

Feedback on a Discussion Paper on a new Public Health Act

from workshops with Local Government, August – November, 2005

Executive Summary

Department of Health, in collaboration with WALGA, conducted nine workshops with Local Government staff, principally Environmental Health Officers, to present and discuss the principles proposed for a new Public Health Act.

1. There are *high levels of support* in Local Government for legislation that establishes a general duty to protect public health. Matters that participants believe need attention in drafting and implementation of a new Act are:
 - Set out clear roles and accountabilities, and clearly define public health, risk and risk management
 - Support the General Duty with detailed guidelines and policies, backing the outcomes-based approach with prescribed minimum standards, so that enforcement is unambiguous
 - Ensure there are strong local enforcement powers
 - Bind the Crown, with close collaboration between DoH, LG and ALT
 - Put in place clear transitional arrangements, provide training and support to Local government, and continue to consult on the Act.
2. There are *high levels of support* for Local Government to be given responsibilities for environmental health risks, local plans to protect and improve public health, and health impact assessment.
3. There is *substantial opposition but some support* for making Local Government responsible for health problems of vulnerable population groups and prevention of lifestyle diseases. Some participants believe Local Government responsibility should be simple be “to protect public health,” with specific areas described as “may” not “shall.”
4. There are *high levels of support* for Local Government to be given authority to charge fees for public health services. Opinion as to the best way to provide this authority varies:
 - The PH Act should refer to the LG Act for powers for fees and charges
 - Authority should be provided under a Public Health Act
 - State Government should set maximum and minimum fees.
5. Participants reported the consultation workshops as useful in the following ways:
 - Clear presentation of Discussion Paper ideas helped understanding
 - Valuable opportunity for discussion and hearing others’ views
 - An opportunity to give feedback on the Discussion Paper.

Feedback on a Discussion Paper on a new Public Health Act

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The consultation process

Department of Health, in collaboration with WALGA, conducted nine workshops with Local Government staff, principally Environmental Health Officers, to present and discuss the principles proposed for a new Public Health Act.

There were seven workshops in regional WA (Bunbury, Greenough, Broome, Karratha, Toodyay, Kalgoorlie, Mt Barker) and two in Metropolitan Perth (City of Melville, Town of Vincent).

The agenda was negotiated with WALGA (see Appendix A) so that it addressed Local Governments' likely interests, and WALGA representatives were present in the workshops, along with Department of Health staff with responsibility for Environmental Health and legislative matters. Each workshop followed the same agenda, but responded to local issues as these were raised.

This report presents levels of support amongst regional and Metropolitan participants for principles discussed in the workshops, and presents the themes from participants' comments across all workshops.

Collection and analysis of opinion

At the end of each workshop, participants were invited to indicate their level of support for the principle of a general duty, for various possible responsibilities of Local Government, and for cost recovery under a Public Health Act, and to say what matters would need attention in the drafting of a new Act. They were also asked what they found useful about the consultation workshop.

Feedback was received from 145 participants, 65 from regional WA and 80 from Metropolitan Perth. This was roughly 80% of total attendees, because some left part way through the workshops, before feedback was collected.

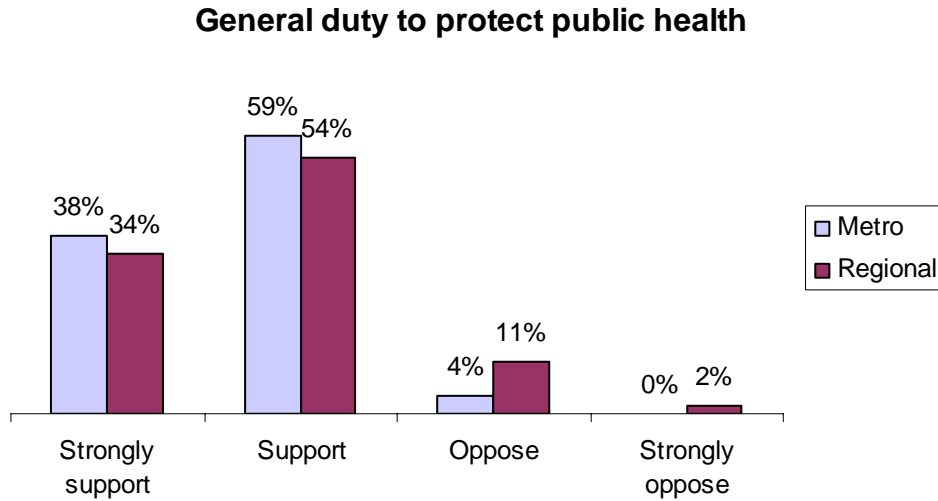
Themes were identified from participants' comments in each workshop, and all comments grouped under these themes. The themes were then sorted again to identify themes across all the workshops, and a short exposition of related opinions developed, based on participants comments, and in their own words.

Themes presented in each section of the report reflect majority opinion, and strong minority opinion. Themes are not necessarily all congruent – people had diverging opinions on some matters – and in this case, the contending views are all stated. Themes for each section are sorted from those most frequently mentioned to those mentioned least often.

The interested reader should go to the comments from individual workshops in Appendix B for the specific issues raised expression in different areas of the State. For example, workshops in Broome, Karratha and Kalgoorlie had specific comments on the implications of Binding the Crown for Aboriginal communities. In all cases, the report on each workshop gives richer detail on the views of Local Government.

General duty to protect public health

“Replace sanitary and nuisance provisions with a general statutory duty vested in all individuals to protect public health, backed by Local Government powers to make orders, and by policy and guidelines.”



Set out clear roles and accountabilities

Define who is responsible for public health and who is responsible for environmental health in a community at a local level. Make it clear that responsibility in the first instance lies with the person or business creating a risk to public health. Provide clear guidance and direction as to what extent LGA's are liable for what they do and don't do at their local level. Ensure there is capacity for LG to move quickly when necessary to address serious or immediate health risks.

Identify/clarify responsibilities of both Local Government and Department of Health. Recognise and allow for the fact that LG works in partnership with other organizations in protecting public health. Give LG the power to determine local priorities. Manage policy development across Government better - many different agencies are developing guidelines that end up requiring action by LG, sometimes over the same matter, and often without reference to other agencies, which leads to confusion and over-governing.

Give LG the power to override the EP Act and other Acts in order stop an impact on health, so that LG can still seek to resolve a health risk when it is referred to another body i.e. DoE, WRC, who may not have the power or motivation to pursue the problem. Be clear whether State Agreement Acts call up a new Public Health Act. Give head of power to local government to adopt State public health policies as they see fit. Provide power to make binding agreements between LG and state agencies in relation to environmental health risks, to require Health Impact Assessment from a developer, to set health conditions on development and to require and enforce management plans.

Be clear about boundaries of powers, so the Act doesn't take away individual rights, but be specific about individual responsibilities.

Ensure there are strong local enforcement powers

LG must have the power to order and enforce. Ensure the general statutory duty is not so broad or open that it becomes impossible to prove a breach. Mandatory policies need to draw in all necessary Guidelines – policies will be very difficult to administer without the teeth to ensure enforcement.

Scale penalties from light to tough, in line with the level of risk and extent of breach of legislation. LG can then apply a level of penalty that has an immediate effect: people will realise that if they don't comply, there will be more serious penalties. On-spot fines are essential – they are an alternative to prosecution.

Clearly define public health, risk and risk management

The Act needs to be clear what “public” health means: is it safety? disease control? nuisance which may affect the quality of life? Define difference between environmental health, public health and medical health, and identify the tier of Government responsible for each. Make wording unambiguous.

“Risk to health” has to be legally enforceable. Risk that is potential and hasn't yet had impacts is difficult to prove in Court, particularly until there are precedents, so clear definition at the start is important. There need to be powers to request the assessment of risk and management of risk, even in instances with little immediate indication of health risk.

Support the General Duty with detailed guidelines and policies, backing the outcomes-based approach with prescribed minimum standards, so that enforcement is unambiguous

Set the scope of policies broad to cover existing and new and emerging risks, so LG is able to deal with emerging issues without having to wait for legislation to catch up. At the same time, be specific on matters where immediate action will be needed. Things have to be black and white in some cases. The Act needs sufficient prescription of minimum standards in the form of Codes or Australian Standards or Industry Best Practice, otherwise a legal battlefield will be created arguing the definition of “appropriate standard”. Provide direction on the identification of risks relevant to particular policies.

Provide a mechanism to update guidelines and codes of practice, based on feedback and new practices and risks. Take care that frivolous and vexatious complaints about nuisances can be disregarded.

Bind the Crown, with close collaboration between DoH, LG and ALT

LG should have the power to issue notices, because it is there on the spot and can take quick action. Costs and political risks as seen by Councils might make LG unwilling to prosecute Crown entities, so DoH should step in when there are big problems with a Crown entity, but still work cooperatively with LG. For Aboriginal communities, being able to require Health Improvement Plans would provide a case for funding, but bilaterals on essential services need to deliver resources.

Provide adequate resources

Ensure that LG is not disadvantaged financially or have any revenue raising aspects watered down. Do a cost and benefit analysis of changes placed in the new Act that will impact local government practices, processes and resourcing. Consider the implications of binding the Crown.

Put in place clear transitional arrangements

Ensure current legislative requirements are transferred and rewritten as soon as possible, ideally in advance. Communicate changes as they are developed, to reduce confusion for officers, Councils and the public.

Consult and keep improving the Act

A lot more consultation is needed on the changes. Policies and guidelines will need to be kept up to date to remain relevant. The Act should specify who will be consulted to develop policy on different matters.

Provide training and support to Local government.

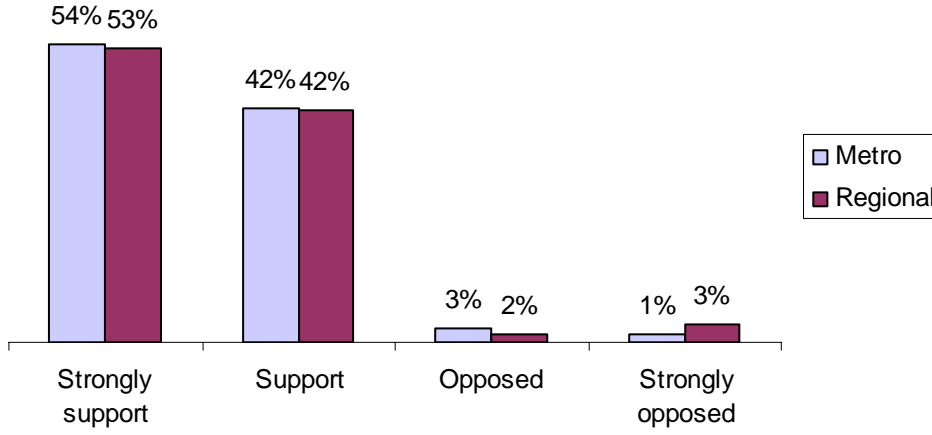
Provide training and support of LG EHOs and Councils. DoH will need to develop more guidelines, reduce activity that doesn't add value to LG, and provide advice to fit local situations.

Keep regulations, don't call them policies

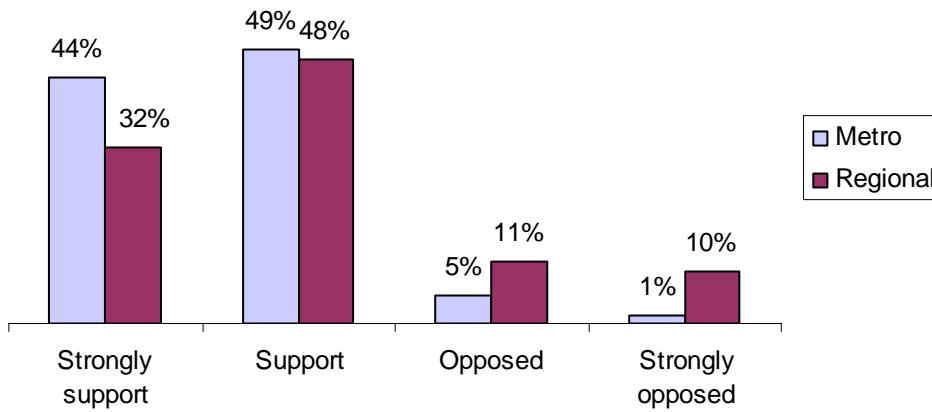
The use of the word 'policies' is a problem, because it suggests compliance is voluntary. Need a word that says "you must do these things."

