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, 5 JUNE 2020

Secretary to the committee:
Mr H Finlay (Ph: 620 50129)

By authority of the Legislative Assembly for the Australian Capital Territory

WITNESSES

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Amended 20 May 2013

The committee met at 10.33 am.

STEPHEN-SMITH, MS RACHEL, Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Families, Minister for Health
McDONALD, MS BERNADETTE, Chief Executive Officer, Canberra Health Services
PEFFER, MR DAVE, Deputy Chief Executive Officer, Canberra Health Services
JONASSON, MS KYLIE, Director-General, ACT Health Directorate
BRIGHTON, MS MEG, Deputy Director-General, Health Systems, Policy and Research, ACT Health Directorate
COLEMAN, DR KERRYN, Chief Health Officer, ACT Health Directorate

THE CHAIR: Welcome to this online hearing of the Select Committee on the COVID-19 pandemic response. It is good to once again have the health minister and her officials join us. As per usual, a copy of the privilege statement has been sent through to you all. I ask you all to advise that you understand the privilege implications of that document. I remind you that, once again, this is being streamed online and it is being recorded by Hansard for transcription purposes. Minister, if you could get the ball rolling.

Ms Stephen-Smith: I acknowledge the privilege statement.

THE CHAIR: And if each of your officials could just cycle through that, it would be good.

Dr Coleman: I acknowledge the privilege statement.

Ms Jonasson: I acknowledge the privilege statement.

Ms McDonald: I acknowledge the privilege statement.

Mr Peffer: I acknowledge the privilege statement.

THE CHAIR: Do you have a brief opening statement, minister, or should we go straight to questions?

Ms Stephen-Smith: No, we do not have an opening statement. We are happy to go straight to questions.

THE CHAIR: Minister, could you please tell me the process for how you determine what is permissible with regard to COVID restrictions?

Ms Stephen-Smith: I will throw to Kerryn Coleman, who, as we discussed yesterday, as Chief Health Officer, is responsible for actually making the public health directions under the public health emergency. The act gives the responsibility and the power to the Chief Health Officer. However, the process in terms of the consideration by cabinet prior to that is, generally, that Dr Coleman briefs the security and emergency management committee of cabinet or a cabinet meeting and discusses where she is intending to head. That is, of course, informed by the Australian Health Protection Principal Committee conversations and the discussion and decision-making in

national cabinet, of which the Chief Minister is obviously a member.

In relation to, particularly, stage 2.1 and the road map for Canberra's recovery plan, Dr Coleman did actually provide the security and emergency management committee of cabinet with a document that outlined the factors that went into her decision-making and, particularly, the cumulative risk issues that I talked about a couple of times in the Assembly yesterday. Those are also, obviously, the factors that are taken into account by the Australian Health Protection Principal Committee in making its recommendations to the national cabinet. It is, in turn, informed by a range of subcommittees or bodies. I will let Dr Coleman take it from there to talk about how that process works and how she makes her decisions.

Dr Coleman: The recommendations provided to cabinet are based on the Australian Health Protection Principal Committee framework. In terms of the easing of the restrictions, there is a road map which has been agreed to by national cabinet and it is defined into different categories of activities.

From my perspective, with my staff we go through a formal decision-making process in which we consider the risks associated with each activity. We identify the likelihood and the consequences of those, and we actually have a look at the multiple impact of having different activities. As you might know, every single interaction is a risk of transmission; so we actually have to look at the likelihood of each of those interactions, what are the consequences of that and then what all that looks like together.

Then we come up with a picture where we also get some input around some social and some economic impacts so that we can have a look across the community. They are all brought together in a recommendation. We discuss those across the directorate and then we present those to cabinet for consideration.

THE CHAIR: What is the nature of those recommendations that get brought to cabinet?

Dr Coleman: Cabinet is asked to note the specifics around which activities and businesses will be restricted and what is the gathering size. All the things you see in the directions are presented to cabinet, with "noting" my decisions underneath that. This is done in combination with the Coordinator-General for the whole-of-government response for COVID, Rebecca Cross, as well as the Director-General of Health, Kylie Jonasson.

THE CHAIR: And if it is your determination, why does it need cabinet's noting?

Dr Coleman: It needs cabinet's noting because it is an important part of the process in terms of ensuring that we have considered more of the implementation aspects of those, as well as to ensure communication measures, moving forward.

Ms Stephen-Smith: To provide a bit of context, generally speaking, these things are discussed at the security and emergency management committee of cabinet, which also includes officials. It provides an opportunity also for officials across each directorate to consider implementation issues and to provide advice to cabinet in

relation to those. Sometimes we have been considering, in terms of the road map, not only the directions but also some administrative arrangements, such as whether campgrounds are going to be open or closed, the practical implications of opening playgrounds and those kinds of things. It actually is a checkpoint to make sure that there is a whole-of-government consideration of the practical implications and the flow-on effects to administrative arrangements.

THE CHAIR: There are times when the proposed plan has changed, following that consultation with the subcommittee or full cabinet?

Dr Coleman: There have not been changes to the plan directions themselves, but there may have been changes to some of the underlying administration requirements. Particularly, what we focus on at those cabinet meetings is a discussion around the communication requirements and where we might need enhanced communications for particular sectors of the community and businesses, and what kinds of questions we may need to discuss further in terms of implementing interactions.

Ms Stephen-Smith: I can give you a really practical example of that, without speaking out of turn, in terms of cabinet conversations. One of the specific areas of the directorate is around community centres and facilities, but there was not a specific mention in the directions of arts activities and cultural activities. One of the conversations in the room was that we need to ensure that the people in those sectors understand where they fit into the picture and we need to have a specific communication strategy in relation to those sectors. It is not about changing the Chief Health Officer's recommendations or directions; it is how we communicate those across all the different sectors to which they are going to apply.

THE CHAIR: When community members contact a minister with concerns about the implementation of a particular aspect of the restrictions, how is that fed through to Dr Coleman or the team working on the determinations?

Ms Stephen-Smith: Generally, if it is outside that CEMC process, officers will forward those things on to my office, or sometimes people will write directly to me or other members of the Legislative Assembly will. Those are passed on to the office of the Chief Health Officer and either they respond directly to a constituent or they will come back to the office for us to be able to provide a response.

There are various ways of doing that, and there are obviously the broader industry consultations and sector consultations that ministers and their staff are having that then feed into the conversations that are directly between the Chief Health Officer and other directorates. Economic development in the Chief Minister's directorate has been very involved in the conversations on how the Chief Health Officer makes those directions and the communication of them practical.

Those meetings have taken place with the Australian Hotels Association, the United Workers Union and others—the hospitality roundtables. I know that Dr Coleman and the Chief Minister have been involved in direct discussions with the hospitality sector about how this can work. There are a range of ways that that information feeds back to the office of the Chief Health Officer and a range of ways that they would then communicate back with those sectors.

THE CHAIR: There is a practical way for those associations and unions to be able to feed in practical measures about the determinations?

Ms Stephen-Smith: Yes, absolutely. I think one of the examples that I raised yesterday was the clarification in relation to what a wall means in the definition of indoor space. That obviously fed back from some compliance activity from Access Canberra over the weekend. There was some confusion. I think we are very happy to acknowledge that there is always the potential to improve the communications. We had a conversation this morning about the website and the need to consolidate some of the FAQs so that they are easier to find on the website.

This is not unique to the ACT. I spend a bit of time looking at other jurisdictions' websites and all the directions are complex and all of them are going to have challenges around communicating that information. But that open flow of communication is what is helping us to address those issues as they arise.

MRS DUNNE: Could I go back to a point that was made very early in that exchange by Dr Coleman. Could you expand on what sort of economic or social factors and things you take into account when you are making these declarations?

Dr Coleman: This is primarily around directorate consultation and the inputs on those decisions that those directorates make—ultimately, for example, the social inputs around the importance of opening up community centres and the arts aspects, as well as the sporting aspects, in terms of engaging communities and giving that opportunity as part of the restrictions, moving forward.

MRS DUNNE: Economically, what things do you take into account?

Dr Coleman: The treasury gives us a little bit of understanding about the potential impacts on the economy, large or small, and then we can make decisions within the options that we have, based on what that might look like.

MRS DUNNE: Would you have some sort of scenario modelling from treasury that if this part of the community is closed, the economic impact or the employment impact might be X, Y or Z, and the sort of escalations and de-escalations of that model?

