



Board of Management

26 June 2024



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY 26 June 2024

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 26 June 2024 commencing at 6:30 pm.

A light meal will be served from 5:30 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 26 June 2024

Commencing at 6:30 pm

1 Opening

2 Acknowledgement of Traditional Owners

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

3 Opening Statement

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

4 Apologies

5 Minutes

Recommendation

That the minutes of the meeting of the Board held on Wednesday 1 May 2024 as printed and circulated be taken as read and confirmed.

6 Matters arising from the minutes

Agenda Continued

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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 1 May 2024 commencing at 6:45pm.

MEMBERS PRESENT:

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

In attendance:

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

1 OPENING:

The meeting was declared open by the Cr P Cornish at 6:45 pm.

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:

Cr J Allanson	Corporation of the Town of Walkerville
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5 CONFIRMATION OF MINUTES:

Cr Moorhouse moved:

The minutes of the meeting of the Board held on 21 February 2024 be taken as read and confirmed.

Seconded by Cr Noble

CARRIED UNANIMOUSLY 1: 052024

6 MATTERS ARISING FROM THE MINUTES:

Nil.

7 ADMINISTRATION REPORT

7.1 FINANCE REPORT AND THIRD (MARCH 2024) BUDGET REVIEW FOR 2023-2024

Cr Nenke moved:

That:

1. The Finance Report and Third and Final (March 2024) Budget Review for 2023/2024 Report be received.
2. The revised 2023/2024 Budget provided as attachment 2 to this report is endorsed.

Seconded by Cr Whittington

CARRIED UNANIMOUSLY 2: 052024

7.2 EASTERN HEALTH AUTHORITY CHARTER REVIEW UPDATE

Cr Nenke moved:

That:

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

Seconded by Cr Moorhouse

CARRIED UNANIMOUSLY 3: 052024

8 INFORMATION REPORTS

8.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

Cr Whittington moved:

That:

1. The Environmental Health Activity Report is received.

Seconded by Cr Nguyen

CARRIED UNANIMOUSLY 4: 052024

8.2 IMMUNISATION

Cr Whittington moved:

That:

1. The Immunisation Services Report is received.

Seconded by Cr Barnett

CARRIED UNANIMOUSLY 5: 052024

9 CORRESPONDENCE

Nil.

10 OTHER BUSINESS

11 CLOSURE OF MEETING:

The Chairperson, Cr P Cornish, declared the meeting closed at 7:34 pm.

The foregoing minutes were printed and circulated to EHA Members and member Councils on 3 May 2024

Cr P Cornish

CHAIRPERSON

7.1 FINANCIAL REPORTS

Author: Michael Livori

Ref: AF24/54

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 2023 and 31 May 2024.

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

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2024 to 31 May 2024				
	Actual	Budgeted	\$ Variation	% Variation
Total Operating Expenditure	\$2,309,356	\$2,510,775	(\$201,420)	-8%
Total Operating Income	\$2,745,938	\$2,748,617	(\$2,679)	0%
Operating Result	\$436,583	\$237,842	\$198,741	84%

The report shows that for the reporting period, income was \$2,679 less than budgeted and expenditure was \$201,420 (-8%) less than budgeted.

The net result is \$198,741 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 2024 Board Meeting.

Operating Income Variances

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

Description	YTD Variation	Comment
Income		
Food Inspection Fees	(\$5,218)	Less income than budgeted for food inspections -time replacing staff.
Fines & Expiation Fees	(\$28,338)	Reduction in fines issued YTD.
Immunisation: Clinic Vaccines	\$13,833	Increase in purchase of vaccinations at public clinics
Food Auditing	\$13,677	Increase in billable auditing time.
Interest	\$13,606	Increase in investment income.
Sundry Income	(\$5,891)	Decrease in Sundry Income received.

Operating Expenditure Variances

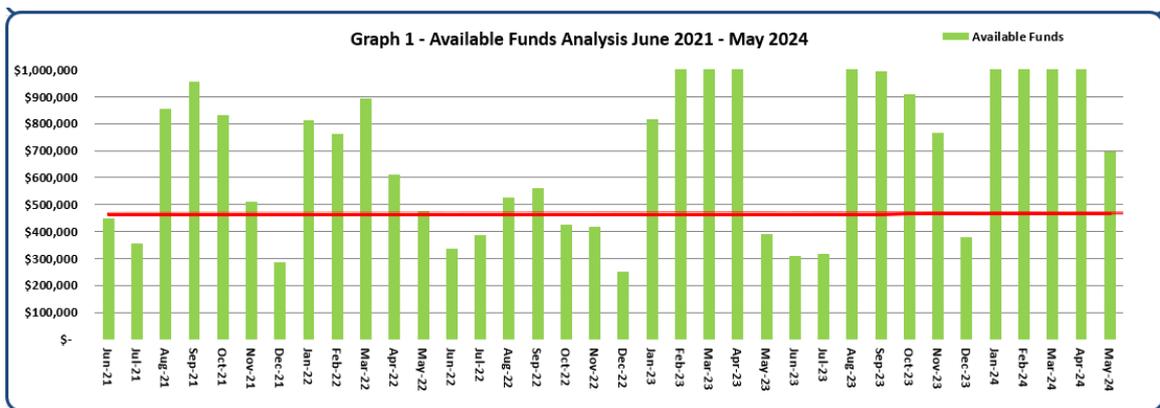
Favourable variances are shown in **black** and **unfavourable** variances are shown in **red**.

Description	YTD Variation	Comment
Expenditure		
Employee Costs	(\$171,583)	Delay in appointment of staff to budgeted positions.
Legal	(\$5,606)	Reduction in legal costs.

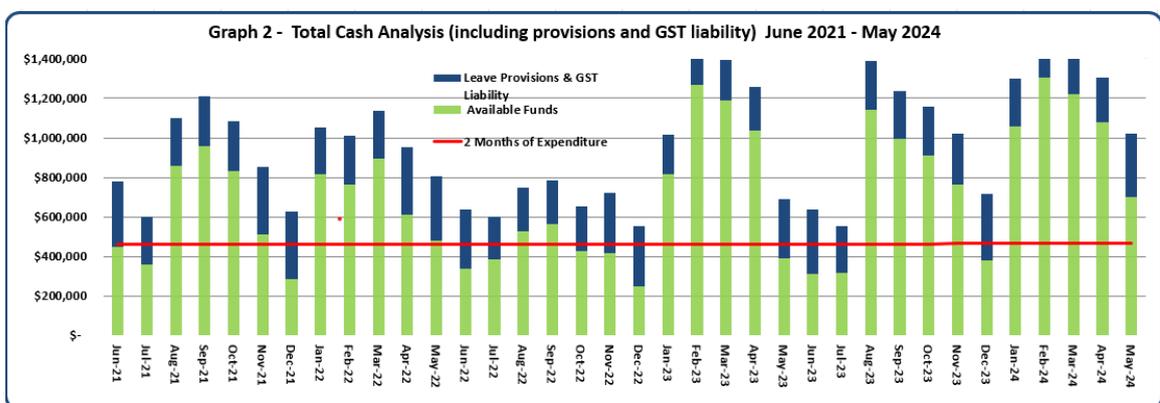
Cash Management

A Bank Reconciliation and Available Funds report for the period ending 31 May 2024 is provided in attachment 2. It shows that on 31 May 2024, available funds were \$111,294 in comparison with \$422,579 on 31 March 2024.

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.

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2024 to 31 May 2024				
Income	Actual	Budgeted	\$ Variation	% Variation
Constituent Council Income				
City of Burnside	\$549,526	\$549,526	\$0	0%
City of Campbelltown	\$485,862	\$485,862	\$0	0%
City of NPS	\$623,600	\$623,600	\$0	0%
City of Prospect	\$222,106	\$222,106	\$0	0%
Town of Walkerville	\$89,106	\$89,106	\$0	0%
Total Constituent Council Contributions	\$1,970,200	\$1,970,200	\$0	0%
Statutory Charges				
Food Inspection fees	\$108,448	\$113,667	(\$5,218)	-5%
Legionella registration and Inspection	\$5,755	\$7,333	(\$1,578)	-22%
SRF Licenses	\$273	\$1,800	(\$1,527)	-85%
Fines & Expiation Fees	\$17,495	\$45,833	(\$28,338)	-62%
Total Statutory Charges	\$131,971	\$168,633	(\$36,662)	-22%
User Charges				
Immunisation: Service Provision	\$101,750	\$101,750	\$0	0%
Immunisation: Clinic Vaccines	\$83,833	\$70,000	\$13,833	20%
Immunisation: Worksites Vaccines	\$71,258	\$66,667	\$4,591	7%
Immunisation: Clinic Vaccines F	\$2,495	\$0	\$2,495	0%
Food Auditing	\$103,043	\$89,367	\$13,677	15%
Total User Charges	\$362,379	\$327,784	\$34,596	11%
Grants, Subsidies, Contributions				
Immunisation School Program	\$228,138	\$229,000	(\$862)	0%
Immunisation:ACIR	\$20,422	\$23,667	(\$3,245)	-14%
Total Grants, Subsidies, Contributions	\$248,560	\$252,667	(\$4,107)	-2%
Investment Income				
Interest on investments	\$31,939	\$18,333	\$13,606	74%
Total Investment Income	\$31,939	\$18,333	\$13,606	74%
Other Income				
Motor Vehicle re-imburements	\$364	\$4,583	(\$4,220)	-92%
Sundry Income	\$525	\$6,417	(\$5,891)	-92%
Total Other Income	\$889	\$11,000	(\$10,111)	-92%
Total Income	\$2,745,938	\$2,748,617	(\$2,679)	0%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2024 to 31 May 2024				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Salaries & Wages	\$1,453,260	\$1,595,000	(\$141,740)	-9%
Superannuation	\$161,037	\$176,917	(\$15,879)	-9%
Workers Compensation	\$15,458	\$19,500	(\$4,043)	-21%
Employee Leave - LSL Accruals	\$30,662	\$37,583	(\$6,921)	-18%
Medical Officer Retainer	\$0	\$3,000	(\$3,000)	-100%
Total Employee Costs	\$1,660,417	\$1,832,000	(\$171,583)	-9%
Prescribed Expenses				
Auditing and Accounting	\$14,158	\$13,250	\$908	7%
Insurance	\$42,959	\$46,000	(\$3,041)	-7%
Maintenance	\$50,838	\$50,250	\$588	1%
Vehicle Leasing/maintenance	\$74,520	\$70,583	\$3,936	6%
Total Prescribed Expenses	\$182,474	\$180,083	\$2,390	1%
Rent and Plant Leasing				
Electricity	\$17,160	\$13,750	\$3,410	25%
Plant Leasing Photocopier	\$2,107	\$2,750	(\$644)	-23%
Rent	\$112,121	\$115,000	(\$2,879)	-3%
Water	\$0	\$300	(\$300)	-100%
Gas	\$0	\$2,700	(\$2,700)	-100%
Total Rent and Plant Leasing	\$131,388	\$134,500	(\$3,112)	-2%
IT Licensing and Support				
IT Licences	\$66,994	\$66,200	\$794	1%
IT Support	\$54,415	\$50,417	\$3,998	8%
Internet	\$4,452	\$5,500	(\$1,048)	-19%
IT Other	\$305	\$1,833	(\$1,528)	-83%
Total IT Licensing and Support	\$126,166	\$123,950	\$2,216	2%
Administration				
Administration Sundry	\$9,276	\$6,417	\$2,860	45%
Accreditation Fees	\$2,539	\$3,667	(\$1,127)	-31%
Board of Management	\$9,751	\$11,000	(\$1,249)	-11%
Bank Charges	\$3,230	\$3,208	\$22	1%
Public Health Sundry	\$1,420	\$4,583	(\$3,163)	-69%
Fringe Benefits Tax	\$14,480	\$14,000	\$480	3%
Legal	\$6,061	\$11,667	(\$5,606)	-48%
Printing & Stationery & Postage	\$17,464	\$20,167	(\$2,703)	-13%
Telephone	\$14,640	\$15,583	(\$944)	-6%
Occupational Health & Safety	\$3,966	\$8,667	(\$4,701)	-54%
Staff Amenities	\$1,000	\$5,917	(\$4,916)	-83%
Staff Training	\$13,409	\$11,000	\$2,409	22%
Human Resource Sundry	\$4,233	\$8,700	(\$4,467)	-51%
Total Administration	\$101,469	\$124,575	(\$23,106)	-19%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2024 to 31 May 2024				
Immunisation				
Immunisation SBP Consumables	\$9,182	\$9,167	\$15	0%
Immunisation Clinic Vaccines	\$43,580	\$38,667	\$4,914	13%
Immunisation Worksite Vaccines	\$23,828	\$25,000	(\$1,172)	0%
Total Immunisation	\$76,590	\$72,833	\$3,757	5%
Income Protection	\$29,536	\$31,000	(\$1,464)	0%
Total Uniforms/Income protection	\$29,536	\$31,000	(\$1,464)	0%
Sampling				
Legionella Testing	\$2,376	\$1,833	\$543	30%
Total Sampling	\$2,376	\$1,833	\$543	30%
Total Materials, contracts and other expenses	\$2,309,356	\$2,510,775	(\$201,420)	-8%
Total Operating Expenditure	\$2,309,356	\$2,510,775	(\$201,420)	-8%
Total Operating Income	\$2,745,938	\$2,748,617	(\$2,679)	0%
Operating Result	\$436,583	\$237,842	\$198,741	84%

Eastern Health Authority			
Bank Reconciliation as at 31 May 2024			
Bank SA Account No. 141/0532306840			
Balance as per Bank Statement 31 May 2024			\$ 111,293.63
Less Outstanding cheques		\$ -	
Add Outstanding deposits		\$ -	
BALANCE PER General Ledger			<u>\$ 111,293.63</u>
GST as 31 May 2024			
GST Collected		\$22,591.90	
GST Paid		<u>(\$13,697.37)</u>	
Net GST Claimable (Payable)		<u>\$8,894.53</u>	
Funds Available 31 May 2024			
Account	31-Mar-24	31-May-24	Variance
Bank SA Cheque Account	\$ 422,579	\$ 111,294	\$311,285.57
Local Government Finance Authority	\$ 1,019,845	\$ 907,615	\$112,230.30
Net GST Claimable (Payable)	\$ 105,616	\$ 8,895	\$96,721
Long Service Leave Provision	(\$181,588.00)	(\$181,588.00)	\$0.00
Annual Leave Provision	(\$148,109.00)	(\$148,109.00)	\$0.00
TOTAL FUNDS AVAILABLE	\$ 1,218,343	\$ 698,106	\$520,237

7.2 ADOPTION OF ANNUAL BUSINESS PLAN AND BUDGETED FINANCIAL STATEMENTS FOR 2024/2025

Author: Michael Livori
Ref: AF23/103

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 14 March 2024, 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 2024/2025 financial year. The Draft Annual Business Plan and Budgeted Financial Statements for 2024/2025 were subsequently endorsed via circular resolution on 25 March 2024 as detailed below.

Resolution Endorsed by Circular Resolution

1.0 DRAFT ANNUAL BUSINESS PLAN AND BUDGETED FINANCIAL STATEMENTS FOR 2024/2025

1. The Draft Annual Business Plan and Budgeted Financial Statements for 2024/2025 Report is received.
2. The Draft Annual Business Plan and Budgeted Financial Statements for 2024/2025 provided as attachment 1 to this report is endorsed.

There were nine (9) votes in favour, zero (0) votes against. Seven (7) votes were received before the prescribed date and time in the notice. Two (2) votes were received after the prescribed date and time in the notice of Monday 18 March 2024 5:00pm.

There have been no material changes made to the content of the Draft Annual Business Plan and Budgeted Financial Statements for 2024/2025 provided as attachment 1 to this report from those presented for the Boards consideration on 14 March 2024 and provided to Constituent Councils for consideration on 20 March 2024 (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 2024/2025. Campbelltown City Council have requested that EHA consider using the Adelaide CPI for December 2023 (4.8%) as an indexation on contributions and reducing contributions requested. The Adelaide CPI for June 2023 was 6.9% and was used as one of a number of considerations when the budget was developed. As the budget is based on multiple considerations, including reduced income from immunisation contracts, it is not possible to reduce the requested contribution without reducing the services detailed in the Annual Business Plan. It is recommended that Campbelltown City Council be informed that the Board has considered their request but are unable to accommodate it.

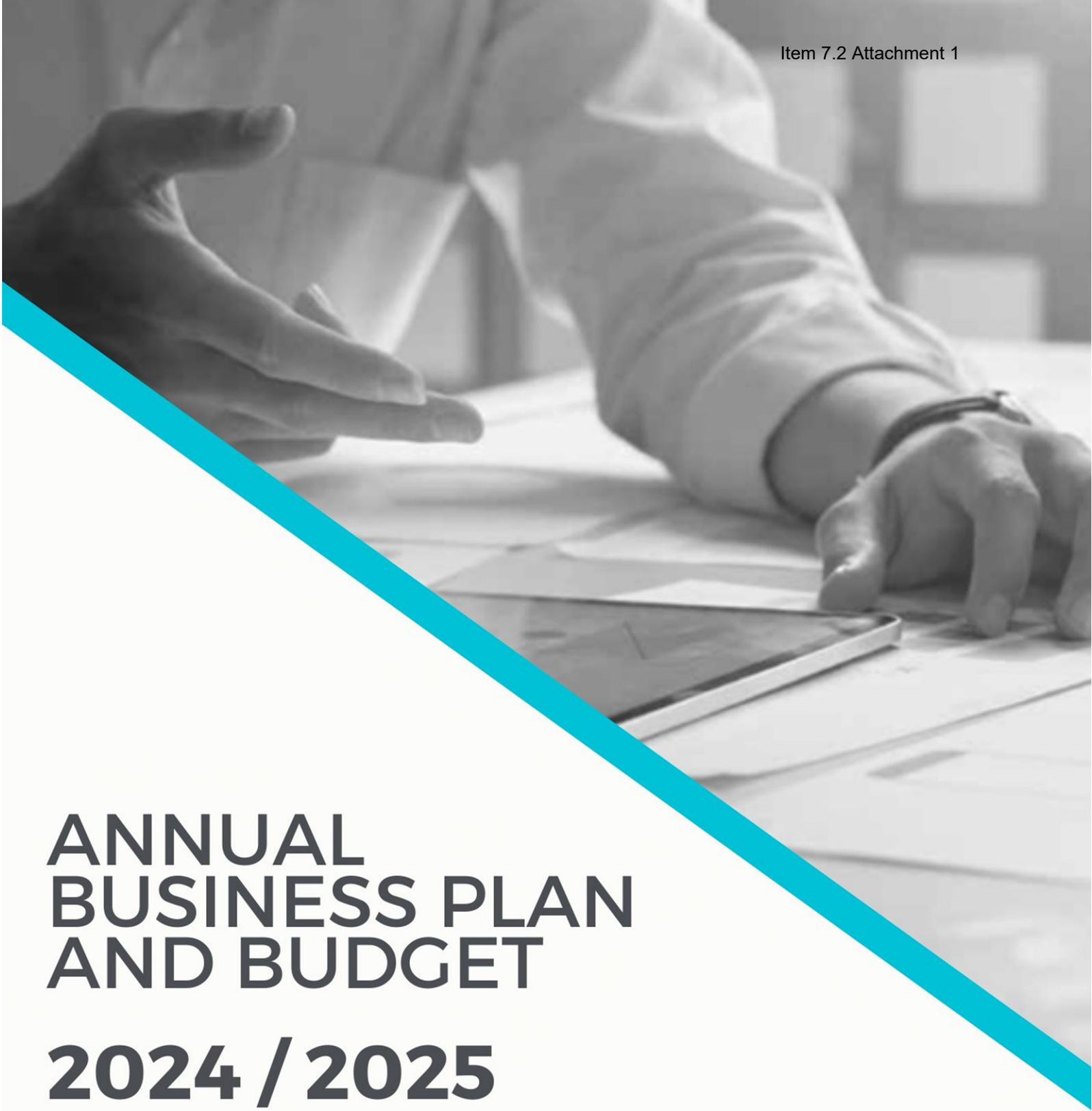
EHA has now complied with clauses 8.1(c) of its Charter in seeking endorsement from its Constituent Councils in relation to its Annual Business Plan and Budget.

