

COMMUNITY DEVELOPMENT AND JUSTICE STANDING COMMITTEE

COVID-19 PANDEMIC HEARINGS



**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 18 NOVEMBER 2020**

SESSION ONE

Members

**Mr P.A. Katsambanis (Chairman)
Mr M.J. Folkard (Deputy Chairman)
Ms L. Mettam
Mr S.K. L'Estrange
Mr D.T. Punch**

Hearing commenced at 9.14 am

Ms SHARYN O'NEILL

State Recovery Controller, examined:

Ms REBECCA ANN BROWN

Acting Director General, Department of the Premier and Cabinet, examined:

Ms EMILY JANE ROPER

Deputy Director General, Department of the Premier and Cabinet, examined:

The CHAIR: Good morning. Thank you for coming in today. On behalf of the committee, I would like to thank you for agreeing to appear before us. One of the functions of the committee is to review the agencies within our portfolio responsibilities, which includes emergency services. From time to time, the committee conducts agency review hearings. We have asked you to come along today to provide evidence in relation to the management of the COVID-19 pandemic in Western Australia. I am Peter Katsambanis, I am the chair of the committee. The other members of the committee are the deputy chair, Mark Folkard; member for Vasse, Libby Mettam; member for Bunbury, Don Punch; and member for Churchlands, Sean L'Estrange. It is important that you understand that any deliberate misleading of the committee would be regarded as a contempt of Parliament. Your evidence is protected by parliamentary privilege. However, the privilege of course, does not apply to anything you say outside of today's proceedings. Before we begin our questions, do you have any questions about your attendance at the hearing today?

Ms O'NEILL: No.

The CHAIR: Is there any opening statement that you want to make?

Ms O'NEILL: Yes, if I can. Thank you for the opportunity to appear today. As you may know, I was appointed to this role on 6 April 2020 to lead the implementation of a comprehensive recovery planning process that is defined under the state emergency management framework. It makes me responsible for coordinating and overseeing the state's recovery efforts and, in particular, leading the development of a recovery plan. In this capacity, I also attend national cabinet with the Premier as his adviser. You may be aware that this role is separate but complementary to the State Emergency Coordinator role, that being held by Commissioner Dawson. He is responsible for the emergency response operational decisions. Chair, I thought that today we would limit our comments to recovery and I will also avoid speaking on the health advice because that would be better given by the Chief Health Officer.

A significant amount of work and much has been achieved over the past seven months. We consulted really widely to end up with a WA impact statement, a key insights document, a stakeholder engagement document and, in the end, the WA recovery plan, which covered five areas: health, social, economic, infrastructure, industry and regions. The plan was released by the WA government on 26 July of this year and provides an overview of 500 initiatives at a cost of \$5.5 billion as an investment. It was the first comprehensive recovery plan to be released in Australia. As you may be aware, it covers a range of areas, which I will not detail because I am sure you have seen the plan. As the recovery controller, I oversee the implementation at the strategic high level of that plan through the Public Sector Leadership Council, which involves all the director generals of the departments that you would already know about. The operational support for that is provided

through the Department of the Premier and Cabinet. While there is a lot to do, we believe that WA is leading the nation in the pace of recovery with some pretty important and positive results more recently on the economic front. As at September 2020, 73.7 per cent of the 103 000 jobs lost between February and May have been recovered and almost 90 per cent of the fall in hours has been recovered.

In closing, I want to acknowledge all of the work done to get us to this point. As the Premier has emphasised, we are all in this together. Certainly from the public sector perspective, the pulling together and collaboration of the public sector, as well as the people of Western Australia, has enabled us to be in the position that we are today. Thank you.

The CHAIR: Thank you. Just picking up on the public sector issue that you raised, when you appeared before the Public Accounts Committee in June, you indicated that perhaps there was scope for a sixth recovery area to be added to the five recovery areas that you outlined earlier, and that was the challenges and opportunities faced by the public sector during the pandemic and, I guess, in recovery from the pandemic. Has there been any progress on that and what has occurred in that space?

