



Board of Management

29 April 2020



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY – 29 April 2020

Notice is hereby given that a meeting of the Board of Management of the Eastern Health Authority will be held via Microsoft Teams on Wednesday 29 April 2020 commencing at 6.30 pm.

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

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**

AGENDA

EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING

WEDNESDAY – 29 April 2020

Commencing at 6.30 pm

- 1 Opening
- 2 Apologies
- 3 Confirmation of minutes – 26 February 2020 and special meeting 2 April 2020
- 4 Matters arising from the minutes

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5.1 REVIEW OF THE FOOD BUSINESS INSPECTION FEE POLICY

Author: Nadia Conci
Ref: AF17/28

Summary

Food businesses have been significantly impacted by measures introduced to contain COVID-19. Many food businesses have been forced to close, but a number continue to operate, or have been converted to operate on a takeaway, delivery or drive through basis. To provide food businesses support in response to impacts arising from COVID-19, it is recommended that inspection fees relating to all food inspections types outlined within the Food Inspection Fee Policy are waived from 17 March 2020 up until 30 June 2020.

Report

Despite the current challenges to food businesses resulting from COVID-19, it is imperative that Eastern Health Authority (EHA) continues to undertake routine inspections of the businesses that remain open for trade. This is to ensure all food safety practices are compliant with the Food Safety Standards. These routine food inspections are separate to the social distancing inspections currently being undertaken by EHA's authorised officers.

The Food Regulations 2017 enables enforcement agencies to impose a fee for the inspection of premises or vehicles required in connection with enforcement of the *Food Act 2001*. These inspection fees are outlined in EHA's food Inspection Fee Policy (the Policy).

To provide food businesses support in response to impacts arising from COVID-19 it is recommended that inspection fees relating to all food inspections types outlined within the Policy will be waived from 17 March up until 30 June 2020. EHA has not been sending out invoices to businesses for inspections or conducting debt recovery procedures since the impacts of COVID-19 on food businesses became apparent. The financial impact in relation to revenue received from food inspections is estimated to be in the order of 50K. This estimated impact is a combination of loss of revenue from inspections conducted from March through June and current debtors whose ability to pay will be impacted. Discussions with several other councils has confirmed that a similar approach is being taken across the industry.

A review of this arrangement will be conducted in June 2020 to determine if an extension is required.

A copy of the current Policy with tracked changes to reflect the amendments is provided as attachment 1. A clean copy of the reviewed policy is provided as attachment 2 for the Board's adoption.

RECOMMENDATION

That:

1. The report entitled Review of the Food Business Inspection Fee Policy is received.
2. The Policy entitled Food Business Inspection Fee Policy, marked attachment 2 to this report, is adopted.

FOOD BUSINESS INSPECTION FEE POLICY

1



FOOD BUSINESS INSPECTION FEE POLICY

Policy Reference	GOV04
Date of initial Board Adoption	12 February 2003
Minutes Reference	7-26022020
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	26 February 2020 29 April 2020
Applicable legislation	Memorandum of Understanding between The Minister for Health and Local Government Association (February 2009) Guidelines prepared by LGA for Councils - Inspection Fees, <i>Food Act 2001</i>

To provide the food businesses support in response to impacts arising from COVID-19, inspection fees relating to all food inspections types outlined within the Policy will be waived from 17 March to 30 June 2020. A review of this arrangement will be conducted in June 2020 to determine if an extension is required.

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1. Purpose

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

To specify the rate at which inspection fees are charged.

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2. Scope

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

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FOOD BUSINESS INSPECTION FEE POLICY

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3. Definitions

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

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

South Australian Food Business Risk Classification (FBRC)

- **‘Priority 1 (P1)’ and ‘Priority 2 (P2)’** – businesses that characteristically handle foods that support the growth of pathogenic micro-organisms and where such pathogens are present or could be present. The handling of food will involve at least one step at which control actions must be implemented to ensure safety of the food. P1 businesses are further characterised by known risk-increasing factors, such as potential for inadequate / incorrect temperature control. Due to the high risk nature of the foods and their practices regular and lengthy inspections are required.
- **‘Priority 3 (P3)’** – Businesses that will characteristically handle only ‘low risk’ or ‘medium risk’ foods and will warrant an inspection.
- **‘Priority 4 (P4)’** - businesses that will normally handle only ‘low risk’ foods, because they handle pre-packaged low risk food, and hence will not warrant regular or lengthy inspections. Examples include pharmacies, video stores and newsagents.

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

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

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

4. Principles

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

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

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FOOD BUSINESS INSPECTION FEE POLICY

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- for a **small business** –\$127.00 per inspection excl GST
- in any other case - \$315.00 per inspection excl GST

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

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

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

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

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

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

4.1 Fee Schedule

To provide the food businesses support in response to impacts arising from COVID-19, inspection fees relating to all food inspections types outlined within the Policy will be waived from 17 March to 30 June 2020. A review of this arrangement will be conducted in June 2020 to determine if an extension is required.

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

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FOOD BUSINESS INSPECTION FEE POLICY**4****4.1.1 Routine Inspections**

Classification	Small Business	Large Business
Priority 1 & 2 (P1 & P2) – Highest risk*	\$127.00	\$315.00
Priority 3 (P3)	\$85.50	\$214.00
Priority 4 (P4) – Lowest risk	No fee	No fee

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

4.1.2 Re-inspections

Priority 1 and 2 – High risk food businesses

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	\$127.00	\$315.00
Re-inspections where non compliance with an Improvement Notice served under Section 43 of the <i>Food Act 2001</i> is identified.	\$127.00	\$315.00

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

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	\$88.00	\$214.00
Re-inspections where non compliance with an Improvement Notice served under Section 43 of the <i>Food Act 2001</i> is identified.	\$88.00	\$214.00

4.1.3 Complaint Inspection

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

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

4.1.4 Inspection of Festivals, Fetes and Markets

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FOOD BUSINESS INSPECTION FEE POLICY**5**

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

An appropriate inspection fee will be negotiated with the organising body/host of non council events. Such a fee will be applied in lieu of inspection fees for individual stall-holders. The negotiated fee will reflect the cost of the inspections but will not exceed the maximum fee chargeable multiplied by the number of stall-holders.

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4.2 Inspection of Businesses with Food Safety Programs

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

4.3 Exemptions**4.3.1 Community and Charitable Organisations**

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

Fees associated to re-inspections do apply. Refer to 4.1.2 of the Policy.

4.3.2 Schools and Educational Institutions

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

Fees associated to re-inspections do apply. Refer to 4.1.2 of the Policy.

4.3.3 Nominal Risk Businesses

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

4.3.4 Mobile Food Vans

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

5. Review of the Food Inspection Fee Policy

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FOOD BUSINESS INSPECTION FEE POLICY**6**

Every 24 months or as needed.

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6. Statement of Adoption

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

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4.3.4 Mobile Food Vans

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

5. Review of the Food Inspection Fee Policy

Every 24 months or as needed.

6. Statement of Adoption

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

5.2 FINANCE REPORT AND THIRD AND FINAL (MARCH 2020) BUDGET REVIEW FOR 2019/2020

Author: Michael Livori

Ref: AF19/6

Summary

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

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

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

This report provides the third and final of the budget reviews required in accordance with regulation 9 (1) and relates to the financial performance of EHA between 1 July 2019 and 31 March 2020. It provides the opportunity to amend the adopted budget in line with revised projections of income and expenditure for the 2019/2020 financial year.

Report

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

Eastern Health Authority - Financial Statement July 2019 to 31 March 2020				
	Actual	Budgeted	\$ Variation	% Variation
Total Operating Income	\$2,174,718	\$2,231,439	(\$56,721)	-3%
Total Operating Expenditure	\$1,854,148	\$1,948,938	(\$94,790)	5%
Net Profit/(Loss)	\$320,570	\$282,501	\$38,069	14%

The report shows that for the reporting period income was \$56,720 (-2.5%) less than budgeted and expenditure was \$94,790 (4.86%) less than budgeted.

The net result is a positive variation of \$38,069 on the budgeted year to date comparative operating result.

A more detailed report is provided as attachment 1. The report provides detail on year to date performance of individual budget lines. Any YTD variation greater than \$5,000 is detailed in the table on the following page with explanatory comments. A number of variations to the current budget are requested and detailed in the table.

Summary Table of Funding Statement Variations				
Favourable variances are shown in black and unfavourable variances are shown in red .				
Description	YTD Budget	YTD Actual	YTD Variation	Comment
Income				
Service Review	\$0	\$0	\$0	Review delayed until 20/21 due to COVID-9 response -40K Variation requested

Summary Table of Funding Statement Variations				
Favourable variances are shown in black and unfavourable variances are shown in red .				
Description	YTD Budget	YTD Actual	YTD Variation	Comment
Food Inspection Fees	\$81,000	\$53,212	(\$27,787)	Decrease in inspections, fees not charged or recovered – see item 5.1 Food Inspection fee Policy Report -50K Variation requested.
Fines	\$37,500	\$7,611	(\$29,889)	Reduction in fines issued YTD -25K Variation requested.
Non-funded clinic vaccines	\$33,750	\$58,781	\$25,031	Increase in vaccines purchased at clinics +30K Variation requested.
Food Auditing	\$52,500	\$64,163	\$11,663	Increase in Food Audits conducted +15K Variation requested.
City of Unley Immunisation	\$80,250	\$59,556	(\$20,683)	Contract not renewed for 2020 -47K Variation requested.
School Based Immunisation Program	\$130,000	\$131,250	\$1,250	Additional Income +7K Variation requested.
Motor Vehicle Reimbursements	\$9,000	\$1,265	(\$7,734)	Staff not using vehicles -10K Variation requested.
Total of Income variations requested				(\$120,000)

Summary Table of Funding Statement Variations				
Favourable variances are shown in black and unfavourable variances are shown in red .				
Description	YTD Budget	YTD Actual	YTD Variation	Comment
Expenditure				
Employee Costs	\$1,216,501	\$1,336,734	(\$79,766)	Delay in appointment of staff to budgeted positions. Unley Contract labour - 92K variation requested.
Vehicle Leasing/ Maintenance	\$57,000	\$49,055	(\$7,945)	Staff not using vehicles - 8K variation requested
Printing and Stationery	\$18,751	\$8,750	(\$10,000)	Reduction in expenditure - 5K variation requested
Purchase of fee for Service Vaccines at Public Clinics	\$24,750	\$48,919	\$24,169	Increase in vaccines sold at public clinics +25K Variation requested.
Service Review	\$0	\$0	\$0	Review delayed until 20/21 due to COVID-9 response - 40K Variation requested
Total of Expenditure Variations requested				(\$120,000)
Net Variations Requested				\$0

Further discussion on requested variations

Service Review

At the 20 November 2019 Board of Management meeting a budget variation was approved to accommodate a Service Review of EHA.

It is intended that the review will consider 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.

Key components of the review will include:

- Strategic relevance of the service
- Customer and community expectations/need/use
- Compliance with legislated requirements under the relevant legislation administered by EHA, having regard to both non-discretionary (statutory) and discretionary services
- Efficiency and effectiveness of the delivery of services
- Alternative service provision options
- KPI / monitoring / measurement of performance

On 3 December 2019 correspondence was provided to Constituent Councils requesting their approval of the budget variation and a commitment to share the costs of the review equally (20% per council).

Correspondence was received from Constituent Councils indicating their approval, with the final correspondence received in mid-March.

EHA administrative staff will be required to contribute considerable resources to the service review process agreed by all Constituent Councils. Additionally, as part of the process will involve a level of industry benchmarking, other councils will be requested to provide information.

The allocation of resources for this task by EHA staff and other council (benchmark partners) staff at this point in time is problematical due to the required response to the COVID 19 crisis. Additionally, there is the potential for skewed or ambiguous results which could impact on the quality and relevance of the review.

All five Constituent Councils agreed on the methodology for the service review of EHA, the scope of which is detailed previously. Despite this, correspondence (provided as attachment 3) has been received from Town of Walkerville (ToW) which requests a range of information in relation to performance objectives and detailed listings so that it can conduct its own review of EHA.

As you are aware, EHA regularly provides its Constituent Councils with reports against performance objectives and information reports in relation to its activities. The level of forensic detail that is requested by ToW however (in relation to a high proportion of the information requested) does not currently exist. To compile this data, particularly at a time that EHA is responding to the COVID-19 crisis would have a significant impact on current operations.

It is recommended that the Board endorse the postponement of the service review and response to ToW until such time that the COVID-19 crisis period is over and EHA's operations return to relatively normal levels. To this end, a variation to accommodate the delay to the service review is included in the proposed revised budget for 2019/2020. It will be necessary to include the funds required for the review in the 2020/2021 budget and Constituent Councils will be notified accordingly.

It is also recommended to the Board that when operational circumstances and required resources allow that the service review agreed by all Constituent Councils will be conducted as a first priority.

The total of the operating budget variations requested do not change the estimated budget result of a \$28,000 deficit.

It is requested that the variations resulting from the changes to operating budget lines are incorporated into a revised budget for 2019/2020.

Included as attachment 2 is a copy of the revised 2019/2020 Budget which includes changes to the:

- Statement of Comprehensive Income
- Statement of Cash flows

There are no changes required to the:

- Statement of Financial Position
- Statement of Changes in Equity

A Bank Reconciliation and Available Funds report for the period ending 31 March 2020 is provided as attachment 4. It shows that at 31 March 2020 available funds were \$838,879 in comparison with \$108,622 on 31 December 2019.

RECOMMENDATION

That:

1. The Finance Report and Third and Final (March 2020) Budget Review for 2019/2020 Report be received.

2. The Board of Management endorse the postponement of the service review and response to ToW until such time that the COVID-19 crisis period is over and EHA's operations return to relatively normal levels.
3. Amendments to the Budgeted Financial Statements as detailed in attachment 2 are approved.

Eastern Health Authority - Financial Statement July 2019 to 31 March 2020				
Income	Actual	Budgeted	\$ Variation	% Variation
Constituent Council Income				
City of Burnside	\$437,022	\$437,022	\$0	0%
Campbelltown City Council	\$426,994	\$426,994	\$0	0%
Norwood, Payneham & St Peters	\$559,954	\$559,954	\$0	0%
City of Prospect	\$230,650	\$230,650	\$0	0%
Town of Walkerville	\$102,500	\$102,500	\$0	0%
Total Constituent Council Contributions	\$1,757,120	\$1,757,120	\$0	0%
Statutory Charges				
Food Inspection Fees	\$53,213	\$81,000	(\$27,788)	-34%
Legionella Registration and Inspection	\$5,172	\$6,000	(\$828)	-14%
SRF Licences	\$413	\$0	\$413	NA
Fines	\$7,611	\$37,500	(\$29,889)	-80%
Total Statutory Charges	\$66,408	\$124,500	(\$58,092)	-47%
User Charges				
Immunisation - Clinic Vaccines	\$58,781	\$33,750	\$25,031	74%
Immunisation - Worksites	\$1,018	\$0	\$1,018	NA
Immunisation - Clinic Service	\$2,200	\$0	\$2,200	NA
Food Auditing	\$64,163	\$52,500	\$11,663	22%
City of Unley	\$59,566	\$80,250	(\$20,684)	-26%
Food Safety Training	\$0	\$1,000	(\$1,000)	-100%
Total User Charges	\$185,728	\$167,500	\$18,228	11%
Grants Subsidies Contributions				
School Based immunisation Program	\$131,250	\$130,000	\$1,250	1%
Immunisation - ACIR	\$23,132	\$26,819	(\$3,687)	-14%
Total Grants Subsidies Contributions	\$154,382	\$156,819	(\$2,437)	-2%
Investment Income				
Interest on Investments	\$7,487	\$11,250	(\$3,763)	-34%
Total Investment Income	\$7,487	\$11,250	(\$3,763)	-34%
Other Income				
Motor Vehicle Reimbursements	\$1,265	\$9,000	(\$7,735)	-86%
Sundry Income	\$2,328	\$5,250	(\$2,922)	-56%
Total Other Income	\$3,593	\$14,250	(\$10,657)	-75%
Total of non Constituent Council Income	\$417,598	\$474,319	(\$56,721)	-12%
Total Income	\$2,174,718	\$2,231,439	(\$56,721)	-3%

Eastern Health Authority - Financial Statement July 2019 to 31 March 2020				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Salaries and Wages	\$1,136,735	\$1,216,501	(\$79,766)	-7%
Superannuation	\$102,304	\$104,250	(\$1,946)	-2%
Workers Compensation	\$13,979	\$12,752	\$1,227	10%
Total Employee Costs	\$1,253,018	\$1,333,503	(\$80,485)	-6%
Prescribed Expenses				
Audit and Accounting	\$12,967	\$14,000	(\$1,034)	-7%
Insurance	\$22,063	\$20,253	\$1,810	9%
Maintenance	\$34,503	\$33,753	\$750	2%
Vehicle Lease & Maintenance	\$49,810	\$57,001	(\$7,191)	-13%
Total Prescribed Expenses	\$119,342	\$125,007	(\$5,665)	5%
Rent & Plant Leasing				
Electricity	\$8,170	\$7,501	\$669	9%
Plant Leasing Photocopier	\$2,614	\$2,624	(\$10)	0%
Rent	\$79,956	\$79,501	\$455	1%
Water	\$68	\$225	(\$157)	-70%
Gas / Emergency Services Levy	\$0	\$2,950	(\$2,950)	100%
Total Rent & Plant Leasing	\$90,808	\$92,801	(\$1,993)	2%
IT Licencing & Support				
IT Licences	\$51,287	\$50,739	\$548	1%
IT Support	\$56,645	\$57,550	(\$905)	-2%
Internet	\$8,086	\$7,501	\$585	8%
IT Other	\$5,653	\$1,499	\$4,154	277%
Total IT Licencing & Support	\$121,671	\$117,289	\$4,382	4%
Administration				
Administration Sundry	\$3,775	\$5,251	(\$1,476)	-28%
Accreditation Fees	\$2,546	\$2,250	\$296	13%
Board of Management	\$10,864	\$11,500	(\$636)	-6%
Bank Charges	\$2,581	\$3,001	(\$420)	-14%
Public Health Sundry	\$1,514	\$3,749	(\$2,235)	-60%
Fringe Benefits Tax	\$8,758	\$10,000	(\$1,242)	-12%
Health Promotion	\$3,214	\$3,749	(\$535)	-14%
Legal	\$9,901	\$14,336	(\$4,435)	-31%
Printing Stationery & Postage	\$8,811	\$18,751	(\$9,940)	-53%
Telephone	\$14,214	\$14,752	(\$538)	-4%
Work Health Safety & Injury Management	\$4,286	\$7,501	(\$3,215)	-43%
Rodenticide	\$1,224	\$1,499	(\$275)	-18%
Staff Amenities	\$1,790	\$5,251	(\$3,461)	-66%
Staff Training	\$6,808	\$11,000	(\$4,192)	-38%
Human Resource Sundry	\$13,276	\$12,001	\$1,275	11%
Doubtful Debts Expense	\$1,227	\$0	\$1,227	NA
Total Administration	\$94,790	\$124,591	(\$29,801)	24%

Eastern Health Authority - Financial Statement July 2019 to 31 March 2020				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Immunisation				
Immunisation SBP Consumables	\$6,934	\$7,501	(\$567)	-8%
Immunisation Clinic Vaccines	\$48,919	\$24,750	\$24,169	98%
Immunisation Worksite Vaccines	\$1,300	\$0	\$1,300	100%
Total Immunisation	\$54,553	\$32,251	\$22,302	69%
Income Protection				
Income Protection	\$24,177	\$23,000	\$1,177	5%
Total Income Protection	\$24,177	\$23,000	\$1,177	5%
Sampling				
Legionella Testing	\$1,200	\$1,125	\$75	7%
Food Sampling	\$0	\$751	(\$751)	-100%
Total Sampling	\$1,200	\$1,876	\$676	36%
New Initiatives				
Public Health Plan Review and Service Review	\$45,970	\$50,000	(\$4,030)	-8%
Total New Initiatives	\$45,970	\$50,000	(\$4,030)	-8%
Total Materials, contracts and other expenses	\$552,511	\$566,815	(\$14,304)	-3%
Depreciation	\$37,500	\$37,500	\$0	0%
Finance Costs	\$11,118	\$11,120	(\$2)	0%
Total Operating Expenditure	\$1,854,148	\$1,948,938	(\$94,790)	5%
Total Operating Income	\$2,174,718	\$2,231,439	(\$56,721)	-3%
Net Profit/(Loss)	\$320,570	\$282,501	\$38,069	14%

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDING 30 JUNE 2020						
ACTUAL 2018/2019		ADOPTED BUDGET 2019/2020	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2019/2020
	INCOME					
1,723,013	Council Contributions	1,757,120	-	-	-	1,757,120
-	Regional Public Health Plan Review / Service Review	50,000	40,000	-	(40,000)	50,000
150,360	Statutory Charges	180,000	-	-	(75,000)	105,000
394,577	User Charges	331,000	-	-	(2,000)	329,000
257,814	Grants, subsidies and contributions	244,000	-	-	7,000	251,000
16,316	Investment Income	15,000	-	-	-	15,000
15,841	Other Income	19,000	-	-	(10,000)	9,000
2,557,921	TOTAL INCOME	2,596,120	40,000	-	(120,000)	2,516,120
	EXPENSES					
1,767,577	Employee Costs	1,805,000	-	-	(92,000)	1,713,000
716,069	Materials, contracts and other expenses	758,000	40,000	-	(28,000)	770,000
12,811	Finance Charges	11,120	-	-	-	11,120
37,355	Depreciation	50,000	-	-	-	50,000
2,533,812	TOTAL EXPENSES	2,624,120	40,000	-	(120,000)	2,544,120
24,109	Operating Surplus/(Deficit)	(28,000)	-	-	-	(28,000)
	Net gain (loss) on disposal of assets	-	-	-	-	-
24,109	Net Surplus/(Deficit)	(28,000)	-	-	-	(28,000)
24,109	Total Comprehensive Income	(28,000)	-	-	-	(28,000)

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS FOR THE YEAR ENDING 30 JUNE 2020						
ACTUAL 2018/2019		ADOPTED BUDGET 2019/2020	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2019/2020
	CASHFLOWS FROM OPERATING ACTIVITIES					
	Receipts					
1,895,314	Council Contributions	1,807,120	40,000	-	(40,000)	1,807,120
157,878	Fees & other charges	180,000	-	-	(75,000)	105,000
372,381	User Charges	331,000	-	-	(2,000)	329,000
16,316	Investment Receipts	15,000	-	-	-	15,000
257,814	Grants utilised for operating purposes	244,000	-	-	7,000	251,000
18,497	Other	19,000	-	-	(10,000)	9,000
	Payments					
(1,779,142)	Employee costs	(1,805,000)	-	-	92,000	(1,713,000)
(974,102)	Materials, contracts & other expenses	(758,000)	(40,000)	-	28,000	(770,000)
(14,213)	Interest Expense	(11,120)	-	-	-	(11,120)
(49,257)	Net Cash Provided/(Used) by Operating Activities	22,000	-	-	-	22,000
	CASH FLOWS FROM FINANCING ACTIVITIES					
	Loans Received	-	-	-	-	-
(64,392)	Loan Repayments	(67,488)	-	-	-	(67,488)
	Repayment of Finance Lease Liabilities	-	-	-	-	-
(64,392)	Net Cash Provided/(Used) by Financing Activities	(67,488)	-	-	-	(67,488)
	CASH FLOWS FROM INVESTING ACTIVITIES					
	Receipts					
	Sale of Replaced Assets	-	-	-	-	-
	Payments					
(19,633)	Expenditure on renewal / replacements of assets	(30,000)	-	-	-	(30,000)
-	Expenditure on new / upgraded assets	-	-	-	-	-
-	Distributions paid to constituent Councils	-	-	-	-	-
(19,633)	Net Cash Provided/(Used) by Investing Activities	(30,000)	-	-	-	(30,000)
(133,282)	NET INCREASE (DECREASE) IN CASH HELD	(75,488)	-	-	-	(75,488)
876,554	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	852,161	(108,889)	-	-	743,272
743,272	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	776,673	(108,889)	-	-	667,784

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION						
FOR THE YEAR ENDING 30 JUNE 2020						
ACTUAL 2018/2019		ADOPTED BUDGET 2019/2020	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2019/2020
	<u>CURRENT ASSETS</u>					
743,272	Cash and Cash Equivalents	776,673	(108,889)		-	667,784
168,200	Trade & Other Receivables	122,329	45,871	-	-	168,200
911,472	TOTAL CURRENT ASSETS	899,002	(63,018)	-	-	835,984
	<u>NON-CURRENT ASSETS</u>					
324,192	Equipment	281,914	22,278	-	-	304,192
324,192	TOTAL NON-CURRENT ASSETS	281,914	22,278	-	-	304,192
1,235,664	TOTAL ASSETS	1,180,916	(40,740)	-	-	1,140,176
	<u>CURRENT LIABILITIES</u>					
149,195	Trade & Other Payables	197,380	(48,185)	-	-	149,195
322,578	Provisions	325,421	(2,843)	-	-	322,578
64,393	Borrowings	67,488	(3,095)	-	-	64,393
536,166	TOTAL CURRENT LIABILITIES	590,289	(54,123)	-	-	536,166
	<u>NON-CURRENT LIABILITIES</u>					
24,868	Provisions	38,690	(13,822)	-	-	24,868
186,350	Borrowings	115,766	3,096	-	-	118,862
211,218	TOTAL NON-CURRENT LIABILITIES	154,456	(10,726)	-	-	143,730
747,384	TOTAL LIABILITIES	744,745	(64,849)	-	-	679,896
375,306	NET CURRENT ASSETS/(CURRENT LIABILITIES)	308,713	(8,895)	-	-	299,818
488,280	NET ASSETS	436,171	24,109	-	-	460,280
	<u>EQUITY</u>					
488,280	Accumulated Surplus/(Deficit)	436,171	24,109	-	-	460,280
488,280	TOTAL EQUITY	436,171	24,109	-	-	460,280

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDING 30 JUNE 2020						
ACTUAL 2018/2019		ADOPTED BUDGET 2019/2020	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2019/2020
	<u>ACCUMULATED SURPLUS</u>					
464,171	Balance at beginning of period	464,171	24,109		-	488,280
24,109	Net Surplus/(Deficit)	(28,000)	-	-	-	(28,000)
488,280	BALANCE AT END OF PERIOD	436,171	24,109	-	-	460,280
	<u>TOTAL EQUITY</u>					
464,171	Balance at beginning of period	464,171	24,109		-	488,280
24,109	Net Surplus/(Deficit)	(28,000)	-	-	-	(28,000)
488,280	BALANCE AT END OF PERIOD	436,171	24,109	-	-	460,280

From: Vanessa Davidson <VDavidson@walkerville.sa.gov.au>
Sent: Friday, 3 April 2020 3:01 PM
To: Michael Livori
Cc: Kiki Cristol
Subject: Review of EHA services provided to the Town of Walkerville
Attachments: EHA Letter April 2020.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Michael

Please find attached correspondence from Kiki Cristo, CEO of the Town of Walkerville, with regard to a review of the EHA services provided to the Town of Walkerville.

Regards,

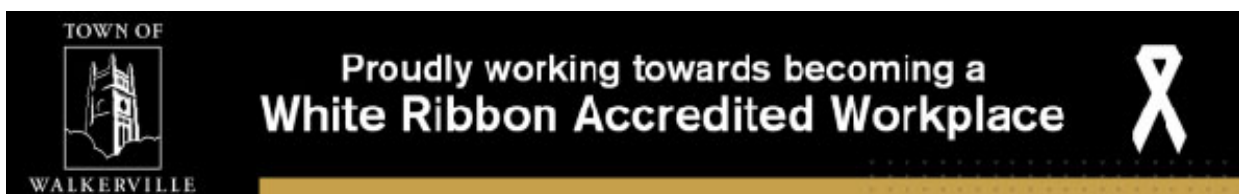
Vanessa Davidson
Council Secretariat / EA to Mayor & CEO
Office of the CEO



Corporation of the Town of Walkerville

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Connect with us





The Corporation of the Town of Walkerville

ABN 49 190 949 882

66 Walkerville Terrace, Gilberton SA 5081

PO Box 55, Walkerville SA 5081

File Number: 11.14.1.1

Please Quote Ref: OLT202040507

Contact Officer: Chief Executive Officer, Kiki Cristol

Telephone: (08) 8342 7100

Facsimile: (08) 8269 7820

Email:
walkerville@walkerville.sa.gov.au
www.walkerville.sa.gov.au

3 April 2020

Mr Michael Levori
Chief Executive Officer
Eastern Health Authority

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

Dear Michael

Re: Review of EHA services provided to the Town of Walkerville

In February 2020, the Town of Walkerville (ToW) Council resolved to undertake an external review of the services received from the Eastern Health Authority (EHA). As you are aware, we have appointed BRM Advisory to undertake this review on our behalf.

Our community has an expectation that council delivers value for money and Section 8 of the Local Government Act 1999 (Act) outlines Council's legislative obligations to ensure that council's resources are used fairly, effectively and efficiently. In addition, the South Australian Productivity Commission's Local Government Cost and Efficiency Report encourages councils to improve transparency by 'developing, documenting and reporting publicly against service standards for all services provided' and to schedule reviews which include consideration of 'whether a service should be provided in-house, by partnering with another body, or be outsourced'.

EHA provides information to its Constituent Councils through a number of mechanisms, including through its board papers and representative board membership, its Annual Business Plan and Long Term Financial Plan and Annual Reports.

However, the ToW currently holds the view that the information provided by EHA about its activities and service levels specific to our council area is not sufficient to enable us to assess the nature of, or the efficiency and effectiveness of, the services being provided.

In order to support our external review and to meet our responsibilities to the community and under the Act, we are requesting further detailed information regarding the specific nature of the services being provided to us and information relating to the cost of these services.

ToW's right to information:

Clause 12.4 of the EHA Charter states that:

"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."

“A regional subsidiary must, at the written request of a constituent council, furnish to the council information or records in the possession or control of the subsidiary as the council may require in such manner and form as the council may require.”

The following request is made pursuant to the requirements of the EHA Charter and Schedule 2 of the Act.

