000 (20% per council) for the requested service review which was postponed from 2019/2020 due to the COVID-19 crisis.

The overall increase in contributions for EHA operations (excluding the Regional Public Health Plan Review and Service Review costs) requested from Constituent Councils for 2020/2021 based on the draft budget is 1.91% as detailed in Table 1. The change in total contributions is 1.3% when considering the Regional Public Health Plan Review and Service Review costs.

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Contribution proportion 2019/2020	24.87%	24.30%	31.87%	13.13%	5.83%	100.00%	
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Change in Contribution Proportion from previous FY	-0.40%	0.97%	0.87%	-1.36%	-0.08%		
Change in Contribution (\$)	\$ 1,108	\$ 25,554	\$ 26,354	\$ (19,994)	\$ 532	\$ 33,554	
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City of Norwood Payneham & St Peter's contributions have increased by 4.71%, driven by a greater proportion of environmental health complaints and school enrolment numbers.

Due to the fluctuating nature of each council's contributions required when using the charter formula, I have provided Table 3 below which provides a longer-term view of the change in contributions required.

This shows that City of Norwood Payneham & St Peters has had an average increase of contributions of 2.77% over the last 7 years.

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

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

Yours sincerely

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

Michael Livori
Chief Executive Officer

Ref: D20/6050

30 April 2020

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

Dear Nigel

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2020/2021.

In accordance with clause 7 of the EHA Charter, the EHA Board of Management (Board) considered and endorsed a draft Eastern Health Authority Annual Business Plan and Budget (ABP) at its meeting held on 29 April 2020 (a copy of the report is enclosed).

The Board resolved that the ABP (attachment 1 to the enclosed report) is provided to Constituent Councils for review and comment.

The ABP details EHA's objectives and priorities for the financial year, the activities that the EHA intends to undertake to achieve those objectives and the measures that EHA intends to use to assess its performance against its objectives over the financial year.

The forecast for the 2020/2021 financial year is that EHA's operating result will be a breakeven position. To achieve this operating budget result, a total of \$1,790,674 will be raised through contributions from our Constituent Councils for operational expenditure. Constituent Councils will be requested to collectively contribute a further \$40,000 (20% per council) for the requested service review which was postponed from 2019/2020 due to the COVID-19 crisis.

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This shows that City of Prospect has had an average decrease of contributions of 0.36% over the last 7 years.

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Yours sincerely

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

Michael Livori
Chief Executive Officer



101 Payneham Road,
St Peters SA 5069

PO Box 275
Stepney SA 5069

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eha@eha.sa.gov.au

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

Ref: D20/6033

30 April 2020

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

Dear Kiki

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2020/2021.

In accordance with clause 7 of the EHA Charter, the EHA Board of Management (Board) considered and endorsed a draft Eastern Health Authority Annual Business Plan and Budget (ABP) at its meeting held on 29 April 2020 (a copy of the report is enclosed).

The Board resolved that the ABP (attachment 1 to the enclosed report) is provided to Constituent Councils for review and comment.

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As can also be seen in Table 1, the average increases in contributions requested for Constituent Councils over the last 7 financial years has been 1.84%.

Table 1: Overall increase in contributions requested from Constituent Councils

Combined Council Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 1,576,207		
2014/2015	\$ 1,576,605	\$ 398	0.03%
2015/2016	\$ 1,609,308	\$ 32,703	2.07%
2016/2017	\$ 1,641,055	\$ 31,747	1.97%
2017/2018	\$ 1,680,870	\$ 39,815	2.43%
2018/2019	\$ 1,723,023	\$ 42,153	2.51%
2019/2020	\$ 1,757,120	\$ 34,097	1.98%
2020/2021	\$ 1,790,674	\$ 33,554	1.91%
Average Annual Increase for 7 year period			1.84%

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

Table 2: Constituent Council proportion and contributions for 2020/2021

Eastern Health Authority Constituent Council Contribution Calculations 2020-2021						
	Burnside	Campbeltown	NPSP	Prospect	Walkerville	Total
Constituent Council Contribution proportion 2020/2021	24.47%	25.27%	32.74%	11.76%	5.75%	100.00%
Required Contribution 2020/2021	\$ 438,131	\$ 452,548	\$ 586,308	\$ 210,656	\$ 103,032	\$ 1,790,674
Contribution proportion 2019/2020	24.87%	24.30%	31.87%	13.13%	5.83%	100.00%
Actual Contribution	\$ 437,022	\$ 426,994	\$ 559,954	\$ 230,650	\$ 102,500	\$ 1,757,120
Change in Contribution Proportion from previous FY	-0.40%	0.97%	0.87%	-1.36%	-0.08%	
Change in Contribution (\$)	\$ 1,108	\$ 25,554	\$ 26,354	\$ (19,994)	\$ 532	\$ 33,554
Change in contributions (%)	0.25%	5.98%	4.71%	-8.67%	0.52%	1.91%

As can be seen in Table 2 the effect of the charter formula sees single year changes for individual council contributions varying from the overall change in contribution of 1.91%. The charter formula calculates a proportion of EHA activities estimated to be used by each council and this fluctuates from year to year. The single year changes in contributions vary from -8.67% to 5.98% this year.

Town of Walkerville contributions have increased by 0.52% for 2020/2021.

Due to the fluctuating nature of each council's contributions required when using the charter formula, I have provided Table 3 below which provides a longer-term view of the change in contributions required.

This shows that Town of Walkerville has had an average increase of contributions of 1.93% over the last 7 years.

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

Walkerville Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 91,631		
2014/2015	\$ 88,809	\$ (2,822)	-3.08%
2015/2016	\$ 94,162	\$ 5,353	6.03%
2016/2017	\$ 106,627	\$ 12,465	13.24%
2017/2018	\$ 112,800	\$ 6,173	5.79%
2018/2019	\$ 114,237	\$ 1,437	1.27%
2019/2020	\$ 102,500	\$ (11,737)	-10.27%
2020/2021	\$ 103,032	\$ 532	0.52%
Average Annual Increase for 7 year period			1.93%

If possible, it would be appreciated if feedback in relation to the ABP is received by 15 June 2020 so that it can be considered by the Board of Management at its meeting to be held on 24 June 2020 when it adopts the Annual Business Plan and Budget for 2020/2021.

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

Yours sincerely

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

Michael Livori
Chief Executive Officer

From: Robert Dabrowski <RDabrowski@burnside.sa.gov.au>
Sent: Monday, 1 June 2020 6:25 PM
To: Michael Livori; 'Rob Gregory'; 'trevor@tjhms.com.au'
Cc: Chris Cowley; Kelly Vandermoer
Subject: Council consideration of subsidiary financial matters

Dear Michael / Rob / Trevor

At the meeting held 26 May 2020 Council considered the various reports as provided from your offices or through recent Board material, regarding financial matters in the form of either quarterly reviews or budgets for the upcoming financial year.

The following was resolved:

Regional Subsidiaries – Financial Updates

C12565

That Council:

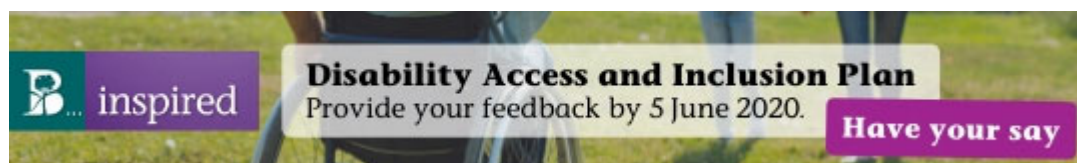
1. Approve the Eastern Health Authority Third Budget Review for 2019/20, noting the Forecast result remains at a \$28,000 Operating Deficit position.
2. Approve the Eastern Health Authority draft Budget for 2020/21, noting the Budgeted result is a breakeven position.
3. Approve the East Waste Management Authority Third Budget Review for 2019/20, noting the result is a decreased \$256,000 Operating Surplus position.
4. Approve the Highbury Landfill draft Budget for 2020/21, noting the result is an increased \$19,032 Operating Surplus position.

I trust this enables you to finalise the required processes at your end; please feel free to communicate to other Board Members or internally as needed.

Kind regards
Rob



Robert Dabrowski | Principal Executive Officer
City of Burnside | 401 Greenhill Road Tasmore SA 5065
P: 08 8366 4205 | M: 0477 228 844
RDabrowski@burnside.sa.gov.au
www.burnside.sa.gov.au





Enq: Simon Zbierski
Ph: 8366 9289

18 June 2020

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

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

Dear ~~Mr~~ ^{Mike} Livori

I refer to your correspondence dated 30 April 2020 and wish to advise that Council endorsed the Authority's draft 2020/2021 Annual Business Plan and Budget at its meeting held on Tuesday 16 June 2020, noting that the words 'Adopted Budget' being amended to 'Draft Budget' in the Budgeted Financial Statements 2020/2021 section.

If you have any queries, please contact Council's Manager Finance, Mr Simon Zbierski, on the above number.

Yours sincerely

Paul Di Iulio
Chief Executive Officer

File Number: qA1934 (A22821)
Enquiries To: Sharon Perkins
Direct Telephone: 8366 4539



**City of
Norwood
Payneham
& St Peters**

25 May 2020

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

Dear Michael

EASTERN HEALTH AUTHORITY DRAFT 2020-2021 ANNUAL BUSINESS PLAN AND BUDGET

Thank you for your letter dated 30 April 2020, regarding the Draft 2020-2021 Annual Business Plan and Budget.

I wish to advise that the Council considered the EHA Draft 2020-2021 Annual Business Plan and Budget at its meeting held on 19 May 2020.

Following the consideration of the Draft 2020-2021 Annual Business Plan and Budget, the Council resolved that the Eastern Health Authority be advised that pursuant to Clause 8(1)(c) of the Charter, the Council has considered and hereby approves the Authority's Draft 2020-2021 Annual Business Plan and Budget.

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

Yours sincerely

Sharon Perkins
GENERAL MANAGER, CORPORATE SERVICES

175 The Parade
Norwood SA 5067

PO Box 204
Kent Town SA 5071

Telephone
8366 4555

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8332 6338

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townhall@npsp.sa.gov.au

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27 May 2020

Payinthe

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PO Box 171
Prospect SA 5082

Telephone (08) 8269 5355

admin@prospect.sa.gov.au

www.prospect.sa.gov.au

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

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

Dear Michael

EHA DRAFT ANNUAL BUSINESS PLAN 2020/2021

I am pleased to advise that Council, at its meeting on 26 May 2020, resolved that;

- (1) *Council having considered Item 10.4 Eastern Health Authority Draft Annual Business Plan 2020-2021, receive and note the report.*
- (2) *Council endorses the Draft Eastern Health Authority Annual Business Plan 2020/2021 (as presented in Attachments 1-32).*
- (3) *The Chief Executive Officer writes to the Eastern Health Authority advising of Council's decision to endorse their draft Annual Business Plan for 2020/2021 ahead of its final adoption by the Eastern Health Authority Board of Management.*

During the discussions, the Council members expressed a desire to see more promotions in relation to Immunisation programs, noting that a current heightened community awareness could be capitalised on.

I also note that a key project for EHA during 2020/2021 includes the organisation service and efficiency review and we very much look forward to receiving the details and findings in due course.

Yours sincerely



Nigel McBride
Chief Executive Officer

From: Kiki Cristol <kcristol@walkerville.sa.gov.au>
Sent: Tuesday, 19 May 2020 1:38 PM
To: Michael Livori
Cc: Andreea Caddy; Vanessa Davidson; Jennifer Joshi; Hayley Lambi
Subject: RE: Draft EHA Annual Business Plan and Budget for 2020/2021

Good afternoon Michael,

I wish to advise that at the ordinary meeting of Council held on 18 May 2020 (last night), the Eastern Health Authority Draft Budget and Annual Business Plan 2020/21 was presented. After considered debate Council subsequently resolved as follows:

1. *That Council endorses the 2020/21 Eastern Health Authority Draft Budget and Annual Business Plan shown in Annexure One with the exception that Council does not support the proposed independent service review proposed by EHA by refusing to make an \$8,000 commitment to the cost of the review.*

And

2. *That Administration write to Eastern Health Authority advising of Council's decision and rationale.*

Council's rationale in not supporting the proposed independent service review as proposed by EHA was twofold:

1. that Council is undertaking its own independent review and wishes to await that outcome before committing any further funds.
2. Council was aware that the EHA Board, at its 29 April 2014 meeting, resolved to postpone the service review until such time that the COVID-19 pandemic period is over and EHA's operations return to relatively normal levels.

I invite you to contact me, should you have any questions in relation to Council's decision.

Kind regards,

Kiki Cristol
Chief Executive Officer

Town of Walkerville

Executive and Leadership | 66 Walkerville Terrace, Gilberton SA 5081
PO Box 55 | Walkerville SA 5081
T +61 8 8342 7102 | F +61 8 8269 7820 | M +61 419 842 154
www.walkerville.sa.gov.au | kcristol@walkerville.sa.gov.au

From: Hayley Lambi <hlambi@eha.sa.gov.au>
Sent: Thursday, 30 April 2020 2:54 PM
To: Kiki Cristol <kcristol@walkerville.sa.gov.au>
Cc: Andreea Caddy <acaddy@walkerville.sa.gov.au>
Subject: Draft EHA Annual Business Plan and Budget for 2020/2021

Dear Kiki,

Please find attached correspondence in relation to the draft EHA Annual Business Plan and Budget for 2020/2021.

If you have any queries, please do not hesitate to contact Michael Livori on 8132 3611

Kind regards

Hayley Lambi
Administration Officer
T / 8132 3601



101 Payneham Road, St Peters SA 5069
PO Box 275 Stepney SA 5069
www.eha.sa.gov.au



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Annual Business Plan 2020/21





Local councils working together to protect the health of the community.

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Introduction



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

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

The Budgeted Financial Statements can be found on pages 28 and consist of a Statement of Comprehensive Income, Statement of Financial Position, Statement of Cash Flows and Statement of Changes in Equity.

This document presents the Annual Business Plan for EHA for the 2020-2021 financial year.



About Eastern Health Authority (EHA)

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

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

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

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

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

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

Activity Data	Burnside	C/Town	NPSP	Prospect	Walkerville	Total
No. of Food Premises	285	296	485	182	43	1,291
Swimming Pools	19	6	13	2	3	43
High Risk Manufactured Water Systems	9	8	10	2	0	29
Supported Residential Facilities	1	2	1	1	0	5
Environmental Health Complaints	32	35	64	12	9	152
Hairdresser/Beauty Treatment Premises	72	61	106	32	10	281
Number of high school student enrolments	2,268	1,749	2,429	379	291	7,116
Average clients receiving vaccines at public clinics	1,114	1,422	1,429	329	275	4,569



Overview of the Business Plan

EHA develops an Annual Business Plan for the purposes of translating strategic directions into actions, outputs and outcomes for the relevant financial year. In preparing this years' Annual Business Plan a number of key influences were taken into consideration.

