



Government of **Western Australia**
Department of **Health**

Environmental Health Management in Western Australia

**Results of Local Government Optional Reporting Survey
2018/2019**

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Introduction

This document provides a summary of the results of the Local Government (LG) Optional Reporting for the 2018/2019 financial year.

Local Governments Authorities (LGAs) were asked a number of optional questions on various aspects of environmental health for the 2018/2019 financial year as a way to assist the Department of Health in the regulatory review process that is occurring as part of the *Public Health Act 2016* (Public Health Act) implementation.

The implementation of the new Act requires all existing subsidiary legislation under the *Health (Miscellaneous Provisions) Act 1911* to be reviewed and streamlined into a manageable number of regulations. The data collected from the optional reporting will be used to make an informed decision about the public health risks present in WA. The Department of Health (DOH) asked questions relating to the following public health risks areas:

- Events
- Public buildings
- Laundries and bathrooms
- Lodging houses
- Houses unfit for human habitation
- Public health planning
- Drinking water
- Wastewater

The optional reporting survey for the period 2018/2019 had a 17% response rate with 18 of 137 LGs responding throughout Western Australia. There were no responses received from the Peel, Gascoyne and Goldfields-Esperance regions. Further detail of the regional representation of respondents is shown in Figure 1.

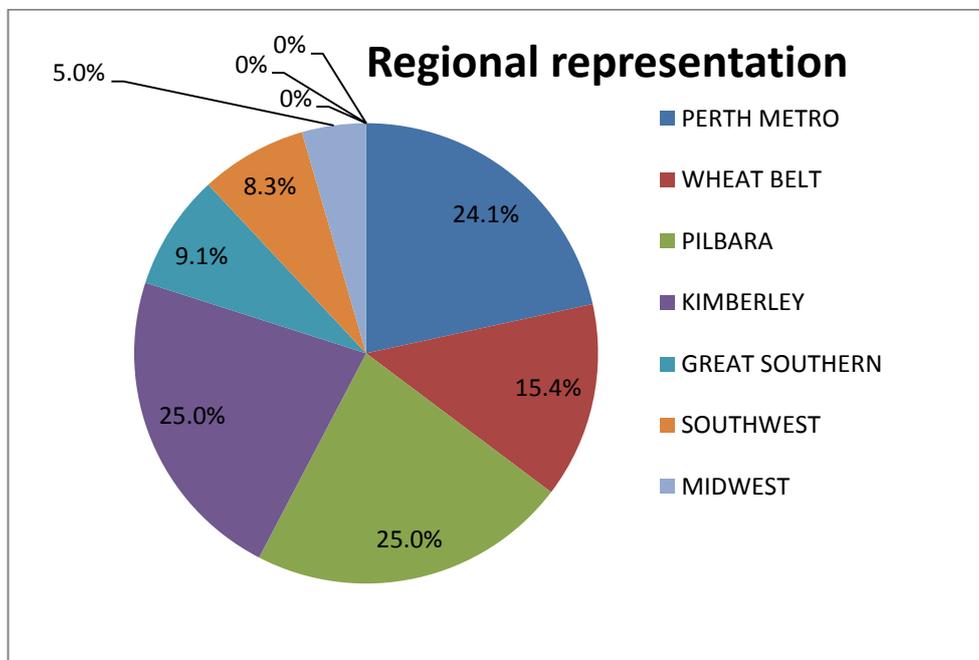


Figure 1: Regional representation (% of all LGAs located in that area that responded)

Due to the low representational (17%) response of the 2018/2019 optional reporting, a more useful grouping of LG respondents for this report will consider a simple metro/country split. For this report the nominal separation is Perth metro with 7 total respondents (39%) and WA country LG with 11 total respondents (61%).

Events

The data obtained from the optional reporting in relation to events will be used to inform the review of the *Health (Public Buildings) Regulations 1992* and guide the content of the future events legislation.

The 18 LGs who reported listed 732 events that were approved across metropolitan and regional areas of WA in 2018/2019. This gives an average of approximately 41 events approved per LG across WA for the financial year. The Perth metro average comes to approximately 81 approved events per LG which can be compared to the country LG average of 15.

