



Review of the South Australian Public Health Act 2011

**Submission to the Social
Development Committee**

January 2019

The Local Government Association of South Australia

The Local Government Association of South Australia (LGA) is the voice of local government in South Australia, representing all 68 councils across the state, and providing leadership, support, representation and advocacy to achieve better outcomes for councils and the communities they represent.

Local government in South Australia employs almost 11,000 South Australians, has more than 700 elected members and a network of 11,000 volunteers from all walks of life – business people, community leaders, students, parents and retirees alike. South Australian councils collectively manage a budget of \$2 billion and public assets worth more than \$22 billion.

The LGA enjoys a productive relationship with both state and federal governments. As a partner in government, the sector plays a critical role in working with the state government to enhance public health and community wellbeing.

This submission has been informed by consultation with our member councils via workshops and representation at Environmental Health Australia (SA) Special Interest Groups.

Inquiry into the review of the operation of the Act

The LGA makes this submission in response to the Terms of Reference published by the Social Development Committee of Parliament, as the designated committee under Section 110 of the *Public Health Act 2011*, required to undertake a review of the operation of the Act.

The terms of the inquiry note:

S110—Review of Act

- (1) The Social Development Committee of Parliament must review the operation of this Act as soon as practicable after the expiry of 5 years from its commencement.
- (2) The Social Development Committee must ensure that, as part of the review, reasonable steps are taken to seek submissions from—
 - (a) State agencies that have an interest in public health; and
 - (b) the local government sector; and
 - (c) relevant industry, health and community organisations,(but may otherwise conduct the review in such manner as it thinks fit under the *Parliamentary Committees Act 1991*).

The review will consider, if, in the first 5 years since the commencement of the Act, the objects set out in s.4(1)(a) – (j) have been achieved, including if the powers structures and tools established under the Act have been effective in providing the framework to achieve the objectives in promoting, preserving and protecting the public health of South Australians.

Introduction

The *South Australian Public Health Act 2011* (the Act) recognises the important role that councils have long played in public health, and they are named as public health authorities for their area. The Act provides the legislative framework for authorised officers and requires councils to support the delivery of immunisation services, and to develop regional public health plans.

The Act is designed to “*promote and to provide for the protection of the health of the public of South Australia and to reduce the incidence of preventable illness, injury and disability*”.

The Act enables councils and primarily Environmental Health Officers (EHOs) to undertake more rapid assessments for public health risks and mobilise preventative as well as management strategies, which can control or minimise public health risks to the community.

When it was enacted, the Act introduced a number of new features into the local government public health landscape, including:

- Inclusion of objects and principles. These have provided guidance for persons using the Act, such as Authorised Officers, and assisted in the justification for decision making. Feedback from members also described their usefulness when engaging with colleagues and promoting public health more broadly within their Council.
- A definition of public health and range of activities which incorporate public health.
- The creation of a new statutory position of Chief Public Health Officer (CPHO) with a range of powers under the Act.
- The establishment of the South Australian Public Health Council (SAPHC). The SAPHC, which has local government representation, provides advice to the CPHO and is a mechanism for appeals.
- The concept of public health planning and the requirement for councils to develop regional public health plans.
- The general duty provisions that make it clear that we all have responsibility for public health.

LGA Comment

The LGA welcomes the Review, which presents an opportunity to address a number of key topics including further clarity on:

- the roles and responsibilities between state and local government
- public health planning
- the relationship between councils and Public Health Partner Authorities
- commentary on the Regulations, Guidelines and Policies

Specific comments on particular sections of the Act and the Regulations are provided in Appendix 1 and 2 respectively.

It is recognised that some of the feedback may not be directly related to the Terms of Reference but highlights the issues and needs that underpin the operation and effectiveness of the Act for South Australian councils and the communities they serve.

1. Roles and Responsibilities

Section 37(1) of the Act establishes a council as the local public health authority for its area. Councils are involved in the administration of the Act and must have regard to the objects and functions it sets out.

The functions of councils under s.37 are more clearly defined than in the previous Act and include:

- preserving, protecting and promoting public health within their areas
- cooperating with other authorities involved in the administration of the Act
- ensuring that adequate sanitation measures are in place in their areas
- identifying risks to public health within their areas
- assessing activities and development to determine and respond to public health impacts
- providing or supporting activities within their areas to preserve, protect or promote public health
- providing or supporting the provision of immunisation programs for the protection of public health

The Act appropriately recognises that councils do not have the prime responsibility for every public health issue identified in their community, but they are best placed to recognise and understand them within the context of the other issues, needs and priorities of their communities.

