



# Board of Management

## 28 June 2023



local councils working together to protect the health of the community





**EASTERN HEALTH AUTHORITY  
BOARD OF MANAGEMENT MEETING**

**WEDNESDAY 28 JUNE 2023**

Notice is hereby given that a meeting of the Board of Management of the Eastern Health Authority will be held at Eastern Health Authority Offices, 101 Payneham Road, St Peters on Wednesday 28 June 2023 commencing at 6.30 pm.

A light meal will be served at 5.45 pm.

A handwritten signature in black ink, appearing to read 'M Livori', is positioned above the printed name of the Chief Executive Officer.

**MICHAEL LIVORI  
CHIEF EXECUTIVE OFFICER**

# **AGENDA**

## **EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING**

**WEDNESDAY 28 JUNE 2023**

**Commencing at 6.30 pm**

**1 Opening**

**2 Acknowledgement of Traditional Owners**

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

**3 Opening Statement**

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

**4 Apologies**

**5 Minutes**

Recommendation

That the minutes of the meeting of Eastern Health Authority held on Wednesday 3 May 2023 as printed and circulated be taken as read and confirmed.

**6 Matters arising from the minutes.**

**7 Administration Report**

- 7.1 Financial Report ..... 10
  - 7.1 Attachment 1 ..... 13
  - 7.1 Attachment 2 ..... 16
  
- 7.2 Adoptions of Annual Business Plan and Budgeted Financial Statements for 2023/2024..... 17
  - 7.2 Attachment 1 ..... 20
  - 7.2 Attachment 2 ..... 48
  - 7.2 Attachment 3 ..... 50
  
- 7.3 Review of Food Business Inspection Fee Policy..... 55
  - 7.3 Attachment 1 ..... 56
  - 7.3 Attachment 2 ..... 63
  
- 7.4 Review of Food Business Audit Fee Policy..... 70
  - 7.4 Attachment 1 ..... 71
  - 7.4 Attachment 2 ..... 74
  
- 7.5 Supported Residential Facility Licencing Report ..... 77
  
- 7.6 Review of The Complimentary Rodenticide Service..... 84

**8 Information Reports**

- 8.1 Environmental Health Activity Report..... 81
- 8.2 Immunisation Activity Report..... 106

**9 Other Business**

Resignation of Independent Audit Committee member – Chief Executive Officer verbal update.

**10 Closure of Meeting**

## **EASTERN HEALTH AUTHORITY**

Minutes of the Meeting of the Board of Management of Eastern Health Authority (EHA) held at EHA Offices, 101 Payneham Road, St Peters on 3 May 2023 commencing at 6:30pm.

### **MEMBERS PRESENT:**

Cr K Moorhouse, Cr S Whittington	Norwood, Payneham & St Peters
Cr M Noble, M Hammond	Campbelltown
Cr T Nguyen, Cr K Barnett	Prospect
Cr J Allanson, Cr J Nenke	Corporation of the Town of Walkerville

### **In attendance:**

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

### **1 OPENING:**

The meeting was declared open by the Cr J Nenke at 6:36 pm.

### **2 ACKNOWLEDGEMENT OF TRADITIONAL OWNERS:**

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

### **3 OPENING STATEMENT:**

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

### **4 APOLOGIES:**

Cr P Cornish, Cr L Henschke	Burnside
-----------------------------	----------

**5 CONFIRMATION OF MINUTES:**

Cr S Whittington moved:

The minutes of the meeting of the Board held on Wednesday 22 February 2023 and the Circular Resolution of 5 April 2023 be taken as read and confirmed.

Seconded by Cr J Allanson

**CARRIED UNANIMOUSLY 1: 052023**

**6 MATTERS ARISING FROM THE MINUTES:**

Nil.

**7 ADMINISTRATION REPORT**

**7.1 FINANCE REPORT AND THIRD AND FINAL (MARCH 2023) BUDGET REVIEW FOR 2022/2023**

Cr K Moorhouse moved:

That:

1. The Finance Report and Third and Final (March 2023) Budget Review for 2022/2023 Report be received.

Seconded by Cr J Allanson

**CARRIED UNANIMOUSLY 2: 052023**

Cr S Whittington left the meeting at 6:46pm

Cr S Whittington returned to the meeting at 6:50pm

**7.2 EASTERN HEALTH AUTHORITY CHARTER REVIEW UPDATE**

Cr J Allanson moved:

That:

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

Seconded by Cr M Noble

**CARRIED UNANIMOUSLY 3: 052023**

**8 INFORMATION REPORTS**

**8.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT**

Cr Barnett moved:

That:

1. The Environmental Health Activity Report is received.

Seconded by Cr J Allanson

**CARRIED UNANIMOUSLY 4: 052023**

**8.2 IMMUNISATION**

Cr J Allanson moved:

That:

1. The Immunisation Services Report is received.

Seconded by Cr M Noble

**CARRIED UNANIMOUSLY 5: 052023**

**9 CONFIDENTIAL ITEMS**

Nil.

**10 CORRESPONDENCE**

Nil.

**11 OTHER BUSINESS**

Nil.

**12 CLOSURE OF MEETING:**

The Deputy Chairperson, Cr J Nenke, declared the meeting closed at 7:43pm.

The foregoing minutes were printed and circulated to EHA Members and member Councils on 8 May 2023.

-----

**Cr P Cornish**

**CHAIRPERSON**

## 7.1 FINANCIAL REPORTS

Author: Michael Livori

Ref: AF23/69

### Summary

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

### Report

The following reports relate to the financial performance of EHA between 1 July 2022 and 31 May 2023.

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

<b>Eastern Health Authority - Financial Statement (Level 1)</b>				
<b>1 July 2022 to 31 May 2023</b>				
	<b>Actual</b>	<b>Budgeted</b>	<b>\$ Variation</b>	<b>% Variation</b>
<b>Total Operating Expenditure</b>	<b>\$2,276,291</b>	<b>\$2,463,350</b>	<b>(\$187,059)</b>	<b>-8%</b>
<b>Total Operating Income</b>	<b>\$2,559,979</b>	<b>\$2,634,167</b>	<b>(\$74,188)</b>	<b>-3%</b>
<b>Operating Result</b>	<b>\$282,383</b>	<b>\$170,817</b>	<b>\$111,567</b>	<b>65%</b>

The report shows that for the reporting period, income was \$74,188 (-3.0%) less than budgeted and expenditure was \$187,059 (-8%) less than budgeted.

The net result is \$111,567 more favourable than the budgeted year to date comparative result.

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

Any variances greater than \$5,000 are detailed in the following tables named Operating Income Variances and Operating Expenditure Variances which provide explanatory comments for the year-to-date variation. As EHA has completed the three required budget reviews previously there are no requests to vary the budget. Any end of year variations will be reflected in the Audited Financial Statements that will be presented at the August 2023 Board Meeting.

Operating Income Variances

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

Description	YTD Variation	Comment
<b>Income</b>		
Food Inspection Fees	<b>(\$21,742)</b>	Less income than budgeted for food inspections -Staff member on long term leave
Fines & Expiation Fees	<b>(\$30,205)</b>	Reduction in fines issued YTD.
Immunisation: Clinic Vaccines	<b>\$16,518</b>	Increase in purchase of vaccinations at public clinics
Food Auditing	<b>\$25,827</b>	Increase in billable auditing time.
School Immunisation program	<b>(\$26,771)</b>	Change to HPV component of program.
PHN Project	<b>(\$38,000)</b>	Project discontinued.

Operating Expenditure Variances

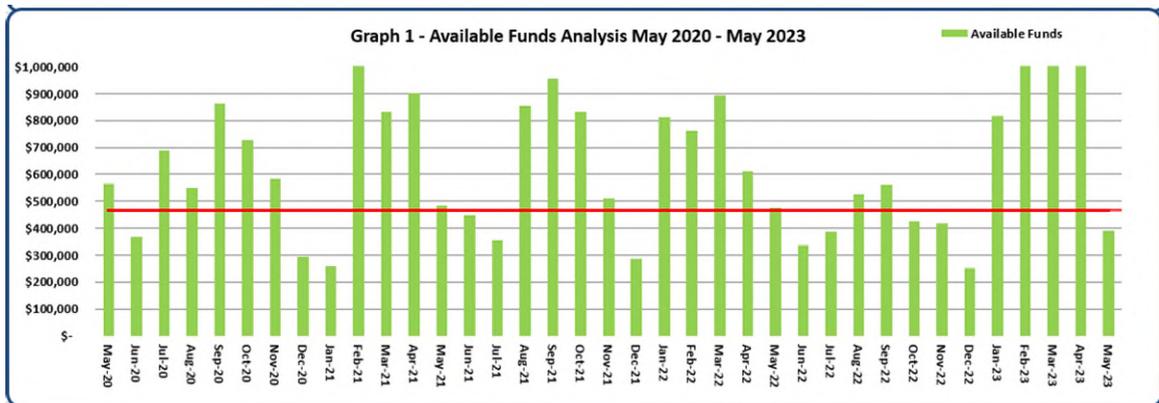
**Favourable** variances are shown in **black** and **unfavourable** variances are shown in **red**.

Description	YTD Variation	Comment
<b>Expenditure</b>		
Employee Costs	<b>(\$202,646)</b>	Change to SIP program, end of PHN project, delay in appointment of staff to budgeted positions and staff member on long term (unpaid) leave.
Vehicle Lease / Maintenance	<b>\$10,371</b>	Increase in fuel costs and end of lease costs.
HR Sundry	<b>(\$12,103)</b>	Reduced YTD expenditure in HR Sundry
Clinic Vaccines	<b>\$21,029</b>	Increase in vaccines purchased for sale at clinics.
Income Protection	<b>\$6,047</b>	Increase in policy cost

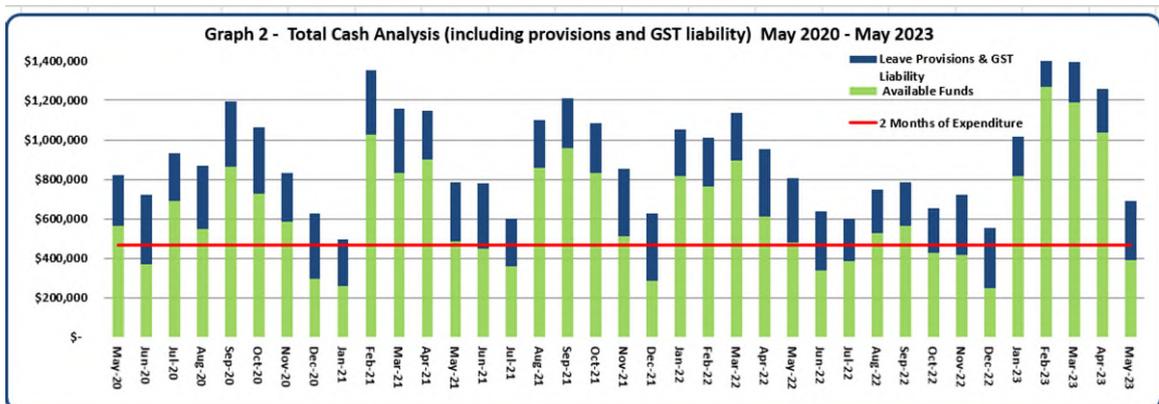
### Cash Management

A Bank Reconciliation and Available Funds report for the period ending 31 May 2023 is provided in attachment 2. It shows that on 31 May 2023, available funds were \$391,142 in comparison with \$1,191,805 on 31 March 2023.

Graph 1 which follows, details the level of available funds (total cash minus leave provisions and GST liability) for the preceding 4-year period.



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



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

### RECOMMENDATION

That:

1. The financial report is received.

<b>Eastern Health Authority - Financial Statement (Level 3)</b>				
<b>1 July 2022 to 31 May 2023</b>				
<b>Income</b>	<b>Actual</b>	<b>Budgeted</b>	<b>\$ Variation</b>	<b>% Variation</b>
<b>Constituent Council Income</b>				
City of Burnside	\$494,233	\$494,233	\$0	0%
City of Campbelltown	\$453,186	\$453,186	\$0	0%
City of NPS	\$584,210	\$584,210	\$0	0%
City of Prospect	\$214,740	\$214,740	\$0	0%
Town of Walkerville	\$81,631	\$81,631	\$0	0%
<b>Total Constituent Council Contributions</b>	<b>\$1,828,000</b>	<b>\$1,828,000</b>	<b>\$0</b>	<b>0%</b>
<b>Statutory Charges</b>				
Food Inspection fees	\$91,925	\$113,667	(\$21,742)	-19%
Legionella registration and Inspection	\$8,743	\$8,250	\$493	6%
SRF Licenses	\$471	\$2,000	(\$1,529)	-76%
Fines & Expiation Fees	\$15,629	\$45,833	(\$30,205)	-66%
<b>Total Statutory Charges</b>	<b>\$116,767</b>	<b>\$169,750</b>	<b>(\$52,983)</b>	<b>-31%</b>
<b>User Charges</b>				
Immunisation: Service Provision	\$111,375	\$105,750	\$5,625	5%
Immunisation: Clinic Vaccines	\$71,518	\$55,000	\$16,518	30%
Immunisation: Worksites Vaccines	\$73,326	\$73,333	(\$7)	0%
Immunisation: Clinic Service Fee	\$1,440	\$0	\$1,440	0%
Food Auditing	\$111,994	\$86,167	\$25,827	30%
Food Safety Training	\$0	\$1,667	(\$1,667)	-100%
<b>Total User Charges</b>	<b>\$369,653</b>	<b>\$321,917</b>	<b>\$47,736</b>	<b>15%</b>
<b>Grants, Subsidies, Contributions</b>				
Immunisation School Program	\$209,229	\$236,000	(\$26,771)	-11%
Child Immunisation Register	\$18,183	\$22,000	(\$3,817)	-17%
PHN Project	\$2,000	\$40,000	(\$38,000)	-95%
<b>Total Grants, Subsidies, Contributions</b>	<b>\$229,412</b>	<b>\$298,000</b>	<b>(\$68,588)</b>	<b>-23%</b>
<b>Investment Income</b>				
Interest on investments	\$8,964	\$6,417	\$2,547	40%
<b>Total Investment Income</b>	<b>\$8,964</b>	<b>\$6,417</b>	<b>\$2,547</b>	<b>40%</b>
<b>Other Income</b>				
Motor Vehicle re-imburements	\$4,357	\$3,667	\$690	19%
Sundry Income	\$2,826	\$6,417	(\$3,591)	-56%
<b>Total Other Income</b>	<b>\$7,183</b>	<b>\$10,083</b>	<b>(\$2,901)</b>	<b>-29%</b>
<b>Total of non Constituent Council Income</b>	<b>\$731,979</b>	<b>\$806,167</b>	<b>(\$74,188)</b>	<b>-9%</b>
<b>Total Income</b>	<b>\$2,559,979</b>	<b>\$2,634,167</b>	<b>(\$74,188)</b>	<b>-3%</b>

<b>Eastern Health Authority - Financial Statement (Level 3)</b>				
<b>1 July 2022 to 31 May 2023</b>				
<b>Expenditure</b>	<b>Actual</b>	<b>Budgeted</b>	<b>\$ Variation</b>	<b>% Variation</b>
<b>Employee Costs</b>				
Salaries & Wages	\$1,456,776	\$1,631,667	(\$174,891)	-11%
Superannuation	\$115,799	\$160,417	(\$44,617)	-28%
Workers Compensation	\$15,008	\$18,000	(\$2,993)	-17%
Employee Leave - LSL Accruals	\$23,670	\$34,833	(\$11,164)	-32%
Medical Officer Retainer	\$0	\$3,000	(\$3,000)	-100%
Agency Staff	\$34,018	\$0	\$34,018	0%
<b>Total Employee Costs</b>	<b>\$1,645,270</b>	<b>\$1,847,917</b>	<b>(\$202,646)</b>	<b>-11%</b>
<b>Prescribed Expenses</b>				
Auditing and Accounting	\$12,575	\$15,000	(\$2,425)	-16%
Insurance	\$33,643	\$30,000	\$3,643	12%
Maintenance	\$27,149	\$26,667	\$482	2%
Vehicle Leasing/maintenance	\$77,288	\$66,917	\$10,371	15%
<b>Total Prescribed Expenses</b>	<b>\$150,654</b>	<b>\$138,583</b>	<b>\$12,071</b>	<b>9%</b>
<b>Rent and Plant Leasing</b>				
Electricity	\$7,182	\$9,167	(\$1,985)	-22%
Plant Leasing Photocopier	\$2,107	\$3,667	(\$1,560)	-43%
Rent	\$93,435	\$91,667	\$1,768	2%
Water	\$0	\$300	(\$300)	-100%
Gas	\$0	\$1,800	(\$1,800)	-100%
<b>Total Rent and Plant Leasing</b>	<b>\$102,723</b>	<b>\$106,600</b>	<b>(\$3,878)</b>	<b>-4%</b>
<b>IT Licensing and Support</b>				
IT Licences	\$56,077	\$64,667	(\$8,590)	-13%
IT Support	\$56,151	\$47,667	\$8,485	18%
Internet	\$12,787	\$9,167	\$3,620	39%
IT Other	\$450	\$1,833	(\$1,384)	-75%
<b>Total IT Licensing and Support</b>	<b>\$125,464</b>	<b>\$123,333</b>	<b>\$2,131</b>	<b>2%</b>
<b>Administration</b>				
Administration Sundry	\$8,576	\$5,500	\$3,076	56%
Accreditation Fees	\$2,835	\$2,750	\$85	3%
Board of Management	\$13,112	\$11,250	\$1,862	17%
Bank Charges	\$3,298	\$2,750	\$548	20%
Public Health Sundry	\$1,941	\$4,583	(\$2,643)	-58%
Fringe Benefits Tax	\$14,480	\$15,000	(\$520)	-3%
Health Promotion	\$715	\$3,000	(\$2,285)	-76%
Legal	\$14,987	\$16,667	(\$1,679)	-10%
Printing & Stationery & Postage	\$22,788	\$20,167	\$2,621	13%
Telephone	\$15,609	\$15,583	\$26	0%
Occupational Health & Safety	\$4,737	\$8,333	(\$3,596)	-43%
Rodenticide	\$1,389	\$1,833	(\$445)	-24%
Staff Amenities	\$2,951	\$6,417	(\$3,465)	-54%
Staff Training	\$10,852	\$15,000	(\$4,148)	-28%
Human Resource Sundry	\$7,897	\$20,000	(\$12,103)	-61%
<b>Total Administration</b>	<b>\$126,168</b>	<b>\$148,833</b>	<b>(\$22,666)</b>	<b>-15%</b>

<b>Eastern Health Authority - Financial Statement (Level 3)</b>				
<b>1 July 2022 to 31 May 2023</b>				
<b>Immunisation</b>				
Immunisation SBP Consumables	\$11,387	\$9,167	\$2,220	24%
Immunisation Clinic Vaccines	\$53,113	\$32,083	\$21,029	66%
Immunisation Worksite Vaccines	\$30,796	\$30,000	\$796	3%
<b>Total Immunisation</b>	<b>\$95,295</b>	<b>\$71,250</b>	<b>\$24,045</b>	<b>34%</b>
Income Protection	\$31,047	\$25,000	\$6,047	0%
<b>Total Uniforms/Income protection</b>	<b>\$31,047</b>	<b>\$25,000</b>	<b>\$6,047</b>	<b>0%</b>
<b>Sampling</b>				
Legionella Testing	\$2,278	\$1,833	\$445	24%
<b>Total Sampling</b>	<b>\$2,278</b>	<b>\$1,833</b>	<b>\$445</b>	<b>24%</b>
<b>Finance Costs</b>				
Unallocated - Bank Trace	(\$1,304)	\$0	(\$1,304)	0%
<b>Total Finance Costs</b>	<b>(\$1,304)</b>	<b>\$ -</b>	<b>(\$1,304)</b>	<b>0%</b>
<b>Total Materials, contracts and other expenses</b>	<b>\$2,277,595</b>	<b>\$2,463,350</b>	<b>(\$185,755)</b>	<b>-8%</b>
<b>Total Operating Expenditure</b>	<b>\$2,276,291</b>	<b>\$2,463,350</b>	<b>(\$187,059)</b>	<b>-8%</b>
<b>Total Operating Income</b>	<b>\$2,559,979</b>	<b>\$2,634,167</b>	<b>(\$74,188)</b>	<b>-3%</b>
<b>Operating Result</b>	<b>\$282,383</b>	<b>\$170,817</b>	<b>\$111,567</b>	<b>65%</b>

<b>Eastern Health Authority</b>			
<b>Bank Reconciliation as at 31 May 2023</b>			
<b>Bank SA Account No. 141/0532306840</b>			
Balance as per Bank Statement 31 May 2023			\$ 148,314.15
Less Outstanding cheques		\$ -	
Add Outstanding deposits		\$ -	
BALANCE PER General Ledger			<u>\$ 148,314.15</u>
<b>GST as 31 May 2023</b>			
GST Collected		\$24,700.42	
GST Paid		<u>(\$22,681.91)</u>	
Net GST Claimable (Payable)		<u>\$2,018.51</u>	
<b>Funds Available 31 May 2023</b>			
Account	31-May-23	31-Mar-23	Variance
Bank SA Cheque Account	\$ 148,315	\$ 1,006,689	(\$858,373.85)
Local Government Finance Authority	\$ 540,134	\$ 390,134	\$149,999.85
Net GST Claimable (Payable)	\$ 2,018.51	\$ 94,308.35	(\$92,290)
Long Service Leave Provision	(\$175,831.00)	(\$175,831.00)	\$0.00
Annual Leave Provision	(\$123,495.00)	(\$123,495.00)	\$0.00
<b>TOTAL FUNDS AVAILABLE</b>	<b>\$ 391,142</b>	<b>\$ 1,191,805</b>	<b>(\$800,664)</b>

## 7.2 ADOPTION OF ANNUAL BUSINESS PLAN AND BUDGETED FINANCIAL STATEMENTS FOR 2023/2024

Author: Michael Livori  
Ref: AF23/8 & AF23/10

### Summary

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

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

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

### 7.3. Budget

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

## Report

On 28 March 2023, Board of Management members were provided with a report in relation to the Draft Annual Business Plan and Budgeted Financial Statements that was developed for the 2023/2024 financial year. The Draft Annual Business Plan and Budgeted Financial Statements for 2023/2024 were subsequently endorsed via circular resolution on 5 April 2023 as detailed below.

