REPORT ON PROCEEDINGS BEFORE

PUBLIC ACCOUNTABILITY COMMITTEE

INQUIRY INTO THE NSW GOVERNMENT'S MANAGEMENT OF THE COVID-19 PANDEMIC

CORRECTED

Virtual hearing via videoconference on Monday 13 September 2021

The Committee met at 09:45.

PRESENT

Mr David Shoebridge (Chair)

Ms Cate Faehrmann
The Hon. Scott Farlow
The Hon. Courtney Houssos
The Hon. Trevor Khan
The Hon. Peter Poulos
The Hon. Penny Sharpe

The CHAIR: Welcome to this virtual hearing of the Public Accountability Committee as part of its inquiry into the New South Wales Government's management of the COVID-19 pandemic. Before I commence I acknowledge the Gadigal people, who are the traditional owners of the land upon which the Parliament sits. I pay my respects to First Nations peoples from across the State and especially those witnesses and Elders who have taken the time out to come and share with us their knowledge and experience from on the ground today. We acknowledge that this land is Aboriginal land.

Today's hearing is being conducted as a fully virtual hearing, which enables the work of the Committee to continue during the COVID-19 pandemic without compromising the health and safety of members, witnesses and staff. As we break new ground with the technology I ask everybody to be patient, especially as we have a series of witnesses from north-west and western New South Wales and the notorious difficulties we all have with ensuring that we keep connectivity on a day like this. If participants do lose their internet connection and are disconnected from the virtual hearing, please rejoin the hearing from the link that you have been sent by the secretariat.

Today we will be hearing from community health organisations, from local councils and from community members who are tackling the COVID-19 situation in rural and remote Aboriginal communities. We will also hear from representatives from the Aboriginal Health and Medical Research Council and individual Aboriginal medical services. Later this afternoon we will hear evidence from the key New South Wales government agencies that are responsible for the COVID response, including the Ministry of Health, the NSW Police Force and Aboriginal Affairs.

Before we commence, I will say a few brief things about the procedures for today's hearing. While parliamentary privilege applies to everything that is said in the course of these hearings, it does not apply to what is said outside. I urge people to exercise caution with comments they may make after the hearing. Committee hearings are not intended to be a forum for adverse reflection on individuals, and so far as possible please stick to the issues rather than making adverse reflections on individuals. All witnesses have a right to procedural fairness in accordance with the resolution of the House and that right will be respected in this Committee hearing. There may be some questions that a witness can only answer on notice. You may not have the answer to hand. That is okay, in which case please let us know and you can provide the answer within 21 days. The secretariat will help you with that.

Today's proceedings are being broadcast live on the Parliament's website and on the Parliament's YouTube, and a recording of the hearing will be uploaded to the Parliament's YouTube channel at the conclusion. As always, a written transcript will also be provided as soon as available from Hansard. Finally, a few notes on virtual hearing etiquette to minimise disruptions and assist our Hansard reporters. I ask Committee members to clearly identify who questions are directed to. Members should also utilise the "raise your hand" function if you want to take a point of order. Could everyone please mute their microphones when they are not directly speaking and please remember to turn your microphones back on when you are getting ready to contribute. Members and witnesses should avoid, wherever possible, speaking over each other. To assist Hansard, I remind members and witnesses to speak directly into the microphone and avoid making comments when your head is turned away.

MONICA KERWIN, Community Spokesperson, Wilcannia, sworn and examined

MARY RONAYNE, Community and Culture Manager, Wilcannia Safe House, sworn and examined

DARRIEA TURLEY, Mayor, Broken Hill City Council, affirmed and examined

CHARLES LYNCH, Deputy Chair, New South Wales Aboriginal Land Council, affirmed and examined

The CHAIR: I now welcome our first panel of witnesses. Thanks very much to all of you, and thanks again for the time. I know how much your communities need you right now and we really do appreciate the time you have taken away. Aunty Monica, perhaps starting with you, do you want to give us a brief opening about what is happening on the ground and what you would like us to hear?

Aunty MONICA KERWIN: At the moment—can you hear me?

The CHAIR: We can.

Aunty MONICA KERWIN: At the moment I believe there is a lot of anger, confusion, a lot of misunderstanding of what is happening here—and more so around what is the next step to our community [audio malfunction] by cases. I do not know what else you [audio malfunction].

The CHAIR: That is okay, Aunty Monica. You are speaking to us from on the ground in Wilcannia, is that right?

Aunty MONICA KERWIN: I am, yes. I live in Wilcannia.

The CHAIR: Thanks, Aunty Monica. The Committee will have some further questions directed to you. Ms Ronayne, would you like to give us a brief opening about what is happening on the ground from your perspective?

Ms RONAYNE: Yes. Aunty Monica spoke about the confusion. Everyone is worried about what will happen after the temporary accommodation is removed from the service. We have always had an overcrowding problem in Wilcannia and everyone is worried about what will happen after they are removed, and continuous outbreaks of COVID because of our overcrowding problem.

The CHAIR: Thanks, Ms Ronayne. We will probably come back and get some more detail again through questioning. Madam Mayor?

Ms TURLEY: Thank you. In Broken Hill, can I just firstly acknowledge that I am on the land of the Barkandji people. I want to pay my respects to all Elders and acknowledge the work that Ms Ronayne and Aunty Monica are doing in all the communities across the Far West. What we are seeing at the moment really could have been predicted, or should have been predicted, in terms of how this rapid spread is affecting our vulnerable communities. People have spoken to me and public health experts in the past believe that the failure to act adequately in advance is tantamount to a genocide. We are very concerned about the modelling of what we will see in COVID-positive cases in our Aboriginal community. In Broken Hill we have seen with much sadness how our community—although it is 200 kilometres away, Wilcannia is in the heart of Broken Hill. We love it to death. We know it is looking after the river, and we are so concerned that what we are seeing here now is the numbers in our communities are rising as well.

There are preconditions that could have been determined. All you have to look at is the lack of investment in health, housing and employment in our communities and you could see that it is the perfect combination for that perfect storm to erupt in these communities. I am just struggling to believe that over the years—as I watched all the fireworks in Sydney and all the investment in those capital cities—for those communities in the Far West, the First Nations people, all we have seen was drip-feeding of funding and bandaid service. At the moment on the ground we will see our communities struggle over the next couple of months. Also, I just want to acknowledge the great work our health workers are doing, but there will be a great impact on how we look after them and what the outcome is for them in the future. Also, nobody is talking about a recovery.

The CHAIR: Thanks, Madam Mayor. Councillor Lynch?

Mr LYNCH: Good morning, everybody. I am the councillor for Northern Region and I am also the deputy chair of New South Wales Aboriginal Land Council [NSWALC]. I am the co-chair of the Coalition of Aboriginal Peak Organisations [CAPO] in New South Wales. I thank you for your time and the opportunity to speak today. I also want to acknowledge country that we all gather on today and pay my respects to Elders both past and present. I would also like to acknowledge our future leaders. As already noted by some of our community

members and other people online today, I also want to highlight and thank those frontline workers, our community workers and community members that are out there every day dealing with the issue at hand.

From my perspective, it is government's responsibility to keep all citizens safe. Government holds all the levers and they hold all the resources. It is important that government works with Aboriginal communities in the best way to resolve the issues going forward. Whilst we are in a pandemic and whether or not we could have had a crystal ball, I think right now is not the right time to be pointing a finger. But it is important that we get the planning right going forward and ensure that the effects of COVID, which are going to be around for a long time, are dealt with and the Government is working collaboratively with our communities on the ground. That will need to come with capacity and resourcing into our Aboriginal medical services and our other community organisations, because they are the people that our people trust and they are the people that get the services done and carried out on the ground.

There are many things that need to be highlighted. That is starting with the lack of information or coordinated information. I continually look at briefs that are coming out that are 12 pages long. Our people do not want to read 12 pages about the incidence of COVID. We need fact sheets that are specific to our people that they can understand and that get straight to the point. More important at the moment is the anxiety in mental health that is being caused in our communities, and we have very remote communities that are affected. I also have two remote communities. I am sitting in Tamworth, by the way, so I have a little place called Walhallow or Caroona, and I have another reserve sitting at Summervale in Walcha. The anxiety in mental health that is coming with our most vulnerable at the moment due to the lack of information, the unknown and the forward planning is horrific. I think there are a lot of matters that I would like to raise.

Obviously at the end of the day this is a health pandemic, and the Commonwealth and State governments are responsible to ensure that not only our people but that all people are safe and these matters are dealt with appropriately.

The CHAIR: Thanks very much to all of you. I will now hand over to the Opposition for the first round of questions. Ms Sharpe.

The Hon. PENNY SHARPE: Thank you very much everyone for coming today. I know that you are in the peak of the crisis as we speak and we thought it was very important to hear from you. Aunty Monica, I wanted to ask you about—you have previously raised with me the issues of accommodation and that kind of thing. I understand that there have now been motorhomes put into Wilcannia. Are you able to tell me how they are working and what you understand the time frame is for them to remain?

Aunty MONICA KERWIN: There has been a lot of—the slow response in getting those homes in here has left a lot of the community very confused, because it took them a month, really, to get them in here and the numbers have risen since then. A lot of the community found that it was really no use to them because they have already infected the majority of their families [audio malfunction] the overcrowding situation we have here. I have been ringing around and asking community who is staying in them, whether they are local. But they are not local that are actually staying in it. They are families that have travelled in for sorry business because from the first outbreak, and that very sad funeral that happened when COVID broke out here, we have had a suicide in the community.

In the preparation of leading up to that funeral, a lot of families travelled in when we were not under lockdown. But the families that travelled in for that sorry business are the ones that have been shifted out of a hotel here now and put into those campervans. A lot of confusion with them—that they do not know their period of stay, whether they leave there or what. There is just a lot of confusion around all of the accommodation that has been allocated around. Even with the motorhomes coming a month later, we tried to get family out but we had to go through NSW Health, which was a phone number and I had to [audio malfunction] which was a part of the local emergency management committee [LEMC] meeting. So just a lot of confusion [audio malfunction]. Here on the ground it has turned into frustration. They are just saying, "Well, we're better off staying here now and just being in lockdown together," still with [audio malfunction] situation. That is all I can sort of say on that matter.

The Hon. PENNY SHARPE: Thank you, that is very helpful. Ms Ronayne, in terms of coordination on the ground, will you just take us through how things are being coordinated as you see it from where you are?

Ms RONAYNE: We have a local emergency management committee that has been functional since before Health stepped in. It was through the coordination—they are the main coordinators of all the food distributors and then worked with community and services to be able to source that immediate accommodation for anyone that needed to self-isolate at the start, and then we had the mobile units turn up. We have 30 mobile vans over at one of our caravan parks. I have not heard of a date when they will leave, and that is why the community members that I have listened to and heard and spoken to are worried about what will happen. It started

because of overcrowding and it spread. Aunty Monica quoted 12 months ago that it would spread like wildfire if it ever reached Wilcannia. It seems like, once that temporary accommodation is removed, we will go back to the same situation.

The Hon. PENNY SHARPE: Thank you for that; that is very helpful. Councillor Turley, I was going to ask you about information sharing. There seems to be a lot of agencies now in the middle of both Wilcannia and Broken Hill. I am just wanting to know, with the local emergency committees, whether the planning for that was done beforehand. Importantly, I also want to ask you about how the vaccination coordination is going.

Ms TURLEY: Thank you for the question. Firstly, in terms of the local emergency management committee, on the ground in Broken Hill I just want to say that the work they are doing is very good. But I do not think that, overall, the Government had a plan for how to respond to such a pandemic. If I reflect over the years—sorry, I am full of allergies today and my apologies if I have to sip water. If I reflect over the years, we could see funding cuts to communities. Wilcannia is not in my local government area but Broken Hill is the same. If you look at the housing structure for housing for our Aboriginal community, the overcrowding, government has been missing in action when there are these high issues of importance. When you look at the social determinants for health, we already had a perfect storm happening where government were cutting funds to these rural and remote areas of the most vulnerable people, yet they are our First Nations people. So there was a perfect storm happening.

The local emergency management committee are working well but I do not know if there was a State plan for how to address those issues that are leaving our most vulnerable communities at risk, so maybe you could answer that for me. But in terms of vaccination plans, I think I reached out to Councillor Lynch just before our lockdown on the Friday saying, "How do we actually increase—you know, give me some ideas about how we could work together." It was really an issue for me about the low vaccination rates, not only for Broken Hill but across the whole Far West. Broken Hill at the time was 50 per cent first vaccination, 30 to 39 per cent second vaccination, but I could not see a traditional public health program being rolled out targeting all at-risk people for vaccinations. We know that vaccination not only prevents you from getting sick—you can still get COVID, but you have an 80 per cent chance of not getting COVID. You could still get it but you are not as sick, and also you will not pass it on.

We knew the science was there but we could not see a good old-fashioned public health program on the ground, in collaboration, working together to get our communities vaccinated. It was a great concern to me that that was not being done. I can reflect back in the eighties and nineties, if we look at HIV and AIDS, on how the public health messaging worked on the ground—community collaboration, working with partners to get people vaccinated or to get people tested. I was not seeing that and it was of great concern to me. We really need to double-vax at the moment. We really need to get across the areas. Some places are doing it well; others are really struggling. That is because we may have a problem about staffing at the moment and how our staff, our health workers, are really overworked and what the impact will be for them. But we need good old-fashioned public health messaging. We need on-the-ground collaboration to get our community vaccinated, and we need to tell the community why it is important to be vaccinated. Thank you.

The Hon. PENNY SHARPE: Thank you. I think that is my time for now, so I will come back.

The CHAIR: Penny, I think that was just the first 10 minutes of Opposition questions. If you wanted to ask some more questions, I think time is available for the Opposition.

The Hon. PENNY SHARPE: My apologies, I have misunderstood. The thing that I am particularly interested in—everyone speaks very highly of the local emergency management committees, and I am really trying to understand what seems to be a disconnect from statewide planning. We have been in a pandemic for 18 months. We knew that Delta was going to arrive at some point and that it was different. We have been assured that there has been planning, but it is very clear from what is happening in places like Wilcannia, Brewarrina and Dubbo that it does not look as though that local planning has been done. Do any of you have a view about—obviously you are quite involved with the local management committees. Mr Chair, you can choose who answers that, but I am happy to hear from everyone on that.

The CHAIR: I think we will start with Aunty Monica, then we will go to Ms Ronayne, then we will go to Mr Lynch and then we will go to the mayor.

Aunty MONICA KERWIN: I was involved with the local emergency management 12 months ago. One of the things we sat on and basically spoke on in that management committee was, in the likely event that COVID enters our community, that we need a foolproof plan put in place to protect our people. Sitting in there with other government agencies—and I sat in there in the position of chair of the, I do not know if you are familiar with it, but the Community Working Party, which is spokesperson for Aboriginal issues in our community. One of the things we wanted foolproof was the overcrowding situation. We needed that plan to be foolproof so that in

the likely event—and this is 12 months ago—that COVID got into our community, we would find somewhere to put our people that are living in overcrowding situations.

I felt at that time that nobody really listened; nobody really cared what our opinion was. I felt personally that our opinion was not valued at that level. We only ever wanted to be a part of a solution here—to protect our community. As grassroots, and living and seeing a lot of the overcrowding in this community and the issues that an outbreak would do to a lot of these families, it was heartbreaking to know that. And then now that COVID has actually—the response, I feel, was very slow indeed. If we would have put a foolproof plan in 12 months ago, we would not have the high numbers that we do have in our community right now. I feel heartbroken and angry, just like the community, at the slow response in the plan. We have not, since COVID hit our community, seen any sort of plan on the ground here at grassroots level as to what was actually put in place, from sitting around their tables and having these hard conversations to the next step now.

We feel that we have been let down to the point where trying to accommodate us now, after the effect of it, is useless because it should have been a foolproof plan put in place to begin with grassroots-level people speaking at that table. We live in community; we know the effect that it would have on our people if it did get in here. I sat around those tables and spoke—not only myself but another young fella in a leadership position. We spent numerous hours sitting in phone calls, doing phone conferences. To know that there was an actual plan that would work for our people would have made us feel a lot better because, like I said, we have only ever wanted to be part of a solution here. That is to stop an outbreak in an Aboriginal community, stop the numbers from rising. If they would have listened, it would not have got so high and widely spread through our communities—if our opinion was valued back then.