Update on performance against objectives:

The following objectives are included in the FY2019/20 EHA Annual Business Plan and considered relevant to the ToW being able to assess the nature of, or the efficiency and effectiveness of, the services being provided by EHA on our behalf:

Public and Environmental Health:

- 2.0 - Promote healthy communities by managing the risk from communicable and infectious disease and environmental impacts
- 2.1 - An innovative approach to public and environmental health through community and business education and interaction to increase awareness and understanding
- 2.2 - Promote a safe and home-like environment for residents by ensuring quality of care in supported residential facilities
- 2.3 - Minimise the public health consequences of emergencies through a planned and prepared response

Immunisation:

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

Food Safety:

- 4.0 - Minimise foodborne illness by ensuring that safe and suitable food is available to the community
- 4.1 - An innovative approach to food safety through business and community education and interaction to increase awareness and understanding

We ask that EHA provides us with an update on its performance **for each stated objective** as far as those objectives relate to activities undertaken or delivered within the **ToW council area only**. We encourage EHA to use this as an opportunity to demonstrate the specific value it is providing to ToW enabling ToW to report to its Audit Committee, Council and ultimately our community. We encourage EHA to include detailed information in its response, i.e. do not limit the response simply to the number of activities undertaken in ToW, but rather provide a summary of the outcome of activities against the stated objectives and identify any issues specific to the ToW council area that would be of interest to ToW and to inform the external review being undertaken.

Detailed listings:

To the extent that EHA's response to the previous section does not provide the following information, please also provide lists of:

- all the premises within ToW, and a description of the activities within each premises, that EHA monitors to deliver on its purpose of providing public and environmental health services to its Constituent Councils.
- the public immunisation clinics held in ToW between 1 July 2019 and 28 February 2020 (including the date and location) and the number of immunisations administered to ToW residents through clinics in the council area and/or outside of the council area.
- the inspections that have taken place within ToW between 1 July 2019 and 28 February 2020 and the purpose of each inspection.

- the details of all businesses who have received a non-compliance notice (or similar), the date of each advice and the details of each non-compliance between the period of 1 July 2019 and 28 February 2020.

Item 5.2 Attachment 3

Calculating the cost of services:

We note Schedule 1 of the EHA Charter relating to how the Constituent Council funding contribution to EHA is calculated. Please provide a copy of the calculation and information used to support the financial contribution of \$102,500 by ToW in FY2019/20.

Other considerations:

As a Public Authority defined under the South Australian Public Health Act 2011, we will treat any confidential information provided by EHA in accordance with our legislative obligations.

Following receipt of the information requested, we expect that Michael Richardson from BRM Advisory will be in contact with you to progress our review process.

Your assistance in supporting this additional disclosure and our external review is greatly appreciated and we look forward to discussing the results with you once the review has been completed. Please acknowledge receipt of this request and if possible, provide an indication of when you expect to provide the requested information.

Yours sincerely



Kiki Cristol

Chief Executive Officer

Cc: Cr Peter Cornish

Eastern Health Authority						
Bank Reconciliation as at 31 March 2020						
Bank SA Account No. 141/0532306840						
Balance as per Bank Statement 31 March 2020						\$838,879.04
Plus Outstanding cheques				\$ -		
Add Outstanding deposits				\$ -		
BALANCE PER General Ledger						\$838,879.04
GST January to March 2020						
GST Collected			\$668.29			
GST Paid			\$6,300.75			
Net GST Claimable (Payable)			(\$5,632.46)			
Funds Available March 2020						
Account			31-Mar-20	31-Dec-19	Variance	
Bank SA Cheque Account			\$ 838,879	\$ 108,622	\$ 730,257	
Local Government Finance Authority			\$ 202,031	\$ 371,318	-\$ 169,287	
Net GST Claimable (Payable)			(\$5,632.46)	(\$17,372.52)	\$ 11,740	
Long Service Leave Provision			(\$203,120.51)	(\$203,121.00)	\$0.49	
Annual Leave Provision			(\$134,437.63)	(\$134,438.00)	\$0.37	
TOTAL FUNDS AVAILABLE			\$ 697,719	\$ 125,008	\$ 572,711	

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.

From: [Michael Livori](#)
 To: [Constituent Council Contacts](#)
 Cc: [Nadia Conci](#); [Kristen Paparella](#)
 Subject: EHA annual Business Plan and Budget
 Date: Thursday, 27 February 2020 5:22:00 PM
 Attachments: [image001.png](#)

Hi all,

Yesterday the EHA Board of Management met and one of the items considered and endorsed was the process for the development of our Annual Business Plan (ABP) and Budget for 2020/2021.

The agreed process includes requests to constituent councils to provide feedback at various stages of the ABP and Budget development process.

This email is provided to assist you when receiving requests for feedback.

First Request (Today with feedback due 11 March 2020)

As you are aware the work we undertake on behalf of councils is detailed in the ABP.

While the first request for comments has a short time frame it is really seeking any preliminary comments regarding the content of the ABP in relation to any suggestions or comments you may have relating to our current/future service delivery.

Due to the short timeframe the preliminary feedback would generally come from council administration.

This first request is basically so that EHA administration and the Board are made aware of any issues raised by Constituent Councils.

The 2019/2020 Annual Business plan which details our current work can be found here -

<https://www.eha.sa.gov.au/about-us/annual-business-plan>

There are no major changes expected to be required to be made to the 2020/2021 ABP from our perspective.

Staff have commenced revising the plan and you will have the opportunity to comment on any proposed changes after the draft is finalised and the Board have considered the ABP/Budget at its March 18 Budget Workshop.

Please note we have a Constituent Council Contacts on 3 March 2020 and the ABP and budget will be on the agenda.

In the interim, I hope to have **preliminary** figures for constituent council contributions for your own budgeting prior to the Boards Budget Workshop.

Second Request (Approximately 20 March 2020 with feedback due 17 April 2020)

Around 20 March I will be in the position to provide you with a **preliminary** draft EHA Annual Business Plan and Budget.

This will be provided via written correspondence to the designated EHA council contact where each constituent council will be invited to provide feedback in relation to the **preliminary** Draft EHA Annual Business Plan and Budget.

The feedback will be due on **17 April 2020**.

Third Request (Approximately 1 May 2020 with feedback due 15 June 2020)

A draft ABP and Budget will be considered and endorsed by the Board on **29 April 2020**.

The draft ABP and Budget will then be provided to constituent councils for any further comment (**due 15 June 2020**).

This will be provided via written correspondence to your respective CEO.

Generally speaking there are not any significant (if any) changes made to the budget that will be provided to you in March/April, when compared to this version unless an unforeseen circumstance occurs.

Please note that EHA is required by the Local Government Act to adopt a budget prior to 30 June and the Board will consider and adopt the budget at its **24 June 2020** meeting.

From: Carlos Buzzetti <CBuzzetti@npsp.sa.gov.au>
Sent: Monday, 2 March 2020 4:19 PM
To: Michael Livori
Subject: FW: EHA annual Business Plan and Budget

Hi Mick

Fyi – see below.

Carlos Buzzetti **RPIA (Fellow)**
GENERAL MANAGER, URBAN PLANNING & ENVIRONMENT

City of Norwood Payneham & St Peters
175 The Parade, Norwood SA 5067
Telephone 8366 4501
Facsimile 8332 6338
Email cbuzzetti@npsp.sa.gov.au
Website www.npsp.sa.gov.au

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From: Sharon Perkins <SPerkins@npsp.sa.gov.au>
Sent: Monday, 2 March 2020 3:20 PM
To: Carlos Buzzetti <CBuzzetti@npsp.sa.gov.au>
Subject: RE: EHA annual Business Plan and Budget

Hi Carlos

I don't have any issues with the proposed process and the respective due date

Regards

Sharon

From: Carlos Buzzetti <CBuzzetti@npsa.gov.au>

Sent: Friday, 28 February 2020 1:26 PM

To: Sharon Perkins <SPerkins@npsa.gov.au>

Subject: FW: EHA annual Business Plan and Budget

Hi Sharon

See below for your consideration please. From my perspective I have no comments to offer at this stage of the budget setting process.

cheers

Carlos Buzzetti **RPIA (Fellow)**
GENERAL MANAGER, URBAN PLANNING & ENVIRONMENT

City of Norwood Payneham & St Peters

175 The Parade, Norwood SA 5067

Telephone 8366 4501

Facsimile 8332 6338

Email cbuzzetti@npsa.gov.au

Website www.npsa.gov.au

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From: Brendan Lott <brendan.lott@prospect.sa.gov.au>
Sent: Tuesday, 10 March 2020 11:50 AM
To: Michael Livori
Cc: Nathan Cunningham; Darren Starr
Subject: EHA Annual Business Plan

Dear Michael

This email is in response to your invitation to provide preliminary feedback to the EHA Annual Business Plan 2020/2021

We have three comments, as follows:

1. The current Annual Business Plan is too detailed. The new plan would benefit from a 'less is more' approach with regard to each of the objectives Actions and Performance Indicators.
2. Include actions and performance indicators relating to the current Service Review process i.e.
 - a. Fulfilling the actions and recommendations from the review
 - i. Develop a sense of finality to build support for the EHA model.
3. Set actions and performance measures for the development and implementation of our Regional public Health Plan

Regards,

Brendan Lott
Manager Community Development

T 08 8269 5355
Payinthe - 128 Prospect Road, Prospect, SA 5082 | PO Box 171, Prospect SA 5082
brendan.lott@prospect.sa.gov.au





Please note the final format of the Annual Business Plan is still to be developed

Annual Business Plan

2020/2021



local councils working together to protect the health of the community

Introduction	1
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The Eastern Health Authority (EHA) Charter requires an Annual Business Plan to support and inform its Annual Budget which:

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

The Budgeted Financial Statements can be found on pages 23 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

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

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

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

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

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

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

Activity Data	Burnside	C/Town	NPSP	Prospect	Walkerville	Total
No. of Food Premises	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 Unley.
- Commencement of Adelaide 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 *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.

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

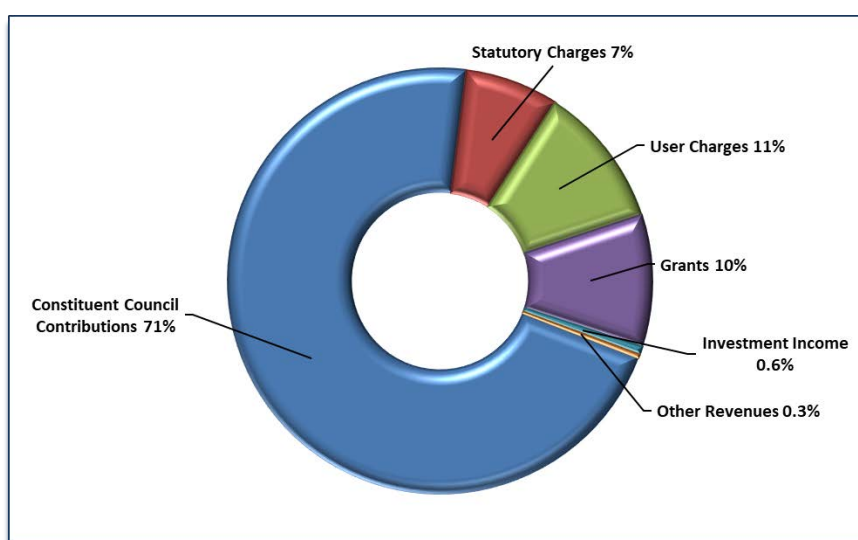
Statutory Charges relate mainly to fees and fines levied in accordance with legislation and include food inspection fees, supported residential facility licences, and environmental health related fines.

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

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

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

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



FINANCIAL INDICATORS

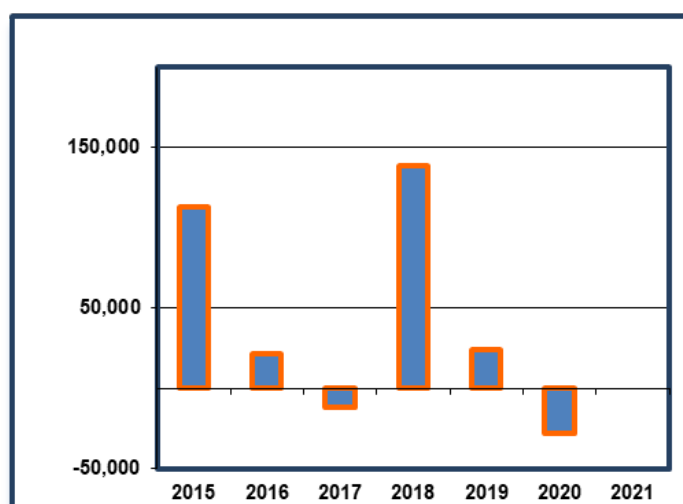
A series of financial indicators have been developed by local government to assist in determining whether a local government organisation is financially sustainable or moving to a position of financial sustainability. Indicators with relevance to EHA are set out below.

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

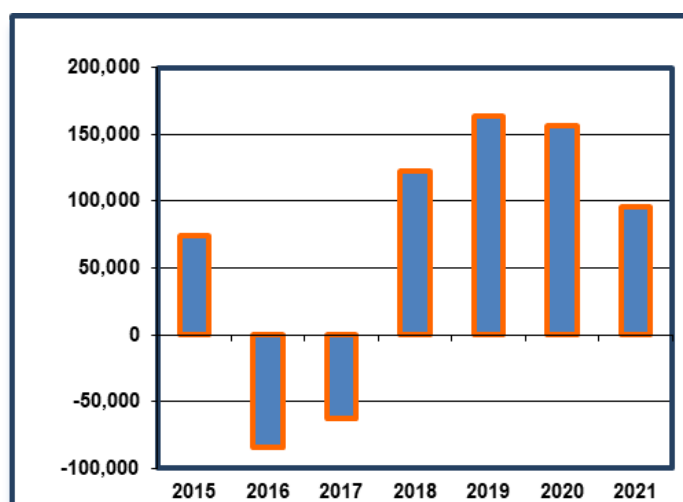
Net Financial Assets indicates the money held, invested or owed to EHA less money owed to others (including provisions for employee entitlements).

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

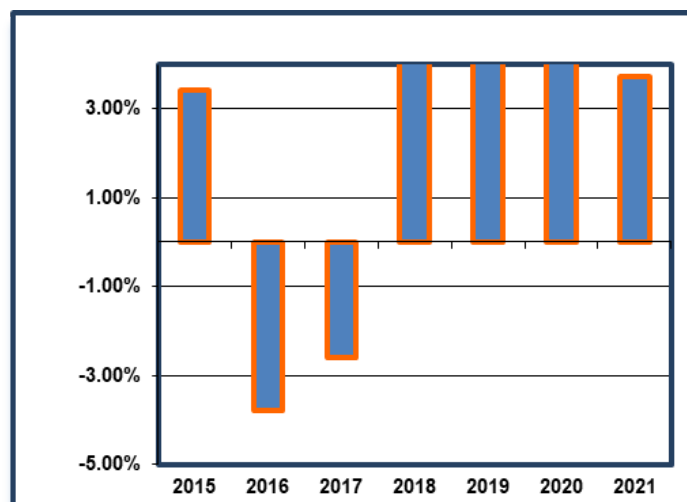
Graph 2: Operating Surplus / (Deficit)



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 2019/2020	Total Operating Expenditure Budgeted 2019/2020	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 2020-2021

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

1.0 – Governance and Organisational Development

Background

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

Objective 1 Administration of legislative and corporate governance requirements

Actions	Performance Measures
1.1 Monitor the compliance of statutory requirements identified in the Charter.	Statutory requirements complied with as per Charter.
1.2 Properly convene Board meetings providing agendas and minutes. Minimum of 5 ordinary meetings conducted. Notice of meeting given 3 clear days prior to meeting. Minutes provided within 5 days of meeting.	5 meetings conducted. Appropriate notice given. Timeframe met.
1.3 Conduct election for Chair and Deputy Chair of Board of Management in February.	Election conducted at February meeting.
1.4 In accordance Clause 6.5 of EHA's Charter 2016, undertake the required strategies to attain any priority or goal which the Regional Public Health Plan, 'Better Living, Better Health' (the Plan) specifies as EHA's responsibility.	As detailed in 'Better Health, Better Living' section 7.3 'Protection for Health'.
1.5 Implement the second iteration of the Regional Public Health Plan, 'Better Living, Better Health' in accordance with section 51(19) SA Public Health Act, 2011.	Implementation of Regional Public Health Plan
1.6 Provide administrative assistance to the Public Health Plan Advisory Committee and coordinate reports to the Board of Management.	Reports provided to Board Meetings as required.
1.7 Annual business plan to be developed with detailed objectives for the year in consultation with Constituent Councils.	Draft considered at May meeting and adopted at June meeting.
1.8 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.	Budget and Financial Statements adopted. Copy of budget provided to CEO of Constituent Councils within 5 days of adoption.

Actions	Performance Measures
1.9 Keep proper books of account, regularly report on the financial position of EHA, and apply prudent financial management as required by the Charter.	Financial reports provided at each Board Meeting. Budget reviews presented at October, February and May meetings.
1.10 Conduct Audit Committee meetings as required by Charter.	Audit committee meet minimum of two times per annum.
1.11 Ensure the financial statements are audited annually as per the requirements of the Charter.	Audited financial statements adopted at August meeting and provided to Constituent Councils within 5 days.
1.12 Monitor Long Term Financial Plan.	Plan reviewed annually as part of budget process.
1.13 Provide regular statistical reports to Board Members and Constituent Council.	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>South Australian Public Health, Act 2011</i> in relation to the operations of EHA as required by legislation.	Report adopted at relevant Board meeting and provided to Public Health Council.
1.18 Compile annual report pursuant to the <i>Food Act 2001</i> and <i>Safe Drinking Water Act, 2011</i> in relation to the operations of EHA as required by legislation.	Report adopted at August meeting and provided to SA Health.
1.19 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.

Actions	Performance Measures
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 Managers Forum to address environmental health issues and promote uniformity and professional consistency.	Management to attend and participate in the Environmental Managers Forum meetings.
1.28 Engage and participate LGA, non Government Organisations and state and local 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 Work Health Safety action plan outlining program of improvements required in EHA's WHS 3 Year Plan.	Action plan reviewed with input from staff.
1.1.8 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

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

An extension to public health is the licensing of Supported Residential Facilities (SRF's). SRF's provide accommodation to people in the community who require personal care and support. EHA is licensing authority of all SRF's within the Constituent Councils. The *SRF Act, 1992* ensures adequate standards of care and amenity are provided at these facilities to protect the health and wellbeing and rights of the residents. To protect the health and well-being of the community during the COVID-19 crisis, it is imperative for EHA to continue to undertake the necessary functions on behalf of its Constituent Councils

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

Actions	Performance Measures
<p>Maintain and update a register of all public health related premises.</p> <p>Public Health related premises are:</p> <ol style="list-style-type: none"> 1. premises with public swimming pools and spas 2. premises with cooling tower systems and warm water systems 3. personal care and body art 4. waste control systems 	<p>Register maintained and updated as required.</p>
<p>2.2. Undertake assessments to determine appropriate standards of public swimming pools and spas are maintained in accordance with the South Australian Public Health (General) Regulations 2013.</p>	<p>All indoor pools assessed twice a year and outdoor pools once a year.</p>
<p>2.3. Undertake assessments and collect water samples for analysis to determine appropriate standards of cooling towers and warm water systems for the management of <i>Legionella</i> in accordance with <i>South Australian Public Health (Legionella) Regulations 2013</i>.</p>	<p>Assessments performed at least annually.</p>
<p>2.4. Investigate notifiable <i>Legionella</i> incidences and high <i>Legionella</i> counts in accordance with SA Health guidance and internal procedures.</p>	<p>Investigate incidences in accordance with EHA service standards and SA Health guidance.</p>
<p>2.5. Undertake assessments to determine appropriate standards at personal care and body art premises are maintained in accordance with guidelines and legislation.</p>	<p>Assessments performed according to risk-based schedule.</p>
<p>2.6. Investigate complaints to ensure appropriate infection control standards at personal care and body art premises are maintained in accordance with the relevant guidelines and legislation.</p>	<p>Investigate and respond to complaints in accordance with the customer service standards.</p>
<p>2.7. 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.</p>	<p>Applications assessed against with legislative requirements and customer service standards.</p>
<p>2.8. 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></p>	<p>Monitor service reports for waste water treatment systems to identify non-compliances.</p>

Actions	Performance Measures
<p>Respond to public health enquiries/complaints within the built environment that give rise to a risk to health in relation to:</p> <ul style="list-style-type: none"> - hoarding and squalor - sanitation - vector control - hazardous and infectious substances <ul style="list-style-type: none"> clandestine Drug Laboratory asbestos syringes - on-site wastewater systems - notifiable diseases - refuse storage <p>Co-ordinate a multi-agency response where necessary.</p> <p>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.</p>	<p>Enquiries/complaints are investigated in accordance with the customer service standards and Guidelines.</p>
<p>2.10 Undertake joint investigations with Constituent Councils where there may be an overlap relating to offences relating to <i>SA Public Health Act 2011, Environmental Protection (Water Quality) Policy 2015</i> and the <i>Local Nuisance and Litter Control Act, 2017</i>.</p>	<p>Undertake joint investigations where required.</p>
<p>2.11 Provide information to households informing them of localised pests/vector issues that can be minimised.</p>	<p>Provide information as required.</p>
<p>2.12 Undertake relevant notifiable disease investigations in collaboration with SA Health.</p>	<p>Respond to disease notifications in accordance with customer service standards and SA Health guidance.</p>
<p>2.13 Provide advice and information materials to residents about air quality concerns including the installation, operation and standards of solid fuel burning appliances.</p>	<p>Information available to community and via website as required.</p>
<p>2.14 Provide rodent bait to residents upon request.</p>	<p>Rodent bait provision maintained.</p>
<p>2.15 Assist members of the community by offering approved sharps containers at cost price. Free disposal for residents of full and approved sharps containers delivered to EHA.</p>	<p>Provide sharps containers at cost price and free disposal service to residents as required.</p>
<p>2.16 Continue to co-ordinate and attend the Eastern Hoarding and Squalor Committee meetings to promote interagency management of residents affected by hoarding and squalor.</p>	<p>Coordinate and attend the Eastern Hoarding and Squalor meetings.</p>
<p>2.17 Maintain the hoarding and squalor contacts database.</p>	<p>Update where required.</p>
<p>2.18 Participate in Metropolitan Fire Service fire risk notification system.</p>	<p>Notify MFS when required as per the notification process.</p>
<p>2.19 Respond to development application referrals from councils regarding public health related premises and activities.</p>	<p>Respond to all referrals in accordance with the customer service standards.</p>
<p>2.20 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>.</p>	<p>Continue to monitor potential water providers to ensure compliance with the Act and associated regulations.</p>

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

Actions	Performance Measures
2.1.1 Develop and maintain a comprehensive range of health education and promotion material targeting public health issues incorporating the resources of other health related agencies.	Information resources 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.

	Actions	Performance Measures
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 73 visits to 20 high schools offering vaccinations to 2,450 Year 8 students and 2,492 Year 10 students.

Workplace Immunisation programs are conducted on a fee for service basis. A total of 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 The provision of a comprehensive, accessible, and efficient immunisation service valued by the community

Actions	Performance Measures
<p>3.1</p> <p>Ensure effective governance and delivery of a public clinic immunisation program in accordance with:</p> <ul style="list-style-type: none"> the current National Health and Medical Research Council (NHMRC) "Australian Immunisation Handbook" National Vaccine Storage Guidelines 'Strive for 5, 2nd Edition the <i>Controlled Substances Act 1984</i> and the <i>Controlled Substances (Poisons) Regulations 2011</i> Vaccine Administration Code October 2018 v 1.7 South Australia's Child Protection Legislation – Child Safe Environment Guidelines. Immunisation Records and Inventory System (IRIS). <p>Immunisation Nurses are provided with opportunities to participate in appropriate professional development opportunities.</p>	<p>Annual clinical performance evaluation.</p> <p>Annual Cold Chain audit and pharmaceutical refrigerator maintenance.</p> <p>Annual review of Child Safe Environment Guidelines and Procedures.</p> <p>Review of Immunisation Nurses CPD annually.</p>
<p>3.2</p> <p>Promotion of EHA's public immunisation clinic program through channels identified in the EHA Marketing Plan.</p> <p>Build Social Media presence through Constituent Council platforms to promote immunisation clinics.</p> <p>EHA website used as a tool for communication of up to date information relating to immunisation.</p> <p>Provide Constituent Councils with educational and promotional materials relating to immunisation for circulation.</p>	<p>Increased number of clinic timetables required and distributed.</p> <p>Regular updates of information provided in the home page on immunisation issues.</p> <p>Source and distribute to Constituent Councils promotional and educational materials on immunisation in conjunction with Constituent Councils.</p>
<p>3.3</p> <p>Improve customer experience at EHA public immunisation clinics.</p> <p>Conduct an annual review of EHA's public clinic venues and timetable taking into account client feedback and satisfaction surveys .</p> <p>.</p> <p>Continual development and promotion of online immunisation appointment booking system.</p>	<p>Review and evaluate each public clinic venue and times offered.</p> <p>Clinic Timetable reviewed and published in November. Increase mailout of Clinic Timetable.</p> <p>Report and expand website analytical tools to monitor usage.</p> <p>Improve the access and increase in use of Immunisation Online Booking System.</p> <p>Implement program of review and reminders for residents of overdue vaccinations.</p>

Actions	Performance Measures
<p>3.4</p> <p>Deliver School Immunisation Program (SIP) in accordance with the SA Health Service Agreement contract.</p> <p>Liaise with school coordinators and SA Health regarding implementation and evaluation of program.</p> <p>Immunisation statistics submitted via IRIS to SA Health and the Australian Immunisation Register (AIR) in accordance with contractual arrangements.</p>	<p>Statistics reported to AIR within 5 days of clinics.</p> <p>All students offered vaccinations. If vaccination missed at school visit then public clinics offered.</p> <p>Statistics uploaded onto IRIS for the SIP within 10 days of school visit.</p> <p>Monitor and report on coverage data for the SIP compared to the SA Average.</p> <p>Delivery of SIP with ongoing improvement and evaluation of coverage data. Follow up of students who missed vaccination at school.</p> <p>Further promote EHA clinics and catch up facilities offered in regular school newsletter updates and electronic reminders to parents.</p>
<p>3.5</p> <p>Promote and provide a professional and quality Workplace Immunisation Program on a fee for service basis.</p> <p>Continual development and promotion of online workplace immunisation appointment booking system.</p>	<p>Target services to organisations whose staff are at high risk of acquiring vaccine preventable diseases.</p> <p>Increase of new clients and regular annual clients.</p> <p>Income generated</p> <p>Review program annually.</p>
<p>3.6</p> <p>The CEO/Team Leader Immunisation lobby through LGA for appropriate funding for sustainability of local government delivery of immunisation services.</p>	<p>Meet with LGA and SA Health to discuss funding and support from governments.</p>
<p>3.7</p> <p>Facilitate the Community Engagement Project which forms part of a broader Adelaide PHN Immunisation Hub initiative.</p> <p>The initiative aims to increase immunisation coverage and reduce vaccine preventable hospitalisations in the Adelaide metropolitan region.</p> <p>Increase community awareness and knowledge of the benefits of childhood immunisation, increasing coverage within the eastern and inner northern suburbs of metropolitan Adelaide</p> <p>Conduct on-site education and awareness raising sessions at participating childcare centres.</p> <p>Provide education and training on immunisation information and immunisation services for Health professionals.</p>	<p>Comply with the Adelaide PHN project specific requirements, including submission of periodic reports as required.</p> <p>Meet with PHN periodically to monitor and review compliance against project Schedule.</p>

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
<p>4.1 Assign and where required update food businesses risk classification in accordance with the SA Health Food Business Risk Classification framework</p>	<p>Apply relevant risk rating to new businesses and undertake assessments in accordance with SA Health Food Business Risk Classification framework</p> <p>Monitor and identify new food processing practices during routine assessments. Update the risk classification to reflect the changes.</p>
<p>4.2 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.</p>	<p>Assessments performed using the appropriate food safety rating tool.</p> <p>Assessments conducted in accordance with the assigned risk rating and frequency.</p>
<p>4.3 Monitor food businesses during inspections to assess if they are captured by the Primary Production Standards.</p>	<p>Inform SA Health of new food businesses that may be captured under the Primary Production Standards as required.</p>
<p>4.4 Ensure appropriate enforcement action is taken in relation to breaches of the <i>Food Act 2001</i> and associated standards in accordance with EHA's enforcement policy.</p>	<p>Number of enforcement actions taken.</p>
<p>4.5 Investigate food related complaints in relation to:</p> <ul style="list-style-type: none"> • alleged food poisoning • microbiological and chemical contamination • foreign matter found in food • poor personal hygiene and handling practices • unclean premises • vermin, insects and pest activity • refuse storage • allergens <p>Liaise with SA Health and other councils to ensure a consistent approach as required.</p>	<p>Respond to complaints in accordance with customer service standards and where necessary SA Health guidance.</p>

Actions	Performance Measures
4.6 Respond to food recalls in accordance with SA Health recommendations.	Number of recalls actioned when required.
4.7 Ensure all businesses servicing vulnerable populations within the Constituent Councils have their food safety plan audited in accordance with Food Safety Standard 3.2.1 and the <i>Food Act 2001</i> .	Number of audits conducted in accordance to audit frequency.
4.8 Provide professional auditing services to businesses servicing vulnerable populations outside of EHA's of Constituent Councils.	Number of audits conducted in accordance to audit frequency.
4.9 Review plans and liaise with the applicant regarding structural fit out of a food business.	Respond to requests as required.
4.10 Provide feedback to Constituent Councils when requested as per the Development Assessment sharing process.	Respond and provide feedback to Constituent Councils as required.
4.11 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.	Information provided following receipt of notification.
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 within in accordance with the customer service policy.

Actions	Performance Measures
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 within 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.
4.18 Participate in the Environmental Health Australia “Food Safety” Special Interest Group (SIG) to promote uniformity, professional consistency and to discuss the latest information in relation to food safety issues affecting local government.	Attend and actively participate at SIG meetings.
4.19 Participate with Environmental Health Australia and state and local government authorities to review best practice standards and promote uniformity and professional consistency.	Attend and actively participate.