### Resolution Endorsed by Circular Resolution

#### 1.0 DRAFT ANNUAL BUSINESS PLAN AND BUDGETED FINANCIAL STATEMENTS FOR 2023/2024

1. The Draft Annual Business Plan and Budgeted Financial Statements for 2023/2024 Report is received.
2. The Draft Annual Business Plan and Budgeted Financial Statements for 2023/2024 provided as attachment 1 to this report is endorsed.

There were ten (10) votes in favour, zero (0) votes against. Seven (7) votes were received before the prescribed date and time in the notice. Three (3) votes were received after the prescribed date and time in the notice of Friday 31 March 2023 5:00pm.

There have been no material changes made to the content of Draft Annual Business Plan and Budgeted Financial Statements provided as attachment 1 to this report from those presented for the Boards consideration on 28 March 2023 and provided to Constituent Councils for consideration in April 2023 (attachment 2).

The Draft Annual Business Plan and Budgeted Financial Statements have however been updated into a presentational format.

Correspondence received from Constituent Councils is provided as attachment 3 which details that all Constituent Councils have endorsed the Draft Annual Business Plan and Budgeted Financial Statements for 2023/2024.

EHA has now complied with clauses 8.1(c) of its Charter in seeking endorsement from its Constituent Councils in relation to its Annual Business Plan and Budget.

In accordance with the *Local Government Act 1999* and the Eastern Health Authority Charter, the Annual Business Plan and Budget for 2023/2024 (provided as attachment 1) now require adoption by the Board.

## **RECOMMENDATION**

That:

1. The report regarding the adoption of the Eastern Health Authority Annual Business Plan and Budgeted Financial Statements for 2023/2024 is received.
2. The Eastern Health Authority Annual Business Plan and Budget for 2023/2024 provided as attachment 1 to the report is adopted.
3. A copy of the Eastern Health Authority Annual Business Plan 2023/2024 incorporating the Budget are provided to the Chief Executive Officer of each Constituent Council within five business days.



# Annual Business Plan and Budget

# 2023 /2024



## Table of contents

Introduction	1
<b><i>Keeping the community healthy – About EHA</i></b>	1
<b><i>Developing our 2023-24 Annual Business Plan</i></b>	2
<b><i>Key influences in 2023-24</i></b>	3
<i>2023-2024 Annual Business Plan Overview</i>	4
Focus Area 1 - Public and Environmental Health Services	7
Focus Area 2 - Immunisations	10
Focus Area 3 - Food Safety	13
Focus Area 4 - Governance and Organisational Development	16
<b>Budget Overview</b>	20
Funding the Annual Business Plan	21
<b>2023-24 Budget</b>	22

# Introduction

## About EHA

### Keeping the community healthy

Eastern Health Authority (EHA) has a proud history of promoting and enforcing public health standards in Adelaide's eastern and inner northern suburbs.

We are a regional subsidiary established under the Local Government Act 1999 and work across our Constituent Councils to protect the health and wellbeing of around 165,000 residents.

EHA is guided by the collective vision and commitment to public health and safety of our five Constituent Councils:

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

These councils have come together to prepare a shared Regional Public Health and Wellbeing Plan 2020-2025. EHA's role is covered in the Plan's strategic directions for Protecting Health and includes vital public and environment health services such as immunisation, hygiene and sanitation control, licensing and monitoring of Supported Residential Facilities (SRFs), and inspection and regulation of food premises.

EHA effectively manages the risk profile for public and environmental health and food safety across the region, having centralised services provided through a regional subsidiary model which is well recognised and valued by stakeholders.

With a single focus, and highly specialised and experienced staff, EHA is well-equipped to deal with the increasing diversity and complexity of public and environmental health on behalf of its Constituent Councils.

## Key Statistics

Population Served	163,600
Staffing	28 Staff (19 FTE)
Number of Inspections Undertaken	1,271
Number of Immunisations Administered	21,088
Total Budget	\$2,848K
Grant Funding Received	\$230K
User Income Generated	\$442K
Constituent Council Contributions	\$1,970K



## Developing our 2023-24 Annual Business Plan

EHA is governed by a Board of Management comprised of two members elected by each of our Constituent Councils. Our Charter is the formal agreement between the Councils about how EHA will operate and meet our obligations under the Local Government Act 1999.

The EHA Board is required to adopt an Annual Business Plan and Budget each year to outline our objectives and activities for the financial year, our financial requirements and how we will measure our performance.

We have developed a series of strategic objectives, drawn from EHA's commitment to good governance under our Charter and our responsibilities under the Regional Public Health and Wellbeing Plan 2020-2025, which is prepared for and adopted by our Constituent Councils. EHA is responsible for the 'Protection for Health' priorities in the Regional Public Health Plan, and this is reflected in our four key focus areas:

1. Public and environmental health services
2. Immunisation
3. Food safety
4. Governance and organisational development

In consultation with our Constituent Councils, we have prepared an Annual Business Plan for the next 12 months that aligns to our strategic objectives within each focus area and guides the efficient and effective delivery of our day-to-day operations.

As we are committed to continuous improvement, EHA plans to undertake further consultation with Constituent Councils throughout the year to review and refine our strategic objectives and adopt an improved business planning and reporting framework.

A summary of our 2023-24 budget and how we are performing against our Long-Term Financial Plan is also included within this Annual Business Plan.

Our performance against this Annual Business Plan will be reported in our Annual Report, which will be provided to Constituent Councils by 30 September 2024.



## Key influences in 2023-24

The environment in which EHA and our Constituent Councils operate in is always changing. In preparing our 2023-24 Annual Business Plan, EHA has considered the key influences that we need to be aware of and respond to throughout the next 12 months. The major external factors that we have taken into consideration in the preparation of our Plan are summarised below.

### POLITICAL

## P

- New Board of Management
- Changes in government / council policies
- Revised Charter

### ECONOMIC

## E

- Use of revised funding formula
- Enterprise Agreement Labour Cost Increase
- CPI 8.6% for 12 months to December 2022
- Continuation of Immunisation Service Provision Contracts
- Changes to School Immunisation Program in 2023 and 2024

### SOCIAL

## S

- Potential for Covid Vaccines to be delivered by local government
- Community attitudes to vaccines
- Community expectations of environmental health
- Community attitude towards compliance
- Changing customer / community expectations
- Heightened media interest in public health and safety issues

### TECHNOLOGICAL

## T

- Data collection and analysis
- Smart technology
- Online services / immunisation bookings / information provision
- New ways of communicating
- Increased functionality from enhanced Immunisation Database

### ENVIRONMENTAL

## E

- Increased risk of emergency events
- Impacts of climate change
- Disease from pests

### LEGAL

## L

- Revised public health regulations
- Training and evidence requirements for Food Businesses
- Lack of appropriate registration and licensing systems for food safety and public health matters
- Review of Supported Residential Facility legislation.





# 2023-24 Annual Business Plan Overview

## Our 2023-24 Priorities

Focus Area	2023-24 Priorities
<b>1. Public and Environmental Health Services</b>	<ol style="list-style-type: none"> <li>1. Actively collaborate and participate in the newly formed State Interagency Hoarding and Squalor group.</li> <li>2. Develop educational material to be communicated to swimming pool operators.</li> <li>3. Continue to provide feedback to SA Health on the review of Public Health Regulations review as required.</li> <li>4. Investigate the potential to educate the risks associated with high risk Personal Care and Body Art high activities within local schools.</li> </ol>
<b>2. Immunisation</b>	<ol style="list-style-type: none"> <li>1. Promotion of EHA's public immunisation clinic program through channels identified in the EHA Marketing Plan.</li> <li>2. Continue to ensure the effective governance and delivery of EHA's public clinic immunisation program in accordance with the National Immunisation Program (NIP) Schedule.</li> <li>3. Deliver School Immunisation Program (SIP) in accordance with the SA Health Service Agreement contract.</li> <li>4. Develop a business case for the provision of immunisation services on behalf of non-Constituent Councils (dependent on available opportunities).</li> </ol>
<b>3. Food Safety</b>	<ol style="list-style-type: none"> <li>1. Communicate and assist food businesses where required in understanding and preparing for the new legislative food management tools Standard 3.2.2a that will come into effect by December 2023: food safety supervisor; food handler training and records or evidence.</li> <li>2. Develop new food safety educational videos to be made available on EHA's website.</li> <li>3. Continue to collate a biennial food safety newsletter to be distributed to EHA's food businesses.</li> <li>4. Investigate the potential to promote food safety within local schools.</li> </ol>
<b>4. Governance and Organisational Development</b>	<ol style="list-style-type: none"> <li>1. In consultation with Constituent Councils, review and revise the EHA business planning and reporting framework.</li> <li>2. Work with the Audit Committee and the Board to review and revise the financial indicators in the Long-Term Financial Plan.</li> <li>3. Create a Chief Executive group with Constituent Council CEOs to channel information and bilateral communication.</li> <li>4. Development of targeted quarterly performance report for Constituent Councils.</li> <li>5. Develop a presentation highlighting strengths and benefits of centralised service delivery model for Constituent Council Elected Members.</li> </ol>





# Focus Area 1

Public and Environmental Health Services



# Focus Area 1

## Public and Environmental Health Services

### Strategic Objectives

- |   |   |
|---|---|
| <p>1.1 Provide services that protect and maintain the health of the community and reduce the incidence of disease, injury or disability.</p> <p>1.2 Increase awareness and understanding of good public and environmental health through community and business education programs.</p> | <p>1.3 Promote a safe and home-like environment for residents by ensuring quality of care in supported residential facilities.</p> <p>1.4 Facilitate community safety and resilience through the integration of public and environmental health in emergency management planning.</p> |
|---|---|

### 2023/24 Priorities

Priority	Why this is important	Strategy
1. Actively collaborate and participate in the newly formed State Interagency Hoarding and Squalor group.	Actively collaborate and participate in the newly formed State Interagency Hoarding and Squalor group (SAHSN). This is a consultative forum that combines to the North, East, West and South Hoarding and Squalor groups, aiming address hoarding and squalor across the state through an interagency approach. EHA will facilitate meetings once every year and will continue to support the group and assist in advocating for more effective resolutions, development, review and distribution of hoarding and squalor legislation, guidelines and procedures.	1.1
2. Develop educational material to be communicated to swimming pool operators.	Develop and provide education material to assist pool operators to respond to bodily fluid release incidences. Increase awareness in maintaining pool water quality to minimise the risk of contracting certain infectious diseases.	1.2
3. Continue to provide feedback to SA Health on the review of Public Health Regulations review as required.	EHA's key responsibility is to administer the Public Health Act and its associated Regulations. Providing feedback to the review of the Regulations enables EHA to address what is working well and areas of change to enable these legislative tools to be effective to ensure residents are provided with a safe and healthy lifestyle.	1.1
4. Promote and educate safe Personal Care and Body Art practices within local schools.	Investigate the potential to educate students in relation to risks associated with high-risk Personal Care and Body Art high activities.	1.1 1.2

### Core services

EHA will continue to:

- Implement the elements of the Regional Public Health Plan 'Better Living, Better Health' as they apply to EHA.
- Comply with all relevant legislation and reporting requirements in undertaking assessments and investigating complaints to ensure appropriate standards are met in regulated premises:
  - o Public swimming pools and spas
  - o Cooling towers and warm water systems
  - o Personal care and body art
  - o Onsite wastewater management systems
- Respond to or coordinate multi-agency responses to public health enquiries and complaints within the built environment that give rise to public health risk.
- Provide information, advice and resources to households and businesses to assist with the management of public health risks.
- Contribute to and promote interagency management of residents impacted by hoarding and squalor.
- Develop, maintain, and distribute a comprehensive range of health education and promotion material to educate the community and promote good public health.
- Assess applications under the Supported Residential Facilities legislation and undertake inspections and investigations to ensure residents receive an appropriate level of care.
- Liaise with Constituent Councils and Eastern Adelaide Zone Emergency Management Committee to ensure integration of emergency management arrangements.
- Provide public and environmental health information to the community and businesses during emergencies to minimise public health consequences of emergency events.



# Focus Area 1

## Key performance indicators

We will know that we are on track to achieve our strategic objectives if we are meeting these Key Performance Indicators.

Strategic Objectives	KPIs
1.1 Provide services that protect and maintain the health of the community and reduce the incidence of disease, injury or disability.	<p>EHA is meeting all public and environmental inspection requirements as per relevant legislation (and / or) adopted service standards.</p> <p>All public health complaints are responded to within EHA's adopted service standards.</p>
1.2 Increase awareness and understanding of good public and environmental health through community and business education programs.	<p>Reduce the number of health inspections that require a follow up inspection to achieve compliance.</p> <p>All Constituent Councils are using EHA public health resources in their own communications.</p> <p>Participation in at least two proactive educational activities annually.</p>
1.3 Promote a safe and home-like environment for residents by ensuring quality of care in supported residential facilities.	<p>Conduct unannounced audits of all single license / non-dual Support Residential Facilities annually.</p> <p>All licensing applications are processed within the legislated timeframes.</p>
1.4 Facilitate community safety and resilience through the integration of public and environmental health in emergency management planning.	<p>Attend and participate in all Eastern Adelaide Zone Emergency Management Committee meetings.</p> <p>Conduct or participate in at least one business continuity or emergency management plan exercise annually.</p>



# Focus Area 2

## Immunisations





## Focus Area 2

### Immunisations

#### Strategic Objectives

- 2.1 Contribute to the effective control of preventable disease by delivering a high-quality public clinic immunisation service that complies with all relevant legislation and standards.
- 2.2 Increase number of adult and child clients and vaccinations through promotion and provision of accessible clinics, booking systems and appointment times.
- 2.3 Continue to be recognised as a trusted partner and sector leading immunisation provider of choice.
- 2.4 Advocate for appropriate funding to ensure that local government delivery of immunisation services is financially sustainable.

#### 2022-23 Priorities

Priority	Why this is important	Strategy
1. Promotion of EHA's public immunisation clinic program through channels identified in the EHA Marketing Plan – in particular Prospect and Walkerville Immunisation clinics as they have returned to the Council locations in 2023.	<p>The development and distribution of promotional and information materials to our community increases awareness of our services and the importance of immunisation.</p> <p>EHA's website is an effective platform for communication of this information and other information relating to the various immunisation programs and projects being delivered.</p> <p>Building EHA's Social Media presence through Constituent Council platforms will assist in increasing awareness of immunisation clinics and Flu Worksites.</p> <p>Encourage Prospect and Walkerville residents to utilise EHA's free immunisation services that their council offers.</p>	<p>2.1</p> <p>2.2</p> <p>2.3</p>
2. Continue to ensure the effective governance and delivery of EHA's public clinic immunisation program in accordance with the National Immunisation Program (NIP) Schedule.	<p>Immunisation is a safe and effective way of protecting people against harmful diseases that can cause serious health problems. Effective management and governance of the immunisation program delivered by our specialist immunisation nurses and our customer service team, ensures that our community receive a high quality and safe immunisation service.</p>	<p>2.1</p> <p>2.2</p> <p>2.3</p>
3. Deliver School Immunisation Program (SIP) in accordance with the SA Health Service Agreement contract. Adjust and plan for the vaccine change in the SIP (HPV dose from 2 to 1) in 2023 as well as the inclusion of the year 7 cohort.	<p>An effective ongoing relationship with SA Health and the High Schools located within our area is critical the delivery of a successful program.</p> <p>Key elements include liaising with school coordinators and SA Health regarding the implementation and evaluation of the program, community engagement with schools, submission of consent information and statistics via Information Records &amp; Inventory System (IRIS) and the Australian Immunisation Register (AIR).</p> <p>Future school planning to include spreading school visits out evenly throughout the year due to changes in vaccine intervals. This will assist with capacity to deliver workplace flu programs from April – June.</p>	<p>2.4</p>
4. Develop a business case for the provision of immunisation services on behalf of non-Constituent Councils (dependent on available opportunities). Continue to provide immunisation services to contract councils.	<p>EHA can diversify its revenue sources by providing additional services where it has capacity and where there will be a net benefit to Constituent Councils.</p> <p>Providing immunisation services to Adelaide Hills and Unley Council residents, in turn gaining additional exposure of EHA services to neighboring councils encouraging residents to utilise EHA services.</p>	<p>2.3</p>

### Core services

EHA will continue to:

- Deliver a School Immunisation Program in accordance with the SA Health Service Agreement.
- Ensure effective governance and delivery of a public health clinic immunisation program in accordance with relevant legislation and EHA's adopted service standards.
- Promote and provide a professional and quality Workplace Immunisation Program on a fee for service basis.
- Promote EHA's public immunisation clinic program in accordance with the EHA Marketing Plan
- Provide Constituent Councils with educational and promotional materials relating to immunisation.
- Promote EHA's online booking system for immunisation appointments
- Participate in discussions with SA Health and the Local Government Association about funding and support for the delivery of local government immunisation services.
- EHA services have not historically been included in the Commonwealth's current roll out of COVID-19 vaccinations. EHA will however continue its regular contact with SA Health to enquire about future involvement in delivery of the COVID-19 vaccine in both our SIP and NIP programs.

### Key performance indicators

We will know that we are on track to achieve our strategic objectives if we are meeting these Key Performance Indicators.

Strategic Objectives	KPIs
2.1 Contribute to the effective control of preventable disease by delivering a high-quality public clinic immunisation service that complies with all relevant legislation and standards.	Annual clinical performance evaluation completed. Submit all reports within the required timeframes. Annual Cold Chain audit and pharmaceutical refrigerator maintenance.
2.2 Continue to increase number of adult and child clients and vaccinations through promotion and provision of accessible clinics, booking systems and appointment times.	Maintain or increase the number of public immunisation clinics offered by EHA annually. All eligible students are offered vaccinations through the School Immunisation Program and all absent students are invited to EHA public clinics to catch up. 70% of bookings are made via the Immunisation Online Booking System. Clinic Timetable reviewed and published by 30 November.
2.3 Continue to be recognised as a trusted partner and sector leading immunisation provider of choice.	Renewal rate for EHA Workplace Immunisation Program is not less than 70%. Satisfy all requirements of the SA Health Service Agreement contract.
2.4 Advocate for appropriate funding to ensure that local government delivery of immunisation services is financially sustainable.	No reduction in the level of State Government funding provided to EHA to deliver immunisation services.



# Focus Area 3

## Food Safety



## Focus Area 3

### Food Safety

#### Strategic Objectives

- 3.1 Contribute to the effective control of preventable illness by monitoring and enforcing food safety standards and investigating food related complaints on behalf of Constituent Councils.
- 3.2 Be proactive in building positive relationships with food businesses and provide training and resources to encourage and support compliance with food safety standards.
- 3.3 Build community awareness of food safety issues by leading or participating in food safety education projects and partnerships.