[9.20 am]

Ms O'NEILL: Alongside the five recovery areas, we asked Mike Rowe, whom many of you would know, to undertake a similar process that we had for the other recovery areas, albeit it is different and has a different focus. Obviously, it is more of an enabling area for the others. Mike Rowe undertook quite an extensive consultation process, a very comprehensive survey and met with all of the director generals and a range of other people across the public sector to really understand the impact. It was to get to the impact of COVID-19 on the public sector to date. As you can imagine, things were raised like the working from home impact on people, but, more broadly, they were looking for those areas that we might want to learn more about going forward, including from a technological perspective, not only for people to be able to work from home, but also in the delivery of services where some agencies over time had been considering moving to a more digital delivery of some of the services. There was consideration of what that might mean into the future. One of the really interesting issues around that is, for some people, not only regional people, but more elderly people, the assumption that everyone can receive services online. It might be an assumption we can deliver, but thinking around how people might receive some of those services. Certainly, it was around technology and digital work, the capability of the sector, which is always an issue, and leadership in the sector and management. For example, how managers manage working from home requires some different sorts of skills as well. All of that work was done and brought together for discussion at the public sector leadership council, and we are building that into our forward considerations as director generals.

The CHAIR: In relation to recovery, the word “recovery” almost presupposes, and I think the entire framework of emergency management in Western Australia presupposes, an emergency that comes to an end in a finite period and then a recovery phase. We are not in that sort of emergency. We are in a different type of emergency that is ongoing and has been ongoing since March, with no indication that there is an end date soon. In that sort of environment, how do you evaluate, re-evaluate and update the recovery plan, and how do you record and communicate any of those updates?

Ms O'NEILL: That is a very good point, Chair, and one of the first things that we confronted when we were looking at an approach to recovery. When you look at all the recovery literature and research and emergency management around Australia, it presupposes this idea that, as you say, a flood or a fire starts and then stops. You undertake an impact statement, which is required under

our EMA¹, and then you plan to ameliorate or remediate for the recovery. Here, because we have a health crisis turning into an economic crisis, but not stopping being a health crisis, and then becoming a social crisis, these things are continuous. That made the planning not as linear as some normal planning efforts would be. What we undertook to do in the first instance was an impact statement. That is a normal part of the recovery process. We developed an impact statement on the basis of extensive consultation, and we said at the time—still say—that that was a point in time. You can only do a point-in-time impact statement. Our intention, in fact, is to update that impact statement over the next few months. The plan that was developed in response to that impact statement was also predicated on the assumption that this is at this point in time. We are developing the strategy to be reporting to government, to the cabinet, about progress made. It will be a matter for the government about how it communicates that on. Ongoing monitoring is obviously part of that implementation strategy, and part of that is to understand how the impact of the virus changes and shifts. We have over 500 initiatives in the plan and, over time, not only are we monitoring the implementation and the success of those, but where we might need to go into the future with those.

The CHAIR: That is a really big challenge. As you said, it is a snapshot at a point in time, but this point in time becomes that point in time very, very quickly, and with no prospect of, as I said right at the outset with my first question, an end date. So you do not have a particular period of time in which you re-evaluate or any formal re-evaluation process at this stage. Is that correct?

Ms O'NEILL: We had agreed with the government that we would reconsider the impact statement and, as I said, I will do that over the next couple of months and use that as a point to reflect on what changes might need to be made to any program that we have in place or what might need to be added going forward. It is not as stop-start as perhaps I am describing there because at any point in time we will need to change and move inside any of those initiatives or in adding other initiatives to consider their impact on jobs, on expansion or diversification of some industry areas. It is open to us to make those changes as we go. In terms of open communication, we decided very early to put our work on the web for everyone. The impact statement we tested with a group of people. We tested it back to people to say, “Is this your lived experience?” That is an important part of recovery planning. It is not just the public sector or whoever is doing the recovery planning deciding, but that we keep testing back that this represents the lived experience.

The CHAIR: In relation to these five recovery areas that you mentioned—health, economic and infrastructure, social, industry and regional—which one of those areas was most severely impacted by the pandemic; and, going forward, which one poses the greatest recovery challenge from the work that you have conducted?