The CHAIR: Thanks, Aunty Monica.

Aunty MONICA KERWIN: Thank you.

The CHAIR: Ms Ronayne.

Ms RONAYNE: I was not privy to the local emergency management committee 12 months ago, but this one I was. At the start it was just made up on the spot, because I actually did not know about the 12-month one last year. But, as Aunty Monica said, there has been no communication whatsoever in the community coming together and trying to put together any kind of plan for what we needed to do to help each other. I work in crisis accommodation so I basically just waited for the phone calls, if anyone needed to self-isolate, to be ready to be able to just support through motel rooms. But of course then everyone became fearful there. With the local emergency management committees this time, it was made up on the spot. A week later Health then became involved in being a part of a meeting and then decisions were put back on the community about where they wanted to self-isolate, whether it would be out of town or in town, and things like that.

When it comes to decision-making, it seemed like there was a lot of—no-one wanted to take responsibility for it. When the decision was put on the community they felt, "We're right in this crisis. We don't know what to do. It's already been happening in other communities." They were expecting Health to lead and come up with the solutions. After that meeting—once they went away and once they got community to say, "We want you to take this decision and do something about it"—we then started to see the rollout of the temporary accommodation, the base camps and everything set up. But, yes, right at the start there was nothing that was of a plan that we could all work towards.

The CHAIR: Councillor Lynch.

Mr LYNCH: Yes, I can only reiterate and agree with what our two ladies have already said on this matter, but I do want to make it clear that not all local emergency management committees work the same. I have several throughout my region—which goes up to the Queensland border, across to Dorrigo, down to Singleton and back out to Coonabarabran—and the representation of Aboriginal people is not consistent on those committees either. In my backyard, I know that I do not have Aboriginal input into a couple of those committees in my region. I was only talking to a CEO of a land council last week who advised me the one he sits on barely meets. Again, it comes back to we can have all the planning in the world down, but it is about when the lever is pulled and they need to be activated. That is when community need the answers, and they need it in a timely manner.

The big one—and it is another example because I like using examples—we have two communities that are using their own reverse barriers. They have put in place plans. They are both reserves and they have put in plans which mean they do not need the health order to deal with the crisis at hand. They have said that they will control themselves by putting in what they call a "reverse barrier". They dictate in that plan the movement—who comes and goes—in line with, obviously, as the health orders grew. But, more importantly, they have identified isolation. A point that I am trying to make here is they have identified it, but the accommodation that they have

identified needs to be fitted out. When that question is asked of the local emergency management committee or asked of government, it seems to me no-one has an answer on how that could be resourced.

We have a community that has taken the responsibility. We have a community that has put in a reverse barrier and they have come up with initiatives on how they can self-isolate if required, but they are scratching around now trying to get an answer on who can assist them with the basics of having the appropriate bedding, linen and the other bits they need to enforce that if there is a community outbreak. One of those communities has 250 of our most vulnerable people living there. They have shown that they are prepared to take the responsibility. They have shown they are prepared to do the planning. But when the lever is pulled, how do they get activated? I think that has been highly raised here today by the community members as well. That is one of the issues we have: How do we get those resources activated in a timely manner to address these needs?

The CHAIR: Thanks, Councillor Lynch. Madam Mayor.

Ms TURLEY: Thank you. I think, for me, our local emergency management committee has good representation and is working well, but I do not know if that was the planning end. I think the biggest issue, looking at it as the mayor, is the preconditions before this pandemic emerged. For me, it is one of the poor housing, the disconnect sometimes for services, the lack of ownership by some services—what is their responsibility? There was a time only a couple of weeks ago when we could not get vaccination data because everybody was passing the buck to say it was someone else's responsibility. You have to recall that the biggest conversation when I was trying to get data was that the Royal Flying Doctor Service [RFDS] had the responsibility for vaccinations. Nobody took the responsibility that, for any person presenting to a health service, it should have been their responsibility that their client, consumer or whatever the language used—patient—should have been offered vaccination.

I just want to go back to saying, about that, the preconditions. The emergency management committee is sitting there ready to roll out food, welfare services and the housing, as Wilcannia got. We still have to ask: Why did we have to drive 30 motorhomes to a community? The preconditions are the important elements that we need to look at: the lack of funding to reflect the special population and the demands of this remoteness that we see in the community, the fluctuation between drip-feeding and outright deep cuts, and desperate—despite the best efforts of the local staff, services have been in decline for years. It should not be a surprise that we have an emergency. I just want to—although it is not in conversation today—recognise Bourke and Walgett, as well, and Dubbo. These are areas that were deep cut in funding, and so all of a sudden you see the emergence of this pandemic.

I then go back again that—I think there was a comment made either by the Premier or the chief medical officer that we are on a super highway; we are in a fork in the road. I could see, while we were watching this pandemic spread from Bondi to western Sydney to Penrith, that this virus was on a super highway heading to the most vulnerable communities. And still, to this day, we have no checks on public transport for people getting on public transport coming to Wilcannia, to Broken Hill, to Bourke. It is not so much "What is the emergency management committee doing?", but the preconditions, and what is government doing to look after these communities—not in the last couple of months, but in the years leading up to it?

In a lot of ways these deep cuts to the funding, the disrespect these communities are being given and the lack of planning have made them vulnerable. The Government needs to say, "This is what we did", not what we are seeing on the ground for these current emergency management committees that are trying to deal with the lack of funding, lack of planning and lack of investment in the most vulnerable communities. Really again, as I say, this should have been stopped at the beginning—yet somehow nobody was seeing those emergency levers. They should have been putting on the red lights when it was in Bondi, when it was in western Sydney. Certainly to this day there is no monitoring of people travelling around regional areas, and they are just starting to look at the vaccination programs that needed to be looked at well before this month.

The CHAIR: Thanks, Madam Mayor. Decades of underinvestment in First Nations communities have put in place the underpinning of this crisis, I think. I will now go to Ms Cate Faehrmann.

Ms CATE FAEHRMANN: Thanks, Chair, and thank you all for appearing today in what we have already agreed is an incredibly stressful, busy time. I just wanted to touch firstly on vaccinations. This might be a question for you, Mayor Turley, in the first instance. On 28 July was when the New South Wales Government announced it was redirecting 40,000 Pfizer vaccines from regional New South Wales to HSC students in Sydney. I understand that on 29 July the Far West Local Health District advised that they would be pausing any bookings for the administering of Pfizer vaccines at its clinics for at least the next two weeks, after which the direction would be reviewed. They said, "Anyone currently booked for a Pfizer vaccination (first dose) will be contacted and rescheduled to a future date." I just wanted to see what impact that had, if the council was consulted and

whether you are aware of Aboriginal people within the Broken Hill area and elsewhere that had their Pfizer vaccinations cancelled at that time because they were sent to HSC students in Sydney.

Ms TURLEY: Thank you for the question. Can I say that when we heard that announcement I was quite shocked. I want to recognise the pain that western Sydney is in and also recognise—and I have to say this—that on the weekend I was shocked to see the numbers of people on Bondi Beach and other beaches while western Sydney is still in curfew. But there was not really any conversation with local government; we were just told that these vaccines were going to be relocated. I do not think anybody thought, "Oh, wait on a minute. What's the local vaccination rate for Wilcannia and Broken Hill, or Bourke or Walgett or those communities?" If their local vaccination rates are only between 30 and 39 per cent double vaxxed—and we have to acknowledge here I do not know the Aboriginal rates of double vaccinations; I just know the general community ones, so let us acknowledge that. It was not a conversation; there was not an option.

The data was quite a struggle for me, because I believe data is gold. If you know what your target is then we can increase on it. But all of a sudden it was announced. I think there was a thankyou by the Premier, thanking us for giving the vaccinations. But we were not asked; we were not consulted. I do not know how we caught up because I spoke to the Administrator from Central Darling, Bob Stewart, and he raised the concern: How are we going to catch up those doses? It is okay to say you are getting them back now, but how do you catch up those two weeks plus—or whatever it will be—of vaccinations? Because you only have so many staff on the ground. Again I will go back and acknowledge that, you know, it is really hard to retain and attract staff to these rural communities. So our staff are already overworked, and how do you actually make more clinic hours when you have only got so many staff on the ground? They were not discussed. I am sorry, my dog is trying to jump in.

Ms CATE FAEHRMANN: That is okay. Your dog is very cute. Thanks, Mayor Turley. Aunty Monica, can I check whether there was any impact in Wilcannia that you can talk about in terms of cancelling appointments to send those vaccines to HSC students in Sydney?

Aunty MONICA KERWIN: Yes. You know, my understanding of all this vaccine rolled out in our [audio malfunction] there was a lot of lack of understanding around it. You know, AstraZeneca was the first vaccine offered to our community but people feared the side effects of that because of underlying health issues. Then AstraZeneca was offered through the RFDS—the Pfizer, sorry—and, you know, a lot of people lacked understanding of it. The thing we needed to understand was is it going to already affect underlying health issues that we do have? You know, we have asked at a community level—well, I have asked at a community level—for our health services on the ground to go and give out information to the Aboriginal community on these injections, you know, on these vaccines, and then when the Pfizer one did come out, you know, there was still that fear.

So there was a lot of fear around having either injections and there was that lack of information given to our people on the ground so that, you know—me personally, I have not had the injection. I am not having them because, you know, that is my choice. But people, some families, do have real underlying health issues here that they needed help to give them understanding and allow them the freedom to ask that question. But, you know, the rollout of all of this was too late—you know, 12 months too late, six months too late with all the vaccinations.

Ms CATE FAEHRMANN: Aunty Monica, can I jump in, just as you are talking about this in terms of it being too late. I did want to follow up on the video that you posted around. It was telling the story of the 30-year-old Barkandji woman with breathing difficulties who was turned away from Wilcannia Hospital. You posted a video of that and I understand that quite a few people saw that video. Firstly, what was NSW Health's response to that video? What action did they take? I just wanted to check on whether that woman was okay and is okay now.

Aunty MONICA KERWIN: She is okay now, thank God, but at the time that it happened and the night that it happened she already had breathing issues long before COVID hit. So, you know, to then get COVID and pneumonia on top of that was very scary for her. When she presented at the hospital, like I said in my video, she felt like she was being treated like a dog and left outside. And the response to the health service, very appalling, because the rules were changed when a COVID tested positive person enter an ambulance that they sit inside the ambulance outside of the health service until they prepare a room.

Now, there was no room prepared; there was nothing prepared for anyone, really, let alone this young mum. All she wanted was just some oxygen, you know? She was talking to them. We don't know the full horrors of how COVID can hit the body except that people have been dying from getting COVID. So for this young woman to present at a health service and then asked to sit outside, you know, even outside of the ambulance, left alone to wait until they called the RFDS to isolate her somewhere or to even attend to her, you know, I was angry because her brother rang me. She did not ring me. Her brother rang me in tears and said, "Aunt, you know"—well, he was tested positive and he was in lockdown. They are very close. He was going to walk out and go up to

the health service and he was going to yell at somebody, you know. I said, "No, just calm down, son. I'll ring somebody and find out, you know, what's going on." Then he rang me back—

Ms CATE FAEHRMANN: Sorry, Aunty Monica, I hate to interrupt because you are—I hate to do that but I only have one minute left for my questions so I did just want to get in one more question to you as well about Wilcannia and what is happening in Wilcannia.

Aunty MONICA KERWIN: Can I come back to this?

Ms CATE FAEHRMANN: Oh, yes. If you wanted to finish, please continue.

Aunty MONICA KERWIN: No. It is just that it was appalling the way Health treated this young woman and it was one woman. Thank God she is alive and doing well today.

Ms CATE FAEHRMANN: Thank you. Can I check now in terms of the people in Wilcannia who need to be isolated because they are COVID positive? Is there enough accommodation for people who are sick in Wilcannia with COVID? Do you think they have everything they need now?

Aunty MONICA KERWIN: Well, yes, everything that Health put out there for them with their slow response but, you know, a lot of people feel that they have let them down. Like I said to [audio malfunction] earlier, accommodation and everything was a slow response to a pandemic in this Aboriginal community, so people feel that they don't trust anybody government, including Health. Health has failed our community on all levels in response to a pandemic in a vulnerable community. So, you know, we don't trust anybody at the moment. Our lack of trust towards government on [audio malfunction] level [audio malfunction] we just do not have any.

The CHAIR: Thanks, Aunty Monica. I might go to Councillor Lynch and then to Ms Ronayne. Can I ask you this: In terms of getting through to communities the message about the need to vaccinate and the benefits of vaccinating, you said, Councillor Lynch, that there has not been the investment in communications focused on local communities coming from Aboriginal-controlled health organisations. Is that a missing part of the response? How do we fix it?

Mr LYNCH: I think absolutely—you know, our people want to hear from our people. Whether they have the vaccination or not, at least having the right information and being informed—they trust mob in, you know, putting forward that information. The other thing I do want to note in relation to vaccines, if I could, David—I will come back to the Aboriginal medical services [AMSs] on the ground because this is pertinent—is that even today with Pfizer, the supply of Pfizer to even the Aboriginal medical services, who are doing a great job, has been inconsistent. So if they are on a fortnightly distribution of Pfizer, sometimes—and I have spoken to several AMSs—that has been pushed then out to three or four weeks on supply. So, you can imagine what that is doing to coordination of vaccine clinics for those that wish to be vaccinated. That all takes resources. Once those clinics are scheduled, they then need to be rescheduled, and then, obviously, getting it to community. The other issue we had with the vaccines, even when they were available, was getting our people to them. We had people who had to travel into Dubbo, where we had an outbreak, for vaccination. That is just absurd.

You know, I think that is an area that needs to be improved greatly but it is an area, as I say, about making sure that people get the right information and are being informed. I can only again speak—I know in my region two AMSs have well over 5,000 vaccinations now, whether it is AstraZeneca or Pfizer. That has all happened in the space of four weeks in the reality of things. And in relation to vaccines, the other thing I will put out there—it just comes back directly to communications, because a prime and basic example of this is can someone please tell me if they have received any documentation in the mail around vaccinations for COVID-19? The last time I looked—we have spoken about the internet and the lack of NBN services in our remote communities. You do not have to be that remote because Walhallow has got these issues. It is 74 kilometres from Tamworth. The moment they step outside the school gate, they do not have—you know, the children cannot do homeschooling because there is no access.

These are the real issues that are here in our communities at the moment and these matters had been raised 18 months ago when there were committees put in place to look at food security among our remote communities. There were committees put in place to look at infrastructure and again today we are sitting here with these same issues. So COVID is one thing. The compounding issues we have on top of that is homeschooling—you cannot be homeschooled if you have got no access to the homeschooling sites—and, again, our telecommunications issues. But in relation to the Pfizer, what I have seen, David, when our mob are being informed by our mob they at least are trusting that advice and they at least are making informed decisions. Again, those that may not wish to have it, it is their choice, but I have seen a remarkable improvement since that information has been given, administered, in the hands of Aboriginal people.

The CHAIR: Ms Ronayne, from a Wilcannia perspective, have the resources been put in place to allow trusted local Aboriginal organisations to be getting the messaging out about vaccines with locally tailored messages that people will trust and listen to? Is that part of the response?

Ms RONAYNE: They are now, but not at first. We were left with the same information everybody else was at the start. It was just about social distancing, hand washing, keeping surfaces clean, it being airborne and things like that, then the vaccination. We had the rollout of the army, the authorities come to town and then the fear tactic of, you know, the doorknocking, which is what we have now. With the local Maari Ma Health, there is a doctor that comes along with the other health workers to be able to administer the vaccine but, as Aunty Monica said, we have not had any information—and Councillor Lynch has touched on it—about just not having any information about what the vaccine actually does to our bodies. All of our individual underlying health issues—there is just nothing. There is nothing that was given. Even when we are having conversations with doctors now it is still "Yes", and then there are still people saying, "No". So there is still a lot of confusion of what we need to be doing.

Councillor Turley spoke about data that is saying that we should be more confident in the vaccines. On top of all of our own confusion, you know, it affects our human rights. As Aboriginal people, we have always had to struggle for our human rights and it seems that this is just another way that we are losing more ground, and people struggle with that as well. They struggle with "I've just got to step in line and do what everybody is saying." As much as we are in the pandemic in Wilcannia, there have been people that COVID has missed, but no-one is not taking that into account. It is just like, you know, they are strong people. There are people who have had it and their immune system has fought it and they have come through, but the fact is you have got to have a dose. You have got to have double doses. That seems to be the strong message always. But, no, there has not been a lot. The people that I have spoken to, not only in Wilcannia but other Aboriginal people, they are just very scared of, you know, what can happen once they have the needle.