Significant Influences

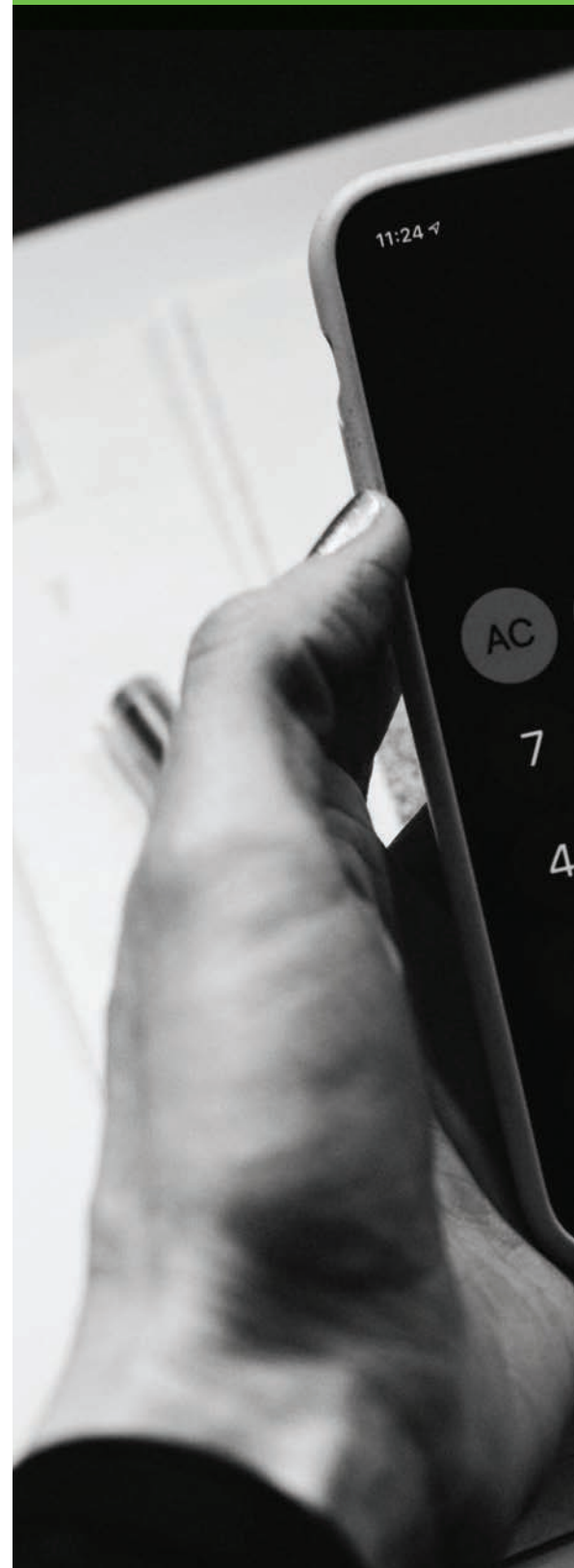
- COVID-19 Response
- School Based Immunisation Program reduced to Year 8 and 10 students only (current year 11 catch-up program was finalised in 2019).
- Enterprise Bargaining wage increase for staff.
- No longer providing immunisation services to the City of Unley.
- Commencement of Adelaide Primary Health Network (PHN) – Immunisation Community Engagement partnership project.

EHA has set the following priorities as part of the 2020-2021 Annual Business Plan:

Priorities

- Implement the elements of the Regional Public Health Plan, 'Better Living, Better Health' as they apply to EHA.
- Where practicable, continue to undertake the necessary public health functions on behalf of Constituent Councils to protect the health and well-being of the community during the COVID-19 crisis.

- Attend and participate in Local Government COVID-19 meetings and forums to ensure consistency of approach in relation to public health and operational matters.
- Review of the EHA Business Continuity Plan considering COVID-19.
- Ensure operational activities (inspections, investigations, immunisation services etc) are undertaken in line with required social distancing and hygiene measures to protect EHA employees and the community.
- Promotion of online immunisation appointment system.
- Conduct immunisation surveys to gain client feedback for use in development of the 2021 Clinic Immunisation Timetable.
- Implement process of improved recalls and reminders for overdue immunisation clients.
- Conduct organisation service review which considers the current scope and delivery of public and environmental health services by EHA, to ensure that these services fulfil the legislative obligations of EHA's Constituent Councils, are aligned to community needs, are delivered efficiently and provide value to the public and Constituent Councils.



Funding the Business Plan and the Budget



EHA bases its expenditure on the services required to ensure its Constituent Councils are meeting their wide range of legislative responsibilities which are mandated in a range of legislation including the *SA Public Health Act 2011*, *Food Act 2001*, *Supported Residential Facilities Act 1992* and the *Local Government Act 1999*.

The forecast for the 2020-2021 financial year is that EHA's operating result will be a breakeven position. To achieve this operating budget result, a total of \$1,790,674 will be raised through

contributions from our Constituent Councils for operational expenditure. Constituent Councils will be requested to collectively contribute a further \$40,000 (20% per council) for the service review which was postponed from 2020-2021.

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

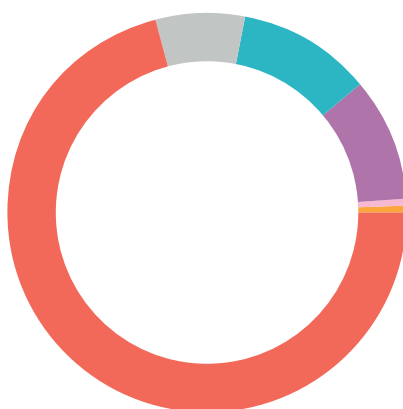
Statutory Charges relate mainly to fees and fines levied in accordance with legislation and include food inspection fees, supported residential facility licences, and environmental health related fines.

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

Grants which include monies received from State and Federal Governments for the purposes of funding the delivery of the programs such as immunisation services.

Investment income which includes interest on operating cash held with the Local Government Finance Authority.

Other Revenues relate to a range of unclassified items which do not fit within the main income categories.



Graph 1 – Funding Sources 2020-2021

Statutory Charges	7.0%
User Charges	11.0%
Grants	10.0%
Investment Income	0.6%
Other Revenues	0.3%
Constituent Council Contributions	71.0%



Financial Indicators



A series of financial indicators have been developed by local government to assist in determining whether a local government organisation is financially sustainable or moving to a position of financial sustainability.

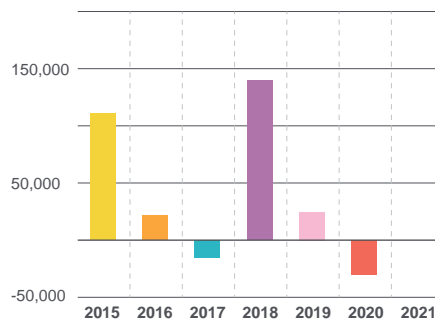
Indicators with relevance to EHA are set out below.

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

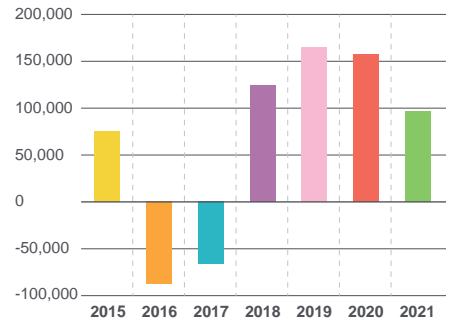
Net Financial Assets indicates the money held, invested or owed to EHA less money owed to others (including provisions for employee entitlements).

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

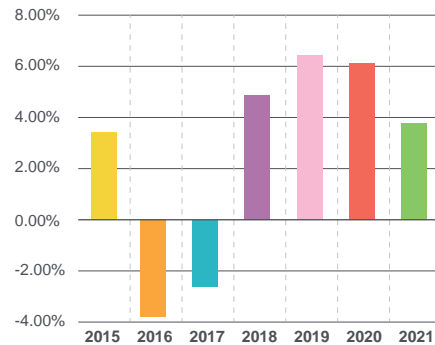
Graph 2: Operating Surplus / (Deficit)



Graph 3: Net Financial Assets



Graph 4: Net Financial Assets Ratio



Another useful financial indicator is the percentage of Constituent Council total expenditure used on Public Health services provided by EHA as seen in Table 2 below.

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

	Contribution 2019-20	Total Expenses Budgeted 2019-20	EHA % of expenses
Burnside	\$439,648	\$48,019,000	0.92%
Campbelltown	\$429,328	\$51,260,050	0.84%
NPSP	\$562,871	\$42,671,084	1.32%
Prospect	\$222,773	\$25,093,000	0.89%
Walkerville	\$102,500	\$10,143,000	1.01%
Total Constituent Council Expenditure	\$1,757,120	\$177,186,134	0.99%

Activities for 2020/21



The following information reflects the actions which will be performed to achieve the objectives for EHA over the next 12 months.





1.0 – Governance and Organisational Development



Background

Practices which ensure EHA conducts its business in an effective manner include the provision of appropriate support to the Board of Management, sound financial and human resource management and good governance and administration procedures.

Objective 1.0

Administration of legislative and corporate governance requirements

	Actions	Performance Measures
1.1	<ul style="list-style-type: none"> Monitor the compliance of statutory requirements identified in the Charter. 	<ul style="list-style-type: none"> Statutory requirements complied with as per Charter.
1.2	<ul style="list-style-type: none"> Properly convene Board meetings providing agendas and minutes. Minimum of 5 ordinary meetings conducted. Notice of meeting given 3 clear days prior to meeting. Minutes provided within 5 days of meeting. 	<ul style="list-style-type: none"> 5 meetings conducted. Appropriate notice given. Timeframe met.
1.3	<ul style="list-style-type: none"> Conduct election for Chair and Deputy Chair of Board of Management in February. 	<ul style="list-style-type: none"> Election conducted at February meeting.
1.4	<ul style="list-style-type: none"> In accordance Clause 6.5 of EHA's Charter 2016, undertake the required strategies to attain any priority or goal which the Regional Public Health Plan, 'Better Living, Better Health' specifies as EHA's responsibility. 	<ul style="list-style-type: none"> As detailed in 'Better Health, Better Living' the section 'Protection for Health'.
1.5	<ul style="list-style-type: none"> Implement the second iteration of the Regional Public Health Plan, 'Better Living, Better Health' in accordance with <i>section 51(19) SA Public Health Act, 2011</i>. 	<ul style="list-style-type: none"> Implementation of Regional Public Health Plan
1.6	<ul style="list-style-type: none"> Provide administrative assistance to the Public Health Plan Advisory Committee and coordinate reports to the Board of Management. 	<ul style="list-style-type: none"> Reports provided to Board meetings as required.
1.7	<ul style="list-style-type: none"> Annual Business Plan to be developed with detailed objectives for the year in consultation with Constituent Councils. 	<ul style="list-style-type: none"> Draft considered at May meeting and adopted at June meeting.
1.8	<ul style="list-style-type: none"> Develop budgeted financial statements to implement the Annual Business Plan of EHA. Draft Budgeted Financial Statements considered at May meeting. Budgeted Financial Statements adopted at June meeting. 	<ul style="list-style-type: none"> Budget and Financial Statements adopted. Copy of budget provided to CEO of Constituent Councils within 5 days of adoption.
1.9	<ul style="list-style-type: none"> Keep proper books of account, regularly report on the financial position of EHA, and apply prudent financial management as required by the Charter. 	<ul style="list-style-type: none"> Financial reports provided at each Board meeting. Budget reviews presented at October, February and May meetings.
1.10	<ul style="list-style-type: none"> Conduct Audit Committee meetings as required by Charter. 	<ul style="list-style-type: none"> Audit committee meet minimum of two times per annum.
1.11	<ul style="list-style-type: none"> Ensure the financial statements are audited annually as per the requirements of the Charter. 	<ul style="list-style-type: none"> Audited financial statements adopted at August meeting and provided to Constituent Councils within 5 days.
1.12	<ul style="list-style-type: none"> Monitor Long Term Financial Plan. 	<ul style="list-style-type: none"> Plan reviewed annually as part of budget process.

Actions	Performance Measures
1.13 ○ Provide regular statistical reports to Board Members and Constituent Councils.	○ Reports provided at scheduled Board meetings.
1.14 ○ Conduct annual review of delegations. Lead Constituent Councils in process. Resolutions and Instruments of delegation provided to Constituent Councils.	○ Documents provided to Constituent Councils. ○ Delegations from EHA to CEO reviewed annually.
1.15 ○ Provide information to the Board of Management in relation to public health reforms and provide written responses on behalf of EHA and Constituent Councils to State Government.	○ Information reports provided to Board and distributed to Constituent Councils as required.
1.16 ○ Compile annual report in relation to the operations of EHA as required by the Charter.	○ Annual report adopted at August meeting and provided to Constituent Councils and other stakeholders.
1.17 ○ Compile report pursuant to the <i>SA Public Health Act 2011</i> in relation to the operations of EHA as required by legislation.	○ Report adopted at relevant Board meeting and provided to Public Health Council.
1.18 ○ Compile annual reports pursuant to the <i>Food Act 2001</i> and <i>Safe Drinking Water Act 2011</i> in relation to the operations of EHA as required by legislation.	○ Report adopted at August meeting and provided to SA Health.
1.19 ○ Compare Annual Business Plan against performance measures.	○ Report presented to August meeting.
1.20 ○ Provide delegates report to CEO of each Constituent Council following Board meetings for tabling at subsequent council meeting.	○ Reports provided following Board meetings.
1.21 ○ Properly convene meetings of Constituent Council nominated contacts including providing agendas and minutes.	○ 4 meetings conducted per year.
1.22 ○ Maintenance of electronic records management system to properly maintain records and reference documents of EHA.	○ System developed to ensure appropriate standards are being met.
1.23 ○ Continually review the EHA website to improve the functionality and available information and educational material.	○ Improved website functionality and available information.
1.24 ○ Explore the potential for the expansion of service provision to areas outside of its current Constituent Council areas.	○ Report to Board on expansion opportunities.
1.25 ○ Maintenance of Health Manager (electronic database) and Mobile Health (inspection App). Continue to expand Health Manager and Mobile Health internal and external functionality, to improve inspection, complaint and administrative efficiency and reporting capabilities.	○ Introduce new applications and reporting capabilities where required. Continue to liaise with Open Office to discuss new applications.
1.26 ○ EHO's to continue to utilise the handheld electronic tablets with access to Mobile Health during routine and follow-up food inspections. ○ Expand the use of the electronic tablets in other EHO onsite field work.	○ Continue to utilise the handheld electronic tablets during routine and follow-up food inspections. ○ Explore the opportunities to expand the use of the electronic tablets in other EHO onsite field work.
1.27 ○ Participate in the Environmental Health Managers Forum to address environmental health issues and promote uniformity and professional consistency.	○ Management to attend and participate in the Environmental Health Managers Forum meetings.
1.28 ○ Engage and participate with LGA, Environmental Health Australia, state and local government authorities, and other non-Government authorities to review best practice standards and promote uniformity and professional consistency.	○ Engage, attend and actively participate.
1.29 ○ Continue membership and actively participate in the Eastern Adelaide Zone Emergency Management Committee to develop and finalise the Eastern Zone Emergency Management Plan.	○ Attend the Eastern Adelaide Zone Emergency Management Committee and actively contribute towards the development of the Eastern Zone Emergency Management Plan.