The functions of councils and the powers currently bestowed to Authorised Officers are broad but satisfactory and the LGA does not see the need to change these, however there is a need for the state government to provide greater leadership and support to councils in the operation of general duties and associated statutory policies and regulations to meet the Objects of the Act.

1.1. Guidance and tools

To ensure consistency across the state, South Australian councils would welcome further guidance and tools to administer sections of the Act, such as prescribed templates, guidance documents and/or information circulars.

There are functions expressed in the legislation where councils are provided with little practical guidance, and which are either outdated or unclear. How one council may deal with an issue can be vastly different to another council, and as a result there is inconsistency in the administration of the legislation across the community. Examples include:

- Information in the prescribed guideline, *A foot in the door*, under the *Severe Domestic Squalor Policy 2013* refers to contacts and organisations that no longer exist.
- The administration of swimming pools and spa pools is inconsistent across the state. There are different inspection regimes and the prescribed guidelines do not provide guidance for new activities such as water play parks and floatation tanks.
- The administration of hairdressers and beauty premises is inconsistent across the state. There are different inspection regimes and the guidelines are out-dated and do not capture new and emerging technologies, which make enforcement difficult.

1.2. Education and training

There is a need for the state government to support additional training for Authorised Officers, recognising that training may need to be tailored for different skill levels and varying circumstances. For example, the training needs of a regional EHO, who is still developing their skills and working in an isolated country environment – with a manager who does not have a public health background – will be different from an EHO who is located in a metropolitan council with strong peer support.

It has been suggested that EHOs are continually developing their skills and knowledge as their experience with the Act matures. This may mean that some EHOs lack the confidence to use the Act when necessary for the promotion of public health. It is acknowledged that the state government has provided high quality training in the past, and councils would like to see this continued in the future.

Furthermore, councils have identified the opportunity for staff within SA Health to consistently provide effective support and advice to EHOs when they seek guidance from the Department.

LGA members believe that this review provides an opportunity for the state government to work with South Australian councils, as the level of government closest to the community and the public health authorities of their areas to progress the support given to local government as mandated by s.17(1) of the Act.

2. Public Health Planning

The 2011 Act introduced the concept of health planning and required councils to develop Regional Public Health Plans (RPHPs), with the aim of providing a strategic focus for public health activities within its region. Local government continues to support this requirement of the Act and acknowledges the good work and partnerships developed between the LGA, councils and state government to meet this requirement.

These plans have assisted councils in making strategic decisions about the allocation of funding and resources to maximise public health outcomes for the community. RPHPs were an important change from the previous *Public and Environmental Health Act 1987* and have been a driver of strong collaboration between councils when focusing on outcomes-based public health activities.

Public health planning has also been a valuable tool to raise the awareness of councils' roles, the determinants of health and the realisation that many of the factors that influence public health lay outside the health sector.

It has been suggested that the full potential of councils' regional public health plans will be realised as their experience matures and develops over the next iteration of the planning cycle. LGA member councils are confident that the impending reviews of these plans will further improve this function across councils.

With the ongoing support of the State Government, and the resources and guidelines resulting from the Local Government Public Health Program delivered in partnership with the LGA, there is an opportunity for many councils to increase the aspirational nature of their plans in addressing the determinants of health.

2.1. Integration with strategic management plans

In preparing this submission, it was noted that many councils or groups of councils will be starting their first review process, and discussions have shown that there is considerable interest in incorporating regional public health plans into councils' strategic management plans (under the Local Government Act).

Additional resources currently being developed by the LGA and SA Health will assist councils in this area and are due to be released early 2019.

Feedback from our members suggest that whilst there has been an increase in the understanding of 'wellbeing' and 'public health', there is now opportunity to work together to provide ongoing central support to increase the organisational capabilities of councils, particularly in developing the workforce capacity of local government public health planners to incorporate this work. There was strong feedback that showed councils would like additional tools, resources and guidance to assist in this area.

3. Public Health Partner Authorities

The addition of Public Health Partner Authorities (PHPA) and the formalising of partnerships was an exciting addition to the Act and one that has great potential. However, feedback from our members consistently identifies that there is still confusion about the role of PHPAs and how they can best work in partnership with councils. Few councils report benefits from partnerships at the local or regional level.