#### 2023-24 Priorities

Priority	Why this is important	Strategy
1. Communicate assist food businesses where required in understanding and preparing for the new legislative food management tools Standard 3.2.2a that will come into effect within 12 months: food safety supervisor; food handler training and records or evidence.	On 8 December 2022 the national Food Safety Standard 3.2.2a – Food Safety Management Tools were Gazetted. In summary there are three food safety management tools: food safety supervisor; food handler training and records and evidence. The Standard introduces new requirements for Australian businesses in food service, catering and retail sectors that handle unpackaged potentially hazardous food that is ready to eat. The tools have been introduced to improve the skills and knowledge of all food handlers and thereby improving the management of controls that are critical to food safety. Throughout the year, EHOs will be assisting businesses where possible to help prepare and understand the expectation of these new standard before it becomes into effect in December 2023.	3.1 3.2
2. Continue to collate a biennial food safety newsletter training be distributed to EHA's food businesses.	A newsletter provides communication to a target audience. It enables EHA to communicate to food businesses on any key legislative updates, promotes positive food safety culture, spotlights safe food safety practices and new initiatives within the industry. The newsletter also enables food businesses to recognise that EHAs services extends to education providing food businesses with confidence to contact EHA regarding food safety questions and advice.	3.1 3.2 3.3
3. Develop new food safety educational videos to be accessed on EHA's website.	Develop new food safety educational videos to be accessed on EHAs website. Short, silent videos with occasional text to provide clarity, to capture a wider audience, including those who are deaf or hard of hearing and where English is a second language. Food safety educational videos aim to promote safe food practices and improve food safety culture.	3.1 3.2 3.3



# Focus Area 3

## Food Safety

### Core services

EHA will continue to:

- Monitor and maintain a register of all food businesses operating within EHA's jurisdiction
- Conduct routine food business assessments using an appropriate food safety rating tool to ensure compliance with the Food Act 2001 and Food Safety Standards.
- Undertake enforcement action in relation to breaches of the Food Act 2001 and Food Safety Standards and follow up actions to ensure compliance is achieved
- Implement the voluntary SA Health Food Star Rating Scheme
- Respond to food related customer complaints in accordance with customer service standards and SA Health guidelines and maintain a register of all food related complaints
- Respond to food recalls in accordance with SA Health recommendations
- Engage with applicants and provide advice to Constituent Councils about development applications and the structural fit out of new food businesses
- Assess risks, conduct safety assessments where required and provide educational materials for temporary food businesses and temporary events
- Provide reports on food safety assessments investigations and actions to the Board, Constituent Councils and SA Health
- Provide a food safety training program for new businesses
- Develop and maintain a comprehensive range of health education and promotion material on food safety related issues.

### Key performance indicators

We will know that we are on track to achieve our strategic objectives if we are meeting these Key Performance Indicators.

Strategic Objectives	KPIs
3.1 Contribute to the effective control of preventable illness by monitoring and enforcing food safety standards and investigating food related complaints on behalf of Constituent Councils.	EHA is meeting all food safety inspection requirements for higher risk food business determined by the SA Food Business Risk Classification Framework and performance of the food business.  All food safety complaints are investigated in accordance with EHA service standards and SA Health instructions.
3.2 EHA is proactive in building positive relationships with food businesses and provide training and resources to encourage and support compliance with food safety standards.	Reduce the number of routine food premise inspections requiring a follow up inspection to address non-compliance.  The average rating given under the SA Health Food Star Rating Scheme is increasing annually.  All new food businesses receive an EHA Welcome Pack following notification.
3.3 Build community awareness of food safety issues by leading or participating in food safety education projects and partnerships.	Provide food safety training to at least 60 participants annually.  All Constituent Councils are using EHA food safety education materials in their communications.



**Focus Area 4**  
Governance and  
Organisational Development





## Focus Area 4

### Governance and Organisational Development

#### Strategic Objectives

- |   |  |
|---|--|
| <p>4.1 Achieve best practice standards of governance in accordance with the EHA Charter and relevant legislation.</p> <p>4.2 Keep Constituent Councils informed of the services and actions performed by EHA on their behalf and the community outcomes being achieved.</p> | <p>4.3 Demonstrate leadership within the local government sector as an advocate for public health reforms that benefit the community and councils.</p> <p>4.4 Provide a safe, healthy and rewarding working environment.</p> |
|---|--|

#### 2023-24 Priorities

Priority	Why this is important	Strategy
1. In consultation with Constituent Councils, review and revise the EHA business planning and reporting framework.	Feedback from Constituent Councils highlights that we can improve the way we plan our services and measure the outcomes we deliver to councils and the community. The new format of this Annual Business Plan is the start of this process and further improvements can be made by developing and adopting a new planning and reporting framework.	4.1 4.2
2. Work with the Audit Committee and the Board to review and revise the financial indicators in the Long-Term Financial Plan.	The EHA Long Term Financial Plan contains financial sustainability measures that are consistent with those used by Councils. As a subsidiary with a clearly defined focus on delivering public health services, we can explore whether these are the most meaningful measures for EHA to use in its new business planning and reporting framework.	4.1
3. Create a Chief Executive group with Constituent Council CEOs to channel information and bilateral communication.	Feedback from Constituent Councils indicated that regular executive communication at a group and individual level between EHA and its Constituent Councils would strengthen relationships.	4.2
4. Development of targeted quarterly performance reports for Constituent Councils to supplement Board reports.	Regular (quarterly) targeted performance reporting on a dash board format, focusing on high-level EHA service provision.	4.2
5. Deliver upon request a presentation highlighting strengths and benefits of centralised service delivery model for Constituent Council Elected Members.	A presentation provided to Constituent Council Elected Members and/or Executive which highlight the benefits of EHA as a centralised service delivery model provider will assist with strategic council engagement and relationships.	4.2

### Core services

EHA will continue to:

- Achieve full compliance with the requirements of the EHA Charter and the Local Government Act 1999.
- Provide administrative assistance to the Public Health Plan Advisory Committee
- Prepare and monitor a Long-Term Financial Plan
- Prepare, monitor, and implement a Corporate Risk Plan
- Make submissions on public health reforms on behalf of Constituent Councils
- Compile and submit all periodic reports on EHAs activities required by legislation (Public Health Act, Food Act, Safe Drinking Water Act etc.)
- Explore the potential for the expansion of service provision to areas outside of current Constituent Councils
- Expand the functionality of Health Manager and Mobile Health to improve inspection, compliant and administrative efficiency and reporting capabilities
- Foster team cohesiveness and support effective teamwork
- Provide systems for a safe working environment with appropriate Work Health and Safety (WHS) practices in place
- Provide professional development opportunities to staff and encourage membership of relevant professional organisations.

### Key performance indicators

We will know that we are on track to achieve our strategic objectives if we are meeting these Key Performance Indicators.

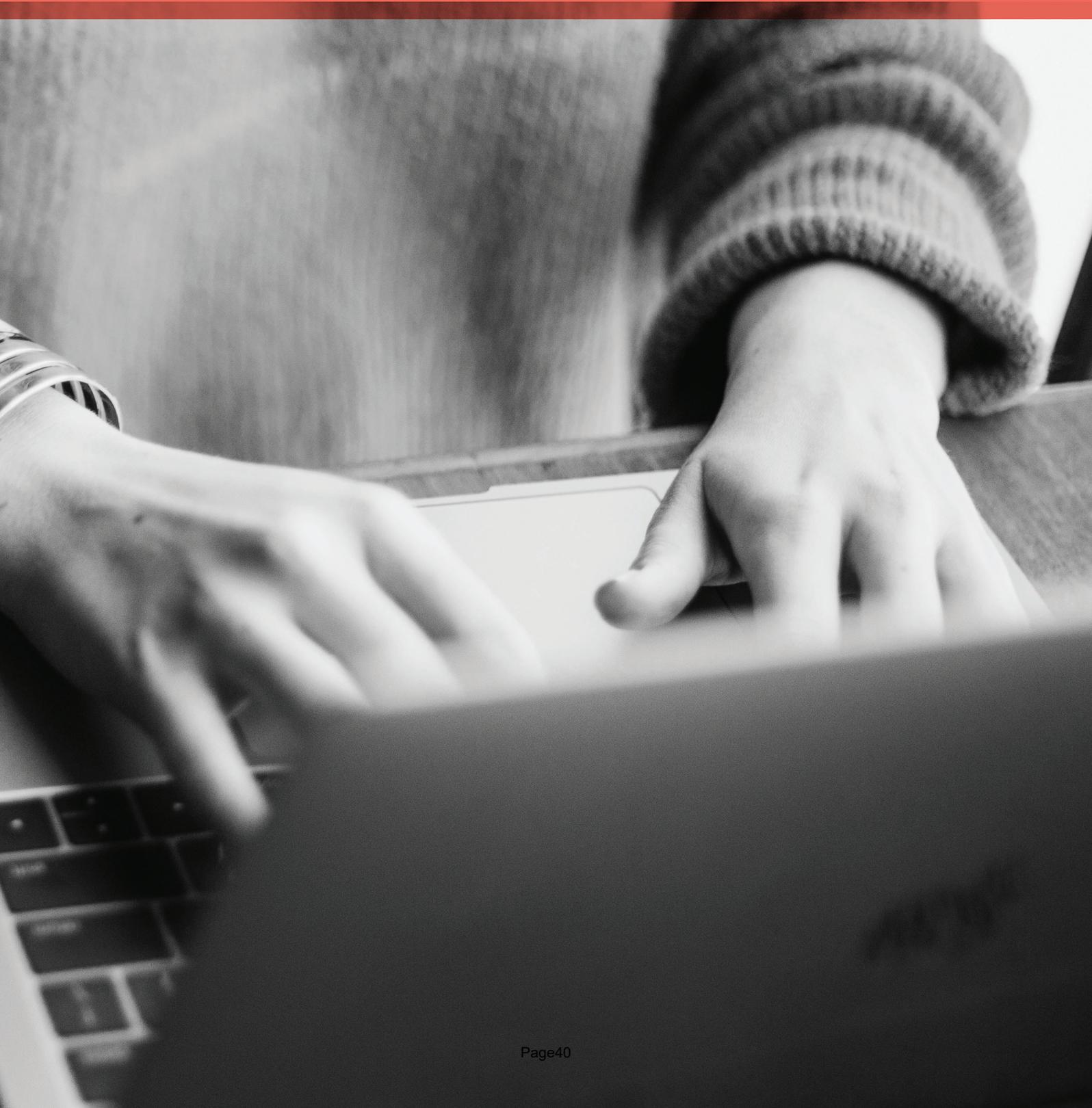
Strategic Objectives	KPIs
4.1 Achieve best practice standards of governance in accordance with the EHA Charter and relevant legislation.	<p>No instances of non-compliance with the EHA Charter.</p> <p>No instances of non-compliance with the reporting requirements to external bodies required by legislation.</p> <p>Ongoing implementation of all risk controls in the EHA Corporate Risk Plan.</p>
4.2 Keep Constituent Councils informed of the services and actions performed by EHA on their behalf and the community outcomes being achieved.	<p>Meet with Constituent Council nominated contacts at least four times per year.</p> <p>Respond to all Constituent Council requests for information within 5 business days.</p> <p>Provide an Annual Report to Constituent Councils by 30 September.</p> <p>All Constituent Councils participate in EHA's Annual Business Plan and Budget setting process.</p>
4.3 Demonstrate leadership within the local government sector as an advocate for public health reforms that benefit the community and councils.	<p>Written submissions on public health reform proposals are endorsed by the Board.</p> <p>Attend meetings of the Environmental Managers Forum.</p>
4.4 Provide a safe, healthy and rewarding working environment.	<p>WHS is an agenda item at all EHA staff meetings.</p> <p>Annual staff training and development budget is not less than 1.75% of total budget.</p> <p>Staff portfolios are reviewed annually as part of a performance development framework.</p>



# Eastern Health Authority

## Budget Financial Statements 2023-24







## Budget Overview

The forecast for the 2023-2024 financial year is that EHA's operating result will be a break even result.

A total of \$1,970,200 will be raised through contributions from our Constituent Councils

This represents a (7.7%) increase in overall collective contributions from the previous year.

Operating Activity	(\$'000s)
Total Income	\$2,848
Less	
Employee costs	\$2,091
Operating Expenditure	\$731
Depreciation	\$26
Net Surplus (Deficit)	\$0

The key assumptions that have been used to prepare the 2023-24 Budget are summarised below.

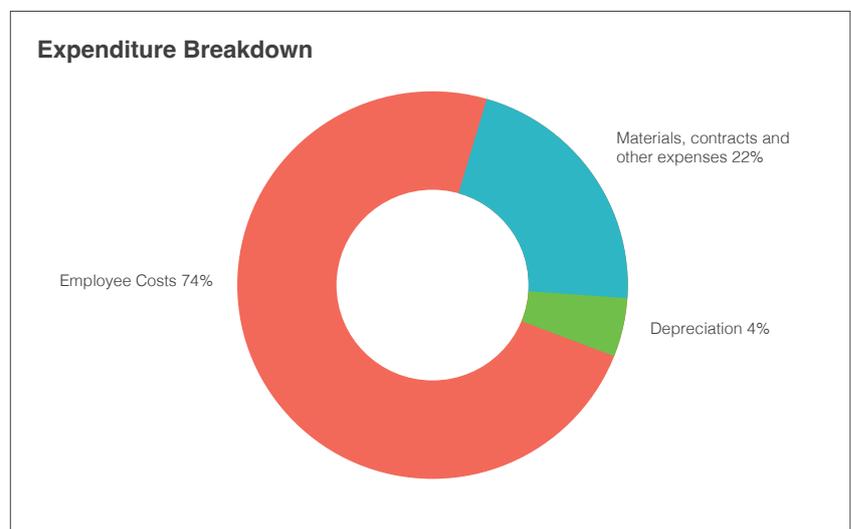
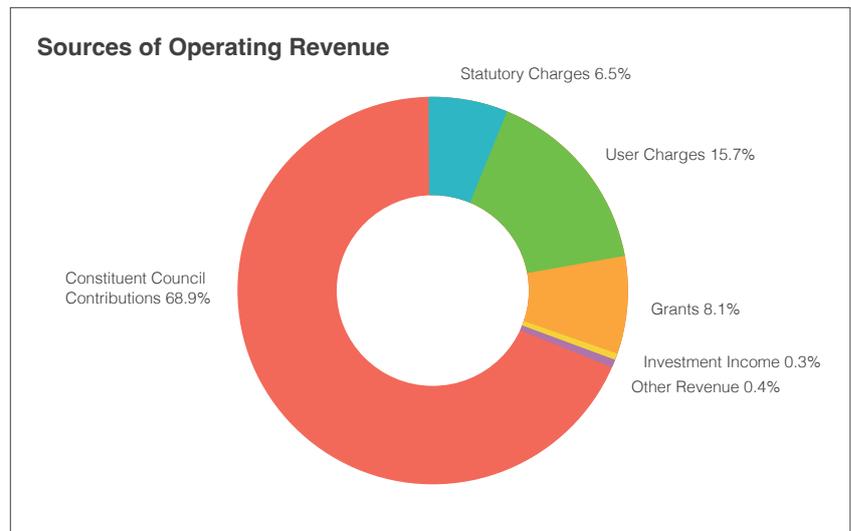
- Use of revised Contribution Formula which will have differing impacts on individual councils.
- CPI of 8.6%, equivalent to Adelaide CPI for period to 30 December 2022.
- Enterprise Agreement increase of 4.5%.
- Delivery of Immunisation Service Contracts to Unley Council and Adelaide Hills Council.
- Changes to 2023 and 2024 School Immunisation Program.



# Budget Overview

## Funding the Annual Business Plan

The component of income required from Constituent Councils to fund EHA operations is determined by a formula contained within the EHA Charter. Aside for a 5% nominal administrative component that is shared equally (1% per council), costs are shared on a proportional basis, dependent upon the numbers of individual public health activities conducted by EHA on behalf of Constituent Councils.





## 2023-24 Budget

### EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME

For the year ending 30 June 2024

<b>ADOPTED BUDGET 2022/2023</b>		<b>DRAFT BUDGET 2023/2024</b>
<b>INCOME</b>		
1,828,000	Council Contributions	1,970,200
185,000	Statutory Charges	183,800
407,000	User Charges	442,500
301,000	Grants, subsidies and contributions	230,000
7,000	Investment Income	10,000
11,000	Other Income	12,000
<b>2,739,000</b>	<b>TOTAL INCOME</b>	<b>2,848,500</b>
<b>EXPENSES</b>		
2,014,000	Employee Costs	2,091,500
608,000	Materials, contracts and other expenses	731,000
35,000	Finance Charges	-
131,000	Depreciation	26,000
<b>2,788,000</b>	<b>TOTAL EXPENSES</b>	<b>2,848,500</b>
<b>(49,000)</b>	<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>-</b>
	<b>Net gain (loss) on disposal of assets</b>	<b>-</b>
<b>(49,000)</b>	<b>NET SURPLUS/(DEFICIT)</b>	<b>-</b>
<b>(49,000)</b>	<b>TOTAL COMPREHENSIVE INCOME</b>	<b>-</b>

## EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS

for the year ending 30 June 2024

**ADOPTED BUDGET**  
2022/2023

**DRAFT BUDGET**  
2023/2024

<b>CASHFLOWS FROM OPERATING ACTIVITIES</b>		
<b>Receipts</b>		
1,828,000	Council Contributions	1,970,200
185,000	Fees & other charges	183,800
407,000	User Charges	442,500
7,000	Investment Receipts	10,000
301,000	Grants utilised for operating purposes	230,000
11,000	Other	12,000
<b>Payments</b>		
(2,014,000)	Employee costs	(2,091,500)
(608,000)	Materials, contracts & other expenses	(731,000)
(35,000)	Finance Payments	-
<b>82,000</b>	<b>NET CASH PROVIDED/(USED) BY OPERATING ACTIVITIES</b>	<b>26,000</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
-	Loans Received	-
(38,391)	Repayment of Borrowings	-
(82,000)	Repayment of Finance Lease Liabilities	-
<b>(120,391)</b>	<b>Net Cash Provided/(Used) by Financing Activities</b>	<b>-</b>
-	Receipts	-
-	Sale Of Replaced Assets	-
-	Payments	-
-	Expenditure On Renewal / Replacements Of Assets	-
-	Expenditure On New / Upgraded Assets	-
-	Distributions paid to constituent Councils	-
<b>Net Cash Provided/(Used) by Investing Activities</b>		
<b>(38,391)</b>	<b>NET INCREASE (DECREASE) IN CASH HELD</b>	<b>26,000</b>
<b>640,883</b>	<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD</b>	<b>602,492</b>
<b>602,492</b>	<b>CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD</b>	<b>628,492</b>



## 2023-24 Budget

### EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION

for the year ending 30 june 2024

<b>ADOPTED BUDGET 2022/2023</b>		<b>DRAFT BUDGET 2023/2024</b>
<b>CURRENT ASSETS</b>		
602,492	Cash and Cash Equivalents	628,492
231,080	Trade & Other Receivables	188,901
<b>833,572</b>	<b>TOTAL CURRENT ASSETS</b>	<b>817,393</b>
<b>NON-CURRENT ASSETS</b>		
1,083,249	Infrastructure, property, plant and equipment	998,437
<b>1,083,249</b>	<b>TOTAL NON-CURRENT ASSETS</b>	<b>998,437</b>
<b>1,916,821</b>	<b>TOTAL ASSETS</b>	<b>1,815,830</b>
<b>CURRENT LIABILITIES</b>		
133,225	Trade & Other Payables	163,940
289,466	Provisions	307,903
140,794	Borrowings	119,871
<b>563,485</b>	<b>TOTAL CURRENT LIABILITIES</b>	<b>591,714</b>
<b>NON-CURRENT LIABILITIES</b>		
9,860	Provisions	21,716
898,056	Borrowings	851,594
<b>907,916</b>	<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>873,310</b>
<b>1,471,401</b>	<b>TOTAL LIABILITIES</b>	<b>1,465,024</b>
<b>270,087</b>	<b>NET CURRENT ASSETS/(CURRENT LIABILITIES)</b>	<b>225,679</b>
<b>445,420</b>	<b>NET ASSETS</b>	<b>350,806</b>
<b>EQUITY</b>		
502,570	Accumulated Surplus/(Deficit)	502,570
<b>502,570</b>	<b>TOTAL EQUITY</b>	<b>502,570</b>

## EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY

for the year ending 30 June 2024

**ADOPTED BUDGET  
2022/2023**

**DRAFT BUDGET  
2023/2024**

<b>ACCUMULATED SURPLUS</b>		
551,570	Balance at beginning of period	502,570
(49,000)	Net Surplus/(Deficit)	-
<b>502,570</b>	<b>BALANCE AT END OF PERIOD</b>	<b>502,570</b>
<b>TOTAL EQUITY</b>		
551,570	Balance at beginning of period	502,570
(49,000)	Net Surplus/(Deficit)	-
<b>502,570</b>	<b>BALANCE AT END OF PERIOD</b>	<b>502,570</b>



Ref: AF23/8

20 April 2023

*Correspondence to all Constituent Council  
Chief Executive Officers*

Dear Chief Executive Officer

**RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2023/2024**

In accordance with clause 7 of the EHA Charter, the EHA Board of Management has considered and endorsed a draft Eastern Health Authority Annual Business Plan and Budget for 2023/2024 (ABP) (report including ABP provided as attachment 1).