The CHAIR: And the way to break—

Ms RONAYNE: Myself, personally [disorder]—

The CHAIR: Sorry, Ms Ronayne, you go.

Ms RONAYNE: I was just going to say, just to add on to what Aunty Monica said, I have actually had one vaccine and I am waiting for three weeks for the next one. So it is not that I am against it; it is just that I wish I had more information. I want to say that even having the vaccine did not make me feel good. It just made me feel worse because it seemed like it was against everything about me and my rights.

The CHAIR: Can I ask you in terms of the supply, Councillor Lynch was pointing out that the Pfizer supply is still not there in the quantity needed. Can everybody get a vaccination as soon they need it in Wilcannia? Is there the supply in place?

Ms RONAYNE: There is. They have four days a week that you can go and get vaccinated. Five days a week you can go and get tested between certain hours. The Royal Flying Doctors administer. But, yes—and Maari Ma Health is now doing doorknocks, so I do not think there is a shortage.

The CHAIR: In terms of the housing, Aunty Monica, you were talking about the anxiety about when the mobile homes are going to be removed. What COVID has shown is this chronic lack of housing in Wilcannia, and it is not limited to Wilcannia. Is the community making the call that they want the mobile homes to be retained permanently until there is that further investment in housing? Is that part of the call in Wilcannia?

Aunty MONICA KERWIN: I think so. Like, right now we need something put in place to, you know, ease the minds of a lot of people, but, you know, we do need more housing. Families are growing here and some of them do want their independence. So, yes, if that is possible; but, you know, I am hearing how much it is costing them to keep those mobile homes here when we could already be in the process at least two years ago in building more houses in our community. Health is, you know—their businesses are prosperous around here but, you know, trying to isolate families is very, very hard and they do not want to leave their house. They do not want to leave their home.

You know, we have an overcrowding problem because we won't see our people out on the street. We won't see—we don't have homelessness here in the sense that cities have it, but we do have an overcrowding issue here. That has been an issue for years and years in this community, so keeping the mobile homes here until they decide to build housing for the people would be a great idea and it would be welcomed, unless it is not being policed or anything like that. You know, that after the plan—well, we don't know a next plan. We don't even know what sort of plan is on the ground.

The CHAIR: Thanks, Aunty Monica. That uncertainty is in the community right now—uncertainty about where COVID is going and uncertainty about what the response is—because you are not part of the decision-making. Is that right?

Aunty MONICA KERWIN: No, and nothing is getting fed back down to grassroots level. That is my point—that they meet every day. They have, you know, LEMCs at a local health district [LHD] level as well, but nothing is being filtered back down. It is a top-down-bottom approach here and it always has been that in our Aboriginal communities. You know, like I said earlier, we only wanted to be part of a solution here. And, you know, what better way than to have grassroots people living in community on the ground in these situations—overcrowding—to be part of a solution? But it is the top-down-bottom approach and it is the wrong approach, especially, you know, from government to its Aboriginal people—first custodians of the land.

The CHAIR: Thanks, Aunty Monica. We are fast coming to the end of the time we have for this session, and I am so sorry that we have not had the time we need. I will hand over now to the Opposition.

The Hon. COURTNEY HOUSSOS: Thanks very much, Chair. My name is Courtney Houssos; I am one of the Labor members on the Committee. I thank all the witnesses today for your time and for your very valuable testimony. As the Chair said, we have very limited time. I just wanted to ask some really simple questions, particularly to you, Aunty Monica. You talk about overcrowding. We know that really the main source of transmission in this Delta outbreak has been within households. What is the average size of a household that you would see within the Aboriginal community in Wilcannia?

Aunty MONICA KERWIN: Well, in my household I have six children, right? But I don't have that overcrowding issue like a lot of the families do because my children have moved out and got families of their own. But you are looking at—you know, from a grandmother to the youngest baby born, you are most likely looking at 10 people, you know, living in one household in a four-bedroom house. Four bedrooms for Aboriginal families is not adequate housing, you know. Yeah, they are not looked at for the larger families. I don't know. People just feel that we need more houses and ones that are going to [audio malfunction] look after everybody, you know. Even if a family does not want to move out because of whatever reason—and financial reasons is a big issue; being unemployed is another issue around moving out and finding somewhere. And then it is the lack of housing. Whether it is private or Aboriginal or whatever housing management is in this community, there is plainly a big lack of that.

You have to be working. When you work and get a job, you have to get a government job. So whether they put you in their housing, it is a different story, but not enough Aboriginal Housing on the ground here to cater for the huge families that we do have now. So there are not many houses where our Aboriginal people can move out and move into another house. There is not that on the ground here.

The Hon. COURTNEY HOUSSOS: Yes, and that was really powerful testimony that you gave us early on to say that the temporary housing came so late that COVID had already gotten into those large households. When you have households of 10 people, it is likely that—the figures right across the State show—once it gets in then it is likely to spread within those households. Thanks very much, Aunty Monica. Ms Ronayne, can I just ask you one question around the housing availability in Wilcannia? We know that if there are big households we need to have somewhere to remove them to and there was just nowhere. There was just nowhere at all for them to be removed. Is that right?

Ms RONAYNE: Absolutely. So, in preparation—well, before COVID the only temporary accommodation that we had was a motel. And, yeah, any breach of any home where there were 10 or more and they needed to self-isolate, there was just never going to be a place that we could be able to accommodate them. There was just nothing. We have got in Wilcannia—and I brought this to attention before, not here, but we have government houses, police housing and teachers' flats, that are vacant and remain vacant for a long time, long periods of times, and they were vacant throughout this time.

So, you know, we have solutions on the ground, but the decision-makers and the people that we have to talk to do not come to the table; do not want to hear about the solutions that we want to put forth. So that is a sad thing as well. But, yeah, just going back to the question that you gave to Aunty Monica about once they leave we are back to square one. We are back to relying on a motel and crisis accommodation that the Safe House provides, which is now—because our core business is domestic and family violence and homelessness. There is just nothing. There is not enough.

The Hon. COURTNEY HOUSSOS: Yes, absolutely. I am really sorry, my time—

Ms RONAYNE: With our [disorder]—

The Hon. COURTNEY HOUSSOS: I am sorry. My time is about to expire and I can see Aunty Monica has her hand up. She wanted to add just one final thing, so I am sorry to cut you off. Our time is very limited today.

Ms RONAYNE: That is okay.

Aunty MONICA KERWIN: Sorry. I just need to say that the accommodation that was offered to the community during the outbreak was either through COVID tested positive or domestic violence, which we felt was very—you know, it was degrading to know that "Okay, I've got COVID", and then sent back into overcrowding house—COVID. But the only way to isolate was either tested positive or domestic violence, which, you know, as far as I am concerned ticks all boxes in our small community around isolating families. You know, that was offered by Health. When I rang somebody and said, you know, "We need to get a young girl out of one area into another", they said, "Is she in DV?" Well, she is living in overcrowding house, stuck in with COVID tested positive people, and naturally emotion is running high, fear running high and anger on top that they could not get them out of the house quick enough into any of these available accommodations.

A month later they roll into town with bells and whistles with 30 mobile homes when COVID has already run rampant through our community. So, just on what Ms Ronayne is saying, the accommodation is now on the ground but it is a little bit too late as far as isolating people. We need permanent housing put into this community, not a quick fix and an expensive bandaid. Like the mayor of Broken Hill said, these are just quick fixes at a time to tick a box to say they have supported the community, that's all.

The CHAIR: Thanks, Aunty Monica.

Aunty MONICA KERWIN: Thank you.

The CHAIR: I am going to hand over to Ms Cate Faehrmann.

Ms CATE FAEHRMANN: Thanks, Chair. I just wanted to go back to you, Ms Ronayne, in terms of the Wilcannia Safe House and just to whether the Delta outbreak has impacted accommodation at all that is available for women and children, particularly, trying to escape domestic and family violence. Is there enough accommodation in Wilcannia? Is Wilcannia Safe House able to still have that accommodation available?

Ms RONAYNE: No. No. Right now we have had two units that we have had COVID impacted on just being able to make those available because we need to go through the processes of—because we had two residents relocate—having repairs, maintenance and cleaning. Because of COVID and the lockdown and the outbreak, we cannot get anyone to come to town to do the cleans or the repairs and maintenance. Just in regards to having the properties maintained for any COVID cleaning, things like that, it is impossible to get anyone to want to come to Wilcannia. So it has impacted, but in regards to domestic and family violence, we have been working with lots and lots of women of having safety plans in place. The way that we work is they actually, you know—it is about them acting themselves on what they need to do.

But it is limited to fulfil some of those safety plans where they needed to fulfil their safety plan, so where they needed to escape and they needed to have some time out. That place no longer exists while ever there is COVID and the crisis accommodation is full. But, yeah, we have worked with many women of the community to have safety plans in place for them to protect themselves and children and, you know, to reach out. And we have a lot of strong women that have no problem of reaching out to the police if they need to call the police. That is what we had to go back and rely on because there is nowhere for them to go.

Ms CATE FAEHRMANN: Thank you for everything you are doing on the ground and for what your organisation is doing. My time is up. We have to go to the Chair now.

The CHAIR: Thanks, Ms Faehrmann. We have run out of time. It is now 11 o'clock and that is when this panel concludes. I thank all of you—Aunty Monica, Ms Ronayne, Mayor Turley and Councillor Lynch. Hearing directly from you about what is needed on the ground—the need to prioritise Aboriginal-controlled health organisations to get the message out, the desperate need to be planning ahead and the desperate need for accommodation on the ground. Can I commend all of you, whether it is a council or a lands council or a community organisation or a community group. The work you are doing to keep your community safe is inspiring to all of us. We thank you for the time you gave today. We will now have a short recess until 11.30 a.m. I remind all Committee members that it is probably best to stay online, but it is also probably best to place yourself on mute and to turn off the camera, unless you want people to have an insight into your domestic affairs over the next half hour. Again, thanks to all the witnesses. We will come back on live at 11.30 a.m.

(The witnesses withdrew.)

(Short adjournment)

PETER MALOUF, Executive Director of Operations, Aboriginal Health and Medical Research Council of NSW, affirmed and examined

WENDY SPENCER, Project Manager, Dharriwaa Elders Group, affirmed and examined

The CHAIR: I thank all three witnesses for attending. We now resume the hearing of the Public Accountability Committee's review of the COVID response by the New South Wales Government. We are very fortunate to have these three witnesses for the next panel. For the record, we have had a late apology because of urgent business, pressing business, that Ms Ward has had to deal with and she extends her apologies to the Committee. Dr Malouf, we may start with you and give each of the three witnesses, if they choose, the opportunity to make a brief opening statement and then we will go to questioning, starting with the Opposition.

Dr MALOUF: Sure. I would like to begin by acknowledging the traditional custodians of the land on which we are working and also respect the connections to the land, water and community, and I pay my respect to the Elders past, present and emerging who care for and continue to care for community and country. I thank the Committee for allowing us to speak today. The Aboriginal Health and Medical Research Council [AHMRC] is the peak body that represents 47 Aboriginal community-controlled health services across New South Wales. Our core focus is about advocating for health equity while supporting our members in delivering high-quality and comprehensive primary health care to individuals, families and communities. In speaking before the Committee today we will present AHMRC's views on the New South Wales Government's handling of the COVID-19 crisis as it pertains to the Aboriginal community-controlled health sector. Thank you.

The CHAIR: Thanks very much, Dr Malouf. Ms Quayle, do you want to add anything to that at this stage? I think we may have briefly lost Ms Quayle so I will go to Ms Spencer.

Ms SPENCER: Thank you. Yes, I want to acknowledge that I am speaking to you from Gamilaraay country today and I pay my respects to Elders past and present and the current and past custodians and to those of the lands on which you are meeting with me today. I am the project manager of the Dharriwaa Elders Group—a non-Aboriginal woman working for an association of Walgett Aboriginal Elders that has been in existence now for over 20 years. We are an association of Aboriginal Elders and their staff supporting Elders to further their work in the promotion of wellbeing, community development and Aboriginal cultural heritage promotion and protection. We have learnt from over 20 years of engagement with government and advocacy efforts that Aboriginal Community Controlled Organisations [ACCOs], by their nature, understand their communities better than government agencies and their personnel, who have a high churn and rarely devote resources to where they are needed in the quantities they are needed in for the longer term. By their natures, government agencies also cannot be flexible in their responses.

Any organisation dealing with an emergency needs flexibility and backup from skilled teams. We, in our organisation, are in a partnership with the University of New South Wales so we are in the unique position of being able to access best-practice research to explore solutions to back up the solutions that are generated locally. It means that our small team on the ground can be flexible as we are graced with a flexible funding pool, hard won from private backers. We only receive a very small amount of government funds at the moment. We know this is unusual and we are extremely lucky. It is only short term and finite at the moment. With our unique partnership we are starting to attract the resources we need and so have expanded our staff, who are engaged daily with community cohorts: young people, by our youth team; alcohol and other drug clients, by one worker that we have who is an expert in that area; and Elders, through our Elders social support program. We are evaluating and documenting as we go so we can prove to government that resourcing activities like ours is worthwhile, so we can prove that approaches such as ours that are local, place-based, flexible, holistic and centred around and prioritise people and their wellbeing and the wellbeing of their community are the way to go in emergencies. I think that is called public health.

We have the relationships and regular contact with community and so have the understandings of community needs. Also, we recognise the long-term systemic issues that are really exposed during these emergency times. Our experiences and learnings come from responding to floods, to the burning down of our supermarket, to the rivers drying up, which affected our drinking water and food security and daily living practices, as well as the COVID emergency. We have been first responders in those emergencies alongside the other sort of official first responding agencies. Government agencies are slower to respond, as I said before. This is particularly true in country areas where their agency staff churn and their experience is very tenuous. We are often made to feel like we are criticising them. They get defensive when we are bringing up our experiences and community needs in meetings and in our advocacy work. They get defensive because they cannot do much within the narrow guidelines of their jobs and the small sort of piecemeal services that they work in, in Walgett. But we

are also not resourced to respond properly either so, you know, there are difficulties with us as well responding, but they are different.

As an ACCHO, we have no status in an emergency. We can only advise the official agencies within the regulatory framework of responding to emergencies. I am realising more and more that there is an Aboriginal emergency network that must be recognised and resourced appropriately, and that is the main network that we rely on to respond in the first instance to an emergency. I have grown to appreciate our Local Emergency Operations Controller [LEOCON], Trent Swinton, in Walgett. I have observed him fearlessly speaking to Minister Hazzard last week in Walgett regarding our needs, and he has responded pretty well to our requests. I have noticed that his learnings have developed over the time that we have been together in the LEMC meetings. I think his respect for our service and the Walgett Aboriginal Medical Service [WAMS], which is the other ACCO in Walgett, and understanding of our services and our community has grown during these emergency processes. He has been able to keep a clear head and use his position to communicate up the chain of command to the Regional Emergency Operations Controller [REOCON] and the State Emergency Operations Controller [SEOCON] about most of our pressing issues.

Where we have not received any traction, I think, is specifically related to sort of entrenched assumptions, cultures and systems embedded in New South Wales agencies, and sometimes the politicisation and a different understanding, perhaps, of what public health is and how important it is for all of us to prioritise it. There are some super current issues of concern. We have got five new cases in Walgett now, over the last 48 hours. Immediate concerns are that improvements are needed with the pathology—COVID-testing capabilities. Speeding up the results from them would lower the spread of the virus. NSW Health is meeting this need with applying more couriers to transport the swabs to Dubbo pathology. That is their current workaround. Also, telecommunications are dropping out. You know, NBN could be better but also in the smaller communities they are having problems with Telstra just sort of dropping out. There is some hardware issue somewhere. I have a little list of some of the issues that we have brought up with yourself, David Shoebridge, and Roy Butler, our MP, and New South Wales agencies. Like, we wrote to the minister for education back in 2020 about our concerns. Do I have time to quickly list them, Chair?

The CHAIR: I think we may explore that through questions. I am sure there will be an opportunity to deal with them through questions.

Ms SPENCER: Sure.

