



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON THE COVID-19 PANDEMIC RESPONSE

(Reference: [COVID-19 pandemic response](#))

Members:

MR A COE (Chair)
MS T CHEYNE (Deputy Chair)
MRS V DUNNE
MS C LE COUTEUR
MR M PETTERSSON

TRANSCRIPT OF EVIDENCE

CANBERRA

FRIDAY, 24 JULY 2020

Secretary to the committee:

Ms Annemieke Jongsma (Ph: 620 51253)

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

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Amended 20 May 2013

The committee met at 10.23 am.

HALEY, MS MELISSA, Chief Executive Officer, Conflict Resolution Service

THE CHAIR: Welcome to this Select Committee on the COVID-19 Pandemic Response. Welcome to Ms Melissa Haley, the CEO of the Conflict Resolution Service. I understand that a copy of the privilege statement has been sent to you. Could you confirm for the record that you received that and are okay with the implications of that document?

Ms Haley: Yes, received and read and fine with it.

THE CHAIR: We are recording today's proceedings for transcription purposes and we are also being webstreamed live. Do you have an opening statement that you would like to give on behalf of the service?

Ms Haley: Yes, thank you. The Conflict Resolution Service is an alternative dispute resolution service that works with people in conflict or in a dispute over a particular issue. In most cases, this is facilitated by mediation. Mediation is a voluntary process that relies on conflicted parties to engage with goodwill and good faith to work through their grievance and find common ground and, where possible, reach an outcome agreed to by both parties. Mediation is not mandatory and, where risks are identified, mediation can be found unsuitable. Mediation is also not a binding agreement.

On 11 May 2020, Conflict Resolution Service were engaged by the ACT government to provide a mediation service for tenants and landlords impacted by the COVID-19 pandemic. The service was voluntary and could receive referrals from individuals, agencies or property managers. To access the service either tenants or landlords had to be affected by COVID-19.

Since 11 May through to 30 June, 24 individuals accessed the mediation service, including 19 tenants and five landlords. Nine individuals were referred to the Tenancy Advice Service at Legal Aid, as their concerns related to legal matters. Three individuals requested to proceed to mediation; however, no response was received by the other parties and therefore the matters were closed. All other individuals were only seeking advice on the rights and responsibilities or had not been impacted by COVID-19 but, instead, were looking to mediate over other disagreements throughout their tenancy.

THE CHAIR: With regard to the work that you have done and also the work you perhaps have not done, what could the territory do to better utilise the services you offer?

Ms Haley: One of the key themes that has come out is that people are really looking for additional information. We are looking at implementing an outreach service whereby people can come and speak face to face to somebody. That is something that we are talking about with other organisations that support tenants, and I think that is a positive step in assisting parties.

One of the key things that we will be looking at throughout August as the moratorium period begins to end is around if people are going to find themselves in a situation where they will need to negotiate their rental agreements, that that happen prior to the moratorium period ending rather than waiting for the end. Our processes are around taking a proactive approach and not waiting until the last minute.

MS CHEYNE: What are the key reasons that have led to tenants and/or landlords seeking mediation?

Ms Haley: The key themes are that people have been impacted and this has been something that people were not prepared for. It is about trying to collaborate together, because both landlords and tenants have been affected and it is about how people can work together to form a solution that does not end in an adversarial matter, which then means that there are further concerns with regards to cost and emotional impact.

MS CHEYNE: When the mediation is sought, is it usually a situation where it is not just the tenants being impacted and the landlord is like, “No”; it is actually the tenant and the landlord are impacted and everyone is trying to work out how to get through this in a way that works for everybody?

Ms Haley: I think that it is all of the above. People can access a service as a landlord if they have been impacted by COVID and they need to think about what that looks like for their properties. It could be for tenants as well who have been impacted and really need to have a negotiation with their landlord, going forward. It could be that both parties have been impacted. It is about what resolution we can come to for both parties that eases the pressure.

MS CHEYNE: In your opening statement, you said that there have been a few occasions where mediation has been sought but the other party just has not responded; is that correct?

Ms Haley: That is correct. There have been three requests. So one party initiates the process and then we send an invite to the other party and wait for them to accept. If they do not accept, because it is a voluntary process, we are unable to proceed.

MS LE COUTEUR: As a result of the mediations, what sorts of outcomes usually happen? Reduction in rents, whatever?

Ms Haley: To date, we have not proceeded with any mediations. For the three that we invited to mediation, it was not accepted. The other inquiries that have come through have been able to seek advice and then, at times, we have found that they have been able to negotiate a rental agreement outside of the mediation process. However, what is in all our communication when we are talking to people is that we do not want to be prescriptive about what ideas there could be, because mediation is about the two parties working together to form an agreement.

Some of the ideas people have thought about and that we have indicated are around a reduced rate for a certain period of time. We have even gone into some communication around if there is a goodwill or an in-kind arrangement that can be made between the two parties. From our point of view as a neutral party, it is really

important that the two parties are able to come together and talk about how they are impacted and what they need going forward rather than what they want out of the process. It is about what the need is for a certain period of time.

MS LE COUTEUR: You said that none of the cases have proceeded as yet to formal mediation. Do you know if the fact of one party contacting your office has led to an informal discussion or negotiation with the two parties?

Ms Haley: We are aware that people who have called through have decided not to proceed to mediation. They have contacted us to get all the information that they need and then they have been able to have a conversation either with the property manager as the third person or directly with the landlord. That is a really good outcome—that people feel like they have all the tools that they need to be able to negotiate that outside of mediation.

MS LE COUTEUR: Given what you are saying, how does your role fit in with the Tenancy Advice Service, which also gives information about these areas?

Ms Haley: Our role is to provide the mediation and part of our role is to be able to give information and do the intake, so it does work side by side. In saying that, before when I was speaking about what we will be looking at doing in mid-August, it is really aligning ourselves with other organisations, like the Tenancy Advice Service, around how we can better support tenants and landlords with information. So our role is about both landlords and tenants.

MRS DUNNE: From your limited experience so far are the people who approach the Conflict Resolution Service more likely to be tenants or landlords?

Ms Haley: Our statistics so far indicate that it has been more tenants that have accessed our service than landlords. Nineteen tenants and five landlords made contact with us between 11 May and 30 June.

MRS DUNNE: That is really not very many when we think of the number of the tenancies and the number of people who would be facing financial concerns in the COVID environment. Have you been thinking about how you get your message out to a wider audience or is there any sort of thinking about tapping into the unmet need?

Ms Haley: Yes. Through conversations with the Real Estate Institute, we know that a number of rental agreements have been worked through prior to us engaging in the mediation service. We are quite concerned that when the moratorium period ends there will be an influx of people that will require mediation post September. As I said before, because the service has been utilised a lot for information, working with other services and having an outreach service where people can have that face-to-face contact is the next step. We will be starting a campaign in mid to late August about ensuring people access mediation services prior to the moratorium period ending if they need to look at their rental agreements.

MR PETTERSSON: Following on from Mrs Dunne's question, what are the different ways that tenants and landlords come across the information that the Conflict Resolution Service exists? Is insider information being passed around? Are people

just expected to find it from a Google search?

Ms Haley: There are a number of ways. We, of course, have everything on our website. We did a big social media push through our own channels, as well as our relationship with the RiotACT. We also did a lot of information pieces on the radio and an email was sent out through the Real Estate Institute and through the rental agencies so that people were aware of the service. So each direction of where people get their information from was covered. As we look at that next push about working out what people will need post September, we will use the same methods.

THE CHAIR: Thank you very much, Ms Haley, for the work you are doing for Canberra and for appearing today. Is there anything that we have missed that you would like to get across now?

Ms Haley: In general, I think it is important to note that conflict impacts on everybody. With the environment we have lived in this year, from fires through to hail storms and right now with the COVID-19 pandemic, we need to consider how conflict is going to impact the wider Canberra community.

We have really noticed in our family area, whether that is in family separation or in our youth homelessness program, that family conflict is rising. With being in closed spaces and not having avenues to have releases, we need to consider the impact that this will have on our community for years to come. This is not a short-term thing that people will have to deal with.

THE CHAIR: Again, thank you very much, Ms Haley, for presenting today.

PROWSE, MRS HEIDI, Chief Executive Officer, Mental Illness Education ACT Inc.

THE CHAIR: Hello, Mrs Prowse. Thank you very much for presenting today to the Select Committee on the COVID-19 pandemic response. I understand that a copy of the privilege statement has been sent to you. Could you confirm for the record that you understand the implications of that document and that you are okay with them?

Mrs Prowse: Yes, thank you.

THE CHAIR: Before we go to questions, a reminder that we are being webstreamed and we are being recorded for transcription purposes. Do you have an opening statement you would like to present to the committee?

Mrs Prowse: Yes; I have prepared an opening statement. Thank you so much for having me here today. Mental Illness Education ACT, or MIEACT, have been providing mental health education programs in the ACT for over 25 years. We combine evidence-informed content with powerful lived experience stories to increase mental health literacy, promote early health seeking and empower all Canberrans to implement self-care and wellbeing strategies into their daily lives.

Last financial year we delivered programs in 83 per cent of ACT secondary schools across public, Catholic and independent school systems. We further delivered programs in eight primary schools in the ACT as part of either pilot or co-designed projects. We also reached another 19,724 adult Canberrans in their workplaces and within their community groups.

Over the last few months we have rapidly adjusted our lives in the face of the COVID-19 pandemic. This adjustment, while focused on keeping us safe, has greatly affected our autonomy, our social connection and our certainty. These are three major predictors of mental wellness. I acknowledge both ACT Health and the Office for Mental Health and Wellbeing for their response to COVID-19 to date. In particular, the flexibility of current service contracts has allowed our organisation to meet our community where they are and respond to their needs.

The provision of additional funding under the ACT mental health stimulus package has allowed us to maintain and extend our program delivery staffing and offer programs at no cost across the territory. This funding has also allowed us to build an online self-paced interactive program for all ACT students, accessible from years 5 to 9, focusing on understanding stress, building their own personal stress response plan and directing them to local service provision, should they need it.

As the world moved online, the Office for Mental Health and Wellbeing provided practical support to help MIEACT print resources and produce wellbeing strategy magnets to distribute via the Canberra Relief Network so that people with barriers such as technology and the internet would still be reached.

We are seeing a lot of things happen on the ground. Every day we are delivering education programs in schools and workplaces, both online and face to face, and there has been a couple of key differences to pre-COVID times. Yes, we have gone digital, but we have also gone to print. We have provided schools with printable workbooks

of our programs for students who have technologies and internet barriers. As mentioned, we produce printed resources and magnets on stress, anxiety, self-care, local help-seeking and trauma and we have also further tailored these resources to parents, young people, cultural and linguistic diverse backgrounds and older people. I have put a pack in the post to each of you today, and they are also available via our website.