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 t 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 promotion 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.

Budget Financial Statements 2020-2021

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDING 30 JUNE 2021		
REVISED (Mar 20) 2019/2020		DRAFT BUDGET 2020/2021
	<u>INCOME</u>	
1,757,120	Council Contributions	1,790,674
50,000	Public Health Plan / Service Review Contributions	40,000
105,000	Statutory Charges	180,500
329,000	User Charges	272,000
251,000	Grants, subsidies and contributions	252,000
15,000	Investment Income	15,000
9,000	Other Income	7,000
2,516,120	TOTAL INCOME	2,557,174
	<u>EXPENSES</u>	
1,713,000	Employee Costs	1,762,000
770,000	Materials, contracts and other expenses	737,300
11,120	Finance Charges	7,874
50,000	Depreciation	50,000
2,544,120	TOTAL EXPENSES	2,557,174
(28,000)	Operating Surplus/(Deficit)	-
	Net gain (loss) on disposal of assets	-
(28,000)	Net Surplus/(Deficit)	-
(28,000)	Total Comprehensive Income	-

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS FOR THE YEAR ENDING 30 JUNE 2021		
REVISED (Mar 20) 2019/2020		ADOPTED BUDGET 2019/2020
	CASHFLOWS FROM OPERATING ACTIVITIES	
	Receipts	
1,807,120	Council Contributions	1,830,674
105,000	Fees & other charges	180,500
329,000	User Charges	272,000
15,000	Investment Receipts	15,000
251,000	Grants utilised for operating purposes	252,000
9,000	Other	7,000
	Payments	
(1,713,000)	Employee costs	(1,762,000)
(770,000)	Materials, contracts & other expenses	(737,300)
(11,120)	Interest Expense	(7,874)
22,000	Net Cash Provided/(Used) by Operating Activities	50,000
	CASH FLOWS FROM FINANCING ACTIVITIES	
-	Loans Received	-
(67,488)	Loan Repayments	(69,090)
	Repayment of Finance Lease Liabilities	
(67,488)	Net Cash Provided/(Used) by Financing Activities	(69,090)
	CASH FLOWS FROM INVESTING ACTIVITIES	
	Receipts	
	Sale of Replaced Assets	-
	Payments	
(30,000)	Expenditure on renewal / replacements of assets	-
-	Expenditure on new / upgraded assets	-
-	Distributions paid to constituent Councils	-
(30,000)	Net Cash Provided/(Used) by Investing Activities	-
(75,488)	NET INCREASE (DECREASE) IN CASH HELD	(19,090)
743,272	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	667,784
667,784	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	648,694

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION		
FOR THE YEAR ENDING 30 JUNE 2021		
REVISED (Mar 20) 2019/2020		ADOPTED BUDGET 2019/2020
	CURRENT ASSETS	
667,784	Cash and Cash Equivalents	648,694
168,200	Trade & Other Receivables	122,329
835,984	TOTAL CURRENT ASSETS	771,023
	NON-CURRENT ASSETS	
304,192	Equipment	254,192
304,192	TOTAL NON-CURRENT ASSETS	254,192
1,140,176	TOTAL ASSETS	1,025,215
	CURRENT LIABILITIES	
149,195	Trade & Other Payables	197,380
322,578	Provisions	325,421
64,393	Borrowings	67,488
536,166	TOTAL CURRENT LIABILITIES	590,289
	NON-CURRENT LIABILITIES	
24,868	Provisions	38,690
118,862	Borrowings	46,677
143,730	TOTAL NON-CURRENT LIABILITIES	85,367
679,896	TOTAL LIABILITIES	675,656
299,818	NET CURRENT ASSETS/(CURRENT LIABILITIES)	180,734
460,280	NET ASSETS	349,559
	EQUITY	
460,280	Accumulated Surplus/(Deficit)	349,559
460,280	TOTAL EQUITY	349,559

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDING 30 JUNE 2021		
REVISED (Dec 18) 2018/2019		ADOPTED BUDGET 2019/2020
	ACCUMULATED SURPLUS	
488,280	Balance at beginning of period	460,280
(28,000)	Net Surplus/(Deficit)	-
-	Distribution to Constituent Councils	-
460,280 BALANCE AT END OF PERIOD		460,280
	TOTAL EQUITY	
488,280	Balance at beginning of period	460,280
(28,000)	Net Surplus/(Deficit)	-
-	Distribution to Constituent Councils	-
460,280 BALANCE AT END OF PERIOD		460,280

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2020/2021		
Income	Revised Budget 2019-2020	Draft Budget 2020-2021
Constituent Council Income		
City of Burnside	\$ 437,022	\$ 438,131
City of Campbelltown	\$ 426,994	\$ 452,548
City of NPS	\$ 559,954	\$ 586,308
City of Prospect	\$ 230,650	\$ 210,656
Town of Walkerville	\$ 102,500	\$ 103,032
Public Health Plan Review and Service Review (cc to share 5 x10K)	\$ 50,000	\$ 40,000
Total Constituent Council Contributions	\$ 1,807,120	\$ 1,830,674
Statutory Charges		
Food Inspection fees	\$ 70,000	\$ 122,000
Legionella registration and Inspection	\$ 8,000	\$ 7,000
SRF Licenses	\$ 2,000	\$ 1,500
Fines	\$ 25,000	\$ 50,000
Total Statutory Charges	\$ 105,000	\$ 180,500
User Charges		
Immunisation - non funded vaccines	\$ 75,000	\$ 80,000
Immunisation - Worksites	\$ 105,000	\$ 110,000
Food Auditing	\$ 85,000	\$ 80,000
City of Unley	\$ 60,000	\$ -
Food Safety Training	\$ 4,000	\$ 2,000
Total User Charges	\$ 329,000	\$ 272,000
Grants, Subsidies, Contributions		
School Based immunisation Program	\$ 219,000	\$ 180,000
Meningococcal B Study	\$ -	\$ -
Child Immunisation register	\$ 32,000	\$ 32,000
Adelaide PHn Immunisation Community Engagement Project	\$ -	\$ 40,000
Total Grants, Subsidies, Contributions	\$ 251,000	\$ 252,000
Investment Income		
Interest on investments	\$ 15,000	\$ 15,000
Total Investment Income	\$ 15,000	\$ 15,000
Other Income		
Motor Vehicle re-imbursements	\$ 2,000	\$ -
Sundry Income	\$ 7,000	\$ 7,000
Total Other Income	\$ 9,000	\$ 7,000
Total of non Constituent Council Income	\$ 709,000	\$ 726,500
Total Income	\$ 2,516,120	\$ 2,557,174

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2019/2020 (CONT)		
Expenditure	Revised Budget 2019-2020	Draft Budget 2020-2021
Employee Costs		
Salaries & Wages	\$ 1,526,000	\$ 1,565,000
Superannuation	\$ 133,000	\$ 140,000
Workers Compensation	\$ 17,000	\$ 18,000
Employee Leave Expenses	\$ 34,000	\$ 36,000
Medical Officer Retainer and Agency Staff	\$ 3,000	\$ 3,000
Total Employee Costs	\$ 1,713,000	\$ 1,762,000
Prescribed Expenses		
Auditing and Accounting	\$ 17,000	\$ 17,000
Bad and Doubtful Debts	\$ -	\$ -
Insurance	\$ 27,000	\$ 27,000
Maintenance	\$ 45,000	\$ 45,000
Vehicle Leasing/maintenance	\$ 68,000	\$ 68,000
Total Prescribed Expenses	\$ 157,000	\$ 157,000
Rent and Plant Leasing		
Electricity	\$ 10,000	\$ 10,000
Plant Leasing Photocopier	\$ 3,500	\$ 3,500
Rent	\$ 106,700	\$ 108,000
Water	\$ 300	\$ 300
Gas	\$ 3,000	\$ 3,000
Total Rent and Plant Leasing	\$ 123,500	\$ 124,800
IT Licensing and Support		
IT Licences	\$ 63,000	\$ 70,000
IT Support	\$ 68,000	\$ 43,000
Internet	\$ 10,000	\$ 10,000
IT Other	\$ 2,000	\$ 2,000
Total IT Licensing and Support	\$ 143,000	\$ 125,000

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2019/2020 (CONT)		
Expenditure	Revised Budget 2019-2020	Draft Budget 2020-2021
Administration		
Administration Sundry	\$ 7,000	\$ 6,000
Accreditation Fees	\$ 3,000	\$ 3,000
Governance Expenses	\$ 13,000	\$ 12,000
Bank Charges	\$ 4,000	\$ 4,000
Public Health Sundry	\$ 5,000	\$ 5,000
Fringe Benefits Tax	\$ 20,000	\$ 16,000
Health promotion	\$ 5,000	\$ 5,000
Legal	\$ 20,000	\$ 20,000
Printing & Stationery & Postage	\$ 20,000	\$ 25,000
Telephone	\$ 19,000	\$ 19,000
Work Health and Safety	\$ 10,000	\$ 10,000
Rodenticide	\$ 2,000	\$ 2,000
Staff Amenities	\$ 7,000	\$ 7,000
Staff Training	\$ 22,000	\$ 22,000
Human Resource / Organisational Development	\$ 16,000	\$ 16,000
Total Administration	\$ 173,000	\$ 172,000
Immunisation		
Immunisation SBP Consumables	\$ 10,000	\$ 9,000
Immunisation clinic vaccines	\$ 58,000	\$ 54,000
Immunisation worksite vaccines	\$ 30,000	\$ 30,000
Total Immunisation	\$ 98,000	\$ 93,000
Income protection		
Income Protection	\$ 23,000	\$ 23,000
Total Uniforms/Income protection	\$ 23,000	\$ 23,000
Sampling		
Legionella Testing	\$ 1,500	\$ 1,500
Food Sampling	\$ 1,000	\$ 1,000
Total Sampling	\$ 2,500	\$ 2,500
New Initiatives		
Website Upgrade	\$ -	\$ -
Public Health Plan Review	\$ 50,000	\$ -
Service/Governance Review	\$ -	\$ 40,000
Total New Initiatives	\$ 50,000	\$ 40,000

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2019/2020 (CONT)		
Expenditure	Revised Budget 2019-2020	Draft Budget 2020-2021
Total Materials, contracts and other expenses	\$ 770,000	\$ 737,300
Total Operating Expenditure	\$ 2,483,000	\$ 2,499,300
Finance Charges	\$ 11,120	\$ 7,874
Depreciation, amortisation and impairment	\$ 50,000	\$ 50,000
Total Expenditure	\$ 2,544,120	\$ 2,557,174
Total Income	\$ 2,516,120	\$ 2,557,174
Net Surplus/Deficit	\$ (28,000)	\$ -
Depreciation Add Back	\$ 50,000	\$ 50,000
Loans Received	\$ -	
Capital Expenditure - plant and Equipment	\$ (30,000)	\$ -
Capital Expenditure - Office Fit-out	\$ -	
Loan Repayments	\$ (67,488)	\$ (69,090)
Funding Result	\$ (75,488)	\$ (19,090)

5.4 SIGNATORIES FOR BUSINESS BANKING ACCOUNT AND ELECTRONIC PAYMENTS

Author: Michael Livori
Ref: AF11/26

Summary

Due to changes in staff it is necessary to amend the signatories for Eastern Health Authority's (EHA) business banking account.

Report

Currently EHA's business banking account has two current employees as authorised signatories.

Michael Livori – Chief Executive Officer (CEO)
Nadia Conci – Team Leader Environmental Health

As the Board of Management is aware, Natajsha Bevitt resigned from her role as Team Leader Administration and Immunisation effective 15 November 2019. From 24 February 2020 Kristen Paparella has replaced Natajsha in the role of Team Leader – Administration and Immunisation and will be required to be authorised as a signatory to the EHA business banking account.

The authorised signatories are able to sign cheques and authorise electronic payments.

EHA's business payment cheques are required to be authorised by two registered signatures (co-authorised) in accordance with clause 7.2 (b) of EHA's Charter. There is currently very minimal use of cheques for payments as the majority of transactions occur as electronic payments.

Clause 7.2 (c) requires that any electronic funds transfer is made in accordance with procedures approved by the external auditor. Electronic payments are made using the MYOB accounting software and require co-authorisation (two signatories to authorise) for payments from EHA's business banking account. The process has been reviewed and approved by the external auditor.

The administrative working practice is that one of the two signatories or authorisers will always be the CEO unless the CEO has given explicit approval in their absence for two other signatories to authorise payments.

RECOMMENDATION

That:

1. The report regarding Signatories for Business Banking Accounts is received.
2. Kristen Paparella (Team Leader Administration and Immunisation) is approved as a signatory for Eastern Health Authority Business Banking accounts.

5.5 REGIONAL PUBLIC HEALTH PLAN UPDATE

Author: Nadia Conci
Ref: AF18/97

Summary

The current Regional Public Health and Plan, Better Living Better Health 2014-2018 was due for review in accordance with the requirements of the *SA Public Health Act 2011*. The review process commenced in March 2019 and has resulted in the development of a new Regional Public Health Plan.

The Committee with consultative guidance from URPS developed the second iteration of the draft Regional Public Health and Wellbeing Plan, Better Living Better Health 2020 – 2025 (the Plan).

Following public consultation, the feedback received was considered and shaped the final draft trifold Plan and council reference document for final consideration by the Committee.

The copy of the Final Plan and council reference document was provided to the Constituent Councils to for adoption.

Report

As reported to the Board in the November 2019 meeting, the five Constituent Councils agreed and endorsed that a regional planning approach was most suitable for the required plan review.

The Regional Public Health Plan Committee (the Committee) engaged an external Consultant URPS to assist with the review and development of a revised Regional Public Health and Wellbeing Plan for the period 2020-2025. A draft council reference document was also prepared which details the demographical and geographical data specific to each council area; governance structure; consultation themes and detailed actions of individual Council and EHA of the draft Plan.

The new Plan focuses on regional activities that require collaboration between the councils and community partners, builds on regional strengths and addresses regional challenges. It also considers the vision of the State Public Health Plan 2019-2024, and it addresses the State's four strategic priorities:

Promote: Build stronger communities and healthier environments

Protect: Protect against public and environmental health risks and respond to climate change

Prevent: Prevent chronic disease, communicable disease and injury

Progress: Strengthen the systems that support public health and wellbeing

The Plan was endorsed by all Constituent Councils for community consultation. Committee and Communication Officers from each Constituent Council met to

create a communication plan to ensure key stakeholders and the community are informed of the Plan and afforded an opportunity to provide feedback. The consultation period for the Plan and council reference document commenced on 11 November 2019 and extended to 13 December 2019.

The Committee met in February 2020 and were presented with the collated feedback for consideration. The required changes to the trifold Plan and council reference document were made which were supported by the Committee.

Prior to the release of the final copy of the trifold Plan and council reference document, the effects of Coronavirus (COVID-19) pandemic on our local community was becoming increasingly apparent. Following the suggested advice from the external Consultant the Committee were in consensus to amend the Plan and council supporting document to recognise COVID-19. The amendments acknowledge that the development of the Plan and council reference document was prepared prior to the COVID-19 crisis. In addition, the plan includes an action to provide for a coordinated COVID-19 vaccination response.

A final version of the trifold Regional Public Health and Well Being Plan -Better Living, Better Health 2020-2025 (attachment 1) and the council supporting document (attachment 2) was circulated to the Committee for adoption by their respective councils on 9 April 2020.

The Committee and Communication Officers from each Constituent Council will meet to create a communication plan for the official release.

RECOMMENDATION

That:

1. The Regional Public Health and Well Being Plan 2020-2025 update is received.
2. The Regional Public Health and Well Being Plan – Better Living, Better Health 2020-2025, marked as attachment 1 is received.
3. The Regional Public Health and Well Being Plan – Better Living, Better Health 2020-2025, council reference documents marked as attachment 2 is received.



Better Living Better Health

Regional Public Health and Wellbeing Plan for the EHA Constituent Councils 2020 – 2025



Better Living Better Health

Introduction

Better Living, Better Health 2020 – 2025 is the regional public health and wellbeing plan for the Eastern Health Authority Constituent Councils of Burnside, Campbelltown, Prospect, Norwood Payneham & St Peters, and Walkerville. This Plan builds on the previous Public Health Plan and will lay foundations for the next Public Health Plan.

This Regional Public Health Plan acknowledges that public health is a key concern for all Constituent Councils and that each Council addresses public health issues across their business. The detail of individual Council actions are not addressed in this Plan. Instead, it focuses on regional activities that require collaboration between the councils and community partners.

Better Living, Better Health 2020 – 2025 builds on regional strengths and addresses regional challenges. It also considers priority populations identified in South Australia’s State Public Health Plan 2019-2024, and it addresses the State’s four strategic priorities:

- Promote:** Build stronger communities and healthier environments.
- Protect:** Protect against public and environmental health risks and respond to climate change.
- Prevent:** Prevent chronic disease, communicable disease and injury.
- Progress:** Strengthen the systems that support public health and wellbeing.

Where we are coming from and where we are going

This is the second Regional Public Health Plan for the region. As such it builds on the last plan, Better Living, Better Health 2014 – 2018 and it will be the foundation of the next.

Plan 2014-18	Integrating Public Health into council business
↓	
Plan 2020-25	Establishing regional projects and collaborations
↓	
Plan 2026-30	Expanding regional projects and collaborations

Snapshot of the region

The region serviced by this public health and wellbeing plan comprises areas of relative socio-economic advantage compared to Greater Adelaide. Despite this, many residents are asset rich but cash poor and there are pockets of socio-economic disadvantage, social isolation and poor access to open space and services.

Population profile

- 162,362 people
- Fewer young children and young adults*
- More older people*
- 24% born overseas
- Many from China, Italy and India
- 773 humanitarian migrants
- 860 Aboriginal and Torres Strait Islander people
- 12.7% provide unpaid care to someone with a disability or long-term illness.

Socio-economic status

- High engagement in secondary education*
- High level of education among mothers of children under 15 years*
- Pockets of socio-economic disadvantage
- 56.2% of people over 65 years receive Age Pension
- 4.1% receive Disability Support Pension
- 3.4% unemployed
- 27.2% of low-income households experience rental stress
- 4% of dwellings are social housing
- 2.5% experience household crowding.

Health and wellbeing

- Consistent immunisation coverage overall
- Lower rates of smoking and obesity*
- 62.7% are physically inactive
- 1,800 people access mental health services annually
- Pockets of mental health vulnerability.

Community Connection

- Issues with isolation for some populations
- Fewer residential aged care places*
- Culturally tolerant
- Good access to support during a crisis outside family
- General feeling of public safety.

*Compared to Greater Adelaide

2020-2025



Working together for regional public health and wellbeing outcomes

A regional approach

Better Living, Better Health 2020 – 2025 will focus on activities that require cross-council collaboration for their planning and implementation. These activities will have health and wellbeing outcomes that cross council boundaries and benefit the whole region.

Co-design of goals, activities and ways of working together

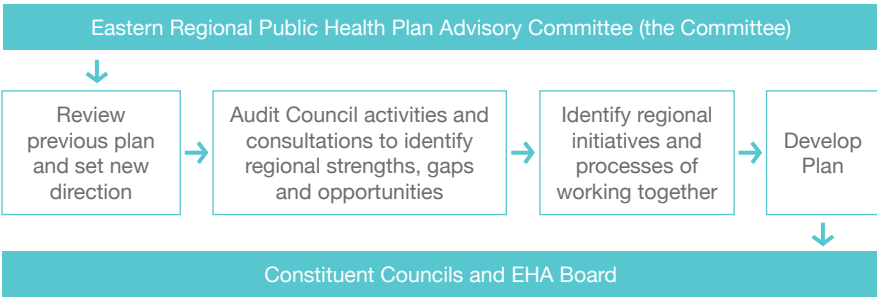
Successful implementation of this plan relies on processes that support effective collaboration between EHA and Constituent Councils. Co-design methods have been

employed throughout the development of the Plan to facilitate shared goals and collaborative working relationships.

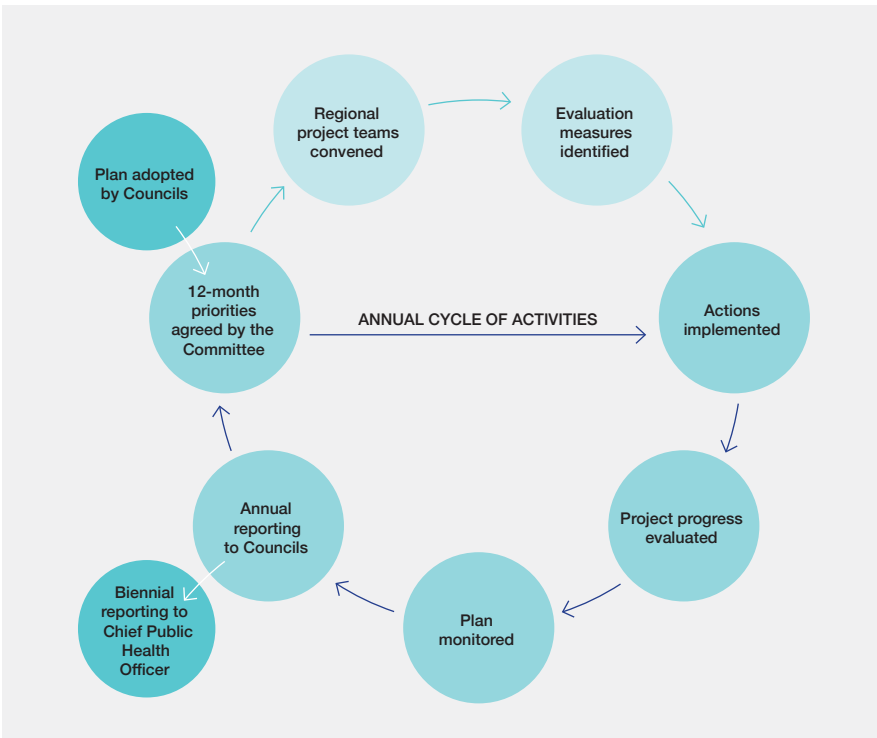
Community consultation

Over the past five years, all Constituent Councils have engaged their communities around issues that are relevant to public health and wellbeing in the region, including ageing, youth, cultural and linguistic diversity, reconciliation, access and inclusion, open space and recreation. A decision was made to reflect on this feedback to ensure planning was informed by a diversity of voices.

Regional plan development process



Implementation and reporting framework – an annual cycle



This Plan is being delivered in conjunction with other regional plans including: Climate Change Adaption (Resilient East); Disability Access and Inclusion; Aged Friendly Communities; Child and Youth Development; Reconciliation and an assortment of sports, recreation, asset management and open space plans.

Strategic Direction	Regional Projects and Related Actions	Outcome Goals	Target Populations	State Priorities			
				Promote	Protect	Prevent	Progress
<div>Environments for health</div> <div><div>Regional strength</div><ul style="list-style-type: none">Linear Park, trails and water course reservesValued open spaceDiverse recreation opportunitiesHigh quality amenityResilient East<div>Regional Challenge</div><ul style="list-style-type: none">Poor continuity across boundariesResidential growth and pockets with poor access to open space</div>	<div>Active Regional Connections - Open space mapping with cycling and walking routes</div> <ul style="list-style-type: none">Map open space and recreation areas across the region including relevant infrastructure (toilets, play spaces)Overlay cycling and walking routes, including along the River TorrensIdentify opportunities to enhance connectivity and amenity to increase access for all ages and abilities – apply climate change adaptation lensInvestigate continuity of signage and wayfinding to amenities and places of interest across the region, including Kaurna culture and local heritage	<ul style="list-style-type: none">Increase physical activityReduce car useIncrease opportunities for social connectionIncrease connections to safe healthy places and spacesContribute to climate change adaptation	<ul style="list-style-type: none">AllOlder peoplePeople with disabilityChildren & young peopleAboriginal and Torres Strait Islander peopleGeographical areas with poor access				
	<div>Regional community transport network</div> <ul style="list-style-type: none">Map community transport across the region in consultation with Community Passenger Network (CPN)Identify gaps in community transport network – safety, spatial, temporal, group, promotionPlan enhancements to regional community transport network based on mapping and gap analysisImplement enhancements to regional community transport network	<ul style="list-style-type: none">Support ageing in placeIncrease opportunities for social connectionIncrease connections to safe healthy places and spaces	<ul style="list-style-type: none">Older peoplePeople with disabilityIsolated peoplePoor access to transportLow socio-economic populationsYouthAboriginal and Torres Strait Islander people				
<div>Capacity for health</div> <div><div>Regional Strength</div><ul style="list-style-type: none">Community pride and engagementCultural diversityRange of services and clubsVolunteers<div>Regional Challenge</div><ul style="list-style-type: none">Pockets of socio-economic disadvantagePockets of isolation and vulnerabilityVolunteering opportunities don't meet demandAgeing populationYouth engagement</div>	<div>Regional Promotion of activities and events</div> <ul style="list-style-type: none">Investigate regional platform/s for promotion of health and wellbeing activities across all council areasPilot regional promotion approach around an existing event of regional significance (e.g. ZestFest) – reviewDevelop regional events and festivals calendarPlan role-out of regional promotion approach across broad spectrum of events and activities. Apply an access for all lens over all promotion (including access details)Implement role out of regional promotion approach across broad spectrum of events and activities	<ul style="list-style-type: none">Increase opportunities to participateIncrease attendanceIncrease diversity of attendees	<ul style="list-style-type: none">All				
	<div>‘Talk to your neighbour’ – addressing social isolation</div> <ul style="list-style-type: none">Research best practice approachesMap vulnerable populationsImplement pilot projectIdentify community champions for subsequent rollout of project	<ul style="list-style-type: none">Increase sense of belongingIncrease Intergenerational interactionIncrease access to services and opportunitiesEnhance community capacityIncrease feelings of safety	<ul style="list-style-type: none">Older peopleYouthIsolated peopleNew arrivals				
	<div>Regional volunteering</div> <ul style="list-style-type: none">Bring local volunteer coordinators together to map current practices around volunteeringDevelop Regional Volunteer Passport scheme including regional database of volunteers and volunteer opportunitiesCollaborate to deliver shared volunteer training across the region	<ul style="list-style-type: none">Increase opportunities for social connectionBuild social capital (shared knowledge, skills and resources)Build community capacity	<ul style="list-style-type: none">AllAboriginal and Torres Strait Islander peopleRetireesStudentsUnemployedNew arrivals				
	<div>Mental Health and Suicide Prevention Network</div> <ul style="list-style-type: none">Investigate regional partnerships based on shared outcome goalsEstablish regional mental health and suicide prevention network	<ul style="list-style-type: none">Understand need (who, where and when)Scope regional projectsIdentify council role in supporting partners and facilitating good outcomes	<ul style="list-style-type: none">YouthOlder PeopleSocially Isolated				
<div>Protection for health</div> <div><div>Regional Strength</div><ul style="list-style-type: none">Low rates of lifestyle risk factors for poor health<div>Regional Challenge</div><ul style="list-style-type: none">HoardingIsolation</div>	<div>Regional vaccination program</div>	<ul style="list-style-type: none">Effective control of preventable diseaseCoordinated response to Covid-19 vaccination that ensures community is informed and delivery of vaccination program is equitable, accessible and timely	<ul style="list-style-type: none">AllChildrenOlder peopleAt risk populations				
	<div>Public and Environmental Health Service performance</div>	<ul style="list-style-type: none">Protect, maintain or promote the health of the communityPrevent or reduce the incidence of disease, injury or disability within the community	<ul style="list-style-type: none">All				
	<div>Food safety service performance</div>	<ul style="list-style-type: none">Effective control of preventable illness	<ul style="list-style-type: none">All				
	<div>Supported residential facilities regulation and licensing</div>	<ul style="list-style-type: none">Ensure safety and wellbeing of people in supported residential care	<ul style="list-style-type: none">Older peoplePeople with disability				
	<div>Emergency management planning</div>	<ul style="list-style-type: none">Facilitate community safetyFacilitate community resilience	<ul style="list-style-type: none">All				

Better Living Better Health

Regional Public Health and Wellbeing
Plan for the EHA Constituent Councils

September 2020-2025



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1.0 Introduction

Better Living Better Health 2020 – 2025 is the regional public health and wellbeing plan for the Eastern Health Authority Constituent Councils of Burnside, Campbelltown, Prospect, Norwood Payneham & St Peters, and Walkerville. This Plan builds on the previous Public Health Plan and will lay foundations for the next Public Health Plan.

This Regional Public Health Plan acknowledges that public health is a key concern for all Constituent Councils and that each Council addresses public health issues across their business. This plan does not detail these individual actions. Instead, it focussed on regional activities that require collaboration between the councils and community partners.

Better Living Better Health 2020 – 2025 is a public health and wellbeing plan that builds on regional strengths and addresses regional challenges. This Plan also considers priority populations identified in South Australia's State Public Health Plan 2019-2024, including Aboriginal people, people experiencing socioeconomic disadvantage and people from culturally and linguistically diverse backgrounds. And it addresses the State's four strategic priorities:

- Promote: Build stronger communities and healthier environments.
- Protect: Protect against public and environmental health risks and respond to climate change.
- Prevent: Prevent chronic disease, communicable disease and injury.
- Progress: Strengthen the systems that support public health and wellbeing.

This Regional Public Health Plan was developed prior to the onset of the Covid-19 pandemic. This pandemic will require regional cooperation and the governance structure for this plan will support this.

2.0 Where we are coming from and where we are going

This is the second Regional Public Health Plan for the region. As such it builds on the last plan, *Better Living Better Health 2014-2018*, and it will be the foundation of the next.



2.1 Long Term Goals

Consultation for the previous Regional Public Health Plan included a stakeholder forum with a focus on key issues, current initiatives and opportunities for promoting health and wellbeing in the region. This consultation helped to define long term strategic directions for public health in the EHA region. These include¹:

1. Enhanced Environments for Health

The natural, built and cultural environment influences how people live, their interaction with their communities and their ability to adopt active and healthy lifestyles. The State Public Health Plan recognises the important role that Councils play in promoting physical environments for health. Councils are encouraged to consider the CHES principles for healthy environments: ¹

- **Connected Environments.**
- **Healthy Eating Environments.**
- **Safe Environments.**
- **Sustainable Environments.**

This priority area recognises the role of the EHA Councils in promoting wellbeing through supportive environments and communities. Promoting environmental sustainability in the region is fundamental to the future health of the community and resilience to environmental impacts such as climate change and water security.

