

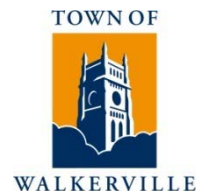


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“Healthy Collaborations”



City of
NORWOOD
PAYNEHAM
ST PETERS



Local councils working together to protect the health of the community



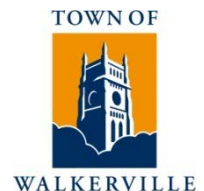
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Local Councils Working Together to Protect the Health of the Community



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A Long History of Workforce Collaboration

Collaboration dates back to **1899** when the East Torrens County Board of Health was established by eastern suburbs councils to assist their individual Local Board of Health.

Covered an area of over 183 square km and a population of approx 80,000 people.

Specialised in cattle diseases, dairies, meat, milk, food supplies, infectious disease surveillance and control, immunisation, hospitals and maternity homes.

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An extract from the Chairman's report 1901

"A fruitful source of disease is the hawker's cart. Housekeepers leave the bedside of their sick, suffering from diphtheria, typhoid, cancer, tuberculosis and other infectious diseases with unwashed hands, without a thought, turn over the meat and leave it for the next purchaser, who buys what they would shrink from if they only knew"

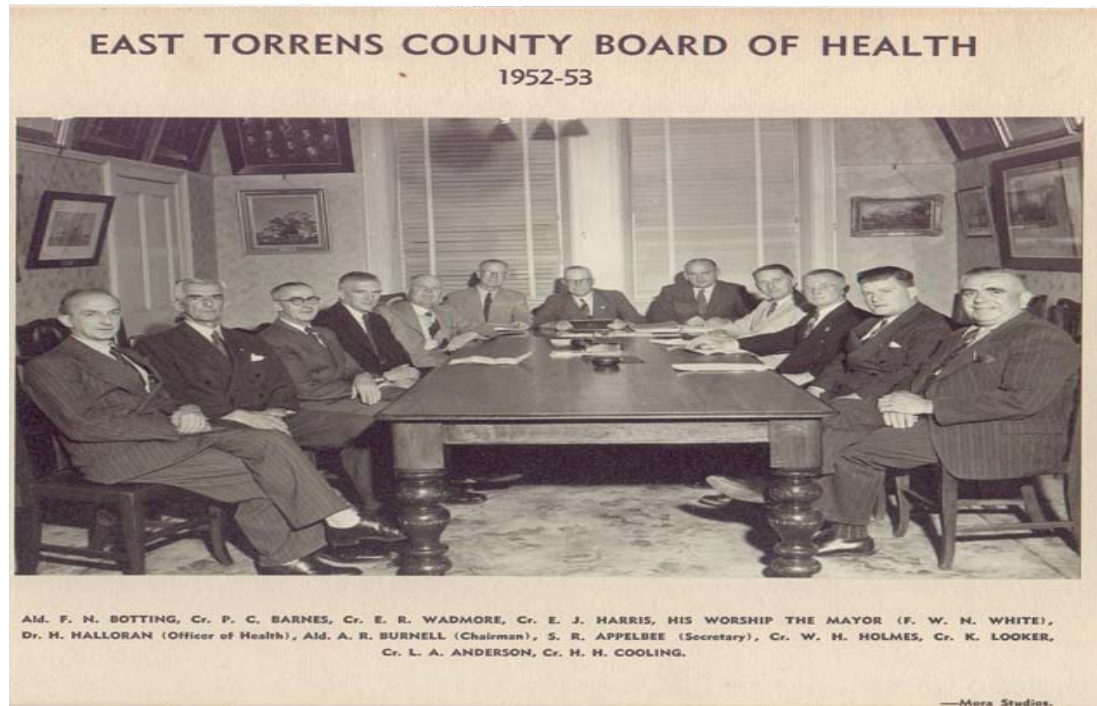


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Eastern Health Authority History



“The idea behind the function of the ETCBH was that, economically and epidemiologically, a union of contiguous local boards of health was advisable, with this principle I am in complete agreement”

Dr H.M.J Halloran ETCB Officer of Health 1953

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Contemporary History

In **1986** Eastern Metropolitan Regional Health Authority was formed as a “controlling authority” under the Local Government Act 1934

Catalyst was devolution of Food Legislation

Consisted of City of Burnside,

Campbelltown City Council and

City of Norwood Payneham and St Peters.

its “Constituent Councils”