Of the local governments surveyed, 65% stated that they classified events based on risk categories. Across the local governments that used risk classifications, 41% of events were classified as low risk events, 48% of events were classified as medium risk events and 11% of events were classified as high risk events.

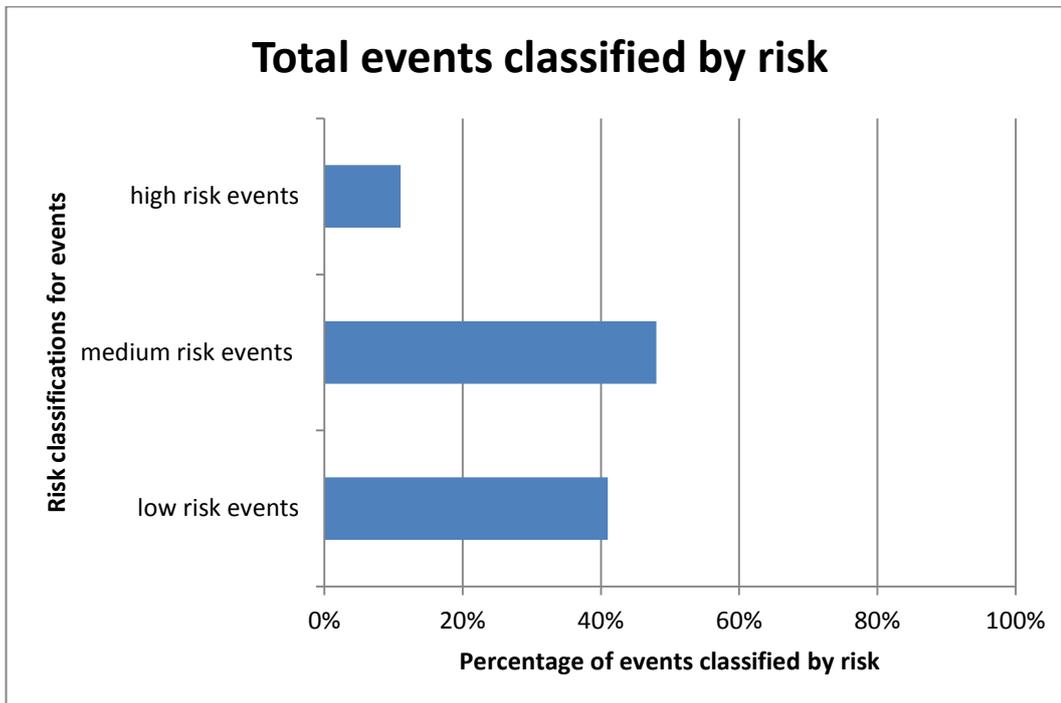


Figure 2 Total events classified by risk

Out of the 18 LGs that responded, 61% reported that they charged a fee to register an event. Fees ranged from \$100 to \$140 for low risk events, \$114 to \$347 for medium risk events and \$115 to \$871 for high risk events. The highest amounts charged for medium risk and high risk events were charged by Perth metro LGs.

Of the 732 events reported – 3% had less than 50 people attending, 58% had between 50 and 500 people attending, 17% had between 500 and 1000 people attending, 17% had between 1000 and 5000 people attending, 4% had between 5000 and 10000 people attending and 1% had over 10000 people attending.