¹ For more detail refer to *Better Living Better Health 2014-2018*¹

2. Enhanced Capacity for Health

Non-communicable diseases including heart disease, cancer and diabetes are major contributors to death and ill health around the globe, across the nation and in the local community. These preventable, lifestyle related diseases can be greatly reduced by avoiding being overweight or obese; poor diet and excessive energy intake; insufficient physical activity; tobacco use, and harmful levels of alcohol use. There are no quick solutions to these complex public health problems, but local Councils are in a unique position to partner with a range of stakeholders to address these issues, working towards the vision of healthy and active communities.

3. Enhanced Protection for Health

The region is committed to protecting public health and safety through developing and enforcing public and environmental health performance standards, adopting a risk-based approach to public health management and continuing to provide a high quality immunisation service. The Constituent Councils also protect public safety through prevention and response planning for emergency risks in the region.

2.2 Previous Plan

Better Living Better Health 2014-2018 aimed to integrate public health planning into council business. It articulated projects and activities being undertaken by individual councils and encouraged a public health lens. *Better Living Better Health 2014-2018* reported on regional characteristics that are still relevant to public health and wellbeing planning in the region. It is a valuable resource for understanding the following:

- How the region responds to the public health and wellbeing needs of its community at the council level;
- Who the community stakeholders are;
- What opportunities and challenges exist for the delivery of public health and wellbeing activities.

2.3 This Plan

Better Living Better Health 2020-2025 aims to establish regional projects and foster regional collaborations. This plan will leverage off the strengths of the region, including:

- Linear Park, trails and open space
- Range and quality of amenity and opportunities
- Community pride and engagement
- Existing regional initiatives

This plan will also address key challenges, such as:

- Poor continuity of cycling and walking access to linear park and open space
- Residential growth
- Pockets of poor access to open space
- Pockets of social disadvantage
- Isolation and hoarding
- Inadequate volunteering opportunities
- Ageing population
- Youth engagement

2.4 Next Plan

It is anticipated that the next Public Health Plan will be informed by the experience of implementing the regional projects outlined in this plan. It will continue to build on regional strengths and address evolving challenges. It will invest in effective collaborations and partnerships to progress and innovate in areas of particular public health concern for the region.

3.0 Demography and Geography of Public Health & Wellbeing

Planning for public health and wellbeing requires an understanding of regional demography and mapping of relevant community characteristics. The following is provided to assist in the collaborative planning of regional projects outlined in this Plan, and to support individual Councils in the integration of public health planning into Council business.

The history and many characteristics of the region have not changed since Better Living Better Health 2014 – 2018. That Plan remains a significant resource to Councils. Relevant background information is included here along with new data and maps.

3.1 Regional Characteristics to be Considered when Planning

The EHA region comprises well-established inner urban suburbs adjacent to the Adelaide CBD, extending to newer development in the outer and peri-urban areas at the foothills of the Adelaide Hills. Key natural assets are a feature of the region and include the River Torrens and the five watercourses which traverse the region and flow into the river, as well as a number of significant conservation areas and parks.

The EHA region has a rich and diverse history, which contributes to the high quality urban environment. The region contains excellent intact examples of South Australia's residential and commercial built heritage from the Victorian era and beyond. The built environment is largely residential in character with light industrial areas in Magill, Newton, Stepney and Glynde and along sections of the arterial roads in Prospect and bordering the Town of Walkerville.

As an established part of the Adelaide metropolitan area, parts of the region are in the process of, or have undergone, suburban regeneration. There is proposed residential growth in key areas of the region as outlined in the 30 Year Plan for Greater Adelaide. The strategy calls for residential growth, providing housing diversity and catering for mixed-use development along key transit corridors and in targeted regeneration areas. There is increasing recognition by the Constituent Councils of the importance of integrated planning and development for ensuring liveability and vitality.

The EHA Constituent Council region is shown in Figure 1 with each Council area highlighted.



FIGURE 1 - EASTERN HEALTH AUTHORITY REGION
EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

- EHA boundary
- Main Road
- Watercourses
- Suburbs
- Campbelltown City Council
- City of Burnside
- City of Prospect
- City of Norwood, Payneham and St Peters
- Corporation of the Town of Walkerville

Data source: DPTI, DEW



Population

Population figures for each of the Constituent Councils are provided in Table 1. Overall there has been a slight increase across all Councils since 2011.

Table 1 Populations for EHA councils

Council	2011 population	2016 population	2036 projected population (DPTI Population Projections)
Prospect	19,955	20,527	23,650
Walkerville	7000	7,550	8,622
Campbelltown	48,162	50,154	58,435
Norwood, Payneham and St Peters	34,887	35,362	40,063
Burnside	42,192	43,911	48,059
EHA Region	152,196	157,504	178,829

Source: ABS 2016 Census QuickStats; DPTI population Projections 2016 - 2036

The region has a diverse mix of population, household family types, ages and incomes. Table 2 illustrates the region's cultural diversity at the time of the ABS Census 2016.

Table 2 Culture and Ethnicity 2016

Council	Aboriginal and Torres Strait Islander population (number)	Aboriginal and Torres Strait Islander population (%)	Australian born (number)	Australian born (%)	Speaks a language other than English at home (number)	Speaks a language other than English at home (%)
Prospect	165	0.8%	14,044	68.6%	5,367	26.1%
Walkerville	55	0.7%	5,052	67.0%	1,632	21.7%
Campbelltown	282	0.6%	31,062	61.9%	17,358	33.6%
Norwood, Payneham and St Peters	219	0.6%	22,889	64.9%	9,375	26.5%
Burnside	139	0.3%	28,641	65.3%	10,604	24.1%
EHA Region	860	0.5%	101,688	64.6%	44,336	28.1%

Source: ABS 2016 Census QuickStats

Language

The region had a higher proportion of residents from Culturally and Linguistically Diverse (CALD) backgrounds, compared to Greater Adelaide, particularly in the Cities of Campbelltown, Prospect and Norwood Payneham & St Peters (NPSP). Tables 3, 4 and 5 provide the numbers of people from various linguistic backgrounds across all Councils. Figures 2 - 5 show where these people live across the region.

Table 3 – People who speak Chinese

Council	People who speak Chinese at home (with % of total population)	Proportion of people who speak Chinese at home and speak English not well or not at all
Prospect	605 (3.0%)	125 (0.6%)
Walkerville	389 (5.2%)	92 (1.2%)
Campbelltown	3,426 (6.8%)	733 (1.5%)
Norwood, Payneham and St Peters	2,114 (6.0%)	424 (1.2%)
Burnside	3,723 (8.5%)	752 (1.7%)
EHA Region	10,257 (6.5%)	2,126 (1.3%)

Table 4 – People who speak Italian

Council	Proportion of people who speak Italian at home	Proportion of people who speak Italian at home and speak English not well or not at all
Prospect	677 (3.3%)	79 (0.4%)
Walkerville	185 (2.5%)	18 (0.2%)
Campbelltown	5,596 (11.2%)	826 (1.6%)
Norwood, Payneham and St Peters	2,310 (6.5%)	430 (1.2%)
Burnside	1,060 (2.4%)	107 (0.2%)
EHA Region	9,828 (6.2%)	1,460 (0.9%)

Table 5 – People who speak Indo-Aryan

Council	Proportion of people who speak Indo-Aryan languages at home	Proportion of people who speak Indo-Aryan languages at home and speak English not well or not at all
Prospect	1,136 (5.5%)	112 (0.5%)
Walkerville	191 (2.5%)	9 (0.1%)
Campbelltown	2,068 (4.1%)	163 (0.3%)
Norwood, Payneham and St Peters	1,087 (3.1%)	85 (0.2%)
Burnside	1,050 (2.4%)	50 (0.1%)
EHA region	5,532	419 (0.3%)

Source: ABS 2016 Census of Population and Housing, Community Profiles

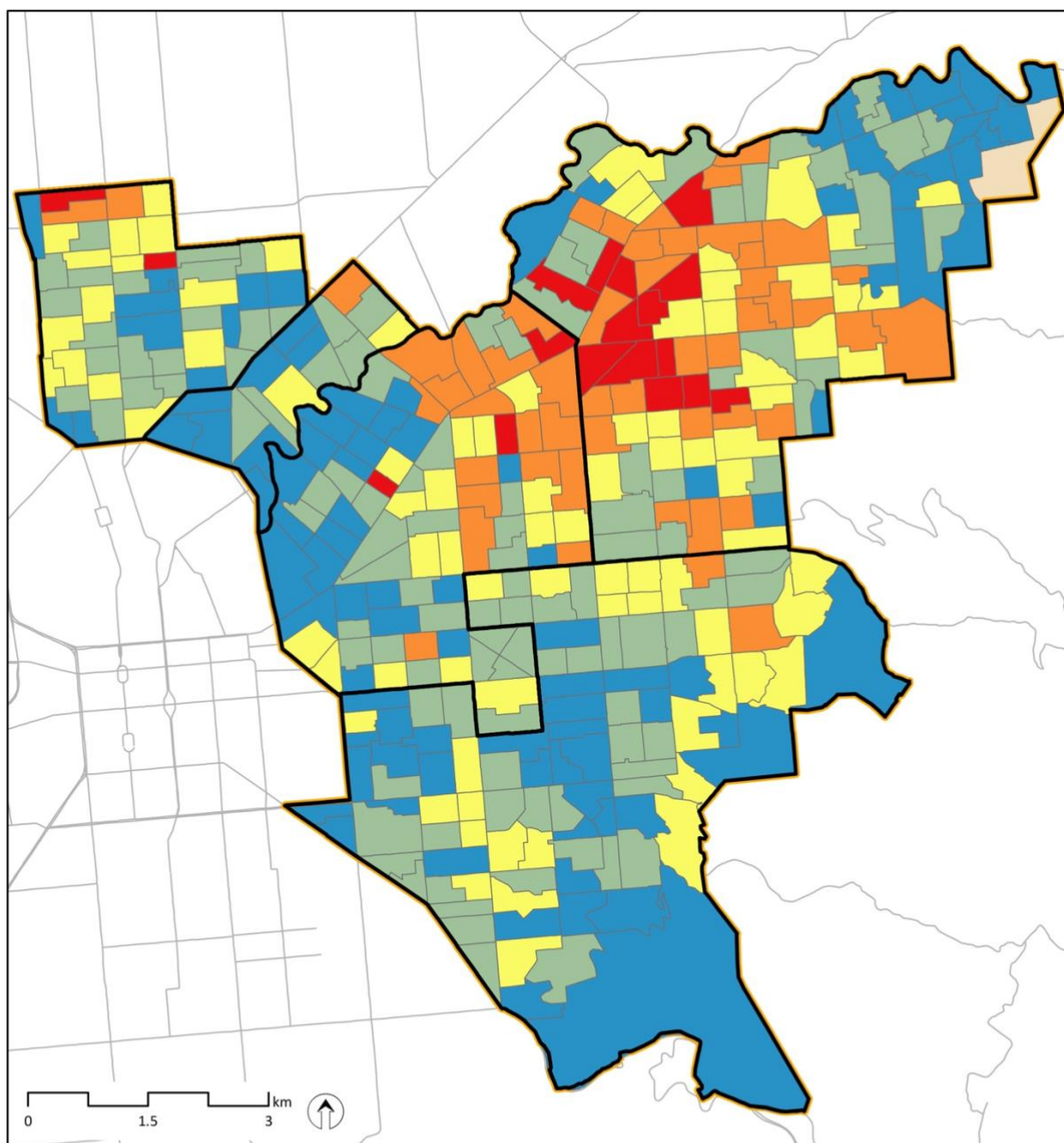


FIGURE 2 - PROFICIENCY IN SPOKEN ENGLISH
 EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

Council boundary	% of population that speaks a language other than English and speaks English not well or not at all
Main Road	0 - 2.0%
	2.1 - 4.0%
	4.1 - 6.0%
	6.1 - 8.0%
	More than 8%

Data source: DPTI, ABS (2017)



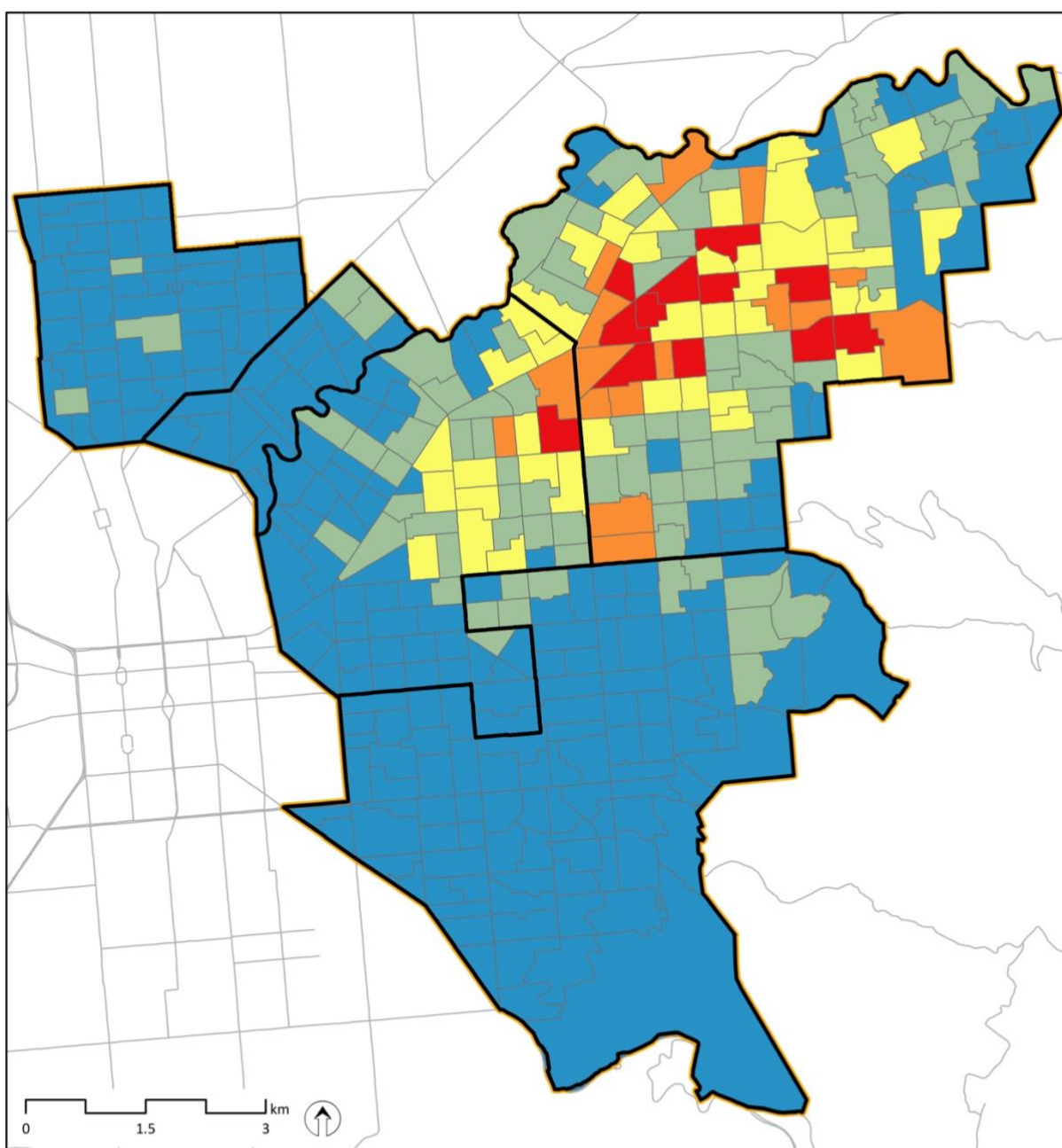
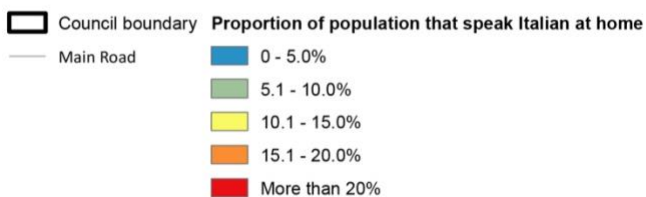


FIGURE 3 - LANGUAGE SPOKEN AT HOME - ITALIAN
 EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND



Data source: DPTI, ABS (2017)



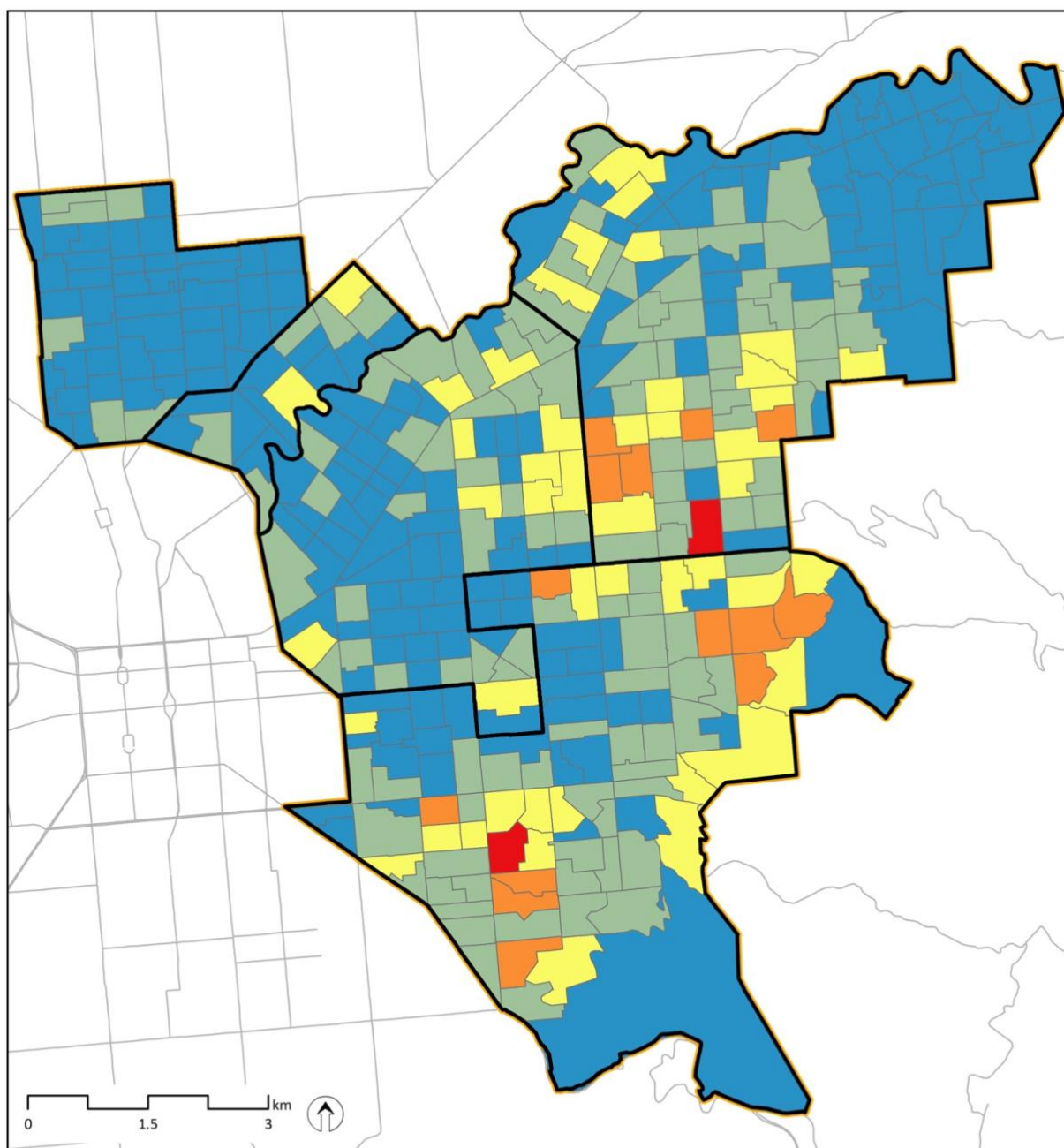
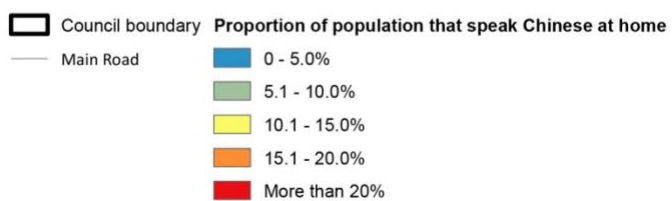


FIGURE 4 - LANGUAGE SPOKEN AT HOME - CHINESE
 EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND



Data source: DPTI, ABS (2017)



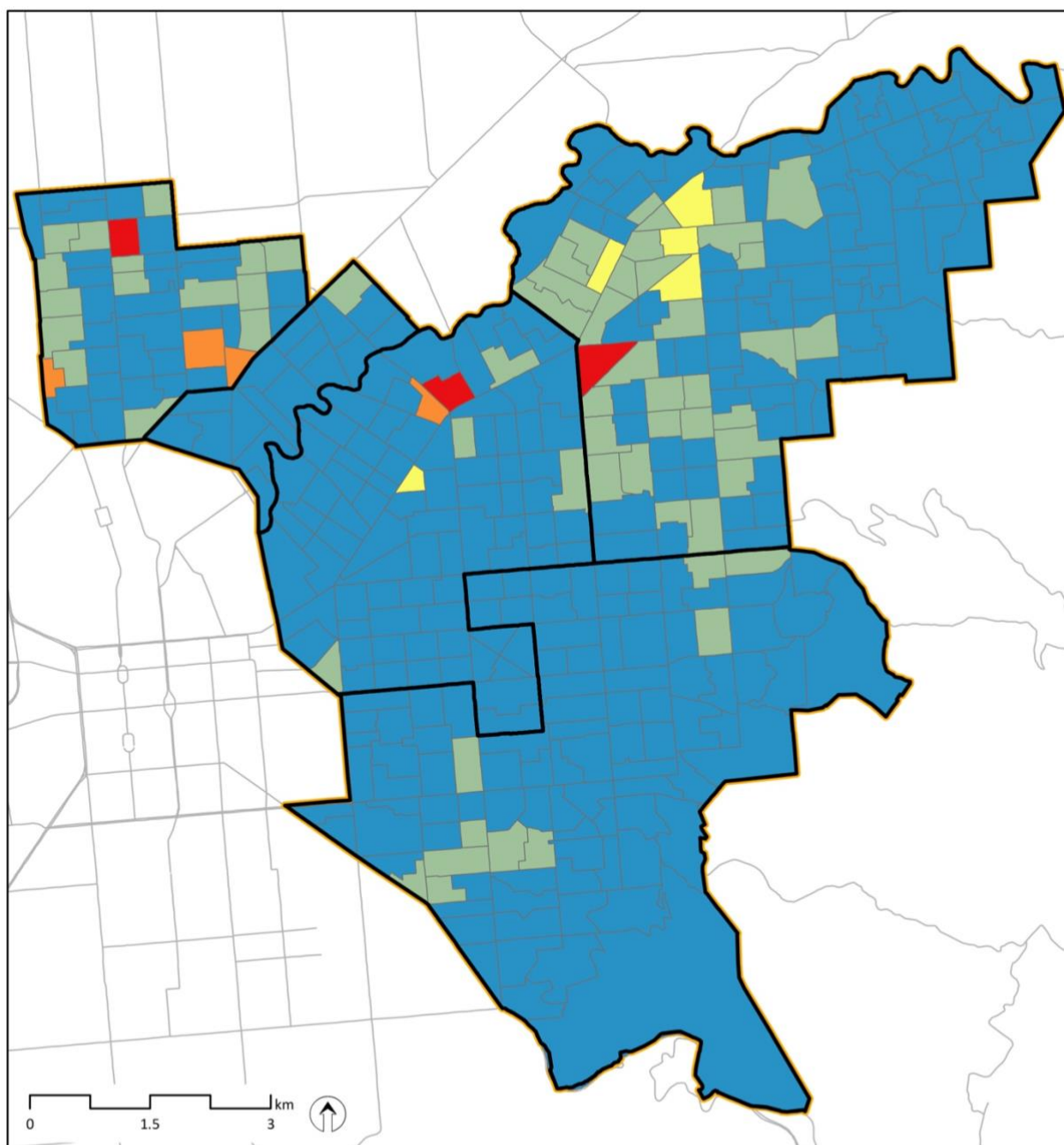
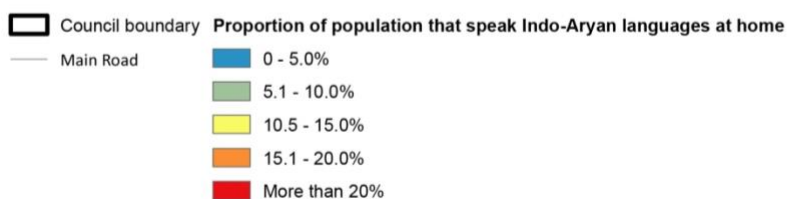


FIGURE 5 - LANGUAGE SPOKEN AT HOME - INDO-ARYAN LANGUAGES

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND



Data source: DPTI, ABS (2017)



Index of Relative Socioeconomic Disadvantage (IRSD)

The region is known as one of relative advantage when compared to Greater Adelaide, and this is reflected in the high IRSD scores across Councils (Table 6). It should be noted, however, that there are pockets of significant disadvantage, particularly in the Cities of Campbelltown, Norwood Payneham & St Peters, and the Town of Walkerville. This is illustrated in Figure 6.

Table 6 – IRSD scores across Council areas

Council	IRSD score	IRSD Decile (SA)
Prospect	1046	10
Walkerville	1072	10
Campbelltown	1012	8
Norwood, Payneham and St Peters	1029	9
Burnside	1081	10

Source: ABS Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016,

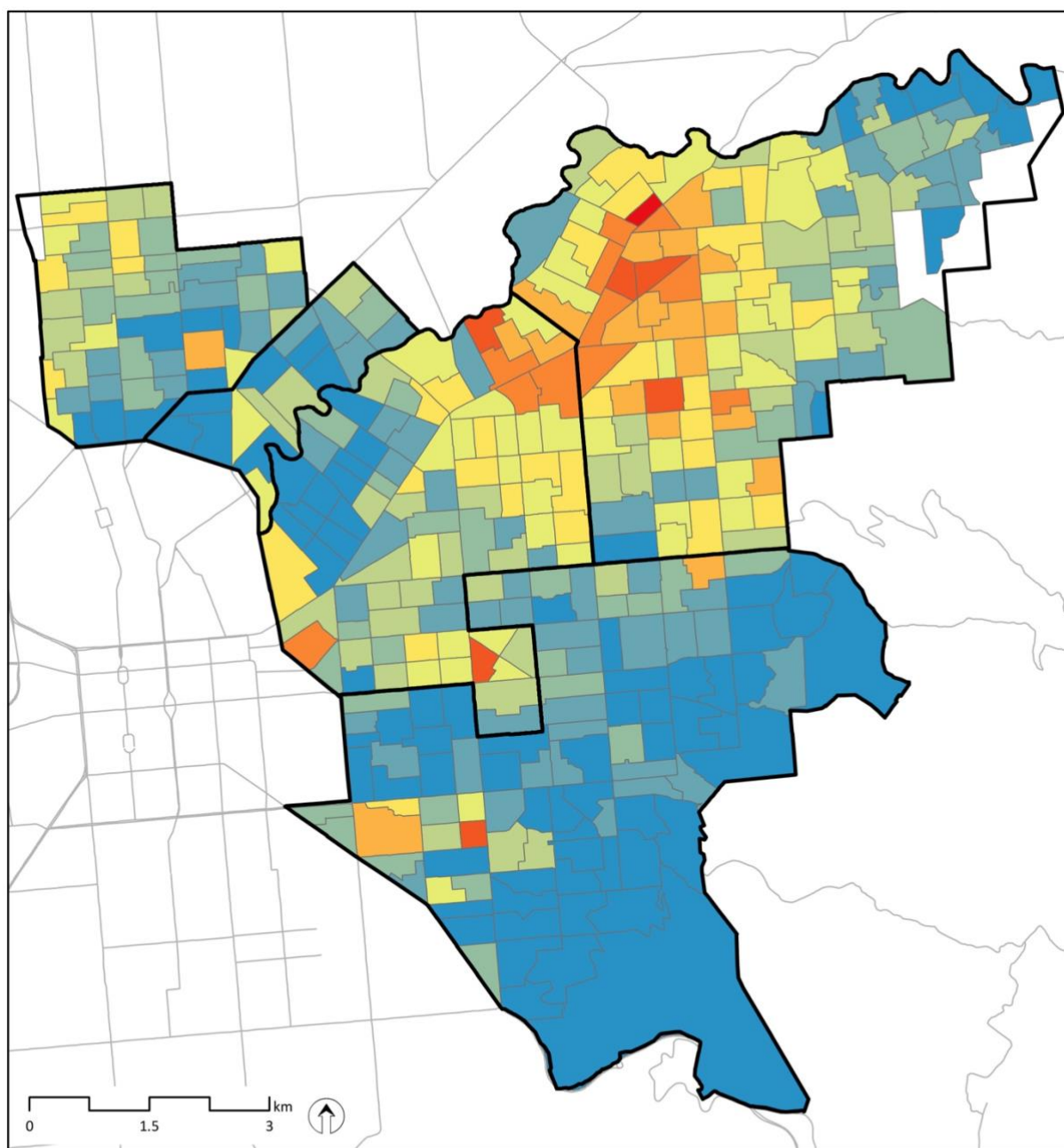
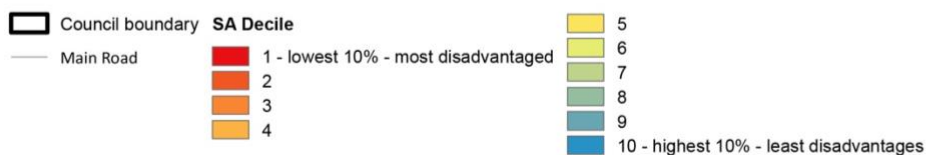


FIGURE 6 - SEIFA INDEX OF RELATIVE SOCIAL DISADVANTAGE
EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND



Data source: DPTI, ABS (2018)



Age and Sex

Figure 7 illustrates the regional population distribution by age and sex. Overall there are slightly more women than men, particularly in older age groups. There are also more older people and fewer children and young people compared to greater Adelaide (figure 8).