The responsibilities of Local Government

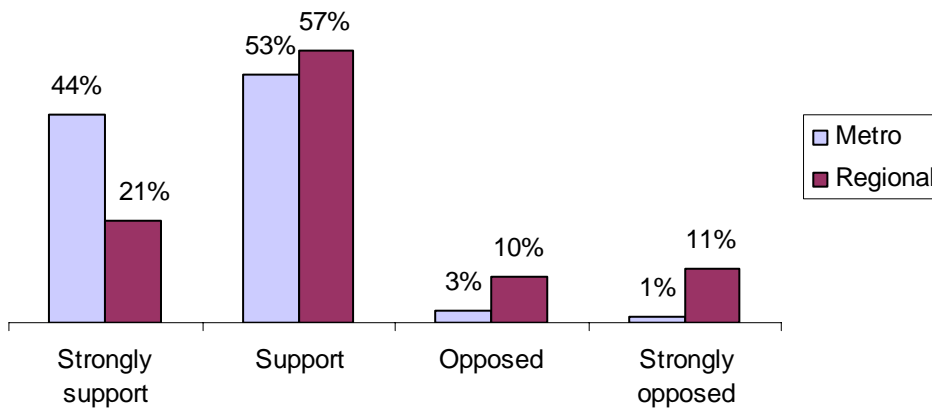
Environmental Health Risks



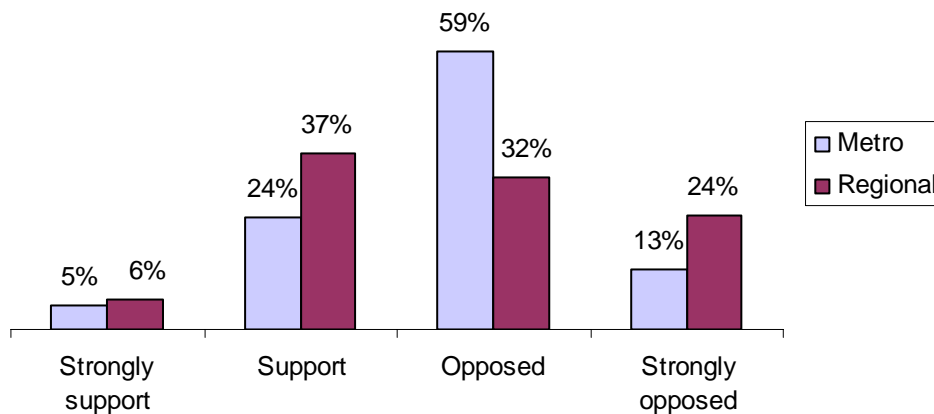
Local Plans to Protect and Improve Public Health



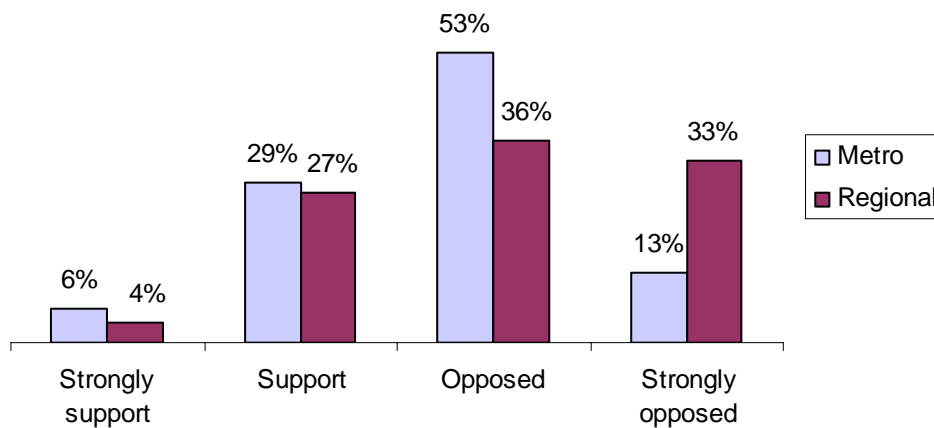
Health Impact Assessment at Local Level



Health Problems of Vulnerable Population Groups



Prevention of Lifestyle Diseases



Environmental health risks, local plans and health impact assessment should be mandatory, other responsibilities voluntary

Local plans are a good idea and provide a springboard for setting priorities and getting commitment from Council. Developing broad health plans requires time.

Health Impact Assessment responsibilities need to be realistic and practical, with clarity about responsibilities for LG, developer, DoH. LG should set the impacts to be assessed and managed by the developer, as a condition of approval. Health impact assessment needs to be backed with strong legislation in order to be taken seriously - WAPC model text is an example. Impact assessment requires a high level of knowledge and skill from EH staff, and LG needs support developing this.

Vulnerable population groups and lifestyle diseases are a State responsibility, although LG can take a role. These areas are liable to be too wide and undefined and impossible to respond to with limited resources and expertise. LG will take on responsibility for vulnerable groups and health promotion where possible and needed e.g. child care facilities,

senior citizen centres, recreation services, etc. but not medical health. In fact, LG will be more likely to take action on these matters if they remain voluntary. Local health plan could target vulnerable groups and lifestyle issues if these are high priority in a local area. LG needs to have access to State-wide strategies for vulnerable population groups and lifestyle diseases and network with service providers.

Local Government responsibility should be “to protect public health”

LG should simply have responsibility to “protect public health at local level.” Possible areas of action must be “may” not “shall.” Inclusion of specific defined responsibilities will create an unrealistic expectation that many small LGs may not be able to fulfil. Local plans could take on a life of their own and create another level of compliance without real health outcomes.

Environmental health risks only should be mandatory, other responsibilities voluntary

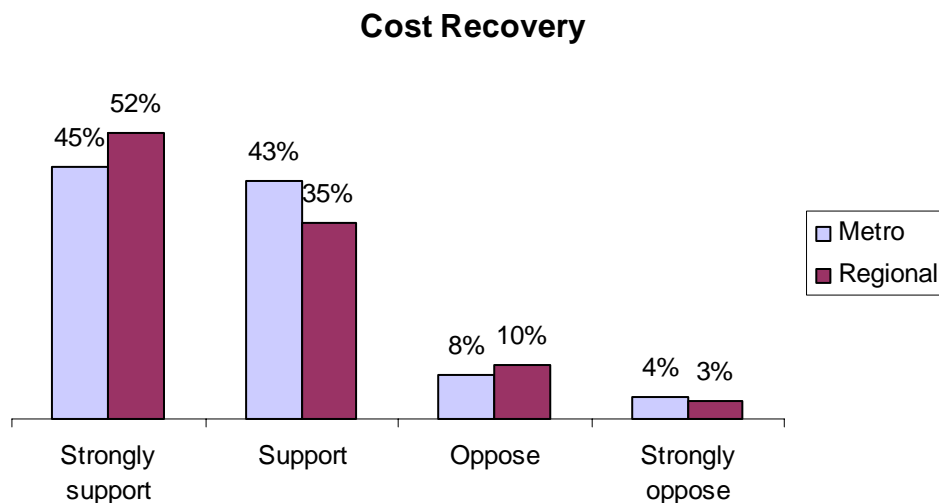
Public health and environmental health should be separately defined with distinct areas of responsibility - State and local. LG should have no responsibility for medical or lifestyle health as it has no resource capacity to deal with this.

Spell out the responsibilities of State Government

None of the above should be the sole responsibility of LG. Cooperation between State and LG is needed in all five issues, but State Government has a bigger responsibility in 4 and 5. State responsibilities need to be clearly defined, and state-wide plans, policies, guidelines, resourcing and reporting developed to support Local Government responsibilities.

Cost recovery

Local Government to have clear statutory authority under a Public Health Act to recover costs associated with its responsibilities.



Whatever Act is used, give Local Government authority to set its own fees

Local authorities should have the choice to change if they want and the change would be based on the service costs of the local authority. Cost recovery is a guiding principle for charges. Incentive based licensing and/or fees for inspection are a practical (and effective!) way to recover costs.

Uniformity of fees across the State is not possible. Authority to set fees will give LG the flexibility to take account of the difference in costs of services across the State, the capacity of local businesses to pay and the policy of Councils on charging for services. Recovery of clean up costs when there is an immediate risk to public health need to be allowed without having to resort to the court. Rubbish rates sections needs to be concise and clear - current provisions are a mess.

The PH Act should refer to the LG Act for powers for fees and charges

Allow LGAs to set their own fees under LG Act provisions. Actual “rate” of costs recovered should be able to be set by individual local governments. No “ceiling” on fees/charges, because costs to LG may vary. MacDonalds pays different licence fees in each state, and they won’t be confused by different fees in each LG in WA.

Authority should be provided under a Public Health Act

Cost recovery arrangements should appear in both LG Act and PH Act to complement and be consistent with each other. This makes repeal of fees sections less likely and some LG councils may respond better to provisions under the Health Act rather than the LG Act.

State Government should set maximum and minimum fees

Department of Health, in consultation with WALGA, should set upper and lower range fees. It is sometimes difficult to get charges approved by council, and non-uniformity of fees will confuse industry and may undercut those LGAs trying to achieve cost recovery. Need to

allow for charging zero amount for an inspection or licence, but should set a top fee so that LGs cannot charge above that amount.

Rethink the way resources are allocated for Public Health

Ratepayer impost on increased service levels is not sustainable. Macro review of taxation at all levels to reflect service delivery obligations of LG under new PH Act.

Feedback on the workshop

Clear presentation of Discussion Paper ideas helped understanding

Concisely stated the approach of the existing Act and the philosophy of the proposed legislative change. Identified complexity of changes proposed. Case examples were helpful in showing what could happen under the new Act. Sequence of discussion points very good and facilitated good understanding.

Valuable opportunity for discussion and hearing others' views

Valuable opportunity to meet others with similar issues to discuss practical applications of proposed new act. The facilitation encouraged open discussion and debate. Gained ideas and perspectives from other EHOs with differing ages and experience levels. Opened up different views.

Appreciated the opportunity to give feedback on the Discussion Paper

Appreciated having WALGA and DoH present to hear views directly and to respond. Good to have the consultation early in the process, so LG views can shape the legislation.

There needs to be more discussion and consultation

There are many issues that need to be resolved before this process can move forward. Is 5 years enough time to fully assess the issues?

Appendix A: Agenda for the Consultation Workshops

Workshops are being held regionally and in Perth with Local Government senior managers, elected representatives and environmental health officers, along with members of District Health Advisory Committees and others with an interest in public health.

WALGA has had input into the agenda, and the workshops are designed to tackle two issues: a) whether a new Act will give Local Government more autonomy and flexibility to meet local community environmental health issues; and b) whether a new Act will give Local Government scope to tackle public health issues without imposing unrealistic and un-resourced demands.

Objectives

1. Develop understanding of principles proposed for a new Public Health Act and how these will operate.
2. Test the level of support for principles.
3. Identify specific issues needing attention in the drafting of the new Act.

Agenda

Briefing on intent of a new Public Health Act

General Duty to protect public health – how would it work? We examine case studies of public health matters handled by Local Government, and look at:

- how each matter is handled now
- how each would be handled under a General Duty
- the advantages and dangers of the new approach.

Break

Responsibilities and Cost Recovery. How should responsibilities of local government be specified? What authority should be provided for cost recovery?

Transition to a new Act. How will the transition to a new Act be managed. Priorities for development of policy and guidelines.

Feedback on principles and drafting. Participants are invited to record the strength of their support for the principles explored in the workshop, and matters that will need attention in drafting of a new Bill.

Close.



Appendix B:
Feedback from Consultation Workshops

Workshop at Town of Vincent, 24th October, 2005

Participants from Atyeo's Environmental Health Services, City of Bayswater, City of Belmont, City of Canning, City of Cockburn, City of Fremantle, City of Gosnells, City of Joondalup, City of Mandurah, City of Melville, City of Nedlands, City of Rockingham, City of South Perth, City of Stirling, City of Swan, City of Wanneroo, Department of Environment, Pilbara Gascoyne Population Health Unit, Serpentine Jarrahdale Shire, Shire of Mundaring, Shire of Peppermint Grove, Shire of Victoria Plains, Shire of Wickpin, South Eastern Metropolitan Regional Council, Town of Bassendean, Town of Cambridge, Town of Claremont, Town of Cottesloe, Town of Kwinana, Town of Mosman Park, Town of Victoria Park, Town of Vincent.