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Contemporary History

In **1997** Commenced as Environmental Health Service Providers for the **Town of Walkerville** and as providers for immunisation programs for **Adelaide City Council**

The Local Government Act **1999** changed the nature of collaborative arrangements from a Controlling Authority to Regional Subsidiary

In **2001** Authority required to review Charter and renamed the Eastern Health Authority

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Contemporary History

- 2002 Commenced as Environmental Health Service Provider for the [City of Prospect](#)
- 2005 [Prospect](#) and [Walkerville](#) become Constituent Councils
- 2008 Commenced Licensing and monitoring of Supported Residential Facilities for the [City of Unley](#)
- 2011 Contract developed for provision of Immunisation services to [Unley](#)

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Enabling Legislation

The Eastern Health Authority (the Authority) is formed as a regional subsidiary pursuant to Section 43 of the Local Government Act, 1999.

Section 43 provides for two or more councils (known as the constituent councils) to establish a regional subsidiary to perform a function of the council in a joint service delivery arrangement under the Local Government or other Acts.

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Subsidiaries In South Australia

Many examples of subsidiaries in South Australia:

Waste Collection and Management

Landfill

Cemeteries

Regional Associations

Eastern Health Authority only Local Government subsidiary or arrangement of its type in Australia responsible for Public Health legislative and regulatory compliance.

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Enabling Legislation

Schedule 2 to the Local Government Act 1999 details a range of provisions applicable to a regional subsidiary which include.

Approval required from Minister

The Authority is a body corporate and is governed by a Board of Management

Charter must be prepared

Appointment, functions, and duty of care of Board

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Enabling Legislation

Schedule provisions cont.

Requirement for Business Plan and Budget

Annual Reporting Requirement

Audit Committee Requirement

Liabilities guaranteed by constituent councils

Subsidiary subject to joint direction and control of constituent councils

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Board of Management

- The Board is comprised of two elected members from each of the Authority's constituent councils and currently consists of ten (10) members.
- A Chair and Deputy Chair are elected by the Board at its first meeting following a general election, and every subsequent year during the LG term.

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Board of Management

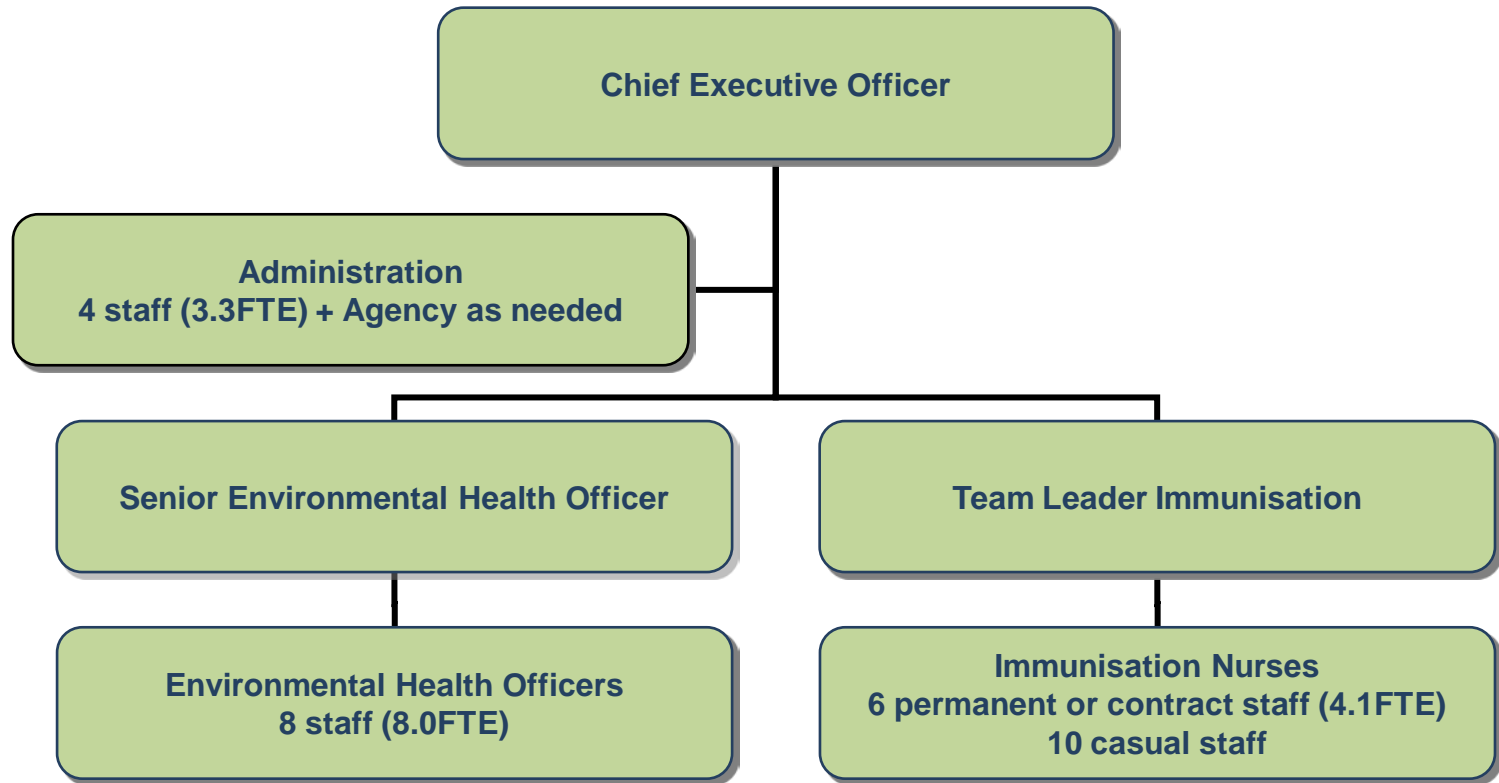
- The Board attends scheduled meetings at the Authority's offices and all meetings are open to the public. The meetings are conducted in accordance with the Local Government (Procedures and Meetings) Regulation 2000.
- The Board is scheduled to meet 5 times for the year to consider Authority business. In addition it may be necessary for special meetings to be called.