Ms O'NEILL: Clearly in the first instance, out of the five, health is the obvious impact area. Industries are probably not evenly impacted in the first instance, but certainly industries, and we have heard about various industries. The one that was less obvious from the outset was the impact on social outcomes. I think that some of the impact on jobs and social outcomes is less obvious because of the schemes that are in place—JobKeeper, JobSeeker and the levels there. But we are seeing the beginnings of a more evident impact in the social area. One indicator that we all want to have a close look at is around domestic violence—the impact of social pressure and personal pressures in families. From my perspective, at that first point, health and the economic impact, the loss of jobs, obviously, was the biggest and most obvious. The social impact was not as obvious in the first instance, but I think that will unfold further over time. I am not sure, Chair, if my colleagues have anything they would want to add there that is different.

¹ Witness clarification: EMA refers to emergency management arrangements.

Ms BROWN: Certainly, the health impact is dependent upon the challenges or where the state is at in terms of dealing with COVID. Certainly, the period of time in which Western Australia has had no community transmission has obviously given the state and the health system in particular a greater opportunity to be prepared. We have certainly seen the greater impacts in the health system by the nature of the pandemic itself, but we have now seen that they have had greater opportunity to be more and more prepared, to test a whole range of their own preparedness and with communities, and feed back some of those learnings, but also there are a number of initiatives in the recovery plan that also continue to support the health system to be prepared.

[9.30 am]

Ms L. METTAM: Can I just ask a question further on that? There were some issues raised regarding exemptions for people coming from over east into WA on compassionate grounds. In my electorate office, we certainly did raise these issues directly with the Minister for Police's office, and that was seeking, I guess, a rethink on situations where there was a particular set of circumstances that lent good reason for potentially an appeal on decisions or on rejection of G2G passes. Given that one of your areas was health, and part of that is mental health, did you provide any advice on those sorts of issues? A local councillor who had provided additional support material for people who were seeking to return home said, "This is shrinking people." It did create a great deal of anxiety. Was there any insight or feedback that you had provided from a state recovery perspective on that?

Ms O'NEILL: The decisions around exemptions from the border primarily are a matter for the State Emergency Coordinator, Chris Dawson, who takes very direct advice from Andy Robertson, the Chief Health Officer. I know that there were discussions and considerations around a whole range of matters in terms of the borders and exemptions, and health advice was directly given into that. I am not the health adviser. That information comes from health into the design of that arrangement. That being said, when we did our roundtables for the recovery aspect of COVID-19, there was really good, positive and very helpful representation about the issues of mental health. To the chair's earlier question about some of the concerns going forward, that is one of them. It is a pre-existing problem; it did not happen because of COVID, obviously, but for some people that sense of isolation that they felt in the early days, the separation from loved ones, and that unfolding impact on mental health, as I said, that whole social area, I think that we will understand more of the impact of that as that unfolds.

Mr S.K. L'ESTRANGE: Director general, what do you think was the biggest or still is the biggest risk to the community with regard to COVID-19?

Ms O'NEILL: Sorry, from a recovery perspective?

Mr S.K. L'ESTRANGE: Yes.

Ms O'NEILL: The thing that would concern us—there are many things that would concern us at the moment. The biggest risk, from my perspective, in recovery is from the health aspect, the people contracting COVID-19. It remains the biggest risk to the state from a health perspective, obviously. From a recovery perspective, it is restoring jobs. While we have made enormous gains, I think, when decisions are made about those commonwealth schemes into the future, some of the risks for us around jobs are for those people that were impacted more than others—women, young people, Aboriginal people, people with disabilities. That remains a concern for us. Obviously, livelihoods of people who run businesses as well as individual households—there is no one greatest risk, but an enormous focus on the health risk.

Mr S.K. L'ESTRANGE: I have a follow-on question. Where I was going with that question was ensuring the provision of a coordinated recovery support to emergency-affected communities, and

you have highlighted some of the areas of, obviously, what you are looking at closely. When I am talking about risk, it is the risk to you being able to respond, so where are your resource shortfalls? If you had a whiteboard in your office with the three things that you are worried about, that you want to keep an eye on, critical information updates for you, what are those three areas?

Ms O'NEILL: From a recovery perspective?

Mr S.K. L'ESTRANGE: And resourcing.

Ms O'NEILL: In terms of me overseeing and leading that recovery, the length of time that recovery will take is a major risk. We have all heard about the development of vaccines. The kind of effort that is required over a potentially long period of time, that would be one. From implementation of recovery, the resourcing there I am less concerned about at this point. The model that I proposed to the Premier and the cabinet accepted was public sector led. We have pivoted agencies' work to support and implement all of those initiatives. At this point, it is probably the pace more than the recovery that is needed, and people are very mindful of that. So the length of time we are going to be in this potentially and the pace of change that is needed are probably the two that come to mind initially. But again, chair, my advisers here might have something else that they would like to add.