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Opposed	Strongly opposed
Replace sanitary and nuisance provisions with a general statutory duty vested in all individuals to protect public health, backed by Local Government powers to make orders and local laws as necessary, and by policy, guidelines and licensing at State level where necessary.	18	27	3	
Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i>				
<p>Balance the outcomes based approach with prescribed minimum standards, so that enforcement is unambiguous. Act needs to be strongly supported by policy and guidelines. Having a degree of prescription and clarity will avoid opportunities to appeal. Things have to be black and white in some cases. A general duty will allow exceptional circumstances to be picked up and dealt with. Details in guidelines etc should be kept to a minimum. Act needs sufficient 'prescriptive' comment in relation to a minimum standard will be required in the form of Codes & Conduct or Aust. Stds or Industry Best Practice. Otherwise legal battlefield will be created arguing definition of "appropriate standard". Concern over Local Govt employing an "authorised officer" to administer new Public Health Act as apposed to qualified EHO's. Policy and guidelines must be enforceable. I am concerned that the open nature of the new definition may result in inaction in many areas through LGs being unsure of how/where to act. If we can deal with this the new act will be beneficial to Public Health in WA. Included all relevant provisions. Act needs very clear and concise policies/guidelines - Aust. Stds very onerous to read, understand and interpret. Clear defined mandated policy as well as descriptive standard procedures. Needs to be clear and concise to enable any action undertaken is carried out successfully. Formulate industry best practice documents that are audited by DOH in their formulation and monitored by local government, that way the DOH doesn't need the expertise and time to create all these 'policies' and guidelines - let industry do it for them. Enforcement - keep as regulation but phrased generally, to support and give detail to the EHO. Approved codes of practice would be required, which can be referenced by Local Gov. when in court. Wary about trying to produce a 'one all catchphrase' that then needs to be interpreted to deal with specific issues. I feel we need prescriptive offences or definitions as well as the broader 'catchall'. Speedy resolution to problems, and tools to achieve that objective. Need to find a balance between prescription and general provision e.g. will it be illegal to operate a KFC because of the risk it poses to people's health? General Duty could work if and when situations arise that are not specified in one of the current definitions. (in discussion ...) Needs to be a mechanism for rapid recovery of cost of enforcement actions.</p> <p>Keep regulations, don't call them policies. Want regulations to stay, do not want policies. Use of word 'policies' is a problem. Need another word to avoid confusion. More clearly defining how a policy will be structured and used in conjunction with the Act. May need to consider another term e.g. Health Protection Policy/Standards. Do not use the word policy: try regulations, standards etc. Use regulation, not policy.</p> <p>Roles and accountabilities need to be clear. Mention needs to be made re: local health authority has the right to prioritise resources. Need to address wide and changing variety of situations - leave discretion to professional officer. Be clear about State Government's role and responsibility, and stop the passing down of implementation and enforcement to local government level. Keep in mind how the changes will impact upon local government, practices, processes and resourcing, and do a cost and benefit analysis of changes placed in the new Act that will change and have impact upon local government. Define responsibilities of State and Local Public Health Services broadly: Local: 1. Minimise enviro. Health risks at local level. 2. Annual local health plan. 3. Health impact assessments. 4. Other programmes agreed at local level. State: 1. Provide specialist EH services (and consultants). 2. Annual state public health plan. 3. Determine list of core responsibilities. Clear understanding of responsibilities for State, Local and Commonwealth. Making clear respective responsibilities of state and LG is essential. Requires care as to who enforces the Act. The roles of state and local government who does what and how much say will LG have in the process. Flexibility for local government to determine priorities. (in discussion) Power to make binding agreements between LG and state agencies in relation to environmental health risks. Power to require Health Impact Assessment from a developer, to set health conditions on development and to require and enforce management plans.</p>				

Risk and risk management need to be clearly defined. Very clear and concise definition of 'risk to public health' to ensure LGA enforcement role is contained in some way, i.e. very broad definition could expand EHO role out of control. Onus on applicant/rate payer offender to comply with duty not local authority. New Act will need to provide parameters on what is a risk to public health. How does a LG assess a potential risk? Present nuisance provisions are too subjective, if EHO's/LG's make assessments on 'professional opinion' does this leave them open to liability? Clear definition of public health - is it the health of one or health of local population.

Resourcing. Resourcing. Consideration of resourcing for state and local government. Resourcing to local govt in particular to cover "crown" properties/issues.

Policies and guidelines need to be kept up-to-date. Proposed 'policy' and 'guidelines' will need to be kept up to date to remain relevant. Current health regulations are outdated, and it is difficult to see how the DOH will be able to keep the proposed policies and guidelines in any better condition. Whichever system is put in place must be able to adapt fast enough to keep up with requirements. If the new Act will support this then it would be supported. Policy must have prescriptive measures, but in a code of practice, so then the code is easily changed and updated. Therefore eliminating the Act becoming outdated or difficult to use for new and emerging issues. Regulation development by consultation with LGA's. Yes, we do require more specified/up to date guidelines and policies.

There must be clear triggers and strong provisions for enforcement. Ensure that there are lists of specific activities that are considered as public health risks (i.e. a schedule of activities). This would be of great assistance in the assessment of risks (time saving). There must be a list of **declared** risks condition/activities with the ability to add to and amend the list regularly. Many sanitary or nuisance provisions will continue to pose risks to health, so they need to be included in the new regs asap. Local laws, infringement provisions within Act. Happy with introduction of on the spot fines (but would that not need a prescriptive description of the offence?) Continue power of entry provisions and 'safety' for EHO's undertaking provisions of the Act. Allow for infringement notices/on the spot fines. Clear outline of mandatory requirements, with means of compliance e.g. how businesses demonstrate this, and clear outline of powers with legislative backing. Need to broaden power in relation to 'nuisances' but need to be sure if something does actually fall into this category i.e. need to know Act/cover it. EHOs need Powers of Entry, and protection to undertake tasks. Legislation needs to include remedies for non compliance beyond prosecution. Nuisance provisions to be maintained and strengthened in new Act.

Training and support needs to be provided for EHOs. Work closely with key shareholders to develop education facilities to ensure current future EHO's are prepared for changes and emerging issues planned for qualification in health risk assessment, diet (food), aging population. Consideration needs to be given towards the people/organisations that will be responsible for enforcing the new Act - training, resources, reporting format. (in discussion ...) EHOs will need support from DoH to get the message to elected members about Health Impact Assessment. DoH will need to develop more Guidelines, reduce activity that doesn't add value in the field, and do less "telling LG what to do" and more consulting and providing advice to fit local situations.

Ensure there is consistency in application. Consistency in application - will roles between LG's vary depending on local health plan priorities? What will the DOH/Minister do to ensure health administration is occurring adequately in all areas. Some uniformity between LG across the State. Support General Duty subject to direction being set down from state govt who set policy and guidelines to ensure uniformity throughout state.

Other. Sanitary provisions to move to Water Corp. While change is needed, the current Act could possibly be revamped to encompass and support the principles of 'risk to health' legislation proposed.

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Opposed	Strongly opposed
Local Government to have responsibility for				
environmental health risks	28	18	1	
local plans to protect and improve public health	24	23	1	
health impact assessment at local level	23	26	1	
health problems of vulnerable population groups	1	7	33	7
prevention of lifestyle diseases	2	11	28	7

Comment *What will need attention in the drafting of a new Act, in relation to this principle?*

Environmental health risks, local plans and health impact assessment should be mandatory, others responsibilities should not be mandatory, although Local Government may play a role. The first three are areas that Local Government should become increasingly involved in - LG is in a position to address these issues at local level and involvement would be good for environmental health as a dying profession. Would need increased expertise/training etc but this is essential to raise profile and professional standing of EH as a profession - need to move away from the routine 'traditional' role. Last 2 best addressed by State DOH. Assessing EH risks is what we do! Due to downsizing local health depts. all work is prioritised. Local health plans are customised to suite the local environment but there should be a basic base line of common values. HIA should be designed by the state/federal agency and assessed locally. Vulnerable populations groups and health promotion: other expert agencies are better skilled, trained and have appropriate resourcing. I think the responsibility for lifestyle diseases/vulnerable population should be set/directed by State Government. LG's should implement the directions set, so as to be consistent on these issues. Other 3 topics have local variation and so can be addressed in different ways at different councils. HIA is a great concept but I am unsure as to how this could work in practice. Will DOH be responsible for major development as DOE is for environmental issues? Vulnerable population groups covered by many other groups and agencies and best left there. Lifestyle risks could be considered in HIA but should not stand alone. "Vulnerable Groups" should be provided with some minimum level of health as community in whole. Lifestyle Diseases - not necessarily local issues - better dealt with at state/federal level - don't need separate programs/messages for each LGA. EHO's at local level should look at environmental health risks, local plans and health impact but health problems - social workers and prevention of lifestyle = health promotion. Opposed to last two - legal liability issues, costing and resource issues, role of other government authorities to implement (but proactive). Protecting public health at a LG level is fully supported as it can relate better to the community and can better enforce it at this level. Pin-pointing population groups and lifestyle diseases however is deemed more at a state or federal level - LG can only aim to support it - not enforce it. Enviro health risk: Depends on what the risk is. Do HIA in conjunction with other LG depts. Health promotion - depends - people should also be responsible for their own health. Local government should take some responsibility but I think it should also be the responsibility of the state govt too. It depends on what the risk is etc. The 4th and 5th issues cannot be adequately financed at LG level. These are state fuelled community issues that require state coordination with 'assistance' and involvement at a local level. To a great extent issues 1-3 are already being addressed and any changes, such as making them a requirement, should not impact greatly at LG level. Plans for health a mandatory requirement - copy to DOH. Guidelines on trigger level of health concern before HIA required. Mandatory consideration of HIA in planning process. "Personal health" and "lifestyle diseases" are a state issue. State is lead authority - LG should be able to partner the state where appropriate. Regarding points 4 and 5 I believe that should a local govt. wish to address these issues it could be done within the scope of a local plan if the needs for that service in the local area were that great. Ultimately though I see the responsibility of 4 and 5 to be that of the state or federal govt's to ensure a consistent and equitable approach to these issues. Health impact assessment part of planning process but protected from removal by appeal/review. Also require health impact but could be by external provider. Health problems State and Cwlth. Lifestyle diseases primarily Cwlth and State. EH risks - some coordination (powers) for joint responsibility for those risks crossing boundaries. H. impact @ local level - responsibility of LG to assess. Vulnerable groups - responsibility of state. Could be partially administered thru LG. Lifestyle diseases - promotion only. Provide facilities ... centres etc. Vulnerable population groups would require specific skills not readily available at local government level. Prevention of lifestyle diseases - should be a health promotion role not legislative, public health unit role. Health problem of vulnerable pop. Groups as this is currently covered by federal/state legislation e.g. access for people with disabilities. Prevention of lifestyle disease - this is more a federal/state responsibility which may also be partly adopted by LG. There is concern that to legislate some of these will place enormous pressure on smaller LA. Vulnerable pops should remain jurisdiction of state/federal govt as with prevention LG would not be able to meet these due to resourcing and would provide fragmented services in each respect (i.e. inconsistent services across the state). But LG should remain abreast of issues occurring in each regard and network with such service providers.

Believe that last two should not be stated in law, as smaller LGA's do not have resources to fulfil these requirements and could open themselves up to criticism/liability if something goes wrong because these issues were not addressed. All of the responsibilities tie in together and some LGA's already do all of these tasks, but to make it mandatory would not be a good idea. What is a vulnerable group? Lifestyle Diseases - very broad area - what limitations would there be. Residents often move regularly, therefore perhaps yes but in partnership with state and federal government. Local public health plans maybe already being done (maybe not as a standalone document) i.e. LGA strategic plans etc. Local Plans - effectively explain the need to Council's and legal ramification. Vulnerable Population Groups: There are government agencies that cover these areas already. Local government would be dealing not only in health but 'social work'! Prevention of Lifestyle Diseases: Too wide and undefined. This could be an indefinite list and could be difficult for local government to deal with 'social issues". The health problems of vulnerable population groups and prevention of lifestyle diseases should not be solely the responsibility of LGA as they are widespread issues that require some uniformity in their prevention/support. LG has the ability to include measures to prevent and provide support for these two issues in local health plans and health impact assessments, however should not be left to deal with these issues alone. EH risks a primary role of local governments presently and what LG is resourced to do. HIA incorporated in existing processes. Vulnerable groups is a legitimate role for LG to be involved but danger in making it a responsibility under new act. With lifestyle diseases, we should have a role supporting other agencies and not be lead agency. Local Governments to conduct environmental health risk assessments when addressing local issues. Local Governments must provide 'public health plans' to proactively prepare for public health of the community, into the future. 1. EH risks should be identified and listed. Should also be consistent throughout WA councils. DOH needs to be involved and provide guidance. 2. Plans for Health will depend on the individual LG's who may not be adequately resourced. Need to identify what must be included in plans and provide the legislative backing for this. 3. Need to be able to require HIA and to allow conditions on approval for this. 4. Picked up by the need to make health available to all. Wording in new act can provide this already without the need to specifically refer to vulnerable population groups. 5. Huge area that someone should look at. Requires a federal/state and local government approach. Huge resourcing issues. The money used could come from the money that would have been otherwise spent on treating the lifestyle diseases. A change of thinking from "the disease model of health" to "the social model of health". Power within Act to have all developments assessed for potential risks to health.