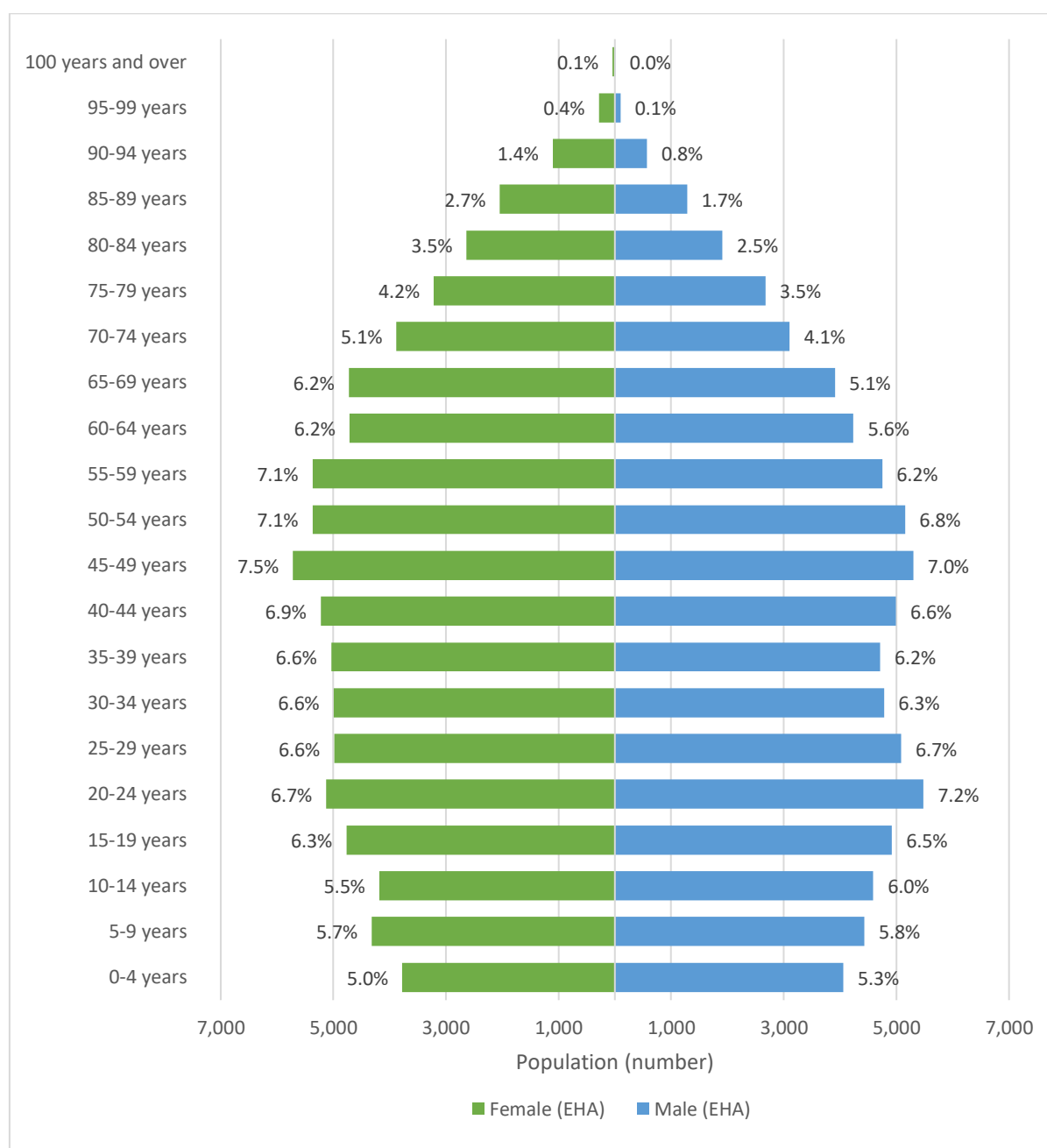


Figure 7 – EHA Population Distribution by Age and Sex

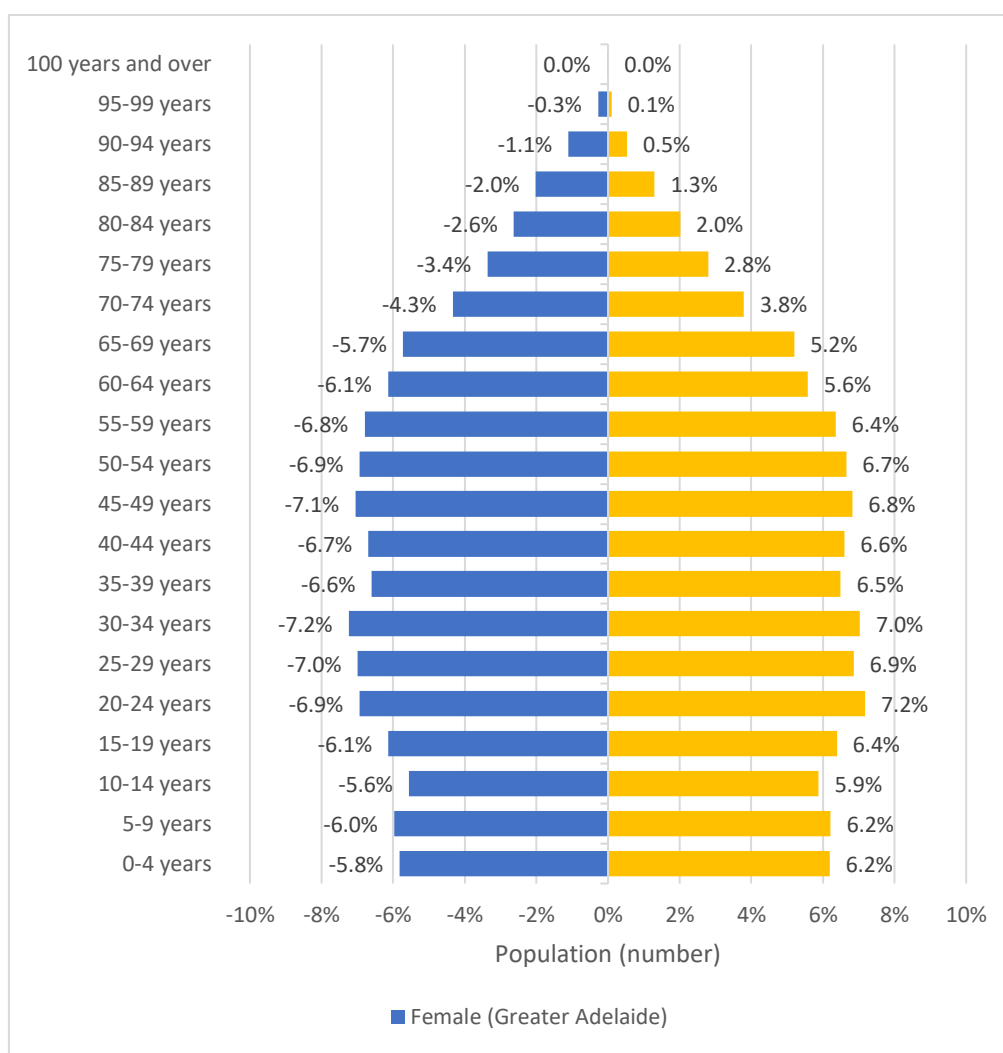


Figure 8 – Age distribution Greater Adelaide

The medial age across all Councils is shown in table 7. Figures 9 and 10 illustrate where there are concentrations of younger and older residents.

Table 7 – Median age across Council areas

Council	Median age
Prospect	37
Walkerville	44
Campbelltown	41
Norwood, Payneham and St Peters	40
Burnside	44
Greater Adelaide	39

Source: ABS 2016 Census QuickStats

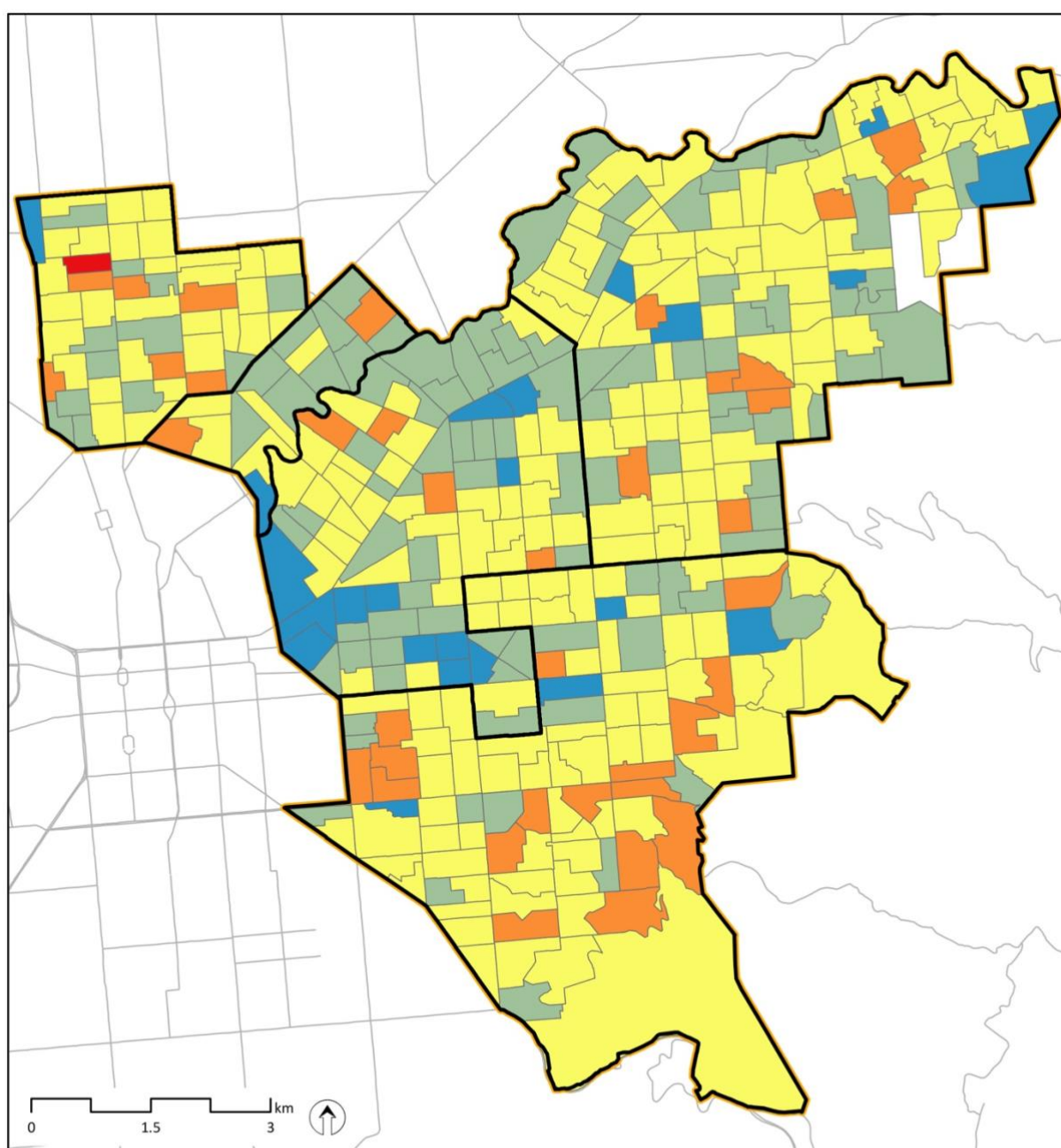


FIGURE 9 - POPULATION AGED UNDER 15
EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

Council boundary	Proportion of population aged under 15 years
Main Road	0 - 10.0%
	10.1 - 15.0%
	15.1 - 20.0%
	20.1 - 25.0%
	More than 25%

Data source: DPTI, ABS (2018)



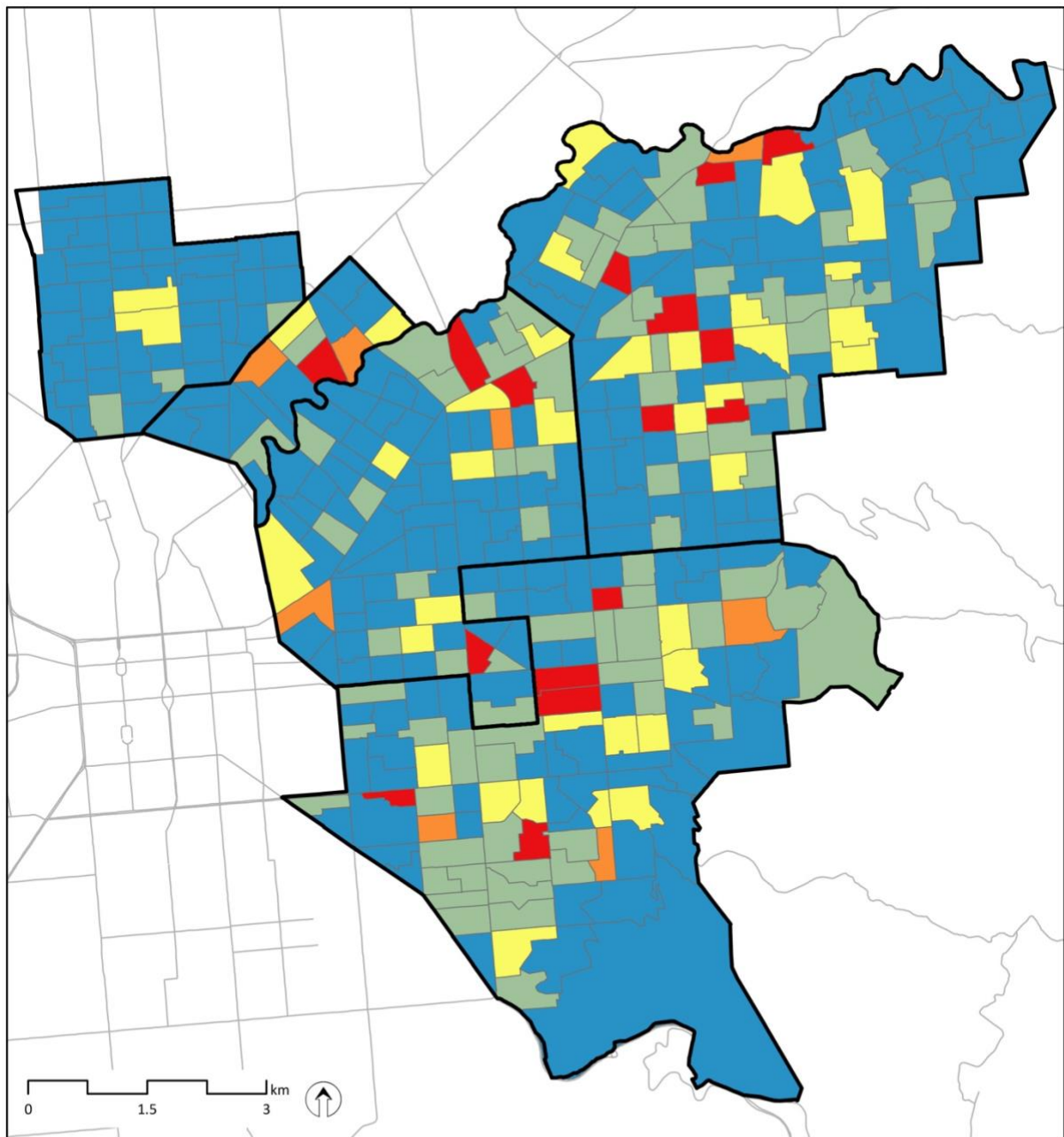
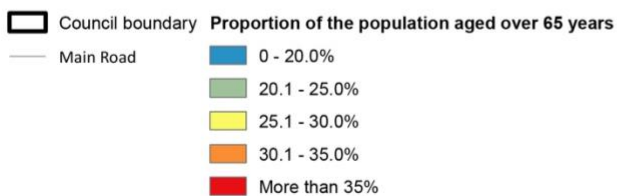


FIGURE 10 - POPULATION AGED OVER 65
EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND



Data source: DPTI, ABS (2017)



Assistance with Core Activities

Table 8 indicates that people requiring assistance with core activities are concentrated in Campbelltown and Norwood. Many of these people are likely to live in retirement or aged care facilities in these areas. Figure 11 illustrates this geographically.

Table 8 – Assistance with core activities

Council	Number of people who require assistance with core activities	Proportion of population (%)
Prospect	977	4.8%
Walkerville	348	4.6%
Campbelltown	3,216	6.4%
Norwood, Payneham and St Peters	2,402	5.8%
Burnside	1,764	4.0%
EHA Region	8,707	5.5%

Source: ABS 2016 Census of Population and Housing, Community Profiles

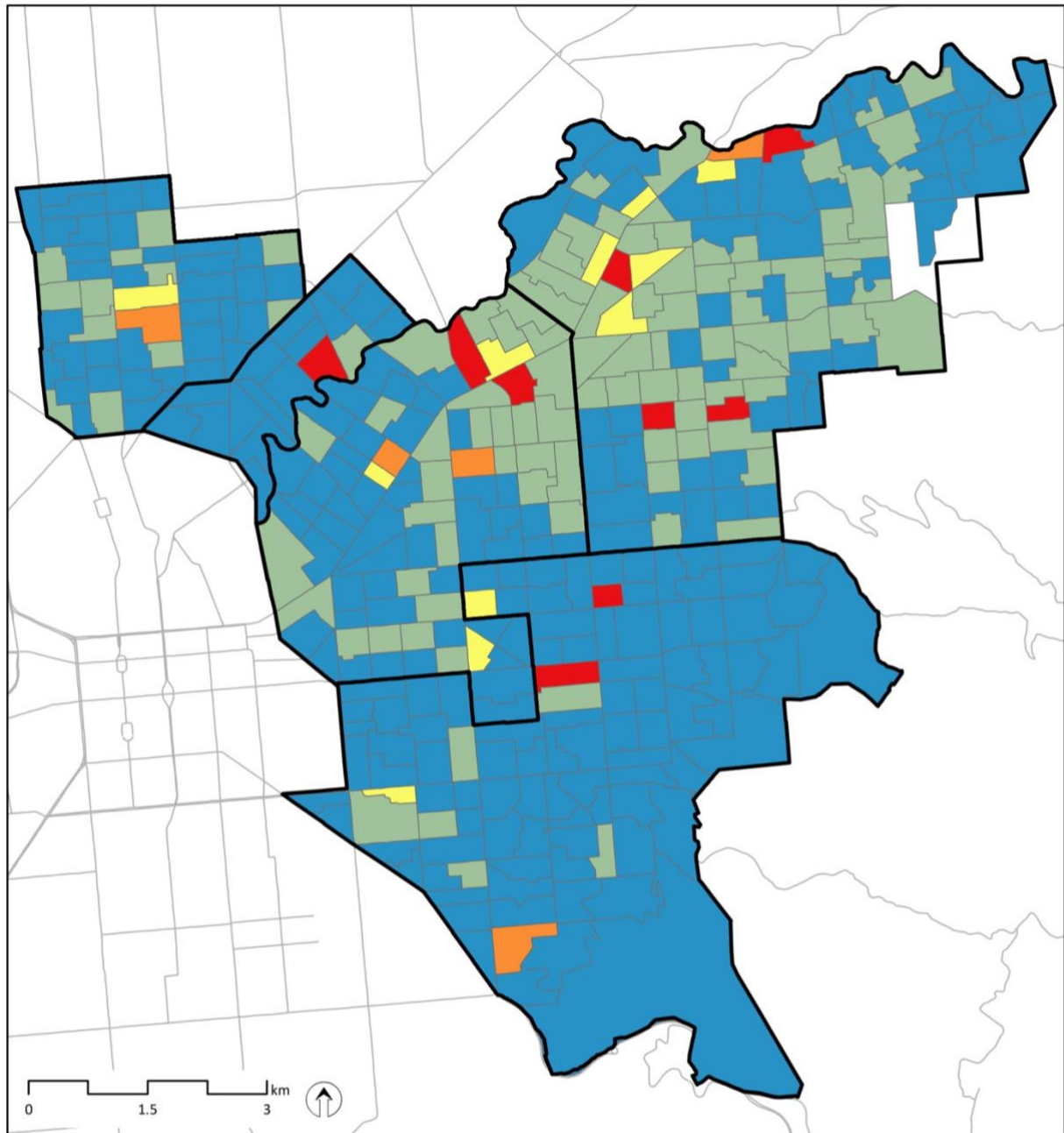


FIGURE 11 - ASSISTANCE WITH CORE ACTIVITIES
 EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

Council boundary	Proportion of the population that require assistance with core activities
Main Road	0 - 5.0%
	5.1 - 10.0%
	10.1 - 15.0%
	15.1 - 20.0%
	More than 20%

Data source: DPTI, ABS (2017)



Year 12 Completion

Table 9 indicates that year 12 completion is relatively high across the region, however there are clear differences between Council areas that may be related to age distribution, cultural background and socio-economic status (Figure 12).

Table 9 Year 12 completion across Councils

Council	Number of people aged over 15 that have completed year 12 or equivalent	Population aged over 15	Proportion of population aged over 15 (%)
Prospect	10,796	17,036	63.4%
Walkerville	4,206	6,430	65.4%
Campbelltown	23,254	41,962	55.4%
Norwood, Payneham and St Peters	19,421	30,319	64.1%
Burnside	25,061	36,425	68.8%
EHA Region	82,738	132,172	62.6%

Source: ABS 2016 Census of Population and Housing, Community Profiles

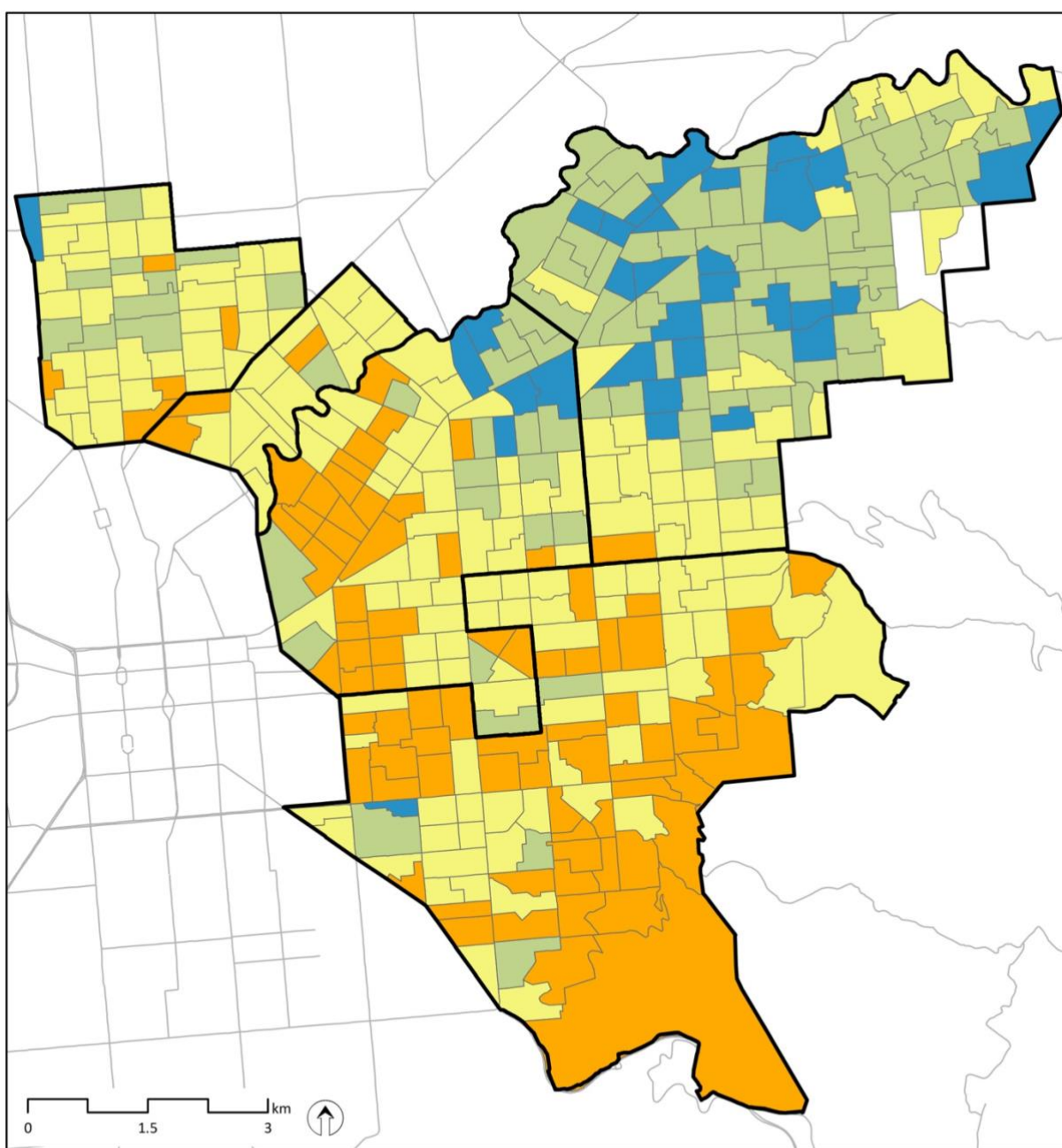








FIGURE 12 - YEAR 12 COMPLETION
EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

 Council boundary	Proportion of population aged over 15 that has completed Year 12 or equivalent
 Main Road	 0 - 50.0%
	 50.1 - 60.0%
	 60.1 - 70.0%
	 70.1 - 85.0%

Data source: DPTI, ABS (2017)



Unemployment

Table 10 indicates lower unemployment rates across the region compared with Greater Adelaide. Only 3.4% of people in the Region receive an Unemployment benefit and the disparity in figures is likely due to other differences in socio-economic circumstances of job seekers. Figure 13 indicates a fairly even spread of job seekers across the region.

Table 10 - Unemployment

Council	Number of people in labour force	Number of people unemployed and seeking work	% Unemployed and seeking work
Prospect	11,326	726	6.4%
Walkerville	3,612	208	5.8%
Campbelltown	24,663	1,720	7.0%
Norwood, Payneham and St Peters	18,179	1,211	6.7%
Burnside	21,393	1,270	5.9%
EHA Region	79,173	5,135	6.5%
Greater Adelaide			7.7%

Source: ABS 2016 Census of Population and Housing, Community Profiles

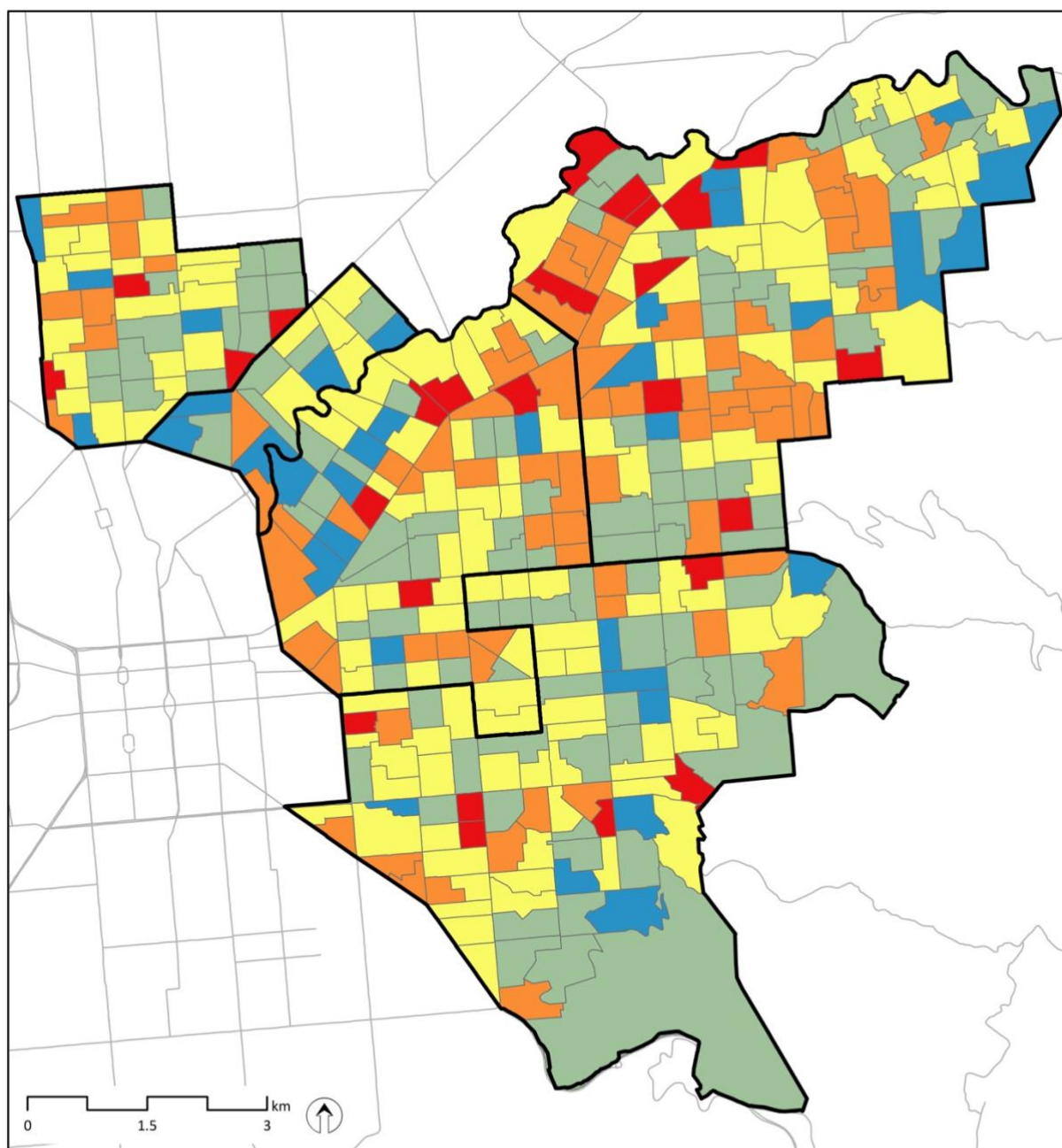









FIGURE 13 - UNEMPLOYMENT
 EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

	Council boundary	Proportion of labour force unemployed and seeking work
	Main Road	 0 - 2.5%
		 2.51 - 5.0%
		 5.01 - 7.5%
		 7.51 - 10.0%
		 More than 10%

Data source: DPTI, ABS (2017)



Motor Vehicles Ownership by Dwelling

Table 11 and Figure 14 illustrate the number of vehicles per household across the region.