Ms BROWN: The only other comment that I would add is the ability to deliver what is actually in the plan is very much linked to the ability to still maintain robust management of COVID. As the commissioner has outlined, it is about not only maintaining pace, but also being able to balance that with management of COVID. That impact would distract from the ability to deliver a number of the initiatives.

Ms O'NEILL: I could also add the complexity because of the potentially changing environment. A challenge for implementation is to be able to implement but having that potential to move inside that as that impact unfolds, which I guess is what we were talking about before.

Mr S.K. L'ESTRANGE: Just a final question on that. Just relating to coordinated recovery support, there has been some coverage in the media around contact tracing if there was to be an outbreak. Are you concerned or satisfied either way that you have the resources in place to deal with an outbreak?

Ms O'NEILL: The contact tracing and the responsibilities for that, to go back to that issue before about response and recovery, primarily falls in the response, so it would be under the health department, public health. They advise that they have trained sufficient people for any surge. Recently, there have been some commonwealth reports that look into that and, most recently, at national cabinet, Professor Finkel—I think it was last week—has put out a report and that said that across all of the states he was satisfied with their veracity and robustness of their contact tracing.

The CHAIR: You mentioned the challenge of jobs and the challenges of maintaining livelihoods. I know that it is not a new paradox, but we seem to have this paradox at the moment where there are issues around employment, and unemployment is higher than it was pre-pandemic, but at the same time, there are reports of labour shortages, particularly exacerbated by a lack of mobility, both interstate and overseas. What role do you have in the recovery phase of assisting in the planning for dealing with those labour shortages so that people's livelihoods are not lost? I do not think I need to emphasise to you that it is becoming a critical issue in a number of sectors, particularly in, but not limited to, horticulture.

Ms O'NEILL: I can give a response on a couple of levels there. Obviously, there are agreements at the national level around mobility for some seasonal workers, workers from largely, I think, Fiji and Vanuatu for fruit picking and the like. At that national level, there are agreements and discussions through national cabinet that are happening very regularly to try and balance that health risk with

the livelihood risk, and also just the industry risk of getting the fruit off or having things picked in the appropriate amount of time. We are very mindful of that, so that is at that national level. At the local level, we would work with various director generals who are looking at initiatives and working through where there are gaps or potential gaps or shortages in the number of people. In the plan there is an extensive investment in housing. It has been reported publicly about the market there, which is pretty full on, perhaps less so in civil construction. We would work with individual director generals because each of these 500 initiatives, through the budget, are allocated and responsible through each director general. We would work directly with those if their initiative seems to be impacted by a shortage in labour.

[9.40 am]

The CHAIR: Do you work directly with any industry bodies outside of just working through the director general space? Do you work directly with the non-government sector?

Ms O'NEILL: That has been a key part of the approach to recovery. It is more likely that the director general themselves would do that or through the minister. We had round tables for all those industry groups right from the start, so right from the beginning we have been working with the industry groups. I do not personally meet with every industry group, although I have met with a large number of them in the development of the plan, but now that we are moving into implementation, yes, they would be directly connected, and often with the initiatives, they are working directly with those industry groups.

The CHAIR: So rather than having an advisory body to your work, you rely on the directors general at a line-management level to be bringing in that information through to you?

Ms O'NEILL: From the beginning, we had a large consultation process to get to the point of what would be in the content of the plan—the impacts and the content. The Premier had an advisory group and I led the discussions with him, and then we had around 25 ministerial round tables, which largely reflected many industry groups and other groups. That was one way we did it; we had a range of other consultation methodologies as well, but that was to get a major input to the plan. From there, I oversee the implementation through the Public Sector Leadership Council, which are the directors general, and they are responsible for the implementation. We meet with them every week and we talk about all of the initiatives every week. We do not talk about all 500 every week, but we go through those. They will raise at that forum any issues that they have, through DPC in particular, and then, if there are key areas, we would directly work with them and support them on that.