The CHAIR: I think if we get into questions now and, at the end, if there is anything you feel like we have missed, feel free to make sure you put it on the record. But I will hand over to the Opposition now for the first round of questions.

Ms SPENCER: Thank you.

The Hon. PENNY SHARPE: Thank you. Thanks very much for making the time today. Last year when we were in this position, the role of the Aboriginal-controlled health organisations was lauded as really protecting community, having the flexibility to be able to do the things that were necessary to keep the virus out of their communities. I think that was very well recognised. My concern is that obviously with this second round, this new wave of the pandemic, when we knew that it was far more contagious, there just seems to have been a real dropping of the ball in terms of the planning and involvement of Aboriginal-controlled organisations through what has happened, and now we see the really serious consequences of what is happening in western New South Wales. I suppose it is a question to you, Dr Malouf. There had been such excellent work done last year. What has happened with this year, from your perspective, to find ourselves in this position?

Dr MALOUF: Thanks for the question. I think from my perspective, and particularly from the sector's perspective, is that at the beginning of the year our focus was really about vaccination, so about vaccinating our communities but also working through the multiple changing information about the vaccination rollout. Certainly we had members that expressed concerns to both State Government and the Commonwealth about planning for a particular emergent of the variant of concern which is now Delta. That is impacting communities. So 18 months ago the reason why we saw relatively low numbers of cases in the community was that we were prepared, we planned, we worked with multiple agencies to stamp out the Alpha variant of concern. But now with Delta we have lost that partnership and coordination with both levels of government around controlling the outbreaks in communities when we were focusing on the rollout of the vaccination program. I think at the beginning of the year that is what we saw as the ball that was dropped, that was missed, and that we needed to fix it immediately.

The Hon. PENNY SHARPE: Can I just follow up with that. Obviously the vaccination rollout was a Commonwealth responsibility. It appears to me that there was quite a lot of buck-passing in terms of who was responsible for that, rather than doing whole-of-community planning, which was necessary. I was very concerned

see the health Minister at one press conference suggest that the issues in Aboriginal communities were a matter for the Commonwealth and that somehow the State did not have any responsibility there. That is clearly wrong and problematic. Obviously the vaccination rollout was an issue but is it just also the case that on the ground the State agencies really just took a step back and left it there. Is that what happened? And now they have been playing catch-up? Is that your reflection from your organisations? I am happy to put that to Ms Spencer as well.

Dr MALOUF: Certainly we are in a phase of catch-up. What we see both from a State level and a Commonwealth level is national planning. We do not see localised planning with our Aboriginal Community Controlled Health Services, who I keep on saying have 50 years of experience rolling out immunisation programs across their local communities. We see that our 47 ACCHOs across New South Wales run successfully influenza and pneumococcal immunisation programs seasonally. Why is COVID vaccination rollout any different? The planning and execution of those programs would still apply to COVID, so I do not understand why ACCHOs were not at the table in terms of that proper planning.

But at the same time, we knew that there were variants of concern that were popping up across the world, and we will see another. There are another four variants of concern that have been identified by the World Health Organization. We really now need to be thinking about what is the planning for those variants if we go with this vast opening, which we have now seen at the moment in New South Wales with the lightening of restrictions. If we were to open the borders for international flights, what about that variant into our communities when our communities are already suffering with this Delta variant at the moment. So there are things that I am concerned about and our sector is concerned about that we need to do some serious planning before we do vast openings across the country.

The Hon. PENNY SHARPE: Dr Malouf, given we are playing catch-up with Delta and the very important issues that you raise as we are opening up, are you seeing that kind of active planning or are we still just in the crisis mode of Delta?

Dr MALOUF: I think we are still in the crisis mode of Delta. I guess we need to consider the current situation in our neighbouring State of Victoria, given that they had another 490-odd cases today, and so I would be concerned that our outbreak measures are not being controlled enough if we are moving towards softening of restrictions. I think we need to revisit that. What I would like to see is that our Aboriginal communities are at the table of those public health responses but also at the table of deciding when to open up New South Wales to the rest of the State and Territories.

The Hon. PENNY SHARPE: Ms Spencer, is there anything you want to add?

Ms SPENCER: I fully support what Dr Malouf just said. ACCHOs need to be at that decision-making table. Too often we have seen at the local level—Dr Malouf sees it at a higher level than I do just down in Walgett, so he is aware of what is going on at all the AMSs. Also I am not speaking on behalf of the Walgett Aboriginal Medical Service either, so speaking as an observer in a community, but having grown out of the AMS here—because our service actually was a program of the Aboriginal medical service to start off with which we are very proud of—so we do have that wellbeing and public health ethic. Too often we see—we are not privy to the sort of wargaming, the sort of thinking through, "Okay, if this happens what does that mean and how are we going to respond to it at the local level?"

We do not get to do that wargaming and we have asked to do that and we are a bit surprised that it has not gone on either. We are sort of assuming that the big people at the national and the State level are doing that but then we find out that when we are asking questions and escalating issues up from our LEMC that actually they have not, all the time, and they are responding to things that we are asking them for. So we would like to be more prepared for future emergencies and we have been saying this for a long time.

The Hon. PENNY SHARPE: I want to ask about the vaccination issues. Again, I think it has been very slow. I think rightly the community have been extremely concerned about Aboriginal people, clearly identified as a vulnerable group with many underlying health conditions and the need for vaccination, and the low rates of vaccination. That was before and I know that there has been some ramping up and there is some excellent work going on there. I am though interested in whether people who do not even necessarily go into AMSs—that outreach work in those very vulnerable communities—whether there is enough going on there. Dr Malouf—I think we have lost Ms Quayle again—I am keen to get your thoughts. Clearly we have come from a very bad base, and that is a shame on everyone in terms of the prioritisation that should have occurred, but what do we need to do to pick up from here?

Dr MALOUF: I think what we are seeing now with obviously the tragedy with the outbreaks in western New South Wales is now this real focus on ramping up vaccinations across New South Wales. So we are seeing obviously an increase of Aboriginal people coming forward to get the first dose but the gap still exists between

Aboriginal population versus non-Indigenous populations. That gap is about 20 per cent in terms of mob getting their first dose compared to New South Wales more generally. But the most important thing here that we have to consider is how do we get mob to come back for their second dose. That is the huge gap that we are seeing at the moment—that the second dose is very important in terms of getting that full protection. So what we are doing at the moment with our Aboriginal Community Controlled Health Services is ramping up messaging around the importance of getting the second dose.

What we also have to acknowledge here is that our Aboriginal Community Controlled Health Services are a family network and they will support one another through whatever crisis. We see that with bushfires and now we are seeing that with COVID. We have a mass vaccination program that is happening in the northern part of New South Wales with Bulgarr Ngaru and Bullinah Aboriginal Community Controlled Health Services working with multiple partners in northern New South Wales to run a mass vaccination program, and they are seeing large numbers of Aboriginal people coming forward for their first dose, which is promising. But we need to continue that work of mass vaccinations across the other parts of New South Wales to get that protection that our community deserves.

But I guess the issue here is about communication. We know that at the beginning of the year there was information given about AstraZeneca and mob getting that over 60 and then obviously the information then changed in terms of different age brackets that could access AstraZeneca and then the second phase 1B came into play and then Pfizer and then there was misinformation about that. And so mob are really concerned about the misinformation that is happening across the State. And so what we are trying to do as a peak body is work with our members' services so that we can dilute some of that misinformation about those different vaccines that are on offer and make sure that they are getting the right information and are being well informed to be able to get the jab that they need to get that full protection.

The Hon. PENNY SHARPE: Do you have access to the supply of Pfizer that people are preferring?

Dr MALOUF: We are working closely with the Department of Health for the Commonwealth to ramp out the Pfizer doses within our Aboriginal Community Controlled Health Services. So 47 ACCHOs are equipped with Pfizer as well as AstraZeneca and with the current outbreak we have seen an increase in doses of Pfizer with our services to provide the large-scale vaccination program that is required.

Ms SPENCER: I just wanted to perhaps give you a bit of a case study. Here in Walgett, WAMS's vaccination effort was supplemented for a week by University of Newcastle nurses coming in, voluntarily flying in, plus Royal Flying Doctor Service nurses coming in and just increasing their capability. So that allowed the team to continue their vaccinations at their base but then also to go mobile, which was terrific, and that was the first time they were able to go mobile to the two reserves just outside of town but also street by street. We had a couple of Elders that were really worried about the vaccinations because of their underlying health issues, a number of issues they have with their health. So they needed to actually sit down with a doctor and just be assured that the vaccination was going to be right for them. And because they had the extra capability during that one week, the doctor had the time to sit down with those Elders and those Elders subsequently got vaccinated by the mobile teams or they came in and got vaccinated.

I was present when that happened and our workers went and got them and that sort of thing. But that only happened I believe or it would have been harder to do if we had not had that extra capability of those volunteers just flying in. Why isn't there this flying-in team like there is in NSW Health when there is a heart attack or something. This heart team just flies in and diagnoses, triages, decides whether to take the patient away to somewhere else. There should be a sort of flying-in team that does this and boosts up the capacity of the ACCHOs when it is needed. Only the Australian Defence Force [ADF] seems to be deployed to be doing this at the moment. And we are hearing about really poor communications between them and the ACCHOs to the point where the AMS here is worrying about the second doses of people happening too soon because they might go to the mass vaccination hubs that are set up by the ADF and NSW Health and they have already received one vaccination at their first vax at the AMS.

And because of the urgency and everything they think, "Yes, I've got to get vaccinated really fast", and the communications between the two services are not necessarily—they use different softwares, I believe, and there is a bit of a lag time with immunisation data being uploaded and different capabilities there. So people get their second dose perhaps sooner than they should have got because there has not been that careful checking or delineating between patients. I think the AMS here is now starting to recommend that if you have had your first dose done with the AMS, then just wait until the AMS contacts you for your second dose. Also, the AMS goes to a lot of trouble to be tracking everyone down for their second dose. That is a lot of staff time involved in doing that, which is all wasted when the ADF come in and give them their second dose and then the AMS does not know and they are ringing them up and finding out, "Oh, you have already had your second dose. Oh, okay." So there

is a bit of wasted effort or redundant effort going on there, which needs to be sorted out. That goes to Dr Malouf's point about communications between the services but, also, wouldn't it be wonderful if the ACCHOs had this extra boost of capability when they needed it and when they asked for it?

The Hon. COURTNEY HOUSSOS: I will jump in and ask a follow-up question. Dr Malouf, how widespread is this kind of intensive work with communities? We know that there is some hesitancy within some Aboriginal communities and we know the importance of the person delivering that message about vaccination, that is, it comes from a trusted person, like Ms Spencer outlined. If it is the Elders that have been vaccinated and can then share that message, that is so valuable, particularly within vulnerable communities. How widespread is this work that is actually occurring and what additional supports are being provided by Government. Because it is one thing to say that Aboriginal people are prioritised. It is another thing to actually do the legwork to make sure that actually happens in practice.

Dr MALOUF: What we have to acknowledge here is that Aboriginal people have historical issues with the health system, and so it is about the health system trying to respond quickly to make sure that they are delivering messages and obviously delivering the vaccination in a culturally safe and respectful manner. That is where I think the hesitation has started from—the kind of mistrust in information that has been given by the mainstream health system that has amplified this hesitancy within communities. So we are working closely with our Aboriginal Community Controlled Health Services to be that primary point of vaccinations so that they are coming into a culturally safe environment and that the health professional that is delivering the vaccine is culturally safe and will respect the cultural needs of individuals that come into their care for the vaccine. That is what we are doing on a health service delivery level.

But in terms of the community-based level, it is working with community-controlled organisations as well as the Aboriginal land councils around targeted messages for targeted audiences. We know that particularly in western New South Wales a majority of the cases are quite young, and so working with those respective organisations to ensure that those messages relate to those specific target audiences of young people. We are working closely with those organisations to do that. But ultimately here the issue is really about communication, and what we have seen since the start of the year is this poor information communication around vaccine rollout, and it needs to be improved. Our ACCHOs are not being resourced appropriately for communications and comms that are required to roll out the vaccinations, nor are the ACCHOs at the table of the public health response. I want Government to actually recognise that land councils and community and Elder groups are important and vital to the public health response and they should be at the table of delivering those messages that are vital for our community.

The CHAIR: Thanks, Dr Malouf. We will hand over now to Ms Cate Faehrmann to start the next round.

Ms CATE FAEHRMANN: [Inaudible].

The CHAIR: Cate, you are breaking up quite badly for some reason.

Ms CATE FAEHRMANN: [Inaudible].

The CHAIR: That is not working.

Ms CATE FAEHRMANN: [Inaudible].

The CHAIR: I might take the first round, the first 10 minutes.

Ms CATE FAEHRMANN: Let's try that. Is that better?

The CHAIR: Much better. Go now.

Ms CATE FAEHRMANN: These stupid headphones. Thanks both of you for appearing today in what is a really, really stressful time for your organisations. I really appreciate you making the time. I just wanted to go to the public health response mainly and the hospital and healthcare worker capacity in the far western New South Wales local health district and whether you think it is able to cope with the growing outbreak, particularly with Aboriginal patients who are COVID positive. I might go to you first, Dr Malouf.

Dr MALOUF: I think particularly in rural or remote communities we know that the public health infrastructure is very limited and we know that there are workforce issues out there, particularly for our Aboriginal Community Controlled Health Services. I would like to acknowledge though that the work that our frontline workers are doing at the moment is extraordinary and they should be congratulated for the efforts that they are doing out there at the moment. But again what we are seeing here is also our workers on the ground burning out. We do not have a workforce that can provide the relief work that is required to make sure that that burnout does not exist within those communities. So what I would like to see is a stronger relationship with our local health

districts to ensure that we are able to provide relief work for our Aboriginal Community Controlled Health Services and for those staff so they do not burn out.

In terms of the number of cases, particularly in far western New South Wales, what I am concerned about is that we do not have a capacity out there. So if we see more cases that are needing to be hospitalised, do we have enough beds in the region to be able to cater for that? If patients have to go into the intensive care unit, do we have enough ICU beds to be able to cater for that? I am concerned that we do not have the capacity out in the western New South Wales region and so I think the Government needs to think about how they booster those beds, particularly in ICU for hospitalised admissions.

Ms CATE FAEHRMANN: Ms Spencer, you were shaking your head as well then when Dr Malouf was talking about the capacity and beds and whether we had enough ICU capacity. Did you want to expand?

Ms SPENCER: We have asked that question in our local LEMC meeting: What happens when someone needs ICU in Walgett? They will get flown out of Walgett. They cannot be looked after in Walgett at all. What happens to their families as well when they get flown out? Who looks after single mothers' children if the mother gets flown out? At the moment they are looking after people isolating at home. They are giving them a machine that—I have not seen it but I believe that it is one of those ones that tests your blood oxygen levels and your temperature and then they call on them maybe twice a day. They ring them—Health people. And then police might check that they are at home once a day or something and they have got to wave out of the window or something like that.

The support for people that are isolating at home I think can be improved enormously. And then I am extremely worried about what happens when staff within the hospital become close contacts and have to be stood down and then reinforcements are brought in and where do they come from and then what happens if they get stood down and what happens to the other health issues that we have in this community while they are all looking and responding to COVID. It is a disaster. It is a disaster. I think that even the hospitals in the district are barely coping. Dubbo Base Hospital sounds like they have got real issues now and they should be definitely looked into more carefully please.

Ms CATE FAEHRMANN: Are cases being flown to Adelaide as well, are you aware?

Ms SPENCER: Not aware of that from Walgett, no. They talk about flying them first to Orange. In 2020 they were telling us the order that they worked it out at and there is a plan apparently for different stages of this that they have worked through.

Ms CATE FAEHRMANN: Dr Malouf, I have seen calls for it in various circles that going to somewhere like Adelaide, if they were able to take some of the patients from the Far West, of course is much closer than some of the other hospitals. Is that being considered or is that being done?

Dr MALOUF: Not to my knowledge. But it will be interesting how they would fly through the border restrictions that are in play between South Australia and New South Wales.

Ms SPENCER: You would think with Broken Hill and Wilcannia and so on that it might make sense.

Ms CATE FAEHRMANN: Yes, I think it would make sense. I just wanted for you to expand. Firstly, Ms Spencer, if you wanted to just expand on the support. You said more support was needed for people who are in isolation at home or with COVID at home. What does that support look like?