Schools and workplaces are looking and proactively responding to our program offerings. There is better acceptance and capability to bring programs in and make time for them. People are willing to prioritise the mental health conversation right now. Our bookings team now allocate one to two hours post session to debrief with participants and answer more specific questions, providing referrals to local services and sourcing tailored resources for those particular services. Prior to COVID we would more commonly deliver a program with a short post-session Q&A and then we would send a couple of follow-up resources, so that has been quite a big change to our delivery model.

Our facilitators in our sessions are not as focused on driving the educational learning outcomes of our programs, but they are responding to what they are seeing in the room. We are often walking into rooms where people have never experienced a mental health issue before. In our sessions they are unpacking the physiological responses to both COVID-19 and, in the same breath, what stress and anxiety may mean for them.

We offered free programs to the ACT community and we were inundated with requests from the NGO sector. We have delivered at least one program every workday since May. Most of these organisations are essential providers and they are on the front line while also juggling all these complex changes in our lives. We anticipate that there will be a significant growth in private and government sector program needs when they return to the office.

While there is an overall greater acceptance of mental health conversations, there are still the same, if not higher, levels of stigma in diverse communities. These remain ever present and will continue to be a barrier for help-seeking, moving forward. Interestingly, young people in our sessions are not openly discussing COVID, but they are really focused on specifically what to do about it. We have seen increased and heightened concerns about their future, the uncertainty of their future and the impact of all the change in their lives at the moment.

Usually we would be running a two-week program booking cycle; we are currently running a three to four-week cycle in order to get people into the cycle of program delivery. We have made a couple of adjustments within our organisation to refocus and meet these demands. We stopped training new volunteers initially and we recommenced this month. We stopped doing face-to-face delivery in primary schools and we are providing teachers with two online programs with resources they can use. Removing the barriers to offer more free programs has only been something we have been able to do feasibly because of the stimulus funding from both the ACT and federal governments.

I will leave you with one fact about what is happening right now and two

recommendations I would like the inquiry to consider. The current environment takes 25 per cent more energy for us to navigate, so it is not unusual for our community to report feeling exhausted, drained or challenged. If we add the cognitive strain, it makes our day to day seem much harder and it can result in the standard activities we would usually be able to achieve feeling impossible to achieve.

I have two recommendations: the first is a focus on mental health literacy over the next 12 months, with understanding stress and trauma at the forefront—how to identify and respond to these mental health issues. This must be a project partnership between government and the community sector to get the best outcome, and it needs to be on the ground, at a local level.

Last year MIEACT and the Office for Mental Health and Wellbeing ran a review into youth mental health. This is a great example of what government and community can achieve together. Not only will it have a more robust reach but together it is more relatable and it is authentic. It needs to connect with both the individual audience in their homes but go further to meet people in their community settings and, most importantly, not miss those who are not connected.

Our second recommendation is investment into the community sector, to have reasonable resources to respond at both ends of the mental health journey. As mentioned, these should focus on prevention and education but also enable the capacity to provide that mental health service provision, should it be needed—and it is likely to be needed.

The entire sector has responded to the current demands on the front line. This is not a sustainable model, and government needs to consider very clearly the role the NGO sector has in rebuilding our autonomy, our social connection and our certainty.

THE CHAIR: Thank you for that very thoughtful and thorough statement. You mentioned the number of primary schools you are currently in. What about all the other schools? What are they doing and what would be a reason why they would not be taking up this program? Is it because they have similar services provided in house or perhaps externally or is there still more work to be done to convince everyone of the benefit of these sorts of programs?

Mrs Prowse: MIEACT are funded currently to deliver secondary school mental health education. We put in a budget submission to extend our funding into primary schools. We have had only minimal capacity to be able to trial pilot programs in primary schools through a fee-for-service program, so when we deliver a session to a workplace they would usually pay a fee. We have been able to redirect that profit back into delivering to primary schools. That is the only reason we have had a small delivery into primary schools.

We have certainly been advocating for more programs, but we had to make some really challenging business decisions, based on our capacity to make sure we could meet the needs of the secondary schools and the workplaces and community groups we currently deliver to. When we sent out our first request to primary schools around interest in being involved in a pilot mental health program, we had 13 responses within five minutes. There is certainly a need and it is a great need, but we as an

organisation do not have the capacity to fill that need.

MS CHEYNE: I echo Mr Coe's words about your opening statement and how comprehensive it was. I appreciate that we have just been talking about primary schools, but did you also say that there is an area for years 5 to 9?

Mrs Prowse: Because of the ACT mental health stimulus package, we were able to build an online self-paced interactive program called stress and me. We did that in five weeks, so that was a pretty big undertaking. We have launched two online programs, one that we have previously had funding for under the Chief Minister's grants with Hands Across Canberra. We have mental health and me, which is a general program, and then stress and me where you create your own individual stress response plan and it is suitable for years 5 through to 9.

That is the program we can currently offer because we can send the digital resource to teachers and then they or a caregiver, a parent, can facilitate the program. Your young person goes through at their own pace and then you get outcomes and questions that you can sit down with the young person to go through so that you can see what their learning outcomes are and whether they have taken on the key messages and how they are digesting them and turning them into their own mental health understanding and response plan.

MS CHEYNE: What has been the take-up of the stress and me program?

Mrs Prowse: The program launched only a couple of days before the end of term 2. We have had around 100 students through that program online because we had a co-announcement with ACT Health through their social media page. But for term 2, for mental health and me, which was launched in March, we have had a thousand participants go through that program. We further delivered digital programs in a similar kind of scenario to years 10, 11 and 12 students, and we have had 500 participants through that program.

MS CHEYNE: That is very impressive.

MS LE COUTEUR: Mrs Prowse, given that the situations in Melbourne and New South Wales suggest that this pandemic will not be going away as quickly as people in Canberra thought a month or two ago, what do we need to do to help all of us through this incredibly stressful time?

Mrs Prowse: The current campaign MIEACT are driving is self-care Canberra. As I mentioned, the couple of areas that are really challenging at the moment are in our autonomy, in our certainty. Having restrictions in those areas means that proactive self-care is the most important thing we can do right now to remain connected to our people in our community and to participate.

We have provided a huge number of resources and we have been able to leverage the strong voice of our volunteer educators who have lived experience of mental illness. They are sharing and trying to inspire people to consider what their self-care plan might look like so that people are proactive with their wellbeing, rather than waiting for things to build up and then trying to look for something to put in place or trying to

then access a crisis service.

It is about our mental health literacy, our understanding of how to identify the signs of mental distress and then being able to consider what we can put in place for ourselves but also understand at what point we should seek help. That is a really important element right now. It is the mental health literacy and making sure that we can share that at a high level, which you will see the ACT government are currently doing through their social media and through TV campaigns.

We need that to flow-through community organisations who are connecting with people in different types of relationships. We also need to make sure that the people who are sitting at home by themselves that are not connected to a community group and are not seeing the increase in mental health issues across our community are not being missed.

MRS DUNNE: One of the perennial themes I like to cover in these hearings is unmet need, and you touched a little on that. To what extent have you quantified the unmet need and what is the financial cost to address that need?

Mrs Prowse: MIEACT, in the last 12 months, have gone through a couple of operational changes. At first I looked at our service delivery in comparison to the previous year, and it is a minimum 60 per cent increase in program delivery. Usually June is our most busy month because it is when the mental health curriculum hits in schools, so we usually would take July off. This July we had a 234 per cent increase in our program delivery. Whilst I can look at those percentage increases in terms of increased delivery of programs, there are two other factors—we have increased our program delivery team in the last 12 months and made some changes to our operational model. So they are not completely clear.

We have two staff members who are program facilitators, and their combined salary is around \$150,000, including on-costs. We have purely had those two staff delivering programs, whereas more commonly there would be a balance between internal administration, resource development and program delivery. That starts to give us a bit of an understanding where, if we have the people on the ground, we are able to respond to the community. But, as I said, at the moment we can only respond on around a four-week cycle.

If someone called us today and said, “I really would love a program to come in,” we are looking at that three to four-week plus time frame to be able to roster that session. That is based on the current environment, where we are not fully back in the office, and we know those things are starting to change.

We also engaged eight casual program delivery staff and we have just under 30 volunteers who deliver programs. Our program delivery team have the capacity to respond, but, without that \$150,000 to \$200,000 funding, which at the moment we are getting through stimulus funding from both the federal and the ACT government, long term we would not be able to respond. We would start to say no to programs.

MR PETTERSSON: One of the recurring themes I have noticed is that many organisations that rely on volunteers throughout the pandemic have really struggled—

a lot of their volunteers have been unable to continue their usual participation. Your organisation uses volunteers. Have you faced any challenges maintaining either volunteer involvement or volunteer recruitment through this time?

Mrs Prowse: As mentioned in my earlier statement, we put a hold on the recruitment of new volunteers from March through to June. We have trained 30 new volunteers this month and we continue to actively use our volunteers from that March to June period, so around 30 individuals. We use them in two ways.

In our mental health sector and, importantly, in our organisation, co-design is such an important part of what we do to ensure that what we offer our community responds and connects with every person we come into contact with. For the stress and me program that we developed online we ran sessions with our volunteers to go through the content to make sure that it was answering any stress or anxiety concerns that someone might feel as they go through. We utilised our volunteers in a lot of consultation and a lot of co-design in any material or anything that our organisation created during that period and our volunteers remained very active.

We had two volunteers who could not get back. We have an offering for our volunteers at any time that, because they have the lived experience of mental illness or care for someone who does, they can go on hold at any period, and we had two individuals go on hold during that period. For some essential providers who remained delivering whatever their organisation was providing during shutdown, we still continued to provide some face-to-face delivery where there was an essential need. So we still had some volunteers active during that time. I would summarise it by saying that we continued to engage and utilise the expertise that our lived experience volunteers offer our organisation, but they are certainly keen to start to get back to face-to-face delivery when it is suitable to do so.

THE CHAIR: Unfortunately, that is all that we have time for today. Thank you very much for your very thought-provoking presentation. Please extend our thanks to your team, including all the volunteers that are obviously doing an extraordinary service for the ACT. We would love to be kept up to date. I note that we have some things to receive in the mail in the coming days, but if there are any particular developments in addition to those two recommendations that you passed on to us, please get in touch with the committee secretary. Thank you very much.

Hearing suspended from 11.02 am to 2.31 pm.