There is strong sentiment that this area of the Act has not yet added value and many councils cannot see a clear 'line of sight' between the current PHPAs and their own activities. This suggests an opportunity for state government to operationalise the connections, by clarifying the roles and functions, between Public Health Partner Authorities and councils' regional public health planning processes, as intended by the Act. The local government sector and the LGA is prepared to work with SA Health to build stronger leadership and coordination to maximise the opportunities presented by Public Health Partner Authorities.

4. Regulations, Policies and Guidelines

The regulations, policies and guidelines are key tools used to achieve the objectives of the Act and underpin much of the work administered by local government EHOs.

4.1. Out-of-date

South Australian councils have suggested that the effectiveness of the regulations towards achieving the objectives of the Act could be significantly enhanced with a timely update to the subordinate tools and supporting documents.

As an example, the *Public Health (Severe Domestic Squalor Policy) 2013* regulation currently provides links and references to organisations that no longer exist. Another is that while much has changed in these industries, the hairdressing and skin penetration guidelines have not been thoroughly reviewed since 2006 and 2004 respectively. A survey undertaken in 2014 by SA Health officers identified that councils would value updates to the hairdressing and skin penetration guidelines.

There are also limitations placed on councils due to the non-enforceable nature of many of the aspects of the legislation. For example the *Guidelines for the safe and hygienic practice of skin penetration* is not mandated and does not capture new high risk procedures that currently occur in the personal care/beauty industry. This makes it difficult for councils to prioritise enforcement in this area, exposing the public to potential health risks.

4.2. Consistency

A consistent process/system is needed across the suite regulations used by EHOs (i.e. General, Legionella, Wastewater) that is risk-based and mandated to enable proper enforcement (similar to Food Act enforcement). This would also provide guidance and clarity on the frequency of inspection regimes and general administration, which would serve to enhance public health. Consistency in regards to registering premises that undertake these activities was also a strong theme from our members. Further information on this is described in Appendix 2.

4.3. Fees

The *Public Health (Fees) Regulations 2013* provide the opportunity for councils to recoup, in part, the cost of administering their functions. While this is important, it is felt that consideration needs to be given to include fees under the *Public Health (General) Regulations* so other high risk activities, such as inspections of swimming pool/spa, beauty, skin penetration and hairdressers, are captured. This would provide councils with more opportunities for cost recovery from providers and relieve the pressure on council rates.

LGA member councils believe that the penalties associated with the suite of regulations need to be reviewed to align with current day expectations and to provide a disincentive.

There are examples where the cost of enforcement is greater than the associated penalties. For example, failing to notify of changes to a high risk manufactured water system under Reg.6 of the *Public Health (Legionella) Regulations 2013* incurs an expiation fee of only \$80, whilst the penalty for an illegal wastewater system installation under the *Public Health (Wastewater) Regulations 2013* is less than the cost of the permit to install.

Refer to Appendix 2 for more specific feedback from our members along with recommendations.

Conclusion

The Act is considered to be a modern, flexible and useful legislative tool. However, the structures, tools and resources that support the Act, such as the regulations, policies and guidelines need to be updated to ensure that they are in-line with best practices and to allow Authorised Officers the ability to adequately carry out the functions of the Act.

The objects of the Act are appropriate and provide good guidance for councils. They offer councils a solid framework from which to both identify and carry out the types of activities required to protect, preserve and promote public health and this should be commended.

The LGA supports our members' view that further work could be undertaken in the area of health promotion and for state government to further support councils to undertake these activities. It is acknowledged that the State Government's *Better prevention for a healthy South Australia* policy, supports prevention through public health regulation, leadership and coordination.

Overall, from a *strategic* viewpoint, LGA member councils believe that the Act has been *moderately effective* in promoting and preserving the public health of South Australians. From an *operational* viewpoint it is believed that the Act has been *effective*.

It is thought that the Act has been useful to "fix" problems and protect public health once issues arise. However, there is still an opportunity to change behaviours the promote good public health in the longer term.

As a partner in government, the LGA ready to work together with the state government and other key stakeholders to continue to reach the objective of promoting, protecting and preserving the public health of South Australians.