Dr Coleman: I can tell you what I perceive, which is very much that this sector, moving with this aspect, would potentially have a small or a medium impact on the economy. In terms of how they come up with that advice, I would suggest that you seek that information.

MRS DUNNE: You are getting a macro that says "small" or "medium" but not a drill down into what that actually means?

Dr Coleman: No. I am getting a picture which allows us to actually have a look at some of those different options.

MRS DUNNE: Can I just follow up with the minister: when that goes to the cabinet subcommittee, is there discussion in the cabinet subcommittee about the economic

and social impacts of health directions?

Ms Stephen-Smith: Yes, absolutely. That is part of the conversation, and I mentioned cumulative risk right at the beginning yesterday in the Assembly; but there is also cumulative benefit to the community, and those things need to be balanced. As I said yesterday, the Chief Health Officer has taken a decision as part of these conversations around actually providing a comprehensive response to stage 2 of the easing of restrictions, and it was really part of that conversation around the broader community and economic benefit of being able to open things like gyms and indoor fitness centres, as well as being able to provide the capacity for many hospitality industry businesses to be at least able to start reopening in a viable way. Those things are taken into account and balanced, and then the Chief Health Officer is doing the cumulative risk assessment of those different industries and sectors and gathering sizes.

MS CHEYNE: My question is for the Chief Health Officer and follows on from what we were talking about a fortnight ago, regarding visitors. I appreciate that, particularly for people with maternity or birthing care, things have changed in the time between when we last spoke and now; but I want to get a full sense of why those limits were in place, particularly for birthing and maternity care. What has changed? When did that change behind the scenes and what influenced those decisions?

Ms Stephen-Smith: I might throw that one straight to Bernadette because that is, in a sense, one of the administrative decisions we are talking about, rather than a direction.

Ms McDonald: We have, all along through this whole pandemic, been assessing our visitor restrictions in all health services across the ACT. Through the CHECC, the Clinical Health Emergency Coordination Centre, we have been working with the public health team on the directions and restrictions, as well as the commonwealth restrictions, to keep our health services in line with the easing of restrictions as they happen, but a little behind, in that, as restrictions are eased within the community, we want to play it very safe with our most vulnerable people—our patients in our health services—as well as our staff, and keep protecting everyone. We have waited to see what the easing of restrictions in the community might look like in terms of community transmission, and then made judgement calls in terms of easing those restrictions.

We have said right through the visitor restrictions that they are to be applied with compassion and common sense so that in paediatrics, in palliative care, in end-of-life situations and in our maternity services, staff and families can work together to try and make sure that social distancing is in place and people are kept safe—both patients and staff—but also to meet the needs of the individuals, the patients and, especially, those women who are giving birth with their support teams, but also parents and families of patients at end of life, in particular. Along with the easing of restrictions in the community, we have also eased some of our visitor restrictions, and we continue to look at when we can actually move back to normal practice and people can have as many visitors as they like.

One of the key considerations in all our health services, though, just like every other building, is space and maintaining social distancing. In a four-bed bay with four patients, each with one visitor—that is, eight people, plus staff coming in and out of

that area—you would understand that it is difficult to maintain social distancing in those spaces. We need to make sure that we do not have crowds of families and visitors all in at one time; hence, our visitor restrictions will always take that into consideration.

In maternity services, in birthing suites, we have been very clear with all our mothers-to-be that they simply need, in their antenatal visits, to talk about who they would like as their support team, and we will plan that and work through that with each of our mums-to-be in the most supportive and compassionate way wherever possible. For all of us, with visitor restrictions across all our health services, we are just trying to do it with compassion and common sense, but also our main aim is to keep everyone safe—our patients and our staff.

MS CHEYNE: Does this mean that, all along, people in their antenatal care and planning could have said, "I want to have a doula with me as well as my partner," on those compassionate grounds?

Ms McDonald: People were having those conversations. We were trying to accommodate that wherever we could. In some circumstances, in the early days, we were being quite strict with who was allowed to come in and how many visitors and support people patients were allowed. We were learning as we went in terms of what was the safest thing to do, and safety, all along, and protecting everyone was always our priority.

Whilst we still have some visitor restrictions in place, now we are encouraging everyone just to have a conversation with the staff that they are involved with and we will see what we can do–again, keeping everyone safe and recognising that not all our rooms will fit multiple numbers of people. Some of our rooms will fit only two people, and staff have to come in and out of those rooms. We need to maintain social distancing wherever possible with visitors and patients but still provide the exceptional care that we are striving to do across all our services. It is a balance and it is a challenge and it will be a challenge, going forward, while social distancing restrictions are in place.

MS CHEYNE: When did the CHECC official advice officially change, and was there any time between that advice changing and the public announcement about visitor limits changing?

Ms McDonald: We provided that advice at the end of last week to health services, recognising that health services would take a few days to actually make those changes. For example, at Canberra Health Services all our posters needed to be changed, and our address, our announcements in our car parks. There was a lot of material around that we needed to update. We had to make sure that our security staff were all updated on the changes to restrictions and we allowed a few days for each of the health services to make those administrative changes so that there wasn't confusion and there was some sort of consistency, wherever possible, with the implementation of that. It was a few days between us letting the health services know that visitor restrictions could be changed, issuing that guidance and then those changes being put in place in the health service.

MS CHEYNE: Finally, on the other end, literally end-of-life patients, where there is, perhaps, a large family all wanting to spend as much time as possible seeing a loved one, how can those families work with staff? What is the process of approaching staff on those compassionate grounds to ensure that they are getting that quality time with their loved ones at the end of their lives?

Ms McDonald: There are two situations here. If the patient was COVID positive, that would add another layer of complexity in terms of protecting the patient's family and visitors coming in. But if the patient was at end of life and was not COVID positive, then family would just have to talk to staff members. But we are trying to be proactive with our staff members as well so that they initiate those conversations with families and we can actually facilitate visits by different family members. As you would understand, we would still recommend that we do not have large numbers together surrounding a patient in a room. Wherever possible, that patient at end of life would be in a single room to maintain that privacy and dignity and the most compassionate end-of-life care that we can provide; but conversations with staff members are what we are encouraging everyone to have to try and make those arrangements wherever possible.

MS LE COUTEUR: My question is about buses. Clearly, on our public transport in the last year in the peak hours there was no social distancing; you were sitting right next to people. Once we start going back to work again there are going to be a lot more people on buses. How are we managing that from a health point of view?

Ms Stephen-Smith: I might hand over to Kerryn to talk about this, noting that Minister Steel spoke about the public transport management plan last week.

Dr Coleman: AHPPC has provided some general advice on this to all jurisdictions in the commonwealth and, I think, as the health minister has identified, they are using that in each jurisdiction. That advice contains and recognises the fact that we cannot socially distance or physically distance on public transport, and that does create a potential increased risk.

At the moment, because there is no community transmission in the ACT, there is no recommendation for the general public to consider masks. However, as discussed last week, there is a recognition that some people may feel more confident or comfortable wearing masks. There will, increasingly, be information coming out about how people can safely wear a mask, noting that wearing a mask in and of itself can promote transmission and create an additional risk.

I think there are other aspects, and different jurisdictions are doing this differently in terms of distancing, frequency—those aspects—and also trying to recommend different times of day that people use public transport to reduce crowding on those buses.

MS LE COUTEUR: One of the things that I cannot really understand is how we are going to put out the message that, in general, you should be 1.5 metres away from other people and that it is safe to be on a crowded bus—because passengers are much closer than 1.5. If it is safe on a bus, how is it not safe elsewhere? I read the advice that came out. I appreciate that probably the reason the questions were not answered

was that you do not have the answers yet. I am very interested in this, as a public transport supporter.

Dr Coleman: I think that it is a pragmatic reality to how we try and communicate these things and I do not think that we could ever say that anything is safe while we still have the potential of coronavirus infection. What we can do is advise people how best they can minimise their risks on public transport. There is the question of the duration of time, particularly in Canberra, that people are on public transport—noting that the 2-hour limit for enclosed spaces for contact tracing, in some ways, can mean a slightly lower risk if they are on public transport. I agree with you, and I think many jurisdictions are struggling with trying to get this balance right for people to understand the different processes and the different circumstances, and how they can best support themselves and make the right decisions.

MS LE COUTEUR: Have you looked more at masks? I have read things which have suggested that in other jurisdictions that is going to be the preferred option—if you are on public transport, you should wear a mask.

The other question is obviously about the COVIDSafe app. Have you looked at that in any way in this context?