STEPHEN-SMITH, MS RACHEL, Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Families and Minister for Health
COLEMAN, DR KERRY, Chief Health Officer, ACT Health Directorate
McDONALD, MS BERNADETTE, Chief Executive Officer, Canberra Health Services
PEFFER, MR DAVE, Deputy Chief Executive Officer, Canberra Health Services
MITCHELL, PROFESSOR IMOGEN, Clinical Director, Clinical Health Emergency Coordination Centre, Canberra Health Services
O'NEILL, MS CATHIE, Executive Director, Cancer and Ambulatory Support, Canberra Health Services

THE ACTING CHAIR (Ms Cheyne): Welcome, Minister Stephen-Smith and your officials, and thank you for appearing for the nth time at the hearings of the Select Committee on the COVID-19 pandemic response. As you are aware, this hearing is being recorded, broadcast and webstreamed for transcription purposes, as well as for people to be able to view the proceedings today. I am sure you have reviewed the privilege statement. Can you confirm that you understand the implications of the document?

Ms Stephen-Smith: Yes, I have read and understand the privilege statement.

Ms McDonald: I acknowledge the privilege statement.

Mr Peffer: I acknowledge the privilege statement.

Prof Mitchell: I also acknowledge the privilege statement.

Ms O'Neill: I acknowledge the privilege statement.

Dr Coleman: I acknowledge the privilege statement.

THE ACTING CHAIR: Minister, do you have a brief opening statement?

Ms Stephen-Smith: No, thank you. I am happy for everyone to take questions.

THE ACTING CHAIR: Can you provide the committee with as much information as you reasonably can about the Batemans Bay cluster? I appreciate that Dr Coleman described it as perhaps one of the biggest risks for us here in the ACT, but things seem to be at least under control at the moment, and it seems that in New South Wales very few new cases have been linked to that cluster. Is there more information you can give us about how concerned we still are about the outbreak there and what we might expect to see in the coming days?

Ms Stephen-Smith: I will hand straight over to Kerryn.

Dr Coleman: Thank you, minister. We now have 156 people in home quarantine who attended the Batemans Bay Soldiers Club on one of those four days that have been identified. While the number is increasing slightly in terms of awareness of the exposure, it is not increasing dramatically, which is great news. We have had no trouble with those people in home quarantine, so that has been going well.

From a timing and time line perspective, all those people will be expected to be in quarantine for varying time lines up until next Friday. Next Friday will be the 14th day for the last people, and we will need to expect and anticipate that we may have positive cases resulting from that up until the end of next week. I think it is good at the moment that we do not, but we are only halfway there, so it is still a cautious approach.

THE ACTING CHAIR: How does that link in with the timing? Is it next week that we would be re-reviewing the relaxation to the stage 3 restrictions, which I then appreciate would not come into play until a week after? Has that influenced the timing of that decision somewhat if next Thursday is the next checkpoint and because Friday is really the end of that two-week period?

Dr Coleman: I think you are exactly right, and it is a significant indicator for me. We are only halfway through, so we need to wait and see the impact from the Batemans Bay cluster. I think eight cases have been infectious during this four days, so there is still potential and we need to wait and see.

There is also the south-west Sydney situation. It is still continuing to give us cases which are looking like second and third generation cases. We are confident that their contact tracing is going really, really well, and New South Wales is very strong in their public health response. However, I would prefer to see numbers every day not escalating and even coming down so that we can be sure that we are on top of that contact tracing and locking that down. So another week seemed reasonable from my perspective, to just wait and make sure of the impact on the ACT.

MS LE COUTEUR: I have been in northern New South Wales recently, visiting my family. What would be the triggers for the ACT going in the direction of more lockdown rather than less, because that is what everyone up there is thinking about.

Dr Coleman: One of the things we are monitoring really closely is the spread of cases, how fast they are spreading, the number of contacts that are being identified and how effective that is. The key factor is for how many of the cases being detected we cannot find a source of transmission. The New South Wales Chief Health Officer reports that to us every day, as part of our discussions at AHPPC. I get a very good understanding about the current clusters, about their confidence in terms of how much contact tracing they have been able to get on top of, as well as how many cases they have where they do not know the source of infection.

The second thing is how much testing is being done in those areas where there are cases where we cannot find out where their source of exposure was. If there is a really high level of testing like is happening in Batemans Bay at the moment, it is reassuring that if there were undiagnosed cases in the community we would be confident. I cannot give you an exact number; I think it is a range of contextual factors. But they are all the things I take into account in terms of undiagnosed cases, chains of transmission and how likely people are to be moving into and out of the ACT. We will expect some; we cannot remove the risk completely, but we want to minimise it as much as we possibly can.

MS LE COUTEUR: The other obvious question is that we have had incredibly different advice about masks. You name it; we have had any advice about masks from someone who seems to be the authority. Have you got any advice about masks?

Dr Coleman: The AHPPC has tried to be very consistent with this, but I can understand that it is quite confusing. We do not believe there is any added value from a public health perspective to be wearing a mask if there is no community transmission. However, we acknowledge that people may feel more comfortable with wearing a mask and so of course we say that that is okay. In the ACT at the moment there is no community transmission, so the public health advice is that a mask would not provide significant benefit from a public health perspective.

The reason Victoria has gone to recommending masks in the community is that they have significant levels of community transmission; therefore, the risk of someone being exposed to the virus when they are out and about or meeting with someone is actually much greater compared to in the ACT, where every interaction you have with somebody has 0.1 per cent or something chance of being an infected exposure.

MS LE COUTEUR: I suppose the only concern is that if there is community transmission it could be a while before you pick it up with symptomatic cases.

Dr Coleman: Once again, that is the risk management profile. We have an extraordinarily high level of testing in the community at the moment and we are not picking up any cases that are not linked to the other risk factors. Those other risk factors are popping people into quarantine early or bringing them forward early. That is where the pragmatic advice comes from. If people feel more comfortable and want to protect themselves 100 per cent then the advice on how to make the most of using a mask is there for people to make that choice. But from a public health perspective there is very little benefit for the general community to add masks in at this point in time.

MRS DUNNE: I want to go to the issues that relate to elective surgery. The minister and I have had some correspondence on this particular issue, but think it is something that probably should be aired, not just in a private briefing. I thank the minister for the very excellent briefing I received on the issue, which relates to the request from the Royal Australasian College of Surgeons and the Australian Society of Anaesthetists for the ACT to consider pre-emptively COVID testing elective surgery patients as a means of addressing the safety of elective surgery, ensuring the ongoing viability of elective surgery and ensuring the safety of the workforce.

The arguments put forward by the College of Surgeons and the Society of Anaesthetists are very compelling, and that letter has been published as part of the evidence for this committee. I think it would be very useful to hear the point of view of Canberra Health Services and then, minister, there are a couple of issues I would like to raise with you. It would be very useful if we could have a brief precis of why Canberra Health Services is not yet moving in that direction.

Ms Stephen-Smith: Absolutely, Mrs Dunne. I will hand over to Professor Mitchell, but I will assure you that there will not be quite the level of context that I understand you got on Wednesday.

MRS DUNNE: I understand that.

Ms Stephen-Smith: It would take a significant amount of time.

MRS DUNNE: It did take a reasonable amount of time, yes. Professor Mitchell is probably able, having gone through it a number of times, to do a precis version. Thanks.

Ms McDonald: Minister and Mrs Dunne, I might start, before I hand over to Professor Mitchell, in regard to the advice. That has come from CHECC—just to distinguish between CHECC’s advice to the health system, the clinical acute hospitals, in regard to elective surgery—not from CHS as such. CHS has then taken that advice and is following that advice, and Professor Mitchell has been providing, along with her colleagues, the clinical advice, regarding this. So that is a clarification.

MRS DUNNE: Just for absolute clarity, Ms McDonald, it might be useful to explain to the committee what CHECC is.

Ms McDonald: Yes. The CHECC is the Clinical Health Emergency Coordination Centre, which has been set up to coordinate and develop the clinical response—the hospitals’ response—to COVID-19. It works in collaboration with the Public Health Emergency Coordination Centre under the banner of the overarching ACT Health Emergency Coordination Centre. So that is what the CHECC is, and the CHECC has been working closely to provide clinical advice to the hospitals regarding the clinical response to COVID. Professor Mitchell has joined the CHECC as the clinical director and adviser, and has a team of clinical associates and advisers and mixed infectious diseases doctors—all sorts of clinical advisers—to provide that advice to CHECC, which then issues that advice to health services.

Prof Mitchell: Great, thank you. A point of clarification in regard to the letter that has been written is that it is from the local branch of the Royal Australasian College of Surgeons and the Society of Anaesthetists both national and local, but I think it is important to note that both the College of Anaesthetists and the national College of Surgeons have not come out supporting testing for COVID pre-surgery. I think the reason CHECC has said that is that at the moment—in the current context which Dr Coleman has alluded to—there is no community transmission of COVID. Thereby it is, at the moment, not recommended that we test everyone prior to surgery with COVID screening.

It is really on the basis that when you are doing a test you really need to have some understanding of the risk of them being positive to that test. At the moment, because there is no COVID community transmission, if the patient does not have any symptoms then the likelihood of that test being positive is extremely low. So we would not be recommending everyone to be tested. We would recommend that everyone has a COVID screening—you screen for the epidemiological risk. Have they been in hot spots, whether it be in New South Wales or Victoria, or do they have symptoms? These patients should be checked both prior to surgery and on the day of surgery. If they come up positive at that point, they should be tested for COVID and their surgery should be postponed, as we know that operating with COVID present

probably puts them at higher risk. We also know that patients, surgeons and anaesthetists need to change their behaviour in terms of the personal protective equipment they should be wearing.

So, whilst we have no evidence of community transmission in the territory and even on the South Coast, it is not the recommendation of CHECC that COVID testing is done pre-surgery. However, we do want them all to undergo COVID screening from an epidemiological point of view and a symptom point of view.

MRS DUNNE: Could you elaborate on what that screening is, Professor Mitchell?

Prof Mitchell: The screening should be along the lines of what all visitors to health facilities in the ACT go through. That is the electronic screening that we now have available—that is, that they are screened by being asked whether they have been in the various hot spots. Those hot spots clearly change quite frequently and, as such, the electronic screening is changed at the same time. They are also screened out for symptoms that relate to COVID. Each and every patient should be screened accordingly.

MRS DUNNE: Would it be the case, Professor Mitchell, that in the normal pre-op preparation on the day of surgery you would run that screening tool again? Would you also be taking people's temperature a bit more diligently and would you actually screen out anyone who had an elevated temperature?

Prof Mitchell: It is certainly the usual practice that every patient has pre-operative screening on the day of surgery, which would include a temperature. Again, you have to be a little bit careful that not everyone with COVID will necessarily have a temperature.