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Opposed	Strongly opposed
Local Government to have clear statutory authority under a Public Health Act to recover costs associated with its responsibilities.	28	21		

Comment *What will need attention in the drafting of a new Act, in relation to this principle?*

Local Government should have control over charges, under a Public Health Act. Should be stated in the Health Act. The emphasis should be on **may** charge not **shall** charge relative to each and every service/application concerned e.g. the local government will decide the suite of charges it will apply. Other ways of recovering costs are used at present i.e. licences, but it would be better if there was a direct recovery mechanism under the Public Health Act. Option to recover costs should be there. Charges should not be prescribed and mandatory. If a LG does not desire to impose a charge for a responsibility it should be able to do that. Should be and the NPHA - Health Services may not be under Local Govt in the future. It should be 'stand alone' making health a viable business on its own. If public health risk can be identified then it is essential that Local Govt authority has power and authority to immediately act to remove risk and recover costs. Serious public health risk definition may be crucial aspect of new Public Health Act. Rapid cost recovery is important factor. There needs to be a strong mechanism to recover costs rapidly. This allows the public health concern to be addressed by LG and cost to be recovered. Recovery (cost) - acting to abate a nuisance - expedient process - change to rates. Sensible and reasonable recovery of costs. Cover administration costs but have reservation on inspectorial fees e.g. food shops (not really a service to the owner ... to the gen. public). Specific direction in Public Health Act to allow local government to recover cost of inspection. As a minimum maintain regulation fees for licences indexed to CPI and provision to recover fees for service for other inspections etc. Could include better provisions for recovery of costs incurred to remedy 'severe health risk'. (costs to fix) carried out by local authorities due to failure of owner. Comment in Public Health Act to recover costs thru provisions of the LG Act. If local government act can be amended to cover the 'gaps' to deal with recovery of costs (will then not be required in Public Health Act). Need to be a degree of cost recovery however in some areas I believe costs should be the LG's responsibility not necessarily written into the Health Act. Very clear and simple law that allows cost recovery without having to resort to the court in the case of cost recovery for failure to carry out works to abate a public health risk. Specific authority required in new PH Act to allow LGA's to recover cost of meeting environmental and public health costs. New PH Act to permit the issuing of infringement notices. Cost recovery provisions for implementing Public Health should be contained in the proposed Public Health Act. General provision to recover costs without the Act specifying amounts. Provisions to enable LG to carry out necessary works and recover \$ where necessary. It needs to fully set out the responsibilities also. Make it **mandatory** that LG have cost recovery. L. Govt. should be able to determine costs for services and to have strong legal mechanisms for cost recovery. Each council should be able to determine costs - there to be ... as all other fees and charges are. Charges necessary to sustain services, but be clear how costs are derived and who can authorise these charges so there is ease of recovery. My experience is that those local government areas that bring in fees (for services) get more resources from council. Therefore public health issues that are resource hungry tend to get pushed to the back of the agenda. I don't think it matters if a provision is made under local gov't act or health act. The department that generally has the least money in its budget and receives the least revenue is the Health Department of each LG. Needs to be stated clearly in Act that costs associated with enforcement are recovered by LG, and that recovery is quick and not drawn-out process. Support either calling on powers of LG Act or introducing powers for fees and charges under public health act, providing LG EHO's have the ability to impose appropriate fees to all services without exclusion. Give LG the option to recover costs from either the LG Act or Health Act. Need bigger fines. Simplification of the path to recover costs. The current legal framework for the recovery of costs is overly complicated and often only partial recovery is possible. It needs to be to make the effort worthwhile and act as a deterrent. LG should be able to have a way of recovering costs of enforceable action, quickly and easily.

Local Government should set its own fees, under LG Act provisions, amended if necessary to cover public health services. Call on powers of LG Act, provided these provisions of LG Act enable a mechanism for rapid recovery of the cost of enforcement actions or any action undertaken to avert public health problem. Fee for service difficult to implement without long, elaborate legislation. LG act could be changed to reflect the current health responsibilities. LG Act is the most appropriate vehicle for the imposition of fees and charges. Some amendment to the LG Act may be necessary. Public Health Act should **not** prescribe fees and charges. Isn't this provision given under the current local government? If not, the LG Act should be amended to allow for this cost recovery. Methodology of calculating the recovering and cost? Hourly basis for removing a health risk from the local level. Is it a percentage of total cost? May refer to the Town Planning (Fees) Regulations which imposes range of fees for specific regulatory work/applications and hourly rate for those specific project work. These can either be adopted by the local government at the 'maximum' fees provided, or to a lesser amount or not at all. Alternatively, those items not adopted or ... by the Regulations can be itemised and adopted under the LG Act. There are currently gaps in powers to charge fees under local government act that need to be resolved. If Act could be amended to provide flexibility to charge all relevant fees, would support powers being in LG Act. In principle LG should be able to charge to recover reasonable expenses as long as expenses can be substantiated i.e. good rationale.

All costs for statutory responsibility should be recovered by way of amendments to section 6 of the Local Government Act or by other means in the review of the Public Health Act. Broad provision that Local Government to set fees and charges to recover costs associated with services and responsibilities under the Health Act through annual fee setting process of LG Act and that the Dept of Health publish an annual fee schedule for fees that are not recoverable under the LGA. Needs to be considered in ref to LG Act. Ability to charge to meet any shortcomings of LG Act. However licensing is a management/regulatory tool. Recovery of costs (including legal costs incurred) is essential. Process should be simplified/workable. Retain ability to lodge charge against land. Support in new Act and to refer to LG Act. As long as there is clear statutory authority to recover costs it doesn't matter whether it is in the public health act or LG act.

Public Health Act and Department of Health should set fees. Unless easy to recover costs under LG Act, provision must be made under PH Act to recover costs - to standardise fees for service across WA. Uniformity between local authorities important: fees need to be review annually and be appropriately costed for each task. In regards to charges they would have to be within set limits to prevent under or overcharging. Need parity between LA's. However with the ability to charge would come responsibilities so they would have to be stringently assessed to prevent ↑ workload. Have to make sure licensing/registrations fees **plus** additional costs isn't seen as 'doubling dipping'. Ensure consistency among local govt's for those services which are generally common to all local govt's, set maximum fees, for ... etc. Inspection fees should vary depending on risk, for example public buildings. Given that specifying a prescribed fee may be unappealing to DOH and also difficult for smaller LG's to justify, specify when a fee is to be charged and let LG set fee with a minimum being set. DOH should have a guideline of suggested fees. Set fees and charges on and uniform state-wide basis to allow recovery of costs. This would then allow employment of staff (e.g. EHO's) to undertake duties of statutory role and ensure proper public health protection. Any services must be on a cost/service basis to enable recovery of costs to raise profile (e.g. v building fees). Must be agreement by all local govts to ensure across boundary costs/uniformity. Specific charges for specific responsibilities. Use 'user pays' principle. Recovery of costs without going to court.

Feedback on the workshop *Two things you've found useful about this workshop*

Clear presentation of Discussion Paper ideas helped understanding. Scenarios - differences/likeness of old and proposed Acts. Opportunity to gain insight into proposed legislation at early stage of reform process. Comparison between new and old. Now understand broad direction of new PH Act - General Duty to not cause a risk to Public Health and requirement for specific policies/regs/guidelines to clearly define risks and management tools. Timeline of development of new PH Act. Insight into how Act will be used by EHO - on spot fines etc. Discussions into keeping powers of entry. Informative, exchange of views, review of old requirements. More information as to key issues affecting the development of a successful and outcome focused Public Health Act. Understanding what is to be implemented with the new Act without getting 'hung up' on the nitty gritty? The facilitator kept the flow of the presentation going. Gave good understanding of which way D of H would like legislation to go. Good feedback from other EHO's. Interested to see reasoning behind it. Gives a grasp as to the whole scale of the job. Lot of work!! Put more "meat on the bones" of the discussion paper issues. Comparison examples for situations using current and proposed acts. Good general overview of emphasis of legislation opportunity to discuss with colleagues different questions and approaches. Understanding of direction of proposed legislation. Discussion with colleagues on this issue. Start thinking of how the new Act would work however more examples are needed to which to apply the new provisions. General Info - insight into proposed new PHA - more inclined now to delve into the discussion paper. Exciting - well done! Understanding the impact upon local government and potential implications on processes and resourcing. Finding out what provisions will be in the new Act and what will be given to other areas. Thought provoking. Good use of examples to generate dialogue. Good to find that Environmental Public Health Professionals are keen for a new Public Health Act, to replace the current Health Act 1911. That the intent of the new legislation is to be risk based and better to use on a day to day basis. Excellent! Informative session on the direction of the new "Act". Comparison of proposed act with current using examples. Discussion about positives and negatives for LG, although minimal discussion on impact of objective of Act.

There was opportunity for discussion and hearing others' views. Compare views with other LG's. Note difference in views of large/small - country/metro LG's. Most useful was the succinct way the facilitator summed up the arguments and also managed to summarise the convolute statements made by some people. We've all read the discussion paper and talked in our LG's. The workshop has made us aware of other people (and councils) opinion on things. Discussion is good, it makes us consider other points of view. Feedback from different local authorities. Various discussion on people's opinions on the matter bringing forward ideas on various matters. Opportunity to listen to other viewpoints. Informative discussions. Lots of people from different LG. Info to take back to office. Open discussion being facilitated. Exchange of ideas and point from other EHO. Opportunity to raise issues and hear points of views from other LG's and how DOH and WALGA see things going. To hear and discuss views from DOH WALGA and other LG officers on the new Public Health Act and the way it will work. Networking. Discussion groups on issues. Being able to share info with other EHO's from other LGA's. Listening and understanding health related issues from across other stakeholders. Finding out how other EHO's/LG's deal with current problems with Health Act and what parts of current legislation would still be useful in the review of the new Act. Facilitator - Skilful. Allows views of other LG EHO's to be obtained and provides a forum for all views to be discussed. Good forum for open discussion. Group discussions.

The direction of the new Act looks good. Great to see this finally moving forward. Looking forward to re-assessing the discussion paper after today's workshop. Intent. Thanks for giving some food for the culture of this process. Practitioners have a last walked through the veil towards a more proactive process. The use of Policies instead of regulations. Expanded powers to deal with new and changing situations. Definition of policy and confirming they can be mandatory. Approach DoH will be taking - i.e. making significant changes to be useful to local government (eg technical advice, etc.)

Appreciate DoH consulting professionals prior to drafting. Informed and knowledgeable comment sought from professional body prior to drafting new Public Health. Contact with DOH to update EHO's on the proposed legislation. Allowing input from the people 'on the front line'. Willingness to work through the expectations of EHO's. Having DOH representatives to clarify the issues. Commitment of DOH. Legal adviser and J. Dodd's input from Govt/Health Department point was valuable. Ability to provide written feedback. Having Mary Adam and DOH staff here to explain what the proposals are intending to achieve. Inclusiveness - DOH, LGA, WALGA, EHO's Elected Members, interested parties. Consultative approach involved - promoting productive discussion. Ability to provide feedback.

Other. We need commitment from DOH that the new laws will be properly resourced. Risk assessment approach is the way to go. Still along way to go. There needs to further workshops for all EHO's and not just a handful from various local govts. Nice sandwiches. Venue. Food was good!!

Workshop in Greenough, 30th September, 2005

Participants from Shire of Irwin, Northampton Shire, City of Geraldton, Shire of Mount Magnet, Shire of Carnamah, Shire of Yalgoo, Shire of Greenough and Shire of Perenjori.

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Oppose	Strongly oppose
Replace sanitary and nuisance provisions with a general statutory duty vested in all individuals to protect public health, backed by Local Government powers to make orders, and by policy and guidelines.	2	8	3	
Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i>				
<p>Public health, risk and risk management need to be clearly defined. The ability to define public health risk, to form an opinion. Support provided from Health Department in public health risk assessment. Risk assessment – will it be defined, will the Health Department support us? Wording of the Act should be unambiguous. Shouldn't be too vague.</p> <p>Penalties need to be effective. I'm unsure. I would like one rule book. I want to know when they break the rule, it's a \$100 fine to get out of jail.</p> <p>LG must be able to move quickly on public health risks. Capacity for LG to move quickly when necessary to address serious or immediate health risks. Caution should be taken to ensure that provisions do not leave LGs open to another round of litigation. Scope to make orders has to be there. Some things just need to stay as "shall" and this section is one. The ability for an EHO to act immediately. Agree with the general thrust of the intent but would not support State jettisoning its direct involvement to protect public health unless or until appropriate funding was guaranteed to LG to assume the responsibility of the new vision. Flexibility.</p> <p>Need to see the detail first. The detail?? How will this be structured? My support dependant on the detail.</p>				

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Oppose	Strongly oppose
Local Government to have responsibility for				
environmental health risks	5	6		1
local plans to protect and improve public health	3	8	1	1
health impact assessment at local level	3	7		1
health problems of vulnerable population groups	1	8	2	1
prevention of lifestyle diseases	1	5	3	2
Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i>				
<p>Local Government responsibility should be to protect public health, described as "may" not "shall" Responsibilities must be "may" not "shall." LG should simply have responsibility to "protect public health at local level." LG does not need permission of the Public Health Act to do so, but inclusion of wider defined responsibilities will create an unrealistic expectation that many small LGs may not be able to fulfil. Local plans could take on a life of their own and create another level of compliance with not real health outcomes.</p> <p>Local Government responsibilities should be specified. Some areas should have clear responsibilities encoded in regulations, others will need a degree of flexibility. Prescriptive guidelines. Realistic penalties for non-compliance. Prevention is important to reduce environmental health risks e.g. exposure to tobacco is a risk to future generations. Specific areas of responsibility.</p> <p>Partnership between LG and State Government is essential. Partnerships between LG and supportive Health Dept. None of the above should be the sole responsibility of LG. Cooperation between State and LG is needed in all five issues, but state Gov have a bigger responsibility in 4 and 5. Support is contingent on taxation revenue back to LG direct from Commonwealth in recognition of expanded roles.</p>				