We have developed a series of strategic objectives, drawn from EHA's commitment to good governance under our Charter and our responsibilities under the *Regional Public Health and Wellbeing Plan 2020-2025*, which is prepared for and adopted by our Constituent Councils.

EHA is responsible for the 'Protection for Health' priorities in the Regional Public Health Plan, and this is reflected in our four key focus areas:

1. Public and environmental health services
2. Immunisation
3. Food safety
4. Governance and organisational development

We have prepared a Plan for the next 12 months that aligns to our strategic objectives within each focus area and guides the efficient and effective delivery of our day-to-day operations.

The Plan details the key influences that have been considered during its development as well as detailing the priorities that have been set for 2023-2024.

The forecast for the 2023/2024 financial year is that EHA's operating result will be a break-even result. A total of \$1,970,200 will be raised through contributions from our Constituent Councils. This represents a 7.7% increase in overall collective contributions from the previous year.

The component of income required from Constituent Councils to fund EHA operations is determined by a formula contained within the EHA Charter. Aside from a 5% nominal administrative component that is shared equally (1% per council), costs are shared on a proportional basis, dependent upon the numbers of individual public health activities conducted by EHA on behalf of Constituent Councils.

Table 2 details the contribution required from each Constituent Council using the charter formula including a calculation of the change from the previous year. While there is a 7.7% overall increase in contributions, revised activity proportions have the effect of redistributing costs between constituent councils.

Table 2: Constituent Council proportion and contributions for 2023/2024

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Expenditure 2023/2024	\$ 2,848,500					
Less General Receipts 2023/2024 - Funding Statement D45	\$ 878,300					
Total Required Operating contributions 2023/2024	\$ 1,970,200					
Constituent Council Contribution proportion 2023/2024	27.89%	24.66%	31.65%	11.27%	4.52%	100.00%
Required Contribution 2023/2024	\$ 549,526	\$ 485,861	\$ 623,601	\$ 222,106	\$ 89,107	\$ 1,970,200
Change In Contribution from previous year						
Contribution proportion 2022/2023	27.04%	24.79%	31.96%	11.75%	4.47%	100.00%
Actual Contribution	\$ 494,233	\$ 453,186	\$ 584,210	\$ 214,740	\$ 81,631	\$ 1,828,000
Change in Contribution Proportion from previous FY	0.86%	-0.13%	-0.31%	-0.47%	0.06%	
Change in Contribution (\$)	\$ 55,292	\$ 32,676	\$ 39,391	\$ 7,366	\$ 7,475	\$ 142,200
Change in contributions (%)	11.19%	7.21%	6.74%	3.43%	9.16%	7.78%

In relation to long term contribution trends, Table 1 demonstrates that the average annual increase in contributions requested for Constituent Councils over the last ten financial years has been 2.28%.

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%
2021/2022	\$ 1,828,263	\$ 37,589	2.10%
2022/2023	\$ 1,828,000	\$ (263)	-0.01%
2023/2024	\$ 1,970,200	\$ 142,200	7.78%
<b>Average Annual Increase for 10 year period</b>			<b>2.28%</b>

If possible, it would be appreciated if feedback in relation to the ABP is received by 30 May 2023 so that it can be considered by the Board of Management prior to its meeting to be held on 28 June 2023 when it adopts the Annual Business Plan and Budget for 2023/2024.

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

Yours sincerely



Michael Livori  
**Chief Executive Officer**

File Number: qA88432  
Enquiries To: Lisa Mara  
Direct Telephone: 8366 4549



**City of  
Norwood  
Payneham  
& St Peters**

11 May 2023

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

Via email: [mlivori@eha.sa.gov.au](mailto:mlivori@eha.sa.gov.au)

175 The Parade,  
Norwood SA 5067

PO Box 204  
Kent Town SA 5071

Telephone  
8366 4555

Email  
[townhall@npsp.sa.gov.au](mailto:townhall@npsp.sa.gov.au)

Website  
[www.npsp.sa.gov.au](http://www.npsp.sa.gov.au)

Dear Michael

**EASTERN HEALTH AUTHORITY DRAFT 2023-2024 ANNUAL BUSINESS PLAN AND BUDGET**

I am pleased to advise that at its meeting held on 1 May 2023, the Council considered the Eastern Health Authority Incorporated Draft 2023-2024 Annual Business Plan and Budget.

Pursuant to Clause 8 of the Charter, the Council has considered and hereby approves the Eastern Health Authority Draft 2023-2024 Annual Business Plan.

I have attached a copy of the report which was considered by the Council in respect to this matter for your records.

If you have any questions or require additional information regarding this matter, please contact me on 8366 4549 or via email: [lmara@npsp.sa.gov.au](mailto:lmara@npsp.sa.gov.au)

Yours sincerely

Lisa Mara  
**GENERAL MANAGER, GOVERNANCE & CIVIC AFFAIRS**



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



100% Australian Made  
Recycled Paper

## Cynthia Vello

---

**From:** Helen Bortoluzzi <HBortoluzzi@burnside.sa.gov.au>  
**Sent:** Tuesday, 2 May 2023 11:01 AM  
**To:** Michael Livori  
**Subject:** Regional Subsidiaries Annual Business Plans and Budgets 2023/24

Dear Michael,

At its meeting on Wednesday, 26 April 2023 Council was presented with a report on its Regional Subsidiaries Annual Business Plans and Budgets for 2023/24

Council resolved **(C260423/13423)** – in part

*Approves the Eastern Health Authority draft Budget 2023/24, noting the Budgeted result is breakeven (\$0)*

Should you require further information please contact Karishma Reynolds, Director Corporate at [kreynolds@burnside.sa.gov.au](mailto:kreynolds@burnside.sa.gov.au)

Regards



**Helen Bortoluzzi** | Executive Support Officer  
City of Burnside | 401 Greenhill Road Tasmore SA 5065

P: 08 8366 4255  
[hbortoluzzi@burnside.sa.gov.au](mailto:hbortoluzzi@burnside.sa.gov.au)  
[www.burnside.sa.gov.au](http://www.burnside.sa.gov.au)



**Family Initiative Supporting Children's Health**  
Providing you with tools and resources  
to support your child's development.



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

Ref. CR23/

9 June 2023

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

Via email: [eha@eha.sa.gov.au](mailto:eha@eha.sa.gov.au)

Dear Michael

**EASTERN HEALTH AUTHORITY (EHA) DRAFT ANNUAL  
BUSINESS PLAN AND BUDGET 23/24**

I write in response to your letter dated 20 April 2023 requesting that constituent councils consider the Eastern Health Authority Draft Annual Business Plan and Budget 23/24.

I am pleased to advise that Council, at its ordinary meeting on 23 May 2023, endorsed the Draft Annual Business Plan and Budget 23/24, resolving the following:

**10.9 EHA DRAFT ANNUAL BUSINESS PLAN AND BUDGET 23/24**

**RESOLUTION 2023/1**

Moved: Cr Kristina Barnett

Seconded: Cr Mark Groote

That Council:

1. Having considered Item 10.9 EHA Draft Annual Business Plan and Budget 23/24 receives and notes the report.
2. Endorses Item 10.9 EHA Draft Annual Business Plan and Budget 23/24, (as presented in Attachment 1).
3. Endorses the Chief Executive Officer write to the Eastern Health Authority by 30 May 2023 advising of Council's decision to endorse the "Eastern Health Authority Draft Annual Business Plan and Budget 2023/24" ahead of its final adoption by the Eastern Health Authority Board of Management in accordance with its Charter.

**CARRIED UNANIMOUSLY**

Yours sincerely



Chris White  
**Chief Executive Officer**  
City of Prospect

TOWN OF



WALKERVILLE

Telephone: (08) 8342 7100

Facsimile: (08) 8269 7820

Email: [walkerville@walkerville.sa.gov.au](mailto:walkerville@walkerville.sa.gov.au)

[www.walkerville.sa.gov.au](http://www.walkerville.sa.gov.au)

24 May 2023

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

**Via Email:** [MLivori@eha.sa.gov.au](mailto:MLivori@eha.sa.gov.au)

Dear Mr Livori,

**RE: Eastern Health Authority's Draft Business Plan & Budget 2023-24**

I write to advise that at the Ordinary Meeting of Council held on Monday 15 May 2023, Council resolved (**CNC297/22-23**) to endorse the Eastern Health Authority's Draft Business Plan & Budget 2023-24. For your convenience, the resolution is replicated herein:

**CNC297/22-23**

- 1. That Council receive and endorse the Eastern Health Authority Draft Annual Business Plan and Budget 2023-24, appearing as Attachment B to this report.*
- 2. That Administration write to Eastern Health Authority advising of Council's decision.*
- 3. Council request that EHA provide further exception reporting as and when they occur.*

Should you have any questions, please feel free to contact me at 8342 7100 or alternatively [office@walkerville.sa.gov.au](mailto:office@walkerville.sa.gov.au).

Yours sincerely

Scott Reardon  
**Acting Chief Executive Officer**

20 April 2023

Enq: Simon Zbierski  
Ph: 8366 9289

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

Via email: [mlivori@eha.sa.gov.au](mailto:mlivori@eha.sa.gov.au)

Dear Mr Livori

**Eastern Health Authority – Draft Annual Business Plan and Budget for 2023/2024**

I refer to your recent correspondence and wish to advise that at its meeting held on Tuesday 18 April 2023 Council endorsed the Authority's draft 2023/2024 Annual Business Plan and Budget.

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

Yours sincerely

Paul Di Iulio  
Chief Executive Officer

### **7.3 REVIEW OF THE FOOD BUSINESS INSPECTION FEE POLICY**

Author: Nadia Conci  
Ref: AF17/27

#### **Summary**

A review of the Food Business Inspection Fee Policy has been undertaken and a revised policy is provided to the Board of Management for adoption.

#### **Report**

The Food Business Inspection Fee Policy is based on model policies developed by the Local Government Association (LGA).

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

On 18 May 2023 the prescribed fees under the *Food Act 2001* were published in the South Australian Government Gazette. The fees have increased to consider CPI, effective from the date of notification.

As previously reported to the Board on 24 June 2021 a full review of the Policy took place. For this reason, only the amendments to the prescribed fees are considered necessary.

A copy of the current Food Business Inspection Fee Policy with tracked changes to reflect the amended fees is provided as attachment 1. A clean copy of the reviewed policy is provided as attachment 2 for the Board's adoption. No other additional alteration to the wording of the policy is required during this review.

#### **RECOMMENDATION**

That:

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



## FOOD BUSINESS INSPECTION FEE POLICY

Policy Reference	GOV04
Date of initial Board Adoption	12 February 2003
Minutes Reference	5:24062021
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	<del>29 June 2022</del> <u>9 June 2023</u>
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>

### 1. Purpose

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

To specify the rate at which inspection fees are charged.

### 2. Scope

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

### 3. Definitions

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

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

### **South Australian Food Business Risk Classification (FBRC)**

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

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

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

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

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

## **4. Principles**

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

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

- for a **small business** - ~~\$134140~~.00 per inspection excl GST
- in any other case - ~~\$334350~~.00 per inspection excl GST

D11/2059[v42v13]

This is a version controlled document. The electronic version is the controlled version. Printed copies are considered uncontrolled. Before using a printed copy, verify that it is the current version.

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

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

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

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

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

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

#### 4.0 Fee Schedule

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

#### 4.1. Routine Inspections

Classification	Small Business	Large Business
Priority 1 & 2 (P1 & P2) – Highest risk*	\$ <del>134</del> <u>140</u> .00	\$ <del>334</del> <u>350</u> .00
Priority 3 (P3)	\$ <del>92</del> <u>98</u> .00	\$ <del>222</del> <u>245</u> .00
Priority 4 (P4) – Lowest risk	No fee	No fee

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

#### 4.2 Re-inspections

Priority 1 and 2 – High risk food businesses

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	\$ <del>134</del> <u>140</u> .00	\$ <del>334</del> <u>350</u> .00
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the <i>Food Act 2001</i> .	\$ <del>134</del> <u>140</u> .00	\$ <del>334</del> <u>350</u> .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.	\$ <del>92</del> <u>98</u> .00	\$ <del>222</del> <u>245</u> .00
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the <i>Food Act 2001</i> .	\$ <del>92</del> <u>98</u> .00	\$ <del>222</del> <u>245</u> .00

### 4.3 Complaint Inspection

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

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

### 4.4 Inspection of Festivals, Fetes and Markets

#### 4.4.1 Constituent Council temporary events

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

#### 4.4.2 Non- Constituent Council temporary events

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

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

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

Number of Stall Holders	Type of Standard Inspection Fee	Non -Council Event Inspection Fee
1-10	Small Business Inspection Fee (P1&2)	\$ <del>6670</del> .00
more than 10	Large Business Inspection Fee (P1&2)	\$ <del>165175</del> .00

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

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

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

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

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

#### **4.5 Inspection of Businesses with Food Safety Programs**

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

#### **4.6 Exemptions**

##### **4.6.1 Community and Charitable Organisations**

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

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

##### **4.6.2 Schools and Educational Institutions**

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

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

##### **4.6.3 Nominal Risk Businesses**

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

##### **4.6.4 Mobile Food Vans**

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

**5. Review of the Food Inspection Fee Policy**

Every 24 months or as needed.

**6. Statement of Adoption**

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



## FOOD BUSINESS INSPECTION FEE POLICY

Policy Reference	GOV04
Date of initial Board Adoption	12 February 2003
Minutes Reference	5:24062021
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	9 June 2023
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>

### 1. Purpose

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

To specify the rate at which inspection fees are charged.

### 2. Scope

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

### 3. Definitions

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

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

### **South Australian Food Business Risk Classification (FBRC)**

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

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

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

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

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

## **4. Principles**

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

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

- for a **small business** - \$140.00 per inspection excl GST
- in any other case - \$350.00 per inspection excl GST

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

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

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

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

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

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

#### 4.0 Fee Schedule

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

#### 4.1. Routine Inspections

Classification	Small Business	Large Business
Priority 1 & 2 (P1 & P2) – Highest risk*	\$140.00	\$350.00
Priority 3 (P3)	\$98.00	\$245.00
Priority 4 (P4) – Lowest risk	No fee	No fee

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

#### 4.2 Re-inspections

Priority 1 and 2 – High risk food businesses

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	\$140.00	\$350.00
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the <i>Food Act 2001</i> .	\$140.00	\$350.00

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.	\$98.00	\$245.00
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the <i>Food Act 2001</i> .	\$98.00	\$245.00

### 4.3 Complaint Inspection

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

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

### 4.4 Inspection of Festivals, Fetes and Markets

#### 4.4.1 Constituent Council temporary events

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

#### 4.4.2 Non- Constituent Council temporary events

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

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

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

Number of Stall Holders	Type of Standard Inspection Fee	Non -Council Event Inspection Fee
1-10	Small Business Inspection Fee (P1&2)	\$70.00
more than 10	Large Business Inspection Fee (P1&2)	\$175.00

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

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

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

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

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

#### **4.5 Inspection of Businesses with Food Safety Programs**

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

#### **4.6 Exemptions**

##### **4.6.1 Community and Charitable Organisations**

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

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

##### **4.6.2 Schools and Educational Institutions**

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

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

##### **4.6.3 Nominal Risk Businesses**

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

##### **4.6.4 Mobile Food Vans**

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

**5. Review of the Food Inspection Fee Policy**

Every 24 months or as needed.

**6. Statement of Adoption**

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

#### **7.4 REVIEW OF THE FOOD BUSINESS AUDIT FEE POLICY**

Author: Nadia Conci  
Ref: AF17/30

##### **Summary**

The EHA Food Business Audit Fee Policy (the Policy) was originally based on model policies developed by the Local Government Association (LGA). It should be noted that audit fees are not prescribed in legislation and there is greater discretion available to local government when reviewing and setting these fees.

Following the review of the Policy in June 2023, it is recommended that rates are increased. The minor increase in fees will ensure EHA is appropriately compensated for the work undertaken.

##### **Report**

Following the review of the Policy in June 2022, it is recommended that rates are increased. The minor increase in fees will ensure EHA is appropriately compensated for the work undertaken.

An increase in fees will apply to desktop audits/preparation and administration, on-site audits, desktop follow-ups, re-audits and travel. There is no proposed change to the subsidised rate for charitable organisations.

The amended Policy (provided as attachment 1) shows marked up changes to the current policy. The alterations to the Policy are accepted in the copy provided as attachment 2.

##### **RECOMMENDATION**

That:

1. The report regarding the review of the Food Business Audit Fee Policy is received.
2. The policy entitled Food Business Audit Fee Policy, marked attachment 2 to this report, is adopted.



## FOOD BUSINESS AUDIT FEE POLICY

Policy Reference	GOV06
Date of initial Board Adoption	22 October 2008
Minutes Reference	6: 26062019
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	<a href="#">9 June 2023</a> <del>September 2021</del>
<i>Relevant Document Reference</i>	Guidelines prepared by LGA for Councils – Audit Fees, <i>Food Act 2001</i> Model Letter of Engagement prepared by LGA for Councils – Auditing Services for Food Safety Program Department of Health Guidelines for Auditors of Mandatory Food Safety Programs
<i>Applicable legislation</i>	<a href="#">Food Act 2001</a>

### 1. Purpose

To outline the circumstances that fees are applied for the audit of food safety programs as provided by section 188 of the *Local Government Act 1999*.

To specify the rate at which audit fees are charged.

### 2. Scope

This policy applies to high risk food businesses that:

- i. are identified by the Department of Health's Priority Classification System as Priority 1
- ii. are required by Standard 3.3.1 of the *Australia New Zealand Food Standard Code* to implement a documented and audited food safety program
- iii. engage the Eastern Health Authority to provide food safety auditing services.

### 3. Definitions

**'Community 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 fits this category, an Australian Taxation Office certificate of 'Endorsement as a Tax Concession Charity' may be requested.)

**Desktop Audit/Audit Preparation/Administration'** – an auditor undertaking:

- preparation relating to a food safety program for the purpose of preparing for an onsite audit; or
- reviewing corrective action(s) taken by a food business; or
- administration in relation to the audit process including reporting, enquiries, communication and records management.

**'Onsite Audit'** – an audit conducted at a scheduled frequency determined by the priority classification and assigned audit frequency.

**'Follow-up Desktop Audit'** –documentation review conducted in the auditor's office to address non-conformance(s) with the business' food safety program identified during the onsite audit.

**'Re-audit – Onsite Follow-up Audit'** – an audit carried out as a result of non-compliance with the Food Safety Standards or non-conformance with the business' food safety program.

#### 4. Principles

As an enforcement agency, local government has responsibilities under Part 7 of the *Food Act 2001* which relate to auditing. Additionally, local government is an employer of Department of Health approved auditors and may be engaged by a food business to provide food safety auditing services.

The priority classification system approved by the Department of Health recommends the initial audit frequency of high risk, Priority 1 businesses to be six monthly. The outcomes of two audits are required to establish a compliance history that can allow for the adjustment of audit frequency. Audit frequency may vary between three and twelve months. Guidance on the adjustment of audit frequency is outlined in the 'Guidelines for Auditors of Mandatory Food Safety Programs' (Department of Health, September 2008).

The *Food Act 2001* and *Food Regulations 2002* do not prescribe the charges that local councils can apply for providing food safety auditing services. However, pursuant to Section 188 of the *Local Government Act 1999* a council may impose fees and charges for services supplied to a person at their request.

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

Minimum fees applicable to each component of an audit are shown in the tables below. Fees thereafter are calculated on 15 minutes increments and rounded down to the nearest quarter hour.

Minimum Fee	Audit Component
1.0 hour	Onsite audit
	Re-audit – Onsite Follow-up
0.5 hour	Desktop audit & audit preparation / administration
	Travel
	Follow-up desktop audit & administration

A letter of engagement provided to the proprietor of a food business will estimate the audit fees that will apply to the business.

#### **4.1 Onsite Audit**

An hourly rate of \$~~195~~200.00 (including GST) will apply to onsite audits.

#### **4.2 Desktop Audit & Audit Preparation and Administration**

An hourly rate of \$~~95~~100.00 (including GST) will apply to audit preparation and administration undertaken in the auditor's office.

An hourly rate of \$~~195~~200.00 (including GST) will apply to desktop audits undertaken onsite at the business. Desktop audits performed onsite incur all costs applicable to an onsite audit, there the same fee applies.