Dr Coleman: Certainly AHPPC advice will continue to be that, with the current situation in Australia, the current epidemiological situation in Australia, it is not recommended that the general public wear a mask. This is because it is felt that the negative potential risks are actually greater than the potential positives because the risk is not high. That will stay that way, but it will be reviewed as and if the risk of transmission in the wider community increases.

I think that, as part of communicating around the benefits of contact tracing and how we can facilitate this, the directorate will continue to promote the use of the COVIDSafe app and link it to the appropriate communications, where possible. Absolutely, the COVIDSafe app will be a useful contact tracing tool if we get a case that is associated with public transport.

MRS DUNNE: I would like to ask some questions about the operation of the public health service as we come out of this. We have talked about visiting, but I would like to talk about the management of outpatient clinics, whether there is a backlog in patients waiting to be seen in outpatient clinics, and also about elective surgery. Generally, what are we doing in relation to elective surgery, how much cooperation is there with the private hospital system, what is the strategy to clear the backlog, when do you expect to clear the backlog, and the same, essentially, for outpatient clinics?

Mr Peffer: Thank you for the question. There is a backlog of elective surgery. I think that there has been some public commentary on those figures, in the region of 2,000 surgeries that did not occur.

MRS DUNNE: Could you, on notice, provide the committee with an accurate figure?

Mr Peffer: I can do that. I think the numbers move around, and the reason for day-to-day changes is that it takes some time to switch back on elective surgery—

MRS DUNNE: No, what I would like to know is: when we got to switching on elective surgery, both around 28 April and more recently, what did the backlog look like at those static points so that we have a sort of metric that we can work from?

Mr Peffer: We will be able to provide that. I will just caution that, day to day, that figure does change. As we have switched elective surgery back on, it does take some time to reschedule patients and coordinate the workforce and that sort of thing. In terms of backlog, the numbers do change day to day. We are fast approaching normal activity levels but that has left a backlog. I will provide those figures on notice.

How we intend to tackle that backlog is a large task and we are currently in the planning process for that at the moment. At a point in time in the near future, we will bring some advice to government through the minister on how we plan to do that—how we plan to tackle that backlog—and how long we think it will take.

In reality, it is running an additional two theatres with full lists for 12 months. How we actually structure the work and proceed with that will determine what time frame it, in fact, takes. I think we are realistic about the capacity that we have in the public system and what we can scale up to. There will need to be a discussion about what the private sector can contribute, and that is all part of our planning consideration. It is likely that any response to deal with the backlog will be both a public and private system-wide response.

MRS DUNNE: Can I summarise—and you can correct me if I am wrong—if we just ran two theatres at the normal operating hours of 7 till 5 Monday to Friday, it would take two years?

Mr Peffer: No, it would take 12 months.

MRS DUNNE: Twelve months, sorry, to clear the backlog if that was a sort of back-to-standard business as usual, Monday to Friday?

Mr Peffer: That is correct, but I guess there is a range of things that we need to consider in terms of workforce—availability of the workforce to do this work. The ACT does rely, at times, on a locum workforce to do certain things and, of course, with travel restrictions now starting to ease, that eases some of the pressures on those workforces, but this all needs to be considered in the planning. The advice that we provide to government may have a number of options for actually doing it, but value for money will be a key consideration in that.

MRS DUNNE: How do you measure value for money for somebody who is going to have to wait another year for a hip replacement?

Mr Peffer: I do not think there is a direct comparison between clinical need and value for money. What I think there will be, though, is a range of options or mechanisms for us to get it done through different suppliers and through different means, and each of those will have different costs.

MRS DUNNE: And when did you start thinking about this strategy for reducing the

backlog?

Mr Peffer: In the days after a decision was made to switch some elective procedures off.

MRS DUNNE: You were planning, basically, from the end of March to bring elective surgery back online but you still do not have a plan?

Mr Peffer: No. From the end of March, when a decision was made, we started to forecast what we thought the impact would be on elective surgery throughput, remembering that it was not all elective surgery that ceased or was restricted. There were certain cat 2s and cat 3s. From that time, we were forecasting forward. There was absolute uncertainty about when those restrictions would ease. Australia was at a point in time—and the Chief Health Officer is better equipped to talk about this—where there was a great deal of uncertainty about when services may return to normal activity levels or if they would and what that could potentially look like.

It was not as though we were sitting on our hands, unable to plan. We were certainly watching the numbers very closely and anticipating what might be the backlog that we would need to deal with. Even now it sounds simple, running two theatres. That sounds very elegant and simple, but this is anything but a simple solution to deal with a backlog of this magnitude.

MRS DUNNE: I do not say that it is simple. I am actually a little surprised that the extent of your planning was to watch the numbers rise without having at least some strategies in mind for how you might deal with that.

Ms Stephen-Smith: I think that you are actually verballing the official there. That is absolutely not what Mr Peffer said. He in fact said that they had been planning from day one. They have not completed that planning yet but that is not to say that they have not been giving consideration—

MRS DUNNE: I will go back and review the *Hansard* and if I verballed Mr Peffer I will apologise. Could I also ask you, in relation to outpatient clinics, what is the backlog there?

Mr Peffer: I would need to take on notice the precise number across the specialties, but we would be able to provide an estimate of the backlog that has been generated by the slowdown or ceasing of some activities. The outpatient clinics have, in some areas, moved to a telehealth model or virtual service delivery. Even in those areas that you would not consider to be a category 1 or a high priority category 2, some of those services continue to be provided, albeit through different means. I am happy to take on notice and provide the committee with a precise number around the backlog generated by the COVID slowdown.

MRS DUNNE: I appreciate that there has been a changed approach to how outpatient clinics work and that, perhaps, it would be easier to address the backlog because of patients who actually have to physically be seen, because you could be using telehealth and other means to address a large proportion of it. But, from time to time, people actually have to come in and do a spirometry test or have an X-ray or

something and have that X-ray reviewed. I appreciate that you will have a different approach to outpatient clinics which may actually facilitate addressing that backlog, but I would appreciate understanding what the backlog looks like.

Another thing to take on notice would be, with the elective surgery, not just what the quantum looked like but what it looked like in specialities like ENT and orthopaedics and the like. If we could have that broken down?

Mr Peffer: Yes.

MR PETTERSSON: I note the recent change in messaging from ACT Health, talking about restrictions being eased but the responsibility still existing. Anecdotally, I have found that people are not taking these responsibilities seriously. I bought some groceries the other day, and people in the supermarket were not keeping 1.5 metres apart. I see people walk past hand sanitising stations all the time. How do we keep up people's enthusiasm for social distancing and these hygiene measures when people's enthusiasm is starting to wane a bit?

Ms Stephen-Smith: That is an excellent question, Mr Pettersson. It is one that all Australian jurisdictions will face. The public information coordination centre is constantly working on how we refresh our messaging, and how we ensure that people get that message. I think that a lot of people understand it; it is hard to live it in your daily life, constantly remembering. It is a good sign that people feel confident but there are a whole lot of people who do not. I think there have been mixed responses to it. Kerryn, do you have anything specific on that? It has probably been a conversation in AHPPC.

Dr Coleman: Given that we are likely to have to live with this for many months, going forward, the importance of those underlying physical distancing and hygiene measures for individuals has been well acknowledged. Both the commonwealth and state jurisdictions are looking at that. We are looking at monitoring that by way of a survey, so that we can have a good understanding of how that is moving and whether we need to re-target our communications. It is also one of the measures that we look at, at each of the checkpoints, prior to moving on. People's ability to continue to adhere to those measures is important in our risk profile, so it is central to moving forward.

MR PETTERSSON: When you say that you try and measure at the checkpoints, what do you mean by that?

Dr Coleman: We do various surveys, such as yoursay; and there will be a new survey coming out very shortly. I refer also to part of the adolescent survey. We were asking people questions about whether they were aware of the need to physically distance—how many times they actually do that. In that way we are able to monitor, from different periods of time, what the trend might be. There is also internet data from Google apps and those kinds of things which gives us a measure of what we call macro social distancing, which is how much activity there is around movement. That helps to give us an idea about the risk level of macro and micro social distancing moving forward, and how that might impact on our community risk for transmission.

MR PETTERSSON: Have you already been accessing some of this macro-level data?