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 2024/2025 is received.
2. The Eastern Health Authority Annual Business Plan and Budget for 2024/2025 provided as attachment 1 to the report is adopted.
3. A copy of the Eastern Health Authority Annual Business Plan 2024/2025 incorporating the Budget are provided to the Chief Executive Officer of each Constituent Council within five business days.



ANNUAL BUSINESS PLAN AND BUDGET

2024 / 2025





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Introduction

Keeping the community healthy – About EHA

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 171,000 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	171,470
Staffing	26 Staff (19 FTE)
Number of Inspections Undertaken	1,271
Number of Immunisations Administered	26,903
Total Budget	\$2,952K
Grant Funding Received	\$249K
User Income Generated	\$400K
Constituent Council Contributions	\$2,094K

Developing our 2024-25 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 2024-25 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 2025.

Key influences in 2024-25

The environment in which EHA and our Constituent Councils operate in is always changing. In preparing our 2024-25 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.

<p>P POLITICAL</p>	<ul style="list-style-type: none"> • <i>Changes in government / council policies</i> • <i>Revised Charter</i>
<p>E ECONOMIC</p>	<ul style="list-style-type: none"> • <i>Enterprise Agreement Labour Cost Increase</i> • <i>CPI 6.9% for 12 months to June 2023.</i> • <i>Continuation of Immunisation Service Provision Contract with City of Unley</i> • <i>End of Immunisation Service Provision to Adelaide Hills Council</i> • <i>Increase in Focus on Worksite Flu Program</i> • <i>No Changes to School Immunisation program for 2025</i>
<p>S SOCIAL</p>	<ul style="list-style-type: none"> • <i>Community attitudes to vaccines</i> • <i>Community expectations of environmental health</i> • <i>Community attitude towards compliance</i> • <i>Changing customer / community expectations</i> • <i>Heightened media interest in public health and safety issues</i>
<p>T TECHNOLOGICAL</p>	<ul style="list-style-type: none"> • <i>Data collection and analysis</i> • <i>Smart technology</i> • <i>Online services / immunisation bookings / information provision</i> • <i>New ways of communicating</i> • <i>Increased functionality from enhanced Immunisation Database</i>
<p>E ENVIRONMENTAL</p>	<ul style="list-style-type: none"> • <i>Increased risk of emergency events</i> • <i>Environmental Health Impacts of climate change</i> • <i>Disease from pests</i>
<p>L LEGAL</p>	<ul style="list-style-type: none"> • <i>Revised public health regulations</i> • <i>Training and evidence requirements for Food Businesses</i> • <i>Lack of appropriate registration and licensing systems for food safety and public health matters</i> • <i>Review of Supported Residential Facility legislation.</i>

2024-2025 Annual Business Plan Overview

Our 2024-25 Priorities

Focus Area	2024-25 Priorities
1. Public and Environmental Health Services	<ol style="list-style-type: none"> 1. Continue to actively collaborate and participate in the State Interagency Hoarding and Squalor group. 2. Develop educational material with key community public health messages to be promoted on EHA's website and Constituent Council social media platforms. 3. Continue to provide feedback to SA Health on the review of Public Health Regulations review as required.
2. Immunisation	<ol style="list-style-type: none"> 1. Actively promote EHA's public immunisation clinic programs through channels identified in the EHA Marketing Plan. 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. 3. Deliver School Immunisation Program (SIP) in accordance with the SA Health Service Agreement contract. 4. Develop a business case for the provision of immunisation services on behalf of non-Constituent Councils (dependent on available opportunities) 5. Collaborate with SA Health for integration and implementation of the new on-line consent for immunisation in preparation of SIP 2025.
3. Food Safety	<ol style="list-style-type: none"> 1. Continue to regulate the new legislative food management tools Standard 3.2.2a: Food Safety Supervisor; Food Handler Training and Records management. 2. Develop educational material with key community food safety messages to be promoted on EHA's website and Constituent Council social media platforms. 3. Develop new educational food safety non-verbal video guides to be accessed on EHA's website. 4. Develop a food safety Q & A for food businesses within EHA's Constituent Council areas.
4. Governance and Organisational Development	<ol style="list-style-type: none"> 1. Implement the elements of the Regional Public Health Plan, 'Better Living, Better Health relating to Health Protection. 2. In consultation with Constituent Councils, continue to review and revise the EHA business planning and reporting framework. 3. Work with the Audit Committee and the Board to review and revise the financial indicators in the Long-Term Financial Plan. 4. Distribution of targeted quarterly performance reports for Constituent Councils to supplement Board reports. 5. Deliver upon request a presentation highlighting strengths and benefits of centralized service delivery model for Constituent Council Elected Members.

Focus Area 1 - Public and Environmental Health Services

Strategic Objectives

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

2024-2025 Priorities

Priority	Why this is important	Strategy
1. Continue to actively collaborate and participate in the newly formed State Interagency Hoarding and Squalor group.	A consultative forum that combines the North, East, West and South Hoarding and squalor groups, will aim to address hoarding and squalor across the state through an interagency approach. EHA will continue to 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 with key community public health messages.	Key ‘community public health focus messages’ assist the community in being informed in relation to relevant public health issues. The messages will be promoted throughout the year via EHA’s website and through our Constituent Councils various social media platforms. Themes include: <ul style="list-style-type: none"> • Maintaining your swimming pool within your home. • Minimising the risk of Legionella infection at home. 	1.1 1.2

	<ul style="list-style-type: none"> Maintaining your garden to prevent the attraction and harborage of vermin. 	
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

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:
 - Public swimming pools and spas
 - Cooling towers and warm water systems
 - Personal care and body art
 - 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 and also in particular areas of focus identified by SA 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.

Key performance indicators

We will know that we are on track to achieve our strategic objectives if we meet 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

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.

2024-25 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 Immunisation clinic. The clinic has changed from a morning appointment to a later 4pm – 6pm time slot in 2024.	<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>Educate Prospect clients about the new clinic timetable options to utilise EHA's free immunisation services that their council offers.</p>	<p>2.1</p> <p>2.2</p> <p>2.3</p>

<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>	<p>Immunisation is a safe and effective way of protecting people against harmful diseases that can cause serious health problems. Continuous 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 2.2 2.3</p>
<p>3. Continued focus on catch up immunisation history assessments.</p>	<p>Continued strong focus around completion and uptake of catch-up immunisation history assessments for new arrival families and people with overseas immunisation records. Clients are then up to date with the National Immunisation Program (NIP). Assessments are completed by EHA's Registered Nurses (RNs), and immunisation records added to AIR, increasing administered vaccine numbers at EHA clinics.</p>	<p>2.3</p>
<p>4. Deliver School Immunisation Program (SIP) in accordance with the SA Health Service Agreement contract. Develop and provide in conjunction with SA Health communication tool kits for school and families.</p>	<p>An effective ongoing relationship with SA Health and the High Schools located within our area is critical the delivery of a successful program. 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 IRIS and the Australian Immunisation Register (AIR).</p>	<p>2.4</p>

<p>5. Development of online bookings system for schools.</p>	<p>Efficient school planning to ensure school visits are extended out evenly throughout the year. This supports EHA's capacity to deliver workplace flu programs from April – June.</p> <p>Development and distribution to schools and families within our SIP program communications tool kit. These will include social media tiles for distribution to the schools as a form of modern communication with families and parents via social media platforms to educate about the current SIP program.</p> <p>Explore options available for the development of an online booking system, allowing for school dates to be booked online.</p>	<p>2.3</p>
<p>6. 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>	<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>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.

<i>Strategic Objectives</i>	<i>KPIs</i>
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	Clinic 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.

	<p>75% of bookings are made via the Immunisation Online Booking System.</p> <p>Clinic Timetable reviewed and published by 30 November.</p>
<p>2.3 Continue to be recognised as a trusted partner and sector leading immunisation provider of choice.</p>	<p>Renewal rate for EHA Workplace Immunisation Program is not less than 70%.</p> <p>Satisfy all requirements of the SA Health Service Agreement contract.</p>
<p>2.4 Advocate for appropriate funding to ensure that local government delivery of immunisation services is financially sustainable.</p>	<p>No reduction in the level of State Government funding provided to EHA to deliver immunisation services.</p>

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.

2024-25 Priorities

Priority	Why this is important	Strategy
1. Continue to regulate the new legislative food management tools Standard 3.2.2a: food safety supervisor; food handler training and records or evidence.	The Standard introduces 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.	3.1 3.2
2. Develop educational material with key community food safety messages.	Develop food safety education material to promote to the community. Key 'community food safety themes' to be promoted throughout the year via EHA's website and through our Constituent Councils various social media platforms. Themes include: <ul style="list-style-type: none"> - Food Safety: Parties, buffets and picnics – information to be distributed prior to summer and festive season. - Food safety: Refrigeration temperature and food safety – refrigerator tips to keep food safe and fresh. - Food Safety: Use-by or Best Before? Explaining the difference when reading and interpreting the label of a food product to allow 	3.3

	customers to make improved and safe choices when buying and consuming food.	
3. Continue to develop new food safety educational/information videos to be accessed on EHA's website.	<p>A focus is to provide 'non-verbal video guides' to assists prospective and current proprietors of their responsibilities and requirements such as 'starting a home based food business'</p> <p>These video guides are designed to be short, silent with occasional supportive 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. The video to be accessed on EHAs website.</p>	3.1 3.2 3.3
4. Develop a food safety Q & A for food businesses within EHA's Constituent Council areas.	The session is an opportunity for businesses to attend an informal interactive session to ask key food safety questions to assist with skills and knowledge and improving compliance with the food safety standards.	3.1 3.2

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 food safety training for food businesses within EHA's Constituent Council area.
- Collate a biennial food safety newsletter to be distributed to EHA's food businesses.

- Develop and maintain a comprehensive range of health education and promotion material on food safety related issues and in particular areas of focus identified by SA Health.

Key performance indicators

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

Strategic Objectives	KPIs
<p>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.</p>	<p>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.</p> <p>All food safety complaints are investigated in accordance with EHA service standards and SA Health instructions.</p>
<p>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.</p>	<p>Reduce the number of routine food premise inspections requiring a follow up inspection to address non-compliance.</p> <p>The average rating given under the SA Health Food Star Rating Scheme is increasing annually.</p> <p>All new food businesses receive an EHA Welcome Pack following notification.</p>
<p>3.3 Build community awareness of food safety issues by leading or participating in food safety education projects and partnerships.</p>	<p>Provide food safety training to at least 60 participants annually.</p> <p>All Constituent Councils are using EHA food safety education materials in their communications.</p>

Focus Area 4 - Governance and Organisational Development

Strategic Objectives

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

2024-25 Priorities

Priority	Why this is important	Strategy
1. Implement the elements of the Regional Public Health Plan, 'Better Living, Better Health' as they apply to EHA.	EHA is currently responsible for ensuring that the elements of the plan relating to Health Protection are implemented on behalf of its Constituent Councils.	4.1
2. In consultation with Constituent Councils, continue to review and revise the EHA business planning and reporting framework.	It is important that we continue to improve the way we plan our services and measure the outcomes we deliver to councils and the community.	4.1 4.2
3. 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

4. Distribution 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, provide Constituent Council with information on services provided within their respective areas.	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 for 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 meet these Key Performance Indicators.

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

Budget Overview

The forecast for the 2024/2025 financial year is that EHA's operating result will be a break-even result. A total of \$2,094,100 will be raised through contributions from our Constituent Councils.

A total of \$1,944,100 will be raised through contributions from our Constituent Councils

This represents a 6.29% increase in overall collective contributions from the previous year.

Operating Activity	(\$'000s)
Total Income	\$2,953
Less	
Employee costs	\$2,104
Operating Expenditure	\$801
Depreciation	\$48
Net Surplus (Deficit)	(\$0) Break Even

The key assumptions that have been used to prepare the 2024-25 Budget are summarised below.

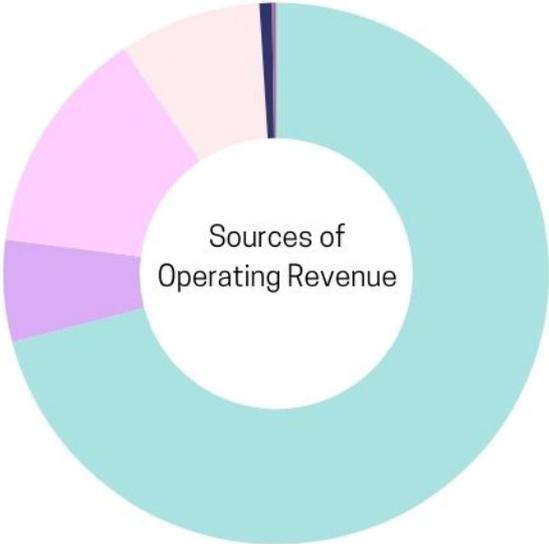
- Use of Revised Contribution Formula which will have differing impacts on individual councils.
- CPI of 6.9, equivalent to Adelaide CPI for period to 30 June 2023.
- Enterprise Agreement increase of 4%.
- Delivery of Immunisation Service Contracts to Unley Council
- No delivery of Immunisation Service Contracts to Adelaide Hills Council.
- No Changes to the 2025 School Immunisation Program.



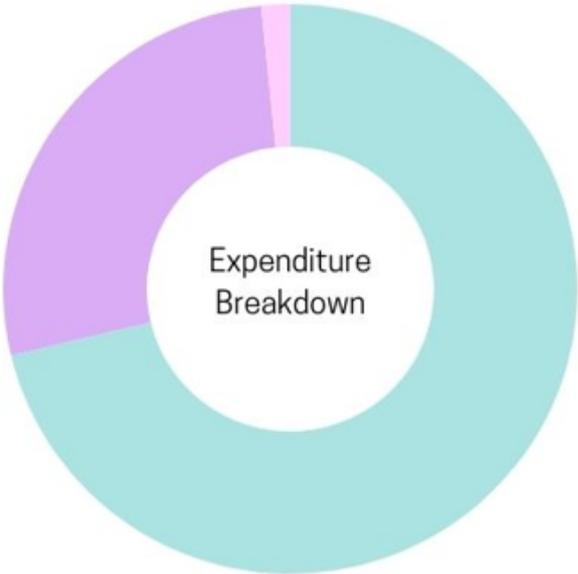
Funding the Annual Business Plan

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.

- Constituent Council Contributions 70.9%
- Statutory Charges 6.1%
- User Charges 13.6%
- Grants 8.4%
- Investment Income 0.7%
- Other Revenues 0.2%



- Employee Costs 71%
- Materials, contracts and other expenses 27%
- Depreciation 2%



2024-25 Budget

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME		
FOR THE YEAR ENDING 30 June 2025		
ADOPTED BUDGET 2023/2024 (After Third Review)		DRAFT BUDGET 2024/2025
	<u>INCOME</u>	
1,970,200	Council Contributions	2,094,100
183,800	Statutory Charges	180,300
393,000	User Charges	400,500
254,000	Grants, subsidies and contributions	249,000
20,000	Investment Income	22,000
12,000	Other Income	7,000
2,833,000	TOTAL INCOME	2,952,900
	<u>EXPENSES</u>	
2,024,000	Employee Costs	2,104,000
783,000	Materials, contracts and other expenses	800,900
-	Finance Charges	-
26,000	Depreciation	48,000
2,833,000	TOTAL EXPENSES	2,952,900
-	Operating Surplus/(Deficit)	-
	Net gain (loss) on disposal of assets	-
-	Net Surplus/(Deficit)	-
-	Total Comprehensive Income	-

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS		
FOR THE YEAR ENDING 30 June 2025		
ADOPTED BUDGET 2023/2024 (After Third Review)		DRAFT BUDGET 2024/2025
	<u>CASHFLOWS FROM OPERATING ACTIVITIES</u>	
	Receipts	
1,970,200	Council Contributions	2,094,100
183,800	Fees & other charges	180,300
393,000	User Charges	400,500
20,000	Investment Receipts	22,000
254,000	Grants utilised for operating purposes	249,000
12,000	Other	7,000
	Payments	
(2,024,000)	Employee costs	(2,104,000)
(783,000)	Materials, contracts & other expenses	(800,900)
-	Finance Payments	-
26,000	Net Cash Provided/(Used) by Operating Activities	48,000
	<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>	
-	Loans Received	-
-	Repayment of Borrowings	-
-	Repayment of Finance Lease Liabilities	-
-	Net Cash Provided/(Used) by Financing Activities	-
	<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>	
	Receipts	
-	Sale of Replaced Assets	-
	Payments	
(40,000)	Expenditure on renewal / replacements of assets	-
-	Expenditure on new / upgraded assets	-
-	Distributions paid to constituent Councils	-
(40,000)	Net Cash Provided/(Used) by Investing Activities	-
(14,000)	NET INCREASE (DECREASE) IN CASH HELD	48,000
644,769	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	630,769
630,769	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	678,769

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION		
FOR THE YEAR ENDING 30 June 2025		
ADOPTED BUDGET 2023/2024 (After Third Review)		DRAFT BUDGET 2024/2025
	<u>CURRENT ASSETS</u>	
630,769	Cash and Cash Equivalents	678,769
271,901	Trade & Other Receivables	271,901
902,670 TOTAL CURRENT ASSETS		950,670
	<u>NON-CURRENT ASSETS</u>	
1,118,793	Infrastructure, property, plant and equipment	1,070,793
1,118,793 TOTAL NON-CURRENT ASSETS		1,070,793
2,021,463 TOTAL ASSETS		2,021,463
	<u>CURRENT LIABILITIES</u>	
121,916	Trade & Other Payables	121,916
285,083	Provisions	285,083
111,865	Borrowings	111,865
518,864 TOTAL CURRENT LIABILITIES		518,864
	<u>NON-CURRENT LIABILITIES</u>	
44,614	Provisions	44,614
881,032	Borrowings	881,032
925,646 TOTAL NON-CURRENT LIABILITIES		925,646
1,444,510 TOTAL LIABILITIES		1,444,510
383,806 NET CURRENT ASSETS/(CURRENT LIABILITIES)		431,806
576,953 NET ASSETS		576,953
	<u>EQUITY</u>	
576,953	Accumulated Surplus/(Deficit)	576,953
576,953 TOTAL EQUITY		576,953



EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY		
FOR THE YEAR ENDING 30 June 2025		
ADOPTED BUDGET 2023/2024 (After Third Review)		DRAFT BUDGET 2024/2025
	<u>ACCUMULATED SURPLUS</u>	
576,953	Balance at beginning of period	576,953
	Net Surplus/(Deficit)	-
576,953 BALANCE AT END OF PERIOD		576,953
	<u>TOTAL EQUITY</u>	
576,953	Balance at beginning of period	576,953
	Net Surplus/(Deficit)	-
576,953 BALANCE AT END OF PERIOD		576,953

EASTERN HEALTH AUTHORITY

Minute of a decision by the Board of Management of Eastern Health Authority (EHA) made via circular resolution.

Resolution Proposed 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 2024/2025 Report is received.
2. The Draft Annual Business Plan and Budgeted Financial Statements for 2024/2025 provided as attachment 1 to this report is endorsed.

There were nine (9) votes in favour, zero (0) votes against. Seven (7) votes were received before the prescribed date and time in the notice. Two (2) votes were received after the prescribed date and time in the notice of Monday 18 March 2024 5:00pm.

Votes received before prescribed date and time	Vote
Cr M Nobel (City of Campbelltown)	Yes
Cr J Allanson (Town of Walkerville)	Yes
Cr S Whittington (City of NPSP)	Yes
Cr P Cornish (City of Burnside)	Yes
Cr K Barnett (City of Prospect)	Yes
Cr K Moorhouse (City of NPSP)	Yes
M Hammond (City of Campbelltown)	Yes
Votes received after prescribed date and time	
Cr T Nguyen (City of Prospect)	Yes
Cr L Henschke (City of Burnside)	Yes

Note - Cr J Nenke (Town Walkerville) – leave of absence.