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Appendix 1 - Comments on specific sections of the Act

Section	Issue	Recommendation/Comment
s.3 Interpretation	<p>A definition of “Public Health Partner Authorities” is absent and there is uncertainty as to the roles and functions of these authorities.</p> <p>The definition of public health as “the health of individuals in context of the wider health of the community” may limit the use of the General Duty provisions as ‘harm’ to health may occur to an individual.</p> <p>The definition of “harm” needs clarity to assist in the interpretation for assessment of compliance with S.56 General Duty.</p>	<p>Suggest:</p> <p>Include a definition of Public Health Partner Authorities – further comments will be included under s.51.</p> <p>Consider the definition of “public health” including a reference to individuals as well as community.</p> <p>Provide guidance to EHOs on what could constitute “harm” to assist in administering the Act.</p>
s.4 - 16 Objects and Principles of the Act	<p>The inclusion of Objects and Principles was viewed favourably and it was noted that they are useful and often considered to guide decision making.</p> <p>However there is some vagueness as to the context of the Objects and what it truly means for local government.</p>	<p>Suggest:</p> <p>Developing guidelines/fact sheets that will provide clarity and context to assist councils when considering the Objects of the Act and how to practically use them to guide their public health functions.</p>
s.20 Office of the Chief Public Health Officer	<p>This was a newly created function of the Act, however it is currently combined with the Chief Medical Officer position. Feedback indicated that these roles should remain separate so that the role is filled with an appropriately qualified and experienced public health professional.</p>	<p>Suggest:</p> <p>An amendment to s.20 to ensure that this role is kept separate to the Chief Medical Officer position to ensure that an appropriately qualified and experienced public health professional is appointed.</p>

Section	Issue	Recommendation/Comment
s.27(3) Composition of the SAPHC Deputy Members	Correspondence was received informing the LGA that after a review “of their modus operandi determined that deputy members would no longer be appointed”. Does this section need to be changed to reflect this?	Suggest: That the Act be updated to reflect this change.
s.32 Conduct of Business	It was noted that meeting minutes are not made available to Authorised Officers.	Suggest: An amendment to s.32(6) to include provision of meeting minutes be available subject to any confidentiality requirements.
s.44-47 Powers of Authorised Officers	There was little concern with this section. It was thought that these were adequate and that the delegation process has been easy to use and other state agencies (i.e. SAPOL) are aware and familiar with the legislation and powers.	No change recommended – working well.
s.51 Regional Public Health Plans (RPHP)	There was discussion amongst member councils that by incorporating ‘wellbeing’ in the title of the plan it will provide more traction in implementing the plan across councils, as it is a term that is more widely used.	Suggest: No amendments to s.51, however give consideration to developing a circular that provides advice to councils allowing the inclusion of “wellbeing” in the title of their RPHPs, however noting that a statement be made recognising that this is a Plan prepared in accordance with s.51 of the Act.

Section	Issue	Recommendation/Comment
s.51(17) RPHP – integrate with Strategic Management Plans	<p>It has been suggested that RPHP be able to be integrated into councils' strategic management planning cycle.</p> <p>Under the Local Government Public Health Program, the LGA commissioned Danny Broderick and Associates to consider this element of public health planning. Their <i>Final Report into the Integration of Regional Public Health Plans into Local Government Strategic Management Plans in South Australia</i> is being used to develop a guideline for councils.</p>	<p>Suggest:</p> <p>An amendment to s.51(17) allowing '<i>for councils incorporating their regional public health plans into their strategic management plans, the provisions of s.51(19) do not apply and are instead replaced with the provisions of s.122 (4)(b) of the Local Government Act</i>' as per the recommendations in the Broderick Report.</p>
s.51(18) RPHP – Public Health Partner Authorities (PHPA)	<p>As previously mentioned, there has been consistent feedback from councils regarding this element of the Act.</p> <p>There is no definition of what a 'Public Health Partner Authority' is and what role they have. Many councils are unclear as to how the current PHPAs work operationally and identify the opportunity for better partnerships with councils, if supported and promoted by the State Government. It may be that some PHPAs could be better informed of their role in supporting and working with councils in regional public health planning.</p> <p>It was raised by member councils as to whether SAPOL could become a partner and a MoU developed so that data on safety, drug incidences etc. could be shared.</p>	<p>Suggest:</p> <p>Providing clear advice and definition as to what the role and function of a PHPA is, including their relationship with local government.</p> <p>Initiating discussions with SAPOL to become a PHPA due to their work in local communities around community safety and to share data on crime rates, alcohol and other drugs issues.</p>