MRS DUNNE: Yes.

Prof Mitchell: But that certainly adds to the symptoms that are not on the electronic screening, so certainly that should capture more people.

MRS DUNNE: Minister, I am still quite alive to the position put forward by the clinicians, and I am also very concerned that we do everything we can to ensure that our medical workforce is kept safe. Is this an issue which is going to continue to be under review? If it is going to continue to be under review, will you undertake to ensure that the clinicians and the staff who are operating are part of that review process?

Ms Stephen-Smith: Thank you, Mrs Dunne. Yes, absolutely. I think Professor Mitchell touched on that in terms of the current position of no community transmission. The situation may change if our situation in relation to COVID-19 changes. I understand that Professor Mitchell is in close consultation with those groups on a regular basis. She is nodding her head, yes. So, yes, absolutely this is something that will continue to be monitored.

MRS DUNNE: As we normally have a suite of pre-operation information for people who are attending for elective surgery, would you consider adding to that advice

about keeping yourself COVID-safe in the run-up to your procedure? Would you also alert people that there seem to be some very substantial contraindications for people who have COVID and who have operations? I have had some studies referred to me. Professor Mitchell expressed to me the other day some reservations about those studies, but would it be part of the suite of things we do to alert people that there are contraindications of being operated on if you have COVID and how to keep COVID-safe in the run-up to your surgery?

Ms Stephen-Smith: Thank you, Mrs Dunne. I will hand over to Bernadette in a second. I certainly noted that in the interview on ABC Radio Canberra this morning there was some conversation about those studies, which included people who acquired COVID post-operatively, which obviously cannot be caught in a pre-operative COVID-19 test. Clearly there are some potential contraindications, but pre-testing is not necessarily going to capture those. I will hand over to Bernadette to talk about the advice provided pre-operation.

MRS DUNNE: Sure.

Ms McDonald: I might let Mr Peffer take that question.

Mr Peffer: Mrs Dunne, we are just in the process of updating the booklet that is sent out to all of our elective surgery patients. Essentially, we present them with an information pack, which is about what to expect and what to be thinking about in the lead-up to your surgery. As soon as we book someone onto a list, the pack goes out to advise them of what they need to be doing and how the process is going to work. With the team yesterday I saw a draft of a one-pager with this sort of additional information—these are the questions that we are going to be asking; this is the screening process that you will be going through—to give them that information upfront, weeks in advance. It is generally about three weeks in advance of when they need to attend for surgery to cover off exactly those issues you have just raised.

MRS DUNNE: Okay; including the stuff that it can be quite risky if you are operated on and you have COVID?

Mr Peffer: Correct.

MRS DUNNE: Thank you. Could we have a copy of that? Could the committee have a copy of that?

Mr Peffer: Yes. I can take that on notice.

MRS DUNNE: Thanks.

Mr Peffer: We can provide that as soon as it is settled. It is just a draft at the moment, but that will be in the next day or two.

MRS DUNNE: Excellent. Thanks.

MR PETTERSSON: My question is about testing sites. I note the recent announcements over the last couple of weeks that a bunch of new sites have come

online. I was wondering if there was an ideal number of testing sites that we are aiming for.

Ms Stephen-Smith: Thank you, Mr Pettersson. I think there is probably not an ideal number of sites; it will depend on the capacity of each site and what the demand is looking like. We obviously have seen a significant increase in demand for testing over the last few weeks, compared to the previous weeks, and that is why the two new sites have come online and we have announced the new drive-through in Tuggeranong. What we have seen is that the drive-through at EPIC is an extremely popular model, which is why we are going to be establishing the new site in Tuggeranong—in Kambah—as a drive-through site. I might hand over to Cathie O’Neill to talk about the ups and downs in terms of whether the new sites take a load off the other sites, the fact that we have seen a significant increase in demand over the last couple of weeks, and what that means for future planning.

Ms O’Neill: There is no ideal answer to this. We are all judging the demand and available capacity on a day-by-day basis. I was under the impression that when we opened the new sites we would actually spread the existing demand across the sites. That has not turned out to be the case. Particularly with Batemans Bay and the south-west Sydney hot spots we have had a lot of people presenting for testing.

We monitor numbers at all of the sites on almost an hourly basis, and we have been able to move staff between sites if one particular site is getting a surge in numbers. Interestingly, the numbers are relatively steady at each of the sites, so we are able to start to do some sort of longer term planning around staffing for that. As the minister mentioned, the drive-through model is extremely popular, so we will watch closely the numbers at Kambah and make sure that we can manage the volumes there. We are currently working through the traffic management plan for that site to ensure that we have sufficient overflow capacity for queueing of cars there.

MR PETTERSSON: In regard to the Garran pop-up, are there any substantive works that are required to transition from a testing site to its being a functional hospital?

Ms McDonald: Mr Pettersson, if it is okay I might take that one. In regard to the pop-up, the surge centre, at Garran, it is set up as an emergency department, so it would be our third emergency department, should we need it. We have plans in place and it is ready to go as an emergency department. It would not need much at all to set it up as a testing facility. Actually, we have not really changed anything; it is set up beautifully. We would just move the testing out and give it a clean and set it up as an emergency department and staff it as an emergency department. So it is set up as an emergency department, not as a hospital inpatient unit, as such. So, no, there would not be anything very dramatic that we would have to do to switch it across, other than staff it and put different consumable stocks and medical supplies in there.

MR PETTERSSON: Thanks.

MRS DUNNE: In relation to the child and family centre in Kippax, west Belconnen, I have had some advice about the moving out of the staff who are there and relocating them to other places. How smooth has that transition been and could the committee be advised, perhaps on notice, about where the programs that were there have been

relocated to for the time being, please?

Ms Stephen-Smith: Thank you, Mrs Dunne. I will start by saying that I really want to congratulate both Community Services Directorate and Canberra Health Services staff for the speed with which they worked to set up the testing facility at the west Belconnen child and family centre and move all those other services. Staff were just incredibly cooperative and worked really hard over a weekend to get everything up and running for the Monday morning. It was really excellent. They also worked very hard to try to contact all of the ongoing clients of those services to advise them of where things were moving to. With that, I might hand over to Cathie to talk about where everything has gone. Of course, we are happy to take it on notice and provide some written information in relation to where all those things have gone to.

MRS DUNNE: Maybe take it on notice because I am mindful that I do not want to take up all the time of the committee.

Ms Stephen-Smith: Yes, absolutely happy to do that.

MRS DUNNE: My other question relates to a recommendation of this committee that we consider Civic-based testing—not so much because of demand but because of particular needs in this area. What thinking has gone into that?

Ms Stephen-Smith: I have asked Canberra Health Services to have a look at that, so that work is underway. I also note that in the conversation with Directions Health Services on Wednesday, when we were announcing some funding to expand their mobile capability, I learned that they provide COVID-19 testing for their patients when they are symptomatic. They obviously are already going into Ainslie Village. They are already supporting people in the high-density public housing along Ainslie Avenue and can provide those services for people in the city centre.

It will probably be a combination of Canberra Health Services looking at whether it is appropriate to set up their own site in Civic or whether we monitor what Directions Health Services is doing and get some advice from them about whether we support them to expand that service. But they will shortly be expanding their mobile clinic's availability in the Civic area and in those high-density housing areas in Ainslie, over the next few weeks, anyway.

MRS DUNNE: If you could keep the committee posted on that, that would be great.

Ms Stephen-Smith: Yes, absolutely.

MS LE COUTEUR: Mrs Dunne asked my first supplementary question, but my second one is: are the drive-in testing stations organised so that the cars can be turned off or do people have to idle the whole time? I have heard differing reports on this one.

Ms O'Neill: I am happy to answer that one. At EPIC they are encouraged to turn their engines off whilst they are waiting outside, and certainly once they get inside and start to progress through the testing stations there they are required to turn off their engines so that we can ensure that there is sufficient positive airflow through that area. We will operate something similar for Kambah, although the extent of queueing at

Kambah will be much less than at EPIC, so we will not have quite the same thing, and it is not an indoor facility.

MS LE COUTEUR: Right. Is there a way for people who do not have cars? Not everybody does have a car. If you are in the inner north, EPIC would be your logical one. Is there a way you can go?

Ms O'Neill: Not through the drive-through centres. We have considered this, but it is just too unsafe, particularly with the volume of cars that we are getting there. We are taking people on motorbikes and we have taken the odd cyclist, although it is not preferred because we get such a range of vehicles. Some of the vehicles are quite large and we are really concerned that the visibility for cyclists would not make it safe.

MS LE COUTEUR: Okay. Thank you.

MS CHEYNE: I have two supplementary questions relating to this line of questioning. Since the Belconnen child and family centre opened as a testing facility, what have been the sorts of numbers that you are seeing through that facility?

Ms O'Neill: On the first week we were averaging between 80 and 100 a day. This last week it has been up over 100. We have seen those increased numbers across all of our sites, so it is a day-by-day proposition.

MS CHEYNE: I appreciate that you said that there is some work being done on the broader staffing model, but every time we open a new centre, where are the staff coming from? Are they being magicked or taken from another health service, or are we just spreading people into different locations? Or is there another answer that is even better?

Ms O'Neill: In reality it is a bit of combination of all of those things. When we have opened the additional centres at short notice we have tended to pull in people, and we have had lots of staff volunteering to do extra shifts. We are now moving to a much more sustainable roster. We have just recently engaged at least 12 nurses who were unsuccessful in getting graduate nursing positions, so we have managed to put those nurses on short-term contracts. Most of those started at the beginning of this week. They are getting training at some of our other sites before we go live with Kambah, and we will ensure that we have a good spread of skill mix across all of the sites.

With respect to admin, likewise, when we put out the original call for staff to assist when the pandemic first started we ended up with quite significant lists of people. So we have been in contact with those and we have managed to put a number of admin staff on some short-term contracts to give us a little bit more consistency so that we can move beyond that day-to-day type of rostering approach.

MS CHEYNE: So in a perverse way this is creating some further jobs in the health sphere?

Ms O'Neill: Definitely. We have been talking to some nursing and allied health students because there are sufficient roles in all of these testing centres that they do not all have to be qualified nurses. We are looking at a broad skill mix to be able to

staff all of the centres.

THE CHAIR: Minister, could you please advise what is the process for getting a COVID-safe plan approved?

Ms Stephen-Smith: I might hand over to Dr Coleman to talk about this in a bit more detail. Obviously, people who are required to have a COVID-safe plan under the directions have some materials available to them on the website. They would be expected to use those materials to develop their COVID-safe plan. I will hand over to Kerryn to talk about the approval or otherwise.