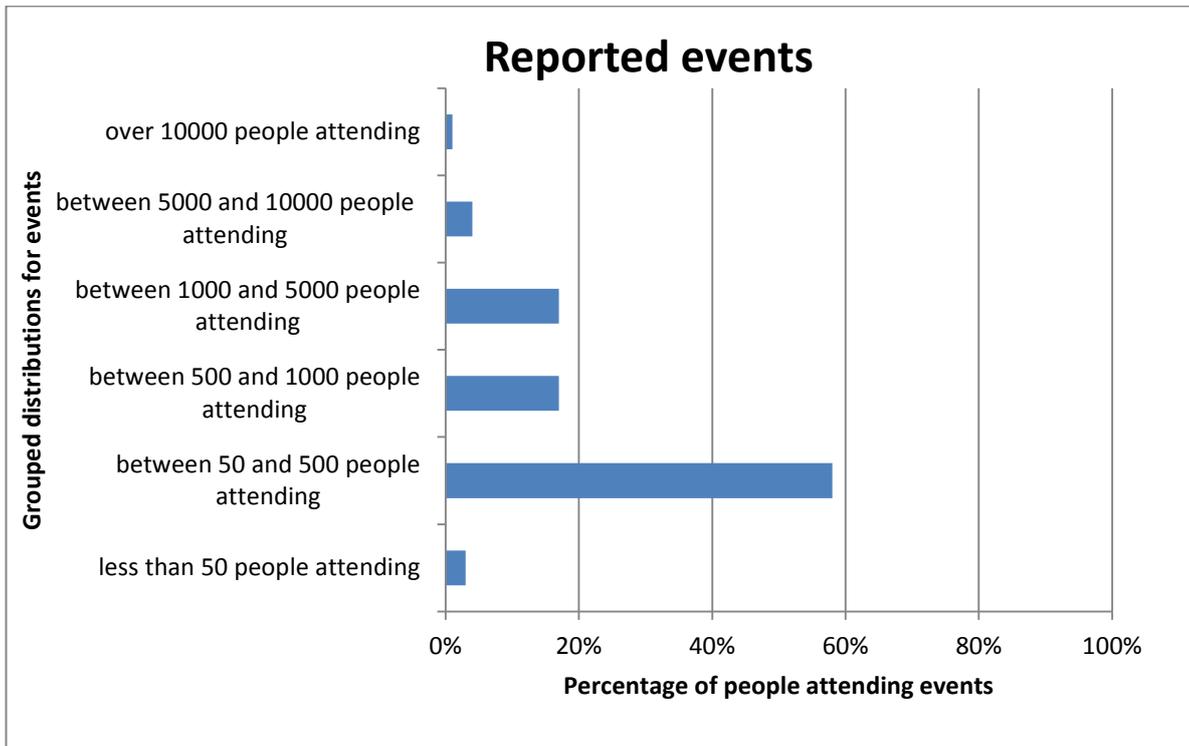


Figure 3 Attendees at reported events

Only one LG reported that an event had recorded an incident. The incident involved a banner pole hitting a patron due to it being improperly secured.

Out of the LGs who responded, 72% had a recreation officer or bookings team/officer for events. 100% of the Metro LGs that responded had a recreation officer or bookings team/officer for events which contrasts with only 55% of country LGs. LGs indicated that 44% had current local laws that applied to functions or events.

A number of LGs provided comments regarding what were the most critical issue facing *Public Health Act 2016* Authorised Officers in the management of events. The theme listed by the majority of local governments involved the difficulty in obtaining necessary documentation in sufficient time from proponents and local groups. Other comments received suggested themes relating to a lack of time to assess event submissions as well as a general inconsistency of approach for different events due to the absence of specific legislation.

In line with the comments above, the DOH is seeking to legislate events in standalone regulations. Mobile events such as high risk sporting events are not currently considered a public building and therefore do not require an event approval. The proposed future regulations will look to provide for a risk based approach to event regulation.

Public buildings

The data obtained from the optional reporting in relation to public buildings will be used to inform the discussion paper related to the review of the *Health (Public Buildings) Regulations 1992* and guide the content of the future legislation.

A total of 1423 public buildings were reported by the 18 LGs that responded. This averages at approximately 79 public buildings per LG across WA. The Perth metro average comes to approximately 158 public buildings per LG which can be compared to the country LG average of 28.

Of the total numbers of public buildings reported, slightly over 10% of the numbers were identified as crown buildings.

In considering risk classifications from the responses received, one LG reported that they did not record risk classifications for public buildings. An additional three LGs did not provide a breakdown of risk for the survey. The remaining 14 LGs provided a risk breakdown of the reported number of public buildings, where 73% were identified as low risk, 16% were identified as medium risk and 11% were identified as high risk.