Ms SPENCER: I think that it looks like social work positions within ACCHOs, actually. They are left to fend for themselves. Our staff just today—before I got onto this call, I was helping them work out how to put together a sheet of information about the food items that are available that they would normally want to order, buy at IGA, so that they would be able to order them over the phone, because people are not used to doing that. They are used to having that visual—looking at the food that they order and now they can't. And that is really difficult. So just being able to ring up, make a phone call and order your groceries needs support. There needs to be a bit of care and wellbeing support. The NSW Health staff are the same people that are manning—or personing—the swabbing testing and the various other activities. They are the same ones that are checking on these people. They are really overworked and I just think that there needs to be emergency support, social work positions or Aboriginal health workers specially trained in those roles in the ACCHOs.

Ms CATE FAEHRMANN: Dr Malouf, I wanted to continue also something that you have said all throughout your evidence about the relationship between ACCHOs and the LHD. You are saying that one of the things that is really needed is stronger relationships with the LHD. What is the communication or connection at the moment, if you like, and is it different to what it was, say, two years ago? How often are you communicating with the LHD, what are the formal lines of you being able to say, "This is what we need and give it to us now"? Could you explain to the Committee a little bit more about how that works and how it could be improved?

Dr MALOUF: I think at the beginning of the pandemic 18 months ago we saw strong communication channels between our Aboriginal community-controlled health sector and the LHD. That was just due to the fact that they were preparing and planning, and that obviously steamed them well obviously with less cases in New South Wales. But I think what has happened in this particular current epidemic is that you are dealing with crisis in a chaotic environment and so what is happening in western New South Wales is that you have got people in the LHD that are managing, they believe, the COVID crisis out there and they do not need any other partners in the space. We actually do not have Aboriginal Community Controlled Health Services at the table of the public health response and nor sitting at the table around the operations that are required to contain and support the increased infection rates, which is disappointing.

What we want to see now is the LHD and the Aboriginal Community Controlled Health Services, the two CEOs sitting around the table and working together and also working together with other organisations as well, such as the CEO of the land councils there as well. Because when we talk about working in Aboriginal health, we are talking about a holistic view and so we cannot just focus on the virus. The virus mutates based on environmental factors, and so it is important that you have got those other parties that are critical to the public health response at the table. But what we are seeing, particularly in western New South Wales, that it is very government centric; it is very heavy footed. You have now got the ADF at the table and you have got police at the table. Communities do not want this kind of military-type policing with the public health response.

What we want is for it to be a localised response with community groups, Elders and those key partners to help with the overgrowing infection rates. Because communities know their communities and they know the solutions. But they just want to be heard. And the problem here with this current outbreak is that Aboriginal voices are silent, particularly in communities where that is so vital for our particular response.

The CHAIR: For the benefit of Hansard, LHD is the local health district, LEMC is the local emergency management committee and WAMS is the Walgett Aboriginal Medical Service. This is rich in acronyms, dealing with the New South Wales Government. Dr Malouf, you said before that getting the message out on vaccines in a culturally safe, culturally targeted way is critical. What additional resources do the Aboriginal medical services need to do that?

Dr MALOUF: It all comes down to funding. What we are doing from a peak body supporting our local Aboriginal Community Controlled Health Services to work with the local community around language to ensure that cultural safe messages are translated in the traditional language within communities, but also at the same time getting them to simplify the important messages around the public health measures but also the importance of information around the vaccinations. So that is what we are doing but what we do not have in terms of resourcing is funding to be able to support the ACCHOs. There are a lot of resources and funding that are available for workforce and personal protective equipment [PPE] and those kind of—but in terms of communication we do not have that. But, again, as a peak body for our 47 Aboriginal Community Controlled Health Services we are doing that bulk of work because we know that is so important to get the localised messages out there through this time.

The CHAIR: Ms Spencer, what about on the ground in Walgett in terms of getting that message out in a way that is going to be received. Obviously the army and the police are not the kind of agencies that are going to be persuading, I would have thought, the Walgett Aboriginal community. So what are the resources needed to make that persuasive case about vaccines and public health?

Ms SPENCER: The AMS has been quietly vaccinating people forever and, as Dr Malouf said before, they are very experienced at delivering vaccinations in our workplace. For example, they have an Elders health program every week here at Dharriwaa Elders Group and they deliver the flu vaccines with no drama every time they are issued. So it just needs to be embedded into their work and resourced appropriately. We cannot really understand why police and the army are the ones that are resourced to be responding to a public health emergency. And it leads to potentially really disastrous consequences further down the track: people being issued with huge public health order fines, for example; misunderstandings where we have offered whether our staff for example could go and help interpret for the police when they are meeting with community or whether the Aboriginal community liaison officers can have a bigger role with the frontline police in this emergency, but they are really stretched. Sorry, I am not refocusing.

The CHAIR: No, I think you have addressed the question, Ms Spencer, thank you. One of the first scares for COVID in north-west New South Wales came about through somebody who had been processed through Bathurst jail and then returned into the community. Dr Malouf, are there protocols in place with Corrective Services so that people who are exiting the corrective services and going back into Aboriginal communities are tested and if they are found COVID positive have some alternative, safe accommodation. Has Corrective Services sat down with you about that?

Dr MALOUF: No, we have not sat down, nor has Corrective Services sat down with us to explain what their clinical protocols are around our Aboriginal inmates. It is disappointing that the outbreak had started with an individual in Bathurst and then had gone about out to the community. The issue that we have at the moment is that our Aboriginal Community Controlled Health Services do not have a foot in the door in the corrective centre. If we were to have access to the health facilities, then we know that the continual health care for our mob in the correction centres would be continued back through to the community health sector. It is disappointing that we have not had the conversation about what those infection control protocols are, and what I would like to see is a more engaged conversation with us about how do we protect our Aboriginal inmates in the system.

We actually are unclear about who is doing the vaccination rollout in the correction centres, so that is an important question to find out, from our perspective. If they are needing support to roll out vaccinations for Aboriginal inmates, then we are more than happy to step up to the plate to do that. But again it would be important for the health Minister as well as the corrective services Minister to sit down with us to actually have those meaningful conversations so we can start to protect our community more.

The CHAIR: I assume, Dr Malouf, you are ready, willing and able to have an urgent meeting with Justice Health to work through those issues, both communication inside the prison system and those safe protocols for community on exit?

Dr MALOUF: We are always happy to sit down with Ministers to work through those issues. The thing that we did not have, particularly with this current epidemic, is a sit-down with the health Minister around this outbreak nor have we sat down with the Chief Health Officer to actually work through the public health results, nor have we sat down with them about the opening of New South Wales. What I would like to see is that an urgent meeting be called between the Chief Health Officer and the Minister of health with our Aboriginal Community Controlled Health Services to discuss these critical issues at this point in time.

The CHAIR: Dr Malouf, we are now coming into mid-September in the second year of this outbreak and the health Minister and the Chief Health Officer have not sat down with the peak Aboriginal medical service body to talk about the COVID response? That has not happened?

Dr MALOUF: That has not happened at all.

Ms SPENCER: Shocking. It is shocking. There is a partnership agreement, isn't there? So much for that.

Dr MALOUF: Yes, there is a national partnership agreement and there is jurisdictional planning that outlines the national partnership around closing the gap. But again what we are seeing from this particular Government is that it is very lacking in engagement and particularly listening to the voices of Aboriginal people in communities. And I urgently request that we have a meeting with the Minister as well as the Chief Health Officer to work through these critical issues at this point in time.

The CHAIR: Right now, as there are plans afoot to loosen the lockdown and open up regional and other parts of New South Wales, I assume that you would urgently want to be talking with the decision-makers about what measures you think are needed to keep your community safe either in controlling people moving in and out of your communities or otherwise?

Dr MALOUF: We want to be able to convey our community voices to Government about the importance of not opening up quickly because we want to make sure that our Aboriginal communities are fully vaccinated, between 90 to 100 per cent of our Aboriginal communities fully vaccinated before we reopen. The other thing that we—particularly our Aboriginal community controlled health sector as well as our Aboriginal community controlled organisations are confused about the public health order which says that all healthcare workers have to be vaccinated by October. That order did not include our Aboriginal community controlled health sector or our community controlled organisations, who are frontline workers. So we are working now with the policy decision-makers to change that order to include us in that provision because we are working with communities, we are caring for mob in this space. Why neglect us in that particular order and now why are we having this conversation to change it? As I said, we are working in a crisis that is chaotic that has been led from the top.

The CHAIR: Dr Malouf, what is the real practical effect of not being included in that public health order? Your member workforce is out there delivering the vaccines, providing the primary health care but you are not covered by the public health order of compulsory vaccinations. What is the impact of that?

Dr MALOUF: There is a level of confusion whether our workforce are required to get vaccinated before October. But what our sector have done is actually took it on themselves to make it compulsory for their staff to get vaccinated because they know the importance. But what it seems to me in terms of that public health order is

that our Aboriginal Community Controlled Health Services are not acknowledged as part of the health system in New South Wales and that has to change. We are a workforce of about 5,000 people across New South Wales working across 47 ACCHOs and we are a valuable part of the health system in New South Wales and we need to be acknowledged as that. With the Minister saying that ACCHOs or Aboriginal Community Controlled Health Services are not a New South Wales responsibility, I question that because NSW Health provides a small proportion to our Aboriginal Community Controlled Health Services to deliver primary health care in communities. So maybe the Minister needs to think about what he says next time around how Aboriginal Community Controlled Health Services are part of the system.

The CHAIR: I have got to tell you, from the messages we have had from community, from the communications to my offices, and I am sure to other MPs' officers, we all recognise what an essential role Aboriginal-controlled health organisations and your members do. I will hand over now to the Hon. Penny Sharpe.

The Hon. PENNY SHARPE: Thank you for providing that information, that 5,000 workforce not even considered for prioritisation. I am genuinely gobsmacked. I keep thinking I cannot get any more surprised but I do. Thank you for raising it. We will raise it with the Government and do that quite urgently. My final question is actually a slightly different issue. It is about infringement notices and the way in which policing is happening in communities. Someone raised with me over the weekend their concern that a lot of infringements are going out with the full recognition that people will not be able to pay them so they are really heading towards a loss of licence. Do you have any feedback on the ground around on how that is working?

Ms SPENCER: I could give you a little bit of feedback but we are wanting to get in contact with everyone who has been issued with an infringement notice. We passed one on recently to David, because David was saying that he was asking the police Minister to do something about them. We are supporting people to be getting legal advice. Legal Aid NSW is helping people with this but we think that it is a huge burden. We just think it is another by-product of police being devoted to public health emergency, which is, you know, really inappropriate. That is number one. It could be done differently.

People do need to stay at home and do the right thing to protect themselves, their family and their community. But I think that if the ACCHOs were at the table they could work out a better way quite easily. The burden it will bring to those individuals who have been fined is just horrific. We are already dealing with a huge burden—millions, multimillions of dollars—of unpaid fines here in Walgett, recently identified by Revenue NSW. They are the fines that do not get issued by the courts. You can add these to the other fine burdens on top of that so it is a huge exploding issue that we will be dealing with in years to come.

The Hon. PENNY SHARPE: That is it from me, Mr Chair.

Ms CATE FAEHRMANN: I want to ask a final question about vaccines just to check on that period in late July when the New South Wales Government decided to send 40,000 vaccines from regional New South Wales to HSC students in Sydney. What impact did that have in the Far West Local Health District? Did that impact on appointments in Aboriginal communities? Did you see cancellations there?

Dr MALOUF: Again, in terms of that particular situation, redirecting supply has now led us into this particular situation in Far West and western New South Wales. That particular situation could have prevented the further infection rates within that particular region. By supplying that to a private school of students is just outrageous. Again, it shows this level of vaccine equity that is at play here. We have got high social class individuals that are getting the vaccination more than those vulnerable communities that are from a low socio-economic background or disadvantage. That is my concern here as well that we need to make sure that the supply that we are receiving is maintained and it is not redirected because if it is redirected then we will have another spike of infection rates, particularly in that region. I want to make sure that the New South Wales Government, as well as the Commonwealth, continue the supply that has been directed to ACCHOs.

Ms SPENCER: Could I suggest that you could be requesting, if you need to under a standing order, I suppose, or a request to be getting correspondence that shows you—I mean I heard through the LEMC that vaccinations that were on their way to, I think it was, Collarenebri and a couple of other little communities from here, were redirected. So then all of a sudden they realised "Oh, no, we need them here pronto." So then another lot were being flown back. So, yes, there were just these sort of knee-jerk responses which seem really inappropriate where they were planned to be coming out here—late anyway, should have been much earlier. Yes, it would be really interesting to sort of track just how many communities were affected by those decisions.

The CHAIR: I am so sorry, we have run out of time. I think we could have explored the complexity of the issues and the importance of your two organisations at considerable length but time has beaten us, I am sorry. I can assure you the issues that have been raised in this session will be put directly in 1½ hours time to the next session. We will be asking for some clear answers about these very reasonable requests that you have been making.

Ms SPENCER: Contact tracing is another thing that the ACCHOs could be doing much faster. It is very slow and under-resourced. I just wanted to put that in, please.

The CHAIR: Yes. I have heard that directly from on the ground in Brewarrina that when the ACCHOs got involved in contact tracing when there were first concerns in Brewarrina, it was the most effective way of identifying—

Ms SPENCER: We have been finding that we have to do that just to try to keep people safe because it is faster than the way the other system is working. So there is a shadow emergency network that we have to maintain because the New South Wales agencies cannot the way they are set up at the moment, or the way they are resourced, I suppose.

The CHAIR: Thank you for your continuing work in community—such essential work—keeping the community safe.

(The witnesses withdrew.)

(Luncheon adjournment)

SCOTT McLACHLAN, Chief Executive, Western NSW Local Health District, sworn and examined

SUSAN PEARCE, Controller, State Health Emergency Operations Centre, Ministry of Health, on former oath

GARY RONALD WORBOYS, Deputy Commissioner of Police, sworn and examined

LILLIAN GORDON, Head of Aboriginal Affairs for New South Wales, affirmed and examined

The CHAIR: We commence this afternoon's session of the Public Accountability Committee's oversight of the Government's COVID response in New South Wales. Today we are focusing particularly on the COVID response for Aboriginal communities in northern, north-western and western New South Wales. This afternoon we have witnesses from various government departments. There is a short opportunity, if witnesses wish to avail themselves of it, to give a brief opening statement. Mr McLachlan, do you wish to make an opening statement?

Mr McLACHLAN: No, thank you.

The CHAIR: Ms Pearce or Deputy Commissioner Worboys, do you wish to make an opening statement?

Ms PEARCE: No thank you, Mr Shoebridge.

Deputy Commissioner WORBOYS: No, thank you.

The CHAIR: Ms Gordon?

Ms GORDON: Yes, please. Thank you to the Committee for the invitation to appear today. I am coming to you from Darkinjung country on the Central Coast. I pay my deep respect to Elders, both past and present, and pay my respects to all Aboriginal people watching the hearing today, especially those that have been personally impacted by the tragic consequences of COVID-19. I also want to recognise the incredible work of all the frontline workers—I am in awe of the work they do supporting our communities. I also appreciate the impact this is having on them personally and on their loved ones. I am a proud woman from Brewarrina, Ngemba country in north-western New South Wales, and have family across the State. I want to acknowledge the contribution of Aboriginal communities in keeping communities safe and striving to ensure Elders and families are protected. Their actions have played a huge role in reducing the spread of COVID-19.

In response to the COVID-19 Delta strain, Aboriginal Affairs is working to ensure voices and experiences of Aboriginal communities are as much at the centre of responses to COVID as we can. We know the response to Delta has not gone as well as we may have hoped. It has been particularly hard in recent weeks due to the increase in case numbers in western and far western New South Wales, including places like Wilcannia and large Aboriginal communities. The community and government working together did well last year in keeping COVID out of our communities, but Delta has been a challenge all around the world. Government and community continue to work together in coordinated effort to meet people's needs and do what is needed to get us through this. I am proud and heartened by the determination and level of cooperation as we work together through this crisis.