Date: 25 March 2024

Michael Livori

Chief Executive Officer



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Prospect SA 5082
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admin@prospect.sa.gov.au
www.prospect.sa.gov.au

13 Jun 2024

Michael Livori
Chief Executive Officer
Eastern Health Authority
PO Box 275
STEPNEY SA 5069
Via email: eha@eha.sa.gov.au

Dear Michael

**EASTERN HEALTH AUTHORITY (EHA) DRAFT ANNUAL
BUSINESS PLAN AND BUDGET 24/25**

I write in response to your letter requesting that constituent councils consider the Eastern Health Authority Draft Annual Business Plan and Budget 24/25.

I am pleased to advise that Council, at its ordinary meeting on 23 April 2024, endorsed the Draft Annual Business Plan and Budget 24/25, resolving the following:

**10.4 DRAFT EASTERN HEALTH AUTHORITY ANNUAL BUSINESS PLAN AND BUDGET
2024/2025**

RESOLUTION 2024/43

Moved: Cr Kristina Barnett

Seconded: Cr Mark Standen

That Council:

1. Having considered Item 10.4 Draft Eastern Health Authority Annual Business Plan and Budget 2024/2025 receives and notes the report.
2. Endorses the Draft Eastern Health Authority Annual Business Plan 2024/2025 (as presented in Attachment 1).
3. Broadly supports the Draft Eastern Health Authority Budget 2024/2025 (as presented in Attachment 1).
4. Requests that the Chief Executive Officer write to Eastern Health Authority by 31 May 2024 advising of Council's resolutions in relation to the Draft Eastern Health Authority Annual Business Plan and Budget 2024/2025.

CARRIED UNANIMOUSLY

Yours sincerely

A handwritten signature in black ink, appearing to read 'Chris White', written over a white background.

Chris White
Chief Executive Officer

29 May 2024

Mr Michael Livori
Chief Executive Officer
Eastern Health Authority

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

Dear Michael

RE: REGIONAL SUBSIDIARIES ANNUAL BUSINESS PLANS AND BUDGETS 2024/25

At its meeting held Tuesday, 14 May 2024, Council Resolved (Resolution C52024/13694) in part:

11.2 Regional Subsidiaries Annual Business Plans and Budgets 2024/25

That Council approves the Eastern Health Authority draft Budget 2024/25, presents a breakeven (\$0) result.

Should you require further information please contact me at
mspearman@burnside.sa.gov.au

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Matthew Spearman', with a long horizontal line extending to the right.

Matthew Spearman
Director Corporate

File Number: qA88432
Enquiries To: Lisa Mara
Direct Telephone: 8366 4545



**City of
Norwood
Payneham
& St Peters**

28 May 2024

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

Via email: 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

Website
www.npsp.sa.gov.au

Dear Michael

EASTERN HEALTH AUTHORITY DRAFT 2024-2025 ANNUAL BUSINESS PLAN AND BUDGET

I am pleased to advise that at its meeting held on 6 May 2024, the Council considered the Eastern Health Authority Incorporated Draft 2024-2025 Annual Business Plan and Budget.

Pursuant to Clause 8 of the Charter, the Council has considered and hereby approves the Eastern Health Authority Draft 2024-2025 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

Yours sincerely

Lisa Mara
GENERAL MANAGER, GOVERNANCE & CIVIC AFFAIRS



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



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File Number: 40.5.14.5

Please Quote Ref:

Contact Officer: Muhammad Jawad

Telephone: (08) 8342 7100

Facsimile: (08) 8269 7820

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

29 May 2024

Mr Michael Livori
Chief Executive Officer
Eastern Health Authority
Via Email: eha@eha.sa.gov.au

Dear Michael

Re: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2024/25

I wish to inform you that the Town of Walkerville considered the EHA Draft Annual Business Plan and Budget for 2024/25 at its Special Meeting held on 27 May 2024 and resolved the following:

That Council approves the Eastern Health Authority Draft Annual Business Plan and Budget 2024/25 (Minute no: CNC111/05/24)

The Council's Audit & Risk Committee also considered the draft budget at its meeting held on 20 May 2024. It was suggested by the Audit & Risk Committee that attendance by a representative from EHA at future budget meetings will assist the Committee in understanding details and assumptions used in formulating budgets.

I will contact you prior to future budget considerations by the Town of Walkerville to arrange appropriate representation from your organisation.

Please feel free to contact me directly should you have any questions or require assistance.

Yours sincerely

Muhammad Jawad
Group Manager Finance
Town of Walkerville
Email: mjawad@walkerville.sa.gov.au
PH: 08 8342 7100



Enq: Simon Zbierski
Ph: 8366 9289

12 June 2024

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

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

Dear Mr Livori *Muk*

Eastern Health Authority – 2024/2025 Draft Annual Business Plan and Budget

I wish to advise that at its meeting held on Tuesday 16 April 2024 Council:

1. noted the Authority's draft 2024/2025 Annual Business Plan and Budget and request the following be considered:
 - replacing the use of the Adelaide Consumer Price Index for the 12 months ending June 2023 (6.90%) with the Adelaide Consumer Price Index for the 12 months ending December 2023 index (4.80%)
 - using the reduction in indexation be used to reduce the contributions to be made by constituent Councils, recognises its annual contribution of \$530,400 and that there is no movement in its equity share in the Eastern Health Authority in its draft 2024/2025 Annual Business Plan and Budget.
2. recognises its annual contribution of \$530,400 and that there is no movement in its equity share in the Eastern Health Authority in its draft 2024/2025 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 16 May 2024 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.

A full review of the Policy took place in May this year. The review involved reviewing fee policies of other local government agencies to ensure EHA's fee policy aligns with the other council fees and charges.

The review identified that the policy required clarification to the following:

- frequency of inspections based on performance;
- inspection charges applied to multiple businesses located at a site;
- fees charges of non-Constituent Council temporary events; and
- fee charges of mobile food vehicles/vans.

A food business with a higher risk classification (ie. Priority 1) will require higher levels of monitoring than those with a lower classification (ie. Priority 3). The policy recognises that the food business is inspected within the applicable frequency range for that risk. However, the frequency of the inspection may be reduced or increased depending on whether the food safety compliance is satisfactory during an inspection and subsequently impact the frequency of fees issued. The updated policy provides clarification to the parameters to when the food inspection frequencies are increased or decreased based on performance.

Within the area regulated by EHA, there are numerous sites where there are multiple food businesses trading. The amended policy now includes Section 4.1.1 and recognises that food businesses will incur an independent inspection fee. This amendment also enables the Authorised Officers to amend the food inspection frequency for individual businesses based on their performance.

Section 4.4.2 non-Constituent Council temporary events fees has been revised to account for the time taken for costs associated for an Authorised Officer(s) to undertake a private event. A standard inspection fee is applied to the event to the organising body/event coordinator with an aim to balance reasonable cost recovery with supporting community events.

The garaging of mobile food vehicles is not limited to a person's home. They are often located at and connected to a food business. There also may be more than one mobile van garaged in two separate locations within EHA. Section 4.6.4 of the policy has been updated to clarify the parameters regarding the inspection fees of these mobile food vehicles that are mainly used for temporary events.

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.

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

1



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	26 June 2024 ²³
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.

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FOOD BUSINESS INSPECTION FEE POLICY**2**

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

'Mobile Food Van / Vehicle' - means a business involving the sale of food or beverages from a vehicle (within the meaning of the Road Traffic Act 1961). This definition as per Part 2, Local Government (Mobile Food Vendors) Amendment Act, 2017.

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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

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FOOD BUSINESS INSPECTION FEE POLICY**3**

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** - ~~\$140144~~.00 per inspection excl GST
- in any other case - ~~\$350361~~.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	

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With regard to the maximum and minimum frequencies outlined in the table above, the frequency of inspection will change based on the safety performance of the individual business using in the following way:

- Will increase to the maximum frequency when two consecutive inspection scores for compliance is a 0 star rating (poor compliance) or equivalent for non-eligible star rating premises.
- Will decrease to the Starting Point from the Maximum frequency when two consecutive inspection scores for compliance is a 4 or 5 star rating (excellent compliance) or equivalent for non-eligible star rating premises.
- Will decrease to the Minimum frequency from the Starting Point when two consecutive inspection scores for compliance is a 4 or 5 star rating (excellent compliance) or equivalent for non-eligible star rating premises.

The frequency of inspection will revert to the 'Starting Point' for new food businesses.

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 <u>144</u> .00	\$ 350 <u>361</u> .00
Priority 3 (P3)	\$ 98 <u>101</u> .00	\$ 245 <u>253</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.

4.1.1 Multiple Businesses within a food premises

A fee shall be imposed for each routine inspection undertaken, for every premise, except in the circumstance when:

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FOOD BUSINESS INSPECTION FEE POLICY

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- Multiple businesses are owned by one proprietor; and
- They are registered under one ABN; and
- The businesses are located next to each other; and
- The inspection for each site is carried out at the same time.

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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 <u>144</u> .00	\$ 350 <u>361</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> .	\$ 140 <u>144</u> .00	\$ 350 <u>361</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.	\$ 98 <u>101</u> .00	\$ 245 <u>253</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> .	\$ 98 <u>101</u> .00	\$ 245 <u>253</u> .00

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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.

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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% charged ~~a standard rate 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)	\$70.00 144.00
more than 10	Large Business Inspection Fee (P1&2)	\$175.00 361.00

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.

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FOOD BUSINESS INSPECTION FEE POLICY**7****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.

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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~~ notified ~~education~~ with an alternate local council.

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FOOD BUSINESS INSPECTION FEE POLICY

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A standard inspection fee of \$101.00 will apply to each mobile food vans/vehicle(s) that are garaged at food premises within EHA's Constituent Council area. The inspection does not replace the requirement for inspections during events and additional fees that may apply.

If an inspection is conducted whilst mobile food vendors are trading, a standard inspection fee of \$101.00 will be applied if they have not otherwise been inspected and charged within their required inspection frequency.

If a food business has more than one mobile food van and they are garaged in multiple locations within EHA's Constituent Council areas, separate inspections are required and associated fees will apply.

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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.

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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	26 June 2024
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.)

'Mobile Food Van / Vehicle' - means a business involving the sale of food or beverages from a vehicle (within the meaning of the Road Traffic Act 1961). *This definition as per Part 2, Local Government (Mobile Food Vendors) Amendment Act, 2017.*

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** - \$144.00 per inspection excl GST
- in any other case - \$361.00 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	

With regard to the maximum and minimum frequencies outlined in the table above, the frequency of inspection will change based on the safety performance of the individual business using in the following way:

- Will increase to the maximum frequency when two consecutive inspection scores for compliance is a 0 star rating (poor compliance) or equivalent for non-eligible star rating premises.
- Will decrease to the Starting Point from the Maximum frequency when two consecutive inspection scores for compliance is a 4 or 5 star rating (excellent compliance) or equivalent for non-eligible star rating premises.
- Will decrease to the Minimum frequency from the Starting Point when two consecutive inspection scores for compliance is a 4 or 5 star rating (excellent compliance) or equivalent for non-eligible star rating premises.

The frequency of inspection will revert to the 'Starting Point' for new food businesses.

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*	\$144.00	\$361.00
Priority 3 (P3)	\$101.00	\$253.00
Priority 4 (P4) – Lowest risk	No fee	No fee

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

4.1.1 Multiple Businesses within a food premises

A fee shall be imposed for each routine inspection undertaken, for every premise, except in the circumstance when:

- Multiple businesses are owned by one proprietor; and
- They are registered under one ABN; and
- The businesses are located next to each other; and
- The inspection for each site is carried out at the same time.

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.	\$144.00	\$361.00
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the <i>Food Act 2001</i> .	\$144.00	\$361.00

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.	\$101.00	\$253.00
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the <i>Food Act 2001</i> .	\$101.00	\$253.00

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 charged a standard rate 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)	\$ 144.00
more than 10	Large Business Inspection Fee (P1&2)	\$361.00

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 notified with an alternate local council.

A standard inspection fee of \$101.00 will apply to each mobile food vans/vehicle(s) that are garaged at food premises within EHA's Constituent Council area. The inspection does not replace the requirement for inspections during events and additional fees that may apply.

If an inspection is conducted whilst mobile food vendors are trading, a standard inspection fee of \$101.00 will be applied if they have not otherwise been inspected and charged within their required inspection frequency.

If a food business has more than one mobile food van and they are garaged in multiple locations within EHA's Constituent Council areas, separate inspections are required and associated fees will apply.

5. Review of the Food Inspection Fee Policy

Every 24 months or as needed.

6. Statement of Adoption

D11/2059[v13]

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.

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

7.4 EASTERN HEALTH AUTHORITY STRATEGIC PLAN

Author: Michael Livori

Ref: AF24/33

Summary

EHA currently has responsibilities to implement the health protection priorities for the Regional Public Health and Wellbeing Plan 2020-2025. Constituent Councils will be considering a different approach in the next iteration of their public health planning, which may see them embedding their public health directions into their own Strategic Plans, rather than in a standalone regional plan.

This shift would not change the nature of the health protection activities delivered by EHA, but it would mean that the Regional Public Health and Wellbeing Plan no longer provides a strategic driver for EHA's work.

In February 2024, BRM Advisory were engaged to assist with the development of a Strategic Plan for EHA which aims to fill this gap in strategic direction. This report provides the Board of Management with a draft EHA Strategic Plan (provided as attachment 1) for consideration.

Report

EHA's success is built on our singular and dedicated focus on public and environmental health, specialist and passionate staff, strong and open relationships with our Constituent Councils, and our ability to effectively advocate on public health matters as a united regional voice. The approach represents outstanding value for money for ratepayers and means our communities enjoy the highest standards of environmental health services.

The communities we serve continue to change, and with this change comes new risks to public health, and opportunities to innovate. Climate change and more extreme weather events will exacerbate some of our existing public health risks, while population growth and change will bring more people, businesses and events to our region, and this will increase demand for our services. Technology continues to provide opportunities to improve how we work.

It is with these changes in mind that EHA has developed a new Strategic Plan, Towards 2033. This plan aims to provide a clear roadmap for how EHA will build on its long history and operational success, while also navigating future changes.

Our priorities are to:

- 1 Deliver great public and environmental health services

- 2 Grow our immunisation programs
- 3 Strengthen food safety practices across our region
- 4 Govern well and demonstrate leadership with the public health sector.

Strategic Plan Development

The Towards 2033 Strategic Plan was developed through a series of steps which included:

- Reviewing existing documents including business plans, reports, Charter Review, the 2021 Service Review and other documents about EHA;
- Survey of key contacts in each of the Constituent Councils; and
- Workshops with EHA Staff and the EHA Board

Survey of Constituent Councils

Four of the Constituent Councils responded to a survey in March 2024 to provide early input into the development of the new Strategic Plan. Through the survey, they told us that:

1. EHA is valued because of:
 - a. Coordinated and consistently high-quality service delivery
 - b. Efficiencies and value for money by working regionally
 - c. Effective advocacy at the regional level, with EHA able to achieve more influence through a collective voice.
 - d. Approaches to information sharing and communications, including the new infographics.
2. Councils are not looking for significant change in the four 'focus areas' in the current business plan, which are:
 - Public and environmental health services
 - Immunisations
 - Food Safety
 - Governance and organisational development.
3. Shifts, trends are changes that may impact EHA over the next 10 years include:
 - Finding and sustaining high quality staff
 - Service responses to climate change risks (including more vector borne diseases; more frequent emergencies and extreme heat)

- Urban infill development, which may result in population growth and more non-residential businesses
 - Evolution of the food premises star rating system
 - Increases in number of home-based food businesses and events
 - Dealing with members of public experiencing high levels of distress
 - Changes in roles of Regional Public Health Plans
 - Changes in how Supported Residential Facilities are managed
 - Council budget pressures, and the need to minimise cost increases.
4. Other ideas for change included continuing to strengthen relationships and understanding between council and EHA staff; and moving to online forms for all services.

Workshop with EHA staff

EHA staff members participated in a workshop on 8 April 2024 which focused on:

- Looking back –recent successes, what’s working well and EHA’s core purpose
- Looking out –external trends that may impact EHA in coming years and how we might respond to these
- Look forward –the longer-term outcomes we’re seeking over the next ten years.

The outcomes of this workshop can be summarised as:

Looking back

When discussing their work at EHA, staff spoke with pride about the important work that they do in helping to keep the community safe and healthy. They explained that while the full benefit of public health activities is not always seen or recognised, it makes a big difference in people’s lives.

When reflecting on the past few years, staff pointed to the sustained service delivery through COVID as a great success, along with ongoing improvements in food safety outcomes and immunisation services. For a number of environmental health services, the team identified that ongoing efforts around education (before enforcement) as being effective strategy.

Staff also felt that there have been sustained improvements in the processes and systems that it uses to deliver its services, and that this is improving customer experience and the way it engages with Constituent Councils. This includes the new website, shifts to electronic forms, and the new infographic reports provided to Constituent Councils.

In reflecting on EHA's many stakeholders, which include the general public, Constituent Councils, and SA Health, staff noted that there are ongoing challenges in effectively communicating EHA's unique role, and the modest size/scale of operations.

Looking outward

When thinking about the external environment, staff felt that EHA's work is likely to be impacted by:

- Urban infill development that is expected to increase the region's population and result in additional businesses to be regulated
- Growth in the beauty industry in terms of increasing numbers of businesses, and changes in how they are regulated
- Impacts of climate change, especially storms and blackouts which have food safety implications, and hot weather which can see increasing use of swimming pools
- Rises in the numbers of home based businesses and community events, which present unique food safety challenges
- Hazardous substances of concern, such as silica, given that there is a lack of certainty about the role of EHOs in responding to these issues.

Looking forward

Staff discussed future goals and longer term outcomes across the four areas of:

- Public and environmental health
- Immunisation
- Food safety
- Governance and organisational development.

Across these four areas, consistent themes were the importance of EHA's reputation, clearly communicating its unique value proposition, improving public health compliance, and ongoing improvement in how services are delivered. Staff felt that new opportunities may exist in expanding the revenue streams from immunisation (especially from workplace programs) and continually finding new ways to connect with staff across the Constituent Councils to support 'cross promotion' of council and EHA services.

Workshop with Board of Management

A workshop was held with the EHA Board of Management on 1 May 2024 which focused on:

- What is valued and working well with EHA that should be retained and enhanced

- How EHA could be different in the future
- Changes and trends that may impact the role and priorities of EHA in the years ahead.

The Board of Management were provided with a summary of the outcomes from the Constituent Council survey and staff workshop, and this formed an input to the Board workshop. The outcomes of this workshop can be summarised as:

Valued and Working well

The Board identified a number of unique factors that make a positive contribution to EHA today, and should be retained and enhanced over the next ten years. These include:

- Efficiency and value for money
- Quality and caliber of staff
- Service quality
- Accessibility and reach of services
- Deep knowledge and expertise on public and environmental health matters
- Reputation
- Ability 'get on with the job'
- Leadership within public health sector through an effective regional voice
- Appreciation of behaviour change principles when implementing compliance
- Openness to expand and evolve services based on changing risks and opportunities.

Opportunities for change and improvement

The Board identified a number of areas where they felt that EHA could or should be different in the future. These include:

- Openness to welcome new member councils
- Revenue generation from additional fee-for-service service delivery
- Stronger working relationships at a staff level between EHA staff and Constituent Council staff
- Thought leadership and advocacy on public and environmental health, based on its experiences in delivering services on the ground
- Ongoing stakeholder engagement to ensure the value proposition of EHA is well understood by Constituent Councils and relevant state and federal government bodies.

External trends, threats and opportunities

Board members were asked to rate seven key trends to indicate where they felt the biggest impacts to EHA would come from. The results, summarised in Figure 1, indicate that the Board is most concerned about the impacts of climate change, emergencies and extreme weather, urban infill development, and budget pressures.