Objective 1.1

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

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

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



2.0 – Public and Environmental Health



Background

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

website: NEHA

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

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

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

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

To protect the health and well-being of the community during the COVID-19 crisis, it is imperative for EHA to continue to undertake the necessary functions on behalf of its Constituent Councils. These functions include the provision of hygiene and sanitation control, licensing and monitoring of supporting of residential facilities. Currently, these functions are controlled by the limitations set by the Federal Government Restrictions and State Government Directions.

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

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

Objective 2.0

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

Actions	Performance Measures
2.1 <ul style="list-style-type: none"> ◦ Maintain and update a register of all public health related premises. ◦ Public Health related premises are: <ul style="list-style-type: none"> ◦ premises with public swimming pools and spas ◦ premises with cooling tower systems and warm water systems ◦ personal care and body art premises ◦ waste control systems 	<ul style="list-style-type: none"> ◦ Register maintained and updated as required.
2.2. <ul style="list-style-type: none"> ◦ Undertake assessments and investigate complaints to determine that appropriate standards of public swimming pools and spas are maintained in accordance with the <i>South Australian Public Health (General) Regulations 2013</i>. 	<ul style="list-style-type: none"> ◦ All indoor pools assessed twice a year and outdoor pools once a year. ◦ Investigate and respond to complaints in accordance with the customer service standards.
2.3 <ul style="list-style-type: none"> ◦ Undertake assessments and collect water samples for analysis to determine appropriate standards of cooling towers and warm water systems for the management of <i>Legionella</i> in accordance with <i>South Australian Public Health (Legionella) Regulations 2013</i>. 	<ul style="list-style-type: none"> ◦ Assessments performed at least annually.
2.4 <ul style="list-style-type: none"> ◦ Investigate notifiable <i>Legionella</i> incidences and high <i>Legionella</i> counts in accordance with SA Health guidance and internal procedures. 	<ul style="list-style-type: none"> ◦ Investigate incidences in accordance with EHA service standards and SA Health guidance.
2.5 <ul style="list-style-type: none"> ◦ Undertake assessments to and investigate complaints determine that appropriate standards at personal care and body art premises are maintained in accordance with guidelines and legislation. 	<ul style="list-style-type: none"> ◦ Assessments performed according to risk-based schedule. ◦ Investigate and respond to complaints in accordance with the customer service standards.
2.6 <ul style="list-style-type: none"> ◦ Assess applications for the installation of on-site wastewater systems in accordance with <i>South Australian Public (Wastewater) Regulations 2013</i>, the On-site Wastewater System Code 2013 and AS 1547 internal procedures, and service standards. 	<ul style="list-style-type: none"> ◦ Applications assessed against with legislative requirements and customer service standards.
2.7 <ul style="list-style-type: none"> ◦ Monitor service reports for aerobic waste water treatment systems to identify non-compliances. Ensure non-compliances are addressed in accordance with <i>South Australian Public (Wastewater) Regulations 2013</i> 	<ul style="list-style-type: none"> ◦ Monitor service reports for waste water treatment systems to identify non-compliances.
2.8 <ul style="list-style-type: none"> ◦ Respond to public health enquiries/complaints within the built environment that give rise to a risk to health in relation to: <ul style="list-style-type: none"> ◦ hoarding and squalor ◦ sanitation ◦ vector control ◦ hazardous and infectious substances ◦ clandestine drug laboratory ◦ asbestos ◦ syringes ◦ on-site wastewater systems ◦ notifiable diseases ◦ refuse storage ◦ Co-ordinate a multi-agency response where necessary. ◦ Enquire into a collaborative working group with operational staff from Constituent Councils to assist with complex case investigation/resolution in public health hoarding and squalor. 	<ul style="list-style-type: none"> ◦ Enquiries/complaints are investigated in accordance with the customer service standards and guidelines.

Actions	Performance Measures
2.9 ○ Undertake joint investigations with Constituent Councils where there may be an overlap relating to offences relating to <i>SA Public Health Act 2011</i> , <i>Environmental Protection (Water Quality) Policy 2015</i> and the <i>Local Nuisance and Litter Control Act 2017</i> .	○ Undertake joint investigations where required.
2.10 ○ Provide information to households informing them of localised pests/vector issues that can be minimised.	○ Provide information as required.
2.11 ○ Undertake relevant notifiable disease investigations in collaboration with SA Health.	○ Respond to disease notifications in accordance with customer service standards and SA Health guidance.
2.12 ○ Provide advice and information materials to residents about air quality concerns including the installation, operation and standards of solid fuel burning appliances.	○ Information available to community and via website as required.
2.13 ○ Provide rodent bait to residents upon request.	○ Rodent bait provision maintained.
2.14 ○ Assist members of the community by offering approved sharps containers at cost price. Free disposal for residents of full and approved sharps containers delivered to EHA.	○ Provide sharps containers at cost price and free disposal service to residents as required.
2.15 ○ Continue to co-ordinate and attend the Eastern Hoarding and Squalor Committee meetings to promote interagency management of residents affected by hoarding and squalor.	○ Coordinate and attend the Eastern Hoarding and Squalor meetings.
2.16 ○ Maintain the hoarding and squalor contacts database.	○ Update where required.
2.17 ○ Participate in Metropolitan Fire Service fire risk notification system.	○ Notify MFS when required as per the notification process.
2.18 ○ Respond to development application referrals from councils regarding public health related premises and activities.	○ Respond to all referrals in accordance with the customer service standards.
2.19 ○ Monitor providers who supply water to the public under the <i>Safe Drinking Water Act 2012</i> meet the requirements set out by the Act and <i>Safe Drinking Water Regulations 2012</i> .	○ Continue to monitor potential water providers to ensure compliance with the Act and associated regulations.

Objective 2.1

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

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

Objective 2.2

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

Actions	Performance Measures
2.2.1 ○ Assess applications for new licences, licence renewals and transfer of licence with regard to SRF legislation and within legislative timeframes.	○ Applications processed within legislative timeframes.
2.2.2 ○ Assess applications for manager and acting manager with regard to SRF legislation.	○ Applications processed in accordance with the customer service standards.
2.2.3 ○ Conduct relicensing audits of facilities with regard to SRF legislation. ○ Incorporate appropriate annual fire safety requirements from the Constituent Councils Building Fire and Safety Officers.	○ Unannounced audits conducted at all facilities. Issue of licences annually with conditions where required. ○ Fire safety advice obtained annually. If required, include as licence conditions as agreed between EHA and Constituent Councils.
2.2.4 ○ Conduct follow-up inspections to ensure facilities continue to operate at satisfactory standards in accordance with the legislation.	○ Unannounced inspections and follow-ups conducted at SRFs where required.
2.2.5 ○ Respond to enquiries/complaints in relation to SRFs.	○ Respond to all enquiries and complaints in accordance with the customer service standards.
2.2.6 ○ Liaise with service providers to ensure residents receive appropriate levels of care.	○ Liaise where required.
2.2.7 ○ Liaise with Constituent Councils and other relevant stakeholders in relation to potential SRF closures and surrender of licence, strategic management options and appropriate alternative accommodation options.	○ Issues investigated and reported to Board of Management and relevant council as necessary.
2.2.8 ○ Liaise with LGA and State Government to ensure legislation applicable to SRFs is appropriate and that local government receives appropriate support for its licensing role.	○ Continue discussion with LGA and State Government regarding these issues.

Objective 2.3

Minimise the public health consequences of emergencies through a planned and prepared response

Actions	Performance Measures
2.3.1 ○ Liaise with the Constituent Councils and Eastern Adelaide Zone Emergency Management Committee to ensure integration of emergency management arrangements.	○ Attend and participate in committee meetings.
2.3.2 ○ Conduct exercises with staff to test the Emergency Management Plan and Business Continuity Plan. ○ Participate in any relevant exercises conducted by the Constituent Councils or by other organisations.	○ Conduct or participate in one exercise a year.
2.3.3 ○ Conduct exercises with staff to test the Emergency Management Plan and Business Continuity Plan. Participate in any relevant exercises conducted within the region by other organisations.	○ Conduct or participate in one exercise a year.
2.3.4 ○ Review and update emergency management information and proactively provide public health and food safety information to the community and businesses via the website or email.	○ Review and update as required.
2.3.5 ○ Finalise the review of the Emergency Management Plan.	○ Plan Finalised.
2.3.6 ○ Review of Business Continuity Plan considering COVID-19.	○ Plan Finalised.
2.3.7 ○ Emergency Management Plan strategies to be reflected in the Public Health Plan and Risk and Opportunity Management Policy and Framework to ensure consistency over the three strategic plans.	○ Emergency Management Plan incorporated in the Risk and Opportunity Management Policy and Framework. The Emergency Management Plan to be recognised during the public health planning process.



3.0 – Immunisation



Background

Immunisation is the most cost-effective public health initiative and saves millions of lives each year and is critical for the health of children and the wider community. Immunisation is a safe and effective way of protecting people against harmful diseases that can cause serious health problems.

The National Immunisation Program (NIP) Schedule is a series of immunisations given at specific times for children, adolescents and adults. The NIP provides free vaccines against 17 diseases (including shingles) for eligible people and EHA delivers these vaccinations at its public clinics. EHA also offers the Annual Influenza Vaccine at its public clinics to prevent the highly contagious respiratory illnesses caused by Influenza A and B.

Each school year vaccines are provided to adolescents through the NIP's consenting School Immunisation Program (SIP). Year 8 students are vaccinated with two doses of human papillomavirus (HPV) and diphtheria, tetanus and whooping cough vaccine (dTpa). While consenting Year 10 students will receive two doses of the Meningococcal B vaccine and one dose of the Meningococcal ACWY vaccine. EHA will undertake approximately 64 visits to 17 high schools offering vaccinations to 2,225 Year 8 students and 2,361 Year 10 students.

Workplace Immunisation programs are conducted on a fee for service basis. A total of 4,216 vaccinations were provided to EHA clients in 2019. EHA is working to increase the number of vaccinations provided by promotion of its quality on-site service. EHA offers a convenient online quote and booking system on its website where businesses, government agencies, child care centres, schools and aged care facilities can easily coordinate a program with minimal downtime for their staff.

Objective 3.0

The provision of a comprehensive, accessible, and efficient immunisation service valued by the community

Actions	Performance Measures
3.1 <ul style="list-style-type: none"> ◦ Ensure effective governance and delivery of a public clinic immunisation program in accordance with: ◦ the current National Health and Medical Research Council (NHMRC) "Australian Immunisation Handbook" ◦ National Vaccine Storage Guidelines 'Strive for 5, 2nd Edition' ◦ the <i>Controlled Substances Act 1984</i> and the <i>Controlled Substances (Poisons) Regulations 2011</i> ◦ Vaccine Administration Code October 2018 v 1.7 ◦ South Australia's Child Protection Legislation – Child Safe Environment Guidelines ◦ Immunisation Records and Inventory System (IRIS) ◦ Immunisation Nurses are provided with opportunities to participate in appropriate professional development opportunities 	<ul style="list-style-type: none"> ◦ Annual clinical performance evaluation. ◦ Annual Cold Chain audit and pharmaceutical refrigerator maintenance. ◦ Annual review of Child Safe Environment Guidelines and Procedures. ◦ Review of Immunisation Nurses CPD annually.
3.2 <ul style="list-style-type: none"> ◦ Promotion of EHA's public immunisation clinic program through channels identified in the EHA Marketing Plan. ◦ Build social media presence through Constituent Council platforms to promote immunisation clinics. ◦ EHA website used as a tool for communication of up to date information relating to immunisation. ◦ Provide Constituent Councils with educational and promotional materials relating to immunisation for circulation. 	<ul style="list-style-type: none"> ◦ Increased number of clinic timetables required and distributed. ◦ Regular updates on immunisation information and matters provided on the website homepage. ◦ Source and distribute to Constituent Councils promotional and educational materials on immunisation in conjunction with Constituent Councils.
3.3 <ul style="list-style-type: none"> ◦ Improve customer experience at EHA public immunisation clinics. ◦ Conduct an annual review of EHA's public clinic venues and timetable taking into account client feedback and satisfaction surveys. ◦ Continual development and promotion of online immunisation appointment booking system. 	<ul style="list-style-type: none"> ◦ Review and evaluate each public clinic venue and times offered. ◦ Clinic timetable reviewed and published in November. ◦ Increase mailout of Clinic timetable. ◦ Report and expand website analytical tools to monitor usage. ◦ Improve the access and increase in use of the online immunisation booking system. ◦ Implement program of review and reminders for residents of overdue vaccinations.
3.4 <ul style="list-style-type: none"> ◦ Deliver School Immunisation Program (SIP) in accordance with the SA Health Service Agreement contract. ◦ Liaise with school coordinators and SA Health regarding implementation and evaluation of program. ◦ Immunisation statistics submitted via IRIS to SA Health and the Australian Immunisation Register (AIR) in accordance with contractual arrangements. 	<ul style="list-style-type: none"> ◦ Statistics reported to AIR within 5 days of clinics. ◦ All students offered vaccinations. If vaccination missed at school visit then public clinics offered. ◦ Statistics uploaded onto IRIS for the SIP within 10 days of school visit. ◦ Monitor and report on coverage data for the SIP compared to the SA Average. ◦ Delivery of SIP with ongoing improvement and evaluation of coverage data. Follow up of students who missed vaccination at school. ◦ Further promote EHA clinics and catch up facilities offered in regular school newsletter updates and electronic reminders to parents.

Actions	Performance Measures
<p>3.5</p> <ul style="list-style-type: none"> ◦ Promote and provide a professional and quality Workplace Immunisation Program on a fee for service basis. ◦ Continual development and promotion of online workplace immunisation appointment booking system. 	<ul style="list-style-type: none"> ◦ Target services to organisations whose staff are at high risk of acquiring vaccine preventable diseases. ◦ Increase of new clients and regular annual clients. ◦ Income generated. ◦ Review program annually.
<p>3.6</p> <ul style="list-style-type: none"> ◦ The CEO/Team Leader Immunisation lobby through LGA for appropriate funding for sustainability of local government delivery of immunisation services. 	<ul style="list-style-type: none"> ◦ Meet with LGA and SA Health to discuss funding and support from governments.
<p>3.7</p> <ul style="list-style-type: none"> ◦ Facilitate the Community Engagement Project which forms part of a broader Adelaide PHN Immunisation Hub initiative. ◦ The initiative aims to increase immunisation coverage and reduce vaccine preventable hospitalisations in the Adelaide metropolitan region. ◦ Increase community awareness and knowledge of the benefits of childhood immunisation, increasing coverage within the eastern and inner northern suburbs of metropolitan Adelaide. ◦ Conduct on-site education and awareness raising sessions at participating childcare centres. ◦ Provide education and training on immunisation information and immunisation services for health professionals. 	<ul style="list-style-type: none"> ◦ Comply with the Adelaide PHN project specific requirements, including submission of periodic reports as required. ◦ Meet with PHN periodically to monitor and review compliance against project schedule.



4.0 – Food Safety



Background

The *Food Act 2001* in conjunction with the Food Safety Standards (Chapter 3 of the Australia New Zealand Food Standards Code) aims to:

- ensure food for sale is both safe and suitable for human consumption
- prevent misleading conduct in connection with the sale of food
- provide for the application of the Food Standards Code

EHA is an enforcement agency under the *Food Act 2001* and is responsible for ensuring that appropriate food hygiene standards are maintained within its area and all food businesses meet their legislative obligations.