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Organisational Structure



30 staff work for EHA equating to approximately 20 FTE staff.

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Staff



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EHA Charter

Charter must be unanimously agreed upon by constituent councils.

Required to be reviewed every four years

Reiterates many provisions from Schedule 2 of LG Act

Details Powers and Functions of Authority

Powers of Delegation

Membership / Functions / Meetings of Board

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EHA Charter

Chief Executive Officer Requirement

Planning Requirements Annual Business Plan and Budget and
Public Health Plan

Determines the method of calculating funding required from
Constituent Councils

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EHA Charter

Much of the regulation of a subsidiary is left to its individual charter – important to get it right

Allows where appropriate, flexible arrangements to accommodate the difference between a large commercial enterprise and a service delivery organisation

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EHA Funding

- The contribution paid by a Constituent Council is determined by a calculation based on the proportion of EHA's overall activities it uses
- The contributions are paid in two equal half yearly instalments.
- Cost structure is open and transparent
- Contributions required are as fair and equitable as possible
- Avoids question of hidden subsidies

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Funding Formula

Activity Description	Code	Activity weighting	Constituent Council - 1	Constituent Council - 2	Constituent Council - 3	Constituent Council - 4	Constituent Council - 5	Total
Administration (to be shared evenly)	A	12.5%	12.5%/ CC	12.5%/ CC	12.5%/ CC	12.5%/ CC	12.5%/ CC	12.5%
Number of Food Premises.	B	28.5%	(N/B)x AW	(N/B)x AW	(N/B)x AW	(N/B)x AW	(N/B)x AW	28.5%
Number of Environmental Health Complaints in previous financial year.	C	11.0%	(N/C)x AW	(N/C)x AW	(N/C)x AW	(N/C)x AW	(N/C)x AW	11%
Number of Supported Residential Facilities.	D	10.0%	(N/D)x AW	(N/D)x AW	(N/D)x AW	(N/D)x AW	(N/D)x AW	10%
Number of High Risk Manufactured Water Systems.	E	3.0%	(N/E)x AW	(N/E)x AW	(N/E)x AW	(N/E)x AW	(N/E)x AW	3%
Number of Hairdresser/Beauty Treatment/Acupuncturists.	F	2.0%	(N/F)x AW	(N/F)x AW	(N/F)x AW	(N/F)x AW	(N/F)x AW	2%
Number of Public Access Swimming Pools.	G	3.0%	(N/G)x AW	(N/G)x AW	(N/G)x AW	(N/G)x AW	(N/G)x AW	3%
Number of School enrolments in year levels vaccinated during previous financial year.	H	15.0%	(N/H)x AW	(N/H)x AW	(N/H)x AW	(N/H)x AW	(N/H)x AW	15%
Number of Vaccines administered at public clinics during previous financial year.	I	15.0%	(N/I)x AW	(N/I)x AW	(N/I)x AW	(N/I)x AW	(N/I)x AW	15%
Total Proportion of contribution			Sum A-I	Sum A-I	Sum A-I	Sum A-I	Sum A-I	100%

N = Number in constituent council area.