Dr Coleman: One of the things we have on AHPPC is a really good modelling team and input providing us with these reports. Some of them are provided to national cabinet. It is an overview and a state and territory breakdown of those. We are able to monitor those and check for changes. We can actually see the macro distancing data going up or down, whichever way you are measuring, as we start to ease off on the restrictions.

MR PETTERSSON: I feel like I am being optimistic in asking this question: with that macro-level data, has it been showing an increase or decrease in social distancing activities?

Dr Coleman: The macro-level data is about how much groups of people are moving around. As we ease restrictions and allow gatherings to happen, it is an absolute yes. We are seeing more movement at transport hubs. We are seeing more movement in parks. We are seeing more people accessing the Google drive directions and those kinds of things. I think that data is readily available to the public on the internet, at a macro level.

MR PETTERSSON: In terms of people's enthusiasm, with something like the COVID-19 hotline, is the number of calls that the hotline is receiving remaining static, or going up or down?

Dr Coleman: We get information on both our local Access Canberra line and the ACT-relevant data from the national COVID line. We have seen quite consistent levels of interest from the national line in the ACT and in jurisdictions. Sometimes the reason for calling changes; it depends on what is happening in the jurisdiction, and we can use that data to work out how we might need to improve our communications, our website and those kinds of things.

MS LE COUTEUR: You were talking about that local data; are you doing any gathering of your own? I am particularly thinking of supermarkets. It is pretty easy to observe whether people are complying or not, and it would be very interesting to see how that is changing because, anecdotally, many of us would think that it is changing.

Dr Coleman: In supermarkets, one of the things that the compliance officers are doing, when they are wandering around and checking businesses, is that they are recording things like how well physical distancing is being implemented within those businesses. Are they keeping a register of ill people? Have they got hygiene facilities available? Our compliance records are extremely high. At each of those checkpoints we will be looking at those compliance measures to see whether we are having difficulties in particular subsectors or whether people who go to particular places are changing their behaviour. That is how we are trying to monitor that.

THE CHAIR: I have a question regarding stage 2.2. In particular, how do you make decisions about what is included in 2.2 as opposed to stage 3? What are the threshold issues that impact on your decisions?

Dr Coleman: Step 3 has national AHPPC level advice on that. That is the area that we felt, as a committee, was the highest level of risk. That might not be considered in one step; there is further work being conducted by AHPPC around teasing that out a little bit more, moving forward. The reason that those things are in stage 3 is that they are associated with much larger gatherings—100 people or more. As the sizes of gatherings increase, that is much more risky. We know, from some of the national and international modelling that has been done, that the size of gatherings is an independent risk factor that is separate from people's individual physical distancing, regarding the risk of community transmission. The other thing is the activity itself—things like nightclubs, where there are a lot of people, and it is all about people coming together who you do not know. That is how those differences are made.

In step 2.2, the reason for separating that out was that there is a big difference between gatherings of 20 and gatherings of 100, in terms of risk profile, getting COVID safety plans established and people being across how that will happen. In step 2.2 we are looking at that transition point and giving people an opportunity to increase in certain businesses where there are good COVID safety plans available.

THE CHAIR: Can you give an update on where things are at with faith communities?

Dr Coleman: Do you have anything specific?

THE CHAIR: Obviously, they are listed in stage 3. However, it is not apparent to me why people might be able to go to a cinema in stage 2 but they cannot go to a temple, a mosque or a church at the same time. What is the rationale there?

Dr Coleman: I am not sure if you are referring to the fact that they are not explicitly mentioned in step 2.2 for consideration, but everything in stage 2.1 is being considered in stage 2.2, with respect to whether there are any further changes that could be made. That will be considered.

One of the things to be considered with religious gatherings is that it is an at-risk group. There have been multiple outbreaks associated with religious gatherings overseas in various countries because of the nature of the activity and people coming together from multiple different aspects. That is one of the things I was saying around recognising the specific risks with some of the different activities. But that will be considered—whether there is anything additional that can be done in 2.2.

THE CHAIR: What additional information do you need in order to make that decision?

Dr Coleman: We have the information that we would need. We have had some input from the various faith groups around Canberra, and we are going through that process at the moment of looking at all of the different organisations, activities and businesses across the board, in terms of that cumulative risk that we were looking at, and at what additional support might be required to know about the risks for each of those individual bodies as they ease their restrictions in a stepped-back fashion.

THE CHAIR: In terms of the feedback or the way that you engage with the different

faith communities, are you proactively contacting them or is it very much dependent upon the feedback that has been sent in from members of the Assembly from faith leaders et cetera?

Dr Coleman: What I have received personally has very much been fed in from various outside groups. There has been a lot of engagement, and we have received a lot of information. That has all been very helpful.

THE CHAIR: What has been the federal or national advice about faith communities?

Dr Coleman: They are included in step 2 for gatherings of 20, and up to 100 in step 3, I believe. We consider them alongside weddings, in a similar bringing of people together. The issue with religious gatherings, as I said, is that we have that evidence of overseas risk associated with transmission. We need to look at some of the risk mitigation factors that we can support communities and gatherings with, about how they can reduce that risk. One of the big risk factors is choir activity. With singing, we need to work through what additional advice we can provide to people to reduce the risk from transmission with singing in choirs.

THE CHAIR: Is there any firm evidence from overseas or is it anecdotal?

Dr Coleman: No, there are descriptions of outbreaks that are linked to religious gatherings. That is not just the case with COVID; that is the case with other respiratory transmitted diseases as well. It is not the only place; it is just one of the higher risk triggers.

THE CHAIR: Obviously, you are receiving lots of feedback, but the feedback I have received from many different faith traditions is that they think they can manage these risks. They are prepared to manage it beyond July, and they are going to be managing it beyond July, and they are happy to put those management techniques in place right away. What they are saying is that if they can be trusted in July, they can be trusted in June.

Ms Stephen-Smith: Could I respond to that, Mr Coe? One of the things that has been really clear in the AHPPC framework—and we have obviously put in a step 2.2 here, which does not exist in that framework, that would involve an easing to 50 people—is that we need to understand what the impact of our initial easing is before we take the next step. The next step to stage 3 is not guaranteed; it will depend on how successful we are in continuing to flatten the curve through the gradual easing of restrictions, and understanding the continued epidemiology in Australia.

I totally understand the feedback from individual organisations and groups of organisations that they believe they can put in plans safely. It is about that cumulative risk and understanding the impact of the changes that have been made across the economy and society before we take that next step.

THE CHAIR: Yes, I understand that. What I am saying is that the same trust that is being given to people who are running restaurants and cafes surely has to be extended at some point to many other organisations. It is about making sure that those simple principles are known so that they can then put in place plans that, they would hope,

are permissible.

MRS DUNNE: I will take up where you left off, chair. Could I get an understanding of the interplay between, say, in step 1.2, 20 people, and step 2.2, 50 people, and the per-square-metre rule? For instance, if you have a large facility that may be more than 200 square metres, why in 2.2 is there a limit of 50 people even though the facility will take many more, and what is the thinking around that? I would then go specifically to large venue places of worship where you could easily accommodate 20, 50 or 100 people and still maintain the four-square-metre rule.

Dr Coleman: Thank you for the question. I think that it is a challenging one, and one that is continually being revised at AHPPC. There are two different risks here that interplay and often seem a little inconsistent as we move through changing these parameters. I talked earlier today about the gathering size itself being an independent risk factor of transmission. That is why we have come to this recommendation that we are increasing that from 10 to 20. We have chosen in the ACT, along with Victoria, to take an intermediate step of 50 before we move to 100.

With the risk that comes from the gathering size, with the potential for a person to have COVID coming into that group, as you get a bigger size, the risk is greater; and the risk for seeding out is greater when there are more people to head out who may be infected from within that gathering. That is the gathering size.

With respect to the four square metres, that is calculated on allowing everybody to have the 1.5 metre distance to themselves. While I recognise that some venues may be able to take 100 or 200 people under the density rule, that is still a lot of people. While we are still working through where our balance might be for this around disease transmission, the more people you get, the greater the number of interactions between people that we do not know, and that is where the risk of transmission is greatest. That is why we are trying to work on those two things, to counter two slightly different things. One is a macro distancing and one is a micro distancing measure, with different risks.

MRS DUNNE: You have said a couple of times, Dr Coleman, that there is evidence that places of worship are places where viruses spread. Could you elaborate on that or could you provide some information to the committee on that?