As consumers, we all have the right to expect that the food we eat is protected from microbiological contamination, foreign matter, poor hygiene and handling practices. While Australia has one of the safest food supplies in the world, the incidences of our two most prevalent foodborne diseases *Salmonella* and *Campylobacter* is on the increase. Illness caused by food is a significant public health problem and has major social and economic impacts.

Campylobacter is the most commonly notified cause of gastroenteritis in Australia and foodborne illness caused by *Salmonella* has been significantly increasing over the past 20 years and, compared to many similar countries, Australia has one of the highest rates.

Australia's Foodborne Illness Reduction Strategy 2018-2021+ was endorsed by the Australia and New Zealand Ministerial Forum on Food Regulation in June 2018. The aim of the Strategy is to reduce the number of food-related human cases of *Campylobacter* and *Salmonella* in Australia.

SA Health is leading a national project on food safety culture and raw or lightly-cooked egg foods. EHA was a part of the working group and actively participated in the state project. EHA will continue to support SA Health and the national Strategy in improving the food safety culture in food service.

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

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

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

Objective 4.0

Minimise food borne illness by ensuring that safe and suitable food is available to the community

Actions	Performance Measures
4.1 <ul style="list-style-type: none"> ◦ Assign and where required update food businesses risk classification in accordance with the SA Health Food Business Risk Classification framework. 	<ul style="list-style-type: none"> ◦ Apply relevant risk rating to new businesses and undertake assessments in accordance with SA Health Food Business Risk Classification framework. ◦ Monitor and identify new food processing practices during routine assessments. Update the risk classification to reflect the changes.
4.2 <ul style="list-style-type: none"> ◦ Routine food business assessments conducted using an appropriate food safety rating tool to ensure compliance with the <i>Food Act 2001</i> and Food Safety Standards. ◦ Frequency of routine assessments is determined by the food business risk classification framework. 	<ul style="list-style-type: none"> ◦ Assessments performed using the appropriate food safety rating tool. ◦ Assessments conducted in accordance with the assigned risk rating and frequency.
4.3 <ul style="list-style-type: none"> ◦ Monitor food businesses during inspections to assess if they are captured by the Primary Production Standards. 	<ul style="list-style-type: none"> ◦ Inform SA Health of new food businesses that may be captured under the Primary Production Standards as required.
4.4 <ul style="list-style-type: none"> ◦ Ensure appropriate enforcement action is taken in relation to breaches of the <i>Food Act 2001</i> and associated standards in accordance with EHA's enforcement policy. 	<ul style="list-style-type: none"> ◦ Number of enforcement actions taken.
4.5 <ul style="list-style-type: none"> ◦ Investigate food related complaints in relation to: <ul style="list-style-type: none"> ◦ alleged food poisoning ◦ microbiological and chemical contamination ◦ foreign matter found in food ◦ poor personal hygiene and handling practices ◦ unclean premises ◦ vermin, insects and pest activity ◦ refuse storage ◦ allergens ◦ Liaise with SA Health and other councils to ensure a consistent approach as required. 	<ul style="list-style-type: none"> ◦ Respond to complaints in accordance with customer service standards and where necessary SA Health guidance.
4.6 <ul style="list-style-type: none"> ◦ Respond to food recalls in accordance with SA Health recommendations. 	<ul style="list-style-type: none"> ◦ Number of recalls actioned when required.
4.7 <ul style="list-style-type: none"> ◦ Ensure all businesses servicing vulnerable populations within the Constituent Councils have their food safety plan audited in accordance with Food Safety Standard 3.2.1 and the <i>Food Act 2001</i>. 	<ul style="list-style-type: none"> ◦ Number of audits conducted in accordance to audit frequency.
4.8 <ul style="list-style-type: none"> ◦ Provide professional auditing services to businesses servicing vulnerable populations outside of EHA's of Constituent Councils. 	<ul style="list-style-type: none"> ◦ Number of audits conducted in accordance to audit frequency.
4.9 <ul style="list-style-type: none"> ◦ Review plans and liaise with the applicant regarding structural fit out of a food business. 	<ul style="list-style-type: none"> ◦ Respond to requests as required.
4.10 <ul style="list-style-type: none"> ◦ Provide feedback to Constituent Councils when requested as per the development assessment sharing process. 	<ul style="list-style-type: none"> ◦ Respond and provide feedback to Constituent Councils as required.
4.11 <ul style="list-style-type: none"> ◦ Provide new food businesses with a welcome pack to acknowledge their notification and to introduce EHA. The welcome pack to provide resources and information on safe food practice and inform businesses of EHA's inspection fee policy. 	<ul style="list-style-type: none"> ◦ Information provided following receipt of notification.

Actions	Performance Measures
4.12 ○ Conduct food safety assessments of fairs and festivals and temporary events in collaboration with the Constituent Councils and relevant event co-ordinators. Provide written correspondence and feedback to all stall holders assessed at these events.	○ Food safety assessments are undertaken based on risk. Provide correspondence and feedback to stall holders where required.
4.13 ○ Liaise with Constituent Council and relevant event coordinators to ensure all stall holders at fairs, festivals and temporary events are well informed of the legislative requirements. ○ Manage temporary stall notification forms and ensure temporary food businesses are provided with adequate resources and information in safe food practices. ○ Conduct stall holder meetings and food safety training for stall holders upon request by the Constituent Councils and relevant event coordinators.	○ Liaise with Constituent Council and relevant event coordinators prior to the event. Provide stall holder presentations where required.
4.14 ○ Following the assessment of food stalls at Constituent Councils special events, provide feedback to the relevant council on the food safety standards observed at the event.	○ Provide feedback to council where necessary.
4.15 ○ Ensure businesses provide notification of their business details. Monitor and maintain a register of all food businesses operating within EHA's jurisdiction.	○ Update in accordance with the customer service policy.
4.16 ○ Assessments, investigations and actions are updated in Health Manager to ensure effective reporting to the Board of Management, Constituent Councils and SA Health.	○ Update in accordance with the customer service policy.
4.17 ○ Provide information to the Board of Management in relation to food safety reforms and provide written responses on behalf of EHA and Constituent Councils to State Government.	○ Information reports provided to Board and distributed to Constituent Councils as required.

Objective 4.1

An innovative approach to food safety through business and community education and interaction to increase awareness and understanding

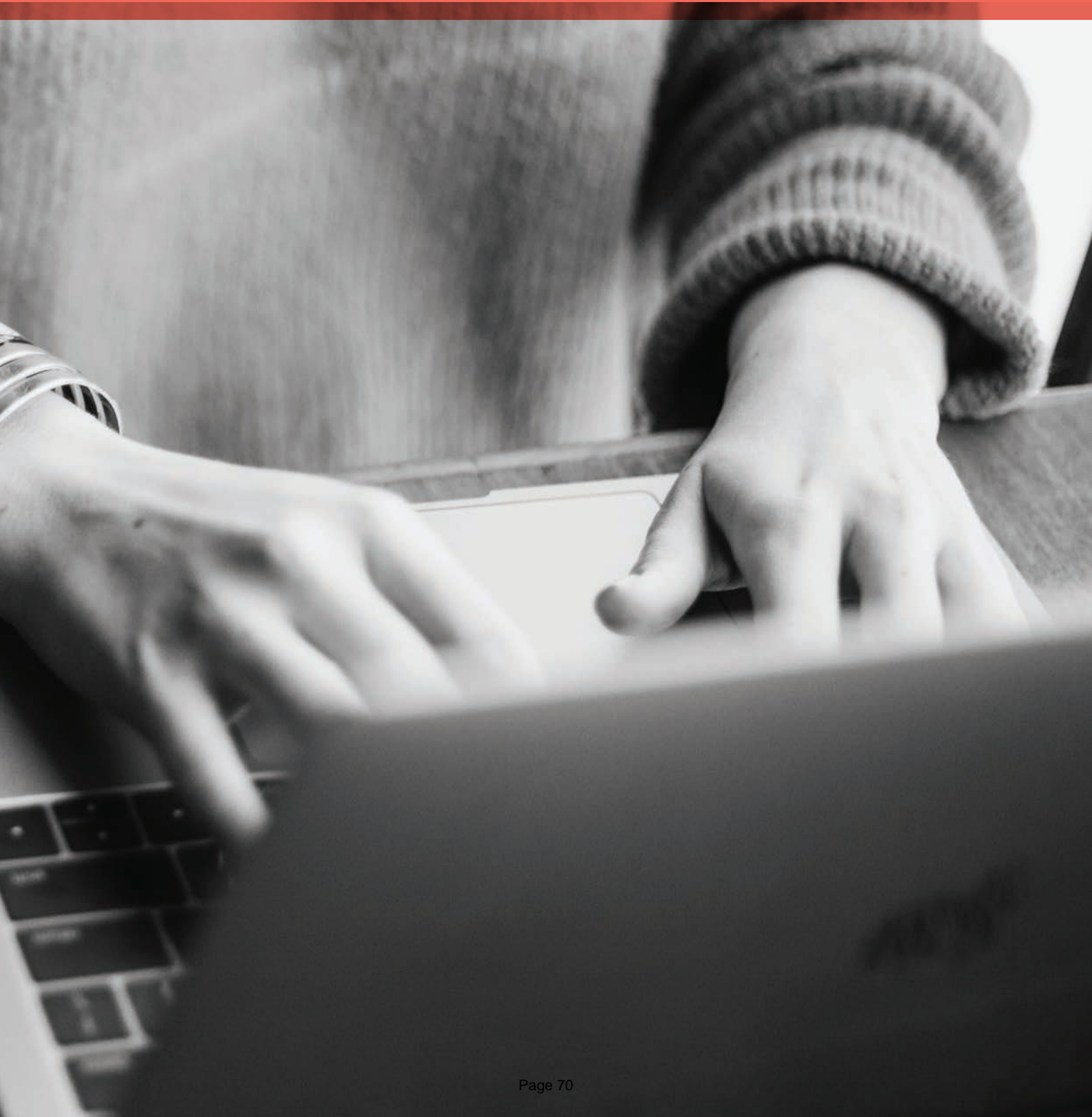
Actions	Performance Measures
4.1.1 ○ Continue to provide the food safety training program for food businesses.	○ Continue to provide the food safety training program.
4.1.2 ○ Continue to implement the food safety training program targeting specific food businesses that serve food to the vulnerable population and require a Food Safety Program.	○ Continue to provide the food safety training program.
4.1.3 ○ Develop and maintain a comprehensive range of health education and promotional material targeting public health issues incorporating the resources of other health related agencies.	○ Information resources maintained.
4.1.4 ○ Participate in State/National proactive educational initiatives that raise awareness of public health related issues amongst the community.	○ Number of proactive educational activities conducted each year.
4.1.5 ○ Collate the results from the customer service survey and investigate the feedback to identify areas of improvement and development of further educational materials.	○ Collate the customer service feedback.



Eastern Health Authority

Budget Financial Statements 2020/21





Eastern Health Authority Statement of Comprehensive Income

for the year ending 30 June 2021

	Revised (Mar 20) 2019/20	Adopted Budget 2020/21
Income		
Council contributions	1,757,120	1,790,674
Public Health Plan / Service Review contributions	50,000	40,000
Statutory charges	105,000	180,500
User charges	329,000	272,000
Grants, subsidies and contributions	251,000	252,000
Investment income	15,000	15,000
Other income	9,000	7,000
Total income	2,516,120	2,557,174
Expenses		
Employee costs	1,713,000	1,762,000
Materials, contracts and other expenses	770,000	737,300
Finance charges	11,120	7,874
Depreciation	50,000	50,000
Total expenses	2,544,120	2,557,174
Operating Surplus/(Deficit)	(28,000)	–
Net gain (loss) on disposal of assets		–
Net Surplus/(Deficit)	(28,000)	–
Total comprehensive income	(28,000)	–

Eastern Health Authority Statement of Cash Flows

for the year ending 30 June 2021

	Revised (Mar 20) 2019/20	Adopted Budget 2020/21
Cash Flows from Operating Activities		
Receipts		
Council contributions	1,807,120	1,830,674
Fees and other charges	105,000	180,500
User charges	329,000	272,000
Investment receipts	15,000	15,000
Grants utilised for operating purposes	251,000	252,000
Other	9,000	7,000
Payments		
Employee costs	(1,713,000)	(1,762,000)
Materials, contracts and other expenses	(770,000)	(737,300)
Interest expense	(11,120)	(7,874)
Net cash Provided/(Used) by Operating Activities	22,000	50,000
Cash Flows from Financing Activities		
Loans received	-	-
Loan repayments	(67,488)	69,090
Net cash Provided/(Used) by Financing Activities	(67,488)	(69,090)
Cash Flows from Investing Activities		
Receipts		
Sale of replaced assets	-	-
Payments		
Expenditure on renewal/replacements of assets	(30,000)	-
Expenditure on new/upgraded assets	-	-
Distributions paid to constituent Councils	-	-
Net cash Provided/(Used) by Investing Activities	(30,000)	-
Net Increase/(Decrease) in cash held	(75,488)	(19,090)
Cash and cash equivalents at beginning of reporting period	743,272	667,784
Cash and cash equivalents at end of reporting period	667,784	648,694

Eastern Health Authority Statement of Financial Position

for the year ending 30 June 2021

	Revised (Mar 20) 2019/20	Adopted Budget 2020/21
Current Assets		
Cash and cash equivalents	667,784	648,694
Trade and other receivables	168,200	122,329
Total current assets	835,984	771,023
Non-current Assets		
Equipment	304,192	254,192
Total Non-current Assets	304,192	254,192
Total Assets	1,140,176	1,025,215
Current Liabilities		
Trade and other payables	149,195	197,380
Provisions	322,578	325,421
Borrowings	64,393	67,488
Total Current Liabilities	536,166	590,289
Non-current Liabilities		
Provisions	24,868	38,690
Borrowings	118,862	46,677
Total Non-current Liabilities	143,730	85,367
Total Liabilities	679,896	675,656
Net Current Assets/(Current Liabilities)	299,818	180,734
Net Assets	460,280	349,559
Equity		
Accumulated Surplus/(Deficit)	460,280	349,559
Total Equity	460,280	349,559

Eastern Health Authority Statement of Changes in Equity

for the year ending 30 June 2021

	Revised (Mar 20) 2019/20	Adopted Budget 2020/21
Accumulated Surplus		
Balance at beginning of period	488,280	460,280
Net Surplus/(Deficit)	(28,000)	-
Distribution to Constituent Councils	-	-
Balance at end of period	460,280	460,280
Total Equity		
Balance at beginning of period	488,280	460,280
Net Surplus/(Deficit)	(28,000)	-
Distribution to Constituent Councils	-	-
Balance at end of period	460,280	460,280

5.3 HEALTH CARE AND COMMUNITY SERVICES

SUPPORTED RESIDENTIAL FACILITY LICENSING REPORT

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

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

As a result of the *COVID-19 Emergency Response Act 2020* which prohibited Authorised Officers to enter SRFs, audits by EHA and inspections by the Building Fire Safety Committees were not conducted at the three dual-licensed facilities.