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Oppose	Strongly oppose
Local Government to have clear statutory authority under a Public Health Act to recover costs associated with its responsibilities.	5	4	1	1
Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i>				
<p>Whatever Act is used, give Local Government authority to set its own fees. The wording should be broad enough to give the greatest flexibility to Local Government. It should have the ability to charge for services provided. Flexibility. Adequate authority in existing legislation except for case law when cost of issuing orders is not always permissible. Councils are reluctant to resort to prosecution due to the associated costs. Hence this issue should also be considered when discussing cost recovery. Generally, LGs should be able to set fees that are relevant to social and geographic demographics. Keep in mind difficulty in recovering costs from people with financial limitations. I support cost recovery, to ensure some accountability for members of the community. Fees and charges – flexibility please.</p> <p>State Government to set maximum and minimum fees. Needs to provide a broad definition of what costs may be recovered. Needs to specify fees. Need to have mechanisms to control excess of statutory power. Recovery of costs should be realistic. Clear direction as to how this can be enacted and effectively applied.</p> <p>Rethink the way resources are allocated for Public Health. Ratepayer impost on increased service levels is not sustainable. Macro review of taxation at all levels to reflect service delivery obligatory on LG is required in parity with perceived LG service delivery under new PHA. Current act – on existing services, fees and charges could be fiddled with to recover a level of costs.</p>				
Feedback on the workshop <i>Two things you've found useful about this workshop</i>				
<p>Clear presentation of Discussion Paper ideas helped understanding. Identified complexity of changes proposed. Concisely stated existing Act responsibilities and the philosophy of the proposed legislative change. Understanding of principles proposed for new PHA and advantages and disadvantages spelt out on new and old act. Gave inside information on Discussion Paper. The complexity of the issue. I am supportive of the new visions. A genuine investigation onto macro funding towards local health treatments is necessary to support new Health Act direction. Given a clear idea of issues to comment on.</p> <p>Opportunity for discussion and hearing others' views. Input from other local authorities. Range of views from different sizes of local government, Lively and open debate on possible provisions. Health Dept seems very committed to some of the detail of the changes. Not sure substituting policy for regulations really achieves anything. Very beneficial. Good participation of attendees. Good to hear other views on the proposed new Act. It was very good. New approach – 1) Public Health Risk assessment is a form of protection of public health. 2) Different approaches to responses. 3) Binding the Crown – great we need to be involved. 4) It is important for EHOs to be involved in Health Impact Assessment 5) Resources – local authorities will probably not support certain areas where finances are involved. Opportunity to discuss the subject with other EHOs and lawyers.</p> <p>Opportunity to give feedback on Discussion Paper. Appreciated having WALGA and DoH present to hear views directly. Good to have the consultation early in the process, so LG views can shape the legislation.</p> <p>Other. I'm a new EHO and still love my job. I'm working late most nights to maintain a standard that I feel is correct for four communities. To increase the level of service you need to increase staff numbers. Health promotion and training is at the bottom of my time allocation. I would like to see some research done to see how long EHOs stay working for local government.</p> <p>Need further consultation. The workshop indicates that there is still a lot of work to do – is 5 years enough time to fully assess the issues? There are many issues that need to be resolved before this process can move forward. This issues was clearly identified at this workshop.</p>				

Workshop at Broome Shire offices, 5th October, 2005

Participants from Shire of Derby West Kimberley, Shire of Broome, Nirrumbuk Aboriginal Corporation, Nindilingarri Cultural Health Services, Population Health.

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Opposed	Strongly opposed
<p>Replace sanitary and nuisance provisions with a general statutory duty vested in all individuals to protect public health, backed by Local Government powers to make orders and local laws as necessary, and by policy, guidelines and licensing at State level where necessary.</p>	3	3		
<p>Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i></p> <p>Roles and accountabilities need to be clear. Who's responsible? LG works in partnership with other organizations and the Act should recognise this. LG would need support from State Government. Define roles and responsibilities in a way that allows for partnerships at local level. ... (from workshop discussion) The Act needs to be mindful of the fact that public health needs in remote areas are met through formal and informal agreements as to who is best placed to deliver services, worked out between Local Government, Department of Housing and works, Aboriginal community organisations, Aboriginal health services, the Aboriginal Lands Trust, and others. The standing of non-authorized staff needs to be provided for, through supervision by authorised officers, and through great flexibility through the Plumbers Licensing Board.</p> <p>Detailed guidelines and policies need to support the General Duty. Needs to be good quality and lots of policies and guidelines so most issues covered, so it is a state-wide approach. When new issues arise should inform LG on what they should/could do (eg breakouts of new diseases).</p> <p>Remote areas need resources for public health. Remote areas of the State need more money and expertise to be able to act on the intent of a new Act. (from workshop discussion) ... Construction and maintenance of basic infrastructure in remote communities needs to be treated as a total package – construction by itself isn't enough. In any handover of facilities for community ownership, the facilities have to be in good condition and all parties aware of the maintenance and depreciation costs. Binding the Crown brings a danger that facilities will be handed over by the Crown to communities, without the resources for maintenance.</p> <p>Penalties need to be effective. Penalties to be in line with the breach of the legislation. On-spot fines as an alternative to prosecution. Risk based penalties.</p> <p>The capacity of Aboriginal communities needs to be taken into account. Marginalised and disadvantaged communities will have responsibility that they do not have the resources to fulfil. General Duty should in no way allow the Government to walk away from its responsibilities to people and groups who do not have the present capacity to understand or act on these obligations.</p> <p>Other. Appointment of unauthorised officers.</p>				

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Opposed	Strongly opposed
Local Government to have responsibility for				
environmental health risks	4	2		
local plans to protect and improve public health	3	3		
health impact assessment at local level	1	5		
health problems of vulnerable population groups		1	2	2
prevention of lifestyle diseases		2	2	1

Comment *What will need attention in the drafting of a new Act, in relation to this principle?*

Use a broad not specific definition of LG role. Support making it general. LG to be free to target local priorities. A general health risk principle should be identified and defined. This will enable EH professionals and LGs to understand their role in a new public health environment that may bring benefit to the WA population. Need a broad "protect public health" but with guidelines on what they could/should be.

Remote country local government have limited resources for some of these roles. Local governments in WA have a wide diversity of population groups with very different needs – this has funding implications, and implications for disadvantaged populations. Vulnerable groups to remain the responsibility of State and Federal Government. Limited resources and availability of staff mean these responsibilities would very difficult for remote LG to carry out if mandated. Once again limited by resourcing and expertise. Items 1-3 need full support of appropriate agencies.

Other. New PH Act should require both LG and State Govt to have responsibility for Environmental Health dangers. Support remainder of the issues many of which are already being done because of good governance. The Act is not sponsored by the fast food industry!

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Opposed	Strongly opposed
Local Government to have clear statutory authority under a Public Health Act to recover costs associated with its responsibilities.	1	4	1	

Comment *What will need attention in the drafting of a new Act, in relation to this principle?*

Local Government should set its own fees, through the LG Act. LG have the right to decide on fees they should charge – if that can be done by LG Act. What about on-spot fines not just recovering costs. Support that LG have authority to recover costs. On-spot fines are a good idea. Should be done through LG Act. Will partly fund the resources need to fulfil the duties required of LG. Will give flexibility to reflect the difference in costs of services across the State. WALGA may wish to provide a suggested scale of fees for the various activities. Licensing of premises that pose a "risk:" principle of user pays? LG to have power to set own fees and charges in relation to required duties –gives scope to include distances required to be covered, availability of resources and whether council wants to charge at all. Fees set should take account of the ability of marginalized and disadvantaged groups to pay fees that might elsewhere be seen as reasonable e.g. a remote Aboriginal community to pay for an inspection of its takeaway outlet.

Not certain. Ambivalent.

Feedback on the workshop *Two things you've found useful about this workshop*

Clear presentation of Discussion Paper ideas helped understanding. Good job at explaining the broad concepts behind the new Public Health Act. Has left me with a lot of questions – particularly about how this will affect remote Aboriginal communities, especially those on Crown Land. More understanding of the new Act. Gained a better understanding of the new Health Act and the implications.

Appreciating the scope and complexity of the task. The scope and complexity of the task. The difficulty faced in trying to come up with an equitable Act which caters for the vast range of skills and resources and requirements (or lack thereof) across all of WA. Issues raised which I had not previously thought about.

There was opportunity for discussion and hearing others' views. Useful to meet with LG about these issues – here what they do and their challenges. Very good facilitation skills, thanks. Listening to other people's ideas – some the same as mine, others I didn't think about. Appreciate the opportunity to provide feedback. Gained ideas and perspectives from other EHOs, DoH and non-government entities. Discussed advances and future role of an EHO and responsibilities of LGs under new Act.

Workshop at City of Bunbury, 19th September, 2005

Participants from Shires of Harvey, Manjimup, Shire of Augusta - Margaret River, Dardanup, Waroona, Donnybrook-Balingup, Busselton, Collie, Manjimup, Capel, City of Bunbury, SW Population Health Unit.

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Oppose	Strongly oppose
Replace sanitary and nuisance provisions with a general statutory duty vested in all individuals to protect public health, backed by Local Government powers to make orders, and by policy and guidelines.	2	4		
Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i>				
<p>Roles and accountabilities need to be clear. Clear roles, responsibilities and accountabilities. Responsibilities of LG would have to be specified, along with State Government's responsibilities. Accountability against responsibilities needs to be clear, potentially through reporting on local plans for PH. New PH Act needs to be signposted in related acts, such as EPA, to reduce ambiguity about the scope of PH Act powers.</p> <p>Act needs to be supported with detailed guidelines. Subject to appropriate guidance being provided and LG involvement in development of that guidance. Support general provision to protect public health for emerging issues. Cautious about loss of clearly delineated areas that may shift burden of proof to LG. In drafting policy be careful not to be too specific in detailing items to be dealt with, otherwise you are just going down the track of the current Act. Policies need to include the requirement for operators/owners to manage risk and to report incidents with high levels of risk.</p> <p>Public health, risk and risk management need to be clearly defined. (in discussion ...) Policy in general needs to be clear about what "public" health means. Policy on any particular matter needs to provide direction on the identification of risks, because risk that is potential and hasn't yet had impacts is difficult to prove in Court. Guidelines for Health Risk Assessment and Health Impact Assessment would need to be provided.</p> <p>Penalties need to be effective. (in discussion ...) For penalties to have an impact, they need to be scaled from light to tough penalties, so LG can apply a level of penalty that has an immediate effect, and so people realise that if they don't comply, there will be more serious penalties.</p> <p>Other. (in discussion ...) Binding the Crown creates more work – what about the resources?</p>				
Principle <i>Circle your level of support ...</i>				
Local Government to have responsibility for				
environmental health risks	4	1		
local plans to protect and improve public health	3	3		
health impact assessment at local level	2	4		
health problems of vulnerable population groups	2	3	1	

Comment *What will need attention in the drafting of a new Act, in relation to this principle?*

Environmental health risks, local plans, health impact assessment and health problems of vulnerable groups should be LG responsibilities. Lifestyle disease issues should not be mandated onto LG. Should be addressed by Health Dept and those LGs which wish to be involved. Comprehensive guidance for LG during transitional period. EHOs to have powers to enforce all issues surrounding the above. (in discussion ...) With prevention of lifestyle diseases, don't mandate responsibility, make it an option – LGs that want to move into this will.

Maintain flexibility of Local Government. Balance between general provisions to specific. Flexibility to allow regional LGAs to target specific regional problems e.g. Aboriginal housing/health. Avoid duplication of services between LG and Health Dept.

Other. Templates for local plans would make doing them much easier, rather than having to build them from scratch.

Principle *Circle your level of support ...*

Strongly support	Support	Oppose	Strongly oppose
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Local Government to have clear statutory authority under a Public Health Act to recover costs associated with its responsibilities.

4

2

Comment *What will need attention in the drafting of a new Act, in relation to this principle?*

Give Local Government authority to set its own fees. At a local level, provide capability for LG to charge if they determine it appropriate. General health rate on community plus fee for service preferred for paying costs of LG public health service. Local government requires ability to recover costs. Power to impose costs as charges on land via rates. Can be recovered when properties are sold. Ability of each LG to set its own charges.

Other. State to have facilitation role to encourage/assist a *regional* focus to EH issues.

Feedback on the workshop *Two things you've found useful about this workshop*

Clear presentation of Discussion Paper ideas helped understanding. Identified complexity of changes proposed and highlighted the need for extensive consultation with LG. Identified potential threats of undertaking changes to the Health Act in the context proposed. Case Studies – what should be considered for the new PHAct. Clarified the direction of the Discussion Paper. Still need more info on "Policies."

Other. Need to cater for small and large LG authorities. Look forward to seeing the detail of new Act, and if same or better outcomes can be achieved by a less prescriptive Act.

Opportunity for discussion and hearing others' views. Hearing people's comments and concerns regarding the new PHAct.

Workshop in Kalgoorlie, 17th October, 2005

Participants from City of Kalgoorlie Boulder and Shires of Esperance and Coolgardie.