B through to I = Total number in all constituent councils.

AW = Activity weighting.

CC = Number of constituent councils (example provided uses five (5) constituent councils.)

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Funding Calculations

Contribution Calculations 2010-2011		Burnside	NPS	Campbelltown	Prospect	Walkerville	Total
Rateable properties		20254	19317	21070	9453	3360	73454
Population of council		43674	34865	47527	19814	7202	153082
Number of Food Premises		256	397	238	141	31	1063
Swimming Pools		20	23	5	2	2	52
Cooling Towers		24	25	9	7	7	72
Supported Residential Facilities		5	1	3	3	1	13
Environmental Health Complaints		75	107	108	29	6	325
Hairdressers/Beauty Treatment		58	87	49	28	8	230
Number of Yr 8/9 Enrolments		1094	1393	1254	416	136	4293
Avg. Clients receiving vaccines at Clinics per year		1277	2172	1437	421	292	5599
% of Activities							
Number of Food Premises Assesments		24.08%	37.35%	22.39%	13.26%	2.92%	100%
Environmental Health Complaints		23.08%	32.92%	33.23%	8.92%	1.85%	100%
Supported Residential Facilities		38.46%	7.69%	23.08%	23.08%	7.69%	100%
Cooling Towers		33.33%	34.72%	12.50%	9.72%	9.72%	100%
Hairdressers/Beauty Treatment		25.22%	37.83%	21.30%	12.17%	3.48%	100%
Swimming Pools		38.46%	44.23%	9.62%	3.85%	3.85%	100%
Number of Yr 8 & 9 Enrolments		25.48%	32.45%	29.21%	9.69%	3.17%	100%
Avg. vaccines at Clinics per month		22.81%	38.79%	25.67%	7.52%	5.22%	100%
Weighted percentages							
	Weighting						
Admin	12.50%	2.50%	2.50%	2.50%	2.50%	2.50%	12.50%
Number of Food Premises	28.50%	6.86%	10.64%	6.38%	3.78%	0.83%	28.50%
Environmental Health Complaints	11.00%	2.54%	3.62%	3.66%	0.98%	0.20%	11.00%
Supported Residential Facilities	10.00%	3.85%	0.77%	2.31%	2.31%	0.77%	10.00%
Cooling Towers	3.00%	1.00%	1.04%	0.38%	0.29%	0.29%	3.00%
Hairdressers/Beauty Treatment	2.00%	0.50%	0.76%	0.43%	0.24%	0.07%	2.00%
Swimming Pools	3.00%	1.15%	1.33%	0.29%	0.12%	0.12%	3.00%
Number of Yr 8 & 9 Enrolments	15.00%	3.82%	4.87%	4.38%	1.45%	0.48%	15.00%
Avg. vaccines at Clinics per month	15.00%	3.42%	5.82%	3.85%	1.13%	0.78%	15.00%
	100.00%	25.65%	31.35%	24.16%	12.80%	6.04%	100.00%
Expenditure 2010-2011	\$1,946,900						
General Receipts 2010-2011	\$ 566,600						
Transfer from reserves to fund deficit	\$ 182,000						
Required contributions 2010-2011	\$1,198,300						
Contribution proportion		25.65%	31.35%	24.16%	12.80%	6.04%	100%
Actual Contribution		\$ 307,365	\$ 375,618	\$ 289,569	\$ 153,400	\$ 72,348	\$ 1,198,300

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EHA Charter - Objects and Purposes

EHA is established by the Constituent Councils for the purpose of providing public and environmental health services primarily to and within the areas of the Constituent Councils

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Environmental Health

Environmental Health seeks to maintain environments that **promote population health**.

The practice covers the assessment, correction, control and prevention of **environmental factors that can adversely affect health** and takes into account human health determinants such as physical, chemical, biological and social factors in the environment.