Report

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

- the adequacy of menus to assess nutrition provided to residents using the nutrition auditing tool
- the prospectus specific to the facility
- the quality of personal care services and suitability of contracts and service plans
- the documentation relating to the management of finances and medication
- structural maintenance, safety and cleanliness of the facility
- the provision of a home like environment for residents; including bedroom allocations, bathrooms, storage and display of personal effects
- ensuring privacy is afforded to residents
- the qualifications, adequacy and experience of staff
- police/ DHS clearance records
- level of staffing using staff rosters and duty statements
- financial solvency of the business; and
- public liability insurance

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

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

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

During the re-licensing process, the Building Fire Safety Committee of each respective council was consulted. Due to the COVID-19 Pandemic, Building Fire Safety Officers did not conduct onsite inspections as is normal practice. Alternatively, correspondence was received from the Building Fire Safety Committees from each Council to indicate that there are no outstanding building fire safety matters that would prevent the licensing of these facilities.

Correspondence from the Building Fire Safety Committees included Triennial fire safety surveys provided by the South Australian Metropolitan Fire Service for two sites; a letter from one council indicating that records of essential fire safety provisions had been adequately maintained; and letters from two Councils advising that there are no outstanding building fire safety matters that would prevent licensing. It is anticipated that onsite building fire safety inspections will be conducted at all facilities in due course, depending on changes to the *COVID-19 Emergency Response Act*.

Food Safety Inspection reports were reviewed to ensure compliance with legislative requirements. All facilities were assessed to ensure compliance with the Food Safety Standards within the licensing period. Issues identified as requiring follow up will be assessed by the Environmental Health Officers during subsequent inspections through the year.

Prior to the release of the *COVID-19 Emergency Response Act 2020*, follow up inspections were conducted at one of the pension only facilities and all non-compliances were rectified.

As a result of the *COVID-19 Emergency Response Act 2020*, which prohibited Authorised Officers to enter SRFs, Officers were not able to conduct an onsite follow up inspection at one pension only facility. Therefore, the non-compliances raised at the initial licensing audit were not able to be closed. The *COVID-19 Emergency Response Act 2020* indicated that audio visual inspections were possible. However, due to the nature of the non-conformances it was resolved that an onsite follow up inspection would be required to adequately determine compliance. It is recommended that the facility be licenced for a shorter period (four months) due to the inability to conduct an inspection. Depending on the

future Covid-19 directions, and once onsite audits are conducted at these facilities the licences will be re-assessed.

The auditing process for the three dual licensed facilities was also impacted by the COVID-19 pandemic. As the residents residing in these three facilities are considered to be a high-risk population, onsite audits were not conducted. A review of the previous year's 'structural' audits at all three facilities indicated very minor structural non-compliances, and some of the facilities had no non-conformances previously recorded. All documents submitted to EHA as part of the renewal of applications was reviewed by Authorised Officers. These documents indicated that there have been no changes to processes and services provided to residents at these facilities. It is anticipated that onsite audits will be conducted at the dual licenced facilities in due course, depending on the Covid-19 directions for the vulnerable at-risk population.

It is recommended that the three dual licensed facilities be licenced for a shorter period (six months) in light of the above. Once onsite audits are conducted at these facilities the licences will be re-assessed and considered for a longer term.

The following five SRFs are recommended for re-licensing as detailed below:

City of Burnside

Applicant: Magill Lodge Supported Residential Care Pty Ltd.

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

Premises type: Pension only SRF

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

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

Unannounced re-licensing audits were conducted at Magill Lodge Supported Residential Care throughout the year. During the audits the following non-conformances were identified in regards to documentation:

- The menu was non-compliant with the Regulations, as the nutritional value and variety of foods was not always considered in each week of the 4 weekly rotational menu

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

- fly screens in bedrooms were damaged or not securely fitted
- a build-up of dirt and dust on fixtures and fittings in a small number of bedrooms
- standing fans in several bedrooms were unclean
- light covers were damaged or missing in several bedrooms and one bathroom
- extractor fans in a few bathrooms were unclean
- the doors and door frames of bathrooms and toilets were unclean or damaged
- minor damage to fixtures and fittings in a small number of bedrooms
- minor damage to the ceiling in one bathroom
- noticeable odour in several bedrooms and one bathroom

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

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

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

Campbelltown City Council

Applicant: Palm Gardens Consolidated Pty Ltd

**Premises: Magill Estate Retirement Village
122 Reid Avenue Magill SA 5072**

Premises type: Retirement Village (Dual licensed SRF)

The facility is a dual licensed SRF providing minimal personal care services to a small number of residents. The rooms are spacious single occupancy apartments with ensuite bathrooms.

As the residents residing at the facility are considered to be a high-risk population, onsite audits were not conducted.

Officers reviewed the previous year's 'structural' audit findings which revealed very minor structural non-compliances, which were immediately rectified by the facility's onsite maintenance employee. Authorised Officers reviewed all relevant documentation provided through the renewal application process. All documentation confirmed that there were no changes to processes and services provided to residents. It is anticipated that onsite audits will be conducted at Magill Estate Retirement Village in due course, depending on the Covid-19 directions for the vulnerable at-risk population.

In the absence of onsite inspections due to the Pandemic and based on the correspondence received from the City of Campbelltown Building Fire Safety Committee; Authorised Officers are of the opinion that the licence be granted for six months with the following condition:

1. Comply with the requirements of Section 71 of the *Development Act 1993* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

Applicant: Bellara Aged Care Village Pty Ltd

**Premises: Bellara Village
98 Newtown Road Campbelltown SA 5074**

Premises type: Retirement Village (Dual licensed SRF)

The facility is a dual licenced SRF, providing personal care services and/or nursing care to residents. The rooms are spacious single occupancy apartments with ensuite bathrooms. Some rooms have the option for twin share accommodation.

As the residents residing at the facility are considered to be a high-risk population, onsite audits were not conducted.

Officers reviewed the previous year's 'structural' audit findings which included very minor structural non-compliances, which have been rectified by the facility's onsite maintenance employee. Authorised Officers reviewed all relevant documentation provided through the renewal application process. All documentation confirmed that there were no changes to processes and services provided to residents. It is anticipated that onsite audits will be conducted at Bellara Aged Care Village in due course, depending on the Covid-19 directions for the vulnerable at-risk population.

In the absence of onsite inspections due to the Pandemic and based on the current Triennial Fire Safety Survey from the South Australian Metropolitan Fire Service, Authorised Officers are of the opinion that the licence be granted for six months with the following condition:

1. Comply with the requirements of Section 71 of the *Development Act 1993* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

City of Prospect

Applicant: MGB Residential Care Pty Ltd

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

Premises type: Pension only SRF

Prospect Community Village is a pension only facility, accommodating residents in single and shared rooms. Bathrooms and toilets are communal. EHA received notification that Prospect Residential Care Service have changed their business name to Prospect Community Village. All other entity details remain unchanged. The new business name has been verified with the Australian Securities and Investments Commission.

Two re-licensing audits were conducted at this facility and Authorised Officers reviewed all relevant documentation provided through the renewal application process. As a result of the *COVID-19 Emergency Response Act 2020* which prohibited Authorised Officers from entering SRFs, Officers were not able to conduct an onsite follow up inspection at this facility for the structural audit. Therefore, the non-compliances raised have not been able to be closed. The *COVID-19 Emergency Response Act 2020* allowed for audio visual inspections. However, the nature of the non-conformances identified at this facility are such that an onsite follow up inspection is required to adequately determine compliance. Consequently, this facility will be granted a four month licence and the outstanding non-compliance items will be re-assessed once Authorised Officers are once again permitted to enter the facility for the purpose of an audit inspection.

During the re-licensing audit the following maintenance and cleaning issues were identified:

- Carpets were visibly stained in some bedrooms and communal areas
- Fly screens were damaged in many bedrooms and some windows were broken and unable to be opened and/or closed
- Tiles on the step up into one bedroom were cracked
- Mould was observed in one of the bathrooms
- One bedroom was laden with cat fur in areas
- Lampshade had a significant build-up of dust in one bedroom and required cleaning
- Flooring was buckling slightly in one bedroom
- One bedroom was odorous and there was no window or mechanical ventilation system
- The skylight in one bedroom had a build-up of dust
- Several wardrobes were in a state of disrepair
- Holes were observed in the wall behind the cistern of a toilet
- Furniture in one bedroom was dirty/stained
- Officers were informed by staff that cleaning of rooms was being performed daily however the documentation did not capture this, and there were several instances of days without any recorded cleaning for several bedrooms
- Absorption of water in the lower sections of walls (salt damp) was observed in some areas of the facility
- Inconsistencies between the floor plan, allocated room numbers and residents residing in these bedrooms was observed

Based on the existing audit findings and the triennial fire safety survey provided by the South Australian Metropolitan Fire Service, Authorised Officers are of the opinion that the licence be granted for four months with the following conditions:

1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition as indicated in the audit report.
2. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules.
3. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1.
4. Ensure all bedrooms have adequate ventilation.
5. Ensure hot water is available for the laundering of soiled bedding or use a laundry service.
6. Ensure that the floor plan, cleaning schedule and room numbers on doors are consistent.
7. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any

case – ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents.

8. Comply with the requirements of Section 71 of the *Development Act 1993* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

City of Norwood Payneham and St Peters

Applicant: Vailima Gardens Pty Ltd

Premises: Vailima Gardens Retirement Village

63 Hackney Road Hackney SA 5069

Premises type: Retirement Village

The SRF is a dual licensed facility providing the personal care service of medication prompting to a small number of residents. The rooms are spacious single occupancy apartments with ensuite bathrooms.

As the residents residing at the facility are considered to be a high-risk population, onsite audits were not conducted.

Officers reviewed the previous year's 'structural' audit findings which revealed very minor structural non-compliances, which were immediately rectified by the facility's onsite maintenance employee. Authorised Officers reviewed all relevant documentation provided through the renewal application process. All documentation confirmed that there were no changes to processes and services provided to residents. It is anticipated that onsite audits will be conducted at Vailima Gardens Retirement Village in due course, depending on the Covid-19 directions for the vulnerable at-risk population.

In the absence of onsite inspections due to the Pandemic and based on the correspondence received from the City of Norwood Payneham and St Peters Building Fire Safety Committee; which confirmed that all essential safety provisions had been maintained, Authorised Officers are of the opinion that the licence be granted for six months with the following condition:

2. Comply with the requirements of Section 71 of the *Development Act 1993* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

RECOMMENDATION

That:

1. The Supported Residential Facilities 2020-2021 Licensing Report is received.
2. The applicant detailed below be granted a licence to operate a Supported Residential Facility for a period of one year from 1 July 2020 to 30 June 2021 under the provisions of the *Supported Residential Facilities Act 1992* with conditions:

Applicant	Premises
Magill Lodge Supported Residential Care Pty Ltd	Magill Lodge Supported Residential Care 524 Magill Road Magill SA 5072
Conditions	
<ol style="list-style-type: none"> 1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition as indicated in the audit report. 2. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules. 3. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1. 4. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case – ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents. 5. Comply with the requirements of Section 71 of the <i>Development Act 1993</i> in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises. 	

3. The applicants below be granted a licence to operate a Supported Residential Facility for a period of six months from 1 July 2020 to 31 December 2020 under the provisions of the *Supported Residential Facilities Act 1992* subject to conditions as detailed:

Applicant	Premises
Palm Gardens Consolidated Pty Ltd	Magill Estate Retirement Village 122 Reid Avenue Magill SA 5072
Conditions	
<ol style="list-style-type: none"> 1. Comply with the requirements of Section 71 of the <i>Development Act 1993</i> in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises. 	

Applicant	Premises
Bellara Aged Care Village Pty Ltd	Bellara Village 98 Newton Road Campbelltown SA 5074
Conditions	
1. Comply with the requirements of Section 71 of the <i>Development Act 1993</i> in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.	
Applicant	Premises
Vailima Gardens Pty Ltd	Vailima Gardens Retirement Village 63 Hackney Road Hackney SA 5069
Conditions	
3. Comply with the requirements of Section 71 of the <i>Development Act 1993</i> in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.	

4. The applicant below be granted a licence to operate a Supported Residential Facility for a period of four months from 1 July 2020 to 31 October 2020 under the provisions of the *Supported Residential Facilities Act 1992* subject to conditions as detailed:

Applicant	Premises
MGB Residential Care Pty Ltd	Prospect Community Village 4-6 Dean Street Prospect SA 5082
Conditions	
<ol style="list-style-type: none"> 1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition as indicated in the audit report. 2. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules. 3. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1. 4. Ensure all bedrooms have adequate ventilation. 5. Ensure hot water is available for the laundering of soiled bedding or use a laundry service. 6. Ensure that the floor plan, cleaning schedule and room numbers on doors are consistent. 7. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case – ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents. 	

8. Comply with the requirements of Section 71 of the *Development Act 1993* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

5.4 EASTERN HEALTH AUTHORITY 2020 CHARTER REVIEW

Author: Michael Livori
Ref: AF20/47

Summary

The last review of the Eastern Health Authority Charter was finalised in May 2016. A copy of the current Charter is provided as attachment 1.

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. It is now necessary to commence the review process.

Report

EHA is regulated by the provisions of Schedule 2, Clauses 17 to 40 of the *Local Government Act 1999* ("the Act").

In particular, Clause 19(4) allows for the Charter to be reviewed at any time but states that it must in any event be reviewed once in every 4 years.

Clause 19(5) provides that where the Constituent Councils of a regional subsidiary amend their Charter they must provide a copy of the Charter, as amended, to the Minister for State/Local Government Relations and that a copy of that charter, as amended, is published in the South Australian Government Gazette.

Although the Act is silent in relation to the process required for amendment Clause 12.3(b) of the Charter states that it can only occur by unanimous resolution of the Constituent Councils.

It is now necessary to commence a review of the Authority's Charter and a suggested method for proceeding with the review process is provided below for member's consideration:

- initial review of the Charter is undertaken by the EHA administration including seeking advice in relation to what aspects of the Charter need to be amended from a legal and best practice point of view.
- comments from Board Members in relation to any suggested changes provided to Chief Executive Officer by 30 September 2020.
- Constituent Councils be advised that the review process is being undertaken and be asked to provide any initial comments in relation to the review by 30 September 2020.

- legal / best practice review and summary of comments/suggestions from constituent councils to be considered by Board at its November 2020 meeting.
- legal / best practice review and summary of comments/suggestions from constituent councils to be circulated to all Constituent Councils for comment.
- draft revised Charter developed based on legal / best practice review and suggestions from constituent councils that have been unanimously agreed.
- if required, a meeting of representatives from each Constituent Council is convened to gain consensus on any elements that have not been unanimously agreed and assist in developing a final draft revised Charter.
- request a resolution from each Constituent Council agreeing to the proposed revised Charter.
- a copy of the Charter, as amended, be provided to the Minister for State/Local Government Relations requesting that a copy of the charter, as amended, is published in the South Australian Government Gazette

RECOMMENDATION

That:

- 1 The Eastern Health Authority 2020 Charter Review Report is received.
- 2 A review of the Eastern Health Authority's Charter commences based on the process set out in this report.



Charter 2016



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**

EHA may only undertake an activity outside the area of the Constituent Councils where that activity has been approved by unanimous decision of the Constituent Councils as being necessary or expedient to the performance by EHA of its functions and is an activity included in the EHA business plan.