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Opposed	Strongly opposed
Replace sanitary and nuisance provisions with a general statutory duty vested in all individuals to protect public health, backed by Local Government powers to make orders and local laws as necessary, and by policy, guidelines and licensing at State level where necessary.	1	5		
Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i>				
Clear definition of nuisances. The definitions of nuisances need to be clear and definitive, and offences for nuisances be inherently provable.				
Principle Local Government to have responsibility for	Strongly support	Support	Opposed	Strongly opposed
environmental health risks	2	3		
local plans to protect and improve public health	1	4		
health impact assessment at local level		5		
health problems of vulnerable population groups		2	3	
prevention of lifestyle diseases		2	3	
Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i>				
<p>Environmental health risks, local plans and health impact assessment should be mandatory, other responsibilities voluntary. Some high risk environmental health issues may need to remain the domain of the State. Impact Assessment responsibilities need to be realistic and practical, with clarity about responsibilities for LG, developer, DoH. LG to set the impacts to be assessed and managed by developer, as a condition of approval. Support for responsibility for vulnerable population groups and the prevention of lifestyle disease to be at the discretion of the Local Government. "State-wide" strategy for vulnerable population groups and lifestyle diseases needs to be implemented and available. (in discussion...) LG needs powers to require refuse collection and to rate for this service. LG needs powers to issue infringement fines. Retain power to declare dwelling unfit for human habitation. Mentioning vulnerable population groups and health promotion as options for LG may create public perception that LG ought to be working on these. Assessment of risks requires higher level of skills, because community will hold LG accountable, even when it is the operators/owner that is responsible for health risk.</p> <p>Define the responsibilities of State Government and DoH. I would like to see some details of what the State will have ultimate responsibility for. Identify/clarify responsibilities of each institution - Local Government, Dep. Of Health – clearly in relation to role and power over responsibilities above. Define these responsibilities in the new Act but also including support of both D.O.G. and D.O.H. in the appropriate areas.</p> <p>Bind the Crown, with close collaboration between DoH and LG. DoH to step in when there are big problems with a Crown entity, but to still work cooperatively with LG. LG to have the power to issue notices, because it is there on the spot and can take quick action.</p>				

Principle	Strongly support	Support	Opposed	Strongly opposed
Local Government to have clear statutory authority under a Public Health Act to recover costs associated with its responsibilities.	1	3	1	
Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i>				
<p>Local Government should set its own fees, with authority under the LG Act. Authority under the local Government Act is sufficient. Referenced to Local Govt. Act and setting of fees under that legislation. User pay system of charges set by individual Councils keeping in mind must be on a cost recovery basis. I had considered that some uniformity of fees throughout the State may be of benefit. However, the ability for each LGA to consider its desire to charge/not charge probably outweighs the first point. The idea of a "maximum cap" for fees may be of assistance. (in discussion ...) ability to fine for infringement is essential.</p> <p>State Government to set fees. Fee for service. Licensing and inspection. State wide fee!</p> <p>Clear arrangements for services and infrastructure for Aboriginal communities. Funding for infrastructure for communities cannot be set in legislation, because policy changes, but legislation should provide the flexibility to renegotiate funding and service provision. Need the option to charge an Aboriginal community for services, since LG can't rate community organization.</p>				
Feedback on the workshop <i>Two things you've found useful about this workshop</i>				
<p>Clear presentation of Discussion Paper ideas helped understanding. Understanding of the processes used in formulating the arrangements. Informative recapture of Existing/Current Act responsibilities. Proposed legislative change philosophy. The future thought process for legislative change. The underlined perception of community being totally responsible for self management and (possible) funding.</p> <p>Opportunity for discussion and hearing others' views. Sharing of ideas - positive and contentious - between the delegates. Diverse opinions on where Health Act should be targeting.</p> <p>Opportunity to give feedback on Discussion Paper. To gather all the different opinions and experiences of other L.G's and Dep. Health, as to enhance knowledge and to be able to contribute to a more descriptive and definite legislation that is more up to date to the current development in all related health aspects. Yes, there needs to be a new way forward.</p>				

Workshop in Karratha, 11th October, 2005

Participants from Shires of Roebourne, Ashburton, East Pilbara and the Town of Port Hedland.

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Opposed	Strongly opposed
Replace sanitary and nuisance provisions with a general statutory duty vested in all individuals to protect public health, backed by Local Government powers to make orders and local laws as necessary, and by policy, guidelines and licensing at State level where necessary.	5	1	1	
Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i>				
<p>Roles and accountabilities need to be clear. Local Govt. and Council need to be clear that it is obliged to administer the Act in its jurisdiction. Statutory delegated power to EHO. Details on LG's exact powers. Clearly defined roles/responsibilities. Policies with outcomes. Will State Agreement Acts call up a new Public Health Act?</p> <p>Binding the Crown has positives and negatives for Local Government in regional areas. Costs and political risks as seen by Councils might make LG unwilling to prosecute Crown entities. For Aboriginal communities, being able to require Health Improvement Plans would provide a case for funding, but Bilaterals on essential services need to address the needs.</p> <p>Access needed to State government agencies. Better access to State government bodies and organisers.</p> <p>Penalties need to be effective. Ability to quickly and effectively and legally action public health issues as the court/prosecution system is unworkable. Notices, infringements, seizure for non-compliance. Penalty enforcement notices (PIN) for on-the-spot penalties. Ability to implement on-the-spot fines.</p> <p>Public health should be clearly defined. Definition of public health vs private health. General duty (and due diligence) have been very successful in other areas and other states. Some specifics would still need to be detailed. Thought to how 'public health risk' is quantified is most important and figures for restoring health may be inappropriate, as for numbers of people affected etc. Public Health to be defined i.e. is it safety? (public buildings), disease control, nuisance which may affect the quality of life.</p>				

Principle Local Government to have responsibility for	Strongly support	Support	Opposed	Strongly opposed
environmental health risks	4	2		
local plans to protect and improve public health	5	1		
health impact assessment at local level	3	3		
health problems of vulnerable population groups	1	3	2	
prevention of lifestyle diseases	1	1	3	1

Comment *What will need attention in the drafting of a new Act, in relation to this principle?*

Environmental health risks, local plans and health impact assessment should be mandatory, other responsibilities voluntary.

EH risks is basically already covered. It would be good for State Govt. to still set "core" EH duties and responsibilities for key EH areas. Local plans are a good idea (and springboard for EH professionals to mount a sound argument to elected members) and would allow for a planned approach to non-core and/or proactive work. Health impact assessment - some areas of application may need to be prescribed and backed with strong legislation in order to be taken seriously - WAPC model text is an example. Would be useful to highlight vulnerable populations as to be researched or a component of local government plans and should be relevant/specific to each LG area. Lifestyle diseases already covered by many organisations, maybe not as necessary.

Environmental health risks - other agencies to be involved as well as LG. Health impact assessment can be done if Council approved, with EHO involvement. Vulnerable population groups already under State monitoring. Lifestyle diseases should not be a Local Government responsibility under Public Health Act. Excessive responsibility - can only agree to managing preventable lifestyle diseases. Where's the money coming from? Agree prevention of lifestyle diseases should be LG responsibility, however do not believe should be under Public Health Act as will become responsibility of EHO, when should really be other departments.

Vulnerable populations and people with lifestyle diseases are on increase and present issue in the community but we can only provide resources but not be expected to enforce this issue. Ambiguous responsibility in relation to lifestyle diseases and vulnerable population groups. Clear legislative tools need to support HIA. Local plans need auditing by 3rd party e.g. DOH.

Other. (in discussion of cases) Make sure real estate agents are responsible for public health risks, not just owners.

Principle	Strongly support	Support	Opposed	Strongly opposed
Local Government to have clear statutory authority under a Public Health Act to recover costs associated with its responsibilities.	5	1		

Comment *What will need attention in the drafting of a new Act, in relation to this principle?*

Local Government should set its own fees, with freedom to set up incentive fee structure and on-the-spot fines. Prefer to see incentive based fee structure: very basic application fee rate and fees per inspection/reinspection. Enforcement options should be discussed in greater detail - linked to costs i.e. expiation for non-compliance with Notice/Order and/or on the spot fines for some offences. Incentive based licensing and/or fee for inspection is a practical (and effective!) way to recover costs. Addressing clean up recovery costs still need to be included.

State Government to set maximum and minimum fees. Recommend upper and lower range fees. Incentive based fees? Or to cover recovery costs (incl. travel) only? State Govt. set top and bottom fee and LG set ... in that frame, - problem huge area of probable fees, - maybe leave open so LG still has ability to create changes. Fees definitely need to be set so LG can recover costs. Preferable to have fees set by local Govt. (would be ok to have the max. value set by state - if subject to regular review in partnership to WALGA).

Feedback on the workshop *Two things you've found useful about this workshop*

Clear presentation of Discussion Paper ideas helped understanding. Well presented. Examples and clarification. It forced me to stop and have a better look at the implications of a new public health act. Case studies - how it will affect EHO's directly.

Opportunity for discussion and hearing others' views. Meeting others with similar issues discussing practical applications of proposed new act. Equal opportunity to contribute. Open discussion was relevant around the table. Very valuable to 'workshop' our ideas and feedback, so that understanding and input grows through discussion. Very beneficial in discussing areas ... EHO's, DOH and WALGA. Group interaction.

Opportunity to give feedback on Discussion Paper. Good opportunity to provide feedback and ID issues in discussion paper and possible solutions. Very good workshop!!! Good to have a set time to invest time to producing feedback (particularly when this area has one or two EHO's max. - time is very thin!).

Workshop at Melville Civic Centre, 4th October, 2005

Participants from Atyeo's Environmental Health Services, City of Armadale, City of Cockburn, City of Fremantle, City of Joondalup, City of Mandurah, City of Perth, City of Rockingham, City of South Perth, City of Subiaco, City of Swan, Serpentine Jarrahdale Shire, Shire of Kalamunda, Shire of Murray, Town of Bassendean, Town of Cambridge, Town of Claremont, Town of Victoria Park, Town of Vincent.

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Opposed	Strongly opposed
Replace sanitary and nuisance provisions with a general statutory duty vested in all individuals to protect public health, backed by Local Government powers to make orders and local laws as necessary, and by policy, guidelines and licensing at State level where necessary.	12	20		
Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i>				
<p>"Public health, risk and risk management need to be defined. Policies and Guidelines to state clear definition of what is "risk to health" and to be legally enforceable. Clear communication on boundaries of powers, so Act doesn't take away individual rights. Scope set broad to cover existing and new and emerging risks. The ability to deal with emerging issues without having to wait for legislation to catch up. Replace specific issues with a generalised view of health risks and back up with policies and guidelines. Clear description of risk and relevant levels of action needed. Should not have to prove in simple cases that risk exists where it is obvious, to save time on actioning/resolving problem. The formalised requirement to be able to request the assessment of risk or management of risk or a health impact to be based on the principle that "a health risk is deemed to exist with very little indication and continues to exist until there is overwhelming evidence that there is no risk." Need to have a definite definition of risk to health, as initially will not be any precedent in law. Based on risk assessment. Need to define what Statutory nuisances are not risks to health. Take care that frivolous and vexatious complaints about nuisances can be disregarded. Definition of nuisance can't be taken to mean anything. Ensure the leg'n puts the onus of proof on the person/company causing /allowing the risk to prove they were not. Provide clear objectives so that hypersensitive one-off incidences do not clog up resources. Give LG officers the power to decide whether there exists a public health risk and the best way to deal with it. Call up AS 4360 (Risk Management). Collective councils can develop model policies and guidelines. Do not make nuisance provisions too broad.</p> <p>Roles and accountabilities need to be clear. Strong clear supportive guidelines and policies would also to need to ensure proper roles and responsibilities for the 3 tiers of govt are clearly defined and clearly defined and possibly ensure accountability. Roles of State/LG defined. Bind the Crown. To outline specific responsibilities, process of management and outcomes. Define an individual's responsibilities. Policy also as to LG role, guidelines as reference. The partnership between LGs, DoH and other agencies that all engage the responsibilities to protect public health at local and regional levels. The new Act needs to give LG the power to override EP Act and other Acts in order stop an impact on Health. This head of power will ensure LGA EHOs can still seek to resolve a health risk when it is referred to another body i.e. DoE, WRC, who may not have the power or motivation to pursue the problem.</p> <p>Act needs to be supported with detailed guidelines, codes of practice. Detailed guidelines, codes of practice. Provide examples of specific public health risks. Guidelines used must have the ability to be updated by use of a feedback mechanism. Include policies/guidelines. Clear priorities and guidelines. Clearly worded sections in the Act, clear policy obligations, guidelines and standards. Attach policies and guidelines.</p> <p>Transitional arrangements need to be in place. Ensure many current legislative requirements are transferred in transitional provisions. Transitional arrangements need attention. Policies and guidelines need to written ASAP to ensure a smooth transition with the least amount of confusion for officers and the public. Policies and guidelines to be developed in advance.</p> <p>Training and support needs to be provided for EHOs. Training and support of LG EHOs by the DoH and Council. Training and awareness of risk management thinking/approaches.</p> <p>Policies need to be enforceable and have teeth. Policies need teeth where appropriate. The big stick to help enforce the policy has to be clear. Workable legislation that will legally stand up. Options for penalties with infringements notices. Increase penalty provisions for non-compliance. Mandatory Policies needs to draw in all necessary Guidelines – policies will be very difficult to administer without the teeth to ensure enforcement. To encourage and allow for legislation to be easily enforceable without being subjective.</p> <p>Other. Infectious and non-infectious disease control. Hazardous industry/activity resulting in definite health impacts. Emergency response to public health risk. Employment of EHOs broadly by any agency.</p>				

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Opposed	Strongly opposed
Local Government to have responsibility for				
environmental health risks	14	15	1	1
local plans to protect and improve public health	11	16	3	1
health impact assessment at local level	12	16	1	1
health problems of vulnerable population groups	3	12	14	3
prevention of lifestyle diseases	3	12	14	3

Comment *What will need attention in the drafting of a new Act, in relation to this principle?*

Describe but don't prescribe areas of responsibility. Act should not prescribe whether or to what extent LGAs should act on in these areas, but should create the authority for them to do so. Their program activity should be a reflection of State Government guidance on State priorities and local priorities.