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Insanitary Conditions



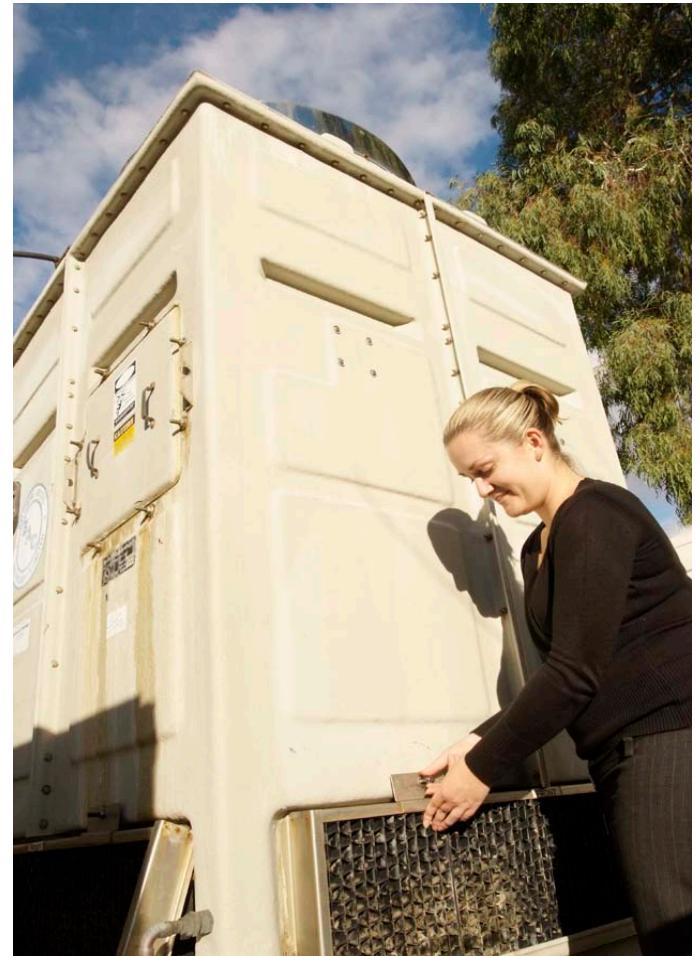
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Legionella Control

- Inspections
- Sample water quality and maintain a register
- Investigation of Legionella outbreaks



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Swimming Pools and Spas

- Routine inspections – swimming pools, spas, hydrotherapy pools –
- Investigation of complaints
- Water quality testing against prescribed parameters



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Personal grooming, body art and health care



- Routine inspections of premises (hairdressing salons, tattooists, acupuncturists, body piercing etc.)
- Complaint inspections

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Lodging and Boarding Houses

- Routine inspections
- Investigations of complaints



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Waste Control Systems

- Approval of waste control systems
- Site inspections
- Grey water advice, applications & guideline information



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Food Safety

EHA fulfils its role as an enforcement agency through:

- Regularly inspecting >1000 food businesses
- Enforcing the Food Safety Standards
- Managing investigations of minor food borne disease outbreaks and assisting the Department of Health with any significant food borne disease outbreaks



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Food Safety

- Providing support, consultation and communication on food safety matters
- Assessing plans of food premises redevelopments
- Education of proprietors & general public
- 'Preventing Kitchen Nightmares – A Guide to Food Safety Fundamentals'
- Fairs & other special event inspections
- Fee-for-service audit of businesses that serve 'vulnerable populations'



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Supported Residential Facilities



- Local councils are the licensing authority and undertake the administration and enforcement of the Supported Residential Facilities Act 1992
- Annual licensing and monitoring of Supported Residential Facilities
- Investigate complaints
- Provide advice
- Liaise with government departments

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Emergency Management

Environmental Health Officers will be involved in disaster management and recovery from a Public Health perspective.



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Immunisation



The Authority is the largest immunisation provider for Local Government in South Australia:

- servicing 7 council areas
- over 200 public immunisation clinics annually – approximately 1,000 hours of clinic time
- 28 high schools
- Over 4,000 worksite vaccines provided annually
- Over 26,000 vaccines administered last financial year

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Service Profile 2009-2010

Based on 2009-2010	Total
Rateable properties	73042
Population of council	155788
Number of Food Premises	1077
Swimming Pools	49
Cooling Towers	84
Supported Residential Facilities	12
Environmental Health Complaints	283
Hairdressers/Beauty Treatment	226
Number of Yr 8/9 Enrolments	4247
School Vaccination Given	10505
Clients receiving vaccines at Public Clinics	7689
Vaccinations given at Public Clinics	11978
Worksite Vaccinations	4012
Total Vaccination Given	26495