Our role at Aboriginal Affairs is to identify any blockages or gaps with Aboriginal people and communities and connecting key agencies and services to address those needs where we can, including areas of wraparound support services, support to stay at home where required, access where we can to food and essential services, mental health support services, transport and mobility. Government is working closely with Aboriginal peak bodies and Aboriginal community controlled organisations, including providing funds through grants to ensure they have the resources needed to provide supports. Our role does not duplicate the work and responsibilities of other agencies, including NSW Health, NSW Police Force, Resilience NSW, Regional NSW, Transport for NSW, and many others but instead provides the linkages to enable community voices to inform our responses.

The CHAIR: Thanks very much, Ms Gordon. I will pass to the Opposition to commence this round of questioning.

The Hon. PENNY SHARPE: Before I start, I thank all of you for your work, particularly Mr McLachlan. I know that it is an extremely difficult time in western New South Wales with very serious outbreaks. I want to pass on our thanks for the work that you are all doing to try to pull that together. Ms Pearce, based on the answers that the Committee received on notice recently about the West Hoxton outbreak, I want to understand what actually occurred from 21 June, and understanding that there had been an outbreak from the east into south-western Sydney. Are you able to provide any more information to the Committee?

Ms PEARCE: I am sorry, Ms Sharpe, no I am not, on that particular issue. Obviously I am aware of the issue with West Hoxton and what was occurring at the time but in terms of specific details that is a matter, as you have previously raised, with the Chief Health Officer and the Minister in the previous session.

The Hon. PENNY SHARPE: Ms Pearce, you are a member, I suppose, of the crisis organising group within NSW Health in relation to these matters?

Ms PEARCE: Yes, that is right.

The Hon. PENNY SHARPE: Obviously Committee members asked some questions previously and we have now received information from NSW Health in relation to the outbreak. Are you able to tell us what advice was provided to government, particularly after 24 June when it became clear that more people had attended the party in West Hoxton prior to the broader lockdown of Greater Sydney?

Ms PEARCE: Not the specifics, no, I am sorry. I do not have that information before me today. Yes, I am a member of that committee; however, I do not have the specifics. I would have to take it on notice, although I do note that responses have previously been provided to this Committee in prior questions on notice. I have nothing further to add at this point.

The Hon. PENNY SHARPE: Perhaps if you could take on notice the issues in relation to, again, we ask the question: What advice was provided to the Government, given that it was clear that it had not been contained in the east on 24 June and it was not until 26 June that Greater Sydney went into lockdown?

Ms PEARCE: Thank you. I will take it on notice.

The Hon. PENNY SHARPE: I want to ask Ms Houssos if she wants to add anything to that.

The Hon. COURTNEY HOUSSOS: I have one follow-up question. Ms Pearce, obviously I understand you do not have the specifics with you but were you aware of discussions? The answers provided to us said that NSW Health was aware on 24 June—and I am sure you would be able to recall that this was the period prior to the lockdown being announced. Were you aware of discussions within NSW Health of the need for a lockdown?

Ms PEARCE: I cannot comment any further in regard to that issue. There are various discussions that take place. I believe the question has been responded to previously. It is not generally a matter that I would necessarily be specifically involved in but the question has to be taken on notice. I do not have any more specifics other than what has previously been provided to this Committee.

The Hon. COURTNEY HOUSSOS: I will pass back to my colleague.

The Hon. PENNY SHARPE: Ms Pearce, the Committee has heard some important evidence from people on the ground from Aboriginal Health and Medical Research Council this morning about the lack of coordination and consultation, particularly with the Aboriginal controlled health organisations. There seems to have been a real lag from last year, when there was clearly a view—rightly so—that those organisations had played an incredibly important role in keeping COVID out of Aboriginal communities. We were told this morning that at no point did the Chief Health Officer or someone in NSW Health and the Minister sit down with the ACCHOs. Can you tell us why that is the case?

Ms PEARCE: First of all, can I just acknowledge the work of all of the partners involved in the COVID response right across the State, including, very importantly, the ACCHOs and our primary health networks as well as the districts, the RFDS and more recently the ADF in supporting our efforts. I might, if you do not mind, ask Mr McLachlan to respond to the local efforts in regard to the ACCHOs. I think what is very important, and certainly in discussions with the Commonwealth even as late as last week it was acknowledged by a range of participants in that conversation that the local efforts that occur, district by district, are critically important to our response to COVID on a range of issues, including vaccination—which, I am sure, we will discuss. If I can hand over to Mr McLachlan to respond to the efforts of the local health district.

The Hon. PENNY SHARPE: Can I stop you there? Mr McLachlan, I will come to you. Ms Pearce, I want to press you a little bit more on the issue of there not even having been a meeting at the highest levels in relation to this. Is that because New South Wales primarily sees the ACCHOs as being a Federal organisation? Have we got a Federal-State issue here? Why have they not been specifically at a very high level brought into the conversation early?

Ms PEARCE: My understanding is that the Centre for Aboriginal Health here at NSW Health has been involved in discussions with the ACCHOs and the other Aboriginal groups, which is obviously very important. We have had participants in those conversations. There have also been discussions with the Commonwealth involving both the State and other groups. There have been conversations, to the best of my knowledge, and those conversations should continue.

The Hon. PENNY SHARPE: Are you able to tell us why the 5,000-strong Aboriginal medical health workforce has not been included in the public health orders in relation to a mandating of vaccines?

Ms PEARCE: I would have to take that on notice, I am afraid.

The Hon. PENNY SHARPE: That would be very good. There is clearly a problem here. All other health workers are supposed to have been vaccinated. I presume that means they have obviously gone to the top of the queue in terms of access to vaccine and yet the Aboriginal health workers across this State have not been included in the public health orders. Would you also be able to tell us whether there is a plan to change that?

Ms PEARCE: On notice, thank you. I might just add, Ms Sharpe, if you do not mind, that with respect to the vaccination of health workers generally there is certainly no distinction from my perspective in respect of the vaccination of health workers more broadly across the State. In the early days of the vaccination program, as you would be aware, there were particular health workers who were in the first priority announced by the Commonwealth and that was very specifically around ICUs and emergency department staff and so on. However, that merged very quickly into all health staff being eligible to be vaccinated and the merging of those priority groups happened very, very quickly at the commencement. From our perspective, in terms of the vaccination of workers—and that extends to the aged-care workforce—NSW Health has had its doors open for many, many months to health workers whether they be our own or from other sectors.

The Hon. PENNY SHARPE: I will just say that does not seem to be the understanding from the ACCHOs at all. We will move on from there. Mr McLachlan, one of the issues that we have talked a lot about today and has had some media coverage and has been raised by local government people as well, is that on the ground the local emergency management committees actually work very well. People speak very highly of them but there seems to have been a gap from where there is apparently a statewide plan—this has been going for 18 months so there has been a plan. Aboriginal organisations and others in those smaller communities with higher numbers of Aboriginal people living there have been raising their concerns around the lack of vaccination rates but, more importantly, the issues to do with specific communities.

What we are seeing happening in Wilcannia, Dubbo and other places where people are in overcrowded houses, Aboriginal organisations and Aboriginal community members have been raising this issue for quite a long time that what if COVID came to their communities they would have no ability to isolate. There seems to have been a big gap between what is the State plan and then how that is actually translated community by community. Could you comment in relation to the involvement of Health and working through how those State plans seem to have not been translated locally?

Mr McLACHLAN: Yes, certainly, happy to. Across western New South Wales we have got a good relationship with our Aboriginal medical services or ACCHOs in the region and that entails every month getting together to talk about both COVID and other related issues on a more regular basis. We have weekly engagements out at a community level and particularly for some of the high Aboriginal population communities—whether it is Goodooga, Enngonia, Brewarrina, Walgett, Weilmoringle, Nanima Village outside of Wellington—and an action plan that has come out of discussions with those communities around how we are all going to come together to deal with any COVID outbreak or issues.

The Hon. PENNY SHARPE: When were those discussions held?

Mr McLACHLAN: Those discussions started 18 months ago, so back in April 2020. So very early on in one of the outbreaks those engagements with the local Aboriginal leaders in community, Aboriginal medical services, Aboriginal Affairs, local councils, police, general practices, other health services in the community got together to all agree on how we would respond in a number of different scenarios, particularly in those communities but this has happened right across western New South Wales. That is the centrepiece of a regular conversation between the Aboriginal medical services, the Director of Aboriginal Health and myself on a fortnightly and monthly basis. It is something that we continually share information around what are the challenges locally, how we are going to respond to those.

The Hon. PENNY SHARPE: I will provide two examples, one in your area and one in the Far West. It took over a month for motorhomes to be provided into Wilcannia when clearly the issue of overcrowded housing and how you would be able to isolate people if they were positive had been raised, I presume, even 18 months ago. How is it that it has taken over a month—this may not be one for you, Mr McLachlan; I know this is not your health district—for that actually to be on the radar? People in Wilcannia have been talking about the issues of overcrowded housing for much longer than 18 months and COVID but it clearly became a very high-risk issue. I am not quite sure who, maybe it is a question for you, Ms Pearce. I just do not understand if these discussion have been held and it has been raised by Aboriginal community—this is not an unknown issue—why it took over a month to get homes to allow people to isolate when, for many, it is too late and they have already spread it to people in their family.

Ms PEARCE: With respect to the issue you are raising with Wilcannia, as you have noted, the chief executive from that area is not present today. However, my understanding is that the first case detection in Wilcannia was 18 August and the motorhomes arrived around 6 September so it was not over a month for them to arrive. That is my first point. Would we have liked that to have been sooner? Certainly. The issue was that accommodation had been located for close contacts and positive cases and had been established prior to the arrival of the motorhomes. I just cannot remember off the top of my head the name—Warrawong—at Wilcannia and also at Mount Gipps near Broken Hill accommodation was sourced quite quickly.

However, again my understanding, my recollection, was that in discussions with the local community at Wilcannia the option of dislocating families away from Wilcannia—particularly if they are positive cases and the like—was not something that was desirable and so in our efforts to address that issue we engaged our colleagues at Health Infrastructure and one of the solutions was the campervans, which, as you know, arrived last week. That was felt to be a good solution, the community was engaged on that via the local health district and the local emergency management structure out there. As I understand it, it was felt the best option.

You will appreciate in standing up accommodation for either close contacts, or indeed positive cases, the work needs to be done with respect to infection prevention and control and to make sure the accommodation is suitable and fit for purpose. That did require a process and some initial plans around other options were replaced by the campervans, but certainly it did not take over a month.

The Hon. PENNY SHARPE: I will provide another example, which I believe is in your neck of the woods, Mr McLachlan—issues around Dubbo. We have had reports of obviously a big explosion very quickly there, very difficult to manage, a lot of confusion in the community—everyone kind of accepts that. But we have had stories of people really having nowhere to go when either being designated as a close contact, or even I think particularly a close contact. They have done things like slept out the front of their house in their car rather than go in and worry their family and then really not having any other options and ending up going in and then actually getting COVID. The preparation around accommodation—I do not for a minute think that it is not a large undertaking—what was the process for people there left with the invidious choice of sleep in your car or go into your household and either catch it or spread it to others?

Mr McLACHLAN: I am happy to respond to that. We have been planning for a number of months around accommodation options in Dubbo and other locations across the region. It has been difficult securing that, trying to convince accommodation providers to step up to this. We were very quick to establish a couple of locations in Dubbo where we have got dedicated accommodation both for COVID-positive patients and family members cum households. So at Dubbo zoo there are 13 rooms with a reasonable number of people able to be accommodated in each of those rooms. We have another big motel chain that has opened around 50 rooms for other households or staff members and now a large caravan park with cabins that are dedicated to both COVID-positive patients and other people.

There is no doubt that there are some large households and complex living environments in Dubbo and across the whole of western New South Wales. That has been the absolute focus of all of our teams to help understand and appreciate the situation that people are in. We have had an Aboriginal health worker dedicated to every COVID patient or person that was confirmed with COVID to wrap support around both them and the household. That has meant an extensive network of food, other welfare and support services to help people isolate in their homes safely or help them get into accommodation in other locations. That will continue. We have got around 500 people today that we are providing that support to that are COVID positive and over a couple of thousand people in households that every day we are providing clinical care.

Aboriginal health workers are coordinating all the other services and supports that they might need. And where necessary we are certainly helping people to find alternative accommodation. That has certainly been the focus of getting some of the campervans into western New South Wales. We now have 20 campervans available in Bourke as well as a local motel that has been a focus for accommodation in Bourke for a number of weeks now since very early days of the outbreak out there. And another 30 campervans that are in Dubbo are able to be deployed to any of our communities right across western New South Wales with very short notice.

The Hon. PENNY SHARPE: Thank you. I want to refer to hospital and ICU beds and escalation. Are you able to take us through how that is being managed in your district?

Mr McLACHLAN: Yes, certainly, I am happy to. Out of the total outbreak, we have had 979 cases. In the region we have currently got around 434 active cases being managed across the region, with 16 patients admitted to hospital—eight in Dubbo, two in Orange, two in Bourke, one in Narromine and three in Bathurst. Out of those 16, three are in ICU with two of those being ventilated. Across the whole of our network we have certainly got capacity in both our acute care beds and our intensive care network to care for all of those patients. They are being well cared for in the hospitals. In the last 24 hours we have seen nearly half a dozen patients discharged

from our hospitals. We have seen that on a regular basis—people need to come into hospital for a 24- or 48-hour period because they are struggling to breathe or for other health reasons they need some time in a hospital with the specialist care that we have got to provide that for them.

Out of all of the 430-odd patients in our community at the moment, they are all being seen on a daily basis by some of our specialist nurses or our doctors. We have got remote virtual monitoring in place to help them monitor some of their health conditions that are crucial in all of this. We have been able to set up very quickly right across the whole of the region a COVID care in the community team. Specialist clinicians I think have done a fantastic job of helping them provide care for people in their homes and save them having to go to hospital.

The Hon. PENNY SHARPE: That is my time for now. Thank you very much.

Ms CATE FAEHRMANN: I thank you all for appearing today. I too just want to acknowledge that you are all doing incredibly good, useful work and thank you so much for appearing today for two hours in what I understand is a hugely stressful time for you all. Mr McLachlan, if you heard some of the evidence this morning, particularly by Dr Peter Malouf from the Aboriginal medical services, he said that he believes there should be a stronger relationship—his words—with the local health district. He mentioned the fact that the ADF and the police were around the table and the Aboriginal medical service was not in terms of making key decisions. What is your response to that evidence today?

Mr McLACHLAN: I think that was in relation to the vaccination program. We certainly recognise there are always opportunities to improve the coordination. We have got a daily engagement with the primary health network that supports all of the GPs, the Aboriginal medical services, pharmacies and the respiratory clinics in the regions to coordinate with our own vaccination hubs across the region. We have mobile teams that go out to smaller communities and with the Australian Defence Force and Australian Medical Assistance Teams—AUSMAT—resources that are in the regions that have been doing a fantastic job. The intent of that additional support was always to support the local primary care vaccination providers. And that has been well regarded in a lot of communities where there was not the capacity to vaccinate 70, 80 or 100 per cent of the population within a fast period of time. The ADF resources have now seen over 30,000 doses of vaccine given across western New South Wales. They have been to nearly every community right across the region.

Where we have had primary care providers like the Aboriginal medical services able to vaccinate at a scale—and I will give an example here at Wellington, where the Aboriginal medical service, the local general practice and the health services have all got together and formed a hub to vaccinate for both AstraZeneca and Pfizer. They have done way more than a lot of the ADF resources would have been able to over a sustained period. So working with the Aboriginal medical service in Wellington has been a fantastic outcome, I have got to say. It did not need the ADF to come into Wellington. Where we have not had the ability with the GPs, Aboriginal medical services or respiratory clinics to vaccinate 80 per cent of the population, those are the towns where we have prioritised the ADF resources.

Ms CATE FAEHRMANN: What about in terms of the public health response itself in terms of vaccination? What relationship, communication, if you like, occurs between the ACCHOs and your local health district?

Mr McLACHLAN: I was talking before, the Aboriginal medical services and the local health district meet on a monthly basis to understand the current outbreak, the issues facing our regions, the response that needs to be coordinated. On a more regular basis, a lot of the Aboriginal medical services sit around a table at the local emergency management committees so that is our coordination point within communities to understand who plays what role and how we respond in a range of different scenarios. In all of those action plans that I talked about before, the Aboriginal medical services have been central to understanding how we coordinate a health response in those communities. Those action plans have been in place now for 18 months.