Dr Coleman: Thank you, minister. Yes; as you mentioned, there is a requirement in the public health directions that certain businesses and activities have a COVID-safe plan that is consistent and addresses certain aspects under the guidance material. There is no formal approval process for the COVID-safe plans; however, businesses are required during compliance checks to be able to show that COVID-safe plan and demonstrate that it has those aspects under the guidance material contained within that.

THE CHAIR: Right. Does any feedback take place or is there any sort of opportunity for people to seek opinion about whether their plan is satisfactory?

Dr Coleman: I can provide our broad general principles on that, but for specifics and a bit more detail it would probably be better referred to Access Canberra or one of those other compliance bodies.

THE CHAIR: It is more the process I am after rather than the actual principles.

Dr Coleman: It might need to be referred to the compliance officers in terms of how they interact with those organisations and how that is conducted.

THE CHAIR: Right. So in terms of the actual medical or health aspects of it, is that simply in the hands of Access Canberra to determine?

Dr Coleman: The kind of material is quite explicit, and I think everybody is quite aware of the requirements around social distancing and hygiene that are necessary to be demonstrated within the COVID safety plans. If Access Canberra, the health protection service or the police have any concerns or questions then they certainly come into ACT Health to get advice on that, and there are well-established liaison officers giving that. However, the majority of the practices that are relevant and in place are fairly standard across the board.

THE CHAIR: Where there have been industries or sectors that have provided advice to members or to the industry at large, what happens with those template models?

Dr Coleman: I understand that some industries themselves have developed template models, and that may be jurisdiction based or nationally based. There is also a national body that has done some work in this space to support different sectors. I also believe WorkSafe has offered some assistance in this space.

THE CHAIR: Finally from me, with regard to the club sector, I note that you have

previously said that that is included in stage 3, and that that is as per advice from the AHPPC. Does the ACT government have any actual evidence to suggest why clubs should be in stage 3?

Dr Coleman: I think we have addressed this one before, Mr Coe. I am happy to go through that again, and this is consistent with the AHPPC advice.

THE CHAIR: Yes, but I am after the evidence.

Dr Coleman: This is a very difficult and evolving area, so the evidence can be quite circumstantial and observational on many occasions. The situation in clubs and casinos and in gambling areas is that there are often large numbers of people and lots of touch surfaces. They are indoor facilities and often alcohol is involved. That series of risk factors have come together to be agreed by AHPPC to recommend that that was part of a stage 3 relaxation.

THE CHAIR: Right. What about a pinball machine? They are allowed at the moment. A pinball machine in a gaming arcade would potentially have many more people per hour than might a gaming machine. What is the evidence on that, as opposed to a gaming machine?

Dr Coleman: I guess the risk factors that are not involved in many cases in pinball machines are the access to alcohol and also the long periods of time in which people sit within clubs and pubs and move within these various places.

THE CHAIR: Right. So even if somebody gives their name and address and you can restrict the number and where the seats are, and what machines are operational, that is still a higher risk according to your evidence?

Dr Coleman: I think there are multiple risk mitigation strategies which we attempt to pull together and create a package from. This is where the Australian Health Protection Principle Committee landed. In that entire package it was recommended to not be reimplemented until stage 3.

THE CHAIR: Therefore, the New South Wales Chief Health Office has it wrong, or has their advice not been heeded by the New South Wales government?

Dr Coleman: I cannot comment on New South Wales.

Ms Stephen-Smith: Mr Coe, I think we have been through this quite a few times before in terms of when New South Wales moved in relation to clubs. We have also addressed the issue that New South Wales directions are not made by their Chief Health Officer; they are made by the minister. Also, when they made that decision to move ahead of stage 3 in relation to clubs, they held back on a number of other areas where the ACT has moved forward. So there were things you could do in the ACT that you could not do in New South Wales, and there were things you could do in New South Wales that you could not do in the ACT. Those decisions in the ACT were made on the basis of cumulative risks that we have discussed many times before, and on the basis of AHPPC advice. It is entirely up to New South Wales to make their decisions, but our decisions were made on the basis of AHPPC advice and our Chief

Health Officer's advice.

THE CHAIR: Given that there are 1,000 to 2,000 people in Canberra who do not have a job because of this decision, I think it is quite reasonable for me to keep asking this, and I will keep asking this with the welfare of all those people in mind.

MS CHEYNE: There has been quite a strong message from you, minister—as well as on the ACT Health Facebook page—about symptomatic testing or to get testing if you have been in a high-risk area. Are you able to give a bit of the background about why we are really putting the focus on really enforcing that people must meet the criteria to get tested?

Ms Stephen-Smith: Yes, I think it is about the clear management of our resources. But I will hand over to Kerryn to talk a bit more about why that is the case.

Dr Coleman: The national strategy and the ACT strategy for testing are about trying to identify cases in the most likely locations—in the most likely places—so that we can lock those down as quickly as possible and prevent community spread. We still strongly recommend that people with symptoms are where we are most likely to get a positive result back from our testing, and that is where our focus and priority need to consistently be. There is a reason we have echoed New South Wales's advice about testing, even if you do not have symptoms, in areas around a case. This is the second level of a testing strategy, where you put a broad investigation around cases when they appear. This is about looking at all people who were also in that setting and going, "Who did this person potentially get it from and who may they have been passing that on to?" It is about an investigation process, as opposed to a "looking for community transmission" mass-screening process.

MS CHEYNE: With all the media out of Victoria basically saying, "Just get tested," and the second order level that you were just describing saying, "If you visited this place then we need you to get tested so that we have the full picture," and then, "Only get tested if you have symptoms," it can be quite confusing in the messaging generally. Is there a clearer way we can set out for people what the levels or the standards are? I think some people have been turning up to the testing sites and have been quite surprised to have been turned away. That is just extra effort for everybody, is it not, for someone to turn up and then be turned away? I guess my question is: is there a way that we could be clearer about that? I appreciate that it is not clear.

Dr Coleman: We work every day with our media and comms team to review what the feedback is, what the social media messages are and how we can address some of those concerns. We make every attempt to be clear, and I think our message has been very consistent that symptomatic people are prioritised for testing. Recently that testing message has moved to align with the New South Wales in-addition category.

I acknowledge that there is frustration for people because if they have been in Sydney or other places that may have been mentioned in the news, they would like to access testing. I acknowledge that, but I do think that our strategy is consistent with current AHPPC and World Health Organisation advice that that is where we need to focus our efforts. I am always happy to take advice if there are any suggestions about how to strengthen that messaging to try and get that clearer.

MS CHEYNE: The ACT Health Facebook page post last night said that the number of people turning up for testing is great, but it still comes with some extra pressure that is put on staffing resources. It said that some people have been, in some cases, working around the clock. Coming from a workplace health and safety and HR perspective, I first of all thank all of those people who are working so hard to keep us safe. But, secondly, are we ensuring that these people are getting a break?

Ms Stephen-Smith: Yes. I will hand over to Bernadette, but it is a very significant issue that we are monitoring really closely.

Ms McDonald: When it says that people are working around the clock, it means we are rostering people around the clock, not that everyone is working 24 hours. I think it is just a clarification of that. We absolutely take everyone's work health safety and their wellbeing, more than anything, into consideration. It has been a strain, as we have increased our capacity for testing, not only in our testing facilities but also in our pathology department. It is an opportunity for us to acknowledge the hard work of everyone. They have had massive increases in testing specimens coming through the door that they have had to process.

We continually look at ways that we can maximise the efficiency of all our services and give them absolutely all the support they need to do that. Where possible, we try to get people to work the shifts, not work extra hours. We have required, at various times, people to work overtime, and people have volunteered for that and they are certainly taken care of when they do those shifts. It is not our way to go forward and, as Cathie has mentioned, we are looking for sustainable models for our testing facilities. In fact, for everything that is related to COVID we are looking now at a much longer term, sustainable model so that we can deliver these services.

MS CHEYNE: Thank you.

THE CHAIR: Ms Le Couteur.

MS LE COUTEUR: With respect to what you just said, have you done scenario planning for what the likely case load in the ACT will be, given the changes in Melbourne and New South Wales?

Ms Stephen-Smith: Kerryn.

Dr Coleman: I am happy to take that one, thank you. Every day we are reviewing the situation in Victoria and New South Wales and understanding a little bit more about the impact of the different restrictions and the different public health measures and how that could potentially adjust or alter the progression of disease spread within an area. I think it is one of the reasons that the national cabinet has had another look at confirming that our goal is about no community transmission today, and about clarifying the need to do the two-pronged approach—the need to have a very strong public health response with case identification, contact tracing and quarantining but also to have some degree of baseline movement restrictions in place to help get the effective reproduction rate down.

So we understand much better about that, and we are just trying to get those settings

right so that if we do get an imported case which is not immediately locked down—one that is not already in quarantine and therefore does not spread—that there is a slower rise in the cases and that we can get on top of it due to the movement restriction baseline that is in place.

MS LE COUTEUR: I do not quite understand. What is the difference between elimination and no community transmission? It seems to me basically to be the same. If we have no community transmission, then we would only get a few imports who we would be quarantining.

Dr Coleman: I think it is acknowledging the fact that with no community transmission, we are going to get cases and we are likely to get clusters of cases. The idea is to have our settings right within our population or our community—with our public health response, as well as our limitation on density, movement restrictions and those kinds of things—so that it will not get out of control into community transmission; whereas elimination is very much about what New Zealand did when it shut the borders and then removed all community restrictions. Literally, they went back to normal within their society. The problem with that is that as soon as you bump a case in there, it just goes like wildfire, even faster than what has happened in Victoria. For that reason elimination is quite a high-risk strategy if you cannot maintain your borders extremely strongly long term.

MS LE COUTEUR: Okay. Thank you. Very interesting.

THE CHAIR: Mrs Dunne.

MRS DUNNE: Thank you. I would like to ask for a dollar figure. At this stage, minister, what has been the expenditure, in health terms, in relation to COVID testing, elimination, tracing, the setting up of facilities, the buying of kit et cetera? For how much of that are we in a cost-sharing arrangement with the commonwealth, and how much of it is being borne solely by the ACT?

Ms Stephen-Smith: I will probably have to take the detail of the question on notice, Mrs Dunne, in terms of getting those numbers. In terms of our expenditure—I think I am going to be right, but I might check with Mr Peffer—we spent, in the last financial year, about half of what we had budgeted for our COVID response. That was about \$30 million additional that we spent on the COVID response. We have allocated the same amount this year for this upcoming period, unless I am thinking of something else. Dave, do you want to jump in here and talk about what that means? Obviously, a lot of that will be covered under the national partnership agreement with the commonwealth, where it is fifty-fifty cost share.