Section	Issue	Recommendation/Comment
<p>s.53-55 Public Health Policies</p>	<p><i>Severe Domestic Squalor Policy</i></p> <p>There is strong opinion that the development of the policy was well intentioned, however has failed in its operation. Issues include the outdated list of agencies and there is no leadership as to who councils should approach to assist in a case of squalor. Once a clean-up is undertaken there is little support in following up with the client to ensure that it does not reoccur. Councils have identified the need for support from state government on this policy.</p> <p><i>Clandestine Drug Laboratory Policy</i></p> <p>Feedback noted this policy was working well and that there was good interagency collaborations between SA Health, local government and SAPOL.</p> <p><i>Asbestos</i></p> <p>There was discussion as to whether a policy on dealing with asbestos in a domestic setting could be developed? Local government seek guidance on this issue.</p>	<p>Suggest:</p> <p>A formal review of this policy to clearly determine roles and responsibilities so as to who assists councils in enforcing this policy and meeting the Objects of the Act.</p> <p>A recommendation that an approved list of “Remediators” be held with SA Health (similar to the Wastewater Regulations) as it would assist councils in administering their functions for clandestine labs.</p> <p>Consideration of the inclusion of asbestos either as a policy or a prescribed guideline under the Public Health (General) Regulations.</p>
<p>s.56 – General Duty</p>	<p>Feedback noted that the General Duty is clearly stated and flexible. Although it was frequently mentioned that it has been limited due to referring to the impact on ‘public health’ with no ability to address individual issues, therefore other legislation is being used for this purpose.</p>	<p>Suggest:</p> <p>The development of a matrix tool to assist in determining action under s.56 General Duty.</p>

Section	Issue	Recommendation/Comment
s.57 – 58 Material and serious risk to harm	There was limited use of this section to date, however it was raised that there is no definition of 'material' or 'serious' risk.	Suggest: Consider providing a definition to 'material' and 'serious' risk to public health or example case studies where it could be used.
s.63 - 68 Declaration of Notifiable conditions, Notification and Reports to councils	Member councils have identified opportunities for these reports to provide a more direct benefit if they were to provide commentary and contextual information, such as trends or geographical locations to support the information.	Suggest: Providing greater clarity to councils when advising of the notifiable conditions in their area. This way trends can be captured which can assist in regional public health planning and promoting positive health outcomes for the community.
s.85 - 90 Management of significant emergencies	There was feedback that emergency management roles and relationships needed to be better defined and that further work could be done in this area.	Suggest: Providing clearer guidance in this area, particularly around local government's role in the Public Health Emergency Management Plan.
s.91 Notices	Feedback noted that the Notice templates and guidance documents developed to support s.91 were well done and have been of great assistance to EHOs. It was noted that the issuing of a Preliminary Notice is not an efficient use of time and is not necessary.	Suggest: Consideration that the Preliminary Notice provision be removed as it provided further administrative burdens to councils and confusion to the person receiving the notice.

Appendix 2 - Comments on specific sections of the Regulations

Regulation	Issue	Recommendation/Comment
SA Public Health (General) Regulations	<p><i>Part 4 Public Swimming Pools and Spas Provisions</i></p> <p>Clarity is required on the role/expectation of councils in administering the Regulations. It was noted that there was an inconsistency in the level of involvement. E.g. some councils inspected pools/spas once a year whilst others more frequently.</p> <p>There is a need to provide further guidance on the level of skills and competence of swimming pools and spa operators.</p> <p>Some regulations also have no penalties attached for breaches. An example is Reg. 10 – Obligation to the public.</p> <p><i>General comments</i></p> <p>Feedback indicated that there needs to be the ability to register classes of premises (e.g. swimming pools, spas, beauty and tattooists) and/or charge for inspections to allow for cost recovery for councils – this is a great concern for councils.</p> <p>Feedback indicated that members wanted Regulations or a prescribed guideline relating to asbestos and for the skin penetration guidelines to be prescribed and updated to reflect new practices in the beauty industry and allow for enforcement.</p>	<p>Suggest:</p> <p>The Regulations to be thoroughly reviewed with consideration given to:</p> <ul style="list-style-type: none"> • the recovery of fees from inspections and/or through a registration process • updating the definitions of ‘swimming pool’ to capture new activities such as water play parks and floatation tanks, display spas etc. • providing the option for penalties under certain regulations e.g. Reg.10 • increasing the amount of the penalties • defining the level of skill/competence of operators <p>Consideration of asbestos to be included in the Regulations or as a ‘prescribed guideline’ (under Reg.11)</p> <p>Consideration of the <i>Guidelines on the safe and hygienic practice of skin penetration</i> becoming prescribed and updated to reflect current practices</p>