Table 11 – Motor Vehicle Ownership Across Council Areas

Council	No. of dwellings	No motor vehicles	% of dwellings	One Motor Vehicle	Two motor vehicles	Three or more motor vehicles
Prospect	7,758	649	8.4%	2,775	2,895	1,234
Walkerville	2,938	239	8.1%	1,098	1,011	497
Campbelltown	19,286	1,489	7.7%	7,236	6,931	3,083
Norwood, Payneham and St Peters	14,808	1,707	11.5%	6,373	4,633	1,697
Burnside	16,778	1,052	6.3%	6,129	6,549	2,680
EHA Region	61,568	5,136	8.3%	23,611	22,019	9,191
Greater Adelaide			8.0%			

Source: ABS 2016 Census of Population and Housing, Community Profiles

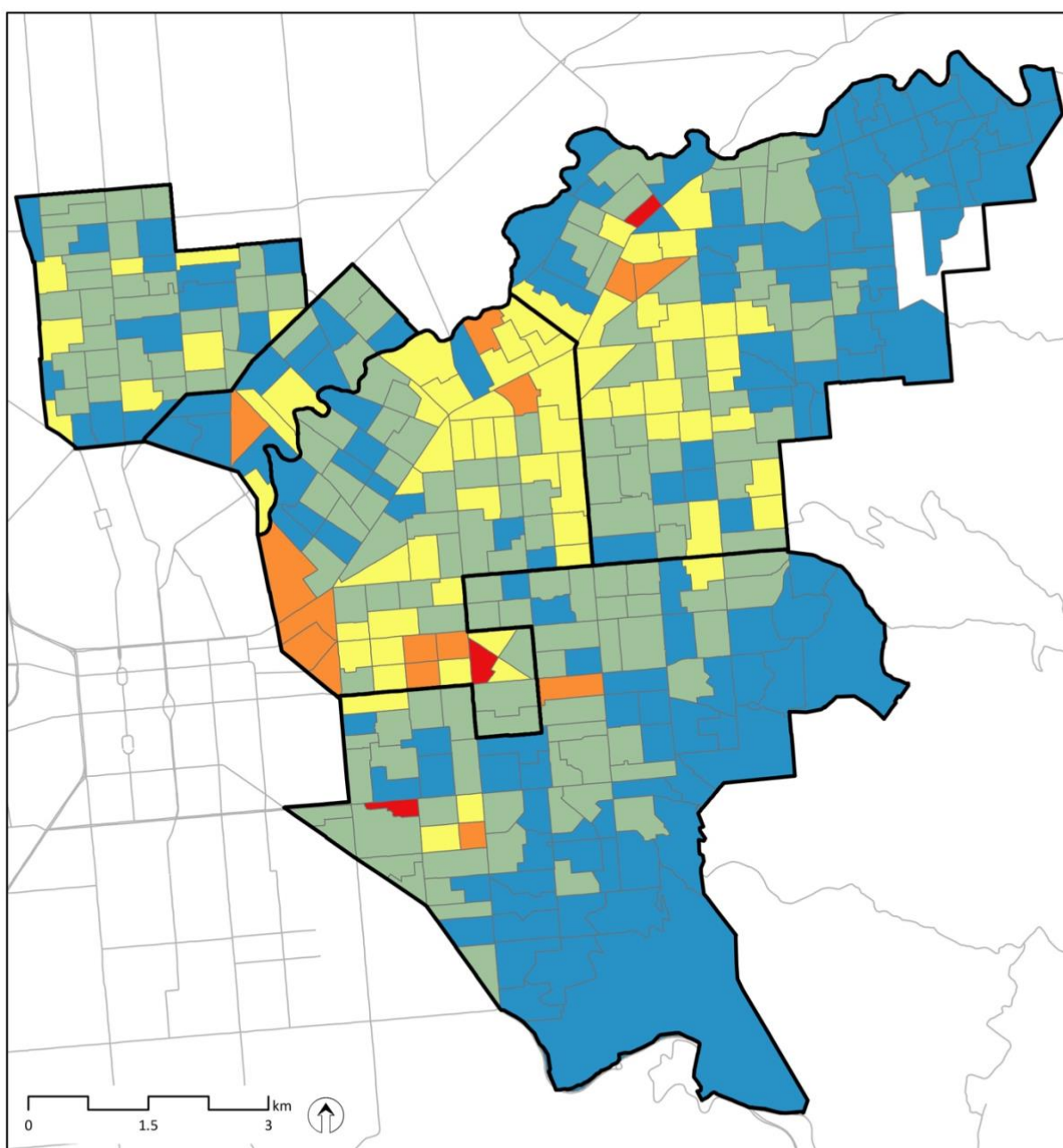
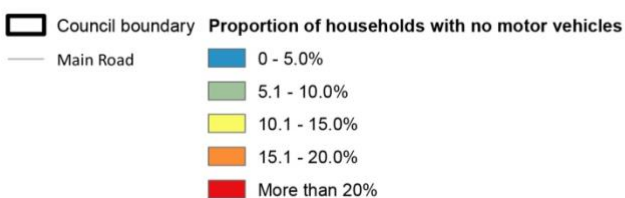


FIGURE 14 - HOUSEHOLDS WITH NO MOTOR VEHICLES
EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND



Data source: DPTI, ABS (2017)



Obesity

Table 15 shows the estimated number of overweight and obese people (modelled estimates) across the region in 2014-15 (most recent data).

Table 12 – Overweight or obese: aged-standardised rate per 100 population

Council	Males overweight but not obese ASR per 100	Males obese ASR per 100	Females overweight but not obese ASR per 100	Females obese ASR per 100
Prospect	45.7	21.0	27.8	23.9
Walkerville	45.7	21.0	27.8	23.9
Campbelltown	45.0	24.5	27.1	27.4
Norwood, Payneham and St Peters	45.6	20.5	27.1	23.2
Burnside	46.7	16.1	28.0	18.6
Greater Adelaide	45.1	26.6	27.6	29.9

Data source: PHAIDU Social Health Atlas of Australia June 2019

Smoking

Table 13 shows the estimated number of males and females aged 18 years and over who were current smokers (modelled estimates) in 2014-15.

Table 13 – Smoking: aged-standardised rate per 100 population

Council	Male smokers ASR per 100	Female smokers ASR per 100
Prospect	12.3	9.2
Walkerville	12.3	9.2
Campbelltown	12.8	9.7
Norwood, Payneham and St Peters	12.3	9.2
Burnside	8.8	6.7
Greater Adelaide	16.0	12.2

Data source: PHAIDU Social Health Atlas of Australia June 2019

Immunization

Table 14 shows the proportion of children fully immunised at 1, 2 and 5 years of age (2018)

Table 14 – Immunisation rates

Council	% children fully immunised at 1 year of age	% children fully immunised at 2 year of age	% children fully immunised at 5 year of age
Prospect	93.4	91.8	94.4
Walkerville	92.9	88.3	93.3
Campbelltown	94.2	90.0	94.1
Norwood, Payneham and St Peters	92.7	91.6	91.2
Burnside	94.4	88.5	94.9
Greater Adelaide	94.2	91.1	94.4

Data source: PHAIDU Social Health Atlas of Australia June 2019

Lone Person Households

Table 15 and Figure 15 indicate the proportion of lone-person households across the region.

Table 15 – Lone person households

Council	Count lone person households	Total number of households	% lone person households
Prospect	2,161	7,758	27.9%
Walkerville	914	2,938	31.1%
Campbelltown	5,141	19,286	26.7%
Norwood, Payneham and St Peters	5,138	14,808	34.7%
Burnside	4,648	16,778	27.7%
EHA Region	18,002	61,568	29.2%
Greater Adelaide			27.4%

Source: ABS 2016 Census of Population and Housing, Community Profiles

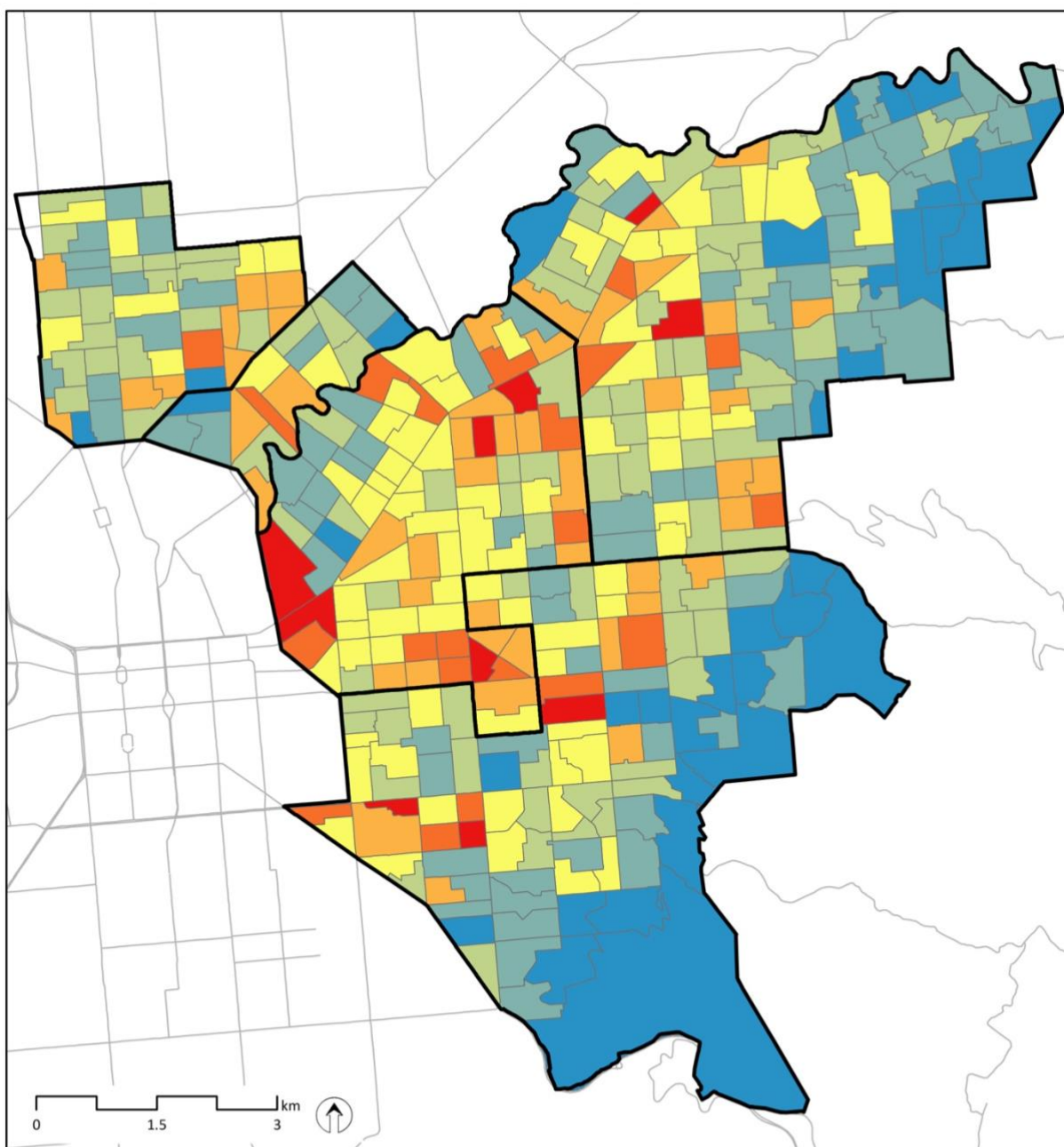
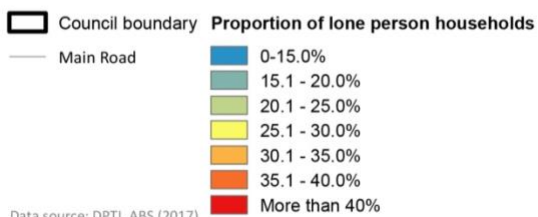


FIGURE 15 - LONE PERSON HOUSEHOLDS
EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND



Data source: DPTI, ABS (2017)



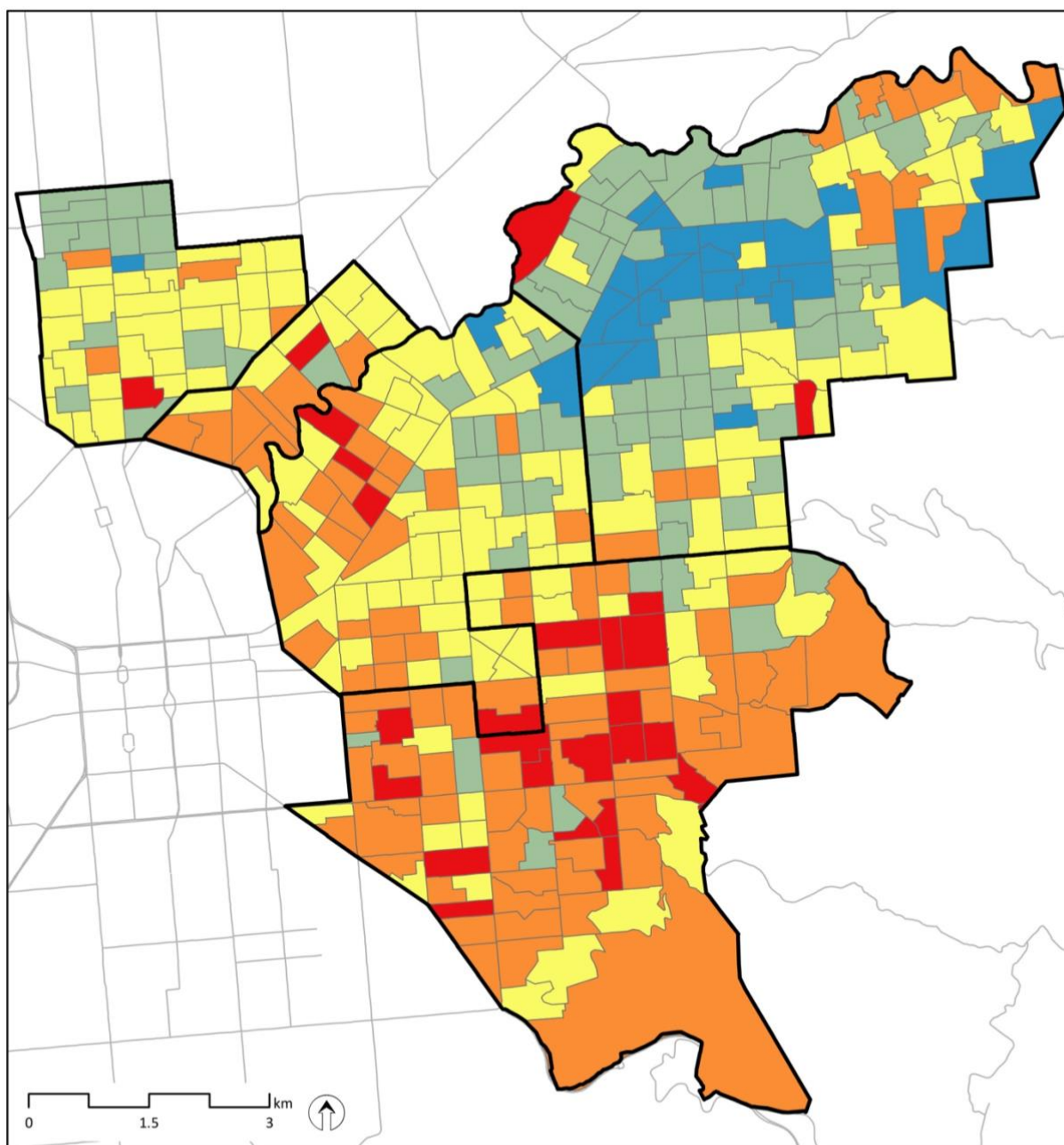
Volunteering Rates

Table 16 and Figure 16 indicate the proportion of people aged 15 years or older that undertake voluntary work for an organisation or group across the region.

Table 16 – Volunteering

Council	% people aged over 15 undertaking voluntary work
Prospect	21.1%
Walkerville	24.7%
Campbelltown	19.3%
Norwood, Payneham and St Peters	23.2%
Burnside	26.4%
EHA Region	22.6 %
Greater Adelaide	19.5%

Source: ABS 2016 Census of Population and Housing, Community Profiles

**FIGURE 16 - VOLUNTEERING**

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

Council boundary

Main Road

Proportion of population aged over 15 that undertakes voluntary work for an organisation or group

0-15.0%

15.1 - 20.0%

20.1 - 25.0%

25.1 - 30.0%

More than 30%

Data source: DPTI, ABS (2017)



Unpaid Care

Table 17 and figure 17 indicate the proportion of people aged 15 years or older that provided unpaid care, help or assistance to family members or others because of a disability, a long term illness or problems related to old age.

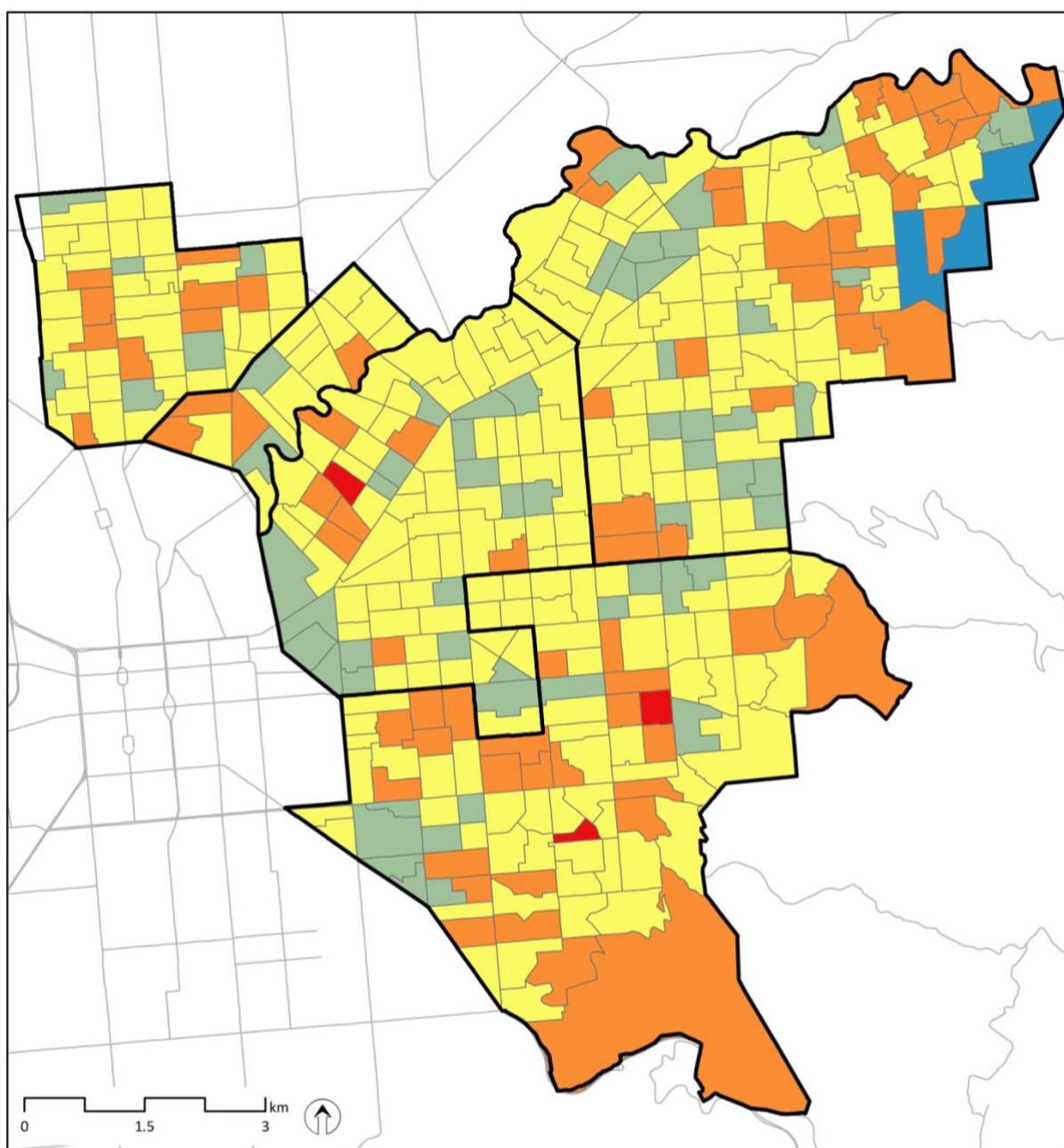
Table 17 – Unpaid care

Council	% people aged over 15 providing unpaid care
Prospect	12.8%
Walkerville	12.8%
Campbelltown	12.8%
Norwood, Payneham and St Peters	12.0%
Burnside	13.3%
Greater Adelaide	12.2%

Source: ABS 2016 Census of Population and Housing, Community Profiles

Open Space and Bike Paths

Figure 18 shows current open space across the region and existing bicycle paths.

**FIGURE 17 - UNPAID CARE**

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

- Council boundary
- Main Road

Proportion of population aged over 15 years that provided unpaid care, help or assistance to family members or others because of a disability, a long term illness or problems related to old age.

- 0 - 5.0%
- 5.1 - 10.0%
- 10.1 - 15.0%
- 15.1 - 20.0%
- More than 20%

Data source: DPTI, ABS (2017)



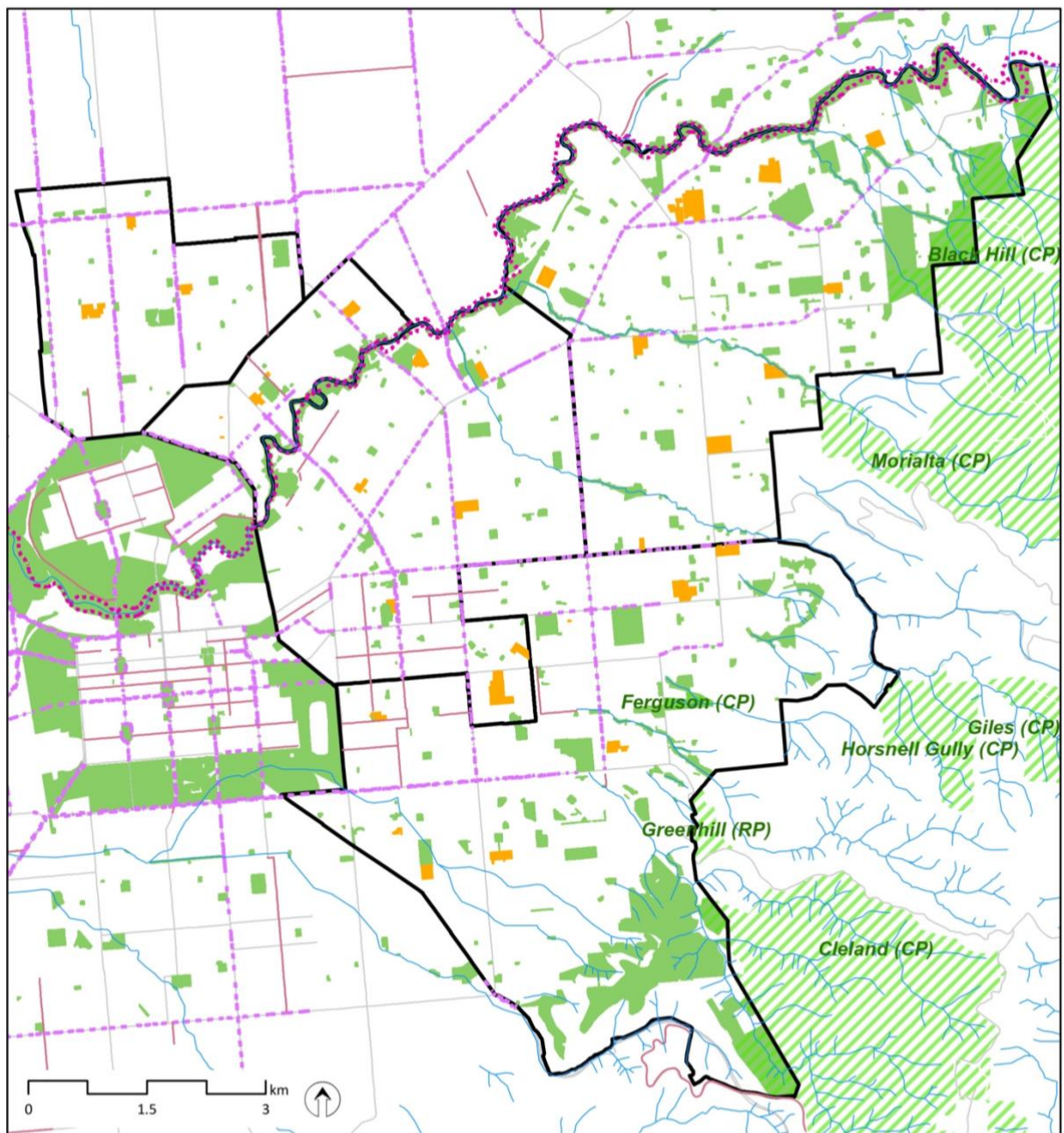


FIGURE 18 - OPEN SPACE AND BICYCLE PATHS

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

- Main Road
- DECD schools
- Council boundary
- - - Main Road - Bike Lane / Shoulder
- - - Secondary Road - Bike Lane
- - - River Torrens Linear Park shared path
- Open space
- Conservation and Recreation Parks (NPW)

Data source: DPTI, DEW, DECD



4.0 Community Consultation

4.1 Informing the draft Regional Public Health and Wellbeing Plan

Over the past five years, all constituent councils have engaged their communities around issues that are relevant to public health and wellbeing in the region. A decision was made to reflect on feedback from these consultations for the development of the draft regional public health and wellbeing initiatives. The rationale for this decision is based on the following:

- Consultation fatigue – multiple consultations, especially around related topics, can reduce participation and representativeness of findings.
- Resource limitations restrict consultation activities to one or two community events. Some groups of people may not have the same access to a general community forum focussed on public health and wellbeing.
- Considering feedback from a range of consultation activities is likely to be more inclusive of the experiences and ideas of certain groups of people, including older people, youth, Aboriginal and Torres Strait Islander people, people with disability and CALD communities.
- Considering feedback from a range of consultation activities can increase the representativeness of feedback and result in decisions that are better for the whole region.

Council consultation feedback considered for the draft includes:

- Council strategic directions
- Reconciliation planning
- Age-friendly planning
- Planning for children and youth
- Access and inclusion planning
- Open space planning
- Sport and recreation planning
- Community development planning
- Planning for culturally and linguistic diverse groups

4.1.1 Consultation themes

The following table highlights consultation themes that informed the development of five strategic projects detailed in the Regional Public Health and Wellbeing Plan. These projects address two of the strategic directions – Environments for Health and Capacity for Health. The third strategic direction, Protection for health, includes activities that are ongoing and have legislative obligations and oversight.

Regional Project	Consultation Themes Previous Regional public health consultation (2014)	Consultation themes Council consultations 2014 – 2019
ENVIRONMENTS FOR HEALTH		
Active Regional Connections - Open space mapping with cycling and walking routes	<ul style="list-style-type: none"> - Promote regional walking paths and cycle ways and associated amenity (e.g. toilets and seating) - Protect healthy lifestyles by protecting open space and active corridors from development pressures - Bolster climate adaptation measures to enhance outdoor activities, including regional consideration of trees, shade and rest areas - Enable active living by enhancing open space and the Linear Park - Enable active living through continuity of walking and cycle ways - Enable active living through supportive amenity in open space and along active corridors, such as toilets, shade, seating, change areas and refreshment outlets - Regional collaboration to reduce duplication and enhance regional access to recreation facilities, dog parks and access corridors - Regional access plan for open space, the Linear Park and active corridors 	<ul style="list-style-type: none"> - Open space is highly valued and popular - Generally high feelings of safety facilitate good use of open space for all age groups – build on this - Acknowledge histories of the Kaurana People - Acknowledge different waves of immigration - Increase access to River Torrens Linear Park - Partner with other councils to coordinate cycling infrastructure - Everything should be connected - plan for foot paths and cycle paths - Create a cycle-friendly (safe) region including safe road crossings and pedestrian share zones - Encourage people to choose cycling or walking over the car - Activated, safe and people friendly places and experiences (apply access and inclusion lens) - Continue to provide good recreation facilities for young people - Facilitate active ageing - Healthy and connected places - Increase sport, recreation and community facilities for young people - More family oriented open space - Open space that welcomes young people hanging out together - Increase tree planting and landscaping

Regional Project	Consultation Themes Previous Regional public health consultation (2014)	Consultation themes Council consultations 2014 – 2019
		<ul style="list-style-type: none"> - Strong support for environmental sustainability - Young people are big users of parks and open space – maintain and add value with youth friendly amenity that encourages physical activity - Increase shade and access to drinking water in parks and open space - Mitigate effect of development on access to open space - Mitigate effect of development environmental sustainability and risks of climate change - Promote safe cycle and walking routes - develop consistent wayfinding for all (older people, people with disabilities, CALD) - include places of interest in wayfinding, including local and Aboriginal heritage, community places and spaces - consider equitable access to open space for different user groups, including walkers, dog walkers, café users, cyclists, children etc
Regional community transport network	<ul style="list-style-type: none"> - Protect and enhance community connectedness through good amenity, access and awareness - Enable active living through regional community transport - Community transport for short trips 	<ul style="list-style-type: none"> - Ageing in place - Healthy and connected - Community transport for older people - Community transport for people with disability - Event based community transport
Regional volunteering	<ul style="list-style-type: none"> - Maintain the number of volunteers to meet demand - Volunteers for local community transport - Provide low cost/ free access to meeting rooms for local volunteering activities - Engage volunteers in projects that address social isolation 	<ul style="list-style-type: none"> - Active ageing - Healthy and connected - Create opportunities for youth volunteering – they want to connect to people, issues and events that matter to them

Regional Project	Consultation Themes Previous Regional public health consultation (2014)	Consultation themes Council consultations 2014 – 2019
CAPACITY FOR HEALTH		
Regional Promotion of activities and events	<ul style="list-style-type: none"> - Promote regional health and wellbeing activities - Promote to targeted populations with relevant and consistent messages and in relevant formats - Regional public health promotion plan, including regional calendar of events - Consistent messages/ slogans for regional initiatives 	<ul style="list-style-type: none"> - Everyone is valued and heard - Provide more information in easily accessed formats and platforms - Apply all ages abilities and backgrounds lens to promotion and communication - Identify community connectors (young, old, ATSI, CALD, people with disability) and use them to connect to hard to reach groups. - Don't forget renters - Importance of street fairs and markets - Inclusion and cultural diversity - Healthy and connected - Increased social connection for older people - Target promotion of activities to needs and vernacular of different groups (including youth, older people and CALD) - Connect to the people who are connected to hard to reach groups (such as parents of teens; service providers) - Recognise key services as places of promotion and connection – libraries, community events (fairs etc), council websites, newsletters) - Increase access to activities by careful consideration of WHEN they are offered - Increase whole of community events - Connect with young people through their own networks and platforms
'Talk to your neighbour' – addressing social isolation	<ul style="list-style-type: none"> - Promote to increase social connection and inclusion - Talk to your neighbour could be applied to individuals, businesses and services 	<ul style="list-style-type: none"> - Welcoming communities - Embracing diversity - Healthy and connected - Connecting young people to issues that matter to them - Connect long-time residents to newcomers in a way that maintains sense of belong for long-term residents and increased sense of belonging for new comers

4.2 Finalising the Regional Public Health and Wellbeing Plan

The Draft Regional Public Health and Wellbeing plan was made available by all constituent councils for community feedback in December 2019. Posters and bookmarks were developed to inform the community and key stakeholders about the online consultation. A summary of the feedback is provided below.