Some of the other things that we are doing, if they are not accepted under the national partnership agreement, may come under the national health reform agreement, but we are trying very hard to ensure that what we are doing is going to sit under the national partnership agreement on COVID response and be fifty-fifty cost share. Then there are things, obviously, that are funded across other government agencies that are not necessarily covered by that. Kylie and the Health Directorate finance people are probably the best people to respond to this question. I do not know if Dave or Bernadette has something to add.

Mr Peffer: I will just answer that very briefly. That is correct; we did underspend considerably on the money that was provided by the government through the supplementary appropriation for the COVID response.

MRS DUNNE: No, it is supplied by the people of the ACT.

Mr Peffer: That was appropriated through the supplementary appropriation bill for the health response to COVID. For that funding there was an expectation that the allocation from the commonwealth would be 50 per cent under the national partnership agreement. Month to month we have a return that we provide to the commonwealth government on what we have spent in the month just past and what we anticipate spending in the month ahead. There is then a bit of a truer process that occurs on a rolling basis, where the commonwealth may come back and ask some questions about some of the dollars that have been spent, seek further clarification on issues such as the prices we are paying for units of PPE, just so that the commonwealth can get a sense of how those costs have risen nationally so that it has clear visibility of that sort of thing.

So we provide those data returns to the commonwealth month to month. If the activity is not captured under the national partnership agreement for whatever reason—if there is a disagreement between the territory and the commonwealth on that matter—the vast majority of it will be captured through the national health reform agreement where it relates to inpatient-type activity, or, in some other cases, we look at whether the activity is captured through the Medicare system.

MRS DUNNE: Okay. Thank you for that; but the figures, minister, you will provide on notice?

Ms Stephen-Smith: Yes, absolutely, Mrs Dunne.

MRS DUNNE: Great, thanks.

THE CHAIR: Mr Pettersson.

MR PETTERSSON: Thank you. In recent weeks I have noticed that the city, in general, is a little bit busier than it has been previously. I have noticed that public transport in peak periods is busier. Yet, for the most part, people are still meant to be working from home where it suits them. Does the government have a view as to whether or not people are still following that general guidance to work from home if it works for them and their employer?

Ms Stephen-Smith: Mr Pettersson, certainly from an ACT public service perspective, that is being strongly encouraged and supported. Some people are returning to the workplace where it makes sense, but others are certainly being supported to stay home. I think it is very hard for us to get a clear handle on what is going on in the private sector in terms of working from home, but clearly the advice continues to be that those who can should do so. I agree with you, we are seeing more and more people out and about. Part of the drive for the updated messaging out of AHPPC and national cabinet about no community transmission is really trying to be clear about

everybody's responsibility and to be really clear with the community that while we all have this optimism bias that COVID-19 is going to go away and not be a problem in the future and we can get back to our normal lives, that is not a realistic assessment and we are going to be living with this virus and this disease for a long period of time. So it is about establishing that COVID-safe way of operating into the future; but it is a hard thing for people to do and it is going to be a hard thing for people to live with.

I do not think that we have any hard and fast data. There is data that goes to national cabinet around the level of movement that we are seeing, which Dr Coleman may be in a position to speak a little bit about, but the data I have seen is mainly around Sydney and Melbourne movement rather than ACT.

Dr Coleman: I can talk to the movement data. There is some for the ACT that goes to national cabinet, and that generally shows that since the first steps of the easing of restrictions, movement has generally trended up in terms of people accessing driving directions, going to parks, spending less time in their homes. I do not think there is specifically a question on working from home or not working from home in that data collection.

MR PETTERSSON: Okay, thanks.

THE CHAIR: Thank you. I think that is about all that we have time for, unless one of my colleagues has a quick question. No? I think that is it.

Ms Stephen-Smith: Perhaps Mrs Dunne.

MRS DUNNE: I do. Could I ask to be provided on notice with some information about the hospital occupancy rates at both TCH and Calvary, say, since the reintroduction of elective surgery to see what the occupancies are on a weekly basis or a daily basis—whatever is accessible data that can be provided to the committee?

Ms Stephen-Smith: Yes, we can take that on notice.

MRS DUNNE: Great.

Ms Stephen-Smith: I am happy to take it on notice, but it may be easier if you write something and submit it so that we know exactly what it is that you are after, if that is possible.

MRS DUNNE: Yes, happy to do that.

Ms Stephen-Smith: Thank you. That would be very helpful.

MRS DUNNE: Okay, thanks.

THE CHAIR: Again, thank you very much, minister, to you and your officials.

Ms Stephen-Smith: Thank you.

SMYTH, MR BRENDAN, COVID-19 Local Business Commissioner

THE CHAIR: I welcome Mr Brendan Smyth, the COVID-19 Local Business Commissioner. I am sure that you are well familiar with the privilege statement; I dare say that you have come across it once or twice. Can you confirm for the record that you are okay with that?

Mr Smyth: I have read, understood and memorised the statement.

THE CHAIR: This hearing is being transcribed and webstreamed live. Mr Smyth, do you have an opening statement you would like to give the committee?

Mr Smyth: Yes, I would like to say a few words. Thank you for the opportunity to be here this afternoon. I acknowledge that we are meeting on the lands of the Ngunnawal people. I respect their traditions and their elders past and present.

What I would like to say, first and foremost, is that, as the ACT government's COVID-19 Local Business Commissioner, I am really impressed with the generosity that exists in the ACT both from landlords and from tenants and the way that almost everybody has participated in discussions with me and my colleagues. There are so many people out there who were ahead of the curve in giving rent holidays and assistance to their tenants, and I know tenants who were offered assistance and turned it down and said to the landlord, "Look, I'll be okay. Go and give it to somebody else."

So, first and foremost, the reaction of the community is fantastic. Although everybody does not always get what they want, there is a lot of goodwill out there in so many different ways, in what is a really difficult time for us all.

To date, the office of the COVID-19 Local Business Commissioner has received about 140 requests for mediation or assistance from 31 landlords and 83 tenants, two requests for residential assistance, which I have been very happy to send on to the resolution service—they are doing a good job as well, and I acknowledge Mel Haley and her team—and some 24 requests for advice on various aspects of business, whether it is, "Have you got an introduction to a diplomatic mission," or, "How do I get a visa for my child to get home?"

There has been a lot of activity there. Of the 140-odd cases, I would say that 113 are resolved. Sometimes they reopen—what was put in place does not necessarily always work—so, of the 140, 113 have been resolved and 27 are still very active.

There has been a great deal of appreciation for the way in which the ACT government is handling this. People know that nobody wants to shut down business, nobody wants to restrict business. None of us want to be here dealing with this, but we are. People are appreciative that it is a balance of caring for people's health and protecting lives against making sure that we can keep the economy open. Some days they are not happy, but they are appreciative.

People are also appreciative of the access to government and services like that being offered through my office. Everybody would always like more but, in the main, they

are appreciative of the levels of support and the type of support that the government is giving in a very target and focused way, as well as the sectors that are being helped.

People are also aware that, because the ACT has got two levels of government, we are able to target support in a different way to the New South Wales government. I think people are appreciative that they can ring up and give ideas and suggestions. I know that the government is open to that. As the pandemic evolves, we will all need to continue to work together. With those words, I am happy to take questions.

THE CHAIR: Firstly, with regard to the franchisees or independents in the major shopping malls, most notably QIC and Westfield, have you had a chance to mediate or negotiate or at least communicate on behalf of any tenants who have sought some sort of remission from these major players?

Mr Smyth: Yes, we have. We have dealt with just about all the major shopping centres throughout the ACT. I should say that the information that I receive is treated as confidential. When the service was started, it was said that it was free, voluntary and confidential. I am happy to talk at the broad but would be cautious about details.

THE CHAIR: Of course, the generality is fine, but I am specifically asking about the big listed property managers.

Mr Smyth: We have talked with multinational companies, national companies, local companies, the chains, all of the major town centre providers into the group centres, all the way down to mums and dads. We have covered the lot and, yes, we have talked to franchisees, we have talked to licensees, we have talked with people who have agreements. Interestingly, there are a lot of people out there whose leases have lapsed but they have continued on a month-to-month basis, which adds a particular degree of difficulty; but, yes, we have talked to them all.

THE CHAIR: Again, the big listed national or internationals—I am not talking about the locals or the independents—have they come to the table and offered reasonable concessions?

Mr Smyth: In the main, yes. There are a couple of centres that are, perhaps, lagging behind some of the others. There is one that is a franchisee in a large mall who has an interesting lease that is coming to an end. So some of it is degree of difficulty. Some of the people that we are dealing with have problems that existed before the COVID period and that have now been exacerbated by what is going on; but, yes, we are talking to most of the major retail centres.

THE CHAIR: If there are still concerns about negotiations, are you still taking new cases?

Mr Smyth: I signed up three yesterday afternoon. Perhaps it might help if I went through the process. The way that it is set up is that we would generally just refer people to the government's website. If people do not know, it is: www.covid19.act.gov.au. When you get to the website, there is a "Business and work" and then it asks you what sort of business or what sort of work it is. So there is a place that we send people to go to to start.

Following that, if they contact the office, we try to triage it—is it a request for information or a request for actual intervention? A lot of people start with the information. I say, “Look, I’m not a lawyer. I’m not an accountant. I’m not a business adviser. If you want legal, business or accounting advice, you should go with those professions who understand it far better than I.”

We then try to get their side of the story. So let’s assume that it is a tenant. We ask them what the deal is. We try to get them to give us a picture of what their turnover has done because it is really turnover based. We try to do it month on month, so April, May, June and July now. Then I ask for their permission to go and talk to their landlord.

In a number of cases, they have not wanted assistance. We give them guidance; they go off themselves. Otherwise I will go and talk to the landlord, try to put both cases one to the other. In most cases, that has been satisfactory and sufficient; but probably in 20 per cent of the cases we sit down around the table, “Okay, what would you like? What can you give? What would you like? What would you like to get back?” Most of those have worked out reasonably successfully.

At this stage, 95 per cent of the cases that we have dealt with will work out with a successful outcome for both, or a reasonable outcome for both sides. Unfortunately, about three per cent of the businesses that we have been dealing with have decided to end their business—they just do not see a way forward, they do not have the cash reserves. There is a lot of mental angst out there, so they have decided that it is better just to close rather than continue. Probably two, or maybe three, per cent of the cases we are dealing with will end up in the tribunal.

MS CHEYNE: Are there businesses who, in your view, are using or potentially using COVID-19 as a bit of an excuse to try to achieve other arrangements with their tenants?