#### **4.3 Follow-up Desktop Audit & Administration**

An hourly rate of \$~~95~~100.00 (including GST) will apply to follow-up desktop audits and administration undertaken in the auditor's office.

Follow-up desktop audits requiring more than 1 hour will be conducted onsite at the facility at an hourly rate specified in 4.4 of the Policy.

#### **4.4 Re-audit – Onsite Follow-up Audits**

An hourly rate of \$~~195~~200.00 (including GST) will apply to onsite re-audits.

#### **4.5 Travel**

An hourly rate of \$~~95~~100.00 (including GST) will apply to travel when an onsite audit, desktop audit or re-audit is conducted of a business that is located outside of the boundaries of the Council areas serviced by the Authority.

#### **4.6 Exemptions**

##### **4.6.1 Community Organisations**

Audit fees imposed upon community and charitable organisations will be subsidised at a rate of 20%.

This exemption applies only to those community and charitable organisations located within the boundaries of the constituent council areas.

### **5. Review of the Food Business Audit Fee Policy**

Every 12 months or as needed.

### **6. Statement of Adoption**

The Policy was adopted by the Board of the Eastern Health Authority on 22 October 2008.



## FOOD BUSINESS AUDIT FEE POLICY

Policy Reference	GOV06
Date of initial Board Adoption	22 October 2008
Minutes Reference	6: 26062019
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	9 June 2023
<i>Relevant Document Reference</i>	Guidelines prepared by LGA for Councils – Audit Fees, <i>Food Act 2001</i> Model Letter of Engagement prepared by LGA for Councils – Auditing Services for Food Safety Program Department of Health Guidelines for Auditors of Mandatory Food Safety Programs
<i>Applicable legislation</i>	Food Act 2001

### 1. Purpose

To outline the circumstances that fees are applied for the audit of food safety programs as provided by section 188 of the *Local Government Act 1999*.

To specify the rate at which audit fees are charged.

### 2. Scope

This policy applies to high risk food businesses that:

- i. are identified by the Department of Health's Priority Classification System as Priority 1
- ii. are required by Standard 3.3.1 of the *Australia New Zealand Food Standard Code* to implement a documented and audited food safety program
- iii. engage the Eastern Health Authority to provide food safety auditing services.

### 3. Definitions

**'Community 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 fits this category, an Australian Taxation Office certificate of 'Endorsement as a Tax Concession Charity' may be requested.)

**Desktop Audit/Audit Preparation/Administration** – an auditor undertaking:

- preparation relating to a food safety program for the purpose of preparing for an onsite audit; or
- reviewing corrective action(s) taken by a food business; or
- administration in relation to the audit process including reporting, enquiries, communication and records management.

**'Onsite Audit'** – an audit conducted at a scheduled frequency determined by the priority classification and assigned audit frequency.

**'Follow-up Desktop Audit'** –documentation review conducted in the auditor's office to address non-conformance(s) with the business' food safety program identified during the onsite audit.

**'Re-audit – Onsite Follow-up Audit'** – an audit carried out as a result of non-compliance with the Food Safety Standards or non-conformance with the business' food safety program.

#### 4. Principles

As an enforcement agency, local government has responsibilities under Part 7 of the *Food Act 2001* which relate to auditing. Additionally, local government is an employer of Department of Health approved auditors and may be engaged by a food business to provide food safety auditing services.

The priority classification system approved by the Department of Health recommends the initial audit frequency of high risk, Priority 1 businesses to be six monthly. The outcomes of two audits are required to establish a compliance history that can allow for the adjustment of audit frequency. Audit frequency may vary between three and twelve months. Guidance on the adjustment of audit frequency is outlined in the 'Guidelines for Auditors of Mandatory Food Safety Programs' (Department of Health, September 2008).

The *Food Act 2001* and *Food Regulations 2002* do not prescribe the charges that local councils can apply for providing food safety auditing services. However, pursuant to Section 188 of the *Local Government Act 1999* a council may impose fees and charges for services supplied to a person at their request.

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

Minimum fees applicable to each component of an audit are shown in the tables below. Fees thereafter are calculated on 15 minutes increments and rounded down to the nearest quarter hour.

Minimum Fee	Audit Component
1.0 hour	Onsite audit
	Re-audit – Onsite Follow-up
0.5 hour	Desktop audit & audit preparation / administration
	Travel
	Follow-up desktop audit & administration

A letter of engagement provided to the proprietor of a food business will estimate the audit fees that will apply to the business.

#### **4.1 Onsite Audit**

An hourly rate of \$200.00 (including GST) will apply to onsite audits.

#### **4.2 Desktop Audit & Audit Preparation and Administration**

An hourly rate of \$100.00 (including GST) will apply to audit preparation and administration undertaken in the auditor's office.

An hourly rate of \$200.00 (including GST) will apply to desktop audits undertaken onsite at the business. Desktop audits performed onsite incur all costs applicable to an onsite audit, there the same fee applies.

#### **4.3 Follow-up Desktop Audit & Administration**

An hourly rate of \$100.00 (including GST) will apply to follow-up desktop audits and administration undertaken in the auditor's office.

Follow-up desktop audits requiring more than 1 hour will be conducted onsite at the facility at an hourly rate specified in 4.4 of the Policy.

#### **4.4 Re-audit – Onsite Follow-up Audits**

An hourly rate of \$200.00 (including GST) will apply to onsite re-audits.

#### **4.5 Travel**

An hourly rate of \$100.00 (including GST) will apply to travel when an onsite audit, desktop audit or re-audit is conducted of a business that is located outside of the boundaries of the Council areas serviced by the Authority.

#### **4.6 Exemptions**

##### **4.6.1 Community Organisations**

Audit fees imposed upon community and charitable organisations will be subsidised at a rate of 20%.

This exemption applies only to those community and charitable organisations located within the boundaries of the constituent council areas.

### **5. Review of the Food Business Audit Fee Policy**

Every 12 months or as needed.

### **6. Statement of Adoption**

The Policy was adopted by the Board of the Eastern Health Authority on 22 October 2008.

## 7.5 SUPPORTED RESIDENTIAL FACILITY LICENSING REPORT

Author: Lee Dyson and Ryan Roberts

Ref: EH12/70

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

During this licensing period Authorised Officers conducted multiple announced and unannounced audits onsite, including documentation and structural audits at all facilities.

### Report

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

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

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

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

During documentation audits of this facility, the NDIS care plans were reviewed in conjunction with the facilities' service plans. Service plans remain a requirement of the Act. A combined Service and NDIS plan was accepted by Authorised Officers for this year's audit, as the NDIS plans are quite in depth and include all of the required details as specified by the Act.

There are several areas of the SRF Legislation which do not apply to the dual licensed facilities such as resident contracts, fees and schedules, and at times the nutritional guidance material.

During the re-licensing process, the Building Fire Safety Committee of each respective council was consulted. Building Fire Safety Officers conducted onsite inspections as is the normal practice. Correspondence was received from the respective Council Building Fire Safety Committees for two sites. The reports indicated that there were no outstanding building fire safety matters that would prevent the licensing of these facilities.

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

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

It is recommended that the one pension only facility and two dual licensed facilities be licensed for 12 months as detailed below:

**City of Burnside**

**Applicant: Magill Lodge Supported Residential Care Pty Ltd**

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

**Premises type: Pension only SRF**

Magill Lodge Supported Residential Care is a pension only facility, accommodating residents in predominantly single rooms, with a few shared rooms available. Bathrooms and toilet facilities are communal for the majority of residents. There are a small number of bedrooms where residents have access to a shared ensuite bathroom, which are gender specific. One bedroom has a private ensuite bathroom. The facility caters for residents requiring additional supports to live independently, whilst providing opportunities for residents to develop life skills in a supervised environment.

Two unannounced re-licensing audits were undertaken at Magill Lodge Supported Residential Care throughout the year. There were multiple maintenance, cleaning and documentation issues identified, including but not limited to:

- peeling paint on ceilings and walls
- minor cleaning issues in bedrooms and bathrooms
- rusted and deteriorated fixtures and fittings in bathrooms, toilets and laundry
- odour and ventilation issues in bedrooms
- electrical fixtures and fittings not maintained in accordance with AS/NZS 3000:2018
- documentation of staff police clearances and NDIS screening not readily available
- deficiencies in service plans
- manufacturer's instructions for medication storage not consistently monitored
- inconsistencies in the visitor's book
- minor deficiencies in the menus in accordance with the nutrition tool

A follow up audit was undertaken to determine compliance with the structural and cleaning issues that had been previously identified, with the proprietor and manager of the facility having adequately addressed the issues as required. A second follow up audit was undertaken to address the items of non-conformance that were identified at the documentation audit. Updated and amended documentation relating to records management was provided to the Authorised Officers to address the items of non-conformance, which suitably rectified any remaining issues.

Correspondence received from the Burnside Building Fire Safety Committee noted that three minor issues required attention, but that it does not consider that these matters need to be taken into consideration with regard to the SRF Licensing process.

Based on the audit findings and correspondence received from the City of Burnside Building Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for 12 months with the following conditions:

1. Ensure that the facility and all the furniture, fixtures and fittings are maintained in a clean, safe and hygienic condition as indicated in the audit report.
2. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules.
3. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1.
4. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case – ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents.
5. Comply with the requirements of Section 157 of the *Planning and Development and Infrastructure Act, 2016* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministerial Building Standard (MBS 002 – Maintaining the performance of essential safety provisions) 76 for the premises.

### **Campbelltown City Council**

**Applicant: Palm Gardens Consolidated Pty Ltd**

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

**Premises type: Retirement Village (Dual licensed SRF)**

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

Authorised Officers conducted an onsite structural and documentation audit at the facility, with bedrooms of residents receiving personal care services inspected. All relevant documentation was reviewed. Documentation provided at the time of the audit confirmed that there were no changes to processes and services provided to residents.

Minor amendments to documentation were required to be undertaken for the staff roster, staff register and current menu. A visitor's book was required to be reinstated as this had been removed. A follow up audit of the site was not required as updated and amended documentation was provided to the

Authorised Officers to address the items of non-conformance, which suitably rectified any remaining issues.

Correspondence received from the Campbelltown City Council Building Fire Safety Committee indicated that there were no fire safety issues or defects that would result in not recommending a renewal of the SRF licence.

Based on the audit findings and the correspondence received from the Campbelltown City Council Building Fire Safety Committee; Authorised Officers are of the opinion that the licence be granted for 12 months with the following condition:

1. Comply with the requirements of Section 157 of the *Planning and Development and Infrastructure Act, 2016* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministerial Building Standard (MBS 002 – Maintaining the performance of essential safety provisions) for the premises.

**Applicant: Bellara Aged Care Village Pty Ltd**

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

**Premises type: Retirement Village (Dual licensed SRF)**

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

Authorised Officers conducted an onsite structural and documentation audit at the facility, with bedrooms of residents receiving personal care services inspected. All relevant documentation was reviewed. Minor anomalies were observed in the current staff register, for staff clearances and qualifications. Minor discrepancies were identified in resident service plans and the current menu. Minor maintenance issues were required to be addressed as identified in the structural audit. Documentation provided at the time of the audit confirmed that there were no changes to processes and services provided to residents.

A follow up audit was undertaken to address the items of non-conformance that were identified at the structural and documentation audit. Updated and amended documentation relating to records management was provided to the Authorised Officers to address the items of non-conformance.

The Councils Building and Fire Safety Committee undertook an inspection of the facility and identified a number of non-conformances. These matters remain outstanding, and rectification of the non-conformances will be required by 31

July 2023. These outstanding requirements that need to be addressed have been added as a condition of the Licence.

Based on the audit findings and the correspondence received from the Campbelltown City Council Building Fire Safety Committee; Authorised Officers are of the opinion that the licence be granted for 12 months with the following condition:

1. Rectify the outstanding fire safety non-conformances detailed in the letter to you from the Campbelltown City Council Building and Fire Safety Committee dated 29 May 2023 by 31 July 2023.
2. Comply with the requirements of Section 157 of the *Planning and Development and Infrastructure Act, 2016* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministerial Building Standard (MBS 002 – Maintaining the performance of essential safety provisions) for the premises.

**RECOMMENDATION**

That:

1. The Supported Residential Facilities 2022-2023 Licensing Report is received.
2. The applicants detailed below be granted a licence to operate a Supported Residential Facility for a period of 12 months from 1 July 2023 to 30 June 2024 under the provisions of the *Supported Residential Facilities Act 1992* subject to conditions as detailed:

<b>Applicant</b>	<b>Premises</b>
Magill Lodge Supported Residential Care Pty Ltd	Magill Lodge Supported Residential Care 524 Magill Road Magill SA 5072
<b>Conditions</b>	
<ol style="list-style-type: none"> <li>1. Ensure that the facility and all the furniture, fixtures and fittings are maintained in a clean, safe and hygienic condition as indicated in the audit report.</li> <li>1. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules.</li> <li>2. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1.</li> <li>3. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case – ensure that the facility</li> </ol>	

<p>is staffed so as to ensure, at all times, the proper care and safety of residents.</p> <p>4. Comply with the requirements of Section 157 of the <i>Planning and Development and Infrastructure Act, 2016</i> in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministerial Building Standard (MBS 002 – Maintaining the performance of essential safety provisions) for the premises.</p>	
<b>Applicant</b>	<b>Premises</b>
Palm Gardens Consolidated Pty Ltd	Magill Estate Retirement Village 122 Reid Avenue Magill SA 5072
<b>Conditions</b>	
<p>1. Comply with the requirements of Section 157 of the <i>Planning and Development and Infrastructure Act, 2016</i> in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministerial Building Standard (MBS 002 – Maintaining the performance of essential safety provisions) for the premises.</p>	
<b>Applicant</b>	<b>Premises</b>
Bellara Aged Care Village Pty Ltd	Bellara Village 98 Newton Road Campbelltown SA 5074
<b>Conditions</b>	
<p>1. Rectify the outstanding fire safety non-conformances detailed in the letter to you from the Campbelltown City Council Building and Fire Safety Committee dated 29 May 2023 by 31 July 2023.</p> <p>2. Comply with requirements of Section 157 of the <i>Planning and Development and Infrastructure Act, 2016</i> in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministerial Building Standard (MBS 002 – Maintaining the performance of essential safety provisions) for the premises.</p>	

## 7.6 REVIEW OF THE COMPLIMENTARY RODENTICIDE SERVICE

Author: Nadia Conci  
Ref: AF11/1

### Summary

Rodenticide has been provided to residents of EHA's five Constituent Councils on a complementary basis for more than 20 years. The provision of free rodenticide was to assist residents with managing vermin activity.

EHA has received various correspondence from local community members and other interested persons and organisations, concerned with the distribution of rodenticide and its associated potential effects on the local environment, wildlife and domestic animals.

On January 30, 2023 EHA halted the provision of the second generation anticoagulant rodenticide to its residents whilst a review was undertaken. The review sought to assess and evaluate the relevant environmental and public health risks associated with the distribution of rodenticide.

Up until recent times, the provision of rodenticide has been a common local government practice. A review of the metropolitan councils has established that Eastern Health Authority (EHA) is one of the few remaining local authorities providing this service.

It has been determined that the complimentary rodenticide service will no longer be provided by EHA to the local residents. EHA and its Constituent Councils cannot be assured that residents would responsibly apply, monitor and dispose of bait, resulting in potential secondary poisoning of native and domestic animals and poisoning of humans. Ceasing the complimentary service aligns with alternative *positive* steps that other local council authorities have taken to protect and contribute to a healthier local environment, protect the local native wildlife and domestic animals and be a safer place for people to live and recreate.

EHA will continue to focus and promote non-toxic and humane methods that focus on prevention rather than extermination, offering long-term solutions to prevent the attraction and breeding of rodents.

### Report

#### *Introduction*

Rats and mice are widespread throughout the metropolitan area and in our community. Introduced rodent species may infest residential and agricultural areas and carry disease. The common feral rodents in SA are Black Rat (*Rattus rattus*), Brown Rat (*Rattus norvegicus*) and the House Mouse (*Mus musculus*). These rodents can carry disease, contaminate food, generate unpleasant odours, carry fleas or ticks which can harm pets or humans and damage materials through gnawing.

Not all rodents are considered pests such as Native Australian rodents (for example Hopping Mice) pose little or no threat to public health and should be left alone as they are protected species.

Effective long-term control is possible using methods other than chemical rodenticides, according to professional pest controllers, public health officials and veterinary experts.

Non-toxic considerations such as sanitation of the area and exclusion points should be applied and implemented. Other methods such as trapping and chemical control should only be considered as part of a broader control program including eliminating food sources and rodent harbourage (VIC Health Website). Chemical control is generally short-term, and rodents will return if food and shelter are still available (SA Health Website), notwithstanding the potential secondary poisoning of both native and domestic animals and of poisoning humans (Australian Pesticides and Veterinary Medicines Authority (APVMA) Website). In addition, there is the obvious suffering, regardless of the status given to a particular pest species or the extent of the damage or impact they create (NSW Code of Practice and Standard Operating Procedures for the Effective and Humane Management of Rodents), of the target species.

#### *Report*

Rodenticide has been provided to residents of EHA's five Constituent Councils on a complementary basis for more than 20 years. The provision of free rodenticide was to assist residents with managing vermin activity. Residents were eligible to access the free rodenticide on a quarterly basis. In the event where there is an alleged extensive vermin activity, investigations are undertaken by the Environmental Health Team. Advice and directions are given to the owner(s)/occupier(s).

EHA has received various correspondence from local community members and other interested persons and organisations, concerned with the distribution of rodenticide and its associated potential effects on the local environment, wildlife and domestic animals.

Since 30 January 2023 EHA halted the provision of the second generation anticoagulant rodenticide to its residents, whilst a review was undertaken. The review sought to assess and evaluate the relevant environmental and public health risks associated with the distribution of rodenticide.

Rodenticides are poisons used to control rodents, such as rats and mice. There are several types of rodenticides approved by the Australian Pesticides and Veterinary Medicines Authority (APVMA), including anticoagulant rodenticides and non-anticoagulant rodenticides.

As outlined on the APVMA website, Anticoagulants Rodenticides (AR) are the most common poisons used for domestic rodent control. AR's are effective and easy to use, however, they have significant animal welfare impacts on target rodents and potentially non-target animals. There are two main types of

anticoagulant rodenticides, first generation anticoagulant rodenticides (FGARs) and second generation anticoagulant rodenticides (SGARs).

FGARs are referred to 'multi-dose anticoagulants', meaning that rodents must consume these baits for several consecutive feedings to consume a lethal dose. FGARs break down in rodents quicker than second-generation anticoagulant rodenticides, so there is less chance of secondary poisoning occurring in non-target animals if they eat rodents poisoned with an FGAR.

SGARs are referred to 'single-dose anticoagulants'. Second generation compounds were developed to overcome the problem of genetic resistance to first generation compounds and are far more toxic, requiring lower concentrations in baits, and are lethal after a single dose. A lethal dose can be ingested in a single feeding, making SGARs considerably more potent than FGARs. SGARs are slower to break down than FGARs and pose a higher risk of secondary poisoning to non-target animals.

There are 3FGAR and 5 SGAR active constituents currently registered for use in Australia and approved by the APVMA for use in and around domestic, commercial, industrial and agricultural buildings. SGARs are not approved for use in crops, in the open, or in other areas accessible to non-target animals or children.

The use of ARs requires the responsible application, monitoring and disposal of remaining bait, packaging and of any carcasses. This is particularly important with SGARs to prevent potential secondary poisoning of native and domestic animals.

According to the APVMA's website a review has commenced to reconsider anticoagulant rodenticide approvals and registrations. As part of the review the Wildlife Health Australia's submission on Chemical Review of ARs outlined that there 'has been research and evidence that non-target poisoning of native wildlife with ARs is a significant global concern (reviewed by Nakayama et al 2018; Van den Brink et al 2018), particularly for some classes of animals such as birds of prey due to secondary poisoning via consumption of prey species (e.g. rodents; see Wiens et al 2019). In Australia, AR exposure in wildlife has not been broadly studied, but there is evidence that it is also a significant issue here (see McLeod & Saunders 2013; WHA 2021; Lohr and Davis 2018). Lohr & Davis (2018) reviewed the impacts of AR on native Australian wildlife and found that AR exposure and suspected poisoning have been reported in a broad range of species and geographic areas'.

Up until recent times the provision of rodenticide has been a common local government practice. A review of the metropolitan councils has established that EHA is one of the remaining local authorities providing this service.

It has been determined that the complimentary rodenticide service no longer be provided by EHA to the local residents. EHA and its Constituent Councils cannot be assured that residents would responsibly apply, monitor and dispose the bait, resulting in potential secondary poisoning of native and domestic animals and poisoning of humans.