Figure 1: Board of Management perceptions on what will impact EHA the most over the next ten years.



About the Strategic Plan

The plan is designed to provide a clear framework that:

- Outlines EHA's core purpose – what we do and why
- Clearly communicates EHA's structure and operations
- Outline longer term aspirations and outcomes we are seeking through our work
- Help communicate the role of EHA with our stakeholders.

As a regional subsidiary, EHA's strategic context is shaped by the aspirations and directions established by each of its Constituent Councils. While these vary from council to council, and change over time, consistent aspirations shared by our Constituent Councils include:

- Strong communities – improving the health, wellbeing and social connectedness of our residents.
- Sustainable environment – a green urban environment, with easy access to nature and biodiversity and demonstrating leadership in water, waste and climate change responses.
- Prosperous economy – a growing, competitive and diverse regional economy, and a great place to do business.
- Quality built environment – spaces and places where people want to live, work, play and move through, underpinned by quality infrastructure.

These aspirations provide the broad strategic context for this Plan, with EHA playing an important role in supporting goals around improved health and wellbeing, and a prosperous economy.

The delivery of public and environmental health services is highly regulated, and EHA's service delivery is bound by seven different pieces of legislation, and numerous supporting regulations, standards, codes and guidelines. EHA cannot operate or deliver services outside of the guardrails and directions provided by this strong regulatory context.

The content of the Plan was heavily influenced by the survey feedback and workshop outcomes. It does not detail everything EHA is involved in, rather it identifies the strategic outcomes that EHA will seek to achieve. These outcomes will be used to help steer our operational service delivery, inform the types of new opportunities that we will pursue, and how we allocate and prioritise resources.

The Strategic Plan has been guided by the purposes of EHA detailed in the EHA Charter, and directly informs our Annual Business Plan and budgets, and reviews of our Long-Term Financial Plan. Our Annual Business Plans are also influenced by the health protection elements of the public health plans of our Constituent Councils. Our progress in achieving the outcomes sought by our strategic and business plans is monitored through our annual reporting, and quarterly updates provided to Constituent Councils

RECOMMENDATION

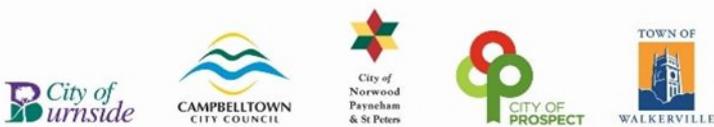
That:

1. The Eastern Health Authority Strategic Plan report is received.
2. The Eastern Health Authority Strategic Plan Towards 2033 is adopted.



STRATEGIC PLAN

TOWARDS 2033



local councils working together to protect the health of the community

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MESSAGE FROM THE CHAIR

The Eastern Health Authority (EHA) has a long and proud history of protecting the health, safety and wellbeing of communities in Adelaide's eastern and inner northern suburbs.

Our history stretches back to 1899 with East Torrens Council Board providing the first vehicle for councils in our region to work together to help protect public health. 125 years later, while the health risks may have changed, we continue to collaborate in serving a population of around 170,000 people across five council areas.

The services that EHA provides are not always immediately visible, but are vital in keeping people safe and healthy, and businesses thriving. Our work is diverse and ranges from inspecting restaurants to vaccinating children, monitoring water quality in public swimming pools, mosquito management and regulating practices in the personal services industry. The services we provide occur across the spectrum of proactive to reactive action, and community education is a strong feature at every point.

EHA's success is built on our singular and dedicated focus on public and environmental health, specialist and passionate staff, strong and open relationships with our Constituent Councils, and our ability to effectively advocate on public health matters as a united regional voice. The approach represents outstanding value for money for ratepayers and means our communities enjoy the highest standards of environmental health services.

The communities we serve continue to change, and with this change comes new risks to public health, and opportunities to innovate. We know that climate change and more extreme weather events will exacerbate some of our existing public health risks, while population growth and change will bring more people, businesses and events to our region, and this will increase demand for our services. Technology continues to provide opportunities to improve how we work.

It is with these changes in mind that EHA has developed a new Strategic Plan, *Towards 2033*. This plan aims to provide a clear roadmap for how EHA will build on its long history and operational success, while also navigating future changes. Our priorities are to:

- 1 Deliver great public and environmental health services
- 2 Grow our immunisation programs
- 3 Strengthen food safety practices across our region
- 4 Govern well and demonstrate leadership with the public health sector.

We look forward to working with our Constituent Councils and communities to achieve these priorities so that we do our part to help ensure communities and businesses in our region continue to flourish.

Cr Peter Cornish

Chairperson, Eastern Health Authority

ABOUT EHA

EHA is a regional subsidiary established under the *Local Government Act 1999* with the core purpose of “providing public and environmental health services to its Constituent Councils”, who currently comprise:

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

Guided by the functions and powers outlined in the EHA Charter, EHA provides centralised service delivery and operates as the “combined environmental health department” of each council in the region.



The services provided by EHA continue to evolve, but generally focus on:

- Inspection and regulation of food premises
- Immunisation
- Hygiene and sanitation control
- Monitoring and regulation of communicable and infectious disease
- Licencing and monitoring of Supported Residential Facilities (SRFs).

In addition, EHA plays an important leadership and coordination role within the broader public health sector in South Australia, providing a united voice for its Constituent Councils and representing their interests as a trusted adviser and partner on public health matters.

EHA’s services are delivered by a small and highly skilled staff team, and overseen by a Board of Management comprised of two representatives from each of the Constituent Councils. EHA is funded by contributions from Constituent Council, service delivery income, and grant revenue.

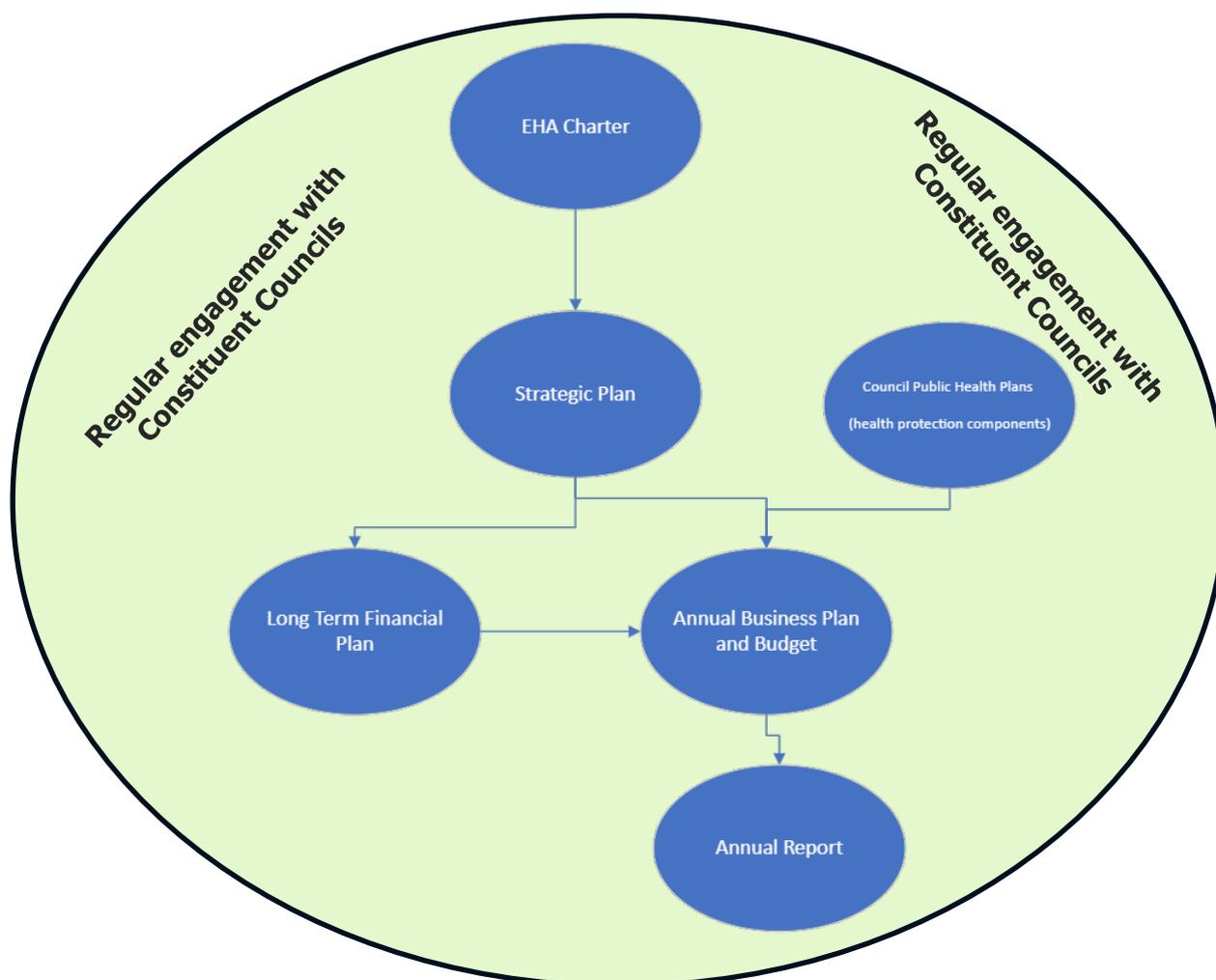
ABOUT THE STRATEGIC PLAN

Our Strategic Plan outlines EHA’s vision and mission, what we will do to achieve this and how we will track our progress.

The Plan does not detail everything EHA is involved in, rather it identifies the strategic outcomes that EHA will seek to achieve. These outcomes will be used to help steer our operational service delivery, inform they types of new opportunities that we will pursue, and how we allocate and prioritise resources.

The Strategic Plan has been guided by the purposes of EHA detailed in the EHA Charter, and directly informs our annual business plan and budgets, and reviews of our Long Term Financial Plan. Our Annual Business Plans are also influenced by the health protection elements of the public health plans of our Constituent Councils. Our progress in achieving the outcomes sought by our strategic and business plans is monitored through our annual reporting, and quarterly updates provided to Constituent Councils, as shown in Figure 1.

Figure 1: EHA’s integrated planning and reporting framework.



This Strategic Plan was developed through detailed analysis of our internal and external environment, and input from our Board, staff and Constituent Councils through workshops and surveys.

CONTEXT FOR THE PLAN

Strategic Context

As a regional subsidiary, EHA's strategic context is shaped by the aspirations and directions established by each of its Constituent Councils. While these vary from council to council, and change over time, consistent aspirations shared by our Constituent Councils include:

- Strong communities – improving the health, wellbeing and social connectedness of our residents.
- Sustainable environment – a green urban environment, with easy access to nature and biodiversity and demonstrating leadership in water, waste and climate change responses.
- Prosperous economy – a growing, competitive and diverse regional economy, and a great place to do business.
- Quality built environment – spaces and places where people want to live, work, play and move through, underpinned by quality infrastructure.

These aspirations provide the broad strategic context for this Plan, with EHA playing an important role in supporting goals around improved health and wellbeing, and a prosperous economy.

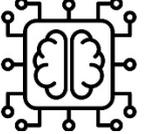


Regulatory Context

The delivery of public and environmental health services is highly regulated, and EHA’s service delivery is bound by seven different pieces of legislation, and numerous supporting regulations, standards, codes and guidelines. These are summarised in Appendix One. EHA cannot operate or deliver services outside of the guardrails and directions provided by this strong regulatory context.

External Influences

There are many political, economic, social, technological, environmental or legal changes that will impact EHA in the years ahead. The following table summarises the key shifts that are expected to have a bearing on EHA over the ten year life of this plan.

 <p>Climate change</p>	<p>Climate change will generate more emergencies, extreme weather events and heatwaves, and increase the spread of vector borne diseases.</p> <p>Extreme weather can result in blackouts, which in turn can generate additional food safety risks. Heatwaves can trigger additional food safety risks, and drive an increased use of public swimming pools, which require active management. An increase in vector borne disease can result in additional mosquito management work to prevent the spread of communicable disease.</p>
 <p>Population growth</p>	<p>Our region is growing and EHA’s services will need to expand in step with this growth. Population growth is expected to be associated with the establishment of new food, beauty and home-based business, and events where food is served. These changes are expected to impact the number of, and nature of, EHA’s regulatory functions.</p>
 <p>Community changes</p>	<p>Our communities are always changing, which impacts attitudes and expectations towards our services. Changes in the community attitudes and sentiments are particularly important for EHA given the strong focus on community education through all of our service delivery.</p> <p>A particular trend to monitor is the rise of community members displaying a distrust in public authorities, science and regulatory activities.</p>
 <p>Housing</p>	<p>There is current shortage of housing across the country, and our region is not immune. A shortage of housing may cause a rise in substandard housing that pose public health risks.</p> <p>There is also an increasing trend of instances of hoarding and squalor, which require a nuanced and person-centred response that can be resource intensive to administer.</p>
 <p>Technological change</p>	<p>Technological change is continually providing new ways to drive efficiencies and improve our service delivery. Technological improvements in areas such as artificial intelligence may help us improve how we manage our information, monitor disease outbreaks, analyse data and undertake risk assessments.</p>

 <p>Regulatory change</p>	<p>EHA’s work is highly regulated, and thus regulatory change can result in new responsibilities, or new approaches to better manage risk. It is foreseeable that there may be changes to the regulation of the beauty industry over the life of this plan.</p>
 <p>Workforce</p>	<p>There is a shortage of environmental health professionals across the state. Our ability to deliver for our Constituent Councils and their communities depends upon attracting and retaining the right staff.</p>

VISION AND MISSION

Vision

For communities and businesses to flourish through efforts to protect the health, safety and wellbeing of our region.

Mission

To provide evidence-based services, advice and advocacy on public health matters on behalf of our Constituent Councils.



STRATEGIC PRIORITIES

Priority One: Deliver great public and environmental health services

EHA exists to protect and maintain health of the community, and reduce the incidence and spread of communicable disease.

A key way we do this is through the delivery of regulatory environmental health services that ensure appropriate hygiene and sanitation standards are met at:

- Public swimming pools and spas
- Cooling towers and warm water systems
- Personal care and body art businesses
- Onsite wastewater management systems
- Properties impacted by hoarding and squalor
- Supported residential facilities.

Beyond these, EHA has a more general role to respond to enquiries and complaints in the community that may give rise to a public health risk, or represent an opportunity to promote safer approaches.

Across all our work, we adopt an “education before enforcement” approach as we know that effective and sustained behaviour change depends on people fully understanding health risks, and what they can do in response. Given this, we place a strong focus on supporting households, businesses and other organisations with information, advice and resources.

We also achieve our public and environmental health goals by working in partnership with other organisations through inter-agency working groups and other coordination committees, recognising there are wide ranging benefits from sharing information and coordinating efforts with others.

Strategic Outcomes:

- 1.1 The health and safety of our communities is strengthened through our environmental health services.
- 1.2 Residents and businesses take action to reduce public health risks because of our proactive communications and education.
- 1.3 Actively engaging with other organisations results in wider and more effective efforts to manage public health risks across the region.
- 1.4 Resilience to climate and emergency risks across our region is strengthened through the delivery of our public and environmental health services.

Priority Two: Grow our immunisation programs

Immunisation is a safe and effective way of protecting people against harmful diseases that can cause serious health problems. EHA is a trusted partner in immunisation, and delivers programs that keep communities healthy, and contribute to the effective control of preventable disease.

We do this through a:

- School Immunisation Program delivered in partnership with SA Health and local high schools
- Public Immunisation Program delivered through clinics focused on babies and children, and other people who may require catch up vaccinations
- Workplace Immunisation Program, delivered on a fee-for-service basis.

EHA's success in delivery of immunisation is based on a strong commitment to clinical governance, our ability to deliver vaccines in a welcoming, non-medical environment, dedicated staff with singular focus on immunisation, and the availability and accessibility of our clinics.

Over the years, EHA has been able to build upon its capability in the delivery of immunisation services by expanding into Workplace Vaccination Programs and also by providing immunisation services to non-Constituent Councils. These opportunities, which help to diversify EHA's revenue base, are explored on a case by case basis having regard to EHA's operational capacity and careful consideration as to whether there is a net benefit to Constituent Councils.

Moving forward, EHA remains open to exploring opportunities to grow immunisation programs, especially through Workplace Programs, when there is a net benefit to Constituent Councils, and there is an opportunity to leverage our operational strengths to make a bigger contribution to the effective control of preventable disease.

All our immunisation programs are delivered with some form of State or Federal Government subsidy, and our delivery model represents great public value compared with vaccines delivered in a medical environment. Given this, it is important that we actively engage with our regulators and funders to ensure our service delivery is financially sustainable in the long term.

Strategic Outcomes:

- 2.1 The spread of preventable disease is reduced through effective immunisation programs that are delivered in accordance with legislation and standards.
- 2.2 Our immunisation programs are highly valued and trusted by the community because they are accessible, efficient and client-centric.
- 2.3 More people are immunised, and EHA's revenue streams are further diversified, through new immunisation programs and activities that deliver a net benefit to Constituent Councils.
- 2.4 Our immunisation funding models are sustainable in the long term through effective engagement and advocacy with funders and regulators.

Priority Three: Strengthen food safety practices across our region

EHA delivers a number of regulatory services to ensure food safety standards are achieved, including by:

- Maintaining a register of food businesses operating within EHA's jurisdiction
- Conducting routine inspections
- Undertaking enforcement action
- Implementing the voluntary Food Star Rating System.

Beyond these, EHA has a more general role to respond to food related enquiries and complaints that may give rise to a public health risk, or represent an opportunity to promote safe approaches. We also respond to food recalls, provide advice on development applications for food businesses and assess risks and conduct safety assessments for temporary food businesses and events.

Education is central to achieving effective food safety outcomes, and we know that investing in relationships is foundational to people understanding and complying with food safety standards.

To support this, EHA deliver a biannual food safety newsletter to food businesses, maintain a comprehensive range of resources to support food businesses and offer a food safety training program. From time to time, we also deliver food safety education projects in partnership with other organisations.

Strategic Outcomes:

- 3.1 Contribute to the control of preventable illness through the effective monitoring and enforcement of food safety standards in our region.
- 3.2 Food businesses take action to reduce food safety risks because of our proactive communication and education, and relationship building.

Priority Four: Govern well and demonstrate leadership within the public health sector

EHA's ability to provide quality public health services, advice and advocacy depends upon effective governance and organisational management, and our unique positioning that enables us to provide leadership to the public health sector.

Despite our modest size and resourcing, as a regional local government subsidiary EHA is committed to achieving best practice standards of governance. This happens through adherence with the EHA Charter and the many different legislative instruments under which we operate, and maintaining fit-for-purpose corporate processes in areas including finance, risk and work health and safety.

Effective governance is also supported by strong relationships with Constituent Councils seen through the mutual sharing of information, cross-promotion of services, and a shared commitment to deliver for the community. For its part, EHA regularly communicates the services, actions and outcomes of its work through quarterly reporting, and maintains connections with Elected Members, CEOs and operational staff of Constituent Council.

EHA's size, structure and sole focus on public health provides a unique opportunity to provide leadership within the public health sector through research projects and advocacy on policy reforms. Our ability to do so is founded in our significant on-ground experience as public health practitioners, influence we achieve as a strong united regional voice, and relationships across the local government and public health sectors.

As technology evolves, EHA will continue to invest in improvements in corporate systems and customer-facing processes to enable us to further streamline our processes and improve the customer experience.

Strategic Outcomes:

- 4.1 EHA is effectively governed in accordance with the EHA Charter and other legislation we operate under.
- 4.2 EHA is valued by its Constituent Councils as a result of regular and two-way communication.
- 4.3 EHA is known and trusted as a thought leader and effective advocate on public and environmental health matters.
- 4.4 Systems and technology allow us to innovate, work more efficiently and achieve stronger public health outcomes.
- 4.5 We provide a safe, healthy and rewarding work environment.