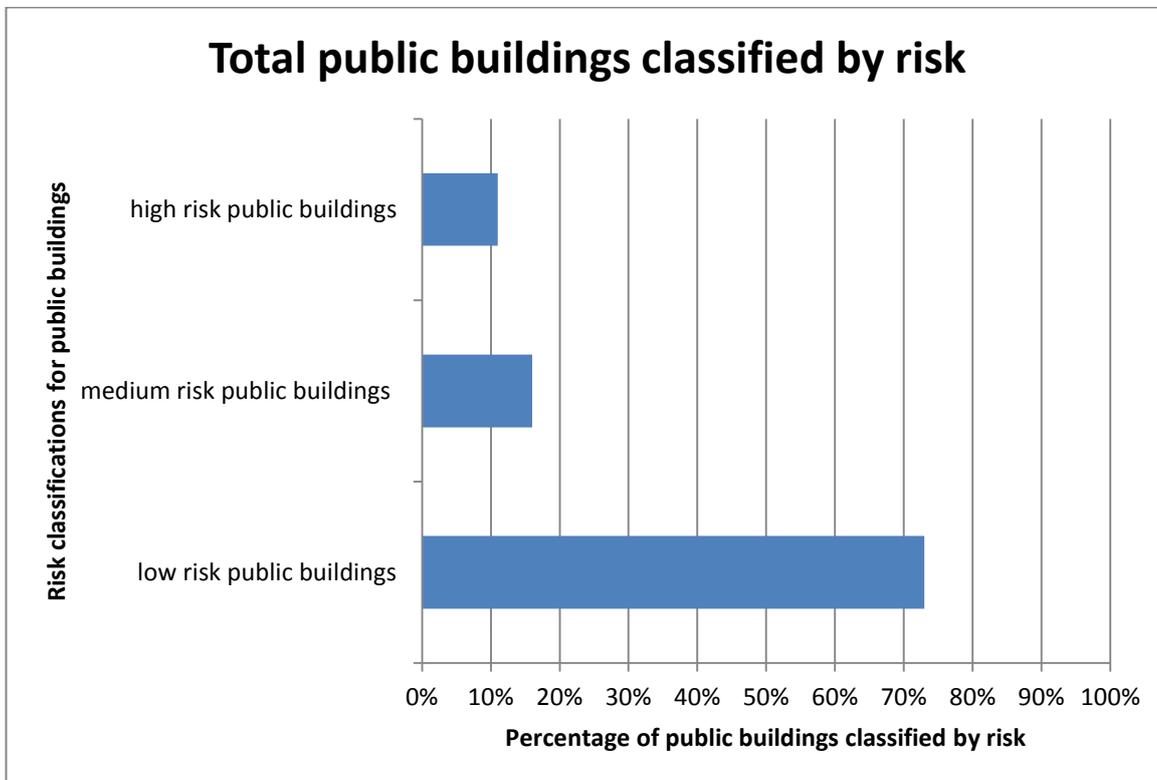


Figure 4 Total public buildings classified by risk

17 out of the 18 LGs responded to the question about whether they charge an approval fee for registering public buildings. From 17 respondents, 47% of LGs indicated that they did charge. Fees ranged from \$100 to \$367 for low risk public buildings, \$140 to \$441 for medium risk public buildings and \$140 to \$610 for high risk public buildings.

As an indication from the 18 LGs that responded, 4 LGs (22%) charged an annual fee to inspect public buildings. Fees ranged from \$82 per hour to \$143.50 per approval certificate.

A total of 3 complaints were received from the 18 LGs that responded with 1 of these complaints about a crown building. Only 1 instance of overcrowding was reported/investigated.

Healthy Homes

Laundries and bathrooms

The data related to laundries and bathrooms was requested to inform the discussion paper related to the review of the *Health Act (Laundries and Bathrooms) Regulations*.

In considering complaints specifically relating to laundries, bathrooms and toilets, from 16 LGs who responded in this section, there were a total of 11 complaints reported across 3 LGs.