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) 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 responsible for managing all activities of EHA and ensuring that EHA acts in accordance with the Charter. The Board will:

- a) formulate plans and strategies aimed at improving the activities of EHA;
- b) provide input and policy direction to EHA;
- c) monitor, oversee and evaluate the performance of the Chief Executive Officer.
- d) ensure that ethical behaviour and integrity is maintained in all activities undertaken by EHA;
- e) subject to clause 3.10, ensure that the activities of EHA are undertaken in an open and transparent manner;
- f) assist with the development of the Public Health Plan and Business Plan; and

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

2.2. Membership of the Board

- a) Each Constituent Council must appoint:
 - (a) one elected member; and
 - (b) one other person who may be an officer, employee or elected member of that Constituent Council or an independent person,

to be Board members and may at any time revoke these appointments and appoint other persons on behalf of that Constituent Council.
- b) A Board Member shall be appointed for the term of office specified in the instrument of appointment, and at the expiration of the term of office will be eligible for re-appointment by the Constituent Council.
- c) Each Constituent Council must give notice in writing to EHA of the elected members 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.
- 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.
- h) The members of the Board shall not be entitled to receive any remuneration in respect of their attendance at meetings or on any other business of the Board.

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) A code of conduct currently prescribed under section 63 of the Act will apply to 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, the Board must ensure that its policies are complied with in the conduct of the affairs of EHA and are periodically reviewed and, if appropriate, amended.

- 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, the Deputy Chair may act as the Chair until the election of a new Chair.

2.6. Powers of the Chair and Deputy Chair

- a) The Chair shall preside at all meetings of the Board and, in the event of the Chair being absent from a meeting, the Deputy Chair shall preside. In the event of the Chair and Deputy Chair being absent from a meeting, the Board Members present shall appoint a member from among them, who shall preside for that meeting or until the Chair or Deputy Chair is present.
- b) The Chair and the Deputy Chair individually or collectively shall have such powers as may be decided by the Board.

2.7. Committees

- a) The Board may establish a committee for the purpose of:
 - (a) enquiring into and reporting to the Board on any matter within EHA's functions and powers and as detailed in the terms of reference given by the Board to the committee; or
 - (b) exercising, performing or discharging delegated powers, functions or duties.
- b) A member of a committee established under this clause holds office at the pleasure of the Board.
- c) The Chair of the Board is an *ex-officio* member of any committee or advisory committee established by the Board.

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 hour 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 provided that at least a quorum is present.
- b) Where one or more Board Members attends a Board meeting by telephone or video conferencing, 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 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, each Board Member must announce their presence to all other Board Members taking part in the meeting.
- e) Board Members must not leave a meeting by disconnecting their telephone, audio-visual or other communication equipment, without notifying the Chair of the meeting.

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 and maintained during the meeting.

3.7. Meeting procedure

- a) The Board 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 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 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, 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.
- b) 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 Board must be conducted in a place open to the public.
- b) The Board 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) The Board 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 for the execution of decisions taken by the Board 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 terms to the effect that the Chief Executive Officer's functions may:

- a) ensure that the policies, procedures, codes of conduct and any lawful decisions of EHA are implemented and promulgated in a timely and efficient manner;
- b) undertake responsibility for the day to day operations and affairs of EHA;
- c) provide advice, assistance and reports to EHA through the Board in the exercise and performance of its powers and functions under the charter and the Act;
- d) initiate and co-ordinate proposals for consideration by EHA for developing objectives, policies and programs for the Constituent Council areas;
- e) provide information to EHA to assist EHA to assess performance against EHA plans;
- f) ensure that timely and accurate information about EHA policies and programs is regularly provided to the communities of the Constituent Councils;
- g) ensure that appropriate and prompt responses are given to specific requests for information made to EHA and, where appropriate, the Constituent Councils;
- h) ensure that the assets and resources of EHA are properly managed and maintained;
- i) maintain records that EHA and the Constituent Councils are required to maintain under the charter, the Act or another Act in respect of EHA;
- j) ensure sound principles of human resource management, health and safety to the employment of staff by EHA, including the principles listed in section 107(2) of the Act;
- k) ensure compliance with the obligations under *Work Health and Safety Act 2012* (SA) of both EHA and the Chief Executive Officer (as an 'officer' of EHA within the meaning of the WHS Act); and

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

4.4. **Acting Chief Executive Officer**

- a) Where an absence of the Chief Executive Officer is foreseen, the Chief Executive Officer may appoint a suitable person to act as Chief Executive Officer, provided that the Board may determine to revoke the 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 suitable person will be appointed by the Board.

5. **STAFF OF EHA**

EHA may employ any staff required for the fulfilment of its functions. The conditions on which staff are employed will be determined by the Chief Executive Officer.

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. **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. **Review**

EHA will, on behalf of 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. **Reporting**

- a) EHA will on a biennial basis, on behalf of the Constituent Councils, prepare 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) 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) 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.

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 Council 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 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) is notice in writing given to the Chief Executive Officer and each of the Constituent Councils.
- c) The withdrawal of any Constituent Council does not extinguish the liability of that Constituent Council to contribute to any loss or liability incurred by EHA at any time before or after such withdrawal in respect of any act or omission by EHA prior to such withdrawal.
- d) Payment of monies outstanding under the charter, by or to the withdrawing Constituent Council must be fully paid by 30 June of the financial year following 30 June of the year in which the withdrawal occurs unless there is a unanimous agreement as to alternative payment arrangements by the Constituent Councils.

10. DISPUTE RESOLUTION

- a) The procedure in this clause must be applied to any dispute that arises between EHA and a Constituent Council concerning the affairs of EHA, or between the Constituent Councils concerning the affairs of EHA, including a dispute as to the meaning or effect of the charter and whether the dispute concerns a claim in common law, equity or under statute.
- b) EHA and a Constituent Council must continue to observe the charter and perform its respective functions despite a dispute.
- c) This clause does not prejudice the right of a party:
 - (a) to require the continuing observance and performance of the charter by all parties: or
 - (b) to institute proceedings to enforce payment due under the charter or to seek injunctive relief to prevent immediate and irreparable harm.
- d) Subject to clause c), 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 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) he or she shall report that decision at the next Board meeting.

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

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

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

6.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

Despite the COVID-19 public health crisis it is imperative EHA continues to undertake the necessary functions on behalf of its Constituent Councils to protect the health and wellbeing of its community.

These functions include the provision of hygiene and sanitation control, licensing and monitoring of supporting of residential facilities and the surveillance of food safety. Currently, these functions are controlled by the limitations set by the Federal Government Restrictions and State Government Directions.

Where inspections and investigations are undertaken, the Environmental Health Officers ensure they practice the required social distancing and required hygiene measures for the protection of themselves and the community.

1.0 Food Safety

1.1 Food Complaints

For the reporting period 1 April 2020 to 31 May 2020 the Eastern Health Authority received 11 complaints that were investigated under the *Food Act 2001*. The complaints are shown by category in Graph 1 and by respective council area in Table 1.

Graph 1 – A three-year comparison of the types of food complaints received from 1 April 2020 to 31 May 2020

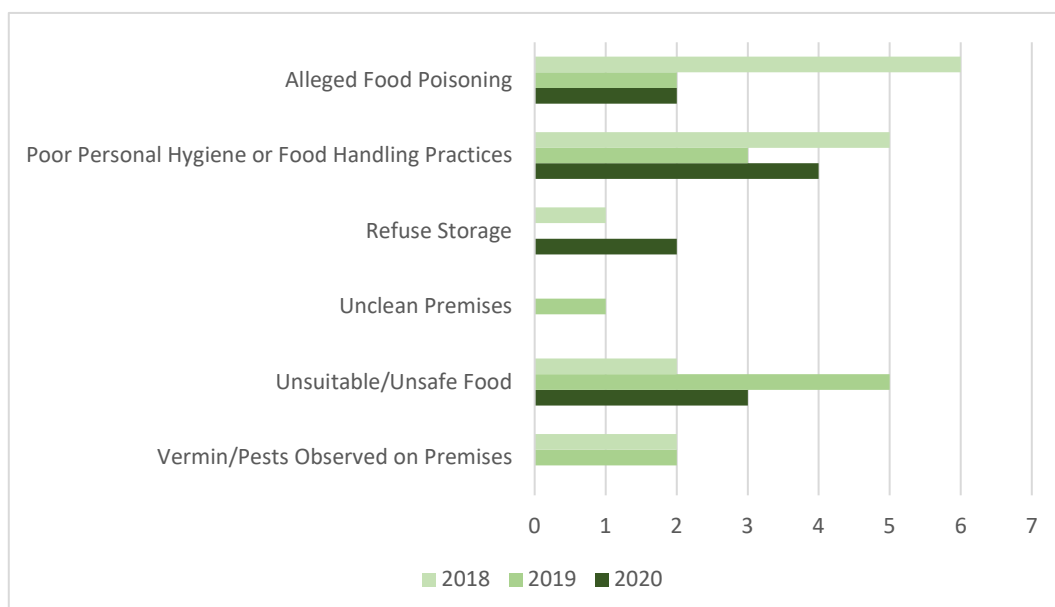


Table 1: Food complaints received from 1 April 2020 to 31 May 2020 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	1	0	0	1	0	2
Poor personal hygiene or food handling practices	0	0	2	1	1	4
Refuse Storage	0	0	1	1	0	2
Unclean premises	0	0	0	0	0	0
Unsuitable/unsafe food	1	2	0	0	0	3
Vermin/pests observed on premises	0	0	0	0	0	0
Total	2	2	3	3	1	11

Graph 2 - A three-year comparison of the types of food complaints received from for the financial year to date.

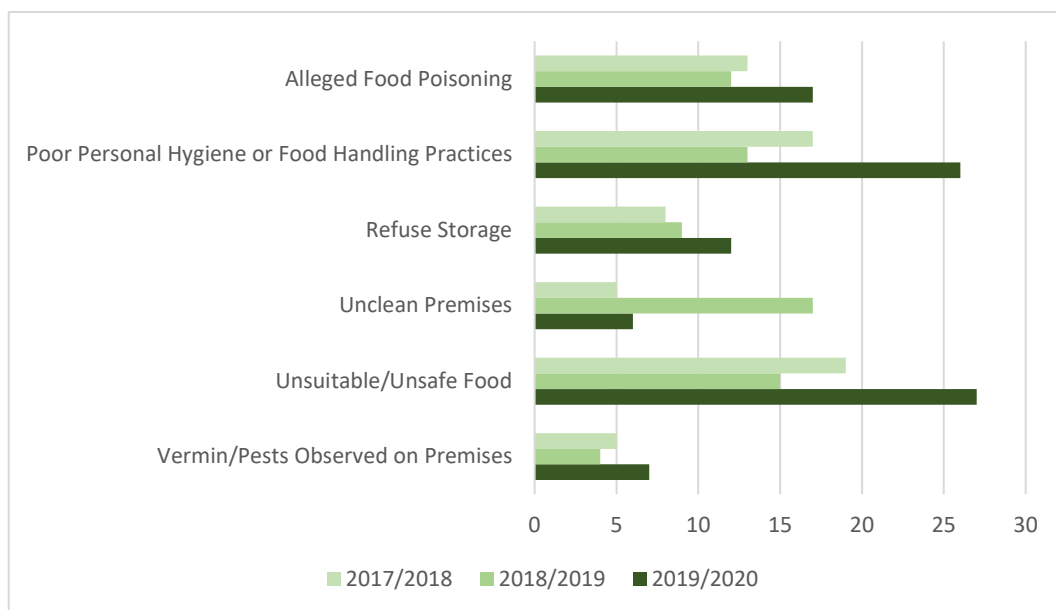


Table 2: Food complaints received for the financial year-to-date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	5	1	5	6	0	17
Poor personal hygiene or food handling practices	4	4	10	5	3	26
Refuse Storage	3	0	7	2	0	12
Unclean premises	1	1	3	1	0	6
Unsuitable/unsafe food	5	11	6	3	2	27
Vermin/pests observed on premises	0	2	4	1	0	7
Total	18	19	35	18	5	95

1.2 Food Premises Inspections

Changes following COVID-19

As reported to the Board of Management on 29 April 2020, scheduled food inspections were interrupted with the increasing public health concerns surrounding COVID-19. On the 24 March 2020 the Chief Public Health Officer communicated the intent to limit the spread (flatten the curve) of COVID-19 through social distancing and prohibiting non-essential mass gatherings imposed by the Federal Government and State Police Commissioner.

Since the announcement Eastern Health Authority EHO's had to rapidly change and quickly adapt to their new roles and responsibilities. Food inspection assessment forms have been changed to reflect COVID-19. As most businesses are not operating at full capacity the EHO's are focusing on 'high risk' priority areas as part of their inspections, i.e. hand washing, sanitising and food processing.

Environmental Health Officers undertook 117 routine inspections using the COVID-19 assessment forms of food businesses this reporting period. An additional 27 follow-up inspections were required to ensure non-compliance with the Food Safety Standards were appropriately addressed.

Officers continue to monitor the number of businesses that are temporarily closed for trade during this pandemic period and update our environmental health record database accordingly. A total of 104 food businesses have been recorded as temporarily closed.

Graph 3 - A three-year comparison of the types of food inspections undertaken from 1 for the financial year to date.