Mr M.J. FOLKARD: Sharyn, thank you for the work that you have done to date. It is commendable. The difficulties of having no clear start date for recovery is something to be commended. It is a grey area, and that is the nature of this particular—I will call it an “incident” for want of a better word. In state emergency management, part of the recovery process is a review of what has taken place. Has that started or is it ongoing? Where are we sitting in relation to our response to the pandemic in that space?

Ms O'NEILL: I alluded a little to this earlier. My view is that it needs to be continuous. I mean, we have to do continuous and at points in time to be able to reflect back. We participate in all of the reviews that the commonwealth government, through national agreements and national cabinet, put into place. We have had the Halton review around hotel quarantine, the Finkel review around contact tracing and a range of others will happen at the commonwealth level. At our level, we have, through DPC, put into place a review panel with a focus on continuous improvement. We are not of a mind to wait for someone else to come along and review us. This is so important, so critical, that we decided early on that we would put in place our own internal review processes so that we could

pick out any learnings and put them into place straightaway, not wait until further down the track. We work with Ron Edwards, who I think might have come to this group previously. He, through his responsibilities, will do lessons learnt and we do it every week, as I said, with all of the directors general. It is ongoing and at points in time as well, and when we come to look at the impact statement again, we will think about an appropriate time to look back across the year and say, “Have we picked up all the lessons learnt?” and do some further work at that point.

Mr M.J. FOLKARD: Is there an executive summary of that work available?

Ms O'NEILL: Across all of it?

Mr M.J. FOLKARD: Just the review process. Is there an executive summary of the major points you picked out that need to be clarified and worked on?

Ms O'NEILL: Because we are still in the middle of that, they are probably across a range of areas. We would have the recommendations of the Halton review, the Finkel review, the internal review process—Rebecca, I am not sure if you want to make a comment about where we are up to with that—but they are still in the process, I take it.

Ms BROWN: As Sharyn said, having a continuous improvement focus has been fundamental, and in partnership with the other coordinating agencies. It is less of a formalised approach. It is actually working with the agencies. They will meet with a range of key parties and give direct feedback for improvement particularly with a focus on outbreak preparedness. On the basis that Western Australia has been fortunate not to have to respond similar to Victoria and, now, South Australia, we are taking learnings from other jurisdictions and using that panel to engage with key personnel who are involved in those planning processes in an almost real-time way rather than a formalised process that then provides a report for them to respond. It is more of a constant engagement, and engaging, obviously, beyond the public sector agencies that are involved.

Ms O'NEILL: Also, every time there is an incident in another state, we immediately go back and review our own situation. I think I am hearing the question as: “There is all of that work going on. Is it yet put together in one place around the lessons to date?” We have not yet put lessons to date together in one place. What I was trying to say is that we will do the update of the impact statement and then consider drawing that all together at that point.

Mr M.J. FOLKARD: The only reason I ask is that we noted in the incident that came out of Victoria in relation to their medihotel work in that space, there was a lack of, for want of a better word, accountability, which seemed to be their review sort of thing. Hence why I asked: Is that executive summary out there? Is it a working document? I accept that it is going to change almost on a daily basis depending on what is going on, but is that out there?

Ms O'NEILL: To clarify, those sorts of things that you are referring to come in under response rather than recovery. It is more likely that they would be drawn together by the health department and the State Emergency Coordinator. Commissioner Dawson will often talk to you about the State Emergency Coordination Group and drawing together the lessons learnt. Contact tracing, hotel quarantining and exemptions fit, in an emergency management sense, in response rather than recovery. So they will be doing their lessons learnt as well. Ours that I am referring to are more around the impact of recovery plan.

Mr M.J. FOLKARD: That will feed in then, from what you are saying, at a later point?

Ms O'NEILL: Response and recovery are, unusually, happening at the same time. I think we said earlier that it is normally one and then the other, as you have already pointed out. Normally you would get all of these response impacts into the plan. Because they are still happening, they are gathering lessons learnt and we are gathering lessons learnt. We meet almost every day and we are

bringing that information together but we do not yet have a formal report that we would be able to provide.

Ms L. METTAM: Just further on that, will you be providing a formal report and will there be transparency around the lessons learnt? Further on that, why is there not an independent review? Why is it internal?