Dr Coleman: Yes, we can send you a couple of reports of places where that is the case. To be clear, I am not saying they are the only place; it is just that—

MRS DUNNE: I understand that. One of the things to keep in mind is: is this research that says that places of worship are places where viruses spread based on social distancing or did that research come about before we were thinking about social distancing?

Dr Coleman: These are descriptions of what has been occurring over the last three to four months while we have seen the pandemic roll out. They are case study descriptions.

MRS DUNNE: That information about whether or not they were practising social

distancing would be in that research?

Dr Coleman: Potentially, yes. With the concern that we have at the moment, as the ministers have highlighted, we are a little unclear about the potential impact, safety or effectiveness that these different measures have on reducing the risk, which is why we are stepping through and seeing where our balance might be.

MRS DUNNE: Could I go back to the issue of choirs? I notice that, under step 2.1, choirs can operate. What is the difference between choirs in churches and other choirs?

Dr Coleman: Choirs in churches can absolutely operate. The point was simply that it is an additional consideration, in that choirs are often associated with faith groups and gatherings.

MS CHEYNE: Dr Coleman, I want to tease out some of the thinking about masks. I appreciate that you responded to Ms Le Couteur before; you know that I have asked a question on notice about this before and you have responded. It strikes me that Australia continues to be a real outlier around the world in terms of the wearing of masks. I appreciate that there are concerns that wearing a non-medical face mask can provide a false sense of security. What is the actual evidence that that is the case? It seems to me, and in light of the other questions we have been asking, that wearing a mask might remind people of the gravity of the situation. While I know that a mask does not protect a healthy person, if we are all wearing masks then my mask protects you and your mask protects me. Equally, I am not sure what the evidence is about the adjusting of the face masks. Again, if a mask is covering the nose and the mouth, how would adjusting the face mask be increasing the transmission of a virus? I appreciate the responses that you have given, but I am really struggling to see what the evidence is behind those statements.

Dr Coleman: I think it is a very open question, and it continues to be discussed at all levels. Just to reassure everyone, there is a national committee, on which we have our infection control experts, who are providing advice to AHPPC and national cabinet on this. Their advice is that there is no evidence of benefit for the general community wearing masks in this situation.

The context is different, depending on different countries, and that relates to the different advice. In Australia, we do not have community transmission, so there are no people around me who have COVID that we need to protect ourselves from. In the United States and some of the countries or towns where the recommendations have been made—I am not commenting on whether it is appropriate or not—when a high level of community transmission is suspected, theoretically there could be a benefit for susceptible or vulnerable people to wear a mask to reduce their potential of infection, when the likelihood of them coming across someone with COVID-19 is much higher. The context in Australia means that it is very unlikely at this point in time, and the risk is mainly associated with those gatherings where people specifically come into contact with someone who has the disease.

For the second part, it is about the face-touching activity and the risk associated with transmitting the virus. We recommend that people wash their hands and do not touch

their face once they have touched a surface. I think that it is the same with a mask; if there is a potential of virus on the outside of your mask, and you are grabbing it and you are pulling it down and up, you are potentially getting it on your fingers and there is the opportunity for transfer. It is just another mechanism for contact transmission.

THE CHAIR: That is all that we have time for today. Thank you very much, minister, and officials. The transcript will be sent through for you to peruse.

BARR, MR ANDREW, Chief Minister, Treasurer, Minister for Social Inclusion and Equality, Minister for Tourism and Special Events, Minister for Trade, Industry and Investment
COLEMAN, DR KERRYN, Chief Health Officer, ACT Health Directorate

THE CHAIR: Chief Minister, thank you very much for joining us again. Do you have any officials with you?

Mr Barr: Dr Coleman is joining us. That was my understanding. The questions that were forwarded to me for this hearing were all health related.

THE CHAIR: The first question will come from Ms Le Couteur.

MS LE COUTEUR: This is a follow-on from yesterday's debate. The Human Rights Commission made a very comprehensive submission to the COVID committee about accountability and human rights. My question is: could some of these regulations be disallowable instruments rather than notifiable? The COVID committee is great, but human rights and accountability are as well.

Mr Barr: Is your question about public health?

MS LE COUTEUR: No, it is not. It is about all of the related bits of legislation that come down under the public health stuff. Could more of this be disallowable rather than notifiable?

Mr Barr: I will take some advice on that, Ms Le Couteur. I do not believe so, in most instances. Most COVID-related matters have come before the parliament itself.

MS LE COUTEUR: That was my main question.

MRS DUNNE: Except for all of the declarations, which are only indirectly, and they are not covered by scrutiny in any way.

Mr Barr: I will look at those and take some advice on that matter. The committee has made its recommendations. We will respond to them in due course.

MS LE COUTEUR: Have you been getting advice from the Human Rights Commission as to how best to do this amazing change, in some cases, to our human rights?

Mr Barr: They have certainly been part of the process, yes.

THE CHAIR: What part of the process, Chief Minister?

Mr Barr: They are involved in providing advice on every element of government legislation.

THE CHAIR: How have you engaged with them in this?

Mr Barr: I do not have a direct engagement with them but the Attorney-General does, or the minister for justice or the health minister does. As the legislation I have brought forward has largely been in the financial management area, it has, of course, had a Human Rights Act compatibility statement, and that is in accordance with the usual process.

MS LE COUTEUR: Given the time frames with putting out this legislation, has the Human Rights Commission had any significant amount of time to look at things or has it been a matter of saying, "You've got a couple of hours"?

Mr Barr: Obviously, Ms Le Couteur, it will depend on the piece of legislation and the time frame for its development. As we have moved further through the pandemic, there has been more time for input into legislation, but there were some pieces of legislation very early on that were developed quickly and went through the Assembly in a single pass.

MS LE COUTEUR: Someone else can ask the next question. I do not think I have anything further on this.

THE CHAIR: I am not sure that you are going to get much more, Ms Le Couteur. Chief Minister, a question from Mrs Dunne.

MRS DUNNE: I would like to go back to a brief discussion that I had with Dr Coleman in the previous session about the economic impact of individual decisions about the closing down of business and the rate at which we reopen it. We are at stage 2.1 in the ACT; we are opening up businesses for 20 people—often hospitality and entertainment businesses, tourism businesses and the like—whereas across the border in New South Wales they are being opened up at a faster rate. I am wondering what economic consideration was given to keeping the brakes on with regard to what was happening over the border? I am being mindful of the fact that you were saying that you wanted people in the ACT to spend their money in the ACT and support the ACT economy. In a sense, it may be easier to go to Queanbeyan and support the Queanbeyan economy than the ACT economy because there is more capacity to participate in the economy over the border.

Mr Barr: That is factually incorrect. There is not more capacity in Queanbeyan than there is in the ACT. The different scale of the two cities would be pretty clear. Even if you took the difference between one venue and another and said that that was a net increase, potentially, of 30 people in a space, there would be a factor of 15 to 20 times the volume of venues in the ACT than there is in Queanbeyan. That relates to one industry sector.

New South Wales, of course, has not eased restrictions; it has not reopened the number of industry sectors that the ACT has. We reopened before them, on 29 May, rather than 1 June, in relation to expanding from 10 to 20 as it relates specifically to hospitality. Our traders got a weekend, which is a busier trading time; they got a weekend's head start on New South Wales, who were still at 10.

New South Wales, of course, had their travel restrictions in place until 1 June, so you would have been in breach of New South Wales law if you had travelled into New

South Wales to go to one of those venues, anyway. As I think many have experienced, New South Wales have quite strictly, and perhaps overzealously, enforced their stay-at-home restrictions and their travel restrictions to the point of issuing fines for people who had the temerity to buy a kebab after going for a run. Still, this weekend, you cannot have more than five people in a residence in New South Wales.

MRS DUNNE: I was not talking about residences, Chief Minister; I was talking about opening—

Mr Barr: That also impacts on economic activity, Mrs Dunne, because, for a lot of people, they still would like to be able to gather with their families. That may involve—and usually does involve—the purchase of food and drink that they might consume in a home, because they would feel safer doing that than going to a pub, for example. So it is not all just about pubs, amazingly. In relation to other industry sectors, because we opened up a wider range of industry sectors more quickly than New South Wales, we are in a better position in terms of the totality of the ACT's economy.

To answer your specific first question, other factors that are clearly relevant in economic decision-making would relate to an industry share of the territory's gross state product being one factor to consider, and the industry's employment share. It is often the case that an industry has a higher level of employment share than it does gross state product share, and, in this instance, we have been very cognisant of wanting to ensure that industry sectors that are big employers are able to restart. Personal services, for example, is one such area that does employ a lot of people. Certainly, it employs a lot of young people, and it is an industry sector that is open in the ACT and it is still not open in New South Wales.