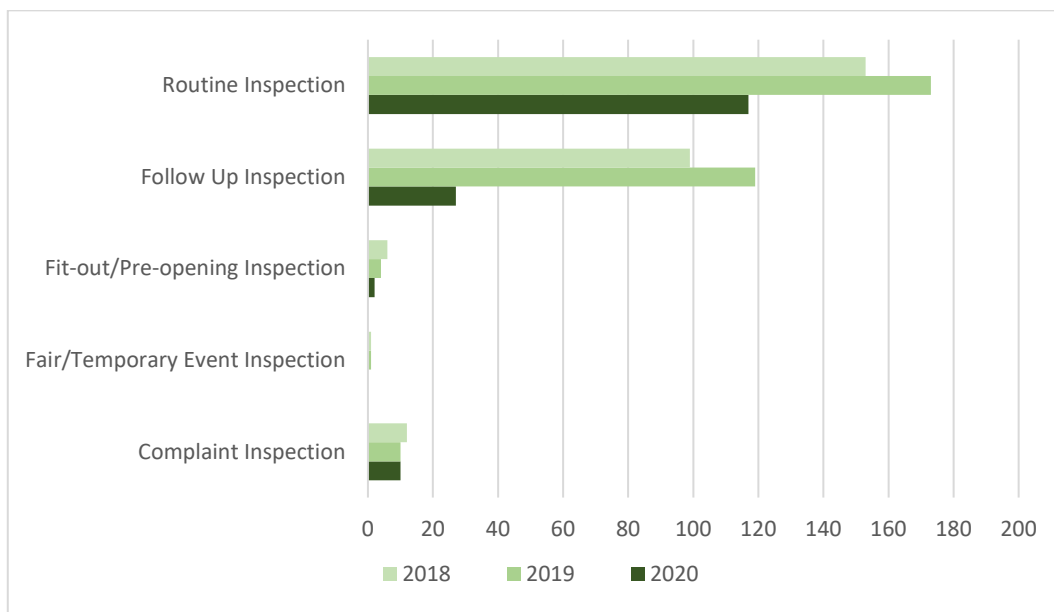


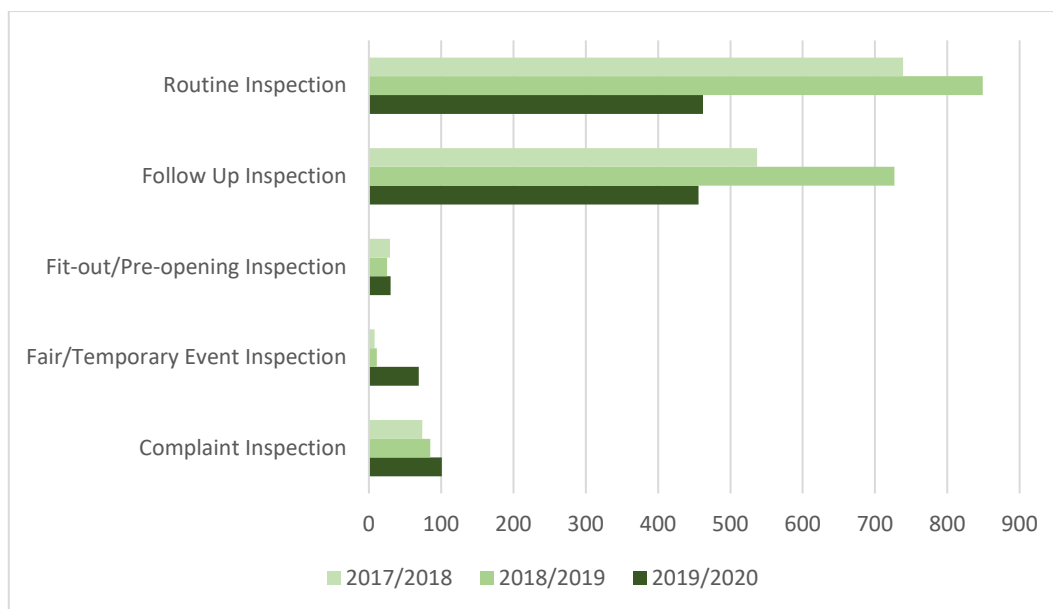
Table 3: Food premises inspections from 1 April 2020 to 31 May 2020

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine inspection (COVID-19)	26	30	41	16	4	117
Follow up inspection	1	2	10	12	2	27
Fit-out/Pre-opening inspection	0	0	2	0	0	2
Complaint inspection	2	3	2	3	0	10
Fair/Temporary Event inspection	0	0	0	0	0	0
Total	29	35	55	31	6	156

Table 4: Food premises inspections for the financial year-to-date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine inspection	96	98	176	76	16	462
Routine Inspection (COVID-19)	30	32	48	17	7	134
Follow up inspection	61	84	140	152	19	456
Fit-out/Pre-opening inspection	6	5	12	6	1	30
Complaint inspection	24	18	38	15	6	101
Fair/Temporary Event inspection	0	16	7	39	7	69
Total	217	253	421	305	56	1,252

Graph 4 – A three-year comparison on the total number of inspections conducted for the financial year date



1.3 Non-Compliance with Food Safety Standards

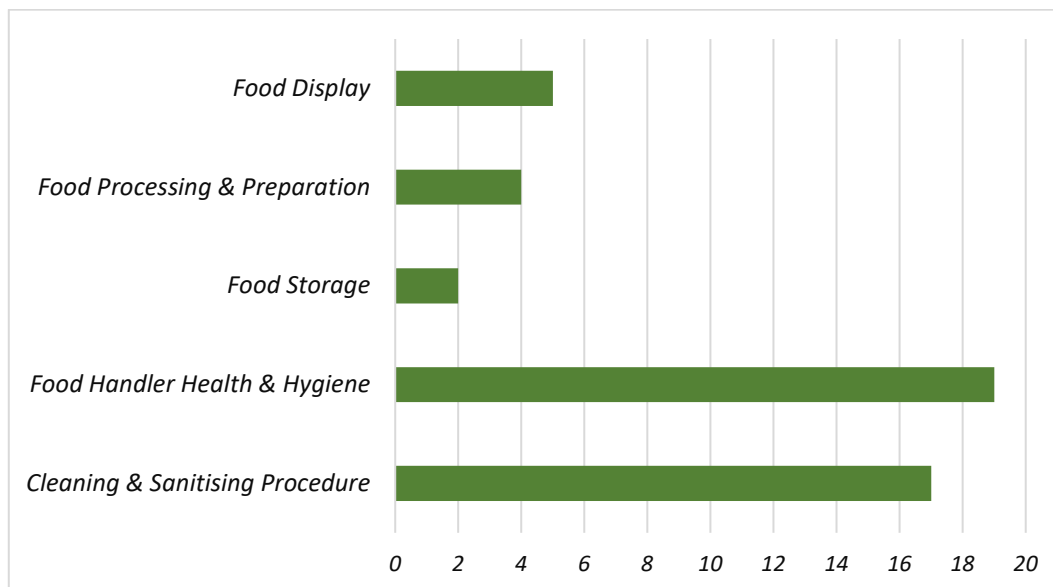
The SA Health Food Safety Rating Scheme Checklist is used to assess business compliance with food safety standards at routine inspections. Non-compliances against the Standards can range from Minor, Major to Serious. This is dependent on the risk and seriousness of the breach. EHO's identified a total of 265 non-compliances with the Food Safety Standards.

As shown in Table 5 the majority of non-compliances were minor in nature. Inadequate cleaning and sanitising and food handler hygiene accounted for 77% of the serious non-compliances identified during routine inspections (Graph 5).

Table 5: the type and number of non-compliances identified at routine inspections during the reporting period.

Type of non-compliance	Number of non-compliances
Minor	153 (58%)
Major	65 (24%)
Serious	47 (18%)

Graph 5: the type and frequency of serious non-compliances identified at routine inspections between 1 April 2020 to 31 May 2020.



During the reporting period, one Improvement Notice and one final warning were issued to P1 high risk food businesses. No Expiation Notices were issued during the reporting period.

Table 6: Legal action taken from 1 April 2020 to 31 May 2020

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Warning Letters	0	0	0	1	0	1
Improvement Notices	0	0	0	1	0	1
Expiation Notices	0	0	0	0	0	0
Prohibition Order	0	0	0	0	0	0
Total	0	0	0	2	0	2

Table 7: Legal action for financial year-to-date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Warning Letters	3	2	6	5	0	16
Improvement Notices	8	9	17	18	2	54
Expiation Notices	1	0	1	1	0	3
Prohibition Order	0	1	1	1	0	3
Total	12	12	25	25	2	76

1.4 Audits of Businesses that Serve Vulnerable Populations

During the reporting period, eight businesses within the Constituent Council boundaries and 16 businesses in other council areas were audited under Standard 3.3.1 of the Australia New Zealand Food Standards Code.

Table 8: Food audits for the period from 1 April 2020 to 31 May 2020

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	1	1	2	3	1	16	24
Follow-up audits	0	0	0	0	0	0	0
Total	1	1	2	3	1	16	24

Table 9: Food audits for financial year-to-date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	17	15	19	12	3	73	139
Follow-up audits	2	3	0	0	0	2	7
Total	19	18	19	12	3	75	146

2.0 Public Health

2.1 COVID-19 Social Distancing Observation Inspections

On the 24 March 2020 the Chief Public Health Officer communicated the intent to limit the spread (flatten the curve) of COVID-19 through social distancing and prohibiting non-essential mass gatherings imposed by the Federal Government and State Police Commissioner. Eastern Health Authority EHO's immediately set a plan to identify and effectively communicate, educate and monitor the businesses and local community within the Constituent Council areas to ensure the new social distancing requirements are met and our statutory responsibilities are fulfilled.

Since the announcement authorised Officers have undertaken a total of 277 social distancing observation inspections which we estimate to cover more than 1000 premises. No legal action was required. Officers were proactive in educating businesses and also shopping centres in lead up to significant public events (ie. Easter) to ensure the requirements were adequately managed.

EHA continues to actively participate in in Local Government COVID-19 meetings and forums to ensure update to date information is received and a consistent approach with changing environment is maintained.

2.2 Public Health Complaints

For the reporting period 1 April 2020 to 31 May 2020, Eastern Health Authority received 27 public and environmental health related complaints. The complaints for the reporting period are shown by category in Graph 6 and by respective council area in Table 10.

Graph 6 - A three-year comparison of the types of public health complaints received from 1 for the financial year to date.

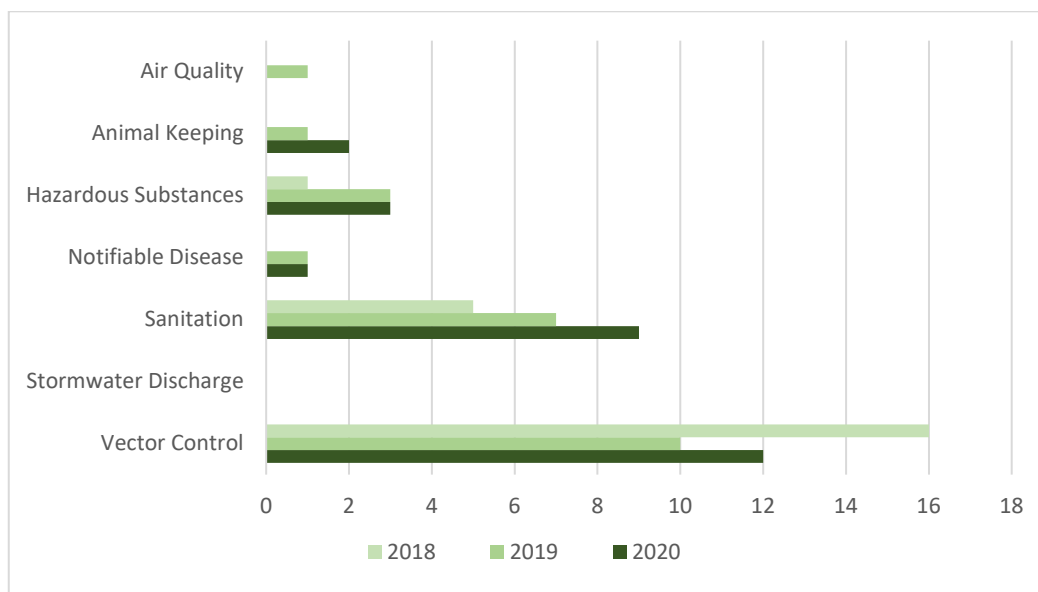


Table 10: Public and environmental health complaints 1 April 2020 to 31 May 2020 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	0	0	0	0	0	0
Animal Keeping	1	1	0	0	0	2
Hazardous Substances	1	0	1	1	0	3
Notifiable Disease	0	0	0	1	0	1
Sanitation	3	2	2	1	1	9
Stormwater discharge	0	0	0	0	0	0
Vector Control	0	6	4	2	0	12
Total	5	9	7	5	1	27

Graph 7 - A three-year comparison on the total number of inspections conducted for the financial year date

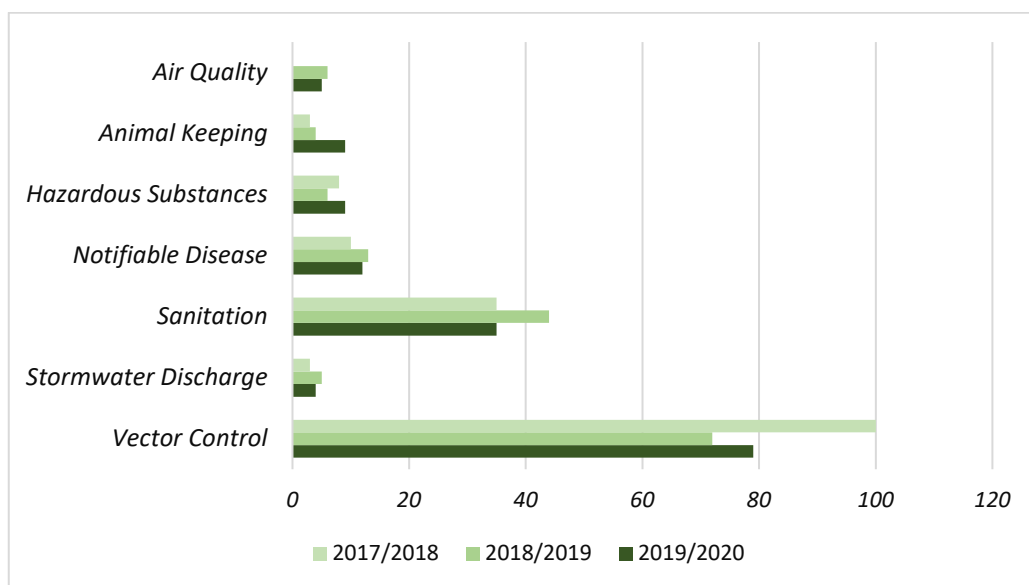


Table 11: Public and environmental health complaints for financial year-to-date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	2	1	1	1	0	5
Animal Keeping	1	5	1	2	0	9
Hazardous Substances	3	0	3	2	1	9
Notifiable Disease	2	1	5	3	1	12
Sanitation	10	8	10	4	3	35
Stormwater discharge	1	1	2	0	0	4
Vector Control	16	33	21	9	0	79
Total	35	49	43	21	5	153

2.3 Cooling Towers & Warm Water Systems

During the reporting period seven cooling tower system inspections were conducted. No warm water systems were inspected. All samples returned negative results for *Legionella*.

No complaints were received during the reporting period.

Table 12: Cooling Tower and Warm Water System Inspections between 1 April 2020 to 31 May 2020 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine inspections	4	1	2	0	0	7
Follow-up inspections	0	0	0	0	0	0
Complaint inspections	0	0	0	0	0	0
<i>Legionella</i> Detections during sampling by EHA	0	0	0	0	0	0
<i>Legionella</i> Investigations	0	0	0	0	0	0
Total	4	1	2	0	0	7

Table 13: Cooling Tower and Warm Water System Inspections for financial year-to-date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine inspections	4	7	10	2	0	23
Follow-up inspections	0	0	0	0	0	0
Complaint inspections	0	0	0	0	0	0
<i>Legionella</i> Detections during sampling by EHA	0	1	1	0	0	2
<i>Legionella</i> Investigations	1	0	2	0	0	3
Total	5	7	11	2	0	28

2.4 Public Swimming Pools and Spas

During the reporting period state restrictions were eased and public access to swimming pools only was permitted. Two swimming pool inspections at one site were conducted within the NPSP council area. No complaints were received during the reporting period.

Table 14: Swimming and spa pool inspections conducted for financial year-to-date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine inspections	34	9	22	2	4	71
Follow-up inspections	8	0	2	2	1	13
Complaint inspections	2	0	0	0	0	2
Enforcement Action	1	0	0	0	0	1
Total	45	9	24	4	5	86

2.5 Personal Care and Body Art

During the reporting period no Personal Care and Body Art premises were inspected. No complaints were received during the reporting period.

Due to COVID-19 tattoo parlours and beauty premises continued to be identified as restricted premises and as a result these businesses were closed for trade during the reporting period. Due to these restrictions the scheduled tattoo inspections could not be conducted during the reporting period.