Environmental health risks, local plans and health impact assessment should be mandatory, others responsibilities voluntary.
 The top 3 responsibilities should be mandatory. 4 & 5 to be optional. Non-compulsion on 4 and 5. The last two issues should be optional for LGs to be involved in if they wish. Vulnerable population groups and lifestyle diseases should only be made LG responsibility if identified in a formal statement of State and LG priorities. The SA model looks good – generally worked section in the Act with policies, guidelines or directing local government. DoH requiring Local Plan and mandating some roles with flexibility for the Local Government to prioritise for local needs. Health impact assessment and management principle to be incorporated into policies required for the range of activities covered by the new Act. A formal requirement for Health Impact Assessment to be defined in Act. LGs should be given the choice to deal with issues such as vulnerable population groups and prevention of lifestyle disease; environmental health risks, local plans and HIA should be mandatory. Prevention of lifestyle diseases should be at the discretion of the LG. Define the responsibilities to ensure consistency across the State, and to encourage interaction between LGAs over the same issues and successful programs. Must be a core group of responsibilities with the option of incorporating other areas that may be relevant to the LG in question. Individual LGs may choose to have responsibilities for the last two options, but not compulsory. I do think that there needs to be an amount of accountability and am not sure that it can be met by a broad definition. Numbers 4,5 can be included in 1-3. i.e. local Plans can include 4 or 5 if that LG has a particular problem. Health problems of vulnerable groups and prevention of lifestyle diseases should be based on state or Federal government ideals. LG can assist but should not be given a core role.

Don't specify areas, just provided a broad statement of local Government's role. I believe that a general/broad definition to LG responsibilities should be given. The roles and responsibilities of LG can then be further outlined in the policies. Despite this opinion, I strongly agree that the above responsibilities should be covered by LG as they all impact public health. Use LG Act – no need to create new process/mechanisms. LG be given broad responsibility to protect PH and the State Health Dept set non-negotiable issues to cover. LG should be given the option, but it need to be based on EH principles and the strategic health issues of the LGA. Act must emphasise that council conducts business of health in the context of the council's environment i.e. target issues that are most relevant.

State responsibilities need to be clearly defined, and state-wide plans, policies, guidelines, resourcing and reporting developed to support Local Government responsibilities. Clearly define LG responsibilities, and State responsibilities. Not all PH issues should be LG responsibility. Combine outcomes with responsibilities and include examples but not restrictive or exhaustive. Need to include joint responsibilities and partnerships. Policies/Guidelines/CoP asap after the Act will need desperate attention. Will need guiding documentation on how to meet responsibilities above. State govt should provide strategic priorities/directions for PH areas. LG should also be able to decide areas at local level that are priorities. Reporting to DoH! Require 2 yearly reporting on responsibilities. DoH should only audit core duties and only if an annual report provided to LGAs and funding reasonable.

Environmental Health Officer role should be specified. State that the EHO has the professional opinion / knowledge on matters which may be difficult to provide specific evidence on. Minimum ratio of EHO/Authorised Officer per populations (i.e. 1:5,000).

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Opposed	Strongly opposed
Local Government to have clear statutory authority under a Public Health Act to recover costs associated with its responsibilities.	7	12	6	3
Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i>				
<p>Local Government should set its own fees, under LG Act provisions. PH Act will need to allow for fees for licensable activities, but I support allowing LGAs to set their own fees under LG Act provisions. Actual "rate" of costs recovered should be able to be set by individual local governments. No "ceiling" on fees/charges. Costs to LG may vary, and MacDonald's pay different licence fees in each state, they won't be confused but different fees in each LG in WA. Best management under current LG Acts 6:16, 6:17. You should canvas views of CEO managers and Councillors. Support fees being raised through the LG Act with a ceiling in place. Ability to create a fee for service will need to be addressed. Best dealt with under the LG Act, but still need to ensure provision for cost recovery is made clear under the PH Act. Cost recovery under LG Act and LG should choose what to charge. Agree with guidelines/benchmarking for fees. Use LG Act for power to recover costs. Charges available under LG Act, so not necessary. No need for capping under Health Act as LG has to be accountable to the fees it sets. Also provides ability for LG not to charge e/g/ encouraging grey water installations. Best managed under LG Act. Cost recovery under LG Act. Uniformity not so important. In any case, fees under the LG Act must be justified. Should be part of LG Act and no capping of fees or charges. Clear reference in charges to cost of providing service but no restriction to higher fees being levied.</p> <p>Public Health Act and Department of Health should set fees. LG must have the ability to recover costs associated with PH work. I think these need to be capped. Minimum fees may also need to be apply in some circumstances. Caps on fees and charges to be set if they are to be included in LG Act. Essential that guidelines be developed with a list of fees and charges based on the previous regulations and new guidelines that provide a ceiling for the maximum amount that can be charged for each of these; it is then up to LG to charge within these amounts and decide whether they want to charge them or not. State should set health charges because 1) Health Dept sets the level of service 2) sometimes difficult to get charges approved by council 3) non-uniformity of fees will confuse industry and may undercut those LGAs trying to achieve cost recovery. Some costs need to be regulated or have a ceiling or "recommended" costs, but LGs have different needs. Fees and charges should be uniform throughout the State. Fees and charges should be uniform throughout the State. Consistency of charges, ability for LG not to charge. Charges to reflect costs.</p> <p>Authority to recover costs should be provided by both the Public Health Act and the Local Government Act. Fee raising arrangements should be in both LG Act and PH Act to complement and be consistent with each other, so that both State and LG have an opportunity to recover cost for service. Also makes repeal of fees sections less likely if in both Acts. A clear position for recovering costs associated with health issues. Having it in the PH Act provides a second option and some LGAs may respond better to provisions under the Health Act rather than the LG Act.</p> <p>Not certain. DoH needs to require programs to be resourced ... what if council won't allow cost recovery. Will DoH be ensuring public health services or standards are maintained? Don't have enough knowledge to give an opinion on this.</p> <p>DoH should develop guidelines on fees. Link cost recovery to enforcement activities. Specify procedures for enforcement activities to ensure consistency of methods of calculation costs. Costs need to be adjusted via CPI. Suggested charges by DoH may be useful in achieving consistency between LGs. Different councils have different fees but based on local economic realities. Benchmarking in an annual report from WALGA and DoH can ensure reasonable fees. No ceiling/cost capping as our resource base is only 20% of health expenditure. Ensure fees are sufficient to cover costs. LG to have option to recover costs from a range of specified activities. Two different local authorities may charge varying rates, but both need to charge the minimum standard cost.</p>				

Feedback on the workshop *Two things you've found useful about this workshop*

Clear presentation of Discussion Paper ideas helped understanding. Good, love the clear conceptual models for the mechanisms of the new Act. The process used. The information provided. Getting a professional presentation with relevant concerns covered. Very useful to gain broad understanding of the proposed Act. Discussion papers are great, but they cannot replace open dialogue. Finding out the new direction that EH laws are heading is positive for the EH professions. Sequence of discussion points – very good. Facilitated good understanding. Very useful in understanding general principles of new Act, and the new direction between risk assessment. Short and concise and gave a valuable insight into the new strategies. General details and examples of the proposed legislation. Understanding of policies. Opportunity early on to see what direction Act is heading. Understanding of what the new Act will focus on. Understanding of risk management principles. Facilitator ensured the workshop was interactive yet not leading off different tangents. Butcher paper display, decent size for viewing, very user friendly. Clarity on the way the new Act will operate.

There was opportunity for discussion and hearing others' views. I thought it was great - opened up some different views. Meeting up with fellow EHOs. Getting feel for others' views. Hearing a range of views from peers, allowing me to consider/reconsider my views. Free and open discussion made for a positive experience so that individual opinion can be made on the discussion paper. Opportunities for comment, open environment. Excellent. Discussion with other LG reps to see what their views of new legislation are. Representatives from DoH actually being present and open to responding to things. Good participation. Hearing feedback and different points of view from many different experiences.

The direction of the new Act looks good. Great to see this finally moving forward. Looking forward to re-assessing the discussion paper after today's workshop. Intent. Thanks for giving some food for the culture of this process. Practitioners have at last walked through the veil towards a more proactive process. The use of Policies instead of regulations. Expanded powers to deal with new and changing situations. Definition of policy and confirming they can be mandatory. Approach DoH will be taking – i.e. making significant changes to be useful to local government (eg technical advice, etc.)

WALGA's presence gathering LG views was appreciated. Opportunity for view to be conveyed to WALGA rep who I believe was taking notes. Even if people do not complete personal responses, their views will be conveyed through this channel. Update from DoH and WALGA on the subject. Nice of WALGA to arrange so feedback can be completed based on the presentation.

Good venue. Venue. V. good venue. Light was nice.

Other. No information provided on waste management. Hearing about transitional arrangements.

Workshop in Mt Barker, 20th October, 2005

Participants from Shires of Denmark, Plantagenet, Kojonup, Katanning, Katanning, Boddington, Gnowangerup, Department of Environment.

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Opposed	Strongly opposed
<p>Replace sanitary and nuisance provisions with a general statutory duty vested in all individuals to protect public health, backed by Local Government powers to make orders and local laws as necessary, and by policy, guidelines and licensing at State level where necessary.</p>	4	5	1	
<p>Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i></p> <p>EHOs need to have sufficient powers to act. Include powers of EHO/LG to ABATE nuisance/health hazard - or undertake work in default! - (immediate action required). Protection of officers acting in good faith (etc). Plus the DOH needs to be there as a backup for the LGA's in the enforcement role. Ability to apply on the spot fines for infringements is strongly supported. LG also needs ability to not act, and individuals need to be able to seek action to deal with public health risk as they perceive it.</p> <p>Policies need to be in place. Enough supporting documents e.g. policies to enable broad ranging matters to be addressed. (in discussion ...) need access to up-to-date information on risks.</p> <p>Clear definition of nuisances. 'Nuisance' needs to be defined and it can be a personal problem rather than a public health matter e.g. noise transmitted on certain winds, odour from piggery. There still needs to be a mechanism for things that smell but are not a health risk.</p> <p>In discussion Binding the Crown a good idea. Make clear the difference between individual health, public health and environmental health.</p>				

Principle	Local Government to have responsibility for	Strongly support	Support	Opposed	Strongly opposed
	environmental health risks	5	5	1	
	local plans to protect and improve public health	2	5	3	
	health impact assessment at local level	2	5	3	
	health problems of vulnerable population groups		2	6	3
	prevention of lifestyle diseases		2	5	4

Comment *What will need attention in the drafting of a new Act, in relation to this principle?*

Environmental health risks and local plans should be mandatory, other responsibilities voluntary. LG can handle EH risks with assistance/guidance from DOH and policies and regulation. Local Gov. should have responsibility for public or individual health and clarification of the environmental health i.e. effects of environment on health not totally LG resp. Should be given responsibility for public health plans, otherwise health will get lost in the corporate plan and become a financial decision. LG need to be given the direction. Not HIA unless more training - more expertise to do this. Making planning a LG responsibility will ensure that public health will be a high priority in all Local government planning/operations/strategies. Adequate policies need to be in place to call up or refer to. No "big stick" taken to LG if government doesn't consider LG has dealt with the issues LG thinks is significant.

Vulnerable population groups and health promotion should not necessarily be handled by LG, maybe community run - not LG responsibility. Vulnerable population groups services dependant on other health service providers in the community (e.g. Aboriginal Health Units, Child Health Units, Elderly populations). Health promotion can be tackled with other community groups. State government should be responsible to ensure basic standard of health for all residents regardless of location. If not a presence in small communities work in partnership with local government to provide service. State government should be responsible to ensure basic standard for all residents regardless of location. If not a presence in small communities work in partnership with local government to provide service. Adequate resources are allocated if the last 2 are mandatory. The problem with Council addressing the health problems of at risk groups is that they become a health service provider.

Only environmental health risks should be Local Government responsibility. Prefer planning and HIA to be voluntary for each Local Govt.

Local Government to choose its own responsibilities. Based on each individual LG needs - self assessment by LG. Set as general parameters and LGA's choose where they set their priorities depending upon community needs. No mandatory reporting to DOH.

The focus should be public health, not environmental risks. Clarify roles of LGA and DOE - LGA health does deal with public health in first instance! LGA do need ability/powers to deal with 'environmental' matters that may not be directly or immediately impacting on 'public health' and therefore should not be included in Health Act!