Ms O'NEILL: I think it is just a point in time. We have never been in this situation before from an emergency management context. We are all dealing with it right now as we are working through, both response and recovery. We will get to a point of having lessons learnt. Again, I think it would sort of be an interim lessons learnt, which is what I am pointing to. We will do the impact statement update towards the end of the year, and I think I indicated we will look at trying to bring some of the lessons learnt together at that point. But if I can just restate for the committee that that is from a recovery perspective, not a response perspective, because they will do that and then, at a later date, we will bring it together. It is not that we will not be doing it; we are working towards that. There will be a “lessons learnt” report that I will provide to government and that will be a matter for the government. But all of our other work to date has been put on the website. When you talk about an internal rather than an independent review, just as a reminder: in my role as commissioner—I still am commissioner—I am independent of government.

[9.50 am]

Ms L. METTAM: Just touching on what is a significant skills shortage and worker shortage across the state, and in particular in the food industry and in regional WA, how many workers do you think we are short of at the moment? I appreciate that there are 7 000 overseas seasonal workers that we no longer have access to as a result of COVID.

Ms O'NEILL: I am not sure if we have that number with us. I will just check if anyone does. They are projections and it depends on the data that may or may not come into us, but it is not a number that we have with us today.

Ms L. METTAM: Okay. Is it a number that you know? Is it a number that you are aware of?

Ms O'NEILL: Only as it is reported. It is not officially reported to us, but obviously, through national cabinet et cetera, we are concerned about the movement of those workers. We have indicative numbers that I have seen before, but I just do not have anything with me today.

Ms L. METTAM: In terms of initiatives that you are talking about, are there any new initiatives that you are looking at at the moment? There was obviously a bit of concern from an industry perspective about the Work and Wander Out Yonder campaign and how that did not really target or was not effective in attracting workers to regional WA. Are you looking at other programs or other initiatives? What are the thoughts there?

Ms O'NEILL: The ones that were represented in the plan, have been discussed or have already been made public are already out there. It is complicated, I understand, in consideration of the national backdrop to this, as was discussed just recently. It is complicated by the payments available—it is a good thing that the payments are available—but there are workers and other individuals that are less inclined to go and undertake that seasonal work because of the scale of the payments that they are receiving through the government. As I understand it, that is sort of an issue that is confronting all states, and Western Australia as well. The initiatives that were made public are the ones that I am aware of. I do not know if there is anything in addition that you might want to add?

Ms ROPER: I guess there are three areas where we could get workers. It is redeploying or getting people from Western Australia, and Work and Wander Out Yonder was part of that. Then there is getting people from interstate, and our easing of the border restrictions is enabling greater

movement of workers and there are exemption processes for agricultural workers as well, as I understand it. Then there is the international element of this. We have previously relied on workers from overseas to fill gaps in labour shortages, and the ability to do that is limited by border restrictions but also hotel quarantine capacity and all of those sorts of things. It is a problem that is shared nationally. It is something that is being worked through with the commonwealth about how we might do that and balance that with returning Australians home, which obviously the commonwealth has articulated is their first order priority at this particular point in time.

Ms L. METTAM: Are you looking at it from the perspective of what opportunities there are for affordable accommodation in regional WA? That has been a significant issue that has added to the challenge where we have seen a lack of availability of rental properties, which has exacerbated what is already a challenging situation. Are there additional measures that you are potentially looking at which could support or take the pressure off our food industry?

Ms O'NEILL: I cannot speak for Minister MacTiernan, but my understanding is that she and her staff and DPIRD are looking at a whole range of ways to try and ameliorate the problem. I will just go back to my first comment that we have not been able to get international workers in and we have the international border there, which is managed by commonwealth decisions on borders. More recently, looking at the local borders, the prime concern, as I understand it, has been getting people to want to be able to do the work in the first place. I have lived a lot of my life in those regional areas. For example, I understand the lack of housing that might be in Carnarvon. Some of these growers et cetera have been prepared to look at alternatives in town but have been unable to get people to be interested in the first instance to come. It is cart and horse sometimes around which bit to look at first. Certainly from my experience with ministers and departments, people have been very willing to contemplate all range of initiatives, but I am not aware of anything in addition to that which has been made public so far.

Ms L. METTAM: Just a final question on this. From a welfare point of view, have any projections been made about what impact this will have, or the status quo will have, on fresh food prices going forward? The feedback that I have had from industry is that they will not be taking vegetables or fruit out of the ground. What impact will those shortages have on food prices going into Christmas?