Just in Brewarrina last week the chief executive of the AMS, the land council, Aboriginal Affairs and other organisations have rehearsed and gone through that action plan on a weekly basis. They are very confident if they have outbreaks and issues how they would respond. I think that has been part of the success in Brewarrina—which Lil Gordon knows very well as her home country. I would say there has definitely been a level of coordination. There are always ways that we can improve it, no doubt.

Ms CATE FAEHRMANN: There were questions before about the preparation in terms of this outbreak, particularly in relation to housing. I just want to go back. I think you might be aware by now, because it has been in the media, of the letter that Maari Ma Health organisation wrote to the Federal Minister warning that Wilcannia had overcrowded, poorly maintained housing and was at risk of an outbreak. This was in March 2020 and the chief executive, Bob Davis, said in that letter that urgent and drastic action is needed now, especially in setting up

fully functioning isolation quarantine facilities and organising services to enable people to properly isolate at home. Were you made aware of that letter at the time?

Mr McLACHLAN: No, I am sorry. I am not responsible for Wilcannia or Maari Ma country so, no, I cannot comment on that.

Ms CATE FAEHRMANN: Were you made aware by organisations that overcrowded housing and particularly poor housing in various Aboriginal communities was going to lead to a situation like this if there were an outbreak? So at the very beginning of this pandemic in March was the LHD looking at housing, in particular, and developing plans to try to improve housing in Aboriginal communities?

Mr McLACHLAN: As I said, it has always been a consideration of ours. There has been a Housing for Health Program for some years that is supported to upgrade existing housing and develop new housing. Through all of our planning for COVID it has certainly been one of our real considerations. We have definitely taken steps to find alternative short-term accommodation for people with COVID, and that is evidenced right across the whole of the region where we have that need.

Ms CATE FAEHRMANN: Ms Gordon, what role did the Department of Aboriginal Affairs have in all of this at the beginning of the pandemic? I am thinking particularly around March 2020, when we know that Aboriginal organisations were trying to raise the alarm, if you like, around the real potential for COVID to rip through their communities?

Ms GORDON: Our role has always been to work closely with our Aboriginal communities, and certainly with our New South Wales Government partners, to be able to bring the voices of Aboriginal community forward with our government partners to then reach some solutions to issues that needed to be addressed. What we did do in March 2020 was stand up two particular groups. One was our Aboriginal communities leadership group so that we could hear directly from our Aboriginal community leaders, and they were our CAPO organisations—the Coalition of Aboriginal Peak Organisations, which includes the Aboriginal Health and Medical Research Centre, the New South Wales Aboriginal Land Council, Aboriginal Education Consultative Group, the First Peoples Disability Network, the Aboriginal Legal Service, Link-Up and a range of other areas—and also the NSW Coalition of Aboriginal Regional Alliances. So a number of the local decision-making alliances that were in play at that time to hear from them.

On the other side of that we set up a New South Wales Government response group so that we can hear from our communities on the ground and then work with our government partners and then eventually things would come together from that play. So things like a food initiative came together with Resilience NSW, with NSWALC and Aboriginal Affairs partnering on a food program with Foodbank, which allowed us to get food out to our communities at that particular time. So they are the kind of things that occurred. That group now is combined. It is the Aboriginal Community Response Group, so government and community working together. We slowed that down obviously as COVID slowed down and then we beefed it back up. So we have a weekly meeting. We also have an Aboriginal communities round table where it is just the Aboriginal community groups that come together as part of that.

That has been our role. It is a coordinating role in some sense but we identify any blockages or gaps really that impact on Aboriginal people and communities and then we work with key agencies, as well as our Aboriginal community controlled organisations, to be able to close those wherever we can in the process.

Ms CATE FAEHRMANN: Thank you, Ms Gordon. So in that process, did that group identify the urgent need to get better and more housing in Aboriginal communities, which obviously should have happened before this pandemic? But as a result of this pandemic and the huge risk posed to those vulnerable communities, did you identify that within government somewhere, that housing needed to be urgently fixed?

Ms GORDON: Obviously, as we have acknowledged previously, we could have done this better in many ways. And certainly, as far as accommodation, that has been a longstanding issue for many of our communities, as has been raised in this Committee and previous times. So we are well aware of the issue overall. At that time accommodation was talked about but probably not in the same way that it is now because of the speed of COVID and certainly the way that it has gotten into our communities so quickly. And, of course, we have big families living in households, so that has contributed to the spread. So, for us, whilst at that time back in March 2020 it was raised, it probably was not the thing on the top. A lot of it was around food security in particular, and certainly those mental health support services and making sure we stayed keeping our communities connected at that time.

As this has come in it has become more and more evident how quickly we have needed to stand up accommodation where that has needed to be as quickly as we possibly can. We have definitely worked alongside

the Aboriginal Housing Office as well to be able to try and understand how they might be able to assist in this process as part of it.

The CHAIR: Ms Gordon, I do not understand how it took until 6 September for there to be additional housing provided in Wilcannia. This is not months in the making; this has been decades in the making. That is what we heard from community witnesses earlier. It is notorious, the overcrowding in Aboriginal housing in Wilcannia. How on earth did it take until 6 September for there to be the modest additional amount of motorised housing provided to Wilcannia?

Ms GORDON: Again, I think I have probably answered that question in terms of housing has been a long-term issue for our Aboriginal communities, and it is certainly playing a major role now in our national agreement for Close the Gap and initiatives that will be focused more steadily and readily on accommodation issues across the State for our Aboriginal communities. So, from my perspective, sure, it probably took longer than it needed to but the speed of COVID, particularly around Delta, I think is one of those elements that brought into play. From our perspective what we have done is continue to try and work with government and communities to be able to bring those issues to the fold as quick as we possibly could have.

The CHAIR: Ms Gordon, the Aboriginal medical service in Wilcannia reached out with a plea of help above you to go to the Federal Minister last year—18 months ago—pointing out the desperate situation, pointing out the desperate need for housing. Nothing happened. Can you explain why nothing happened?

Ms GORDON: I would have to say I cannot recall being aware of that being written directly to Mr Wyatt at that time from Maari Ma. Maari Ma are an incredible service and I certainly pay respect to them for the work that they do in their communities. They are incredible in that space. Most certainly we continue to work alongside our communities as much possible, like I said, to escalate. Where we know there is a particular issue, we will continue to escalate that as much as we can to those appropriate New South Wales Government agencies.

The CHAIR: Ms Gordon, when did you escalate between March of last year and the outbreak in the middle of August? When did you escalate, and to who, the desperate need for additional housing in Wilcannia?

Ms GORDON: I could not give you an exact date, Mr Shoebridge, but I can say to you that in working with our Aboriginal communities response group, those issues were brought up at those times. And so we continue to work with New South Wales Government partners and particularly even through the emergency management structure to be able to bring a meeting together to keep talking about that and then working through what actual thing could happen as far as getting accommodation up. And there was a meeting with community that was called to understand how we could respond to that in a way that was, for them, appropriate.

The CHAIR: Ms Gordon, if I was a member of the Wilcannia Aboriginal community and I had heard there had been escalations and meetings and whatever other additional details you referred to in your answer and not a single additional housing unit provided—how do you think Aboriginal community members in Wilcannia will respond to the answer you just gave? Talk—meetings, apparently—but not a single additional housing unit provided. How do you think the community will respond to that?

Ms GORDON: As a member of Aboriginal communities and absolutely connected to my mobs, of course, it would be disappointing for them. I think we would be silly not to say that. I get their disappointment and I understand that from their points of view. I think that from that perspective we have put into place as quickly as we can those things and working early on with the Aboriginal Housing Office to understand what we could shift fairly quickly, understanding housing units cannot be put up overnight as part of that process either.

The CHAIR: Who is paying for the motorhomes?

Ms GORDON: That question—I am sorry, I do not know the answer to that one.

The CHAIR: How long will the motorhomes remain?

Ms GORDON: Again, that is a question that I am unfamiliar with in terms of the answer. I am happy for anyone else to take that on board.

The CHAIR: Ms Gordon, these are the key questions—

Ms GORDON: As long as they are needed [disorder].

The CHAIR: Ms Gordon, these are key questions that came [disorder] community—

Ms PEARCE: I am happy to answer that, Mr Shoebridge. Susan Pearce speaking. I am happy to respond to that. NSW Health will be covering the cost of the campervans in Wilcannia, and they will stay there for as long as is necessary while we work through the outbreak in Wilcannia.

The CHAIR: Ms Pearce, given the housing crisis in Wilcannia, the provision of the motorhomes needs to be indefinite. That is the call we got from Wilcannia in the session earlier today. Will you give that commitment now that they will remain there indefinitely until the housing crisis is addressed in Wilcannia?

Ms PEARCE: I will take that on notice, Mr Shoebridge. But, as I have said, the need for the motorhomes for however long they are required in terms managing the COVID situation, I can absolutely guarantee. As to what happens after that, I will take that on notice.

The CHAIR: So it is the position as you understand it at the moment that once the critical crisis in COVID moves on, people will be sent back into overcrowded accommodation in Wilcannia?

Ms PEARCE: That is not what I am—

The CHAIR: Is that [disorder]?

Ms PEARCE: That is not what I am saying, Mr Shoebridge. What I am saying is you will appreciate that the NSW Health department has taken steps to get the motorhomes into place. The work that then is required with various other agencies will ensue and what happens after that is subject to further discussion. We have not had those discussions as yet, therefore I cannot give you a definite answer. But we are there to support that community to get through this period.

The CHAIR: Ms Pearce, while I have you, you were asked some questions earlier by Ms Sharpe about the West Hoxton superspreader party. Do you recall those questions?

Ms PEARCE: Yes, I do.

The CHAIR: The Premier has said that she responded within hours of the request from NSW Health for a lockdown. Is that your understanding of the circumstances? And when did NSW Health advise the Premier that there should be a lockdown of Greater Sydney?

Ms PEARCE: Again, Mr Shoebridge, I am not able to respond to that categorically. I do not have that information before me. My role, to be clear, is to operationalise decisions that are made. I am not the chief health officer and I am not responsible for making those recommendations. Consequently, I do not have the specific detail on that before me today.

The CHAIR: Will you take it on notice, Ms Pearce?

Ms PEARCE: I have already taken it on notice, Mr Shoebridge.

The CHAIR: Could you take on notice when either the health Minister and/or the Premier were first advised about the concerns arising from the West Hoxton superspreader party event?

Ms PEARCE: Again, it is not for me to speak for others. I believe the questions have previously been put and a question on notice responded to. But we will take on notice the issues that are being raised today. I cannot respond any further to them.

The CHAIR: Including that question, Ms Pearce?

Ms PEARCE: That is right.

The CHAIR: Mr McLachlan, what is the current vaccination rate of Aboriginal people in the Western NSW Local Health District by single dose and double dose?

Mr McLACHLAN: [Inaudible]. So we have seen a significant increase in the last month in vaccination rates right across the whole of the region through both the Commonwealth-led primary care services and the State-led programs. Aboriginal vaccination rates for first dose is now 56 per cent. That is a jump from 17 per cent over only a month ago. The second dose rate is now 38 per cent—a jump from only 14 per cent a month ago. It is important to know that the second dose vaccination rate for Aboriginal people is the same as for non-Aboriginal people across western New South Wales. I think you can see there that there has been a significant focus in trying to fast-track vaccination right across the whole of the region but with a particular focus on our dedicated Aboriginal communities. A lot of supports are in place for the Aboriginal medical services, the GPs. RFDS have been coming into a lot of our smaller remote communities, vaccinating with a lot of success in the last couple of months.

The CHAIR: Mr McLachlan—

Mr McLACHLAN: [Disorder].

The CHAIR: Mr McLachlan, what had gone so horribly wrong that the first-jab vaccination rate in your local health district for Aboriginal people was the woefully unacceptable 17 per cent a month ago? What had gone so horribly wrong?

Mr McLACHLAN: Mr Shoebridge, I think you will see it was the same across the whole of the country. There was a real hesitation in getting vaccinated from the Aboriginal community. There has been a lot of information circulated on social media and fear campaigns.

The CHAIR: Mr McLachlan, you are not blaming the Aboriginal community for this, are you?

Mr McLACHLAN: Not for a second.

The CHAIR: You are not seriously blaming the Aboriginal community for this, are you?

Mr McLACHLAN: Not for a second, no. We have been trying to do everything we can to help everyone get vaccinated but particularly in our regions in some of the most vulnerable communities. We have been out vaccinating across western New South Wales since 22 March. We had mobile vaccination teams going out to a lot of our smaller rural and remote communities since back then. We have had a lot of programs in our district supporting Aboriginal communities to get vaccinated. We have now delivered over 80,000 doses through the local health district and ADF clinics. That has been working really closely with the Aboriginal medical services, engaging in communities, trying to help give accurate and relevant information to dispel some of the myths that have been created on social media.

The CHAIR: We will come back to this, Mr McLachlan. I will hand over to the Opposition now.

The Hon. PENNY SHARPE: Thank you. I would like to come back to the State plan. People have referred to there being a State plan—and I am not quite sure; Ms Pearce, you might be able to tell me what it is actually called—in preparation for what was happening with COVID. Can you tell me what the status of that is? I appreciate you might not be able to give it to us today, but whether you would be able to give to us, on notice, basically the State plan as at 30 June this year.

Ms PEARCE: Ms Sharpe, if you could help me just to be a little clearer about what specific plan you are looking for.

The Hon. PENNY SHARPE: Okay, yes. What we are talking about is the State emergency plans. What we have been told by numerous people—and I think that the Minister and others have referred to there being a State plan. The idea was that it is then translated down to local emergency management committees so that they could adapt it. I am wanting to know what the statewide emergency management plan was, particularly in relation to Aboriginal communities, as at 30 June this year.

Ms PEARCE: I might ask my colleague Mr Worboys to respond to this, but we have a range of plans at State level with respect to COVID response. So obviously there is a pandemic plan that is an overarching plan. There are then a variety of other plans that are in place, for example, around vaccination et cetera, et cetera. But in terms of local emergency management and broader emergency management plans, I will have to defer to my colleague Mr Worboys.

Deputy Commissioner WORBOYS: Good afternoon. Thanks, Ms Pearce. There was certainly a pandemic plan that was able to be put into place right from the very start of this pandemic. Unfortunately, when we go back and have a look it now, Ms Sharpe, it was only two pages, I think, and probably a little inadequate to deal with this once-in-100-year pandemic and where we have certainly ended up. But from an emergency management perspective, there are local emergency management arrangements, there are regional emergency management arrangements that sit across the top of that and there are State emergency management arrangements that sit across the top of that. Right throughout the pandemic each of those groups of people have gone about assisting and supporting NSW Health at each of those levels. The actual emergency management arrangements become active when each of those areas stand up and are required to be stood up. They have a LEOCON, a REOCON and a SEOCON at State level that sit across the top of combat agencies and various functional areas.

I think what is important for this discussion is—I think Mr McLachlan alluded to it earlier—around community action plans for Aboriginal communities that were sought at a local level around about that first or second week in April. Those plans were very much shaped up around local consultation, around how each local community might deal with a pandemic in various scenarios. Those plans were uploaded to Service NSW and, in fact, I think have been a really good point of consideration for not just consultation and a pretty much across-the-board team-type approach to it but certainly shaped what might be to come, albeit in hindsight I would look back now and say that what Delta has thrown up at us in the last weeks and months, particularly in regional, rural and remote New South Wales, has been a very challenging and complex environment, Ms Sharpe.

The Hon. PENNY SHARPE: Thank you. That has been very helpful. Would you be able to provide the Committee with the statewide plan—the two-pager that you said exists?

Deputy Commissioner WORBOYS: Yes, certainly. I will do that for you.

The Hon. PENNY SHARPE: Obviously the key thing is, as I said, people have been very complimentary, particularly of the work of police and others with local government on those local emergency management committees. So they are obviously extremely important and it is good to hear that people like them. The concern has been that, from a statewide plan, you are not using the benefit of the wisdom of those people on the ground who understand their communities intimately. I am wondering whether you would be able to provide us—I do not want you to dig out a lot of stuff but even the local plans for, say, Wilcannia, Dubbo and Broken Hill?

Deputy Commissioner WORBOYS: Yes, I will take that on notice. I can certainly provide that. But just some additional information, even in relation to western health district and far western health district. For more than a month now—it might be just on a month—we have been meeting regularly in the earlier parts for an hour each morning discussing those issues that confront western and far western. And various people around the table, including Ms Pearce and the State Health Emergency Operations Centre, and the SEOC and the REOC—

The Hon. PENNY SHARPE: Sorry, for Hansard, could you please say what they stand for? My apologies. So SEOC and REOC—I think I can guess what those acronyms are but if you could tell us what they are, that would be great.