Other. Role of local government does need to be clarified in the Act, even if very generally. It will assist the officers to negotiate for resources and show where resources need to be concentrated. Current terminology is far too broad and creates unreasonable expectations. Far too much emphasis placed upon 'environmental health' when focus should be on 'public health'. Capacity for Local Governments to effectively work in these areas is also questioned. Environmental Health Officers should be referred to as Public Health Officers as the use of the word environment tends to confuse the issue with DOE roles etc. LGA's should have the ability to refer a matter to the DOH when a prosecution is felt warranted. The Department then if it agrees it is warranted undertakes the prosecution.

Principle	Strongly support	Support	Opposed	Strongly opposed
<p>Local Government to have clear statutory authority under a Public Health Act to recover costs associated with its responsibilities.</p>	3	5	3	
<p>Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i></p>				
<p>Local Government should set its own fees, with authority under the LG Act, with matters for charges set in Public Health Act. Set fees and charges in accordance with the provision of the Local Government Act. Leave to Local Government Act but provide clear direction on what can be charged for in New Act. LG can best identify where its costs come from and can adequately ensure it can carry out the duties it has identified are important. Local Government Act charges to apply. Possibly a list of things that can be charged for under the Act (Health). Make provision in Health Act to charge but allow fees to be set through LG Act. Health Act to nominate all activities that may incur charge/fee - at council discretion. Should be an ability to recover cost for delivery of 'statutory service'! Ability to set fees on rate (hourly/travel)! Act to provide powers for local authorities to set rate without limitation! Act should have a clear reference to the scale of fees Council's prepare under the Local Government Act.</p> <p>State Government to set fees, LG to decide to charge. Yes Council's should apply charges - set by Dept. by regulations and council's can choose whether or not they charge the particular fee. The regulations should set a maximum charge out figure but leave to Council's to set their fees if any. The Public Health Act should give Local Gov. the authority to charge fees but set minimum or maximum amounts. A list of which services that should be charged for i.e. if LG is required to provide a service then they CAN charge. Possibly allow the mechanism for lower and higher charges i.e. if inspection required 50km away = higher end of fee spectrum. Local Government should have clear statutory authority under a Public Health Act to recover costs associated with its responsibilities. The Public Health Act should clearly set out what fees/charges are appropriate for each public health service that local governments are required to provide.</p> <p>Clear arrangements for services and infrastructure for Aboriginal communities. Funding for infrastructure for communities cannot be set in legislation, because policy changes, but legislation should provide the flexibility to renegotiate funding and service provision. Need the option to charge an Aboriginal community for services, since LG can't rate community organizations.</p>				
<p>Feedback on the workshop <i>Two things you've found useful about this workshop</i></p>				
<p>Clear presentation of Discussion Paper ideas helped understanding. Greater understanding of potential charges within -N-H/Act. Awareness for clarification of many definitions - 'environment' etc. Clear summary on important principals assisted in drafting a response to the discussion paper. Explanation of some of the issues related to the new Public Health Act. Good summary. New approach of Act with health risks.</p> <p>Opportunity for discussion and hearing others' views. Important to discuss with people in other local authorities to see how it would effect the broad spectrum of issues. Other EHO feedback on the New Public Health act and reform. Listening to other EHO's comments. Broad range of views as other agencies present together with different levels of LGA officers CEO, Directors, EHO, etc.</p> <p>Opportunity to give feedback on Discussion Paper. Good it was held in the region to enable local input. Good representation from Dept. to enable most queries to be answered. Good to hold in regional areas where new metro issues can be aired.</p> <p>More consultation and support required. Not enough is known about the proposed changes. More consultation is required. Difficult to respond to generality. A library of risk info will be needed.</p> <p>Other. Urgent need to sort through what is public health (not environmental issues) and of the need to allow Local Government to set its primary agenda.</p>				

Workshop in Toodyay, 14th October, 2005

Participants from Shires of Goomalling, Northam, York, Merredin, Corrigin, Toodyay, Beverly, Yilgarn, Town of Northam, North Eastern Wheatbelt Health Scheme, Brookton Pingelly Health Building Scheme.

Principle <i>Circle your level of support ...</i>	Strongly support	Support	Opposed	Strongly opposed
<p>Replace sanitary and nuisance provisions with a general statutory duty vested in all individuals to protect public health, backed by Local Government powers to make orders and local laws as necessary, and by policy, guidelines and licensing at State level where necessary.</p>	5	9	2	1
<p>Comment <i>What will need attention in the drafting of a new Act, in relation to this principle?</i></p> <p>Ensure there are strong local powers. Policy guidelines need to be standardised and flexible (balanced). Any new legislation should be a regulation not a guideline or policy i.e. locally enforceable. Provide that general statutory duty is not too broad or open that it becomes impossible to prove a breach. We do not want a situation where every order or notice is based on possible court action. Clear provisions that enforce Policy in place. LG must have the power to order and enforce. Local government should have the authority to adapt any policies or regulation. Clear guidance and direction of to what extent LGA's are liable for what they do and don't do at their local level.</p> <p>Provide adequate resources. Puts more onus on Councils when there are Departments at a higher level. Funds limited for small Shires. Resources limited. Ensure that L.G. is not disadvantaged financially or have any revenue raising aspects watered down.</p> <p>Maintain the independence and powers of the EHO. Ensure the role of the EHO is protected so that Shires still must employ the EHO (as political pressure in some small authorities would prefer the EHO wasn't employed). Retain powers of entry. Policies empowered by legislation. Backup of State Govt. If action needs to be taken by an EHO, "a risk to public health" is not required to be proved by officer. Will this hold up if prosecution is to occur? If the risk to public health is at a state level what guarantee is there that it will be dealt with at the appropriate level? Powers of EHO's to make orders etc to be in addition to L. Govt. powers and independent. Sec 3149 MUST be put in to the new act. Power of entry. Retention of protection of "officers" when carrying out statutory functions prescribed by the Act. Retention of minimum qualification requirements for "officers". (in discussion ...) Retaining supervision of EDPH preserves standards and gives officers independence, but making EHOs accountable to their council brings more equity, more flexibility and more direct accountability of Council and CEO.</p> <p>Consult and keep improving the Act. Consultation with relevant stakeholders and only use current feedback information. We must get up to date and we must have a review every 5 years to keep up to date. Define Public Health. (in discussion ...) Act to specify who will be consulted to develop policy on different matters.</p> <p>Manage policy development across Government. (in discussion ...) Many different agencies are developing guidelines that end up requiring action by LG, sometimes over the same matter, and often without reference to other agencies. Leads to confusion and over-governing.</p> <p>Bind the Crown. (in discussion ...) Strong support for Binding the Crown.</p>				

Principle	Local Government to have responsibility for	Strongly support	Support	Opposed	Strongly opposed
	environmental health risks	9	7		1
	local plans to protect and improve public health	3	6	3	5
	health impact assessment at local level	2	6	3	6
	health problems of vulnerable population groups		4	4	9
	prevention of lifestyle diseases		3	4	10

Comment *What will need attention in the drafting of a new Act, in relation to this principle?*

Environmental health risks should be mandatory, with responsibilities clearly specified. Other responsibilities should be voluntary. Public health and environmental health should be separately defined with distinct areas of responsibility ... State and local. LG should have no responsibility for medical or lifestyle health as it has no resource capacity to deal with this. Sanitary and nuisance areas could be properly defined as environmental health and would be best handled at the local level. Public health should be federal and state level responsibility. Not all Shire's are capable (either funding/resources) of dealing with lifestyle choices of their population. Need provision for obtaining fee for service for these that want to change them. All public health and medical health is too big for LG and different levels of service will result further disadvantaging local communities. Enviro Health - by local Govt. - formulated and administered by council. Last 2 not should be compulsory. Vulnerable populations groups appears to be medical; health promotions is State Government business. Local Government needs clear direction of its responsibilities under the new Act such as those of environmental health. The writing of broad health plans and impact assessments requires time and people to do them. In many instances there is only 1 EHO doing health, building and planning issues. LG will take on responsibility for vulnerable groups where possible and needed e.g. child care facilities, senior citizen centres, etc. but not medical health. LG also is involved in helping supply housing, etc for lower social groups. LG provides recreation facilities and supports sporting/recreation groups - no medical issues. As these are already being done as part of "best practice", why put it in the new Act to make it mandatory? Vulnerable population groups and health promotion should be in partnership with State. Give head of power to local government with option of adopting State policies as they see fit.

Define environmental, public and medical health and who is responsible for each. Definition of EHO's and Environmental Health. Definition of Public Health. Who is responsible for Public Health and who is responsible for Enviro. Health in a community at a local level. Can we enforce our defined task adequately e.g. does our legislation give us the power to enforce the definition of our job and what exactly it is. Responsibilities of whom, enforcement by whom - Need to clearly define - Resources. Responsibility to look after community, effects to environment. What is Enviro. Health? Delimitate what is Public Health - responsible entity is State Govt. Define the levels of responsibility of L. Govt. for each of the above. The definition of Public Health and Environmental health need to be absolutely defined. The role and responsibilities of Local Government in relation to environmental health and public health need to be clearly defined within tight parameters. Health impact assessment by what standard - medical, public, environmental? Define difference between EH/Public Health/Medical Health and identification of the tier of Govt. responsible for each. Resources provided to Local Govt. if additional responsibilities are devolved. There needs to be definitions of Env. Health, Public Health and LG responsibility. Separate environmental health act., separate public health act.

Give all responsibilities to State and Commonwealth Governments. Take responsibility from Local Govt for Environmental/Public Health, hand it back to State Govt. Keep Health Act as is just update it a bit. Give all parts to State Govt. Take local Govt. out of the equation completely. Insufficient resources.

Local plans should be owned by Local Government. Local plans be self-managed... (i.e. published in community for feedback). Local plans for the community by the community and owned by the community not by the state.

Local Plans should be oversighted by DoHealth. HDWA should carry out audits on local governments to verify their capacity (e.g. number EHO and finance) to fulfil their duties.

Other. We know our Districts and the Dept. maintains an advisory role. We must have items 2, 3 and 4 in the new act.

Principle	Strongly support	Support	Opposed	Strongly opposed
Local Government to have clear statutory authority under a Public Health Act to recover costs associated with its responsibilities.	13	3		1

Comment *What will need attention in the drafting of a new Act, in relation to this principle?*

Local Government should set its own fees. Fees and charges, cost recovery - local council has total control - no state involvement. Local authorities should have the **choice** to change if they want and the change would be representative of what provision of the service costs the local authority. Charges must be met locally to manage impact on the community, cost recover .../pay provisions rather than a State-imposed levels as happens now. The ability for each council to be flexible when determining what fee should be to allow for full cost recovery. Reasonable fees should be charged. Onus should be on CEO if investment is made in other infrastructure. Broad authority to change should be in new Health Act. Rubbish rates sections needs to be concise and clear - current provisions are a mess. Each local government to set their own fees. It is desirable that each L.G. ought to have the ability to charge for services rendered at a level each L.G. is prepared to charge. Even to the point of full cost recovery including administrative overheads. LG authority must be in the new act but with appeal rights to the Dept. As in the L.G. Act 1995. And charge fees in accordance with Council's own policies and thinking. Set out guidelines referred to by Act - cost recovery "polluter pays". LG should set its own fees. Should be no provision for appeals to SAT - only to EDPH.

State Government to set maximum and minimum fees. Need to allow for charging zero amount for an inspection or licence, but should set a top fee so that LG's cannot charge above that amount. Costs for doing work in lieu of the owner/occupier should be retained probably through court action. Look at charging for service similar FESA levy. Development of "standardised" (and reviewable) schedule for set services. L. Govt. to retain the ability to charge **no** fees.

Other. Take local Govt. out of the equation. Public health is responsibility of State Govt. only.

Feedback on the workshop *Two things you've found useful about this workshop*

Clear presentation of Discussion Paper ideas helped understanding. Overview on proposed Act. Case models were helpful to show what could happen under the new Act. Issues being presented in a useful manner from different points of view. There are many, many more aspects to the way the Act should be written than any of us perceived. clarification on scope of new act. Well presented. Learnt a lot. Direction of new Act, info to take back to Council. Conveyance of concepts behind proposed legislation.

Opportunity for discussion and hearing others' views. Hearing views of colleagues of various backgrounds/work experiences. A chance to sit down and talk about what is an extremely important piece of legislation!! Workshop was a good vehicle for diversified opinions and ... and responsibilities. Opinions of other local Govt. EHO's. The ability to hear people who would normally say nothing. The point of views from the various ages and experience levels of the EHO present. Good open discussions. Diverse views. Great debate. Huge variation in interpretation of the Act and its purpose (new proposed and old). Listening to fellow colleague's opinions. Discussion and points of view raised by experienced colleagues.

Opportunity to give feedback on Discussion Paper. Being able to express views which hopefully will be included in the drafting of the new Act - whether in support of the new Act principles or not.

There needs to be more discussion and consultation. Still confused over definition of Public Health, medical health, environmental health, personally caused health and obesity, preventative health etc. Would be good to have presented consensus views from other workshops. Confusion over definition of Env. Health and Public Health. Concern over solution of EHO's power. Appointments of all EHO's should remain with EDPH. The presenters failed to take notations/suggestions coming from the floor to feedback to drafters. A concentration on finishing on time to the detriment of open discussions. There is still a lot of distrust about creating a new Act. Needs to be a longer public comment period - maybe similar sessions as today's.