IMPLEMENTATION, MONITORING AND REVIEW

Implementation

Implementation of this Strategic Plan will primarily occur through the EHA's Annual Business Plan and Budget processes, with the strategic outcomes of the Strategic Plan used to shape annual objectives, priorities and key performance indicators. The Strategic Plan will also influence periodic reviews to EHA's Long Term Financial Plan.

All reports to the EHA Board will include a reference to the relevant Strategic Outcome from the Strategic Plan.

Monitoring

EHA's Annual Business Plan is monitored through key performance indicators which are adopted annually by the Board. Progress towards these priorities and outcomes is regularly reported to the EHA Board, and annually to Constituent Councils through the Annual Report.

EHA also provides quarterly infographic updates to its Constituent Councils reporting key outcomes and achievements.

Review

This Strategic Plan has a ten year life (2024-2033) and will have a mid-term review in 2029, or as otherwise determined by the EHA Board.

APPENDIX ONE: PUBLIC HEALTH LEGISLATION, POLICES, STANDARDS, CODES AND GUIDELINES.

Source: Environmental Health Australia (SA Division)

Legislation	Regulations	Policies	Standards	Codes/Guidelines
Public Health Act, 2011	South Australian Public Health (General) Regulations 2013			<ul style="list-style-type: none"> - Standard for the Operation of Swimming Pools and Spas in South Australia - Guideline for the Inspection and Maintenance of Swimming Pools and Spa Pools in South Australia
	South Australian Public Health (Wastewater) Regulations 2013		<ul style="list-style-type: none"> - AS/NZS 1547 – Onsite domestic wastewater management - AS/NZS 3500 - Plumbing and Drainage 	<ul style="list-style-type: none"> - The On-site Wastewater Systems Code - Community Wastewater Management Code
	South Australian Public Health (Legionella) Regulations 2013		<ul style="list-style-type: none"> - AS/NZS 3666 – Air-handling and water systems of buildings – Microbial control Parts 1, 2 & 3 	<ul style="list-style-type: none"> - Guidelines for the Control of Legionella in Manufactured Water Systems in South Australia
	South Australian Public Health (Notifiable and Controlled Notifiable Conditions) Regulations 2012			
		South Australian Public Health (Clandestine Drug Laboratories) Policy 2016		<ul style="list-style-type: none"> - Practice Guideline for the Management of Clandestine Drug Laboratories under the <i>South Australian Public Health Act, 2011</i> - Clandestine Drug Laboratory Remediation Guidelines
		South Australian Public Health (Severe Domestic Squalor) Policy 2013		<ul style="list-style-type: none"> - A Foot in the Door – Stepping towards solutions to resolve incidents of severe domestic squalor in South Australia
				<ul style="list-style-type: none"> - Guidelines on the Safe and Hygienic Practice of Skin Penetration - Guideline on the Public Health Standards of Practice for Hairdressing

Legislation	Regulations	Policies	Standards	Codes/Guidelines
				<ul style="list-style-type: none"> - Guidelines for the Management of Public Health and Safety at Events - Animal Contact Guidelines - Code of Practice for the Provision of Facilities for Sanitation and Personal Hygiene - Public Health Emergency Management Plan
	South Australian Public Health (Notifiable Contaminants) Regulations 2020			
Food Act, 2001	Food Regulations 2017		Australia New Zealand Food Standards Code	<ul style="list-style-type: none"> - Food Safety Guidelines for Food Service to Vulnerable Persons - Gastroenteritis outbreak management guideline for South Australian residential environments - Guide to the Labelling of Packaged Food - Guideline sushi food handling practices - Compendium of Microbiological Criteria for Food (as published by Food Standards Australia)
Safe Drinking Water Act, 2011	Safe Drinking Water Regulations 2012			
Supported Residential Facilities Act 1992	Supported Residential Facilities Regulations 2009			
Environment Protection Act 1993	Environment Protection Regulations 2009	Environment Protection (Water Quality) Policy 2015		
Expiation of Offences Act 1996	Expiation of Offences Regulations 2011			
Local Government Act 1999				

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.

Minor non-conformances were identified during audits, however, follow up inspections were conducted, with subsequent actions taken to adequately rectify the majority of issues identified.

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

As a result of the introduction of the National Disability Insurance Scheme (NDIS) the provision of personal care services and the availability of activities for residents has changed. Residents' access to group activities is now dependent on the residents' individual NDIS package. The Proprietors of the two pension only SRFs are approved

National Disability Insurance Agency (NDIA) service providers. Therefore, staff of the facility continue to provide existing personal care services to most residents. Residents also have the option to receive services from alternative NDIS approved service providers of their choosing.

During documentation audits of these facilities, the NDIS care plans were reviewed in conjunction with the facilities' service plans. Service plans remain a requirement of the Act. Authorised Officers have continued to accept a combined Service and NDIS plan for the documentation audits undertaken this year, as the NDIS plans are quite in depth and are inclusive of the required details as specified by the Act.

Authorised Officers engaged with residents of the facilities whilst onsite, with residents eager to discuss their daily events. Staff onsite were interactive with residents and appeared to have a positive relationship. Meal service, financial and medication management activities were sighted by Authorised Officers at the time of the audit.

Annual routine food safety inspections were undertaken at each facility, with reports reviewed to ensure compliance with the legislative requirements. Facilities were assessed for compliance with the Food Safety Standards, with any issues that require follow up to be addressed at subsequent inspections undertaken by Environmental Health Officers.

During the re-licensing process, the Building Fire Safety Committee of each respective council was requested (by correspondence sent in February 2024) to provide a report in relation to the Fire Safety Status of each facility. Building Fire Safety Officers normally conduct onsite inspections of the facilities and provide EHA with a report which may include details in relation to any outstanding building fire safety matters that would prevent the licensing of these facilities or require conditioning.

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 and two announced follow up audits were conducted at Magill Lodge Supported Residential Care throughout the year.

Minor non-conformances were raised at both of the separate structural and documentation audits that were undertaken that related to cleaning, maintenance and documentation issues identified, including but not limited to:

Audit finding list

- minor cleaning issues in bedrooms and bathrooms
- rusted and deteriorated fixtures and fittings in bathrooms and toilet
- fixtures and fittings not adequately maintained in the kitchen, dining room, bedrooms and laundry
- odour and ventilation issues in bedrooms
- electrical fixtures and fittings not maintained in accordance with AS/NZS 3000:2018
- first aid supplies not regularly monitored for shelf life
- service plans not adequately maintained in accordance with the Act
- minor anomalies in the menu in accordance with the nutrition tool

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

A second scheduled follow up audit was undertaken to address the non-conformances that were identified at the documentation audit. Authorised Officers were provided with updated records and amended documentation which suitably rectified the remaining non-conformances.

Correspondence received from the Burnside Building Fire Safety Committee advised that the facility has the appropriate level of fire safety and recommends that the premises continues to be licensed from a fire safety perspective.

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

1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition as indicated in the audit report.
2. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules.

3. Retain all cleaning and maintenance records at the facility to demonstrate compliance with Condition one.
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, 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.

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. Communal areas and the bedrooms of residents receiving personal care services were inspected. The facility and premises were maintained to a high standard. All relevant documentation was reviewed, with Authorised Officers confirming that there have been no changes to processes and services provided to residents.

Minor issues with documentation were identified for the prospectus, staff register and current menu. Due to recent changes staff changes onsite, service plans for residents were still in the process of being reviewed. A follow up audit of the site was undertaken to review service plans and the register of staff training. Authorised Officers were satisfied that the non-conformances raised were suitably rectified.

Fire safety is a critical matter that must be considered when licensing facilities. Despite a number of follow up requests to Campbelltown City Council, there has been no information provided to EHA in relation to the fire safety status of the facility at the time of this report.

Based on the audit findings 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, 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 and inspected the bedrooms of residents receiving personal care services. Minor cleaning and structural maintenance were required for floor and wall surfaces in the kitchen and communal areas of the facility. Additionally, minor maintenance issues were identified in residents' rooms, which are to be rectified by the Proprietor. All relevant documentation was reviewed, with Authorised Officers confirming that there have been no changes to processes and services provided to residents.

Minor discrepancies with documentation were identified for the current menu and with the staff register for staff clearances and qualifications. Authorised Officers also identified minor anomalies for resident service plans.

A follow up audit is scheduled to be undertaken to address the non-conformances that were identified at the structural and documentation audit.

Fire safety is a critical matter that must be considered when licensing facilities. Despite a number of follow up requests to Campbelltown City Council, there has been no information provided to EHA in relation to the fire safety status of the facility at the time of this report.

Based on the audit findings 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, 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 2023-2024 Licensing Report is received.
2. The applicants detailed below be granted a licence to operate a Supported Residential Facility for a period of one year from 1 July 2024 to 30 June 2025 under the provisions of the *Supported Residential Facilities Act 1992* subject to conditions as detailed:

Applicant	Premises
Magill Lodge Supported Residential Care Pty Ltd	Magill Lodge Supported Residential Care 524 Magill Road Magill SA 5072
Conditions	
<ol style="list-style-type: none"> 1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition as indicated in the audit report. 2. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules. 3. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1. 4. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case – ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents. 5. Comply with the requirements of Section 157 of the <i>Planning, 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. 	
Applicant	Premises
Palm Gardens Consolidated Pty Ltd	Magill Estate Retirement Village 122 Reid Avenue Magill SA 5072
Conditions	

<p>1. Comply with the requirements of Section 157 of the <i>Planning, 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>	
Applicant	Premises
Bellara Aged Care Village Pty Ltd	Bellara Village 98 Newton Road Campbelltown SA 5074
Conditions	
<p>1. Comply with the requirements of Section 157 of the <i>Planning, 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>	

8.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

1.0 General Activity

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

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

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

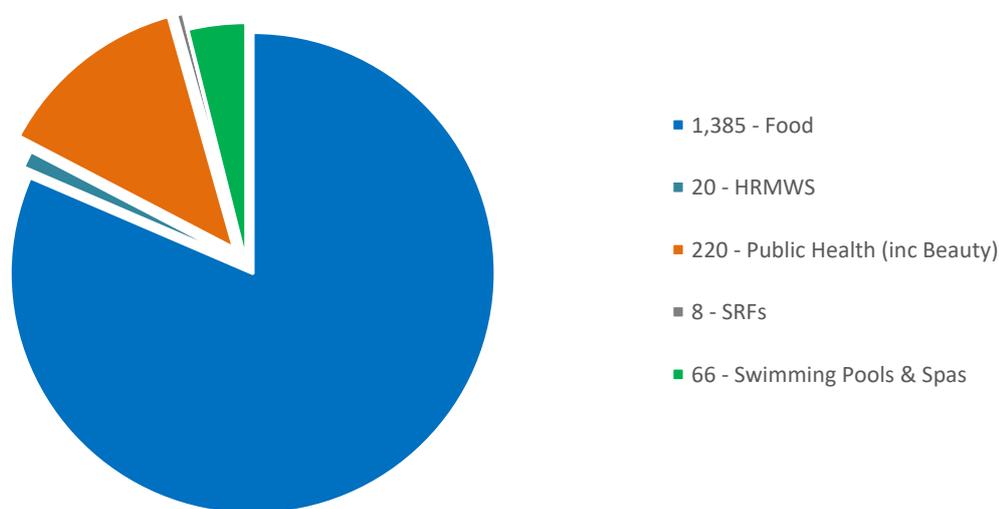


Table 1: Number of inspections conducted per category for financial-year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Food	322	368	455	189	51	1,385
HRMWS	4	8	6	2	0	20
Public Health Complaint	69	78	38	19	16	220
SRFs	3	3	0	2	0	8
Swimming Pools & Spas	31	11	16	4	4	66
Total	429	468	515	216	71	1,699

2.0 Food Safety

2.1 Food Premise Inspections

A total of 190 routine inspections of food businesses were undertaken during the reporting period. An additional 53 follow-up inspections were required to ensure compliance with the Food Safety Standards. In total, 286 food premise inspections were completed during the reporting period (Table 2).

As shown in Graph 2 the number of routine inspections undertaken decreased marginally by 4% with a reduction of 28% for the number of follow-ups required compared to the previous year. There was a 33% increase in the number of complaint inspections undertaken when compared to the previous year (Graph 2).

Graph 2: A two year comparison of the total number of inspections conducted from 1 April 2024 to 31 May 2024.

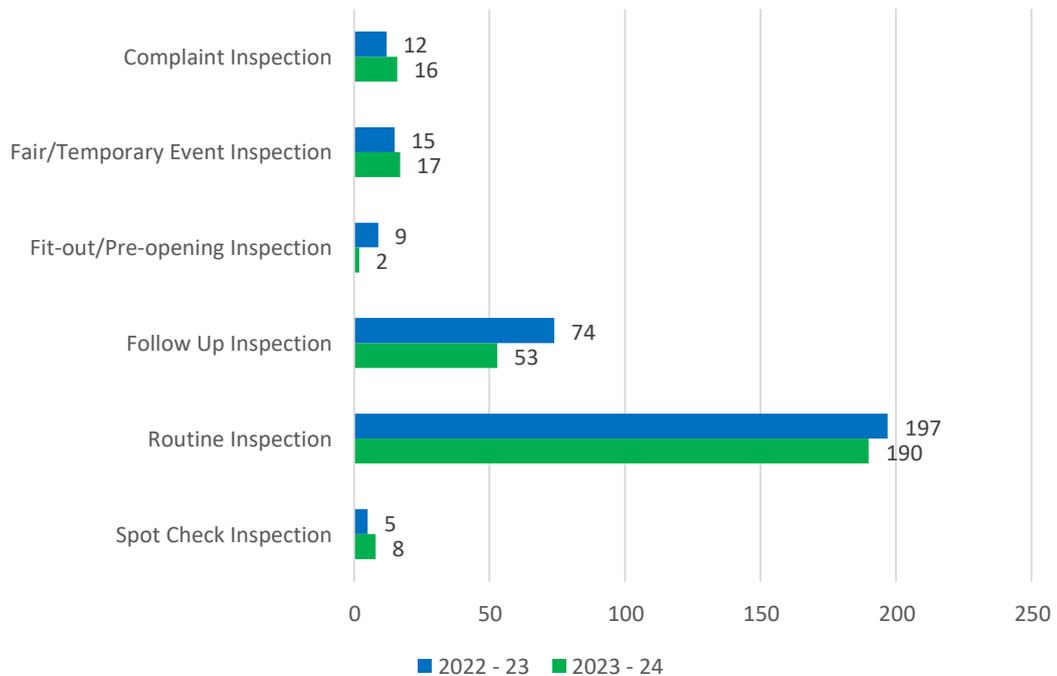


Table 2: Food premises inspections from 1 April 2024 to 31 May 2024.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	26	49	70	29	16	190
Follow up Inspection	11	15	11	10	6	53
Complaint Inspection	3	4	2	5	2	16
Fit-out/Pre-opening Inspection	0	2	0	0	0	2
Fair/Temporary Event Inspection	0	0	17	0	0	17
Spot Check Inspection	0	3	5	0	0	8
Total	40	73	105	44	24	286

A total of 1,385 food inspections has been undertaken for the financial year to date, a 13% increase from 1,231 inspections conducted the previous year (Graph 3). The number of routine inspections has increased by 25%, with the number of follow-ups required decreasing by 14% (Graph 3). The total number of complaint inspections required increased by 4% when compared to the previous year. The total number of inspections completed for the financial year to date are further broken down by Constituent Council area in Table 3.

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

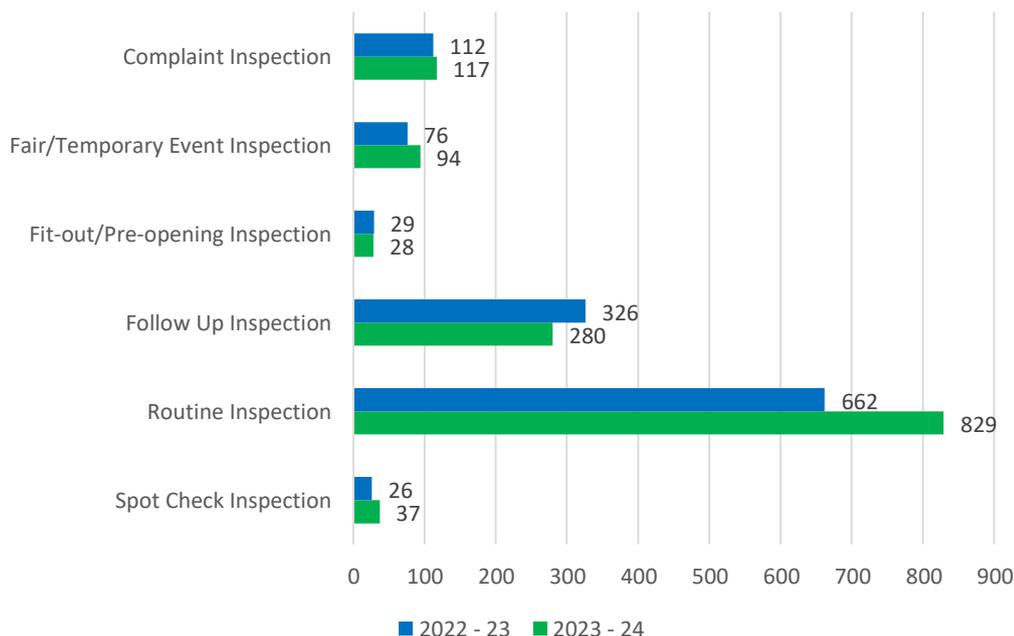


Table 3: Food premises inspections for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	210	193	294	103	29	829
Follow up Inspection	71	65	91	40	13	280
Complaint Inspection	21	38	34	22	2	117
Fit-out/Pre-opening Inspection	7	9	7	5	0	28
Fair/Temporary Event Inspection	7	46	17	17	7	94
Spot Check Inspection	6	17	12	2	0	37
Total	322	368	455	189	51	1,385

2.2 Food Safety Rating Scheme (FSRS)

The SA Health Food Safety Rating Scheme Checklist (FSRS) is used to assess business compliance with food safety standards at routine inspections.

FSRS applies to only to P1 and P2 food service businesses within EHA's Constituent Councils who sell food to consumers direct from site of inspection for 'immediate' consumption.

Non-compliances against the Standards can range from Minor, Major to Serious. This is dependent on the risk and seriousness of the breach.

All food businesses receive a 'performance score' assessed during their respective routine inspection.

However, the 'food safety rating score' is represented by stars, with captured businesses able to obtain a maximum rating of five stars. Five stars represents excellent compliance with the Food Safety Standards, four stars very good and three stars good compliance.

Non-compliance with Food Safety Standards

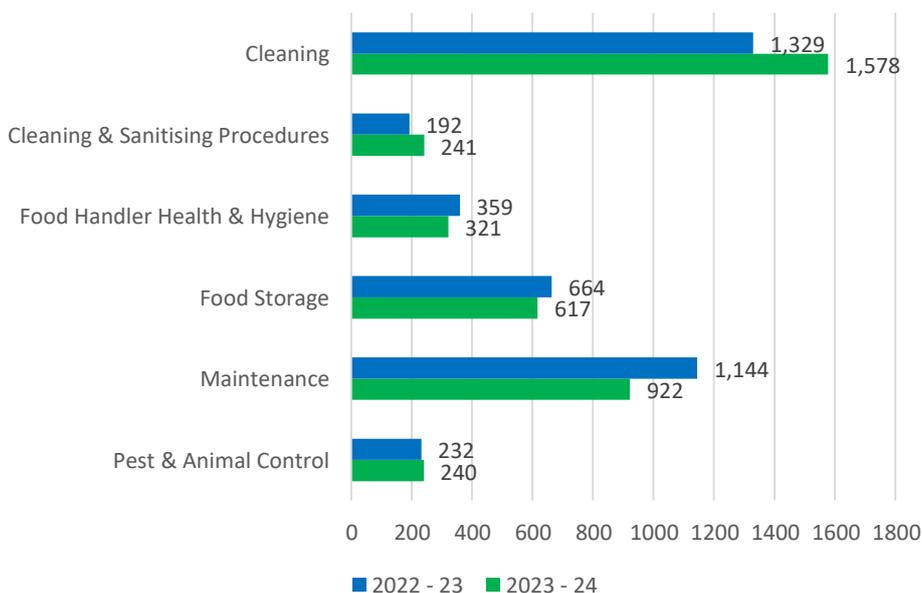
EHO's identified a total of 986 non-compliances with the Food Safety Standards during the reporting period (Table 4). The majority of non-compliances were minor in nature, with 72% of the non-compliances captured within this category.