Many LGs commented that complaints relating to laundries, bathrooms and toilets were not recorded specifically or were generally considered as issues within houses unfit for habitation.

Generally, 40% of LGs surveyed undertook inspections corresponding to complaints that included issues around laundries, bathrooms and toilets. From a total of 28 complaints, 19 (68%) were reported by metro LGs.

Lodging houses

Lodging houses are not regulated with any specific regulation. The *Health (Miscellaneous Provisions) Act 1911* specifies certain requirements and enables local governments to make local laws that provide further requirements and controls.

The optional reporting survey was used to obtain information regarding the public health impact of lodging houses. This data will be used in the preparation of a discussion paper seeking to obtain submissions on future alternative ways of protecting public health related to houses with multiple occupancy [lodging houses].

From the 17 LGs that responded to this question, a total of 95 lodging houses were identified across 10 LGs (59%). The separation of lodging houses into metro LGs (42%) and country LGs (58%) roughly follows the nominal percentage split between metro and country for the LGs that contributed to this report. This equates to a Western Australian average of approximately 5.5 lodging houses per LG.

The registration fee for lodging houses ranged from \$60 to \$336. Some LGs priced their registration fee per bed while other incorporated a simple annual fee. The average registration fee was approximately \$218.

During the reporting period, only 3 LGs out of 15 LGs received complaints associated with lodging houses totalling 7 complaints. Only one of these complaints was a registered lodging house. All LGs that responded all 10 inspect the lodging houses in their district annually. There were one reported illnesses associated with salmonella outbreak at a lodging house. One LG reported legal proceedings underway at a lodging house for the period.

Of those LGs who responded, 77% of LGs agreed that legislation was required to regulate lodging houses.

Houses unfit for human habitation

The introduction of the Public Health Act provides an opportunity to review the provisions currently in place in regard to houses unfit for human habitation. The optional reporting questions related to hoarding, squalor, mould, lighting and ventilation, seeks to gauge the extent of each problem in WA.

From a total of 16 LGs that responded to this section, 7 LGs (44%) received complaints about hoarding. Across the 7 LGs, a total of 40 specific complaints related to hoarding were reported. The highest number of complaints relating to hoarding within a single LG was 22. Out of the 40 complaints recorded 35 (88%) were reported from metro LGs.

Out of 15 LGs who responded, 4 LGs (27%) received complaints about squalor with 10 complaints in total. 100% of complaints recorded about squalor were reported from metro LGs.

LGs reported a total of 18 known cases of hoarding within the 15 LGs that reported for the survey with 5 known cases having residents living in squalor. The known cases of hoarding come from just under half (47%) of LGs that reported. Two thirds of known cases of hoarding were recorded from metro LGs.

Across WA there was a total of 29 houses were declared unfit for human habitation from 17 LGs that responded to this question. Of all houses that were declared unfit for human habitation, 4 (14%) were due to cases of hoarding or squalor. The houses declared unfit for human habitation due to cases of hoarding or squalor number were reported from 2 LGs out of the 17 LGs that responded.

Across 15 LGs, a total of 52 specific complaints related to dampness or mould in housing were reported. These complaints were identified within 6 LGs (40%) that responded. Out of the 52 complaints that were identified, 49 in total (94%) were reported from metro LGs.

Across 15 LGs, there were a total of 11 complaints related to lack of ventilation, poor air quality or lighting in housing. These complaints were identified within 4 LGs (27%) that responded. 100% of complaints were reported from metro LGs.

One LG commented that hoarding complaints are handled by the planning compliance team as an amenity issue under planning legislation rather than a health issue. Other comments suggested that not all LGs would record complaints to this detail and that they may fall under a general category of unsanitary housing or substandard property conditions.

Public Health Planning

The Public Health Act requires local governments to prepare a local public health plan. The plan must identify the public health needs of their local government district from data relating to the health status and health determinants in their district. The survey investigates the progress of the LGs in their public health planning and the resources that were used to develop the plans.