Ms O'NEILL: Projections have not been provided to me at this point. The general concern was raised early on in the consultation about that possibility. DPIRD continues to work directly with industries, as I understand it, but it has not been brought to my attention that that is impending or projected as a risk to date, unless someone else has heard something?

Ms BROWN: No, I am not aware of any projections that have been done.

Ms O'NEILL: We have not been made aware of that.

Mr D.T. PUNCH: Just a brief question: just going back to the Wander Out Yonder campaign, given the interactive effects that I think you mentioned in relation to the commonwealth overlay in income support, the campaign to encourage people to go out and people's own assessment of risk et cetera, it would probably be too early to draw any firm conclusions in relation to success or otherwise. But intuitively, you would expect that it would add to the incentive for people to go out.

Ms O'NEILL: My understanding is that there was a fair bit of interest in the program. It is complicated, as you say, by other considerations such as the level of uncertainty in people's lives, the commonwealth payments et cetera. I think you are right in that it is probably too early to assess whether something is a success or a failure in any case. But I think what is important is the combination of initiatives that get put in place.

Mr D.T. PUNCH: That add to a holistic set of outcomes.

Ms O'NEILL: Yes.

Ms L. METTAM: Are you saying that it was successful?

Ms O'NEILL: No, I do not think I said that. I think I was asked if it might be too early. There are so many overlays that it is hard to determine whether this program has worked or not in its own right. I am not saying it is successful or that it has not achieved the outcomes, but it is one contribution to the overall effect.

Mr D.T. PUNCH: As part of many.

Ms O'NEILL: Yes.

Mr D.T. PUNCH: I have one further question that is really a point of clarification. We talk about the impact of border restrictions on worker availability, but to be really clear, the border restrictions are a function of the assessment of the risk of community transmission of the virus. It firmly relates back to that health advice and the risk of reintroducing community transmission into Western Australia.

Ms O'NEILL: Yes, that is right.

The CHAIR: I will take that as a comment. One of the issues that continues to be raised is the ongoing mental health impact. It is across the board in various sectors: children, younger adults, elderly—right across the board. What work is being done firstly on assessing or measuring the mental health impacts of the ongoing pandemic and what work is then being done to address those issues?

[10.00 am]

Ms O'NEILL: It is challenging to separate one's mental health or correlate directly mental health issues to COVID and differentiate that from general mental health issues. That is going to be one issue for the sector—drawing the conclusion that mental health problems have arisen only as a result of COVID. That is going to be a challenge.

The CHAIR: No, I did not ask that. I said the impact on mental health: Has it caused new problems? Has it exacerbated existing problems? Has it simply restricted access to support services? It is a broad range.

Ms O'NEILL: Sure. We will be advised by the Mental Health Commission primarily and the health department around their assessment of that. They are collectively putting initiatives in place. The point that I was making from a data perspective is that will be challenging to draw out the differences. Mental health issues existed before we had COVID. The only point I am making is that from a data perspective, it is challenging; nonetheless, they will be monitoring the initiatives put in place and drawing their conclusions around what contribution and success has arisen from those particular initiatives.

The CHAIR: Was any consideration given to including mental health in the priority streams? There are 21 priority streams and mental health is not one of them.

Ms O'NEILL: I am just trying to recall if it was vested more in the supporting our most vulnerable and putting patients first. There was quite a discussion, even right at the start when we had the five recovery areas—health, industry et cetera—whether we would have a separate one for mental health. A decision was taken there to combine it with the health sector. In the end, with the 21 initiatives, as I recall, it was largely represented through supporting our most vulnerable and putting patients first.

Ms BROWN: Probably the only comment I would make is, obviously, at a national level, there has been focus on the mental health impacts of COVID, but, more generally, the commonwealth received the Productivity Commission report on mental health earlier this week. Obviously, there

has been in parallel a fairly significant investment by the state government into mental health services. I think this does align with Sharyn's point, which is that, to some extent, much of that would have been unrelated to COVID. But, certainly, as the commissioner touched on, putting patients first does include a response in terms of mental health. It has certainly been a priority of the public sector to continue to monitor the impacts. The ability to have a more open economy within the state's borders has allowed people to have that mobility, which we have seen limited in other jurisdictions, particularly in Victoria that did not have that same opportunity until recently. It has certainly been a priority of the public sector to understand and a number of investments have been made both in the state budget and in the recovery plan to partly support some of those impacts, but also recognising that some of those impacts would have occurred prior to COVID.