THE CHAIR: On that point, aren't labour-intensive industries and sectors, in part, the risk?

Mr Barr: Yes, that is right, and that is the balance that needs to be struck, as the Chief Health Officer went through in great detail with you all in the last hour.

THE CHAIR: You just said that you are prioritising labour-intensive areas.

Mr Barr: When providing the economic input into decision-making, we certainly are aware of the gross state product contribution of different industry sectors, and we are aware of the level of employment in those industry sectors. They are factors. That was the question Mrs Dunne asked me. They are factors that are considered.

THE CHAIR: What was the economic impact assessment of keeping the clubs industry closed until mid-July?

Mr Barr: It is not mid-July, anyway, and it was not done on an individual sector within a sector. Obviously, hospitality and accommodation services are a much broader industry sector than just licensed clubs. On the advice of both the commonwealth Treasury and our own analysis, we were able to weight the different industry sectors versus the national figures, and those figures were released by the commonwealth Treasury, in terms of what each stage would mean, in terms of

potential for returned employment and increased economic activity. They need to be adjusted, depending on the industry's share within each state or territory. Of course, they are only estimates; they are not exact figures. We will get more detailed information in relation to the gross state product for each industry sector on an annual basis as the ABS collects that data. Labour market data is, of course, collected monthly.

THE CHAIR: Do you have any particular health advice or economic advice to support the decisions to restrict the opening of clubs, more so than other sectors of the economy?

Mr Barr: As is contained within the AHPPC advice that you have been talked through over the last hour, over the last day, over the last week and over the last month—

THE CHAIR: What does that advice say about clubs?

Mr Barr: That advice is published in relation to the national cabinet three-step framework. The AHPPC advice is available on the commonwealth Department of Health website. The Chief Health Officer has taken you through the rationale for the decision-making processes associated with the ACT's approach, which is consistent with the AHPPC advice. It is consistent with the national cabinet framework and it represents best practice in this nation. In fact, it is the position that has been clearly adopted by the majority of states and each territory.

THE CHAIR: How do you interpret that to get to the decision that you got to?

Mr Barr: The Chief Health Officer interpreted that and provided advice to cabinet, as you have just heard over the last hour, and as we have discussed in these hearings, in the media and in the Assembly multiple times. I would refer you to all of that information.

THE CHAIR: Have you been contacted by Canberra Community Clubs, the Labor Club, the Tradies or ClubsACT?

Mr Barr: They have tweeted at me various elements. I have seen a few emails come through. But I have not spoken to any of them, because it is not an issue on which I will be lobbied.

THE CHAIR: Is it okay for organisations and associations to make a case to the—

Mr Barr: It is a free world, Mr Coe; they can do what they want. But I just need to be clear that this is not a lobbying exercise; this is a public health emergency. This is a global pandemic, and decisions will be made on the advice of public health professionals. I have said that all the way through and I do not deviate from that.

THE CHAIR: What is the advice that makes a TAB dangerous?

Mr Barr: I think we have answered that question on multiple occasions.

MRS DUNNE: No, you have not.

THE CHAIR: I do not think so.

Mr Barr: Dr Coleman, would you like to address this specific issue?

Dr Coleman: I think there are two factors there. It depends on what style of TAB we are talking about. With respect to the gaming aspects, the multiple contact with surfaces and the multiple people moving through those places are a high risk consideration. The second aspect is around community risk and the ability to stage different places opening as we move through.

MRS DUNNE: Specifically in relation to a TAB-type outlet, what are the issues, rather than the generality, Dr Coleman?

Dr Coleman: They are the same risks that occur with gatherings: people moving in and out and multiple touch surfaces.

MRS DUNNE: That could not be accommodated through limiting the number of people to 20, or one per four square metres, and a cleaning regimen?

Dr Coleman: It possibly could. That is what is currently under consideration, moving forward.

MRS DUNNE: But you did not consider that in stage 2.1?

Dr Coleman: Consistent with AHPPC advice, the majority of those kinds of venues and activities are recommended for opening in stage 3.

MRS DUNNE: Could you point specifically—you can do this on notice—to the AHPPC advice that says that gaming venues should not open until stage 3?

Dr Coleman: Absolutely. You can find it on the AHPPC website of the commonwealth department, but we can send it to you.

MRS DUNNE: Great. I would like to see it highlighted, please.

THE CHAIR: I understand that the TAB in Queanbeyan has gone contactless. Is that something that you are aware of?

Dr Coleman: We are considering those kinds of pieces of information in our decision-making process for 2.2 and 3 and beyond.

THE CHAIR: Sure. What about ATMs? Are they clean?

Dr Coleman: We can go through every single example if you like. I think that everyone understands that ATMs are touch surfaces and they are probably not able to be cleaned. They are a practical part of life. That is part of where consideration of hygiene for individuals taking responsibilities, as with playgrounds and—

THE CHAIR: I understand that. A TAB with somebody working there with some hand wipes may well actually be a cleaner surface than an ATM; is that so?

Dr Coleman: It is a very simple statement about one interaction; I think there are multiple aspects. All I can say now is that we are considering that aspect, moving forward. These are the decisions that have been made to date.

MS LE COUTEUR: Chief Minister, clearly in asking this question I am not supporting pokies. Many clubs have said, "We can't economically reopen without pokies." I am not wanting to see pokies encouraged, but is there anything that can be done to mean that the positive community aspects of those clubs can happen somehow? I do not have an answer; I am just interested in your comment.

Mr Barr: I do not see why clubs cannot open. They could certainly do so to provide food and beverage services. You have obviously struck at the heart of an unhealthy dependence on gaming machine revenue for some clubs. That is what it is. I hope it does not have to be the case into the future. Many clubs are taking the important step to diversify their income streams and to be less reliant on poker machine revenue. I support the clubs that do that.

MS LE COUTEUR: From memory, one of the ACT government's earlier steps in the coronavirus response was to make it easier for clubs to relinquish their machines. Is that correct?

Mr Barr: We offered to buy machines back and to inject cash into their businesses, yes.

MS LE COUTEUR: Has anyone taken that up?

Mr Barr: I will check on that for you. I think the program is still open, so they are still able to do so.

MS LE COUTEUR: Thank you.

MR PETTERSSON: Chief Minister, the university sector right across Australia is in crisis. They do not have access to JobKeeper, and international student numbers have absolutely plummeted. Do you have any concerns about our local universities and the wider ACT community as the crisis unfolds?

Mr Barr: Both major universities in the ACT have indicated that their financial position has deteriorated. The ANU were quite public with the extent of both their revenue losses and the increase in expenditure that has been required during this period, and the University of Canberra has done the same. I have seen reporting of UNSW's position being most particularly impacted in New South Wales, but obviously their financial situation will be an important contributing factor to the time frame for their Canberra city campus.

There is no doubt that that sector has taken a significant hit and, clearly, they have been abandoned by the federal government through this period. There has been more support provided to universities by state and territory governments than via the

commonwealth. People will draw their own conclusions as to why universities and the arts and entertainment sectors have been left out in the cold by the federal government. That certainly remains an outstanding issue that needs commonwealth government assistance and intervention. I have heard that they might be doing something for the arts and entertainment sector. They should also do something for universities.

MR PETTERSSON: UNSW have been particularly hard hit in terms of their international student numbers. Have there been any conversations about the future infrastructure pipeline of UNSW, particularly when it comes to the city campus?

Mr Barr: They issued a media release yesterday welcoming the legislation that was introduced into the Assembly, and the advice at this point is that the project will continue. They are undertaking their master planning work. It is still some years before any construction will begin, and the time frames for activity there stretch out over an extended period of time. We hope that it would be once we are beyond the pandemic and that the university would be able to welcome international students back.

We are working with the universities on a program to safely bring international students back into Canberra for the second semester of this year. We have some proposals that are before the various federal authorities. The ANU and the University of Canberra have been working together with UNSW Canberra on particular proposals to be able to manage this safely, with appropriate quarantine arrangements. We are very supportive of this approach to being able to bring international students back into the city in a safe way.

THE CHAIR: Chief Minister, would you please advise what interactions you have with New South Wales regarding the restrictions just over the border?