Across the 18 LGs that responded, three have produced public health plans. Two LGs produced their public health plans using existing employees and one has used a consultant. All three LGs partnered with a health service provider in the development of their public health plan.

Just under two thirds or 59% (10 out of 17) of LGs indicated that have not produced a public health plan however intend to produce a public health plan prior to the enactment of Part 5 of the Public Health Act. 67% of LGs were aware that their local Health Service Provider can assist with providing specific health profile data to support the public health planning process. 69% of LGs have used the public health planning resources that are available through the DOH website to assist with the development of their public health plan.

The consultation also surveyed the local governments to determine if they have policies on various areas relating to public health. 22% of LGs responded that they had a policy on tobacco/ smoke free environments. 24% of LGs responded that they had a policy on alcohol management. 24% LGs responded that they had a policy on shade, 0% of LGs responded that they had a policy on fast food and 29% of LGs responded that they had a policy on climate change. The following chart depicts the percentage of LG respondents having a policy on the various areas relating to public health.

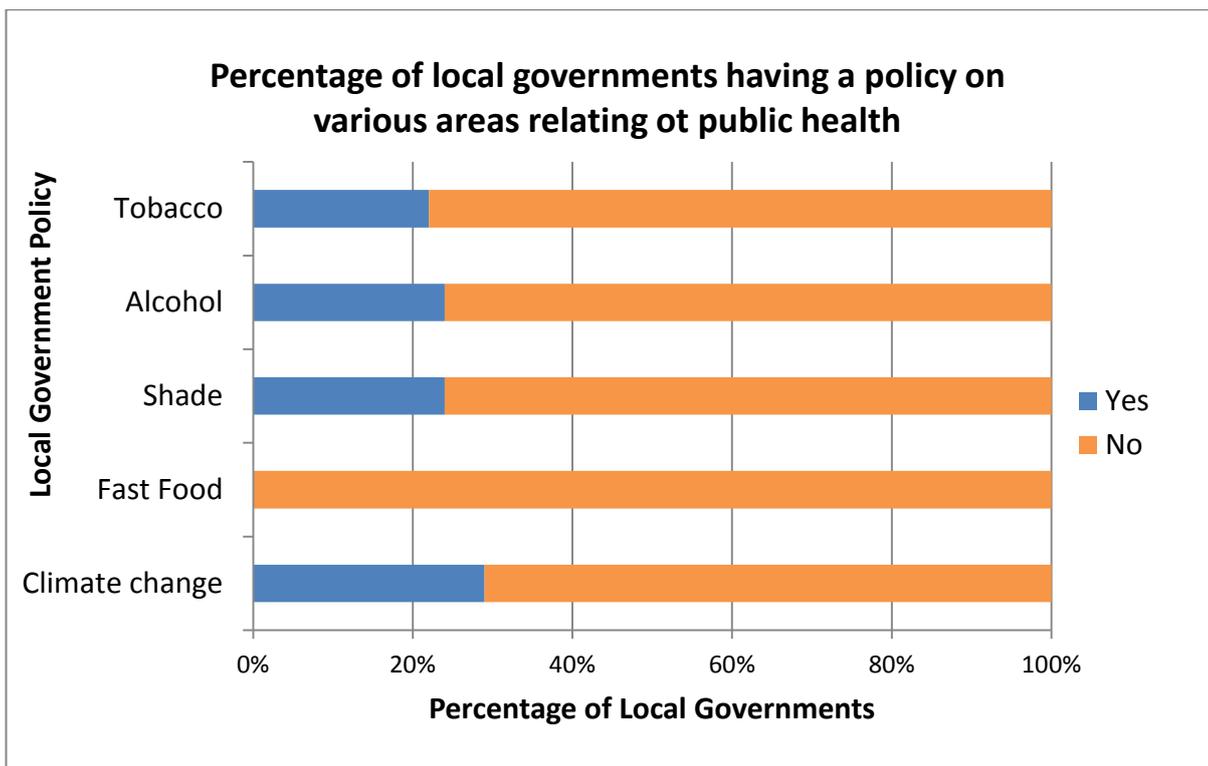


Figure 5 Percentage of local governments having a policy on various areas relating to public health

Other policies mentioned by LGs were;

- Mosquito management policy
- Playground equipment specification policy
- Parks strategy

Drinking water

The data obtained from the optional reporting in relation to drinking water will be used to guide the content of the future drinking water regulatory guidance and /or legislation. Many of the regional hubs however did not submit a response to these questions so the averaged and total results are not considered to be reflective of the actual statistics for the region.