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Environmental Health Workforce Issues

- Critical shortage with a worsening outlook
- Demographic shift – age and gender
- Declining University intakes
- Change from Undergraduate to Post graduate entry
 - Less exposure to fundamental principles,
 - 4 yr v 3yr commitment required
- Workforce undervalued by employers
- Focus on regulatory function and lack of participation in strategic initiatives = poor retention rates

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Challenges to Employers in Small Organisations

- Environmental Health is becoming increasingly complex
- Difficult for small to medium councils to have staff employed who are experienced across the diversity of profession
- Difficulty maintaining core legislative requirements
- Recruitment and continuity of appropriately qualified staff
- Cover for Illness, leave etc
- Organisation support to staff

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Benefits of the Eastern Health Authority

- Single focus on Environmental Health - “Core Business”
- Staff specialisation with appropriate backup
- Appropriate levels of proficiency in each required discipline
- Critical mass of numbers - continuity of service delivery, cover for illness, leave, resignations etc
- Direct access to decision makers (Board) who also have a single focus

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Benefits of the Eastern Health Authority

- Ability to build organisational capacity through:
 - Internal collaboration
 - Internal Peer Support and Mentoring
 - Knowledge creation and transfer
 - Support external networking, attendance at SIG's etc
- Workforce Retention and Stability

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Benefits of the Eastern Health Authority

- Seen to be an expert in the Environmental Health Field
- Well placed to investigate cross - council issues and implement broader health policies
- Having a greater voice when dealing with government bodies
- Experience and capacity to deal with emerging issues
- Economies of scale from the pooling of resources

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Benefits of the Eastern Health Authority

- Renewed interest and demand for local government to adopt a more regional focus to service delivery
- Alternative to amalgamation
- Eastern Region Alliance of Councils
 - “Declared commitment to resource sharing and collective action”
- Provides our councils with an excellent example of local government commitment to resource sharing and collective action

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Council of the Year Award – Recognition of Quality Service

Messenger East Torrens Messenger 11th April 2006 pg 11

Accolade for eastern health body

THE Eastern Health Authority was awarded an inaugural public and environmental health award at the Local Government Association's AGM last month.

EHA Chairwoman and Norwood, Payneham & St Peters councillor **Sue Whittington** said this was a "well-deserved accolade" for the Eastern Health Authority. "All the constituent councils can be proud," she told the NP&SP meeting last week.

The authority comprises

“We believe the authority is an excellent example of regional cooperation.”

Michael Livori, EHA

five eastern region councils - Norwood, Payneham & St Peters, Campbelltown, Burnside, Prospect and Walkerville

The award was presented by **Kevin Buckett**, presiding member of the Public

and Environmental Health Council, a state government body. Criteria for the award included initiative leading to an improvement in health of the community, proactively promoting the field of public and environmental health, and effective consultation with the community.

EHA chief executive **Michael Livori** said the authority was pleased with the recognition.

“We believe the authority is an excellent example of regional cooperation.”



Pacesetters for health

ALEXANDRINA Council and the Eastern Health Authority have taken out the inaugural Council of the Year Award for public and environmental health.

The authority, a cooperative of five metropolitan councils, was recognised for significantly increasing its immunisation program.

The council promoted food safety.

The Advertiser

The Advertiser 6th April 2006 pg 24

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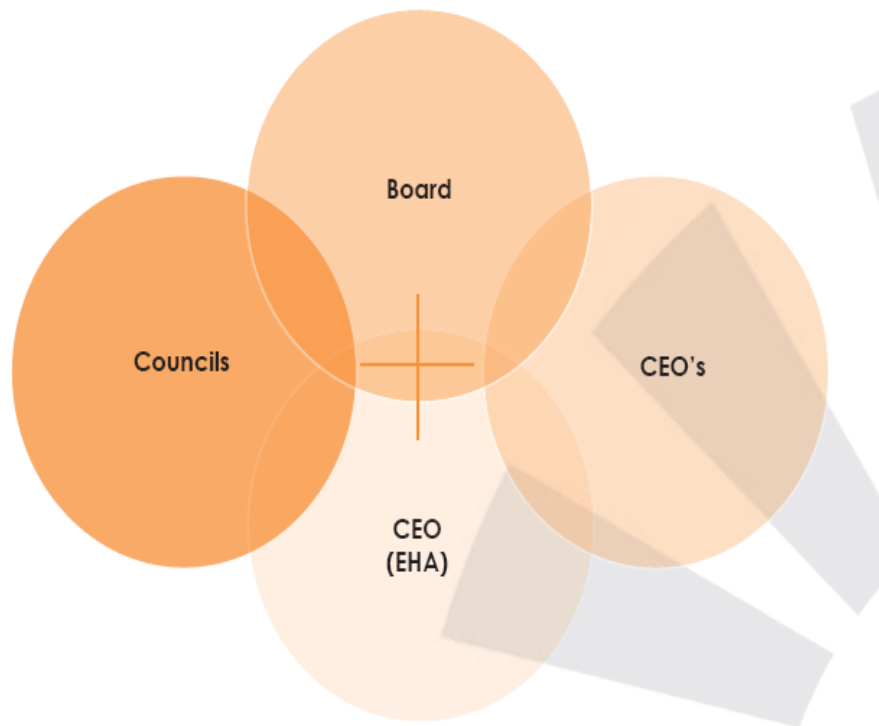