Mr Barr: We have a weekly or a fortnightly catch-up through the national cabinet. It is generally a standing item on the national cabinet discussions. We have, from time to time, had direct conversations with the Premier's office. I know that Minister Stephen-Smith speaks with Minister Hazzard in relation to these matters. Dr Coleman, I understand, and her team are also speaking with their counterparts in New South Wales. Dr Coleman, do you want to add anything on that before you have to go to another appointment?

Dr Coleman: Yes, thank you. AHPPC itself starts in two minutes. I sit with Kerry, who is the New South Wales Chief Health Officer, on AHPPC. We meet every day. In addition, we sometimes have individual conversations to discuss and share ideas around mitigation and support, moving forward.

THE CHAIR: Thank you very much, Dr Coleman, for the information you have provided.

Chief Minister, given your comments back in March about the ACT being an island within New South Wales, why have you not been very closely working with New South Wales so that you can, in your words, make sure that the unrealistic scenarios do not play out?

Mr Barr: We have been. I should have added in that list that I am part of a weekly hook-up with state and territory treasurers—so with Treasurer Perrottet. My next engagement after this one will be a further discussion there. We obviously did not put in place some measures that New South Wales did. We have been through those, but I will go through them again for your benefit.

THE CHAIR: No, it is not required.

Mr Barr: We did not arrest anyone. We did not fine anyone for buying a kebab after—

THE CHAIR: Yes, say it again.

Mr Barr: going for a run. Certainly we did not fine anyone for sitting in a park by themselves. We did let people visit their mothers on Mother's Day when New South Wales did not.

THE CHAIR: What sauce did they have on that kebab?

Mr Barr: We have opened up gyms and fitness centres ahead of New South Wales. We allow more than five people to visit a home. So there are differences, Mr Coe, with New South Wales, and there will continue to be some through the process, but within the national cabinet framework—

THE CHAIR: I find this kebab fascinating.

Mr Barr: we continue to operate closely with other jurisdictions. New South Wales do not make our decisions for us but we do consult with them. They, on occasion, consult with us. Other times, they just make announcements without telling anyone, including some of their own officials, and often they do not provide any detail of the announcements that they make for a week after they have done so. But that is their prerogative; they are a sovereign administration and I respect that. Just as the ACT will continue to work within the national cabinet framework, we will seek alignment with New South Wales where it is practical and sensible within that environment. But I am not in a race with New South Wales, Mr Coe. They do not make decisions for the ACT; we do. And that is how it should be.

THE CHAIR: What assessment have you made about the risk of Canberrans going over to a club or TAB or other venue in Queanbeyan and how that impacts our COVID response?

Mr Barr: Any travel into high-risk areas will certainly increase the risk for individuals. New South Wales still has active cases; it still has people in hospital and in ICUs. New South Wales clearly is a higher risk point in relation to community transmission. The immediate Canberra region is a little less so. I would be more concerned about activity in Sydney, given that it has had many outbreaks. That is of greater risk. At the moment an even greater risk would seem to be Melbourne, in light of the clusters there.

THE CHAIR: But is there a risk to the territory in somebody going over to the

leagues club in Queanbeyan and playing a gaming machine there?

Mr Barr: There is a risk that they will probably lose some money, but that is their choice.

THE CHAIR: Is there a health risk?

Mr Barr: There could potentially be for that person. That would be a higher risk activity than many others. If they went to Queanbeyan for a walk, they would be less likely to come into contact with other people and present a risk.

THE CHAIR: So have you contacted the New South Wales government to express concern about this risk of Canberrans going over and partaking in banned ACT activities?

Mr Barr: There certainly has been a discussion at national cabinet level, where a number of jurisdictions have expressed their concern about New South Wales's position and not opened their borders to New South Wales residents. That is certainly the case in Tasmania, South Australia, Queensland, the Northern Territory and Western Australia, who have not been particularly happy with the prospect of residents from New South Wales coming into their jurisdictions. I recognise that it is not practical for the ACT to have a border closure with New South Wales, so we live with the reality and increased risk of their decision-making. That is what it is. I am not proposing that we build a wall to keep New South Wales out; nor am I proposing to send them a bill to build such a wall.

THE CHAIR: What is your message to the cleaners, the delivery drivers, the butchers that supply the meat trays et cetera to the Labor Club or to the Tradies, who are all doing it very tough as a result of your decision?

Mr Barr: We are living through a global pandemic. I certainly encourage those people, like everyone else, to stay safe, to take appropriate precautions and to ensure that they are not putting themselves at any risk through their activities. We understand that as we move out of restrictions it will enable more economic activity to occur in a safe way. This is a serious public health issue and we see the devastating consequences for economies and for families when appropriate public health measures are not followed or are not enacted, or indeed when, as a result of political pressure, restrictions are lifted too early. We have plenty of evidence of that from other jurisdictions.

This sort of argument, this sort of debate, does nothing but breed division within communities and, I think, leads to a detrimental public health outcome, as well as a detrimental outcome for the broader community. What we do not need in this country are the sorts of scenes that we have seen in the US, where you have public administration buildings being picketed by individuals. We are not going to see gun-toting individuals in Australia, fortunately, because we have strong gun laws, but that sort of political incitement to seek to protest in an aggressive way against sensible public health directions has been a hallmark of some other countries, and it would be terrible if that culture were to find its way into Australia.

THE CHAIR: In light of that, you must be very worried, then, when Canberrans go over the border and go to the TAB in Queanbeyan?

Mr Barr: My advice to people would be that we are still in a pandemic and that they should take all necessary and sensible precautions to look after their and their families' health. A really important and consistent message that all Australian governments have been making very clear is that, even as restrictions ease, our responsibilities to one another, to our family and friends and, indeed, to our broader community remain. It is important that that message is reinforced. We do not know what is coming next. Past pandemics have seen multiple waves. We do need to be cautious in that regard. The pandemic is not over and those who say it is are being very immature and irresponsible.

MS CHEYNE: Chief Minister, we are a town with two public services, with the ACT public service and the commonwealth public service. As we head to stage 3, particularly, the commonwealth is issuing advice about returning to work—not just if it works for you and your employer but returning to work. Is there a concerted approach for consistency between the ACTPS and the APS, and have you had any further conversations at the national cabinet level about the return to work plan for commonwealth public servants?

Mr Barr: The national cabinet-endorsed position and the AHPPC guidelines for this period, for the rest of this month, are that work from home, where it suits, is the standing advice. As it relates to the ACT public service, we will continue that, quite possibly for an extended period of time. We are finding, in terms of feedback from ACT government staff, that there are many who prefer working from home. Through our flexible working arrangements, if that works for the individual public servant and for their directorate then we are very happy for that to continue.

Clearly there will be different responses, depending on the work environments, the density of individual office buildings and the practicalities of getting to your desk each day, given the restrictions on, for example, the number of people who can use lifts. In taller buildings it could be a very slow process if everyone wanted to start work at 9 am and had to queue for the lift in the morning. So common sense says that flexibility should continue to apply through both the ACT public service and the commonwealth public service.

That is a consistent message from our public health experts, and it should continue to apply in workplaces. Clearly, employers have occupational work health and safety obligations to their staff, and if staff are feeling uncomfortable about a particular working environment, they are well within their rights to raise those concerns with management, with their union or with both.

MS CHEYNE: It does seem that that might be one of the pressure points. As, all things going well, the continued relaxation of restrictions occurs, employers or middle management might prefer to have staff in the office and say that they need to be there, whereas staff might be saying, "I really don't think I do need to be physically present." Will there possibly be some guidelines issued generally about how management and staff can have those conversations, given this new way of working that many people have embraced?

Mr Barr: As it relates to the ACT public sector, most certainly yes. In relation to the commonwealth public service, it is clearly a matter for the Australian government, but my advice to commonwealth public servants would be to be fully aware of their rights under their enterprise agreements, their capacity to raise issues with management and with their unions to raise on their behalf. There is certainly every reason to embrace this sort of flexibility, provided that the necessary work that is required of the public service is undertaken and delivered in an efficient way.

In many instances, productivity has been increasing as a result of time that would otherwise be lost either to commuting or to other activities being available to complete work. A lot of people are feeding back and reporting that they are having more time to spend with their family, that they are able to complete their work efficiently and effectively, utilising the available technology, and that it actually suits them and their lifestyle. To the extent that that also takes pressure off peak travel times and the transport peaks that we have traditionally seen in this city between 8 am and 9 am and between 4.51 pm and 6 pm in the evenings, then I think that that is a good thing.