The total number of premises that are NOT directly supplied by a licensed drinking water scheme supply is 75 as reported by 15 LG respondents. Most of the total number resides within country LGs (83%) as opposed to metro LGs (17%). Of these 75 premises, a total of 11 (15%) were owned by local government. Two thirds (10 out of the 15) of respondents reported that all premises within their jurisdictions were connected to a licensed water scheme.

Out of 18 LGs who responded, 50% did not provide a drinking water testing service locally, 28% provided a microbiological quality testing service only and 22% provided a chemical and microbiological quality testing service. For those 50% that provided this service, 5 out of 9 LGs undertook the service as part of a routine sampling program, 4 out of 9 undertook the service for food premises, 2 out of 9 for public buildings, 3 out of 9 provided it on an incident response basis and 5 out of 9 undertook it when requested by the owner. The metro/country distribution for LGs who provided drinking water services locally was similar to the nominal metro/country percentage split for LGs who responded to the survey.

Of a total of 16 LGs who reported, 6 LGs reported that a total of 7 drinking water carting businesses were operating within their districts. 100% of the LGs that reported these businesses were country LGs. Of the 6 LGs that reported drinking water carting businesses operating in their district, 83% of these indicated that they had a process in place to register these businesses.

From a total 17 LGs, 53% indicated that they operated stand pipes connected to a licensed drinking water scheme, 35% indicated that they did not and 12% were unsure. Of the LGs that reported that they did operate stand pipes connected to a licensed drinking water scheme, 100% of these were country LGs. Furthermore the main access to these stand pipes as reported by a majority of LGs were farmers, water carters and local residents, with a smaller number of comments relating to access to these stand pipes to firefighting services, construction and building and potentially any other customers as designated or through controlled systems (swipe card).

Wastewater

The Department of Health is currently reviewing the *Health (Treatment of Sewage and Disposal of Effluent and Liquid Waste) Regulations 1974* (Wastewater Regulations). The following questions relate to the enforcement of the current regulations.

LGs indicated that a total of 211 wastewater system approvals were received. Of the LGs who responded, 7 out of the 18 (39%) indicated that they did not receive any applications. This averages to approximately 19 systems per LG across the time period for those LGs that received submissions. Of the 211 systems submitted, 150 (71%) were submitted to country LGs as opposed to 61 (29%) to metro LGs.

LGs indicated that they have issued a total of 21 reports under Regulation 4A(1) of the Wastewater Regulations. Two thirds or 14 (67%) of these were reported from metro LGs and one third or 7 (33%) were reported from country LGs.

LGs indicated that they have issued a total of 125 Permits to Use under Regulation 10(2) of the Wastewater Regulations. Just under two thirds or 79 (63%) of these were reported from country LGs and just over one third (37%) were reported from metro LGs.

Of the 18 LGs who responded, 10 (56%) reported that they maintained a listing of the installation of ATUs in their district. Of this number 7 (70%) were recorded from country LGs as opposed to 3 (30%) from metro LGs. The LGs that reported that they did not maintain a listing were evenly divided between country and metro.

For those that indicated that they did maintain a listing of the installation of ATUs in their district, 90% reported that they also kept track of the servicing of these ATUs. Of the 10 LGs that maintained a listing of the installation of ATUs in their district, 2 LGs received complaints (2 in total) relating to inadequate servicing (or failure) of ATUs.

The most common issues raised by Authorised Service Persons in their service reports received by your Local Government were: ozonator not working, irrigation pipework requiring upgrades, total system evacuation, effluent clarity, replacement of chlorine cartridges, lack of follow up servicing and some coordination issues with the Department of Housing.

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