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Challenges for a Regional Subsidiary

REGIONAL SUBSIDIARIES

Complex Network



- Complex network of relationships to manage
- Multiple “Shareholders”
 - 5 sets of Council Elected Members
 - 10 Board Members
 - 5 Council CEO's
 - 5 sets of Council Allied Professionals
- Contract provision to non constituent councils

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Challenges for a Regional Subsidiary



- Sense of lack of identity within constituent councils
- Out of sight , out of mind
- Lack of integration into strategic planning processes
- Lack of Direct Corporate Support
 - Accounting, IT, HR, OH&S etc

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Challenges for a Regional Subsidiary

- Reporting direct to elected members means the level of accountability and scrutiny is far greater than counterparts in other councils
- External perceptions of workloads
- Costs are highly visible and scrutinised – benchmarking difficult



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Challenges for a Regional Subsidiary

- Lack of direct control can be an issue to a council CEO
- Others see assigning control of a complex area as attractive

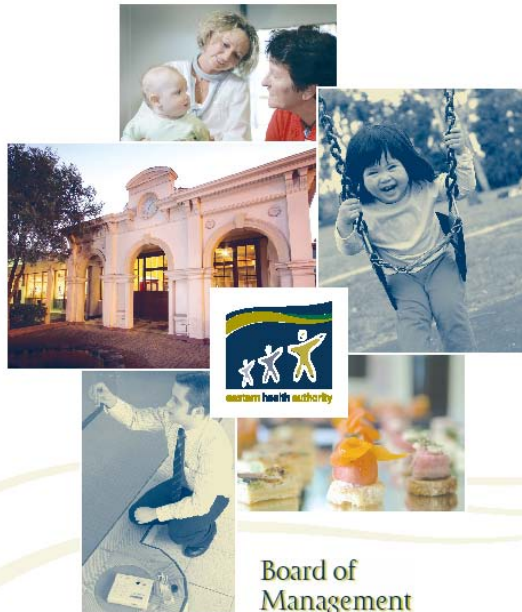


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Managing the Challenges from Constituent Councils



Board of Management Meeting

- Understanding you exist to serve your councils
- Effective Reporting and Communication structures
- Comprehensive Board Reports
- Governance and activity reports

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Managing the Challenges from Constituent Councils

Statistical Report for the Combined Eastern Health Authority Area

August 2010	Month	Year to Date		
Public & Environmental Health				
Complaints				
Animal Keeping	4	7		
Sanitation	4	5		
Vector Control	3	12		
Waste Control Systems	-	-		
Notifiable Diseases	4	7		
Air Quality (smoke, chemical, odour, dust)	-	4		
Discharge of Waste/Stormwater	3	8		
Hazardous & Infectious Substances	1	2		
Other	2	4		
Total	21	49		
Inspections				
Cooling Towers & Warm Water Systems	-	1		
Public Swimming Pools and Spas	-	1		
Hairdressers/Beauty Salon/Acupuncturists	15	27		
Boarding Houses/Lodging Houses	6	7		
Actions				
Legionella Notifications	2	4		
Notices	-	-		
Expiations	-	-		
Immunisation				
	Clients	Vaccines	Clients	Vaccines
Council Based Clinic	353	506	769	1708
School Based Program – Hepatitis B	177	177	177	177
School Based Program – Varicella	0	0	137	137
School Based Program – Human Papillomavirus	113	113	364	364
School Based Program – Diphtheria/Tetanus/Pertussis	626	626	626	626
Worksite Programs (EHA Total)	73	73	73	73
Total	1342	1795	2146	3085
Health Care & Community Services				
SRF complaint Inspection	-	-		
SRF Inspection / Follow Ups	-	-		
Food Safety				
Food Act Complaints				
Alleged Food Poisoning	1	2		
Unfit/Unsuitable/Unsafe food – foreign matter	-	1		
Unfit/Unsuitable/Unsafe food – microbial contamination	1	1		
Poor Hygiene or Food Handling Practices	1	2		
Refuse Storage	-	-		
Unclean Premises	-	-		
Vermin/Insects/Pests on premises	-	-		
Other	3	5		
Total	6	11		
Inspections				
Complaint Inspection	2	5		
Follow-up Inspection	30	60		
Routine Inspection	43	111		
Special Event Inspection	-	-		
Fit out / Pre-opening Inspection	2	3		
Other	-	-		
Total	77	179		
Audits				
Audits	7	11		
Follow-up Audits	-	-		
Actions				
Improvement Notices	5	5		
Expiations	-	-		
Prohibition Order	-	-		