Regulation	Issue	Recommendation/Comment
	<p>Feedback also indicated member councils were interested in exploring the development of standards for accommodation (e.g. backpackers, motels, lodging houses, B&Bs) similar to Victoria for the management of bed bug infestations, overcrowding, cleaning of spa baths and general cleanliness standards.</p>	<p>Consideration of the development of accommodation standards similar to those developed in Victoria.</p>
<p>SA Public Health (Legionella) Regulations</p>	<p>There was positive feedback regarding the Regulations being prescribed and the inclusion of an option for third party auditors.</p> <p>Councils noted that high risk activities such as water in dental chair units and ice machines, which have been shown to cause Legionella, are not captured. Guidelines may be useful to assist local government in providing awareness and education.</p> <p>There was a concern that cooling towers are notified to councils after they have been installed. It has been suggested that cooling towers should have a “permit to install” similar to a wastewater application.</p> <p>Councils suggest that the timeframe from being made aware until tests return is too long when investigating an occurrence of Legionellosis in the vicinity of a premise with a cooling tower. It is suggested that the inclusion of ‘precautionary decontamination powers’ could be inserted in the Regulations to manage this.</p> <p>Issue of fees was raised - examples were Reg. 6 and Reg. 17: too low.</p> <p>Reg. 14 – Maintenance of log books – need to update to include provisions for electronic record keeping and viewing offsite.</p>	<p>Suggest:</p> <p>Consideration as to how high risk activities could be captured and managed to ensure the health of vulnerable persons are protected.</p> <p>Reviewing the Regulations with consideration to:</p> <ul style="list-style-type: none"> • Include a clause to require a ‘permit to install’ a high risk manufactured water system • Include a clause on “precautionary decontamination powers” to assist in the management of Legionellosis investigations • Increasing the fees to an appropriate deterrence level • Provide clarification on what constitutes a ‘shut down’ and ‘seasonal use’ • Updating the requirement for log books to be electronic and enable them to be viewable offsite

Regulation	Issue	Recommendation/Comment
<p>SA Public Health (Wastewater) Regulation</p>	<p>It was acknowledged and understood by councils that the Public Health (Wastewater) Regulations will have a formal review process undertaken in 2020. However, some key issues for councils include:</p> <ul style="list-style-type: none"> • The need to have a definition or further clarity as to what constitutes an ‘alteration’ to a system; • Under Reg. 11 (3)(c) and (d) the persons described can’t issue the relevant certificates of compliance, yet Reg. 12(2) requires a person who undertakes the work needs to certify the work – this is confusing and clarification is sought <p>There was strong discussion amongst member councils questioning the role of EHOs in the issuing of wastewater permits and whether this role could be certified ‘externally’ similar to a building works approval. Or alternatively removing the underfloor plumbing provisions from the code so that EHOs are only involved in the wastewater system installation component. This is an area where further work could be undertaken and be included as part of the formal review.</p>	<p>Suggest:</p> <p>That the formal review undertaken in 2020 considers:</p> <ul style="list-style-type: none"> • The removal of local government’s role in the underfloor plumbing component of the <i>Onsite Wastewater Systems Code</i>.
<p>SA Public Health (Fees) Regulation</p>	<p>The was a strong view that fees need to be considered for other activities that are inspected or managed by EHOs including swimming pools/spas, skin penetration facilities (tattooists, beauty premises).</p>	<p>Suggest:</p> <p>Consideration be given to including fees for other activities as mentioned to provide some cost recovery for councils whilst undertaking work aimed at protecting public health.</p>

Regulation	Issue	Recommendation/Comment
<p>General Comments on the above Regulations</p>	<p>Changes to the Regulations to consider vexatious complaints (similar to the Local Nuisance Litter & Control Act).</p> <p>There was a strong call for the regulations to have consistent processes for activities to be either “registered” or requiring “notification” so that they can be captured and appropriately managed – it currently varies across the Regulations.</p> <p>The penalties for non-compliance are low and are in need of a review across all the Regulations.</p>	<p>Suggest:</p> <p>Consideration of including a clause for managing unreasonable complainant conduct similar to Reg. 4 (1)(a) of <i>Local Nuisance and Litter Control Regulations 2017</i>.</p> <p>Consideration of a streamlined process for registration across the regulations for swimming pools, spas, cooling towers and personal care and body art industries.</p>

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