Furthermore, work, health and safety of EHA staff were also considered during the review. The potential risk of a workplace incident during the handling and decanting of the rodenticide would be eliminated by ceasing this service.

With consideration to public health, EHA will also continue to recommend to residents that they seek the advice or engage a professional pest controller in instances where there is significant vermin harbourage and activity. In these situations, the administration and management of traps or bait is managed by an approved pest controller.

Ceasing the complimentary service aligns with alternative *positive* steps that other local council authorities have taken to protect and contribute to a healthier local environment, protect the local native wildlife and domestic animals and be a safer place for people to live and recreate. EHA will continue to focus and promote non-toxic and humane methods that focus on prevention rather than extermination, offering long-term solutions to prevent the attraction and breeding of rodents.

#### **RECOMMENDATION**

That:

1. The report regarding the review of the Complimentary Rodenticide Service is received.

## 8.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

### 1.0 General Activity

During the reporting period EHA administered the *Food Act 2001*, *SA Public Health Act 2011* and *SRF Act 1992* along with their respective standards and regulations to protect and promote the health and wellbeing of the community.

Graph 1 illustrates the number of inspections per category for the financial year to date. As shown in Graph 1 a large proportion of inspections relate to activities under the *Food Act 2001*.

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

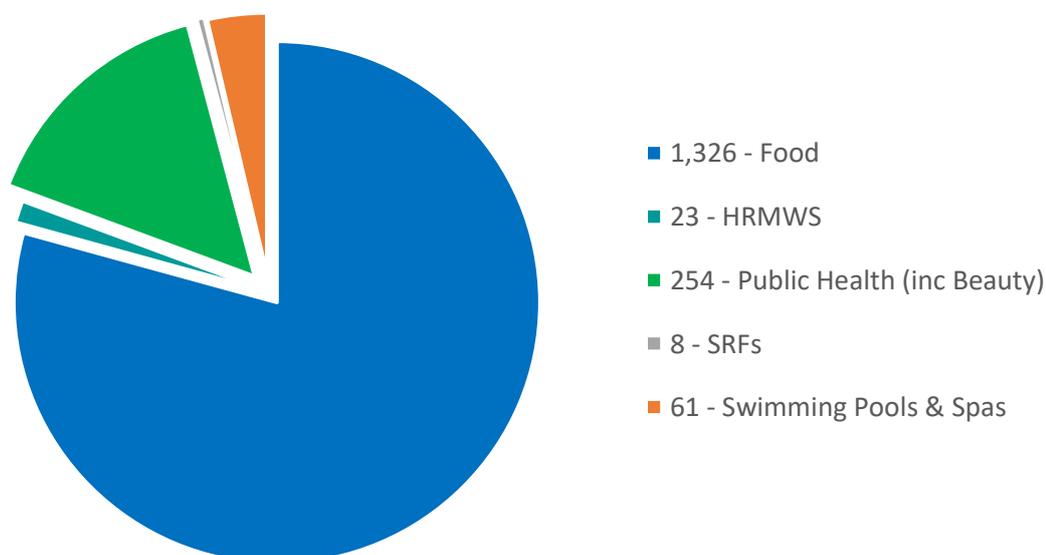


Table 1: Number of inspections conducted per category for financial-year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Food</b>	271	309	500	179	67	<b>1,326</b>
<b>Beauty</b>	0	0	5	2	0	<b>7</b>
<b>HRMWS</b>	5	9	7	2	0	<b>23</b>
<b>Public Health Complaint</b>	53	54	94	40	6	<b>247</b>
<b>SRFs</b>	3	2	0	3	0	<b>8</b>
<b>Swimming Pools &amp; Spas</b>	33	9	15	2	2	<b>61</b>
<b>Total</b>	<b>365</b>	<b>383</b>	<b>621</b>	<b>228</b>	<b>75</b>	<b>1,672</b>

## 2.0 Food Safety

### 2.1 Food Premise Inspections

A total of 198 routine inspections of food businesses were undertaken during the reporting period. An additional 74 follow-up inspections were required to ensure compliance with the Food Safety Standards. In total, 313 food premise inspections were completed during the reporting period (Table 2).

As shown in Graph 2 the number of routine inspections increased by 82% when compared to the reporting period for the previous year. The required number of follow up inspections undertaken when compared to the reporting period for the previous year increased by 17%, while the number of complaint inspection required to be undertaken has decreased by 48%.

Graph 2: A two year comparison of the total number of inspections conducted from 1 April 2023 to 31 May 2023.

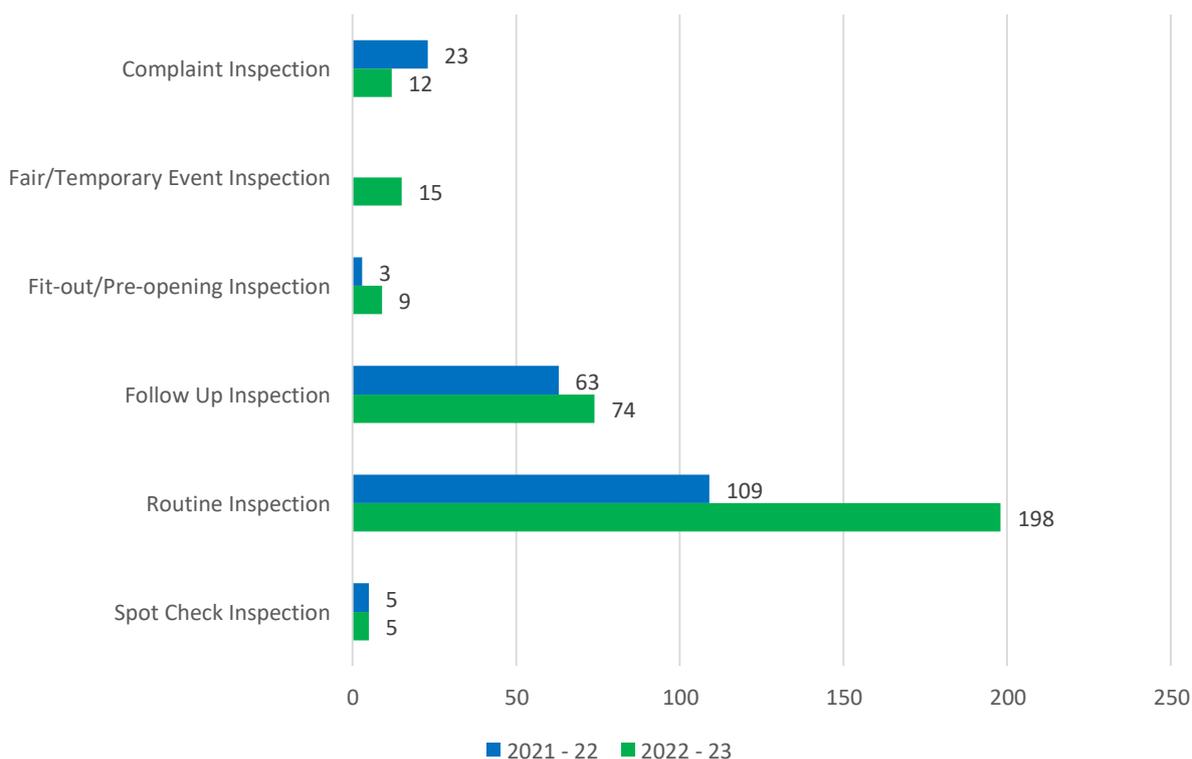


Table 2: Food premises inspections from 1 April 2023 to 31 May 2023.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Routine Inspection</b>	34	46	82	28	8	<b>198</b>
<b>Follow up Inspection</b>	13	13	30	14	4	<b>74</b>
<b>Complaint Inspection</b>	3	2	5	2	0	<b>12</b>
<b>Fit-out/Pre-opening Inspection</b>	2	2	5	0	0	<b>9</b>
<b>Fair/Temporary Event Inspection</b>	0	15	0	0	0	<b>15</b>
<b>Spot Check Inspection</b>	1	0	3	1	0	<b>5</b>
<b>Total</b>	<b>53</b>	<b>78</b>	<b>125</b>	<b>45</b>	<b>12</b>	<b>313</b>

Graph 3 illustrates that there has been an increase of 16% in the number of routine inspections undertaken for the financial year to date when compared to the previous year. The number of follow-up inspections for the financial year to date decreased by 16% when compared to the previous year. The total number of inspections completed for the financial year to date are further broken down by Council area in Table 3.

Graph 3: A two year comparison of the total number of inspections conducted for the financial-year-to-date.

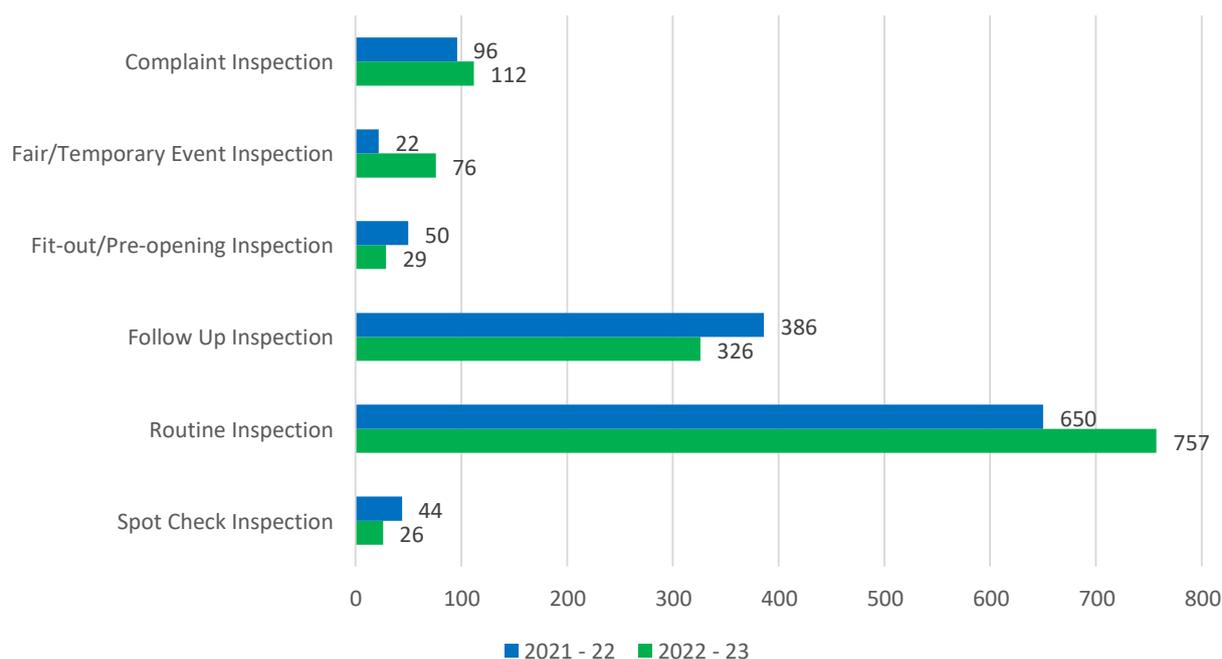


Table 3: Food premises inspections for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Routine Inspection</b>	165	181	293	86	32	<b>757</b>
<b>Follow up Inspection</b>	69	56	126	54	21	<b>326</b>
<b>Complaint Inspection</b>	27	15	46	21	3	<b>112</b>
<b>Fit-out/Pre-opening Inspection</b>	4	6	17	2	0	<b>29</b>
<b>Fair/Temporary Event Inspection</b>	5	46	5	12	8	<b>76</b>
<b>Spot Check Inspection</b>	1	5	13	4	3	<b>26</b>
<b>Total</b>	<b>271</b>	<b>309</b>	<b>500</b>	<b>179</b>	<b>67</b>	<b>1,326</b>

## 2.2 Non-Compliance with Food Safety Standards

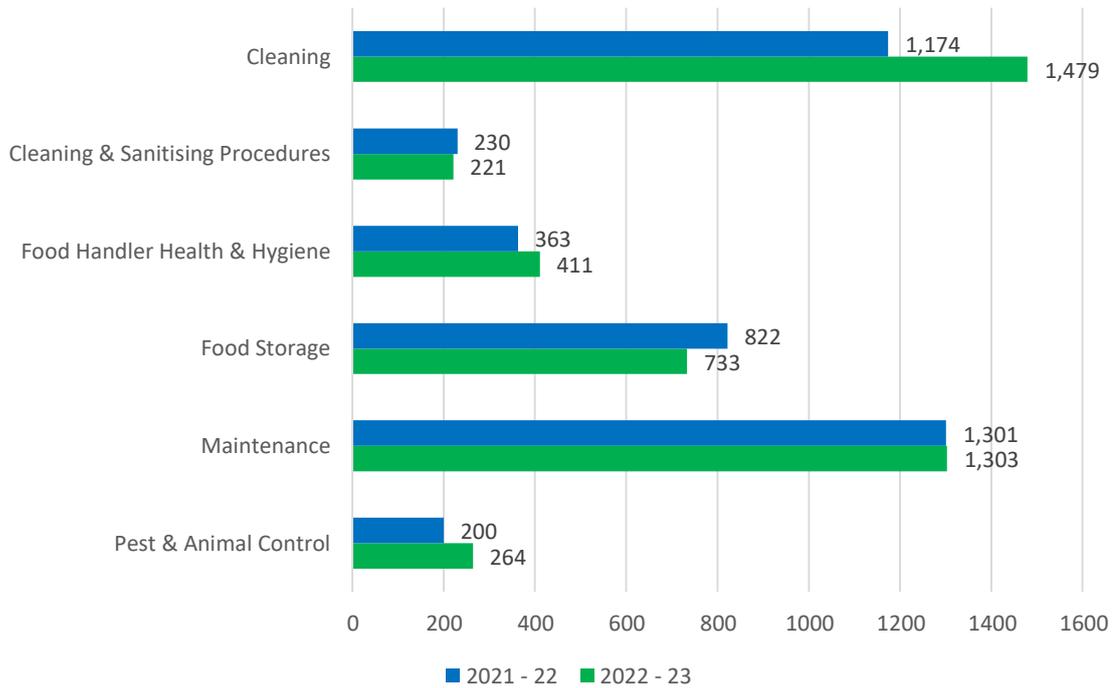
The SA Health Food Safety Rating Scheme Checklist (FSRS) is used to assess business compliance with food safety standards at routine inspections. Non-compliances against the Standards can range from Minor, Major to Serious. This is dependent on the risk and seriousness of the breach. EHO's identified a total of 1,088 non-compliances with the Food Safety Standards during the reporting period (Table 4). The majority of non-compliances were minor in nature, with 76% of the non-compliances captured within this category.

Table 4: The type and number of non-compliances identified at routine inspections from 1 April 2023 to 31 May 2023.

Type of non-compliance	Number of non-compliances
<b>Minor</b>	<b>826</b>
<b>Major</b>	<b>176</b>
<b>Serious</b>	<b>86</b>
<b>Total</b>	<b>1,088</b>

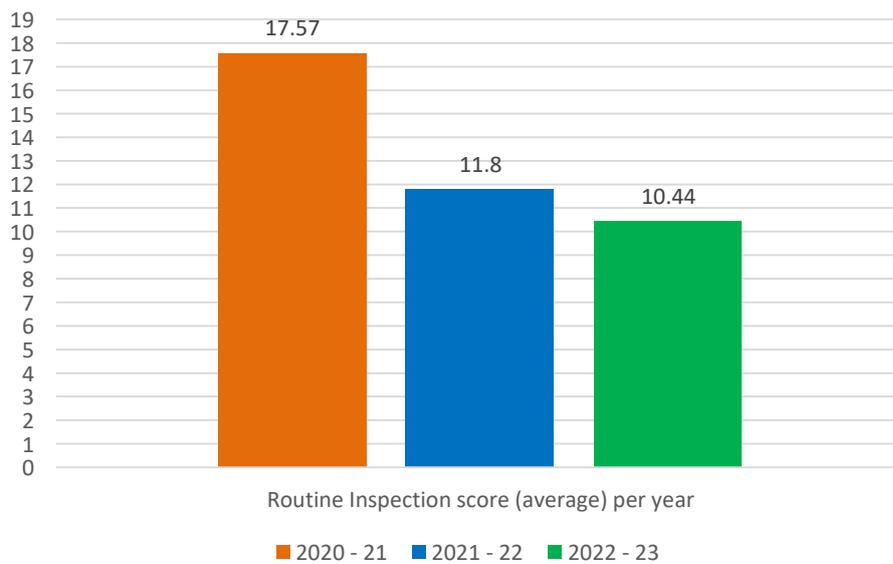
A poor standard of cleanliness, maintenance and unsafe storage of food accounted for the most common non-compliances identified during routine inspections for the financial year to date over a two year period (Graph 4). The number of non-compliances relating to poor maintenance was comparable to the previous year. Non-compliances relating to unsafe food storage practices and a poor standard of cleanliness resulted in a 11% decrease and a 26% increase respectively when compared to the financial year to date reporting period for the previous year (Graph 4).

Graph 4: A two year comparison of non-compliances identified at routine inspections during the financial year-to-date.



Graph 5 demonstrates that there is a decreasing trend over time in the average routine inspection score for the financial year to date over the past three years. The decrease in the average routine inspection score is a positive indication that food safety standards within businesses continue to improve.

Graph 5: A three year comparison of the average routine inspection score during the financial year-to-date.



### 2.3 Legal Actions for Food Premises

During the reporting Board Report period, three Improvement Notices, two Final Warnings and one Prohibition Order were issued. There were no Expiations Notices issued during the reporting period.

All of the food businesses requiring legal action within the reporting period were P1 high risk businesses (Table 7). A total of 50 legal actions were required to be taken for food businesses for the financial year to date (Table 6).

As shown in Graph 6 there has been a decrease in the number of legal actions required to be taken for the current financial year to date compared to the previous year. The Prohibition Order that was issued during the reporting period was for a food business that was preparing unsafe/unsuitable food within a food premises that was not maintained to the required standard of cleanliness.

Table 5: Legal action taken from 1 April 2023 to 31 May 2023.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Final Warning</b>	0	0	1	1	0	<b>2</b>
<b>Improvement Notice</b>	1	0	0	2	0	<b>3</b>
<b>Prohibition Order</b>	0	0	0	1	0	<b>1</b>
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>6</b>

Graph 6: A two year comparison of legal action taken for the financial year-to-date.

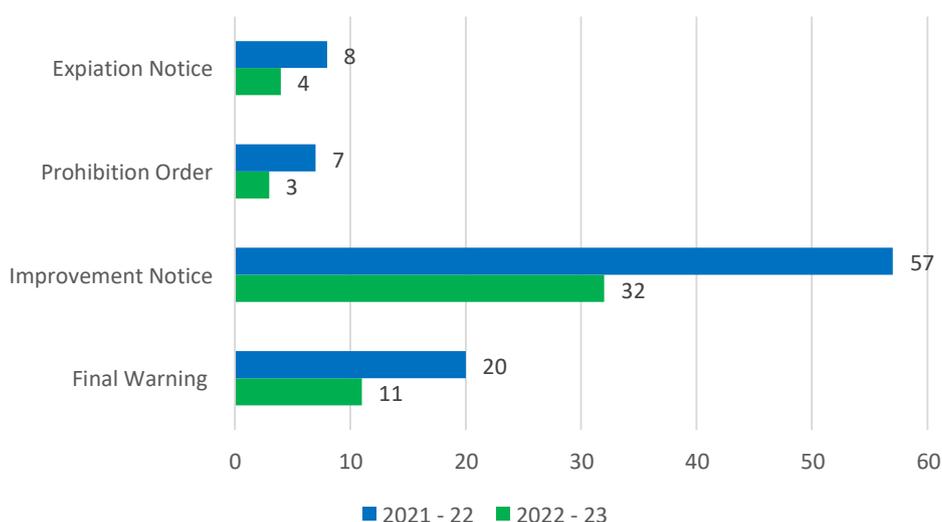


Table 6: Legal action taken for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Final Warning</b>	0	3	4	4	0	<b>11</b>
<b>Improvement Notice</b>	6	5	13	5	3	<b>32</b>
<b>Expiation Notice</b>	1	1	2	0	0	<b>4</b>
<b>Prohibition Order</b>	0	0	2	1	0	<b>3</b>
<b>Total</b>	<b>7</b>	<b>9</b>	<b>21</b>	<b>10</b>	<b>3</b>	<b>50</b>

Table 7: Legal action taken per food business risk classification from 1 April 2023 to 31 May 2023.

	P1	P2	P3
<b>Final Warning</b>	2	0	0
<b>Improvement Notice</b>	3	0	0
<b>Expiation Notice</b>	0	0	0
<b>Prohibition Order</b>	1	0	0

## 2.4 Food Complaints

For the reporting period 1 April 2023 to 31 May 2023 EHA received ten complaints that were investigated under the *Food Act 2001*. The complaints are shown by category in Graph 7 and by respective council area in Table 8.