Ms O'NEILL: Mental health is a really big and important consideration as we go forward and the investment in the plan talks about \$56 million. In our initial scoping of the plan, we looked at cutting the 21—it could have been cut many different ways—and it highlighted probably 30 or 20. In the end we went with 21. The focus of the mental health initiatives was around putting the patients first, and that kind of aligned with announcements government had made more recently around where it wanted to go with mental health. A decision was made to place it inside “putting patients first”, but a decision could have been made to have it as a standalone priority stream. They were just organisers, really, to be able to represent the bodies of work.

The CHAIR: I understand that. It is just that patients presuppose that someone is sitting in a hospital receiving direct care, whereas as we start to learn more about mental health issues, it is a lot broader than that. I understand that you wanted to find somewhere to fit it in. It is just a comment really. It strikes me as a little bit obtuse, when we talk about the impacts on COVID—as you rightly said, acting director general, even at a national cabinet level, mental health has been such a priority—that it does not seem to be in those 21 priority streams, in nomenclature anyway, but at least I am heartened that there is some sort of inclusion within it.

Ms O'NEILL: I take the comments on board. That sense of the term “patient” has historically been associated with perhaps more institutionalised health care rather than community-based health care, so I understand the point. I do not want to misconstrue that it was just a convenient place to put it; it was not just that, but consideration of mental health in the total health offering in these initiatives seemed the most appropriate place for it to go.

The CHAIR: Sure. Your plan has some slogans and underneath it is all the detail. I understand that.

Ms L. METTAM: Just in relation to mental health, is there a measure of what the impact on the mental health system has been—the size or the measure? Is there any indication of what the impact on mental health has been through this period?

Ms BROWN: As a general comment, the health system will have significant data about monitoring the impact on services, including ED presentations. That is probably, appropriately, a question for them as to whether they can distinguish between whether that is COVID-related or otherwise. Certainly, very early on, there were discussions led by the Mental Health Commission with non-government partners about what they were seeing anecdotally in response to COVID. That was very early on—so, in March, April and May. It was particularly about how in partnership they were able to maintain the delivery of services, particularly through telehealth and digital delivery of services, to people who were experiencing mental health issues. But it is probably fair to say that we do not have the data that would give that analysis of the impacts of COVID. It is certainly something has been a priority to better understand.

Ms O'NEILL: The question about the specific data is probably best put to the Mental Health Commission, but we know at a general level that—you might have heard it—early on ED

presentations in hospitals in WA for mental health during what we would call the spike, if you could call it that, were down. I think that was publicly reported. I think that the number of calls to Lifeline were slightly up on 2019, and slightly above in just general data around mental health and ED presentations. I just offer that as the kind of second-hand information that we get, but for final data, if you go to the Mental Health Commission, you might get more robust data. I am just giving it as it is reported to us: a slight increase in calls to Lifeline and slight increases over 2019 of ED presentations. For more contemporary data, probably go directly to Health or the Mental Health Commission.

The CHAIR: We want to thank you for your evidence today. Importantly, we want to thank you for the work that you have been doing in what has been an extraordinarily challenging period. A lot of you have been very experienced in working in public policy in the public sector for a long time, I daresay. I do not want to put words in your mouth, but you probably have not encountered a period such as this. None of us have.

Ms O'NEILL: It has been an unusual year.

The CHAIR: Yes, and there is no end in sight. Just understand that from a committee perspective and a parliamentary perspective, we thank you for your work, we value the work that you are doing and we recognise sometimes the toll that it takes on you personally as well.

We will send you a transcript of this hearing for correction of transcribing errors. You can make those changes to the transcript and return it within 10 days. If you do not, we will just deem that you accept it as a correct transcript. You cannot use the corrections process to introduce new material, but if you think there is anything we should know about, feel free to make a supplementary submission, because we always look forward to receiving that sort of information. We did not take anything on notice today, so there is no need for you to respond on notice. Again, we appreciate the time that you have taken to talk to us today, and keep up your good work.

Ms O'NEILL: Thank you.

Hearing concluded at 10.11 am