Mr Smyth: Yes, there is—and on both sides. There are some tenants who will not provide a number for their downturn that means anything. You know, “We’re 63 per cent down.” Well, 63 per cent down on what? So some tenants have tried to gain an advantage; but there are certainly landlords that are doing the same. I am not going to go into specifics—I respect the confidentiality of the information that has been given to me—but a couple of landlords, I think, have behaved poorly and are using COVID as a cover. The code and the legislation talk about acting in good faith, and there are some that I would say are not acting in good faith. Thankfully, it is a very, very small number.

MS CHEYNE: In your role, how do you respond when you come to the conclusion that good faith is not being followed? Are there things that you can say or things that you can point tenants or landlords to to try to make them see sense? Do you have an ability to try to bring people to the table in a genuine way?

Mr Smyth: That would be the outcome that we would desire—that people deal with each other fairly. We try to provide as much information as we can. Where one party says, “We need you to do this,” and the other party questions it and might ask me for

advice, I will go to the source—in most cases, that is the Chief Health Officer—to find out whether it is COVID or not and what advice has been given and what advice should be followed. One can only assume that it is an accidental misinterpretation of what they were told. I would try and correct that. If they will not acknowledge that, I can be quite firm in saying, “Well, I think that your interpretation is wrong,” or, indeed, “Your interpretation is wrong,” simply because the Chief Health Officer says it is wrong; but there are a very small number of cases in that regard.

MS CHEYNE: When you say that it is a very small number of cases, is there a percentage of the cases that you can give us? Is it 10 per cent or two per cent?

Mr Smyth: It would probably be two per cent or less. As I said at the start, most people have behaved very well in very tough times when they are under an incredible amount of stress; but there is always somebody who is willing to take advantage of an opportunity as they see it.

MS CHEYNE: Are those cases taking up a disproportionate amount of your time?

Mr Smyth: They tend to take up a little bit of time. We are dealing with multinationals through to mums and dads who have bought a unit in a commercial facility as their retirement fund, so it varies. Some get the message very quickly, some come to an understanding very quickly. I had a discussion with one lady who went back to the foundation of the constitution as the justification for trade between the territories and the states and we were getting into this constitutional law dilemma. I am going, “Yeah, okay, this is about a code for now.” So it does vary.

MS LE COUTEUR: The original media release that was put out about your role said that you would be providing advice to the government about systemic issues facing the business community during the COVID-19 pandemic. What systemic issues have you found?

Mr Smyth: It is great being out there talking to and listening to businesses. My colleagues and I have talked to several hundred businesses over the last three or four months. There are a number of mechanisms that we use. I am not sure if the committee is aware, but, under the code, an advisory committee had to be formed. So Renée Leon leads the commercial tenancies advisory committee. We meet every two weeks to discuss what is going on and to get a feel for what is coming. Treasury provides support to my office and me in terms of technical support and interpretation of policy. We can access the Government Solicitor if we need to, and I talk regularly with ministerial officers, if required.

The issues have evolved over time. Initially, it was about when will it happen, and I think that the government tabled the bill and the Assembly passed it that day and a couple of days later it was assented to. So we were quite out there in terms of jurisdictions getting it done, so well done to the Assembly in that regard.

Initially, it was interpretation. A lot of people had heard the Prime Minister say, “Well, 50 per cent wave, 50 per cent defer,” but then did not hear the rest of the sentence of, “relative to your downturn in turnover.” So there were all these people who thought, “Hallelujah—I don’t have to pay any rent for six months.” So a lot of it was getting

people to get into the detail and to come to an understanding of how it would work and that it is really by negotiation.

There were issues where, for instance, tenants thought that the landlords should just hand over the money bags, but there are landlords out there who are doing it incredibly tough through personal circumstances or large exposure to the banks. A lot of tenants thought that it would happen automatically, whereas we have a small number of landlords who genuinely have no capacity to hand much over in terms of cash relief to their tenants. It was about working out other ways to go around that.

There was a lot of confusion about what “deferred” actually meant and how that would start. We assume that the end of the pandemic declaration is September, so do they have to pay it all back on 1 October, which a number of the landlords were keen for that to happen. The code says that it is over 24 months or the length of the lease, whichever is the longer.

One of the things that we have found is that financial literacy for some is not good and even understanding how a deferral might work. There are some very valuable properties in this city where, if your rent is 20 grand a month and you defer half of that for six months, there is \$60,000. You repay \$60,000 over 24 months, that is \$2,500. You add \$2,500 on top of your \$20,000 rent, that is some people’s profit margin. So we actually got down to tin tacks with people, where we were helping with their budgets and trying to understand the numbers. The government has the Canberra business advice and support service, where free support is available, and we have said to people, “You really need to go back to the accountants and do that. So financial literacy is a problem.

There is a lot of concern about what was to happen with JobKeeper and JobSeeker. As of the announcements this week, that is now much clearer for people as to how they move forward with that. People were really hanging off that commonwealth support. There were issues of whether JobKeeper should be included in turnover. Some landlords were saying, “You’re getting two or four or six or eight lots of JobKeeper; therefore, your profitability is higher.” The view is that JobKeeper is not to be taken into turnover; it is a government payment through the business to an employee. In some cases it may actually improve the profitability of the business by taking a burden off. Victoria has specifically said that it is not to be included. If you go from the declaration through the code and follow it, the line is always about the decline in turnover.

There were issues about people not quite meeting the guidelines and what they can do. We have said, “These are the ways that you can access government support in other ways.” Particularly with the hospitality industry, there were concerns about the four-metre rule. We went to level 2 and then it was 2.2 and then we were going to go to three and then we were not. People are frustrated, but they do appreciate that health comes first. So the movement from four square metres down to two square metres and social distancing is particularly hard for the hospitality and retail sectors. It also affected things like tutorial schools, such as Kumon, and music schools and some dance schools.

There is a whole range of concerns and it is not static. As the situation changes, it is

continually changing. As I said at the start, we do not offer business or accounting or legal support; that is not my role and not the role of the government. We constantly advise people that there are free services by going to the website or that they should go back to their accountant, lawyer or business adviser and make sure that the numbers are done properly.

MRS DUNNE: Could you provide the committee with some advice about the sectors that you are dealing with? Is it hospitality, is it retail, is it services or is it across the board?

Mr Smyth: It is across the board. The biggest group is commercial tenants—that is about 32 per cent. Retail is about 27 per cent of the clients that we speak with. Hospitality is 25 per cent. Some cafes are in shopping malls, so there is a bit of crossover there, but hospitality is about 25 per cent. Oddly enough, four per cent are from doctors, dentists and other health providers. They are largely tenants as well, and the one that amuses me is that two per cent of our clients are lawyers who are tenants arguing against other lawyers and landlords. That does bring a smile to my face. Two per cent are dance schools; two per cent are educational service providers; about two per cent are gyms; and then one per cent is from the construction industry; one per cent is used car yards; one per cent is tattoo parlours; and about one per cent is brothels. So I reckon that that is a fair coverage of the Canberra business community.

MR PETTERSSON: Are you still doing any work as international commissioner?

Mr Smyth: The international commissioner work has continued. Oddly enough, it fits in rather nicely with the local business commissioner work. Firms that might have participated in a trade mission overseas or were expecting an inbound delegation that they saw an opportunity with, suddenly did not have that avenue to business. So we have given a number of firms advice on how they get online.

Specifically, given what is going on around the world, some Canberra firms needed access to diplomatic missions and asked if we could make introductions. So, in the last couple of months, we have had a lot of conversations with the New Zealand High Commissioner, and I compliment Dame Annette King and her team for the assistance that they have given us, particularly with trying to establish trans-Tasman flights, preferably Canberra-Wellington.

We have dealt with Singapore a lot, with China, Korea and Japan. We have had requests for assistance in meeting representatives of Ethiopia, the UAE, Cuba, and Israel. The international engagement work has not stopped, and it is probably more important now because when the market resumes, every government, every jurisdiction, will be back in there in force and we have worked very hard to keep those relationships going.

MR PETTERSSON: You mentioned a couple of times your team and the people that work around you. Are they still the same people from the international engagement office?

Mr Smyth: It is the same team. There are four of us. Two of us are dedicated full time now to the local business commissioner. The office manager is triaging the calls

as they come through. The director of policy is providing policy advice and assistance on business and understanding of the markets, and the assistant director of the engagement programs is dedicated full time to COVID activity. The calls just keep coming thick and fast.

THE CHAIR: With regard to commercial rates in the territory, have you had much to do with advocacy for tenants that have outgoings or for property owners, due to hardship?

Mr Smyth: Yes, we have. A number of them are local concerns and some of them have been quite complex, in that you might have a landlord that leases a building and then that building gets subleased, so there is a bit of a chain of activity that might involve two, three, four parties sometimes. The government's intention was that the rates relief goes obviously to the owner of the property, with a view that that relief would then flow through.

Sometimes it takes a little bit of time to do the numbers and to ensure that the flow-through is there. If you are negotiating between three or four parties, trying to get all parties into a happy spot takes a bit of time sometimes. Sometimes I feel that everybody walks away unhappy, which probably means that they have all got an equal share.

Specifically where a business comes through and they have gone to the website and they are not sure how to do something, they ring us. We will either talk them through it or find somebody in the treasury that can help them more—we have a couple of contact numbers that we use. Perhaps this goes back to Mr Pettersson's question: while it is just the four of us from the office of international engagement, we have a lot of support from the business support unit. Access Canberra is also taking calls but also some things we refer back to them and they look into them for us. We certainly work with treasury, and a great number of the treasury officials have been very, very useful and helpful to making this work. If we need legal advice, the GSO is there.

We are the spearhead of a big team. We often refer things to the economic development directorate or to invest, industry and innovation when people are looking for assistance or looking for detail as well. We have access to all of that, but, specifically with the rates, yes, we can send them to the website, we can find somebody in treasury or we can advocate for them. There has been a number of specific cases.

THE CHAIR: Obviously, the detail of any example is confidential, but are you aware of any act of grace payments or any waivers?

Mr Smyth: No, I am not. We would tend to hand them over to treasury. In a way, I would almost prefer not to know because I want to treat everybody fairly, and once you start knowing outcomes, outcomes are individual. When you go back to the code, the code talks about bespoke arrangements.

If there is one thing that my team and I have learned since we started this particular role is that they really all are bespoke. It depends on the length of their lease or whether they have got a lease, what is the time left on it, how willing is the landlord to

assist, how much JobKeeper a business is getting or not getting. Everything is quite bespoke. Once we hand them off to treasury—except for requests for, “Can you check on where my application is”—I tend to stay out of those details.

MS CHEYNE: How do people find out that you exist—not you personally but your role? Do you know how tenants or landlords are finding out that your role is there and that they can approach you? What are the routes that people are taking to learn that they can approach you and use you as a resource?