Table 15: Personal Care and Body Art inspections conducted for financial year-to-date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint inspections	0	0	1	0	0	1
Follow-up inspections	0	0	0	0	0	0
Routine inspections	1	1	7	0	0	9
Total	1	1	8	0	0	10

2.6 Wastewater

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

Number of applications received:

- two applications for on-site wastewater works approval
- one pending decision
- one application approved
- nil applications refused approval
- one site inspection (pre-approval)
- one development referral was received requiring a joint on-site inspection with the Constituent Council to determine if a wastewater application works approval is required.

3.0 Health Care and Community Services - Supported Residential Facilities

For the reporting period 1 April 2020 to 31 May 2020 three dual licence and two pension only facilities were licenced by Eastern Health Authority under the *Supported Residential Facilities Act 1992*.

3.1 Licence renewal applications

Licence renewal applications were received for five facilities.

- Three unannounced re-licensing audit inspections and one announced audit inspection were performed of two pension only facilities
- Two follow-up inspections were undertaken. The third was unable to be performed due to Covid19 restrictions that prevented Authorised Officers from entering the facility.

The applications were reviewed and processed. Officers collated the findings of and have made recommendations in the attached Health Care and Community Services Supported Residential Facilities Licensing Audit report 5.3.

3.2 Complaints

- No complaints were received during the reporting period.

3.3 Approval of Manager / Acting Manager

- No new manager or acting manager applications were received during the reporting.

RECOMMENDATION

That:

The Environmental Health Activity Report is received.

6.2 IMMUNISATION

2019 School Immunisation Program (SIP)

Between 1 April 2020 and 31 May 2020 there were 11 year level visits for the 2020 SIP (2019 – 20 visits) where 3,214 vaccines were administered (2019 – 2,863 vaccines).

The decrease in visits is due to the catch-up program for Year 11's being completed in 2019.

The increase in vaccines delivered is due to the size of the schools scheduled during this period.

During the reporting period EHA also offered two specific catch up clinics for school absentees which proved highly successful. Additional catch up clinics will be offered in the second half of the year for further absentee students.

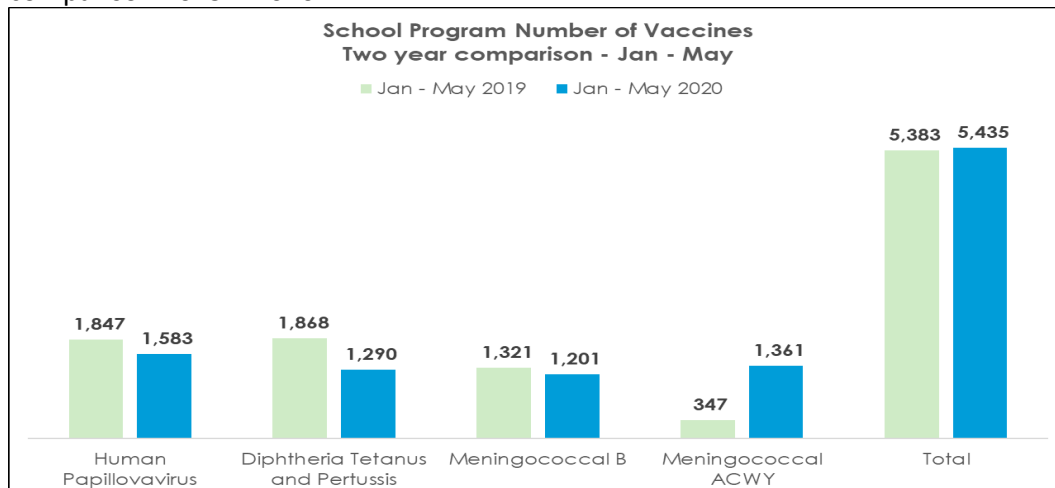
From January to May 2020 a total of 5,435 vaccines have been administered at school visits compared with a total of 5,383 vaccines for the same period in 2019, an increase of 1%.

Table 1 below shows the breakdown of the vaccines by type which have been administered specific to each council area.

Table 1: School Vaccinations for Calendar Year to Date – January to May 2020

Council	Human Papillovavirus	Diphtheria Tetanus and Pertussis	Meningococcal B	Meningococcal ACWY	Total
Burnside	429	126	529	676	1,760
Campbelltown	469	471	226	224	1,390
NPSP	515	518	318	354	1,705
Prospect	100	105	59	29	293
Walkerville	70	70	69	78	287
Total	1,583	1,290	1,201	1,361	5,435

Graph 1: School Program number of vaccines administered - Two-year comparison 2019 – 2020



Workplace Influenza Program

The 2020 Staff Workplace Influenza Program visits commenced on 30 March 2020 and were delivered at 98 workplaces, a decrease in 9 visits compared to 107 in 2019. A total of 4,238 vaccines were administered at these visits compared to 4,442 in 2019.

Due to COVID-19 providing a challenging environment for workplaces EHA did experience several cancellations of bookings due to numerous companies operating with staff working from home. These challenges resulting in a minor decrease (-5%) of worksites visited and vaccines administered in 2020 compared to the same period in 2019.

EHA has been proactive in working with businesses to ensure we are able to provide influenza services within our capabilities whilst also adhering to COVID-19 restrictions. Successful bookings were conducted on-site at EHA offices at St Peter's. A drive thru clinic was also provided to a client to ensure their original booking could be honoured.

EHA staff are reviewing promotional opportunities for the program prior to the upcoming flu season with consideration of COVID-19 when planning for alternative options in conducting future workplace visits.

Table 2: Comparison of the Number of Vaccines Administered at Workplaces YTD July to May for the last 2 years

Workplace Program	1/07/2018 to 31/05/2019	1/07/2019 to 31/05/2020	Variation
Influenza	4439	4,226	-213
Hepatitis B	0	0	0
Hepatitis A	0	3	3
Hepatitis A & B	0	5	5
MMR	0	0	0
dTpa	3	4	1
Total	4442	4,238	-204

Public Clinics

During the period of review 1,618 clients received 2,230 vaccines at EHA’s public immunisation clinics. This is a decrease of 222 clients (-12%) and a decrease of 364 (-14%) in vaccines administered when compared to the same period in 2019. Please note this and future comparative data will exclude Unley council and be based on constituent councils.

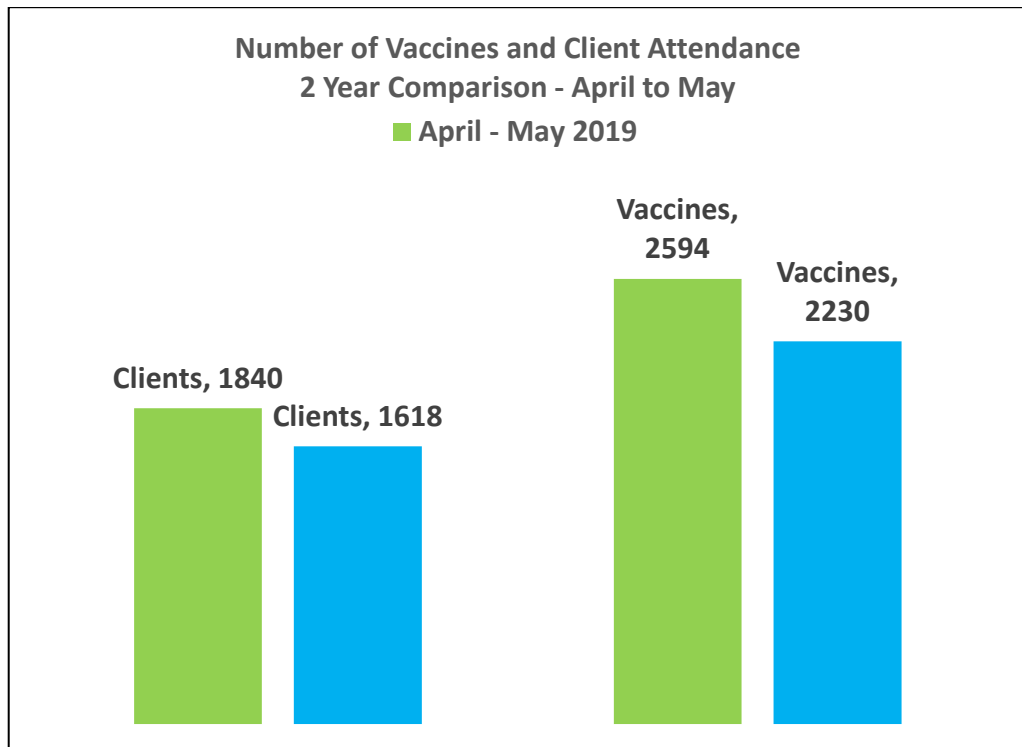
Demand for immunisation at public clinics was extremely high during this period and clinics were booked out for a number of months in advance. The change to appointment-based clinics only as a result of COVID-19 in lieu of drop-in clinics impacted negatively on the total number of clients that were able to be serviced.

To ensure COVID-19 restrictions could be managed, EHA has continued to conduct all public clinics at EHA offices, St Peters.

With the large media focus and high demand for influenza vaccines around the alarming nature of COVID-19, additional clinics were offered to cater specifically for over 65+. These clinics proved to be very successful and were well received by the public.

Below details Client attendance and Vaccines administered for the reporting period in 2019 and 2020.

Graph 2: Two-year comparison of clients and vaccines April-May 2019 - 2020



On a year to date basis from July 2020 to May 2020 there was a total of 4,153 clients that attended EHA’s public clinics and received a total of 7,498 vaccines. Vaccines provided is almost identical to the previous year and the reduction on clients 252 (-6%) clients compared to the same period for 2019 is again attributable to the change to appointment only arrangements in April/May. (see graph 3).

Graph 3: Two-year comparison of Client attendance and Vaccines Financial YTD

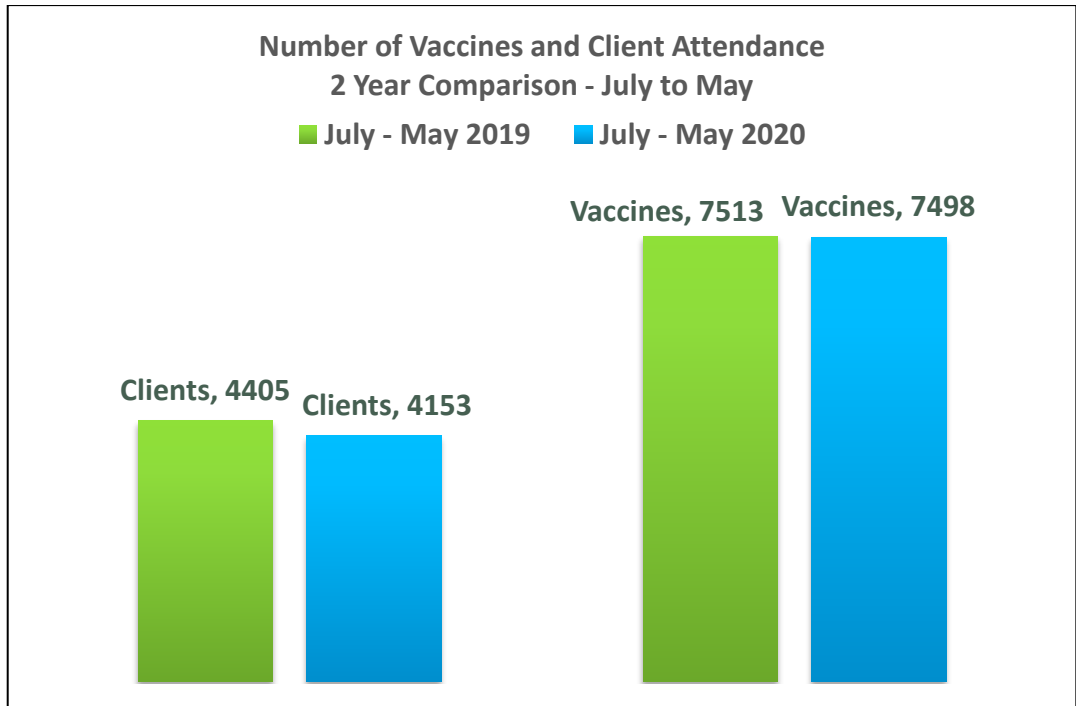


Table 2 provides a detailed analysis of attendance at each of the public clinics provided. It also provides information in relation to our client’s council of origin.

Table 2: Combined Clinic breakdown for April 2020 – May 2020

EASTERN HEALTH AUTHORITY PUBLIC IMMUNISATION CLINICS																
CLIENT ATTENDANCE BY COUNCIL AREA																
BURNSIDE CLINIC held at Burnside Council every 2nd and 4th Monday of the month 2.00 pm to 4.00 pm																
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Apr-May 20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Year to Date	184	399	40	97	45	93	5	5	4	8	15	38	15	43	308	683
CAMPBELLTOWN CLINIC HELD AT Campbelltown Library every 1st & 3rd Wednesday of the month 10 am to 12 noon and 4.00 pm to 6.30 pm																
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Apr-May 20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Year to Date	45	72	217	404	44	80	3	9	1	1	2	3	7	11	319	580
NORWOOD, PAYNEHAM & ST PETERS COUNCIL CLINICS - held at EHA Office ST PETERS CLINIC is held every 2nd and 4th Tuesday of the month 10 am to 12.30 pm and St Peters Evening Clinic is held every 2nd and 4th Tuesday of the month 5.00 pm to 7.00 pm																
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Apr-May 20	319	437	369	560	500	669	123	172	116	162	45	62	146	168	1618	2230
Year to Date	690	1191	820	1552	1100	1915	223	411	212	348	150	306	192	267	3387	5990
PROSPECT CLINIC held every 1st Wednesday of the month (Please note from 1st Jan 2018 Prospect Clinic relocated to St Peters New time from 1st January 2016 - 10.00am to 12.00pm due to redevelopment of Prospect Civic Centre)																
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients
Apr-May 20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Year to Date	1	4	6	8	2	5	14	29	2	5	0	0	2	5	27	56
WALKERVILLE CLINIC held every 3rd Monday of the month New time from 1st January 2016 - 4.00-6.00pm																
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Apr-May 20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Year to Date	24	36	24	41	24	45	13	25	18	25	3	9	6	8	112	189
Grand Total																
Grand Total of all Clinic Sites																
Apr-May 20 1618 2230																
Year to date 4153 7498																
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		UNLEY		OTHER		TOTALS	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Apr-May 20	319	437	369	560	500	669	123	172	116	162	45	62	146	168	1618	2230
Year to date	944	1702	1107	2102	1215	2138	258	479	237	387	170	356	222	334	4153	7498

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 - 'Appointment of Independent Member to the Eastern Health Authority Audit Committee' 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 1 - (Appointment of Independent Member to the Eastern Health Authority Audit Committee) on the grounds set out at Section 90(3)(a) of the *Local Government Act 1999*.

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

MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER

7.1 APPONTMENT OF INDEPENDENT MEMBER OF THE EASTERN HEALTH AUTHORITY AUDIT COMMITTEE

Author: Michael Livori

Ref: AF19/152

RECOMMENDATION 1

1. 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 persons, being the persons who have expressed an interest in appointment to the position of independent member of the Audit Committee (the applicants).

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 Appointment of Independent Member to the Eastern Health Authority Audit Committee 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 applicants.