Alleged food poisoning complaints, poor personal hygiene/food handling practices and unsuitable/unsafe food were the most common type of complaints received and investigated for both the reporting period and financial year to date (Graphs 7 and 8).

There has been a significant increase in the number of alleged food poisoning complaints received during the reporting period and financial year to date when compared to the previous year (Graphs 7 and 8).

Graph 7: A two year comparison of food complaints received from 1 April 2023 to 31 May 2023.

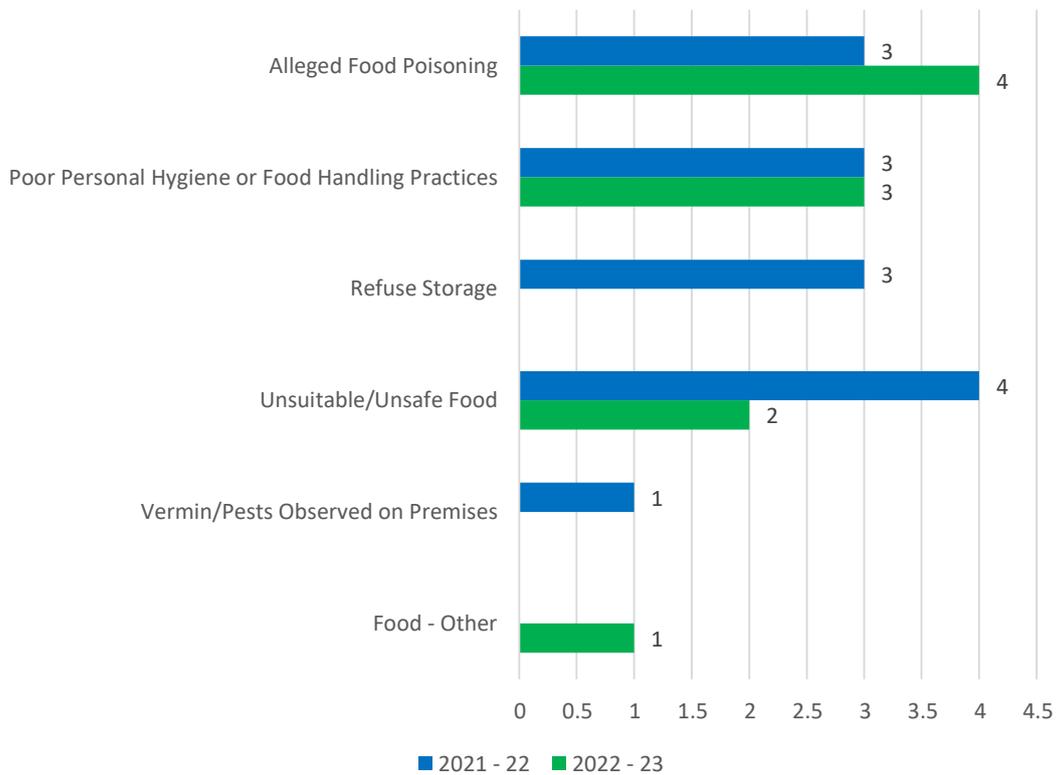


Table 8: Food complaints received by council area from 1 April 2023 to 31 May 2023.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Alleged Food Poisoning</b>	1	0	2	1	0	<b>4</b>
<b>Poor personal hygiene or food handling practices</b>	1	1	1	0	0	<b>3</b>
<b>Unsuitable/unsafe food</b>	1	0	1	0	0	<b>2</b>
<b>Food - Other</b>	0	0	1	0	0	<b>1</b>
<b>Total</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>10</b>

Graph 8: A two year comparison of food complaints received for the financial year-to-date.

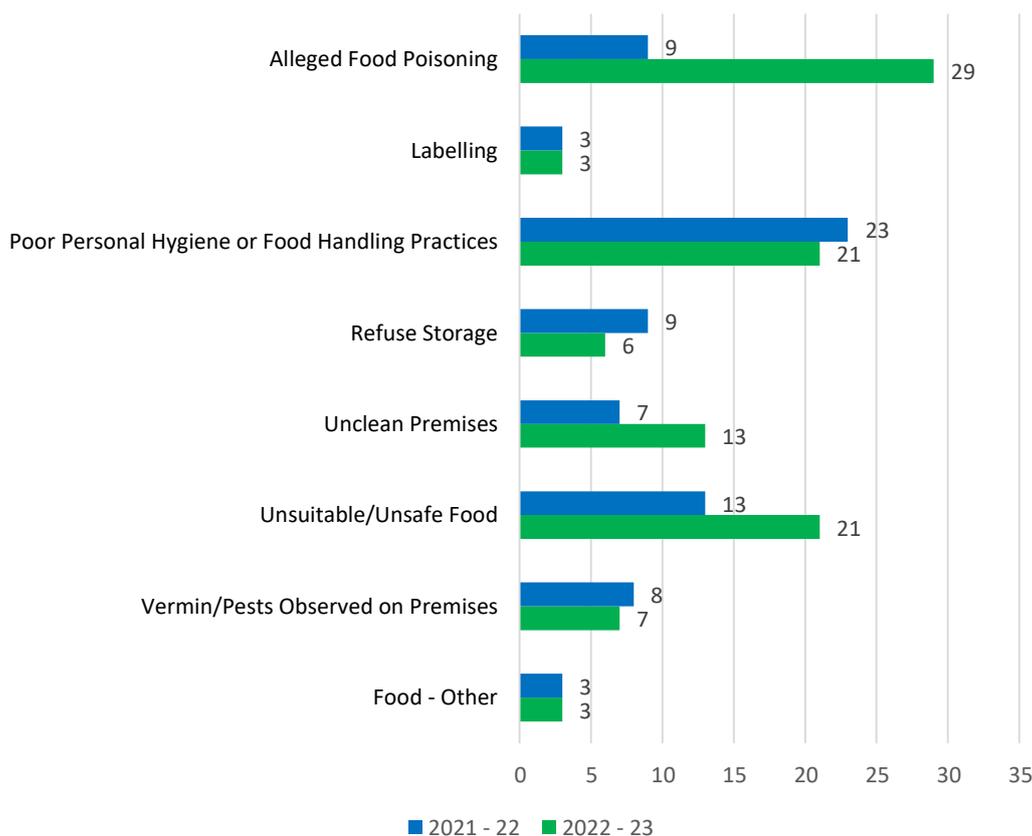


Table 9: Food complaints received by council area for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Alleged Food Poisoning</b>	6	3	11	6	3	<b>29</b>
<b>Labelling</b>	0	1	1	1	0	<b>3</b>
<b>Poor personal hygiene or food handling practices</b>	4	3	9	5	0	<b>21</b>
<b>Refuse Storage</b>	3	0	3	0	0	<b>6</b>
<b>Unclean premises</b>	1	3	5	4	0	<b>13</b>
<b>Unsuitable/unsafe food</b>	8	5	7	1	0	<b>21</b>
<b>Vermin/pests observed on premises</b>	2	0	4	1	0	<b>7</b>
<b>Food - Other</b>	0	0	3	0	0	<b>3</b>
<b>Total</b>	<b>24</b>	<b>15</b>	<b>43</b>	<b>18</b>	<b>3</b>	<b>103</b>

## 2.5 Audits of Businesses that Serve Vulnerable Populations

During the reporting period, 11 businesses within the Constituent Council boundaries and nine businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code*. There were two additional follow-up audits required.

A total of 137 audits of businesses that serve vulnerable populations and four follow up audits have been completed in the financial year-to-date (Table 11).

Table 10: Food audits completed for the period from 1 April 2023 to 31 May 2023.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
<b>Audits</b>	4	2	2	3	0	9	<b>20</b>
<b>Follow-up audits</b>	1	0	0	0	0	1	<b>2</b>
<b>Total</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>10</b>	<b>22</b>

Table 11: Food audits completed for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
<b>Audits</b>	19	19	20	12	1	66	<b>137</b>
<b>Follow-up audits</b>	1	0	0	0	1	2	<b>4</b>
<b>Total</b>	<b>20</b>	<b>19</b>	<b>20</b>	<b>12</b>	<b>2</b>	<b>68</b>	<b>141</b>

## 3.0 Public Health

### 3.1 Public Health Complaints

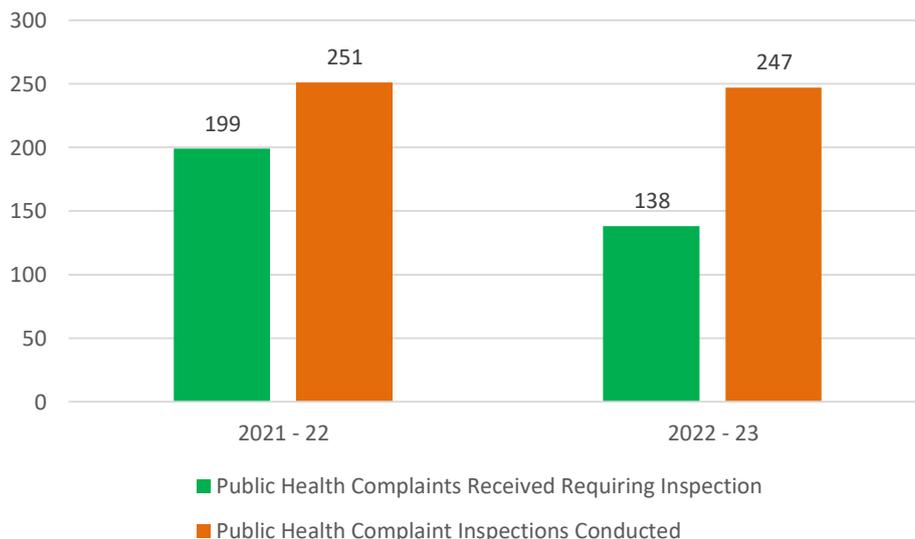
For the reporting period 1 April 2023 to 31 May 2023 there was a total of 15 public and environmental health related complaints received.

Graph 9 depicts a decrease in the total number of public health complaints requiring inspection. This decrease is a result of the changes to the reporting practices that took effect from the start of the financial year. This change was made to more accurately reflect

where investigations and inspections were required to be undertaken as opposed to providing advice and education only.

The graph indicates that for this financial year to date that an average rate of 1.8 inspections per complaint were required (Graph 9).

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



Graph 10: A two year comparison of public and environmental health complaints received from 1 April 2023 to 31 May 2023.

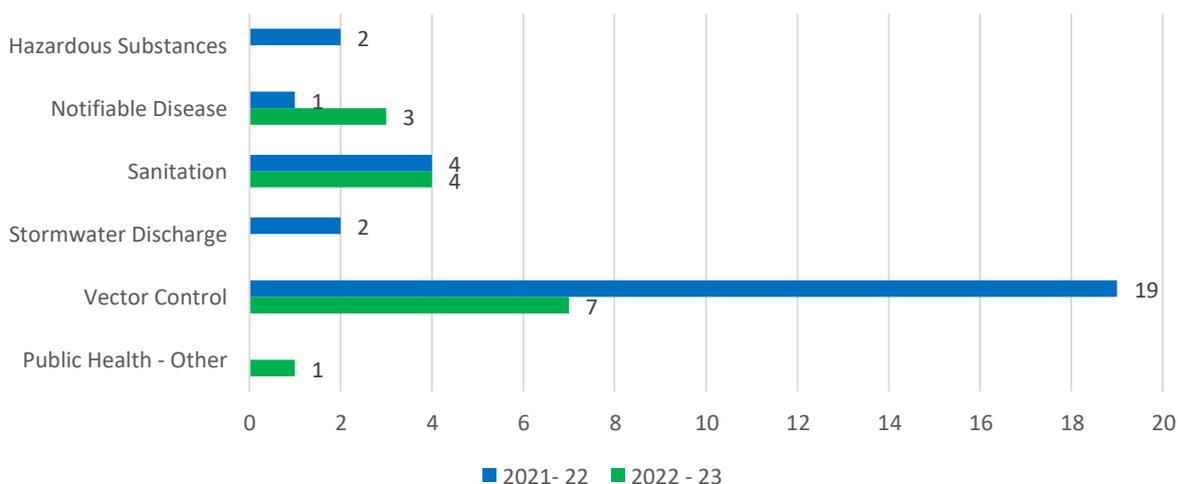


Table 12: Public and environmental health complaints for 1 April 2023 to 31 May 2023 by council area.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Notifiable Disease</b>	0	2	1	0	0	<b>3</b>
<b>Public Health - Other</b>	0	0	1	0	0	<b>1</b>
<b>Sanitation</b>	0	1	1	1	1	<b>4</b>
<b>Vector Control</b>	2	0	1	4	0	<b>7</b>
<b>Total</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>15</b>

As shown in Graphs 10 and 11 vector control and sanitation complaints account for the most common type of complaints received and investigated over the past two years.

The Graphs 10 and 11 illustrates that there is a significant decrease in the number of reported vector control complaints received. As previously detailed, this is a result of the changes to the reporting practices that took effect from the start of the financial year.

Graph 11: A two year comparison of public and environmental health complaints received for the financial year-to-date.

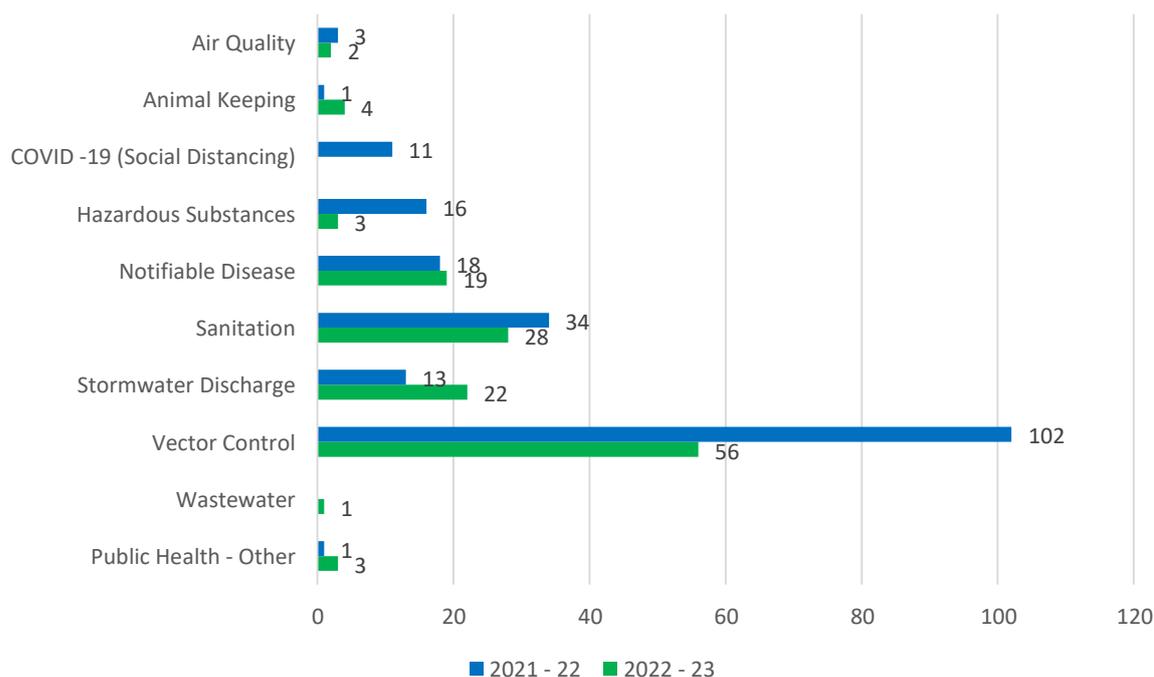


Table 13: Public and environmental health complaints for financial year-to-date by council area.

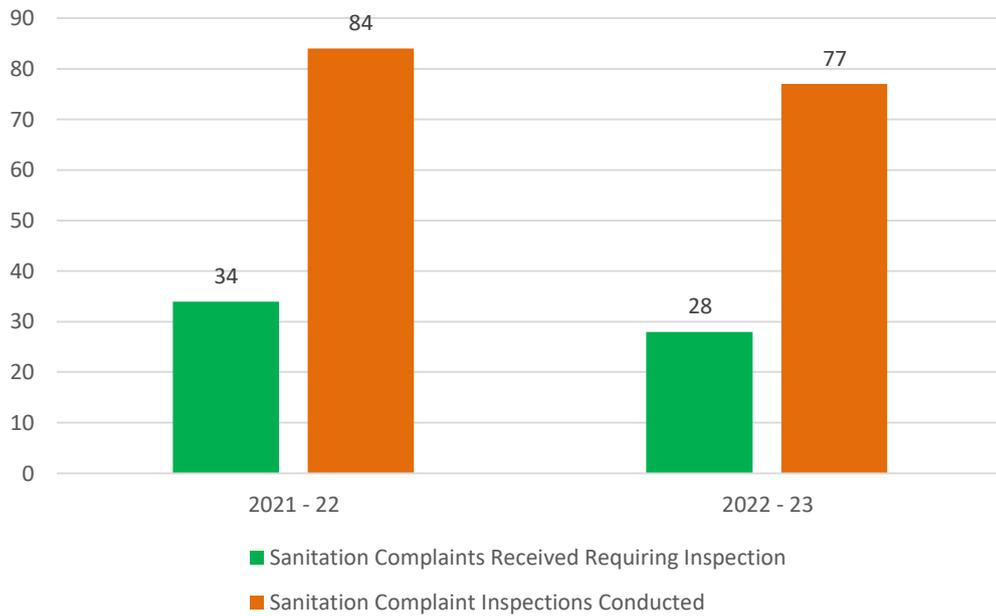
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Air Quality</b>	1	0	0	1	0	<b>2</b>
<b>Animal Keeping</b>	0	2	2	0	0	<b>4</b>
<b>Hazardous Substances</b>	0	0	3	0	0	<b>3</b>
<b>Notifiable Disease</b>	6	7	2	3	1	<b>19</b>
<b>Public Health - Other</b>	0	0	3	0	0	<b>3</b>
<b>Sanitation</b>	6	9	6	5	2	<b>28</b>
<b>Stormwater Discharge</b>	8	0	12	1	1	<b>22</b>
<b>Vector Control</b>	13	15	14	12	2	<b>56</b>
<b>Wastewater</b>	1	0	0	0	0	<b>1</b>
<b>Total</b>	<b>35</b>	<b>33</b>	<b>42</b>	<b>22</b>	<b>6</b>	<b>138</b>

Due to the nature of vector control and sanitation complaints the investigation will often require more than one inspection.

Sanitation complaints most commonly involve hoarding and squalor. These types of complaints are often complex and have additional underlying issues that require interaction from other agencies. Multiple inspections over an extended period of time are required to enable the complaint to be successfully addressed. Within the current financial year there has been a total of 58 inspections completed for the 14 premises that have required two or more inspections.

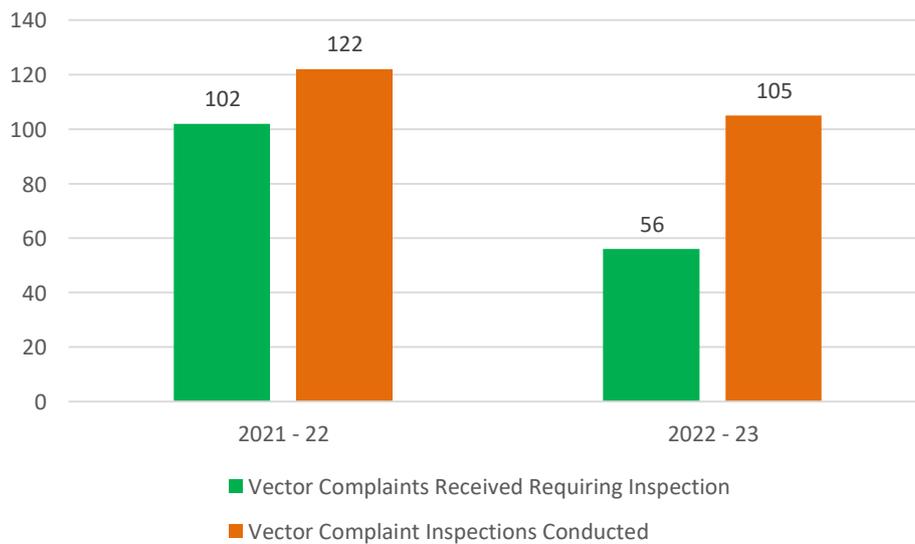
As shown in Graph 12, the number of sanitation complaints received over the past two years has remained consistent. The graph also shows that there is a high average rate of 2.6 inspections required per sanitation complaint over the past two years.