Table 4: The type and number of non-compliances identified at routine inspections from 1 April 2024 to 31 May 2024.

Type of non-compliance	Number of non-compliances
Minor	707
Major	199
Serious	80
Total	986

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). Non-compliances relating to maintenance and poor food storage procedures resulted in a 19% and 7% decrease respectively for the financial year to date when compared to the previous year. The number of non-compliances relating to poor cleaning practices increased by 19% in comparison to the previous reporting period (Graph 4).

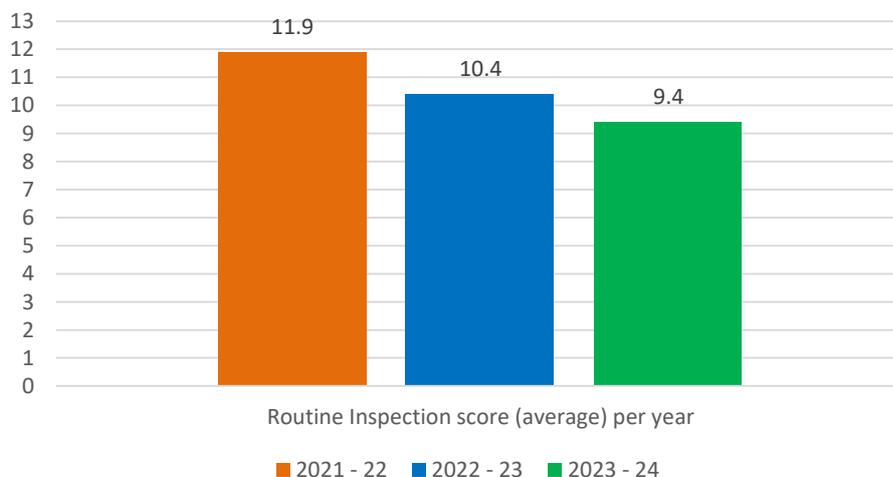
Graph 4: A two year comparison of non-compliances identified at routine inspections during the financial year-to-date.



FSRS Score

In accordance with the FSRS a score is calculated by EHO’s during the routine inspection based on how well the food business complies with the Food Safety Standards. 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 continues to improve.

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



FSRS – Star Rating

During the reporting period a total of 143 food businesses were assessed within the scheme, comparable to the previous year. For the financial year to date, 579 assessments were conducted compared to 476 the previous year resulting in a 22% increase of captured premises.

Tables 5 and 7 demonstrates that there was an overall increase in the total number of food businesses receiving a star rating. It also shows a decrease in the number of businesses receiving no stars.

As shown in Table 5, during the reporting period there was an 5% increase in the total number of food businesses receiving a star rating. Food businesses receiving a 5 star rating increased from 31% to 30%, a 1% increase compared to the previous year. There was an 5% decrease in the number of businesses receiving no stars. This is further broken down by Constituent Council area for the current reporting period in Table 6.

On a financial year basis this trend is also replicated with an 8% increase in businesses receiving a 5 star rating and an 8% decrease in businesses receiving no stars (Table 7). Financial year to date reporting by Constituent Council area is shown in Table 8.

Table 5: A two year comparison of the percentage of businesses receiving a food star rating from 1 April 2024 to 31 May 2024.

	2023-24	2022-23	Difference
Total Stars Received	68%	63%	↑5%
5 Star	31%	30%	↑1%
4 Star	22%	20%	↑2%
3 Star	15%	13%	↑2%
No Star	32%	37%	↓5%

Graph 6: A two year comparison of food safety rating scheme performance per inspection from 1 April 2024 to 31 May 2024.

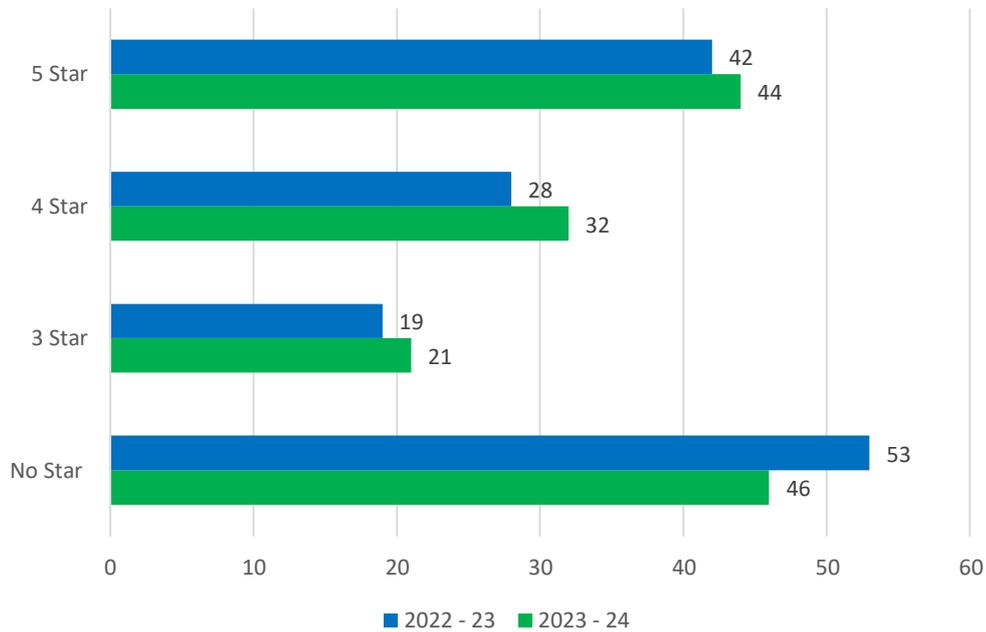


Table 6: Food safety rating scheme performance per inspection from 1 April 2024 to 31 May 2024.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
5 Star (0 – 3 points)	6	12	15	5	6	44
4 Star (4 – 7 points)	5	5	9	10	3	32
3 Star (8 – 11 points)	2	7	6	6	0	21
No Star (12+ points)	7	10	19	5	5	46
Total	20	34	49	26	14	143

Table 7: A two year comparison of the percentage of businesses receiving a food star rating for the financial year-to-date.

	2023-24	2022-23	Difference
Total Stars Received	70%	62%	↑8%
5 Star	34%	26%	↑8%
4 Star	21%	20%	↑1%
3 Star	15%	16%	↓1%
No Star	30%	38%	↓8%

Graph 7: A two year comparison of food safety rating scheme performance per inspection for the financial-year-date.

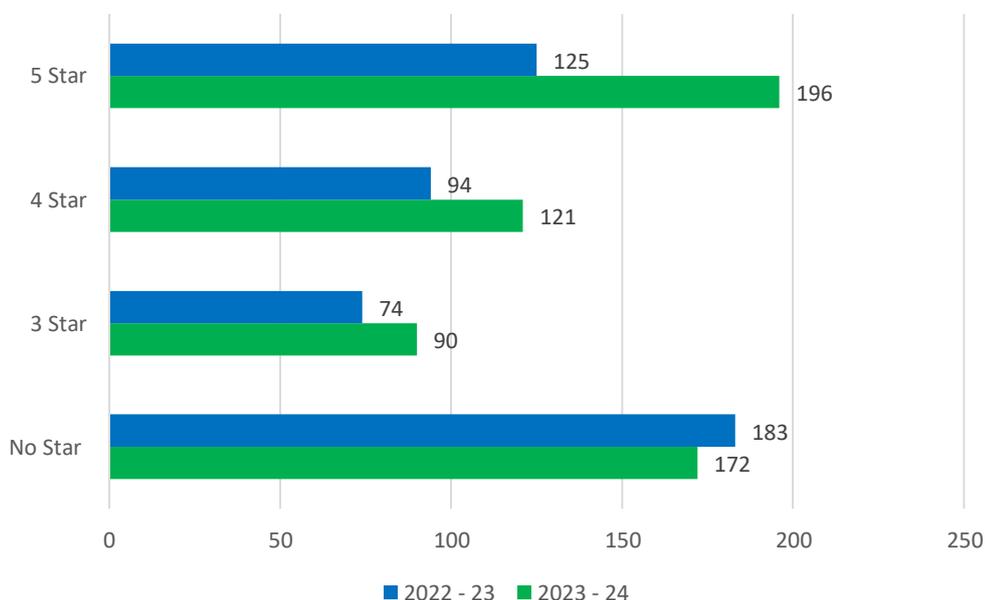


Table 8: Food safety rating scheme performance per inspection for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
5 Star (0 – 3 points)	51	35	78	23	9	196
4 Star (4 – 7 points)	36	23	39	20	3	121
3 Star (8 – 11 points)	22	19	27	20	2	90
No Star (12+ points)	37	36	68	21	10	172
Total	146	113	212	84	24	579

2.4 Legal Actions for Food Premises

During the board reporting period, five Improvement Notices and two Final Warnings were issued (Table 9). One Expiation Notice was also issued during the reporting period.

The majority of food business requiring legal action were Priority 1 high risk businesses (Table 10). Enforcement action is not limited to high-risk businesses with legal action also taken for lower Priority 2 food businesses. A total of 37 legal actions were required to be taken for food businesses for the financial year to date (Table 11).

As shown in Graph 8 there has been a decrease in the number of legal actions, specifically the number of Improvement Notices and Warnings required to be taken for the current financial year to date compared to the previous year. The Expiation Notice that was issued during the reporting period was for poor standards of cleanliness and poor food storage practices.

Table 9: Legal action taken from 1 April 2024 to 31 May 2024.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Final Warning	0	0	1	0	1	2
Improvement Notice	1	0	2	0	2	5
Expiation Notice	0	0	0	1	0	1
Total	1	0	3	1	3	8

Table 10: Legal action taken per food business risk classification from 1 April 2024 to 31 May 2024.

	P1	P2
Final Warning	2	0
Improvement Notice	4	1
Expiation Notice	1	0

Graph 8: A two year comparison of legal action taken for the financial year-to-date.

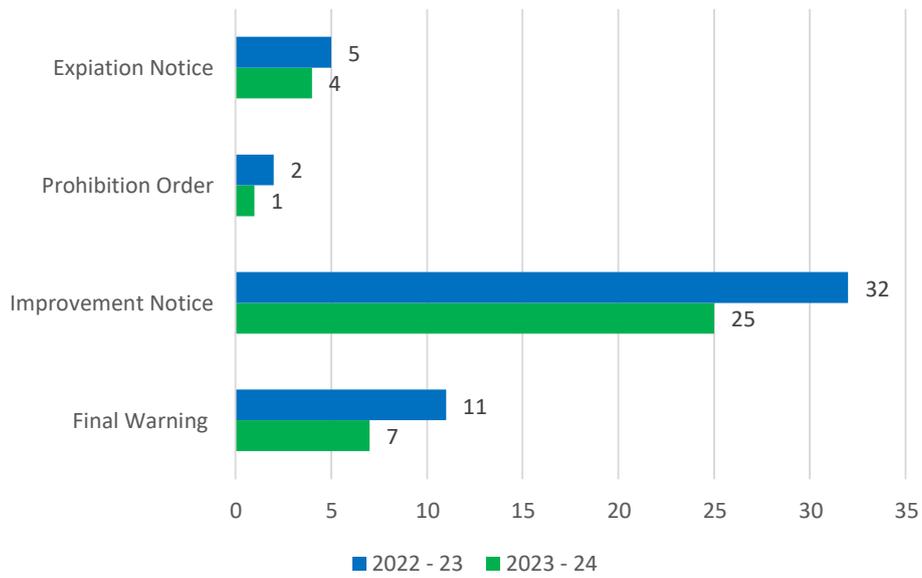


Table 11: Legal action taken for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Final Warning	3	1	1	1	1	7
Improvement Notice	4	2	14	3	2	25
Prohibition Order	0	0	1	0	0	1
Expiation Notice	1	0	2	1	0	4
Total	8	3	18	5	3	37

2.5 Food Complaints

For the reporting period 1 April 2024 to 31 May 2024 EHA received 13 complaints that were investigated under the *Food Act 2001*. The complaints are shown by category in Graph 9 and by respective Constituent Council area in Table 12.

The reporting period observed an increase in complaints relating to unsuitable/unsafe food, unclean premises and vermin/pests observed on the premises. Conversely, there was a decrease of 28% and 10% respectively in the number of alleged food poisoning and poor personal hygiene/food handling practices complaints received for the financial year to date when compared to the previous year (Graph 10).

Graph 10 also illustrates there was an increase of 29% in the number of complaints received for vermin/pests observed on premises. There was an increasing trend in the number of complaints received for refuse storage, with more than double the number of complaints received for the current financial year to date when compared to the previous year. Complaints received are further broken down by Constituent Council area in Table 13.

Graph 9: A two year comparison of food complaints received from 1 April 2024 to 31 May 2024.

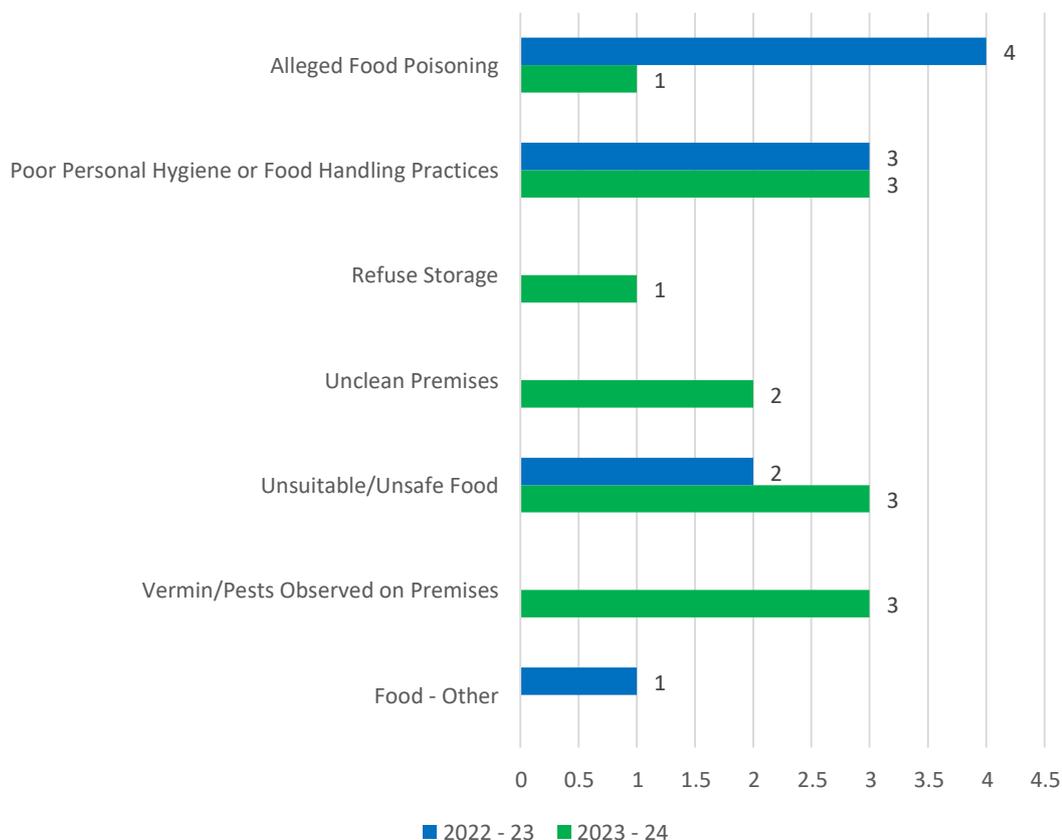


Table 12: Food complaints received by council area from 1 April 2024 to 31 May 2024.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	0	1	0	0	0	1
Poor personal hygiene or food handling practices	1	1	1	0	0	3
Refuse Storage	0	1	0	0	0	1
Unclean premises	0	1	0	1	0	2
Unsuitable/unsafe food	1	1	1	0	0	3
Vermin/pests observed on premises	0	1	1	1	0	3
Total	2	6	3	2	0	13

Graph 10: A two year comparison of food complaints received for the financial year-to-date.

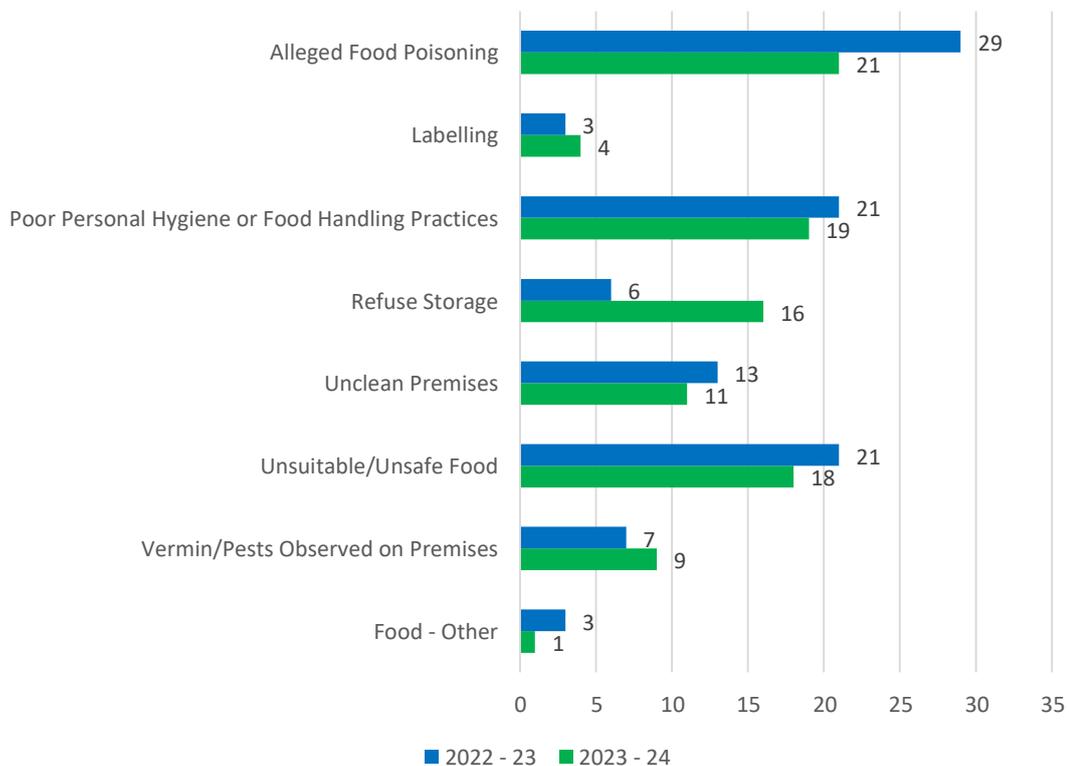


Table 13: Food complaints received by council area for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	3	4	10	4	0	21
Food - Other	0	0	1	0	0	1
Labelling	0	3	1	0	0	4
Poor personal hygiene or food handling practices	3	2	7	7	0	19
Refuse Storage	6	4	5	1	0	16
Unclean premises	1	3	2	5	0	11
Unsuitable/unsafe food	1	8	7	2	0	18
Vermin/pests observed on premises	2	3	3	1	0	9
Total	16	27	36	20	0	99

2.6 Audits of Businesses that Serve Vulnerable Populations

During the reporting period, 13 businesses within the Constituent Council boundaries and 8 businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code* (Table 14). One additional onsite follow-up audit was required to be undertaken.

A total of 127 audits of businesses that serve vulnerable populations and eight follow up audits have been completed in the financial year-to-date (Table 15).