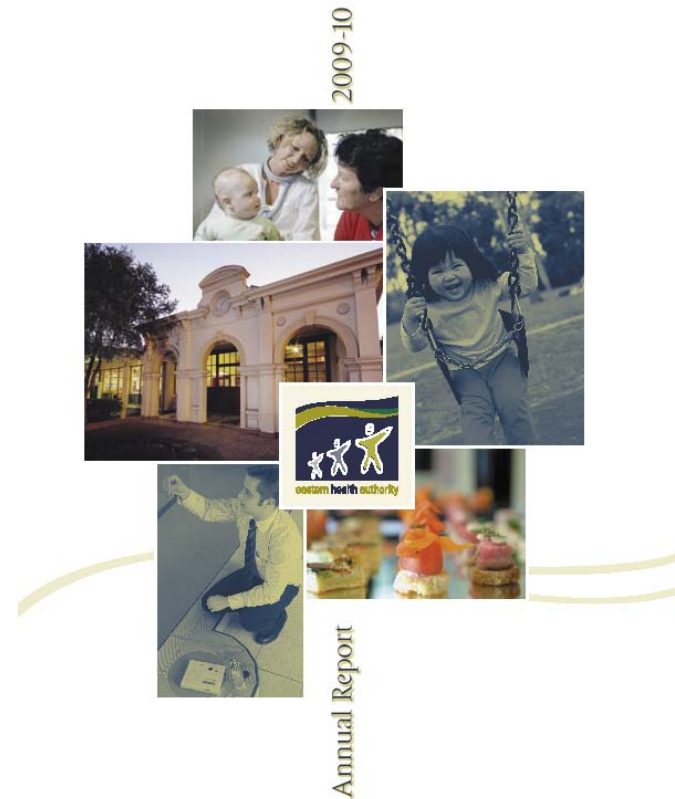
- Delegates or summary report provided on behalf of Board Members
- Monthly Statistical Activity Reports
 - Combined area report
 - Individual council report

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EHA Annual Report

The Local Government Act requires a regional subsidiary to provide its constituent councils with a report on the work and operations of the subsidiary for the previous financial year.



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Managing Constituent Council Relationships

- Regular meetings between senior Authority staff and nominated administrative representatives from each constituent council
- Information and familiarisation sessions for council customer service and allied professional staff
- Improvement in communication and working relationships
- Relationships need constant reinforcement

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Managing External Perceptions Internally

- External perceptions and feedback can have an effect on staff
- Ensure staff workloads are fair and equitable through portfolio development and review process
- Competitive remuneration and conditions
- Collaborative Workplace – learning environment
- Celebrate Successes, acknowledge our reputation as a leader
- Corporate Massage
- Board Appreciation Dinner
- Don't want people who shirk from accountability

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New Health Legislation

The Public Health Act will broaden the scope of public health and expands local government's traditional role of enforcement

- Local Councils will be required to develop Regional Public Health Plans that integrate with the State Public Health Plan and guide public health activities at a local level
- Assessment of development to determine public health impacts will also be a new function of local councils
- Whilst these advance public health practice, it poses resource implications beyond local governments current capabilities
- The Regional Subsidiary model is ideally suited to assist local government with these future public health challenges and being replicated in other regulatory functions.

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Further Information

Copies of Board Reports, Charter, Business Plan etc available at:

www.eha.sa.gov.au



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