It would be a good and lasting legacy of this period if we were to have more flexibility with regard to when people might come to work and where they might undertake that work. That is obviously not going to be practical in every workplace setting, but in many it is, and we should embrace this opportunity for our city to operate more efficiently and for people to get a better work-life balance. That is certainly something that I have been working on with Kathy Leigh, the Head of Service; David Nicol, the Under Treasurer; and Damian West, who is the new head of workplace governance within the Chief Minister's directorate, as it applies to our own staff.

MS LE COUTEUR: This is basically a follow-up from Ms Cheyne's questions. One of the issues that have concerned me is that, while I am in the lucky position of having space to work from home, not everybody is in that position. I appreciate that the biggest obstacle to working at home is doing homeschooling as well. That issue is behind us. But what are you doing in terms of making it so that people's home circumstances do not totally determine whether working from home is possible for them?

Mr Barr: In terms of what—being able to provide office furniture, for example, to enable people to work safely? Is that the—

MS LE COUTEUR: Partly furniture, but it is things like a decent internet connection, which in some places in Canberra is probably not even so much a financial question as a location question. If you are living in a tiny apartment, working from home may not be an option. Given that we are looking at this from a longer term point of view, I am quite concerned about equity from the worker point of view—that potentially only people with larger residences can do it on a long-term basis.

Mr Barr: Partly that is a question of individual judgement as to the sustainability of that. I think it is about having the flexibility of being able to work from home sometimes and work in an office environment another time—for example, it might be

that it is someone's preference that they work from home on Fridays or on Mondays and come into the office on other days. With that sort of flexibility it does not have to be exclusively one or exclusively the other. That would be one way to take account of the particular instance that you referred to. It will really depend on individuals as to what their preferences are. Our approach is that no-one would be forced to work from home beyond the current pandemic; that is another way to explain it. Roughly speaking, about a quarter of the workforce are very keen to continue an office-based approach and about a quarter are very keen to work predominantly from home, and then a group in the middle are happy to do a little of both. That is the anecdotal feedback at this point.

MS LE COUTEUR: That seems very like what I have heard too. Is the ACT government going to look at supplying laptops that move backwards and forwards for people who are doing both, or would there be an expectation of people providing their own equipment?

Mr Barr: I suspect that, certainly in the short term, getting one government-supplied device that you would take with you if you came into the office or would have with you at home would likely be the scenario. It would depend on the workplace setting and the type of work that was being undertaken. In some instances, particularly during fieldwork, you may have an iPad or some other device that you would take with you out in the field and then you may have a laptop or a desktop that would be in your workplace office space or in your home office space, depending on the nature of the work. It would be difficult to generalise here. The solution would vary, depending on the nature of the work that was being undertaken.

MS LE COUTEUR: This is early days, but have you any idea about any RSI or OH&S issues? You certainly see pictures of people doing work in a way which would never be allowed in an office.

Mr Barr: I will take that on notice. We have not had any research projects into it, as we are only a couple of months into these arrangements. But it is something that is worth looking at, should any trends start to emerge. There is the capacity with work from home arrangements to have a workplace health and safety inspection undertaken and some advice and ergonomic furniture provided in order to undertake that work safely. I suspect we have all been guilty over the years of just quickly checking an email or two that ends up taking a lot longer than you think, and not necessarily doing that in a way that would be sustainable in the long term in terms of workplace health and safety.

MS LE COUTEUR: Have you any thoughts about what this is likely to mean for hot-desking type workplaces in the ACT government or anywhere else? I understand that Access Canberra has activity-based workspaces; is this going to change?

Mr Barr: I think this exact question was asked of David Nicol two weeks ago. His answer was that, in many instances ,having clean desks allows for things to be cleaned more effectively than having occupied desks. That is one factor that would need to be considered. Clearly, being able to store some essential items within your workplace by way of having a readily accessible locker, for example, would be an important measure in relation to being able to undertake hot-desking as it is traditionally

understood. But the nature of work within the ACT public service continues to evolve, as too does the technology to enable that work to be done in almost any location, again depending on the particular directorate and the particular task.

MRS DUNNE: Chief Minister, in relation to work from home, have we encountered any issues with the security of government documents, perhaps their being transposed inappropriately onto home computers or where somebody's cloud is not as secure as one would presume that the ACT system would be? And have people laboured with poor bandwidth and the like which has impeded their work from home?

Mr Barr: I can certainly attest to the second part of your question. At various points it has been necessary to drop video and just use audio for many—

MRS DUNNE: That is certainly the case in the Legislative Assembly.

Mr Barr: Yes, I have experienced that on multiple occasions. That is why, in most instances, most of my meetings are done on an audio basis. I do not need to see up everyone's nose. I do not care what you are wearing; that is particularly unimportant. Being able to see is not relevant but being able to hear and communicate effectively certainly is. So, yes, in relation to the second question, there have been bandwidth issues not just for people at home but for people in certain buildings. It is less so if you are not using wi-fi, and whether you have access to 5G will certainly impact on the quality of both audio and video streaming. Then there is clearly the size of a particular meeting. The more users you have, particularly if they are wanting to stream video and share presentations and the like, the more pressure that puts on bandwidth.

In relation to the first question, nothing has been brought to my attention of concern in that regard in terms of any cases to date, but I will ask that question of shared services as to whether anything has been brought to their attention.

MRS DUNNE: Thank you.

MR PETTERSSON: Chief Minister, I have seen the recent announcements with regard to stimulus measures over the past couple of months. They have overwhelmingly been smaller, short-term projects to keep people working right now. When does the conversation turn to what longer, more substantive stimulus projects would look like?

Mr Barr: The conversation is actually quite advanced in that regard. We launched our infrastructure plan last year. That identified a range of projects, large-scale ones, that are ACT priorities over the next five years that provide a very significant pipeline of public infrastructure works for the territory. They are predominantly in health, education and transport, but there are a number of smaller projects in housing, in the arts and in community services and that are environmental in so much as they relate to, for example, water quality or improving the canopy of the ACT with a large-scale tree-planting program underway, with more to come in that regard.

I think the next important mid-sized infrastructure project will be a scaling up of our social housing spend. Over the 10 years from 2014 to 2024, that spend is about

$1 billion. We are looking now at opportunities to both bring forward and expand our public housing program. The details of that will be announced in the not too distant future.

We still retain perhaps some fleeting level of optimism that the commonwealth might be a partner with the states and territories in investing in more social housing, or at the very least allowing other states and territories the same latitude that they gave the state of Tasmania in either refinancing or releasing us from historical commonwealth, state and territory housing debts. We have a small loan, at 12½ per cent or thereabouts, with the commonwealth still that dates back to well before self-government, and another loan at 4½ per cent. At the moment we could borrow at or around one per cent, and the commonwealth could borrow at an even lower rate. This is an issue that I have raised with Josh Frydenberg in writing at least five times, and every time I talk to him I raise it as well. I am not the only state or territory leader or treasurer who is raising this point.

We could do a lot more in terms of a lasting public housing legacy from this period. When it is recognised that stimulating the housing construction market at this time is necessary, a far more effective and long-lasting community benefit could be derived from investing in social housing. We will be doing our part to the tune of more than $1 billion over a decade. It is time the commonwealth stepped up and did something in this space. The very least they could do is either let the states and territories who still have outstanding debts that date back over decades out of those debts or let those debts be refinanced at a much lower rate of interest. I would very happily sign up to the interest savings being ploughed directly back into more public housing in the ACT.

THE CHAIR: Chief Minister, are you considering using the unsold Mr Fluffy blocks for public housing?

Mr Barr: We have a large amount of available land through the Suburban Land Agency that sits on the shelf at the moment. Housing would look to that in the first instance. But where there are opportunities through the salt-and-peppering approach that Housing ACT adopts to acquire particular parcels of land—this is not just former Mr Fluffy sites—if it suits and the land is available for sale then it can be considered. That does not mean it will necessary happen. I am not ruling anything in or anything out in this regard, other than that we are committed to building more public housing. We will take those opportunities as and when they present.

THE CHAIR: How many unsold Mr Fluffy blocks are there that could be considered?

Mr Barr: I do not have that figure in front of me. Not very many would be the short answer, though. I do not believe that there are many unsold Mr Fluffy blocks remaining.

THE CHAIR: Chief Minister, thank you very much for joining us again. You will be sent through a transcript of this hearing. That concludes today's public hearing for the committee.

The committee adjourned at 12.29 pm.