Table 14: Food audits completed for the period from 1 April 2024 to 31 May 2024.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	5	1	1	5	1	8	21
Follow-up audits	0	0	1	0	0	0	1
Total	5	1	2	5	1	8	22

Table 15: Food audits completed for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	18	16	20	13	3	57	127
Follow-up audits	0	1	1	0	1	5	8
Total	18	17	21	13	4	62	135

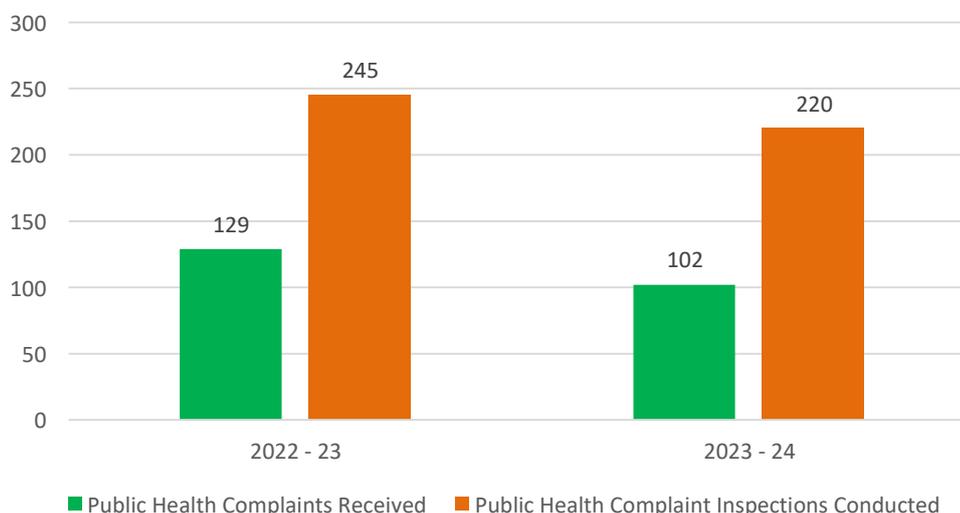
3.0 Public Health

3.1 Public Health Complaints

For the reporting period 1 April 2024 to 31 May 2024 there was a total of 22 public and environmental health related complaints received (Table 16).

As shown in Graph 11, 102 public health complaints were received for the financial year to date, a 21% decrease compared to the previous year. A total of 220 inspections were undertaken to investigate these complaints, this equates to an average rate of 2.16 inspections required per complaint received, compared to 1.89 inspections required per complaint the previous year.

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



Vector control and sanitation complaints account for the most common type of complaints over the past two years (Graphs 12 and 13), accounting for 73% of the complaints received in the current reporting period (Table 16) and 78% of complaints received financial year to date (Table 17).

The total number of public and environmental health complaints received for the financial year to date are further broken down by Constituent Council area in Table 17.

Graph 12: A two year comparison of public and environmental health complaints received from 1 April 2024 to 31 May 2024.

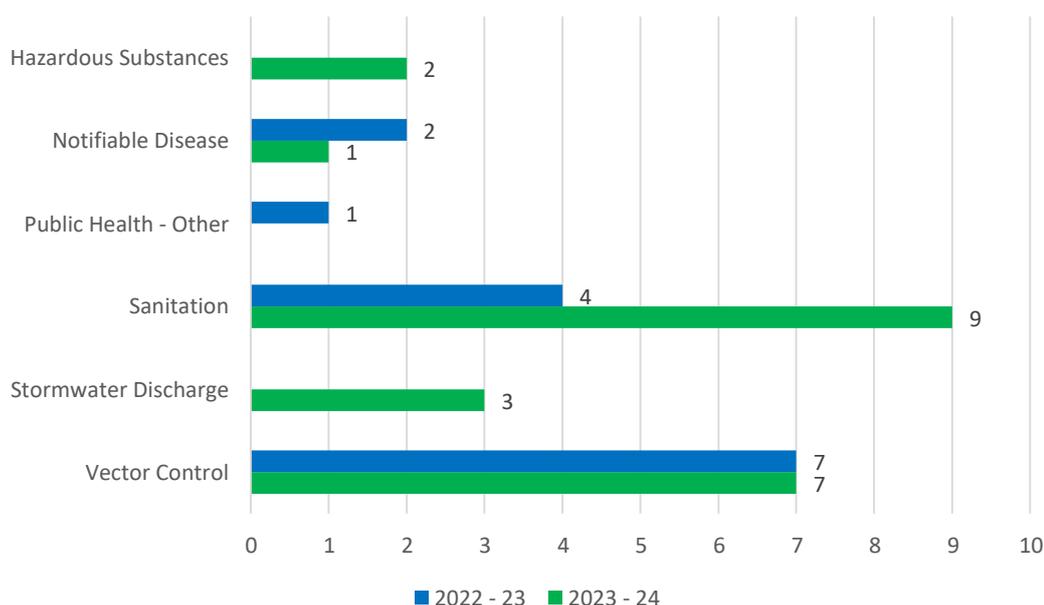


Table 16: Public and environmental health complaints for 1 April 2024 to 31 May 2024 by council area.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Hazardous Substances	0	0	2	0	0	2
Notifiable Disease	0	1	0	0	0	1
Sanitation	3	1	5	0	0	9
Stormwater Discharge	1	1	0	0	1	3
Vector Control	3	3	1	0	0	7
Total	7	6	8	0	1	22

Graph 13: A two year comparison of public and environmental health complaints received for the financial year-to-date.

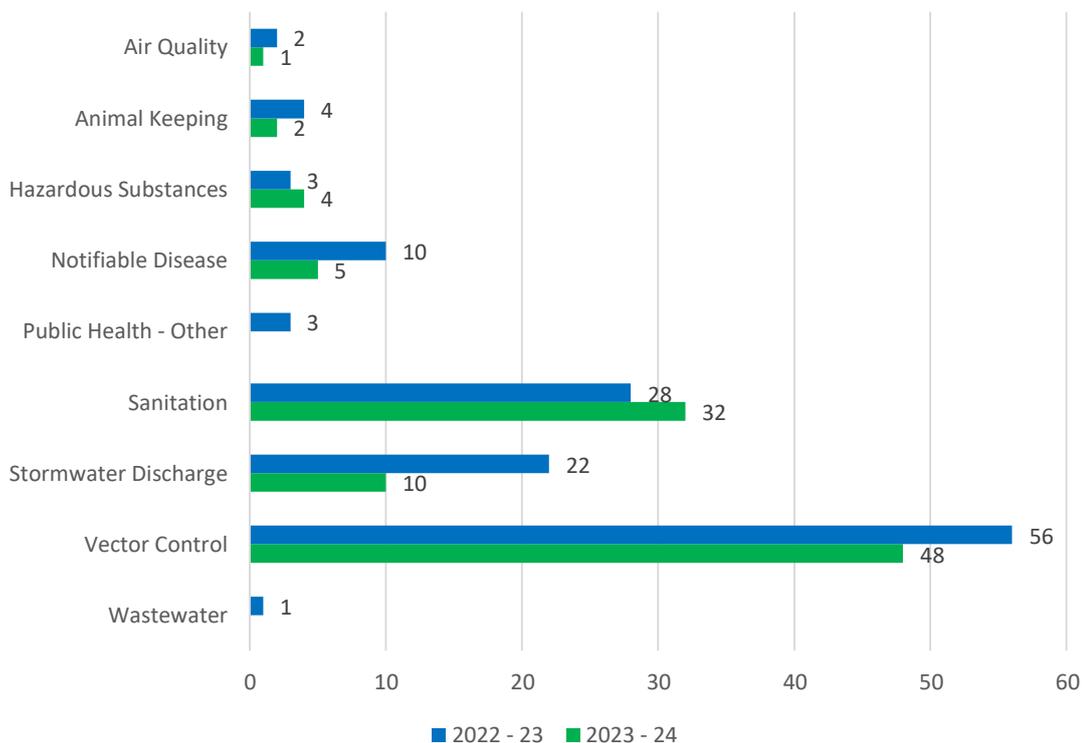


Table 17: Public and environmental health complaints for financial year-to-date by council area.

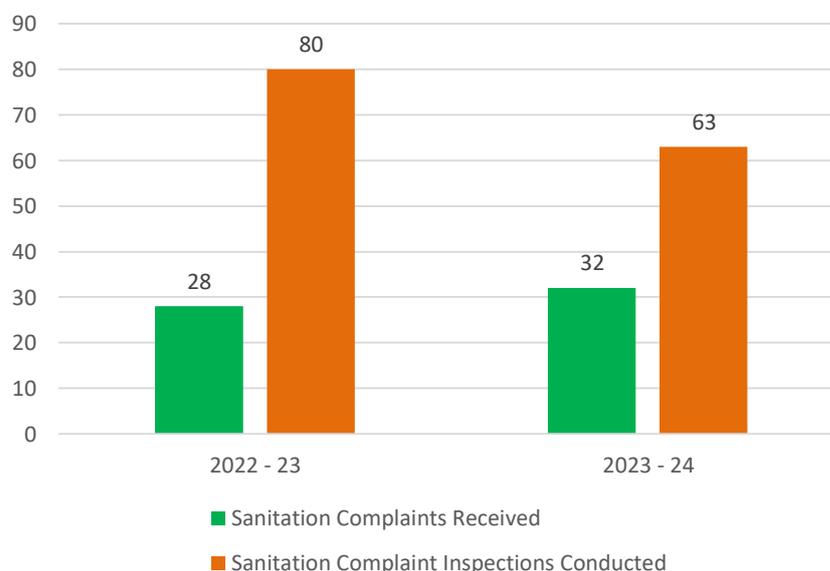
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	0	0	1	0	0	1
Animal Keeping	1	0	0	1	0	2
Hazardous Substances	0	2	2	0	0	4
Notifiable Disease	1	2	1	1	0	5
Sanitation	15	7	8	2	0	32
Stormwater Discharge	5	2	2	0	1	10
Vector Control	14	18	10	4	2	48
Total	36	31	24	8	3	102

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 37 inspections completed for the 11 premises that have required two or more inspections.

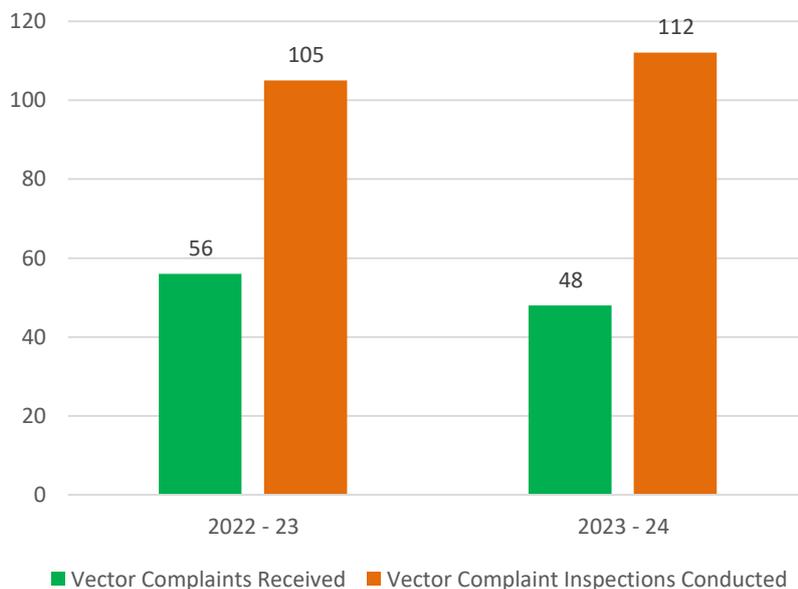
As shown in Graph 14, the number of sanitation complaints received is comparative over the past two years. The graph also shows that there is a high average rate of 2.38 inspections required per sanitation complaint over the past two years.

Graph 14: A two year comparison of sanitation complaints received compared to completed inspections for the financial year-to-date.



As illustrated in Graph 15 a high proportion of vector control complaints relate to vermin activity. There has been a comparable number of vector control complaints received and inspections required to be undertaken for the financial year to date when compared to the previous year (Graph 15). There has been a 14% decrease in the number of vector control complaints received when compared to the previous financial year, with a current average rate of 2.33 inspections required per complaint. This is an increase when compared to the previous year of 1.86 inspections required per complaint received.

Graph 15: 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 four cooling tower inspections were conducted at three sites (Table 18). Two notifications of *Legionella* at one warm water site were received from internal sampling undertaken. Immediate onsite decontamination was undertaken, and no further action was required.

No complaints were received during the reporting period.

Table 18: Cooling Tower and Warm Water System Inspections conducted from 1 April 2024 to 31 May 2024.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	4	0	0	0	0	4
<i>Legionella</i> Detections during sampling	0	0	0	0	0	0
Total	4	0	0	0	0	4

Table 19: Cooling Tower and Warm Water System Inspections for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	4	7	6	2	0	19
Follow-up Inspection	0	1	0	0	0	1
<i>Legionella</i> Detections during sampling	1	1	0	0	0	2
Total	5	9	6	2	0	22

3.3 Public Swimming Pools and Spas

During the reporting period ten swimming and spa pool inspections were conducted at seven sites.

No complaints were received during the reporting period.

Table 20: Swimming and Spa Pool Inspections conducted between 1 April 2024 to 31 May 2024.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	5	3	2	0	0	10
Follow-up Inspection	0	0	0	0	0	0
Total	5	3	2	0	0	10

A total of 58 swimming and spa pool inspections have been undertaken for the financial year-to-date (Table 21). In addition, four follow-up inspections and four complaint inspections were also conducted (Table 21).

Table 21: Swimming and Spa Pool Inspections conducted for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	27	9	16	2	4	58
Follow-up Inspection	2	0	0	2	0	4
Complaint Inspection	2	2	0	0	0	4
Total	31	11	16	4	4	66

3.4 Personal Care and Body Art

There were no routine inspections required for Personal Care and Body Art premises during the reporting period.

No complaints were received during the reporting period.

3.5 Wastewater

During the reporting period there were no applications received which required an assessment in accordance with the requirements of the *SA Public Health (Wastewater) Regulations 2013*.

Wastewater service reports are regularly received and monitored for compliance on an ongoing basis. A total of 32 service reports were received and assessed. One onsite inspection was undertaken during the reporting period for the installation of a new wastewater system.

4.0 Health Care and Community Services - Supported Residential Facilities

For the reporting period 1 April 2024 to 31 May 2024 two dual licence and one pension only facility were licenced by Eastern Health Authority under the *Supported Residential Facilities Act 1992*.

Audits/Inspections

Three re-licensing audits and one follow up audit were completed during the current reporting period.

A spot inspection of one premises was also completed.

Complaints

No complaints were received during the reporting period.

Approval of Manager / Acting Manager

During the reporting period two manager applications were approved.

Licence Transfer

There were no licence transfer applications or approvals.

5.0 Environmental Health Education / Promotion

Environmental Health education, training and promotion plays an important role in protecting the health of the local communities from the potential health effects of environmental hazards. EHA does this by informing the local community and businesses through various forms of communication by:

- raising awareness of environmental hazards in the community
- providing training, education, technical guidance and advice
- outlining legislative responsibilities and updates.

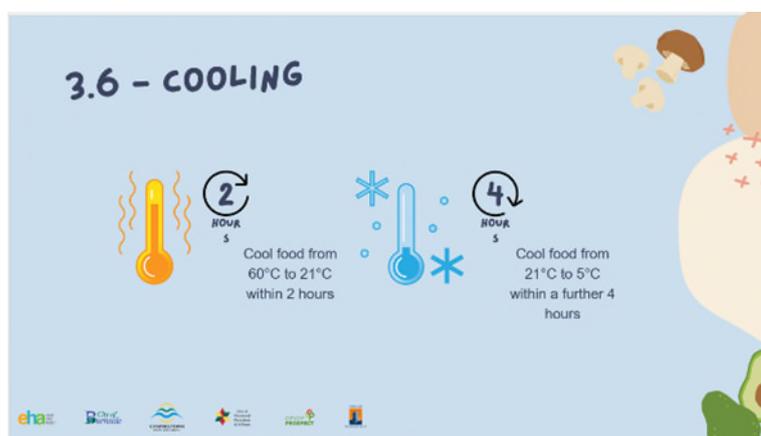
Food Safety Training

On 30 May 2024 two 'Fundamental Training for a Food Handler' sessions were presented by EHA's officers, with a total of ten participants attending the training. A revised training presentation, which includes interactive activities has been well received by attendees who have enjoyed learning how to practically apply the fundamental principles of food safety.

An additional session was provided to food handlers and volunteers of the City of Burnside on 16 May 2024 with six participants attending the training.

EHA's officers are currently in the process of filming food safety videos to be made available on EHA's website for businesses and residents of the five Constituent Councils

which will cover important food safety topics such as cooling and reheating of potentially hazardous foods and the processes required for cleaning and sanitising.



Food Safety Newsletter

A biannual Food Safety Newsletter is provided to all food businesses within EHA’s five Constituent Councils. In addition, the newsletter is also made available on EHA’s website and its Constituent Council social media platforms. The purpose of the newsletter is to communicate key information that is ‘easy to read’ with links to further information if required. Each newsletter has a key food safety theme aiming to highlight or remind proprietors or food handlers of their responsibilities or even instigate contact with the Environmental Health Officer for further information or assistance.

EHA’s second newsletter for the year was released in April 2024. Key themes included: ‘Cleaning and Sanitising’; reminder of the new Food Safety Standards 3.2.2A; upcoming Food Safety training; and progress of Food Star Rating system.



FOOD SAFETY

Eastern Health Authority Bi-annual Newsletter

Cleaning and Sanitising

Food Safety Standard 3.2.2 Clause 19 & 20

Effective cleaning and sanitising in your food business helps protect you and your customers against the spread of bacteria and other organisms that can cause foodborne illness.

Cleaning removes dirt, grease and food waste.

Sanitising destroys microorganisms. Clean items and surfaces before you sanitise them.

Using Dishwashers

Hot water must reach a minimum of 77oC for at least 30 seconds to be effective. Ensure you have a suitable dishwasher that can clean and sanitise quickly and effectively. Domestic dishwashers are generally not suitable for food businesses as they use a lower temperature (around 65-68oC) and longer cycles. Commercial dishwashers operate at high temperatures (above 80oC) and quick cycles, cleaning and sanitising dishes in a quick and effective manner.

Using Chemical Sanitisers

There are many different types of sanitisers, and each will vary greatly in how they should be used. It is important that the product is food safe. Some sanitisers will require dilution before use, while other are ready-to-use (RTU). Diluting a sanitiser to the correct concentration is critical in preventing the spread of harmful bacteria that cause foodborne illness.

For more information regarding cleaning and sanitising, you can visit the SA Health website [here](#).



Always read the manufacturer's instructions carefully, and ensure that the product is used correctly



IN THIS ISSUE

CLEANING AND SANITISING:
A COMMON NON-COMPLIANCE

FOOD SAFETY REMINDER:
STANDARD 3.2.2A IN
EFFECT 8 DECEMBER 2023

FOOD SAFETY RATING
SCHEME: 2022-2023

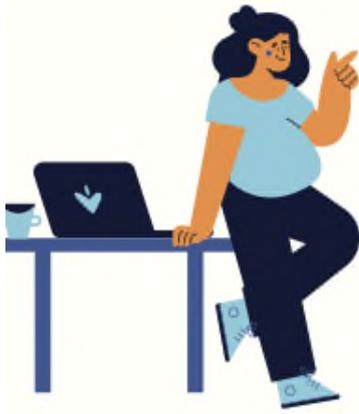
FOOD SAFETY TRAINING
2024

CONTACT US

101 Payneham Road
ST PETERS SA 5069

(08) 8132 3600
www.eha.sa.gov.au
eha@eha.sa.gov.au





Food Safety Reminder

Food Safety Standard 3.2.2A - in effect from 8 December 2023

The new food safety management tools include ensuring food handlers are appropriately trained, appointing a food safety supervisor, and demonstrating management of key food safety practices.

Find the answers to frequently asked questions about the Food Safety Management Tools - Standard 3.2.2A and how it may apply to your business [here](#) on the SA Health website.