4.2.1 Consultation summary: Regional Public Health and wellbeing plan 2020-2025

Statistics

- December 2019
- 445 visited site
- 181 visited multiple pages
- 166 downloaded a document
- 68 people engaged (25 to 84 years; half over 65 years; 35 females and 33 males)
- All council areas represented

Survey

Between 23 and 33 respondents agreed with statements indicating that the Plan was likely to have a positive effect on identified areas of public health. Between 7 and 11 respondents disagreed with each statement. A high number of people were not sure how the plan might affect certain areas of public health. Safety, support for cultural diversity, and ability to achieve regional health and wellbeing goals overall, were the three statements most likely to have an 'unsure' response (See figure 19)

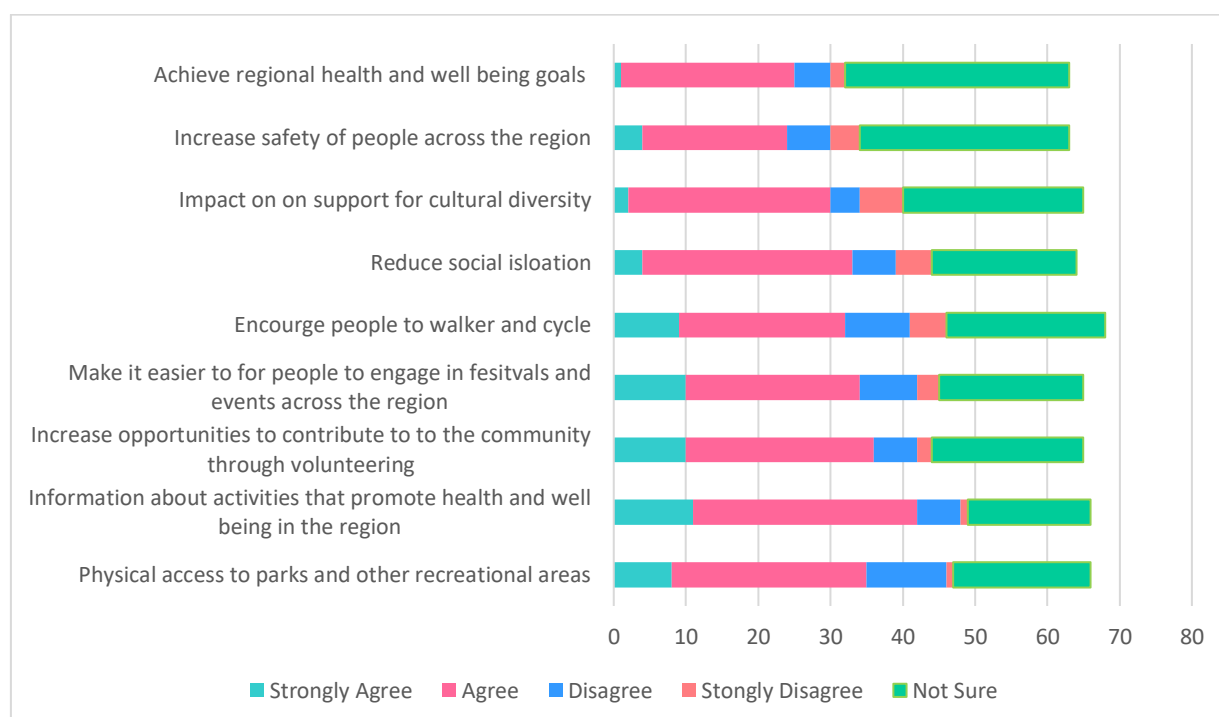
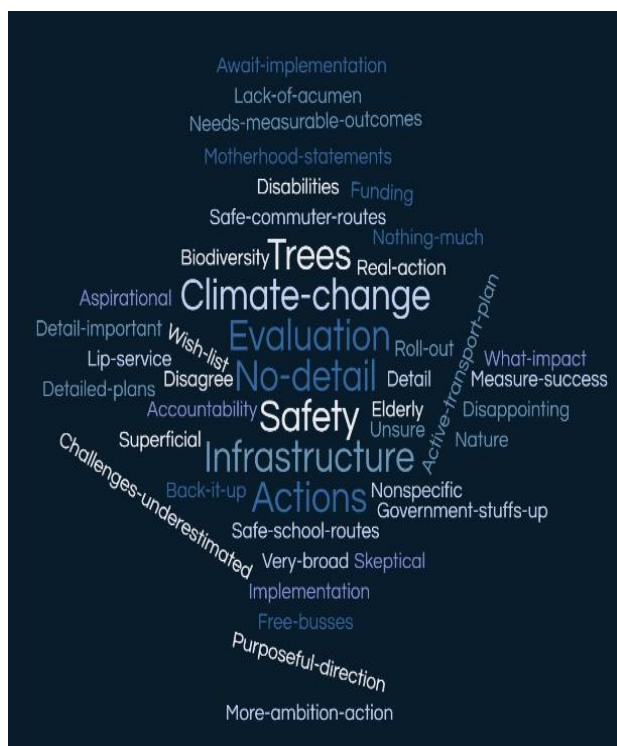


Figure 19 – extent to which participants agree or disagree to statements relating to draft Plan

Feedback

Almost all 68 respondents provided feedback about the strengths and weaknesses of the Plan. The following word-clouds summarise key words and phrases.



Considering feedback in final plan

The final plan has been amended in response to the following community feedback. This feedback was repeated and applicable to the Plan. Other feedback was relevant to the role of Council but beyond the scope of the Plan and this has been noted for further consideration by Councils. Some feedback was beyond the scope of the plan and beyond the role of Council.

Add

- Regional consideration of mental health and suicide prevention (added to two-page plan and background paper)

Clarify

- This public health plan will be delivered in conjunction with other plans designed to improve programs and amenity that are likely to have public health and wellbeing outcomes including: Climate change adaptation (Resilient East), Disability access and inclusion, age-friendly communities, child and youth development, reconciliation, asset management and sport, recreation and open space planning (clarified on two-page plan)
- Target populations for regional projects (added to two-page plan)
- Actions and implementation plans associated with projects (See 6.3)
- Evaluation and reporting (these have been considered and will be clarified when regional project working groups are convened)

5.0 Governance and Regional Planning Framework

EHA's work is regulated under the *South Australian Public Health Act 2011*, the *Food Act 2001* and the *Supported Residential Facilities Act 1992*. Its Board of Management is made-up by two representatives from each of the five Constituent Councils and is responsible for ensuring EHA acts within its charter, which covers key public and environment health services such as immunisation, hygiene and sanitation control, licensing and monitoring of Supported Residential Facilities, and inspection and regulation of food outlets.

5.1 Regional Collaboration

A regional approach for public health planning by the EHA Constituent Councils builds on the existing, successful collaboration for shared environmental health services through EHA as well as the initiatives of the Eastern Region Alliance (ERA). A regional approach was adopted by the Councils to improve Council capacity to engage with potential partner organisations and to recognise opportunities for joint advocacy.

The Eastern Regional Public Health Plan Advisory Committee, comprising staff representatives of the five Constituent Councils and EHA, provided overall guidance on the development of this Plan.

The regional model for the development of the Plan is shown in Figure 20.

REGIONAL PLAN DEVELOPMENT PROCESS

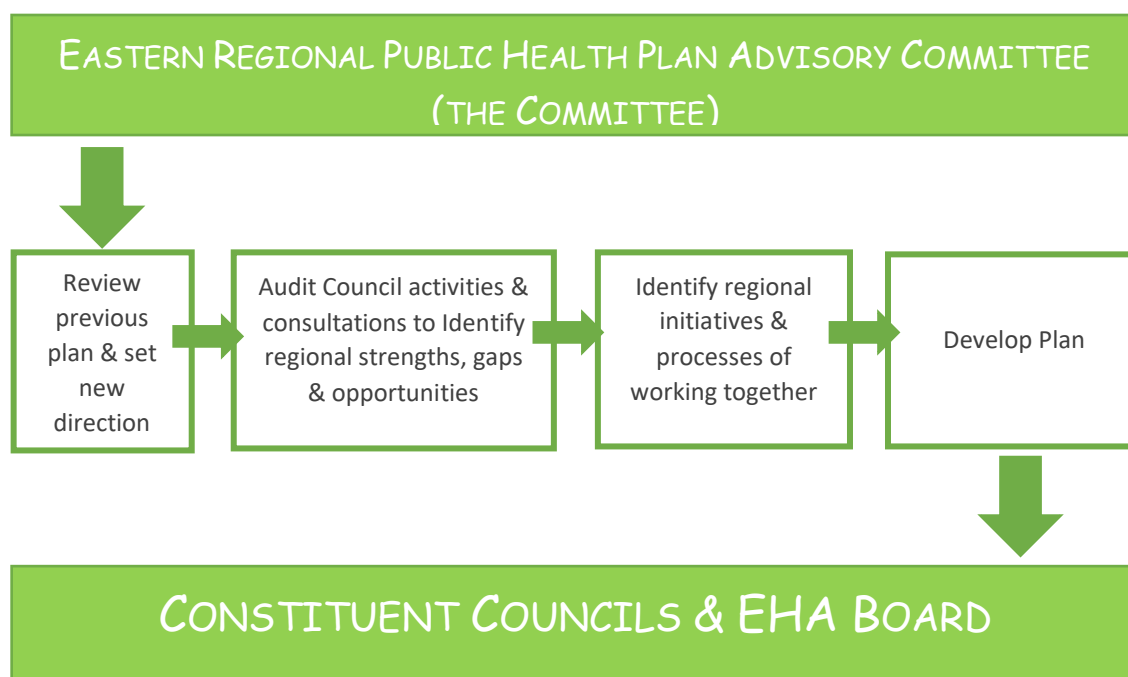


Figure 20 – Governance and Regional Plan Development process

5.2 Implementation Framework

An implementation and reporting framework is suggested. This framework acknowledges that regional initiatives are likely to have unique requirements in relation to stakeholders, actions and reporting requirements. Table 18 outlines key activities related to the implementation and reporting of *Better Living Better Health 2020 – 2025*. Figure 21 illustrates the Annual cycle of these activities over the life of the Plan.

Table 18 - Implementation framework

Outcome	Activity	Who	How	Timing
Plan adopted by Council • Final Plan	Report to Council	All Councils	Individually	April-May 2020
Priorities agreed for next 12 months • Timeline	Collaborate to prioritise	PHPAC	Workshop	Annually
Regional project teams convened • Project scope	Identify stakeholders; invite to collaborate; clarify project actions	PHPAC and relevant stakeholders	Initiation meeting	2020
Regional project evaluation measures identified • Targets	Collaborate to identify what success looks like and how it will be reported	Project teams	Workshop	2020
Actions implemented • Workplans	Implement project related actions	Project teams, relevant council and community stakeholders	As agreed by project team	Throughout the year
Project progress evaluated • Project Evaluation data	Regional Projects evaluated	Project teams	Method agreed by project team	Every 6 months
Plan oversight • PH Plan Progress report • Annual Council progress report	Review Project progress & adjust actions where necessary	PHPAC	PHPAC meeting	Every 6 months
Biennial reporting to Chief Public health Officer • Compiled Regional PH Plan report	Collate project evaluations from project leads using reporting framework	EHA	Email	Every 2 years

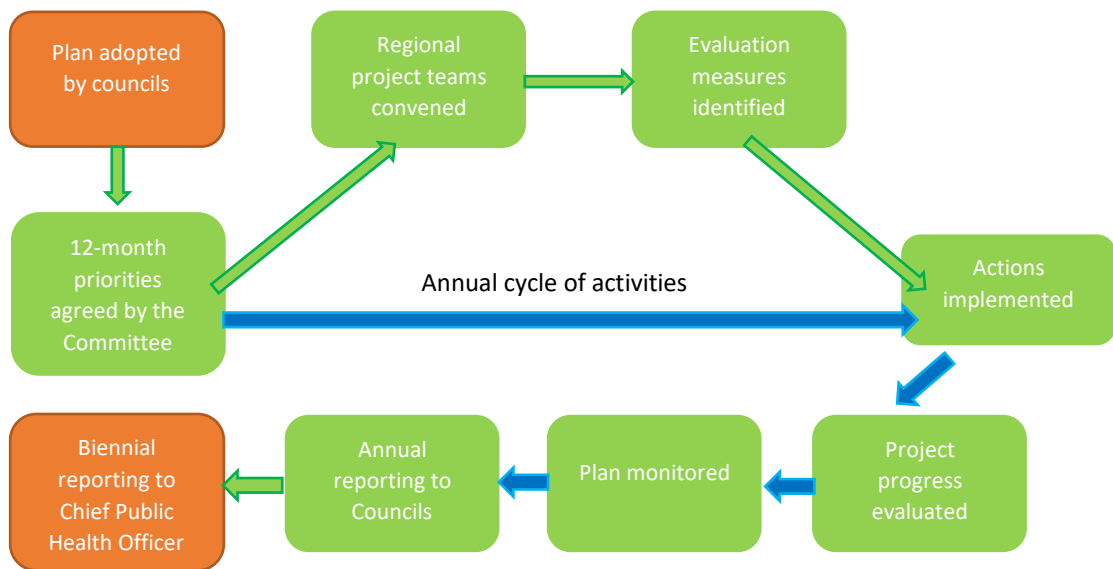


Figure 21 - Annual cycle of implementation, evaluation and reporting

6.0 Regional Public Health and Wellbeing Plan

6.1 Principles

1. A regional focus - Plan focusses on projects and activities that have regional benefit and require collaboration across two or more councils
2. A collaborative approach - Implementation of the plan requires collaboration between constituent councils, and between councils and community partners
3. A targeted and equitable approach - Plan is designed to maximum benefit for the most disadvantaged

6.2 Regional Public Health and Wellbeing Plan

This Plan is being delivered in conjunction with other regional plans including: Climate Change Adaption (Resilient East); Disability Access and Inclusion; Aged Friendly Communities; Child and Youth Development; Reconciliation; and an assortment of sports, recreation, asset management and open space plans.

Strategic direction	Regional projects and related actions	Target populations	Outcome goals	State public health priorities				Council driver	Council partners	Regional partners	Council Plan Integration
				Promote	Protect	Prevent	Progress				
ENVIRONMENTS FOR HEALTH Regional strength <ul style="list-style-type: none"> Linear Park, trails and water course reserves Valued open space Diverse recreation opportunities High quality amenity Resilient East Regional Challenge <ul style="list-style-type: none"> Poor continuity across boundaries Residential growth and pockets with poor access to open space 	Active Regional Connections - Open space mapping with cycling and walking routes <ul style="list-style-type: none"> Map open space and recreation areas across the region including relevant infrastructure (toilets, play spaces) Overlay cycling and walking routes, including along the River Torrens Identify opportunities to enhance connectivity and amenity to increase access for all ages and abilities – apply climate change adaptation lens Investigate continuity of signage and wayfinding to amenities and places of interest across the region, including Karna culture and local heritage 	<ul style="list-style-type: none"> All Older people People with disability Children & young people Aboriginal and Torres Strait Islander people Geographical areas with poor access 	<ul style="list-style-type: none"> Increase physical activity Reduce car use Increase opportunities for social connection Increase connections to safe healthy places and spaces Contribute to climate change adaptation 	✓	✓	✓	✓	Norwood Payneham & St Peters	All Councils	Bike SA Resilient East Trail Group Bike user groups Local Karna people Arts + Heritage groups Dept Planning, Transport and Infrastructure	Open space Asset management Sport and recreation Cycling Pedestrian Mobility Trails Age-friendly Disability access & Inclusion (DAIP) Playground Social / Community development Wayfinding
	Regional community transport network <ul style="list-style-type: none"> Map community transport across the region in consultation with Community Passenger Network (CPN) Identify gaps in community transport network – safety, spatial, temporal, group, promotion Plan enhancements to regional community transport network based on mapping and gap analysis Implement enhancements to regional community transport network 	<ul style="list-style-type: none"> Older people People with disability Isolated people Poor access to transport Low socio-economic populations Youth Aboriginal and Torres Strait Islander people 	<ul style="list-style-type: none"> Support ageing in place Increase opportunities for social connection Increase connections to safe healthy places and spaces 	✓	✓	✓	✓	Burnside	All Councils	Volunteers Private sponsors Retirement Villages Education sector Red Cross Community Passenger Network (CPN) University student placement programs	Social / Community development Age-friendly Disability access & Inclusion (DAIP)
CAPACITY FOR HEALTH Regional Strength <ul style="list-style-type: none"> Community pride and engagement Cultural diversity Range of services and clubs High levels of education and high socio-economic characteristics Increasing participation in sport 	Regional Promotion of activities and events <ul style="list-style-type: none"> Investigate regional platform/s for promotion of health and wellbeing activities across all council areas Pilot regional promotion approach around an existing event of regional significance (e.g. ZestFest) – review Develop regional events and festivals calendar Plan role-out of regional promotion approach across broad spectrum of events and activities. Apply an access 	<ul style="list-style-type: none"> All 	<ul style="list-style-type: none"> Increase opportunities to participate Increase attendance Increase diversity of attendees 	✓			✓	Prospect	All Councils	LGA Arts and culture organisations Festivals and event organisers CEO's network City of Adelaide	Communications & engagement Social / Community development Age-friendly Disability access & Inclusion (DAIP)

Strategic direction	Regional projects and related actions	Target populations	Outcome goals	State public health priorities				Council driver	Council partners	Regional partners	Council Plan Integration
				Promote	Protect	Prevent	Progress				
Local food project Regional Challenge <ul style="list-style-type: none"> Pockets of socio-economic disadvantage Pockets of isolation and vulnerability Volunteering opportunities don't meet demand Duplication of services across the region Ageing population Youth engagement 	for all lens over all promotion (including access details)										
	<ul style="list-style-type: none"> Implement role out of regional promotion approach across broad spectrum of events and activities 										
	'Talk to your neighbour' – addressing social isolation <ul style="list-style-type: none"> Research best practice approaches Map vulnerable populations Implement pilot project Identify community champions for subsequent rollout of project 	<ul style="list-style-type: none"> Older people Youth Isolated people New arrivals 	<ul style="list-style-type: none"> Increase sense of belonging Increase Intergenerational interaction Increase access to services and opportunities Enhance community capacity Increase feelings of safety 	✓				Campbelltown Walkerville	All Councils	Housing Choices Churches NGOs Service Clubs Business Support Residents	Social / Community development
	Regional volunteering <ul style="list-style-type: none"> Bring local volunteer coordinators together to map current practices around volunteering Develop Regional Volunteer Passport scheme including regional database of volunteers and volunteer opportunities Collaborate to deliver shared volunteer training across the region	<ul style="list-style-type: none"> All Aboriginal and Torres Strait Islander people Retirees Students Unemployed New arrivals 	<ul style="list-style-type: none"> Increase opportunities for social connection Build social capital (shared knowledge, skills and resources) Build community capacity 	✓			✓	Campbelltown Walkerville	All Councils	Volunteering SA + NT Mutual Liability Scheme University TACSI Office for Ageing Well Local Government Authority Global Ageing Taskforce Better Impact Data	Social / Community development Volunteers
	Mental Health and Suicide Prevention Network <ul style="list-style-type: none"> Investigate regional partnerships based on shared outcome goals Establish regional mental health and suicide prevention network 	<ul style="list-style-type: none"> Youth Older People Socially Isolated 	<ul style="list-style-type: none"> Understand need (who, where and when) Scope regional projects Identify council role in supporting partners and facilitating good outcomes 			✓	✓	ERPHP committee	All Councils	SA Suicide Prevention Network	Social / community development Disability Access & inclusion (DAIP) Youth
PROTECTION FOR HEALTH Regional Strength <ul style="list-style-type: none"> Low rates of lifestyle risk factors for poor health 	Regional vaccination program <ul style="list-style-type: none"> Continue to increase number of adult and child clients and vaccinations through promotion and provision of accessible clinics, booking systems and appointment times Measure and report 	<ul style="list-style-type: none"> All Children Older people At risk populations 	<ul style="list-style-type: none"> Effective control of preventable disease Coordinated response to Covid-19 vaccination that ensures community is informed and delivery of vaccination program is equitable, accessible and timely. 	✓		✓		EHA	All Councils	SA Health Adelaide Primary Health Network Schools LGA	

Strategic direction	Regional projects and related actions	Target populations	Outcome goals	State public health priorities				Council driver	Council partners	Regional partners	Council Plan Integration
				Promote	Protect	Prevent	Progress				
Regional Challenge <ul style="list-style-type: none"> Hoarding Isolation Linguistic and cultural diversity (related to access to health-related programs) 	Public and Environmental Health Service performance Measure and report	<ul style="list-style-type: none"> All 	<ul style="list-style-type: none"> Protect, maintain or promote the health of the community Prevent or reduce the incidence of disease, injury or disability within the community 		✓	✓		EHA	All Councils	Eastern Hoarding Squalor Group MFS NGOs SA Health Older persons mental health Housing SA Housing Improvement Branch Churches Scouts Safe Work SA Office Technical Regulator Environmental Health Australia (Assoc and Special Interest Groups) Flinders University	
	Food safety service performance <ul style="list-style-type: none"> Measure and report 	<ul style="list-style-type: none"> All 	<ul style="list-style-type: none"> Effective control of preventable illness 		✓	✓		EHA	All Councils	SA Health Housing Improvement Branch Safe Work SA Office Technical Regulator Environmental Health Australia (Assoc and Special Interest Groups) Flinders University	
	Supported residential facilities regulation and licencing <ul style="list-style-type: none"> Measure and report 	<ul style="list-style-type: none"> Older people People with disability 	<ul style="list-style-type: none"> Ensure safety and wellbeing of people in supported residential care 		✓			EHA	All Councils	Supported Residential Facility Association National Disability Insurance Scheme	

Strategic direction	Regional projects and related actions	Target populations	Outcome goals	State public health priorities				Council driver	Council partners	Regional partners	Council Plan Integration
				Promote	Protect	Prevent	Progress				
										My Aged Care Department of Human Services Environmental Health Australia (Assoc and Special Interest Groups)	
	Emergency management planning <ul style="list-style-type: none"> Collaborate to include public health impacts in regional and council emergency management plans 	<ul style="list-style-type: none"> All 	<ul style="list-style-type: none"> Facilitate community safety Facilitate community resilience 	✓	✓	✓	✓	EHA	All Councils	Eastern Adelaide Zone Emergency Management Committee Local Government Association Local Governmental Risk Services SA Health Environmental Health Australia	

6.3 Regional Public Health and Wellbeing Plan - action timeline

Regional project	Actions year 1	Actions year 2 - 3	Actions year 4 - 5
Active Regional Connections - Open space mapping with cycling and walking routes	<ul style="list-style-type: none"> Map open space and recreation areas across the region including relevant infrastructure (toilets, play spaces) Overlay cycling and walking routes, including along the River Torrens 	<ul style="list-style-type: none"> Identify opportunities to enhance connectivity and amenity to increase access for all ages and abilities – apply climate change adaptation lens Investigate continuity of signage and wayfinding to amenities and places of interest across the region, including Kurna culture and local heritage 	
Regional community transport network	<ul style="list-style-type: none"> Map community transport across the region in consultation with Community Passenger Network (CPN) Identify gaps in community transport network – safety, spatial, temporal, group, promotion 	<ul style="list-style-type: none"> Plan enhancements to regional community transport network based on mapping and gap analysis 	<ul style="list-style-type: none"> Implement enhancements to regional community transport network
Regional volunteering	<ul style="list-style-type: none"> Bring local volunteer coordinators together to map current practices around volunteering 	<ul style="list-style-type: none"> Develop Regional Volunteer Passport scheme including regional database of volunteers and volunteer opportunities Collaborate to deliver shared volunteer training across the region 	
Mental Health and Suicide Prevention Network	<ul style="list-style-type: none"> Investigate regional partnerships based on shared outcome goals 	<ul style="list-style-type: none"> Establish regional mental health and suicide prevention network 	

Regional project	Actions year 1	Actions year 2 - 3	Actions year 4 - 5
Regional Promotion of activities and events	<ul style="list-style-type: none"> Investigate regional platform/s for promotion of health and wellbeing activities across all council areas Pilot implementation of regional promotion around an existing event of regional significance (e.g. ZestFest) - Review 	<ul style="list-style-type: none"> Develop a regional events and festivals calendar Plan role-out of regional promotion approach across broad spectrum of events and activities. Apply an access for all lens over all promotion (including access details) 	<ul style="list-style-type: none"> Implement role out of regional promotion approach across broad spectrum of events and activities
'Talk to your neighbour' – addressing social isolation	<ul style="list-style-type: none"> Research best practice approaches 	<ul style="list-style-type: none"> Map vulnerable populations Plan and implement pilot project Identify community champions for subsequent rollout of project 	<ul style="list-style-type: none"> Role out project in selected areas
Regional vaccination program	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable
Public and Environmental Health Service performance	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable
Food safety service performance	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable
Supported residential facilities regulation and licencing	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable
Emergency management planning	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable

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 February 2020 to 31 March 2020 the Eastern Health Authority received 23 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 February 2020 to 31 March 2020

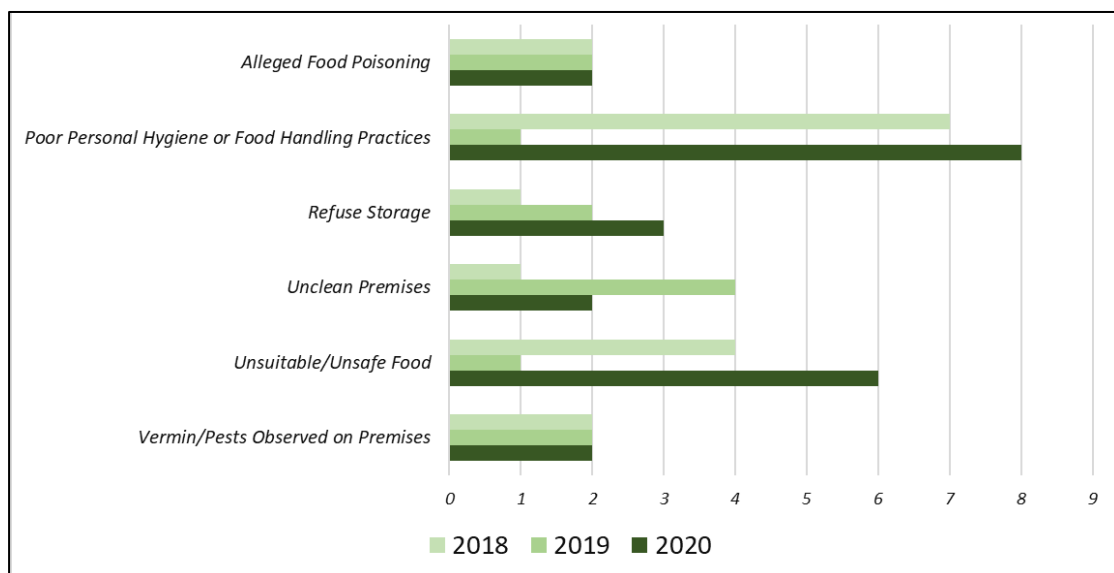


Table 1: Food complaints received from 1 February 2020 to 31 March 2020 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	0	1	0	1	0	2
Poor personal hygiene or food handling practices	3	2	1	1	1	8
Refuse Storage	0	0	3	0	0	3
Unclean premises	1	0	1	0	0	2
Unsuitable/unsafe food	1	3	1	1	0	6
Vermin/pests observed on premises	0	0	1	1	0	2
Total	5	6	7	4	1	23

Graph 2 - A three-year comparison of the types of food complaints received from 1 for the financial year to date.