Graph 12: A two year comparison of sanitation complaints received compared to completed inspections for the financial year-to-date.



As previously illustrated in Graph 11, a high proportion of vector control complaints relate to vermin activity. The graph below indicates that for this financial year to date that an average rate of 1.9 inspections per complaint were required (Graph 13).

Graph 13: A two year comparison of vector control complaints received compared to completed inspections for the financial year-to-date.



### 3.2 Cooling Towers & Warm Water Systems

During the reporting period seven cooling tower inspections and one warm water system inspections were conducted at seven sites. There were no sites that returned positive results for *Legionella* sampling during the reporting period or required a follow-up inspection.

No complaints were received during the reporting period.

Table 14: Cooling Tower and Warm Water System Inspections conducted from 1 April 2023 to 31 May 2023.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Routine Inspection</b>	5	2	1	0	0	<b>8</b>
<b>Total</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>

Table 15: Cooling Tower and Warm Water System Inspections for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Routine Inspection</b>	5	9	7	2	0	<b>23</b>
<b><i>Legionella</i> Detections during sampling</b>	0	2	0	0	0	<b>2</b>
<b>Total</b>	<b>5</b>	<b>11</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>25</b>

### 3.3 Public Swimming Pools and Spas

During the reporting period 15 swimming and spa pool inspections were conducted at nine sites (Table 16). No follow up inspections required during the reporting period.

There were no complaints received during the reporting period.

Table 16: Swimming and Spa Pool Inspections conducted between 1 April 2023 to 31 May 2023.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Routine Inspection</b>	8	3	4	0	0	15
<b>Total</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>15</b>

A total of 51 swimming and spa pool inspections, eight follow up and two complaint inspections have been completed in the financial year-to-date (Table 17).

Table 17: Swimming and Spa Pool Inspections conducted for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Routine Inspection</b>	25	8	14	2	2	51
<b>Follow-up Inspection</b>	7	0	1	0	0	8
<b>Complaint Inspection</b>	1	1	0	0	0	2
<b>Total</b>	<b>33</b>	<b>9</b>	<b>15</b>	<b>2</b>	<b>2</b>	<b>61</b>

### 3.4 Personal Care and Body Art

During the reporting period four routine inspections were completed for Personal Care and Body Art premises.

No complaints were received during the reporting period.

Table 18: Personal Care and Body Art Premise Inspections conducted for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Routine Inspection</b>	0	0	4	2	0	<b>6</b>
<b>Follow-up Inspection</b>	0	0	1	0	0	<b>1</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>7</b>

### 3.5 Wastewater

During the reporting period no waste control system applications were received that required assessment in accordance with the requirements of the *SA Public Health (Wastewater) Regulations 2013*.

Table 19: Wastewater actions completed between 1 April 2023 to 31 May 2023 and financial year-to-date.

Type of Activity	1 April 2023 – 31 May 2023	Year to date
<b>Number of applications received</b>	0	2
<b>Number of pending decisions</b>	0	0
<b>Number of applications approved</b>	0	4*
<b>Number of applications refused</b>	0	0
<b>Number of Inspections to determine progress of approved wastewater works</b>	0	1
<b>Number of complaint investigations</b>	0	0

*\* Two wastewater applications were received in the previous financial year. These applications were partly assessed within 2021-22 and carried over to 2022-23 for final approval.*

#### **4.0 Health Care and Community Services - Supported Residential Facilities**

##### *Audits/Inspections*

A documentation licensing audit was undertaken for one pension only facility for the next licensing period of 1 July 2023 – 30 June 2024. During the audit, a follow-up inspection was also undertaken for outstanding structural non-compliances. The structural issues had been rectified to a satisfactory standard at the facility.

A further two structural and documentation onsite licensing audits were carried out for the two dual licensed facilities. The re-licensing audits included a detailed review of documentation, standards of care, staffing arrangements, facilities, hygiene and safety

##### *Complaints*

Nil complaints received.

##### *Approval of Manager / Acting Manager*

During the reporting period one manager application was approved.

##### *Licence Renewal*

The SRF licence for one dual licence facility will expire on 30 June 2023 as it no longer meets the definition of an SRF.

##### *Licence Transfer*

There were no licence transfer applications or approvals.

#### **RECOMMENDATION**

That:

The Environmental Health Activity Report is received.

## 8.2 IMMUNISATION ACTIVITY REPORT

### 2022 School Immunisation Program (SIP)

Between 1 April 2023 and 31 May 2023 there were 22 school visits for the 2023 School Immunisation Program.

A total of 11,231 vaccines have been administered for the school year, which is a 75.84% increase when compared to the same period in 2022 (6,387).

This large increase is due to the addition of the Year 7 school year to the 2023 School Immunisation Program.

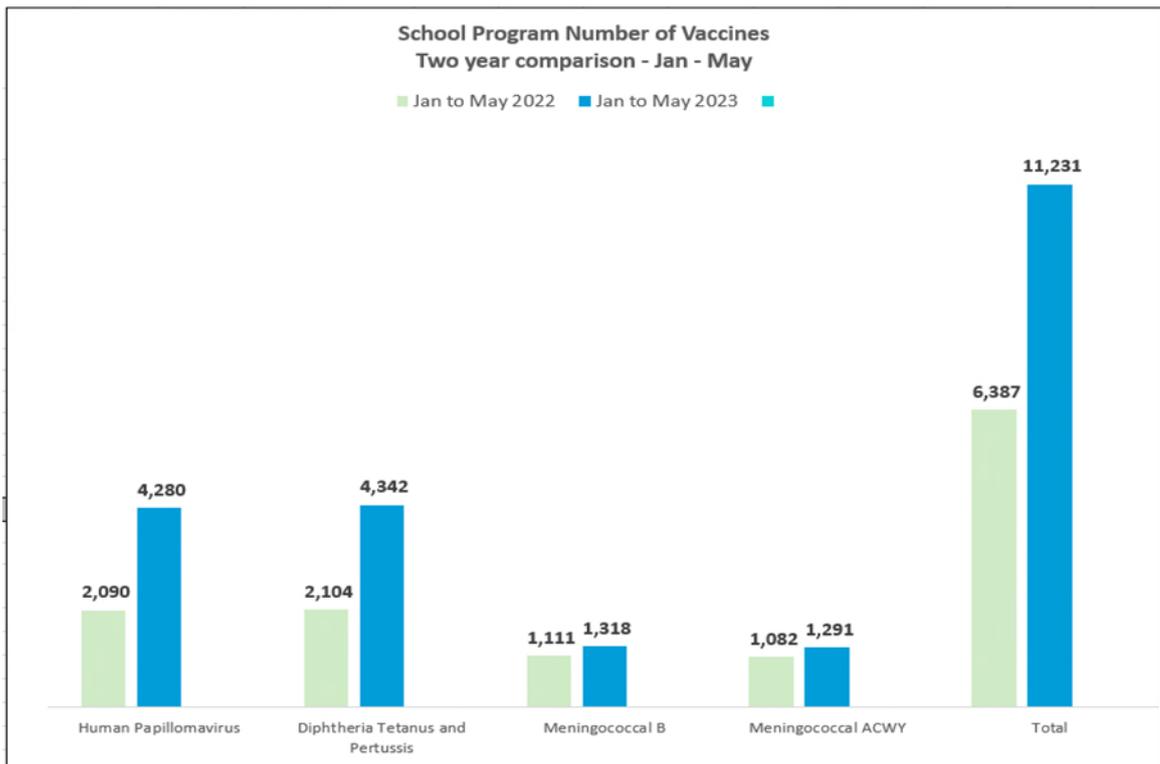
EHA will, where required, continue to offer additional catch-up appointments and clinics for school absentees. Any students who are absent on the day of the scheduled school visit will receive an SMS message alerting the parents/guardian of the missed vaccine. A link to the EHA booking system as well as the clinic timetable is provided in the SMS to assist with making the follow up appointment or attend a walk-in clinic.

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

Table 1: School Vaccinations for Calendar Year to Date – January to May 2023

Council	Human Papillomavirus	Diphtheria Tetanus and Pertussis	Meningococcal B	Meningococcal ACWY	Total
Burnside	1,408	1,426	410	375	3,619
Campbelltown	583	589	2	2	1,176
NPSP	990	996	222	256	2,464
Prospect	184	187	98	79	548
Walkerville	137	137	71	78	423
Unley	290	299	188	164	941
Adelaide Hills	688	708	327	337	2,060
<b>Total</b>	<b>4,280</b>	<b>4,342</b>	<b>1,318</b>	<b>1,291</b>	<b>11,231</b>

Graph 1: School Program number of vaccines administered - Two-year comparison 2020 – 2023



### Workplace Influenza Program

The 2023 Staff Workplace Influenza Program commenced on Monday 3 April 2023 and thus far has been delivered across 83 workplace visits, a minor decrease of 4 visits when compared to 87 in 2022 at the same reporting period. A total of 3,709 vaccines were administered at these visits compared to 3,276 for the same reporting period in 2022.

Workplace Flu bookings have again proved quite challenging for EHA through 2023 with several cancellations of bookings proving to be an ongoing issue. Due to numerous companies still operating with staff working from home and the impact of appointment availability in earlier months, cancellations in our later months were a regular occurrence.

The Staff Workplace Influenza Program for 2023 will continue with a further 11 bookings scheduled throughout June 2023.

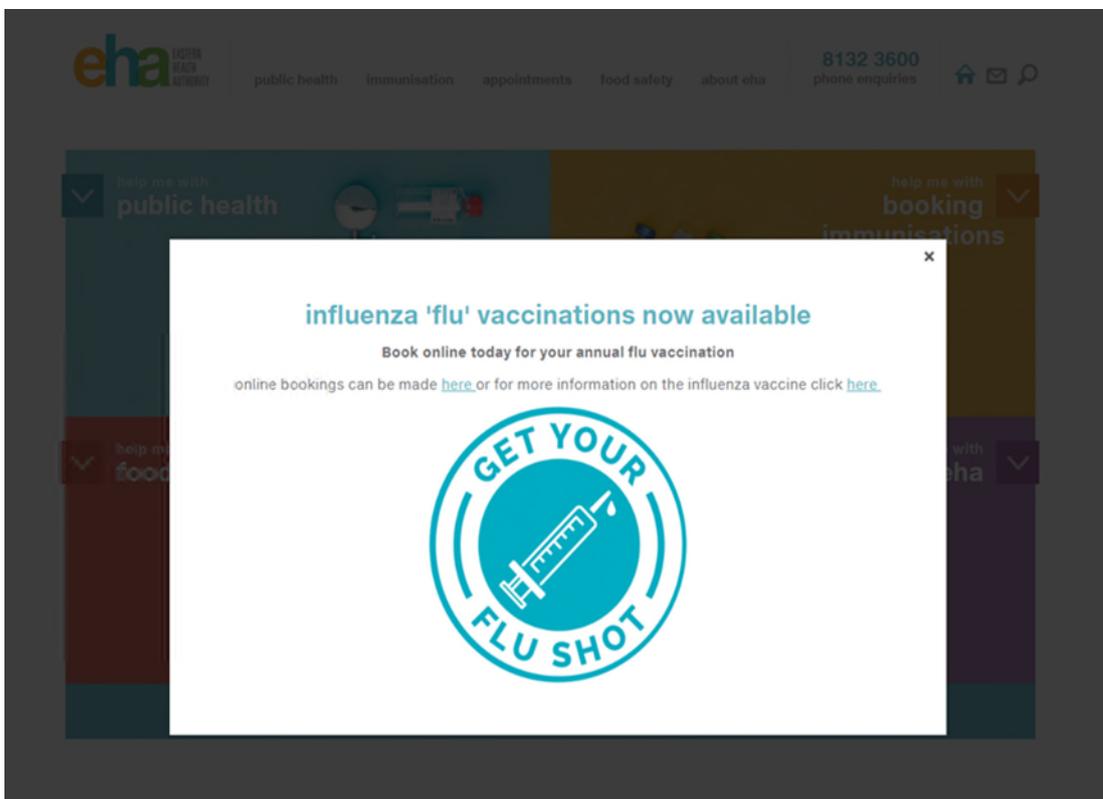
EHA staff will conduct a review of the Staff Workplace Influenza Program in August and commence planning for 2024 to be launched mid to late November.

## Marketing Update

The 2023 Influenza season officially commenced with vaccines becoming available from 1 April. As a result, EHA created a 'pop-up announcement' on the EHA website to encourage our clients to book online for their seasonal influenza vaccine. As a result of this promotion an increase of 2.86% in the use of the online booking system during this reporting period was observed.

A total of 758 online bookings were made, this was a combination of EHA administration staff using the booking system when residents call to make an appointment and residents making their own appointments via the online website.

During the reporting period, a total of 1,843 visits were made to the EHA website, 68.14% of them were new users. Users were spending approximately 2 minutes on the website.



Social media tiles were continued as an opportunity on all Constituent Council Facebook pages to alert residents to the flu clinics provided on behalf of EHA.

Both Prospect and Walkerville immunisation clinics for the reporting period saw a positive increase in client attendance, a combination of over 65-year-olds, as well as families utilised the flu clinics during this period.



**Public Clinics**

During the period of review 1,692 clients received 2,423 vaccines at EHA’s public immunisation clinics. This is an increase of 271 (12.59%) vaccines administered compared to the same period in 2022.

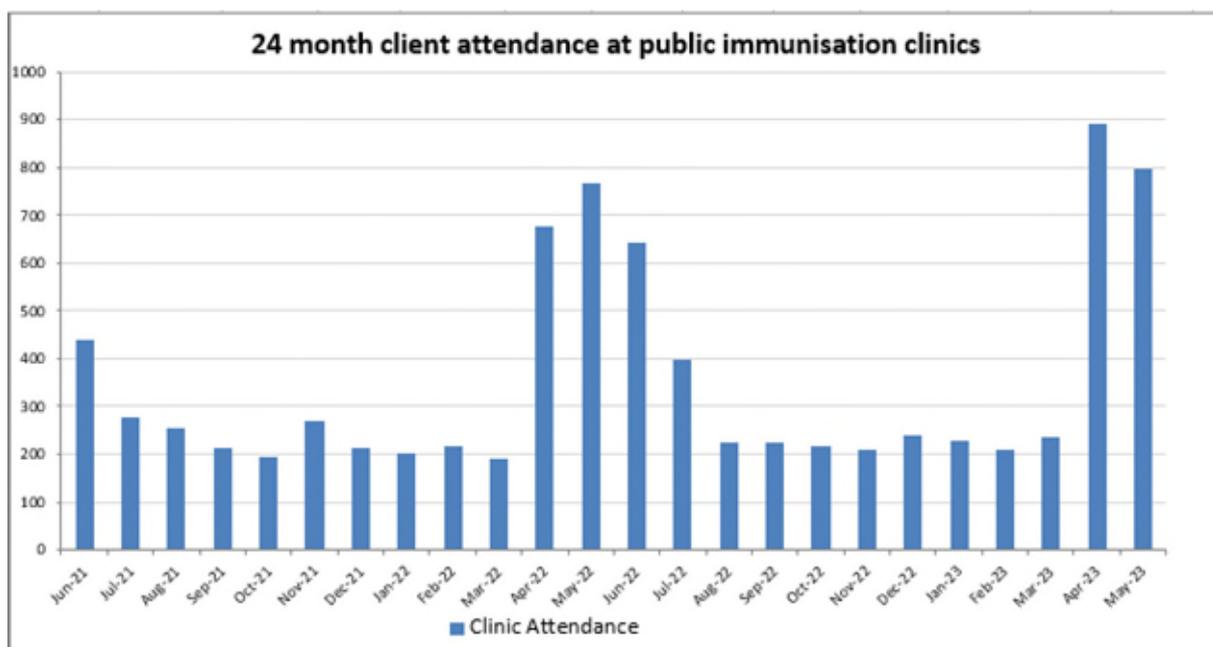
Client numbers continue to improve at public clinics after the significant impact of COVID 19. Demand for immunisation continues to be booked out for several months in advance. The re-opening of our St Peter’s Thursday clinic to a second nurse to cater for the increased number of client bookings has been well received by our clients.

Social media tiles were continued as an opportunity on all Constituent Council Facebook pages to alert residents to the flu clinics provided on behalf of EHA. EHA has maintained a fee of \$22 unchanged for our 2023 flu program.

EHA has again experienced a high demand for influenza vaccines throughout April and May, with both appointment and walk-in clinics in high demand.

The graph on the following page details Client Attendance and Vaccines administered for the reporting period (April to May) in 2022 and 2023.

Graph 2: Two-year comparison of clients and vaccines April – May 2022 & 2023



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

Table 2: Combined Clinic breakdown for April 2023 – May 2023

Burnside Clinic				
<i>Burnside Council - 2nd and 4th Monday of each month</i>				
Client council of origin	Period April - May 2023		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	132	182	297	513
Campbelltown	18	32	50	104
NPSP	27	44	61	111
Prospect	4	9	9	25
Walkerville	2	2	6	17
Adelaide Hills	4	4	16	31
Unley	9	18	26	62
Other	7	7	25	42
<b>Clinic Total Number</b>	<b>203</b>	<b>298</b>	<b>490</b>	<b>905</b>

Campbelltown Clinic				
<i>The ARC - 1st and 3rd Wednesday of each month</i>				
Client council of origin	Period April - May 2023		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	25	37	46	69
Campbelltown	100	148	275	513
NPSP	27	47	50	93
Prospect	12	13	14	17
Walkerville	3	3	3	3
Adelaide Hills	6	10	12	24
Unley	1	2	6	12
Other	8	8	17	24
<b>Clinic Total Number</b>	<b>182</b>	<b>268</b>	<b>423</b>	<b>755</b>

Norwood Payneham & St Peters Clinic				
<i>Weekly at EHA offices</i>				
Client council of origin	Period April - May 2023		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	199	268	469	873
Campbelltown	183	290	493	1064
NPSP	384	530	739	1335
Prospect	74	94	168	312
Walkerville	57	71	123	237
Adelaide Hills	9	14	32	60
Unley	43	65	114	218
Other	23	34	92	191
<b>Clinic Total Number</b>	<b>972</b>	<b>1366</b>	<b>2230</b>	<b>4290</b>

Prospect Clinic				
<i>Prospect Clinic - held at Prospect Town Hall Payinthi</i>				
Client council of origin	Period April - May 2023		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	2	2	6	11
Campbelltown	1	2	9	18
NPSP	3	3	7	15
Prospect	35	44	78	133
Walkerville	5	9	7	12
Adelaide Hills	1	5	1	5
Unley	2	4	3	6
Other	2	2	6	6
<b>Clinic Total Number</b>	<b>51</b>	<b>71</b>	<b>117</b>	<b>206</b>

Walkerville Clinic				
<i>Walkerville Council - 1st Friday of each month</i>				
Client council of origin	Period April - May 2023		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	1	4	10	29
Campbelltown	11	11	11	11
NPSP	4	8	8	19
Prospect	7	10	13	25
Walkerville	10	10	14	22
Adelaide Hills	3	4	3	4
Unley	1	3	3	5
Other	1	1	4	17
<b>Clinic Total Number</b>	<b>38</b>	<b>51</b>	<b>66</b>	<b>132</b>

Adelaide Hills Clinic				
<i>Stirling and Woodside - 1st and 3rd Thursday of each month</i>				
Client council of origin	Period April - May 2023		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	0	0	1	4
Campbelltown	0	0	1	1
NPSP	0	0	0	0
Prospect	0	0	0	0
Walkerville	0	0	0	0
Adelaide Hills	85	114	171	263
Unley	1	1	2	4
Other	3	4	10	16
<b>Clinic Total Number</b>	<b>89</b>	<b>119</b>	<b>185</b>	<b>288</b>

Unley Clinic				
<i>Civic Centre - 3rd Wed, 4th Fri and 1st Sat of each month</i>				
Client council of origin	Period April - May 2023		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	24	35	72	126
Campbelltown	7	12	21	42
NPSP	6	8	28	57
Prospect	0	0	3	5
Walkerville	7	14	10	25
Adelaide Hills	4	10	11	23
Unley	79	129	217	423
Other	30	42	67	126
<b>Clinic Total Number</b>	<b>157</b>	<b>250</b>	<b>429</b>	<b>827</b>

Grand Total of all Clinic Sites				
Client council of origin	Period April - May 2023		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	383	528	901	1625
Campbelltown	320	495	860	1753
NPSP	451	640	893	1630
Prospect	132	170	285	517
Walkerville	84	109	163	316
Adelaide Hills	112	161	246	410
Unley	136	222	371	730
Other	74	98	221	422
<b>Clinic Total Number</b>	<b>1692</b>	<b>2423</b>	<b>3940</b>	<b>7403</b>

**RECOMMENDATION**

That:

The Immunisation Services Report is received.