A Look Back at Last Financial Year

SA Health Food Safety Rating Scheme

Participation of the SA Health Food Star Rating Scheme (FSRS) commenced on 1 July 2021. The FSRS gives consumers information about how well food businesses comply with food safety standards. The higher the star rating, the higher the standard of food safety.

During the 2022-2023 financial year, 598 food businesses captured under the Scheme were inspected by EHA Officers. Of those businesses, 27% received a 5-star rating and 20% received a 4-star rating. This is an increase of 42% and 11% compared to the previous 2021-2022 financial year. An excellent effort by our food businesses!

For more info on the Scheme, you can visit the SA Health website [here](#).




EHA FOOD SAFETY TRAINING

The next training will be held on Thursday 30 May 2024 at 10:00am or 1:00pm

The EHA Food Safety Fundamentals Training is designed to introduce basic food safety principles to food handlers and is free to all EHA businesses.

Registrations will open soon, so stay tuned on our website [here](#).

Please be advised that the EHA food safety training **does not** meet the criteria for the Food Safety Supervisors course. A list of Registered Training Organisations (RTO) is available [here](#) on the SA Health website.

RECOMMENDATION

That:

The Environmental Health Activity Report is received

8.2 IMMUNISATION ACTIVITY REPORT

2024 School Immunisation Program (SIP)

During the reporting period EHA continued the 2024 School Immunisation Program, offering immunisations to Year 7 and Year 10 students across 20 high schools.

Between 1 April 2024 and 31 May 2024 11 school immunisation sessions have been completed with a total of 1,261 vaccines administered to date. This is a decrease in vaccines administered of 3,329 (62.12%) compared to the same reporting period in 2023.

A total of 3,148 vaccines have been administered for the school year (January to May), which is an 71.97% decrease when compared to the same period in 2023 (11,231).

The comparative decrease is based on three factors. Firstly, the SIP program has transitioned to Year 7 and Year 10 only from 2024, with Year 8's no longer requiring vaccines. The second factor is the realignment and spread of dates across the school year. This allows for a more even distribution of workload and provides space to conduct the Flu worksite program. It also accommodates NAPLAN testing scheduled in schools for the Year 7 cohort. The third is that we are no longer providing a service to Adelaide Hills Council schools.

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 2024

Council	Human Papillomavirus (HPV)	Diphtheria Tetanus and Pertussis (dTpa)	Meningococcal (Men B)	(Men ACWY)	Total
Burnside	60	60	300	270	690
Campbelltown	132	134	114	134	514
NPSP	79	80	204	226	589
Prospect	118	121	185	108	532
Walkerville	75	77	77	86	315
Unley	23	23	285	177	508
Total	487	495	1165	1001	3,148

Workplace Influenza Program

The 2024 Staff Workplace Influenza Program commenced on Tuesday 2 April 2024 and was delivered across 88 workplace visits, a minor decrease of 4 visits when compared to 92 in 2023.

A total of 3,193 vaccines were administered at these visits compared to 3,151 for the 2023 year. It was a positive result to see our number of clients per worksite increasing for this year.

Workplace Flu bookings for the current year have seen a large uptake in April with no school bookings causing staff and available date shortages, an issue EHA has experienced in previous years. Keeping the SIP bookings scheduled for semester two of the year allowed Flu worksites to have specific dates available through the popular month of April, also resulting in minimal cancellations for the 2024 season. When comparing to the 2023 year, there was a positive decrease in cancellations, with several cancellations of bookings proving to be an ongoing issue in previous years.

EHA's online absentee vouchers were a great success this year, the new process providing a more seamless way to provide the vouchers to clients. EHA staff handled all the administration and distribution of vouchers via mobile phone numbers provided from our client contact. This allowing business's to easily provide a name and phone number to EHA where the voucher was then issued directly to a mobile phone.

EHA commenced the launch of the 2024 Flu worksite program in early November, previously the launch was end of November. This seen a large uptake of April appointments from businesses eager to book into the program early, allowing a seamless planning of appointments between EHA and the worksites with more variety in appointment dates and times available.

As part of the early launch EHA staff also spent time reaching out to new businesses in the local area which resulted in 13 new Businesses utilising EHA services.

EHA staff have commenced the annual review of the Staff Workplace Influenza Program with our customer satisfaction survey being sent to all businesses who utilised EHA's program.

The continued planning will then commence for 2025, with our Flu Worksite launch scheduled for the beginning of November 2024.

Marketing Update

April saw a focus on the EHA's flu promotions being distributed across our Constituent Councils social media sites. The posters were promoting EHA's options for flu only clinics being held in April and May. Posters were also distributed to our Constituent Councils customer service areas, as well Libraries and specific clinic locations.

This new QR code tool EHA has implemented this year as part of the 2024 clinic timetable is available on the marketing posters. This QR Code on the posters has proved to be well received by clients, providing direct access the EHA website and online booking system. Throughout January to March, the QR code was scanned 66 times.



Prospect's clinic survey has been finalised and distributed to clients who attended EHA's April and May clinics. The survey was distributed via SMS to clients, made up of 4 questions that will take the client no more than 1 minute to complete.

The minimal number of questions allowing an easy and simple survey to complete post visit.

1. *How would you rate your experience at the Prospect immunisation clinic you attended on the 1st of May?*
2. *Was the clinic time of 4pm-6:30pm convenient for you and/or your family?*
3. *Do you prefer an after-hours appointment clinic or a walk-in (no appointment required) clinic?*
4. *How did you find the facilities at Prospect? Location of room, parking availability, privacy?*

A total of 27 SMS messages were sent out, with a total of 7 surveys being completed. Of the 7 completed, EHA received a 4.8 average rating.

Below shows the social media tiles posted for the months of April & May 2024.

City of Burnside
19 April · 🌐

IMMUNISATIONS AT THE CITY OF BURNSIDE: Avoid busy GP waiting rooms and pharmacies and get your flu shot at the Burnside Civic Centre throughout April and May. Administered by the Eastern Health Authority (EHA), this service is located conveniently next to the Burnside Library entrance.

Flu vaccine bookings are available for:

- Monday 22 April, 2.30 pm - 4.30 pm
- Monday 29 April, 4 pm - 6 pm
- Monday 13 May, 10 am - 12 pm
- Monday 27 May, 2.30 pm - 4.30 pm

To book an appointment, visit the EHA website at <https://www.eha.sa.gov.au/booking/start>

Don't forget your flu shot.

FLU vaccines available at the City of Burnside
book an appointment online from 1 April 2024
www.eha.sa.gov.au

eha EASTERN HEALTH AUTHORITY

You, Imogen Hall and 7 others · 4 comments · 1 share

Town of Walkerville
30 April · 🌐

Protect yourself and your family against the flu and get immunised this flu season. Avoid busy GP waiting rooms and pharmacies, and visit one of the EHA clinics held at the Town of Walkerville in May and June located conveniently close to the Library and Council facilities. 10am-12pm, Friday, 3 May and 10am-12pm, Friday, 7 June. \$22.00*

To book an appointment online visit the EHA website here: www.eha.sa.gov.au/booking/start

*FREE flu for people over 65 years and over, children under the age of five, pregnant women, Aboriginal and Torres Strait Islander people, and people with a chronic medical condition.

Don't forget your flu shot.

FLU vaccines available at the Town of Walkerville
book an appointment online from 1 April 2024
www.eha.sa.gov.au

eha EASTERN HEALTH AUTHORITY

You, Imogen Hall and 3 others · Like · Comment · Share

Campbelltown City Council (SA)
5 days ago · 🌐

Eastern Health Authority (EHA) provides immunisation programs on behalf of Council, and residents are invited to attend the clinic held at **The ARC Campbelltown**.

- 📅 Wednesday 5 June, 10am-12:30pm (by appointment)
- 📅 Wednesday 19 June, 4pm-6pm (walk in)

For further information and to book, visit www.eha.sa.gov.au/immunisation or call 8132 3600. Vaccinations administered by EHA's friendly registered nurses, specialising in immunisation with over 20 years' experience.

#Immunisation #EasternHealthAuthority #EHA #CampbelltownSA

Immunisation Clinic at The ARC Campbelltown

Protecting families and our community

Wednesday 5 June
10am - 12:30pm
(By Appointment)

Wednesday 19 June
4pm - 6pm
(Walk In)

For more information or to book an appointment visit eha.sa.gov.au

eha EASTERN HEALTH AUTHORITY

local councils working together to protect the health of the community

You and Imogen Hall · 2 shares

City of Prospect
21 May at 10:30 · 🌐

🛡️ Protect yourself and your family against the FLU and get immunised this flu season. 😊 There's one chance left to book yourself in to the EHA clinic held at Payinthe (128 Prospect Rd, Prospect) this June!

📅 Wednesday 5 June, 4pm - 6:30pm

To book an appointment online, visit the EHA website 📄 <https://bit.ly/2xRbz7L>

*FREE flu for people over 65 years and over, children under the age of 5, pregnant women, Aboriginal and Torres Strait Islander people, and people with a chronic medical condition. \$22 for everyone else.

Get your Flu Shot at an eha EASTERN HEALTH AUTHORITY Clinic this year.

eha EASTERN HEALTH AUTHORITY

You, Imogen Hall and 1 other

Public Clinics

During the period of review 1,585 clients received 2,289 vaccines at EHA’s public immunisation clinics. This is a minor decrease of 134 (-5.53%) vaccines administered compared to the same period in 2023.

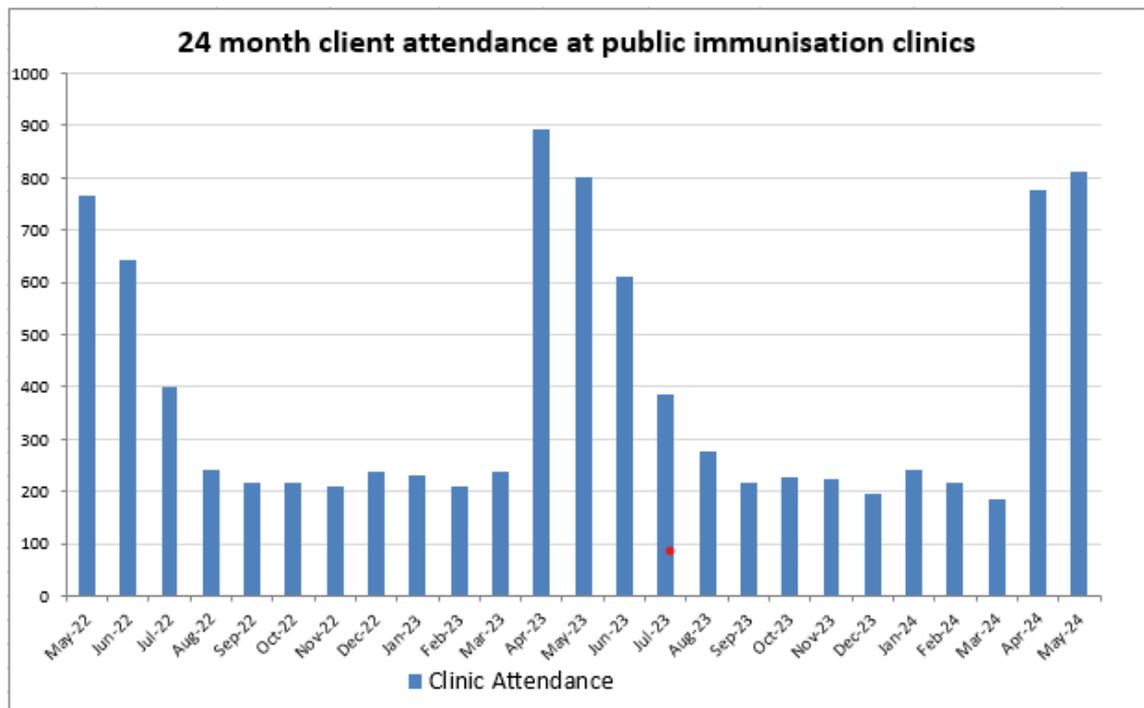
This minor decrease reflects the Adelaide Hills contract finishing up in December 2023. Client numbers remain steady at our Constituent Council public clinics with the demand for immunisation seeing our clinics busy through this reporting period.

The re-opening of our St Peter’s Thursday clinic to a second nurse to cater for the high number of client bookings has been well received by our clients, this clinic receiving capacity bookings for months in advance.

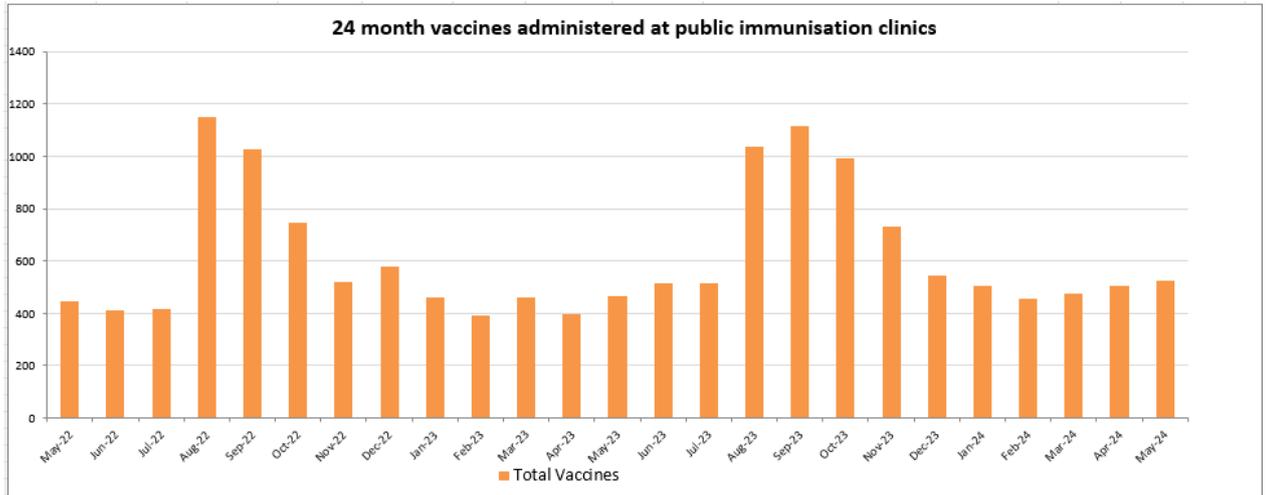
EHA serviced clinics have remained a popular choice for local cliental throughout the busy Flu season seeing a high demand for influenza vaccines throughout April and May 2024. Both appointment and walk-in clinics remain in high demand.

The graph below details Client Attendance and Vaccines administered for the reporting period across two years.

Graph 1: Two-year comparison of client attendance April – May 2022 through to 2024



Graph 2: Two-year comparison of vaccines administered April – May 2022 through to 2024



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 2024 – May 2024

Burnside Clinic <i>Burnside Council - 2nd and 4th Monday of each month</i>					Campbelltown Clinic <i>The ARC - 1st and 3rd Wednesday of each month</i>				
Client council of origin	April-May 2024		YTD		Client council of origin	April-May 2024		YTD	
	Clients	Vaccines	Clients	Vaccines		Clients	Vaccines	Clients	Vaccines
Burnside	122	157	265	443	Burnside	13	17	48	81
Campbelltown	21	28	61	130	Campbelltown	100	131	229	409
NPSP	22	32	58	117	NPSP	23	32	56	101
Prospect	7	8	13	23	Prospect	10	14	14	18
Walkerville	2	2	2	2	Walkerville	6	9	12	16
Adelaide Hills	2	2	8	15	Adelaide Hills	0	0	2	3
Unley	19	30	60	149	Unley	0	0	3	8
Other	16	19	23	36	Other	35	38	42	56
Clinic Total Number	211	278	490	915	Clinic Total Number	187	241	406	692

Norwood Payneham & St Peters Clinic <i>Weekly at EHA offices</i>					Prospect Clinic <i>Prospect Clinic - held at Prospect Town Hall Payinthi</i>				
Client council of origin	April-May 2024		YTD		Client council of origin	April-May 2024		YTD	
	Clients	Vaccines	Clients	Vaccines		Clients	Vaccines	Clients	Vaccines
Burnside	193	283	450	860	Burnside	0	0	10	16
Campbelltown	179	296	537	1135	Campbelltown	0	0	8	14
NPSP	346	476	781	1459	NPSP	0	0	2	5
Prospect	70	89	147	254	Prospect	43	62	101	169
Walkerville	53	62	107	184	Walkerville	1	1	3	7
Adelaide Hills	0	0	10	31	Adelaide Hills	0	0	0	0
Unley	35	72	104	235	Unley	3	4	4	5
Other	61	91	140	259	Other	8	8	19	30
Clinic Total Number	937	1369	2276	4417	Clinic Total Number	55	75	147	246

Walkerville Clinic <i>Walkerville Council - 1st Friday of each month</i>					Adelaide Hills Clinic <i>Stirling and Woodside - 1st and 3rd Thursday of each month</i>				
Client council of origin	April-May 2024		YTD		Client council of origin	April-May 2024		YTD	
	Clients	Vaccines	Clients	Vaccines		Clients	Vaccines	Clients	Vaccines
Burnside	1	1	16	39	Burnside	0	0	3	4
Campbelltown	4	9	21	45	Campbelltown	0	0	0	0
NPSP	5	11	20	40	NPSP	0	0	2	4
Prospect	5	8	14	24	Prospect	0	0	0	0
Walkerville	4	4	23	54	Walkerville	0	0	0	0
Adelaide Hills	0	0	2	3	Adelaide Hills	0	0	50	100
Unley	0	0	3	8	Unley	0	0	1	3
Other	10	21	15	33	Other	0	0	6	15
Clinic Total Number	29	54	114	246	Clinic Total Number	0	0	62	126

Unley Clinic <i>Civic Centre - 3rd Wed, 4th Fri and 1st Sat of each month</i>					Grand Total of all Clinic Sites				
Client council of origin	April-May 2024		YTD		Client council of origin	April-May 2024		YTD	
	Clients	Vaccines	Clients	Vaccines		Clients	Vaccines	Clients	Vaccines
Burnside	18	27	73	126	Burnside	347	485	865	1569
Campbelltown	12	19	36	73	Campbelltown	316	483	892	1806
NPSP	18	45	39	93	NPSP	414	596	958	1819
Prospect	4	4	9	13	Prospect	139	185	298	501
Walkerville	4	4	5	5	Walkerville	70	82	152	268
Adelaide Hills	0	0	13	21	Adelaide Hills	2	2	85	173
Unley	82	131	230	458	Unley	139	237	405	866
Other	28	42	109	221	Other	158	219	354	650
Clinic Total Number	166	272	514	1010	Clinic Total Number	1585	2289	4009	7652

RECOMMENDATION

That:

The Immunisation Services Report is received.

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

Notice is hereby given in accordance with Clause 3.4(e) of the Eastern Health Authority Charter that the information and matters contained in the following documents related to item 7.2 - 'Chief Executive Officer Performance Review and Remuneration Review' may, if the Board of Management so determines, be considered in confidence under Clause 3.10(b) of the Eastern Health Authority Charter and Part 3 of the *Local Government Act 1999* at item 7.2 - (Chief Executive Officer Performance Review and Remuneration Review) of the Agenda for the Meeting of the Board on 25 May 2022 on the grounds set out at Section 90(3)(a) of the *Local Government Act 1999*.

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

MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER

9.1 CHIEF EXECUTIVE OFFICER PERFORMANCE AND REMUNERATION REVIEW

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

Ref: AF24/46

RECOMMENDATION 1

1. Pursuant to Clause 3.10(b) of the Eastern Health Authority Charter and Section 90(2) of the *Local Government Act 1999* the Board of Management (Board) orders that all members of the public, except the Chief Executive Officer be excluded from attendance at the meeting for Agenda Item 9.1 - Chief Executive Officer Performance Review.
2. The Board is satisfied that, pursuant to Section 90(3)(a) of the *Local Government Act 1999*, the information to be received, discussed or considered in confidence is namely:

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

RECOMMENDATION 3

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