Mr Smyth: First and foremost, most of the inquiries are coming off the website or they are coming from word of mouth or just from Access Canberra. If members are not aware, there is an Access Canberra busy liaison line—6205 0900. For anybody out there listening, if you need to ring, 6205 0900 is the number. We get a lot through Access Canberra. We get a lot directly through the website.

The website directs people to my office, so it is just the standard office number, which is 6207 8976. They can email me at Commissioner for International Engagement—cie@act.gov.au. I noticed on the weekend on the Canberra community noticeboard on Facebook that there was reference to the work that we are doing, where people are saying, “You need to ring the commissioner.” So that word is getting out there organically into the community. A lot of it is just word of mouth. Somebody rings and says, “Look, you helped my friend with their problem, can you help me?”; and we say, “Yes, of course we can.”

It has been advertised widely. Both the Chief Minister and Minister Ramsay have spoken of it on many occasions. It is there on the website. It is there through Access Canberra. It is there through word.

MS CHEYNE: Are you finding anyone who is surprised to learn that you exist or frustrated that they had not heard of you sooner?

Mr Smyth: I am surprised at the number of people who have worked this out themselves with their landlord or their tenant. It really is the tricky cases that are coming to us. The Real Estate Institute got out there early in terms of residential tenancies and they tried to make that work for both sides. The number of landlords who just gave rent holidays was extraordinary. If you had a super good proactive landlord, you were lucky. Some were looking with envy across the street from their building where some landlords responded a little bit slower or had less capacity.

Again, when you get back to the code, it is about proportionality, it is about the ability to share the burden equally. Some landlords can obviously carry more than others, given their circumstances and their maturity in the business cycle of their property; but people do not seem to be having trouble finding us. If you know anybody, we take referrals and, indeed, a number of MLAs have sent people directly.

MS LE COUTEUR: You talked about landlords being able to offer rent reductions. I have read that this is largely due to the banks offering deferrals. Is that the case? If so, what is likely to happen in the future?

Mr Smyth: It is a good question and it goes back to that question of issues that you

raised earlier. I think that some landlords realise that an empty shop at the end of six months is not going to be good in a market where there is probably going to be a lot of empty shops or units, to quote the Prime Minister's line, on the other side.

A lot of people are doing it, you might say, for commercial reasons. I get a sense when talking with a lot of landlords that a lot of them have had the same tenants for years and they are kind of like family. There is that unwritten fish and chip that often does not get acknowledged in the landlord-tenant relationship. A lot of people are lucky that their landlord or their tenants are good in both directions, so they are willing to help.

Some, unfortunately, just do not have the capacity to be as generous as others. Again, it is to do with their place in the maturity of the business cycle. If you have just purchased a shopping centre or a unit and you are in hock to the bank, your capacity to give large rebates is really stymied. We have sat around the table a couple of times and, at the end of it, you can only assume that both the tenant and the landlord are going to lose the lot because the landlord has got big debts to the bank and he needs the income and the tenant has no income so he cannot pay the rent and they are both going to lose. That has not happened a lot but there have been a couple of mediations that we have done that are just harrowing. You could see that they both knew what was going to happen and there was no way out of it.

The feedback we get about the banks is muted. A number of people think that the banks have been good; a number think that they have not been good and that they could have done more. There is a fear that if you are deferring your loan payments and the interest is being capitalised, that you are actually going backwards. So if you have done that and at the same time you have deferred rent and 1 October looms large, a lot of people are anxious. Even today, given what has happened in Victoria in the last two weeks, it is impossible to predict what it will look like by the end of September.

If you are in retail, for instance, now is when you are starting to do your Christmas orders. A lot of Christmas orders are already done. If you did not have a good Christmas because of smoke and then the fires, and with winter it is very quiet now, and you do not have the capacity to put in advance orders and purchase, then your run-up to Christmas becomes a different story.

There has been a rapid shift in Australian Christmas retail from pre-Christmas, like giving vouchers for the Boxing Day sales. If Christmas does not arrive and we are seeing a lot of people putting cash into the bank or paying off debts and paying down their credit cards, and if that trend continues and Christmas is a bit bleaker or a bit glum, then there are difficulties coming there as well. An enormous number of factors are at play here. Again, it goes back to the code and that bespoke nature. There are no two cases that we have done that are exactly the same.

MS LE COUTEUR: Are there many cases where you think that ACT businesses are zombie businesses—they are just continuing to survive because of JobKeeper and because of the relaxation of the bankruptcy laws?

Mr Smyth: Chris Richardson from Deloitte Access mentioned this the other night. He

was saying that there are a lot of businesses that would not survive in abnormal circumstances like this. If there is something that my colleagues and I have come to appreciate is that there are a lot of really good business people out there who are working hard. They are planning, they are maximising their return, their business is changing, their delivery system is changing, they are minimising their costs as best they can.

Then there is another group that you might call people in business who are expert in a subject so they have opened their scrapbooking shop or they are finally running a bar or they are frustrated that they never got on to MasterChef so they have opened a restaurant. Twenty-eight years of not being in recession in Australia is an amazing record and a lot of these people have not encountered economic circumstances like this. The GFC was bad, but it is not compared to this. For a lot of people that easy lifestyle of running a business and money rolling in is not the case.

I know that you have had a small business, Ms Le Couteur. I have had a small business; my family had businesses for 40-odd years. Small business is never easy, but it is so incredibly hard now. That goes back to what happens post October when the JobKeeper and JobSeeker changes and it is harder to access that. You might get to a phase where you have to start repaying debt, and even an extra \$500 a month for some of these businesses will be very hard.

MRS DUNNE: This is something that I raise with a lot of the organisations that come before us: are you aware of unmet need? Do you have the capacity to meet the needs of the people who come through your door? Looking forward to those key milestones, like when JobSeeker and JobKeeper start to wind down and other assistances start to lift, do you anticipate that you will see more people?

Mr Smyth: We have actually had this discussion in the office as to what would trigger greater need. At this stage, if we get a call or an email, it is answered within 24 hours. Some have taken a considerable period of time to resolve because you have got to get the pieces to come together. Again, it goes back to some of the financial literacy that I spoke of before, where some do not understand it as well as they could or should. That is why I say that we are not lawyers, accountants or business advisers. We make sure that people understand that they need to go to professionals.

In terms of the office's current situation, we are coping and I think that we are getting back to people mainly in a timely fashion. It worries me that there is a whole lot of things that are outside of the control of the ACT government. No government wants to restrict business. No government wants to put onerous conditions on the operations of business, but the government has had to do that. What the commonwealth does will have an effect. For us, certainly what New South Wales does we have to take into account. Who would have thought that Victoria would have gone the way it has? You can plan for what you know and be prepared for what you do not, but when it turns up it is how you cope.

I think that 30 September looms large as a time when there will be a lot of reassessment going on. The next milestone after that will be in the first week or two of January, where people will go, "Christmas arrived. Thank God we're good," or "Hey, Christmas didn't arrive. We're in trouble." A lot of it will be about the commonwealth

support, tax reform, those sorts of issues. At the same time, the ACT government will continue to have its tailored programs. The beauty of the ACT as a jurisdiction is that it is small, it can move very quickly. It can target what it does, but, as we all know, the ACT also has limited resources.

THE CHAIR: With regard to property valuations, have any concerns been expressed to you either from a tenant's point of view arguing that rent should be less on an ongoing basis, or from a landlord's point of view about their yield and what impact that will have on the value of the building?

Mr Smyth: Not specifically on the value of a property, but there is often discussion particularly where leases are coming to an end or the next increment in a lease is coming up—on 1 June you are due another two or three per cent increase—and what happens there. As to property valuations, no, not that I recall.

THE CHAIR: With regard to resources for your office, what do you have and what do you need in order to continue advocating for local businesses?

Mr Smyth: The resources we have got at this stage are fine. At my fingertips I have access to all parts of the ACT government. I would like to thank my three colleagues. They have done a great job in an area that most of them have not worked in at all. Negotiating commercial leases is difficult at the best of times and it is not, certainly, a field that I ever thought that I would be in. The staff have really stepped up and I thank all three of them personally and sincerely. I have had a lot of compliments about the staff and the way we have followed up, and the way we have called up with people to make sure that at a personal level they are were okay but also that financially they were doing okay.

The beauty of the ACT government and the programs that it has put in place is that I can reach into the areas that I need. If I need support from the economic development part of the directorate, we know those people, we can get advice and put them in contact with people that are seeking to change their business model or need advice on access to markets. So working with III, as they are known, is always a pleasure and they do a good job.

At the other end, if we need legal advice, I have access to the GSO so we can get clarity on what we can say or not. Again, I say we always refer people back to their own lawyers. The whole of treasury has also been great. As an observation, the ACT public service, as a whole, has really stepped up. The turnaround on our requests has been excellent. Particularly the people in treasury understand that a day or two in a negotiating sense can make an enormous difference. They have been very good with the turnaround and very good at the follow-up.

In terms of the business advice side of what we are doing, again, we can go to the business liaison units in economic development and get advice or find out what the programs mean for somebody who is having difficulty understanding them. A lot of this comes down to interpretation and we try to make it as clear and as accurate as we can. Again, having access to all of those arms of the government has been very useful.

THE CHAIR: What interaction do you have with the coordinator-general for the

COVID-19 response?

Mr Smyth: There is communication all the time from all the various arms, in regard to what happens. I am on all the email chains and we get all that information. Trust me, there is a great deal of information provided and it is constantly updated. I think that some of the confusion for some businesses is that, unfortunately, when the situation changes—for instance, with Victoria it has changed so quickly—that iterations of the advice are coming out constantly. It is about making sure that you are accessing the latest advice. The source for all truth in this, from the ACT government's perspective, is to be found at www.covid19.act.gov.au and people should go there as their first port of call.

THE CHAIR: With regard to development applications and delays that are well documented in this space, have you been called in to either advocate or mediate with the planning directorate on behalf of any small businesses?

Mr Smyth: Planning has come into it. We have had a couple of requests there. I just try to find the person that is handling the application or has the expertise there and try to make that connection. Again, some of these are pre-COVID. God bless them for taking the opportunity to have a reassessment and, in many cases, it is entirely appropriate to ask those questions.

It goes back to the previous answer—the ability to navigate the ACT government very quickly and the openness with which the requests are received makes this very easy. I just try to find the right person who can answer that question as quickly as possible. In regard to DAs, probably two or possibly maybe three have asked for assistance, and we have just found the right person to refer them to.

THE CHAIR: Thank you, Mr Smyth. That concludes today's hearing on the ACT's COVID-19 pandemic response.

The committee adjourned at 4.24 pm.