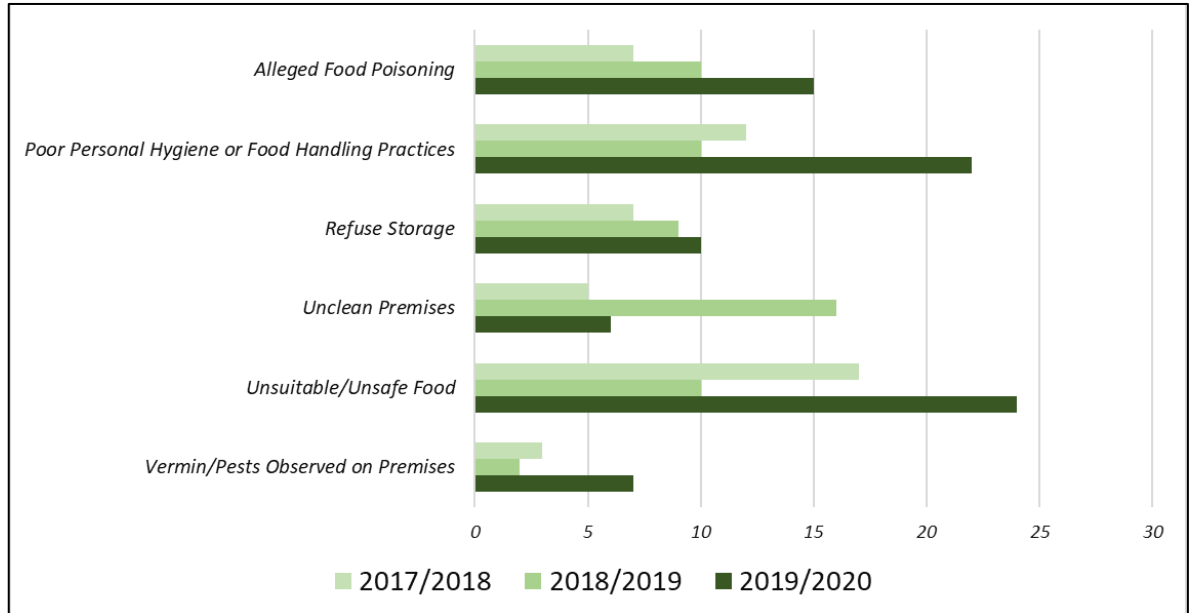


Table 2: Food complaints received for the financial year-to-date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	4	1	5	5	0	15
Poor personal hygiene or food handling practices	4	4	8	4	2	22
Refuse Storage	3	0	6	1	0	10
Unclean premises	1	1	3	1	0	6
Unsuitable/unsafe food	4	9	6	3	2	24
Vermin/pests observed on premises	0	2	4	1	0	7
Total	16	17	32	15	4	84

1.2 Food Premises Inspections

Environmental Health Officers undertook 98 routine inspections of food businesses this reporting period. An additional 91 follow-up inspections were required to ensure non-compliance with the Food Safety Standards were appropriately addressed.

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

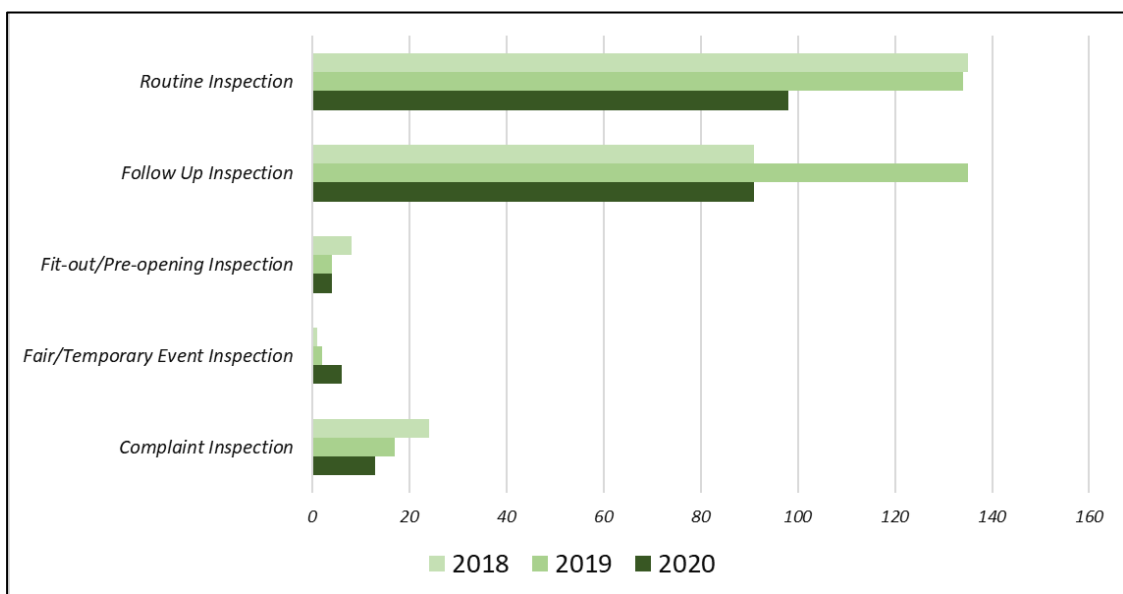


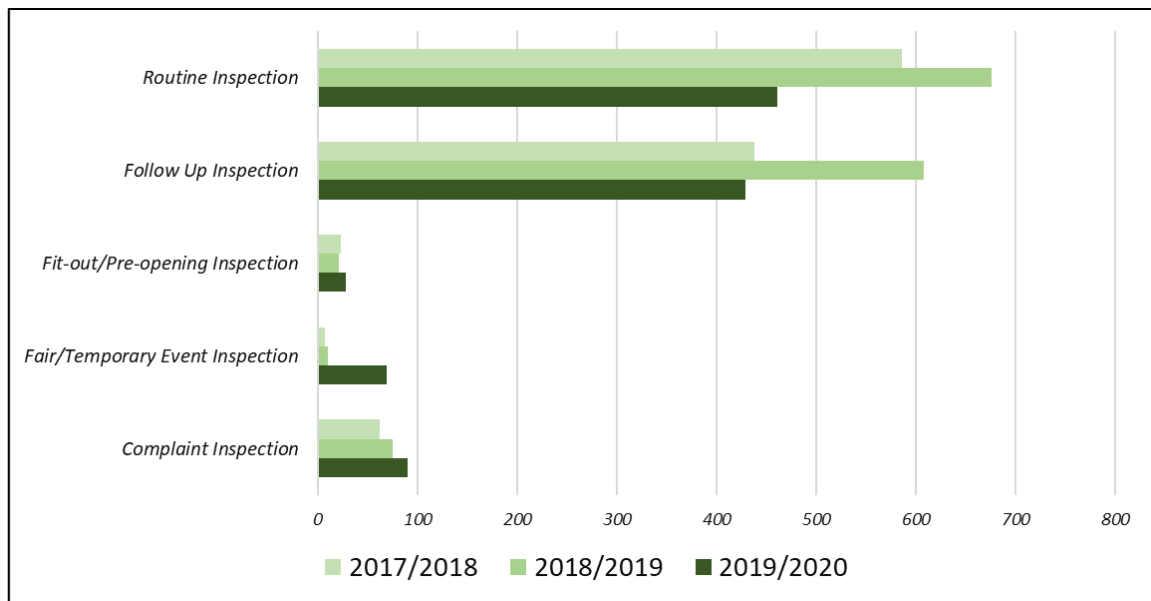
Table 3: Food premises inspections from 1 February 2020 to 31 March 2020

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine inspection	28	24	27	17	2	98
Follow up inspection	21	14	30	24	2	91
Fit-out/Pre-opening inspection	1	0	0	2	1	4
Complaint inspection	4	5	1	2	1	13
Fair/Temporary Event inspection	0	3	0	3	0	6
Total	54	46	58	48	6	212

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine inspection	96	98	176	75	16	461
Follow up inspection	60	82	130	140	17	429
Fit-out/Pre-opening inspection	6	5	10	6	1	28
Complaint inspection	22	15	36	12	5	90
Fair/Temporary Event inspection	0	16	7	39	7	69
Total	184	216	359	272	46	1,077

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



Changes following COVID-19

Scheduled food inspections were interrupted with the increasing public health concerns surrounding COVID-19. The sudden and rapidly changing restrictions imposed by the Federal Government and State Police Commissioner required EHA's Environmental Health Officers (EHO's) to quickly adapt to their new roles and responsibilities.

Following the announcement on 24 March 2020 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.

The following administrative changes have been implemented:

- 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
- food inspection reports have been altered to reflect the new changes
- health Manager (Environmental Health record database) has been updated to reflect COVID-19 inspections and complaint investigations.
- area and surveillance spreadsheet specific to COVID-19 to record business activities, closures and compliance with social distancing requirements.

Following the announcement of the Federal Government restrictions and State Directions the following activities and food safety assessments were undertaken during the reporting period:

- 142 social distancing checks
- 131 (94%) of these businesses were compliant
- 17 routine food inspections (food assessment form to reflect COVID-19)
- received and follow-up on eight complaints relating to social distancing
- 102 food businesses temporarily closed

1.3 Non-Compliance with Food Safety Standards

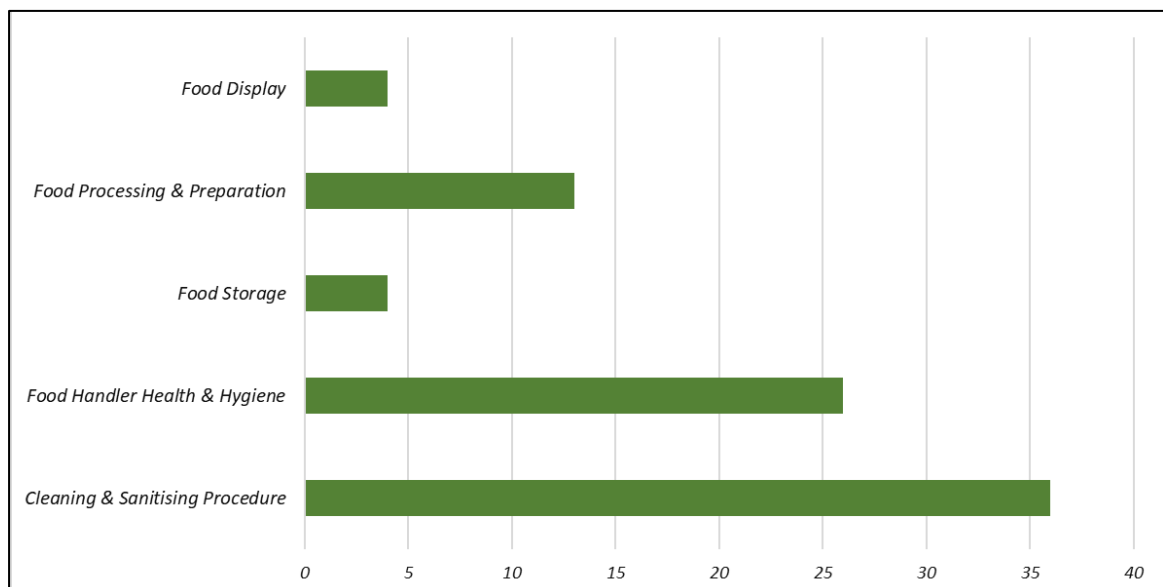
The SA Health Food Safety Rating Scheme Checklist is used to assess business compliance with food safety standards at routine inspections. Non-compliances against the Standards can range from Minor, Major to Serious. This is dependent on the risk and seriousness of the breach. EHO's identified a total of 691 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 73% 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	464 (67%)
Major	143 (21%)
Serious	84 (12%)

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



During the reporting period, 13 Improvement Notices, two final warnings and one Expiration Notice were issued.

The majority of food businesses requiring legal action were P1 high risk businesses (Table 8).

Table 6: Legal action taken from 1 February to 31 March 2020

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Warning Letters	1	1	0	0	0	2
Improvement Notices	3	4	2	4	0	13
Expiration Notices	0	0	1	0	0	1
Prohibition Order	0	0	0	0	0	0
Total	4	5	3	4	0	16

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Warning Letters	3	2	6	4	0	15
Improvement Notices	8	9	17	17	2	53
Expiration Notices	1	0	1	1	0	3
Prohibition Order	0	1	1	1	0	3
Total	12	12	25	23	2	74

Table 8: Legal action taken per food business risk classification from 1 February 2020 to 31 March 2020

	P1	P2	P3
Warning	2	0	0
Improvement Notice	12	1	0
Expiration Notice	1	0	0

Prohibition	0	0	0
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1.4 Audits of Businesses that Serve Vulnerable Populations

During the reporting period, 12 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*. 2 follow-up audits were performed.

Table 9: Food audits for the period from 1 February to 31 March 2020

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	3	2	4	1	2	17	29
Follow-up audits	1	1	0	0	0	0	2
Total	4	3	4	1	2	17	31

Table 10: Food audits for financial year-to-date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	15	14	17	9	2	57	114
Follow-up audits	2	3	0	0	0	2	7
Total	17	17	17	9	2	59	121

2.0 Public Health

2.1 Public Health Complaints

For the reporting period 1 February 2020 to 31 March 2020, Eastern Health Authority received 28 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 11.

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

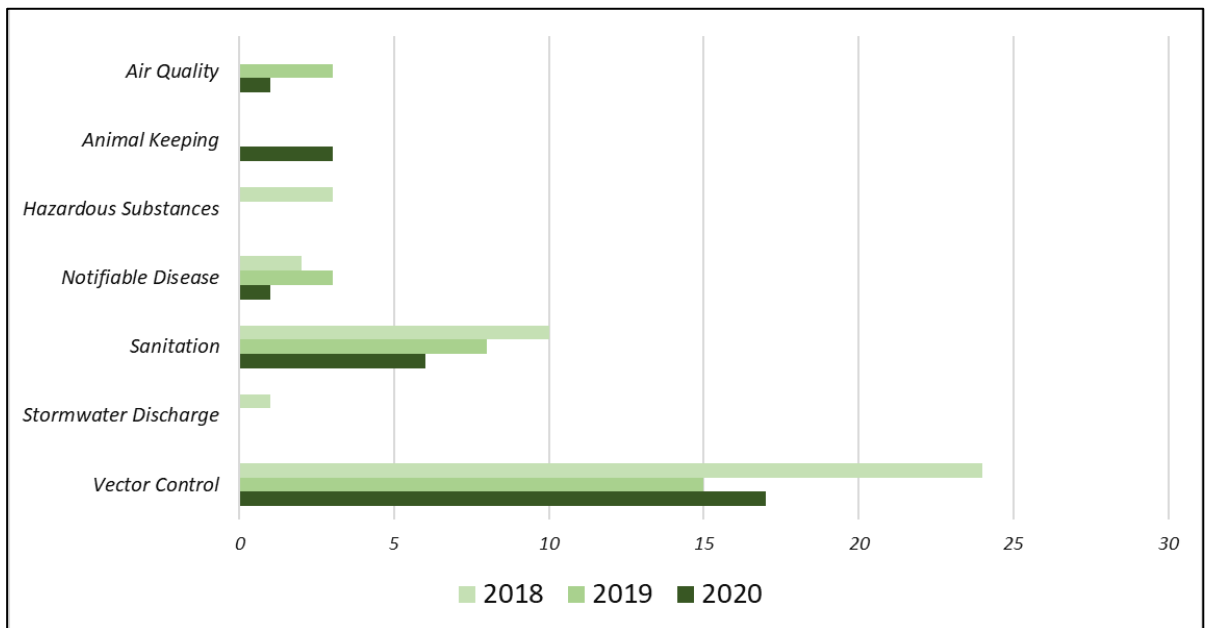


Table 11: Public and environmental health complaints 1 February to 31 March 2020 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	0	0	0	1	0	1
Animal Keeping	0	1	1	1	0	3
Hazardous Substances	0	0	0	0	0	0
Notifiable Disease	0	0	1	0	0	1
Sanitation	3	2	1	0	0	6
Stormwater discharge	0	0	0	0	0	0
Vector Control	4	10	2	1	0	17
Total	7	13	5	3	0	28

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

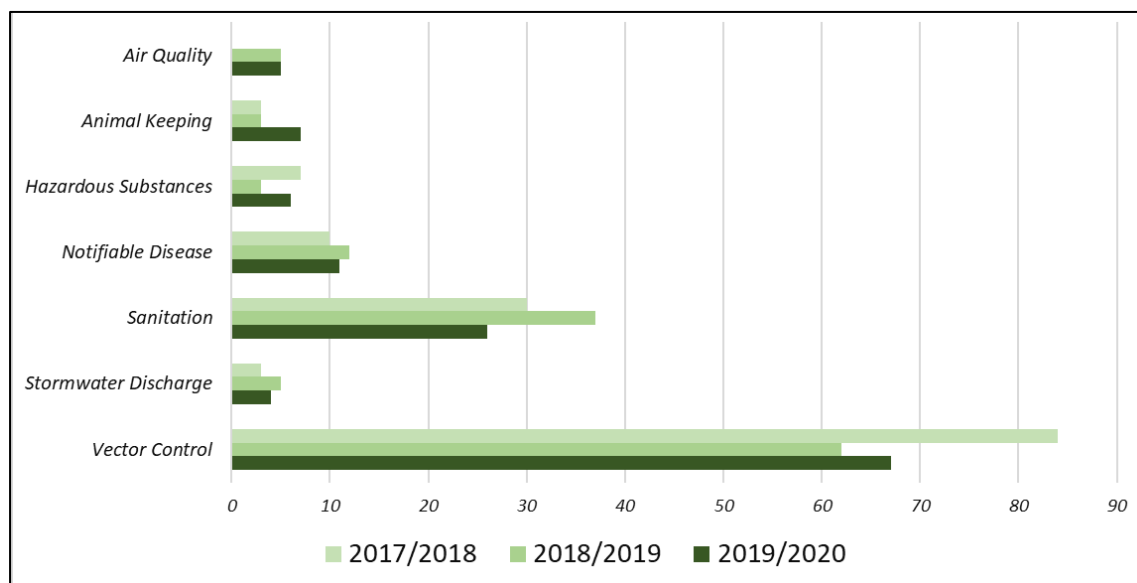


Table 12: Public and environmental health complaints for financial year-to-date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	2	1	1	1	0	5
Animal Keeping	0	4	1	2	0	7
Hazardous Substances	2	0	2	1	1	6
Notifiable Disease	2	1	5	2	1	11
Sanitation	7	6	8	3	2	26
Stormwater discharge	1	1	2	0	0	4
Vector Control	16	27	17	7	0	67
Total	30	40	36	16	4	126

2.2 Cooling Towers & Warm Water Systems

During the reporting period no cooling tower and warm water system inspections were conducted. No complaints were received during the reporting period.

Following independent testing from one facility, a detection of *Legionella* within three separate warm water systems. The site conducted the necessary decontamination procedures. Resampling was conducted and returned negative results for *Legionella*.

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine inspections	0	6	8	2	0	16
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	1	7	11	2	0	21

2.3 Public Swimming Pools and Spas

During the reporting period two swimming and spa pool inspections were conducted at two sites. These inspections were inspected prior to the COVID-19 directions issued by the SAPOL State Commissioner. No complaints were received during the reporting period.

Table 14: Swimming and spa pool inspections conducted between 1 February to 31 March 2020

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine inspections	0	1	1	0	0	2
Follow-up inspections	0	0	0	0	0	0
Complaint inspections	0	0	0	0	0	0
Total	0	1	1	0	0	2

Table 15: Swimming and spa pool inspections conducted for financial year-to-date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine inspections	34	9	20	2	5	70
Follow-up inspections	8	0	2	2	0	12
Complaint inspections	2	0	0	0	0	2
Enforcement Action	1	0	0	0	0	1
Total	45	9	22	4	5	85

2.4 Personal Care and Body Art

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

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

Table 16: Personal Care and Body Art premise inspections conducted between 1 February 2020 to 31 March 2020

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint inspections	0	0	0	0	0	0
Follow-up inspections	0	0	0	0	0	0
Routine inspections	0	0	1	0	0	1
Total	0	0	1	0	0	1

Table 17: 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

2.5 Wastewater

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

Number of applications received:

- one application for on-site wastewater works approval
- one pending decision
- nil applications refused approval
- two inspections determine progress of approved wastewater works
- no complaint investigations were received.

3.0 Health Care and Community Services - Supported Residential Facilities

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

3.1 Audits / Inspections

- two Licensing follow up audits
- two documentation audits

3.2 Complaints

- one complaint received January 2020 and investigation continued during reporting period.

3.3 Approval of Manager / Acting Manager

- two Acting Manager applications

RECOMMENDATION

That:

The Environmental Health Activity Report is received.

6.2 IMMUNISATION

School Immunisation Program (SIP) 2020

During the period of review EHA commenced the 2020 SIP, offering immunisations to both Year 8 and Year 10 students at 18 high schools. A total of 70 visits are scheduled for 2020. This is a decrease in visits compared to 2019 which is a result of the catch-up program for year 11's being completed in 2019 and the schools within the Unley Council areas no longer serviced.

In 2020, Year 8 students continue to be offered a two-dose course of HPV (Human Papillomavirus) and a single dose of dTpa (diphtheria, tetanus, whooping cough) vaccines. Year 10 students are offered a 2-dose course of Meningococcal B (Men B) vaccine and a single dose of Meningococcal ACWY vaccine.

The visits to the schools commenced in February and during the period of review 18 school sessions have been completed. A total of 2,221 vaccines were administered as detailed in Table 1. The number of vaccines provided (in comparison to 2019) has been affected by larger than normal student absentees due to COVID-19, the year 11 catch-up program being completed, and the schools no longer serviced in the Unley council area.

Table 1: Total SIP Vaccines Administered between January to March 2020

Council	Human Papillomavirus	Diphtheria Tetanus and Pertussis	Meningococcal B	Total
Burnside	429	126	233	788
Campbelltown	122	121	7	250
NPSP	216	219	197	632
Prospect	100	105	59	264
Walkerville	70	70	147	287
Total	937	641	643	2221

Workplace Influenza Program

During the reporting period workplace influenza programs were booked for employees of schools, childcare centres, businesses and government departments.

The first delivery of the private (fee for service) Quadrivalent Influenza vaccine for the season arrived late March 2020. This allowed for the workplace program to commence as scheduled for 30 March 2020.

Influenza vaccines on the Annual Funded Influenza Program were delivered on 27 March 2020. This included the new High-Dose Quadrivalent Influenza Vaccine specifically for persons over 65-year-old.

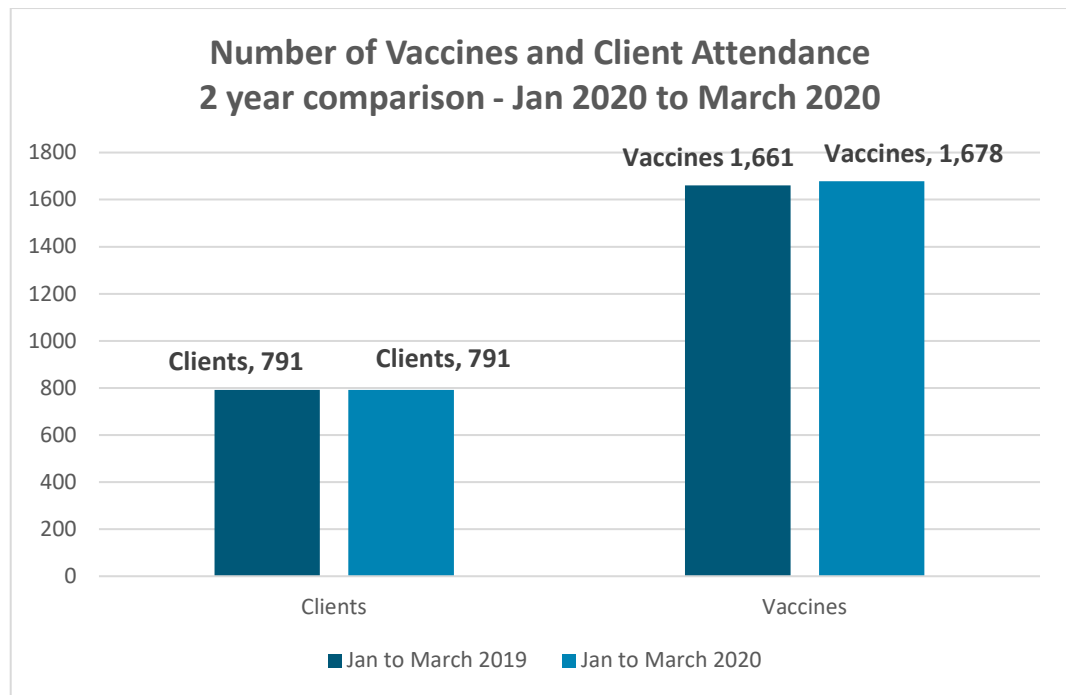
As at the end of March 2020, a total of 94 workplaces have booked their program using the online booking and instant quote system available on the EHA website. Visits are booked from March to June 2020 and are close to capacity.

An education day for casual immunisation staff was held Friday 7 February onsite at EHA offices by our two permanent Immunisation nurses. This included an update on the upcoming SIP and Workplace Influenza Program. All administration and nursing staff participated in CPR training.

Public Clinics

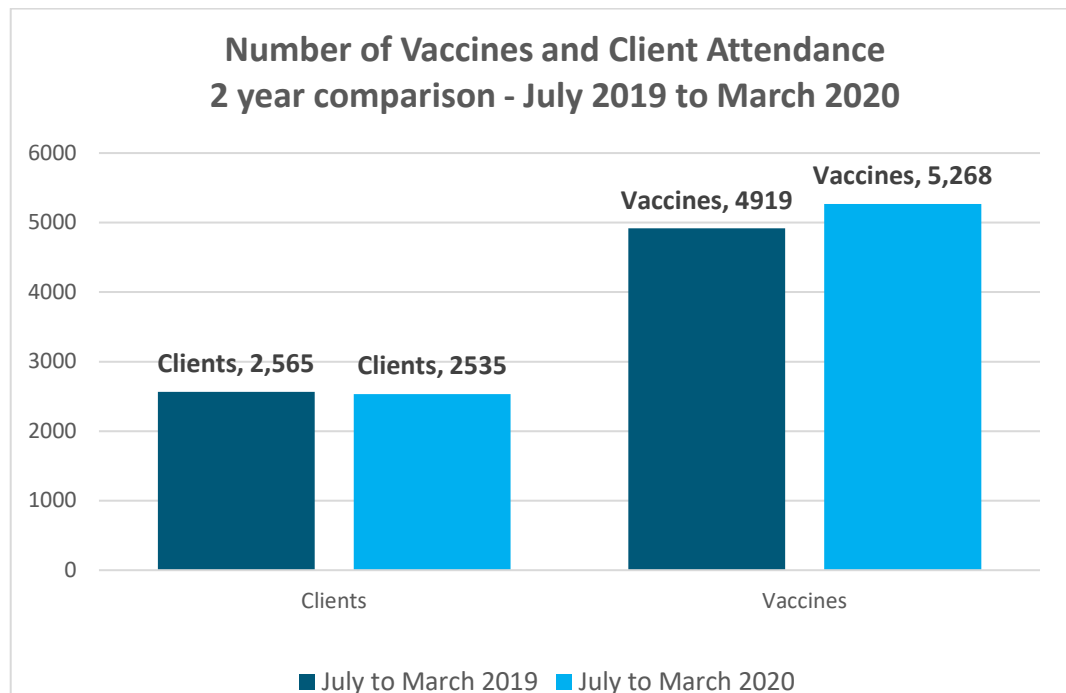
During the reporting period 791 clients received 1,678 vaccines at our Constituent Council public clinics. The number of clients and vaccines was almost identical over this period when compared to the same period last year. While demand has substantially increased, having moved to an all appointment basis has placed a cap on numbers and clinics are currently booked out well in advance. Additional clinics are being considered in the next reporting period and will be dependent on resource availability.

Graph 1: Number of Clients – Two-year comparison of Client attendance and Vaccines administered at clinics



From July 2019 to March 2020 a total of 2,535 clients attended EHA's public clinics and received a total of 5,268 vaccines. This is a 7% increase in the number of vaccines administered when compared to the same period for 2019 (see graph 2).

Graph 2: July to March - Two-year comparison of Client attendance and Vaccines administered at clinics



EHA has been proactive in continuing to provide immunisation services through public clinics programs within our capabilities during these unprecedented times. Due to current circumstances and to ensure social distancing requirements can be managed, all public clinics are currently being conducted at EHA offices, St Peters.

In addition, to manage the number of people attending and social distancing requirements, all clinics have also been changed to an appointment basis, with the management of previously advertised drop-ins where necessary.

The alarming nature of COVID-19 has created a sense of urgency to vaccinate against flu as early as possible. However, EHA have continued to reiterate that SA Health guidelines recommends flu vaccination from mid-April as the ideal commencement date, to allow for the longevity and effectiveness of the vaccine.

Seventeen families residing within our Constituent Council areas contacted EHA requiring a catch-up immunisation history assessment for their children. This is an increase of five families when compared to the same period in 2019. As a result, 19 children were assessed and commenced a vaccination program at EHA's public clinics.

Table 2 details the numbers of clients attending each clinic venue and their council of origin.

Table 2: Combined Clinic breakdown for January – March 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
Jan-Mar 20	54	115	13	36	5	12	1	1	0	0	0	0	3	9	76	173
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
Jan-Mar 20	7	14	55	121	8	23	3	9	1	1	0	0	4	5	78	173
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
Jan-Mar 20	131	263	160	368	186	389	27	56	16	33	24	58	25	49	569	1216
Year to Date	371	754	451	992	600	1246	100	239	96	186	105	244	46	99	1769	3760
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
Jan-Mar 20	1	4	6	8	2	5	14	29	2	5	0	0	2	5	27	56
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
Jan-Mar 20	4	6	7	10	9	19	6	6	10	13	0	0	5	6	41	60
Year to Date	24	36	24	41	24	45	13	25	18	25	3	9	6	8	112	189
														Grand Total		
														Clients Vaccines		
Grand Total of all Clinic Sites														Jan-Mar 20	791	1678
														Year to date	2535	5268
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
Jan-Mar 20	197	402	241	543	210	448	51	101	29	52	24	58	39	74	791	1678
Year to date	625	1265	738	1542	715	1469	135	307	121	225	125	294	76	166	2535	5268

RECOMMENDATION

That:

The Immunisation Services Report is received.