Deputy Commissioner WORBOYS: The SEOC is the State Emergency Operations Centre, the REOC is the regional and the LEOC is the local.

The Hon. PENNY SHARPE: Thank you.

Deputy Commissioner WORBOYS: And then, of course, Health also have their operation centres for State health and also public health.

The Hon. PENNY SHARPE: Thank you.

Deputy Commissioner WORBOYS: That discussion each and every morning has been shaping strongly the way forward and the issues and, I guess, the considerations that need to be made to support the local health districts. I think it has been quite successful. I think that, as you said, there is certainly a lot of work and a lot of horsepower at the local level that can get tremendous results for local communities. I have got to say that sometimes those people just need to be enabled rather than directed, and supported. I have been very happy with some of that work, in particular at Wilcannia, even though, I guess, in hindsight we could look back and would have loved to have done things quicker. I think where the community is at right at this minute, over the last couple of weeks I think we have provided a good deal of confidence there in terms of support to that community.

The Hon. PENNY SHARPE: Thank you. One of the issues that was raised this morning which I thought was a good point was, again, where the local emergency management committees are working well, which they seem to be in a lot of places, there are some places where, for example, the local Aboriginal community does not necessarily have a seat at the table. Is that something that you could take on board in terms of trying to address?

Deputy Commissioner WORBOYS: Certainly, Ms Sharpe. There is no barrier in terms of the consultation that can be brought into those communities, but we must also, in some ways, respect that the arrangements are out of the State Emergency and Rescue Management Act. And it is really important that those committees become a focus of this decision-making based on community consultation. So the consultation—in my view, there is no barrier to that happening outside of that committee. But, to take your point, the Walgett LEMC, which is under Trent Swinton as the LEOCON, has Ms Katrina Ward, the acting CEO of Walgett Aboriginal Medical Service; Gary Trindall, a good friend of mine from the Walgett Aboriginal community working party; Ms Milgate from the Land Council; Mr Howarth from Aboriginal Affairs; and Ms Spencer from the Dharriwaa Elders Group, and they have a community action plan in place.

That is probably one of the really good examples. But certainly, to your point, I think there are always opportunities to improve. There are always opportunities to share best practice with other LEMCs and regional emergency management committees and I will certainly take that up with them again and push that out to those Chairs of those committees.

The Hon. PENNY SHARPE: Mr Worboys, I do not expect you to be able to provide this to me today, but if you could take this on notice. I am interested in the way in which the number of personal infringement notices and fines have been allocated across western and north-western New South Wales. Are you able to provide that to the Committee on notice?

Deputy Commissioner WORBOYS: I certainly can provide that. I could very much say that some of the data that I asked for or inquired about in terms of some of those key areas of consideration certainly showed that the issuing of notices, in particular in Brewarrina, for instance, since the stay-at-home orders—I have it here in front of me now. Since the stay-at-home orders took place, which were nearly three weeks ago, there are now 63 offences, or infringement notices, at Brewarrina, and 35 of those at Wilcannia to date and, of course, many, many, many more opportunities where police have engaged with local people and chosen not to take any action. Of course, the issuing of those notices is disappointing and it is a hardship that people will carry. But, I must say, by the same token, there does need to be a penalty or an arrangement for people to shape their behaviour. And, of course, when we look at the pandemic and we look at the disastrous consequences, I do feel for those people that perhaps have now got the hardship of those notices. But, by the same token, at times it is a little difficult to expect police to continually ask for some sort of compliance or behavioural change and not get it.

The Hon. PENNY SHARPE: Thank you. I think my colleague Ms Houssos had some questions before our time runs out.

The Hon. COURTNEY HOUSSOS: I do. Thank you very much, Ms Sharpe. Can I also thank everyone for the important work that they are doing—particularly you, Mr McLachlan—right on those front lines at the moment. I wanted to ask first to you, Deputy Commissioner Worboys, about the monitoring of public transport routes. This is something that has been raised this morning but has also been raised with me separately about concerns around how COVID will travel into the regions on public transport routes. What monitoring is being undertaken for people who are travelling on public transport?

Deputy Commissioner WORBOYS: Certainly. We have talked and have spoken about this issue now for well over 12 months. In fact, one of the community action plans for Wilcannia very early on, when we cut it all away and got down to it, was the fact that people arrived on the bus from the XPT service from Dubbo. They hopped on the bus and hopped off at Wilcannia, and that was an issue for those local people there. We instituted very quickly an arrangement where police met that bus after the XPT service and asked people who were going to disembark at Wilcannia not to even board. But that is a very localised example.

In terms of a much broader answer to your question, we have our Police Transport Command that regularly and often have been in and around Central station, around the bus exchanges. And, of course, I can confidently say then that police in regional New South Wales—every single one of those police would be well aware of the need to task and go to those places where people alight from those services. Is it 100 per cent foolproof? Absolutely no, it is not. We have actually seen people move from Sydney to Newcastle and the Central Coast and cause issues. And, of course, then we have to also make sure that people who need to travel around the State lawfully can continue to do that. So, very large State, very difficult to be on every train and every bus and at every airport, but I can reassure the Committee that it has been at the front of policing since the start of the pandemic and has seen many, many people turned around and many people issued with infringement notices for their behaviour.

The Hon. COURTNEY HOUSSOS: Thanks very much, Deputy Commissioner. Ms Pearce, can I ask about the access to Adelaide for COVID patients but also for other patients from the Far West? Is there an agreement in place that secured that access?

Ms PEARCE: The transport of patients to South Australia has been longstanding, Ms Houssos. It is certainly something that has been going on for many years, and my understanding is that, yes, there have been formal discussions with South Australia with respect to receiving patients from Broken Hill.

The Hon. COURTNEY HOUSSOS: And that remains in place even for patients who are suffering from COVID?

Ms PEARCE: As far as I am aware, yes.

The Hon. COURTNEY HOUSSOS: So they would not then be transported to Dubbo; they would actually be going Adelaide is the plan in place?

Ms PEARCE: In most cases patients who live in Broken Hill—and I have lived in Broken Hill for 10 years so I know the area well. It is a five-hour trip to Adelaide versus a seven-plus-hour trip or more, depending on how quickly you move, across there to Dubbo. So it is a far more frequented route to Adelaide for people who live in Broken Hill. And, certainly, as I said, my understanding is that Adelaide would accept patients. It is not to say from time to time there are not challenges with the movement of patients outside of the COVID environment even, but my understanding is that they have confirmed that they would accept it. In fact, we have transferred a patient to Adelaide during this period from Broken Hill.

The Hon. COURTNEY HOUSSOS: I wanted to ask specifically because we are hearing anecdotally that patients will have access for emergency treatment but that follow-up procedures can be difficult. So it is only when it is absolutely required, but this can have flow-on health effects. What are you putting in place to ensure that this access actually remains in place?

Ms PEARCE: As I mentioned, the access has always been in place. From time to time, with challenges with respect to bed availability and the like, it can be an issue and every now and then a patient may be moved eastward from Broken Hill. I suspect that we would find that is the minority of people who would come east rather than going to Adelaide. In any circumstance where you move a patient to a centre that has a higher level of health care available, there is always the need to have eyes on how that patient is cared for and followed up into the future. So those things are obviously very important. And in any health system you do not move people unless you have to. It is not something that anyone takes lightly in terms of that movement because it is very dislocating for families and quite stressful. So people who need to be moved get moved when that is necessary.

The follow-up care these days—obviously, telehealth plays a role in assisting with any follow-up services that may be required. And, of course, Broken Hill has, and has traditionally had, a significant amount of medical specialists who come from South Australia routinely into Broken Hill. You would have to give me more specifics as to what you are talking about in order for me to respond more precisely, Ms Houssos.

The Hon. COURTNEY HOUSSOS: And, obviously, I do not want to give away specific circumstances that have been raised with me, but these are the concerns that have been raised. Are you having any issues with the access of those specialists from South Australia coming into Broken Hill to provide those services at the moment?

Ms PEARCE: I would have to take that on notice in terms of the specifics. Obviously, from time to time—as you would all be aware with various issues associated with borders—there have been some challenges with movements at times in terms of health staff. We have worked hard with our State counterparts to ensure that people who need to come, particularly to rural communities, are able to do so, and we would continue to work on that. We have also been involved from time to time in discussions with our State counterparts in Victoria and also South Australia to make sure that access is possible. But if there are specific issues, please do let us know because obviously it is our job to make sure we address those as promptly as we can in the interests of the people who live in those communities.

The Hon. COURTNEY HOUSSOS: I think my time may be drawing to a close but I will ask one final question about food rations that are provided particularly to our remote Aboriginal communities. I had one sent to me today which had a pack of flour, sugar, some long-life milk, some rice and pasta sauce. There did not seem to be any fresh food that is in that basket. Is that standard or are fresh fruit and vegetables being provided as part of these food rationing hampers?

Ms PEARCE: I might pass to Mr McLachlan to respond to that on a local level, Ms Houssos, if that is okay?

The Hon. COURTNEY HOUSSOS: Of course.

Mr McLACHLAN: Thanks, Ms Houssos. Yes, there are fresh fruit, vegetables, meat and other products provided on a daily basis into homes where there is someone with COVID or a household needing to isolate. I think one of the real successes in the last month across Dubbo and the whole of western New South Wales is making sure people can isolate and have good fresh fruit and veg. We actually received some requests from Aboriginal families that were wanting to do some traditional cooking and some bickies, breads and other things that needed flour and everything else that you were just describing. So that was a response to a specific request from some of the Aboriginal community and families.

The Hon. COURTNEY HOUSSOS: Okay, I understand.

The CHAIR: We are going to move across to Ms Cate Faehrmann. There is a further round at the end; we will come back to you.

Ms CATE FAEHRMANN: I wanted to go to the situation in Enngonia. Mr McLachlan, how many cases are there currently?

Mr McLACHLAN: Sure. We currently have 21 cases in Enngonia. The first case was identified back on the twenty-seventh of last month. We have provided a lot of support into Enngonia to both provide the clinical and welfare and other supports for the whole of the community but also particularly the patients that have got COVID, and the community and family members that are isolating with them. In the last week we have undertaken a pretty complex assessment for everyone in the community—the vast majority of the community. That has included the health issues, the living conditions, any mental health or other social concerns that they might have

to make sure that we can wrap our support around those households and individuals. We have got a full-time, seven-day-a-week Aboriginal health worker and clinical teams that are coming into Enngonia to provide the clinical and other cultural care for those households.

Ms CATE FAEHRMANN: Are you aware of the article in *The Guardian* this Friday with descriptions by healthcare workers on the front line saying it is not really clear who is in charge? They are describing the public health response there as chaotic. They are calling for more help from the New South Wales Government to coordinate this crisis. Are you aware of some of the criticisms coming from healthcare workers on the front line?

Mr McLACHLAN: Yes, I have seen the article. I have got to say that there is a different reality of the level of support that is being provided into Enngonia by both the local health district, the Aboriginal medical service, the Royal Flying Doctor Service, Ochre Health and the general practice have been all very active in the community. We have got a lot of support from police and ADF, from other community groups that are providing food into households and other supports into the community.

Ms CATE FAEHRMANN: What are the healthcare workers who are staged there permanently at the moment during this crisis?

Mr McLACHLAN: We have got a full-time Aboriginal health worker that is seven days a week. It is more than one person, obviously. They will be committed to providing some of the coordination and support for people with COVID and the households. A clinical team will come in with specialist nurses and other clinicians will come in to provide support. I know the Aboriginal medical service plays a significant role in this as well. I know there is always a need and an opportunity to coordinate things better, there is no doubt. But from the Commonwealth services, I think—

Ms CATE FAEHRMANN: Sure. With the Aboriginal healthcare worker, I assume there are a couple of those workers sharing that seven-day shift who live in Enngonia. Is that what you are saying?

Mr McLACHLAN: Yes, they do—either live in or travel into Enngonia for the dedicated time there.

Ms CATE FAEHRMANN: What about with emergency situations and transport for COVID patients who need to get additional health support or go to hospital? What happens with the ambulances or patient transport?

Mr McLACHLAN: Sure. So we have got a number of transport options for the community. Both RFDS and NSW Ambulance are ready on tap and available at a minute's notice to provide acute care and support if we do need to transport someone out. Last week we found an additional transport vehicle to be dedicated into Bourke to support people getting to and from Bourke and Enngonia, where they have either been provided with accommodation and need to get home or need to come to Bourke for other reasons. So that is an additional community transport service. Likewise we have also got our patient transport vehicles that will help people not in critical-care conditions. But there is a lot of additional transport available to try and improve both the outreach to Enngonia and for people moving between Enngonia and Bourke.

Ms CATE FAEHRMANN: Enngonia obviously has no hospital. In terms of facilities there, what is the basic health facility that is in Enngonia? What is the population again, Mr McLachlan? Is it 137?

Mr McLACHLAN: Sure. Enngonia is a community of around 150 people. It changes from time to time. The vast majority of the community are Aboriginal. We do have a community health facility in the community and that has got, on a number of days a week, a clinician and Aboriginal health workers that will visit to provide services to the community, whether that is chronic disease services, early childhood or other supports for the community. We have been really successful in running a couple of programs—one that is to help the community cook fresh fruit and veg and healthy meals called Marang Dhali. There have been a lot of these programs and community health services provided both out of the community health centre and throughout the community.

Ms CATE FAEHRMANN: Witnesses earlier today did express concern about Dubbo hospital's capacity to continue taking COVID patients. Are there capacity limits? Obviously there are capacity limits. Is Dubbo hospital reaching that capacity? What does that look like going forward?

Mr McLACHLAN: Sure. We have developed a lot of capacity to increase Dubbo hospital and a number of our other hospitals' capacity to care for COVID patients right across the region. Dubbo currently has four COVID ICU beds operating with four patients in those, obviously. We have got quite a few acute care beds that are dedicated to COVID patients, and that can be scaled up further if there are increases in COVID patients needing hospitalisation.

Ms CATE FAEHRMANN: How many ventilators do you have in the western LHD at the moment?

Mr McLACHLAN: We have got the ability to scale up significantly the number of ventilators. We have currently got a lot of the equipment and facilities to be able to scale up from currently around 13 dedicated intensive care beds right up to 45. Not all of those will be prioritised for COVID-related patients. We will still need to care for other patients across our hospitals. So around 35 of those will be able to be dedicated to COVID patients.

Ms CATE FAEHRMANN: Do you need to bring health workers in from other LHDs to be able to staff those ICUs? I am obviously talking about ICU-trained staff and people who are able to use those ventilators—healthcare workers who can use them.

Mr McLACHLAN: Yes, we certainly have. We have been helped out by a number of the Sydney local health districts with additional intensive care trained nurses and doctors who have now come into western New South Wales—not just to Dubbo. We have seen some additional staff go out to Bourke to help care for patients. We have got the support of the AUSMAT team, the Australian Medical Assistance Teams, that are also supplying in some critical care or intensive care trained clinicians as well. It is certainly one of the areas that we have been working on for some time: recruiting in the right number of staff and identifying when we need them and where we bring staff in to care for patients.

Ms CATE FAEHRMANN: Can I turn to paramedics, in terms of staff? The front page of the Telegraph today had the news that firefighters may be used to drive ambulances because of a shortage of paramedics at the moment, or the demand. Is that the case in the western LHD? Have you heard that that might be a solution to the shortage of paramedics to cope with this Delta outbreak?

Mr McLACHLAN: I am not responsible for the ambulance service. I know we have been looking across all settings at how we staff services, what the skills are that we would need and the right people to do that. So I would be open to exploring those types of solutions.

Ms CATE FAEHRMANN: You are not responsible for paramedics, but of course it would be part of the response, that conversation would be part of that emergency management plan. Is a shortage of paramedics leading to long wait times for patients? Is that becoming a big issue in western LHD, which of course we are seeing here in Sydney?

Mr McLACHLAN: I could not comment on the ambulance service and their capacity, sorry.

Ms CATE FAEHRMANN: I think my time is up.

The CHAIR: Mr McLachlan, you know that Aboriginal and Torres Strait Islander people have had priority access and have been a priority group to have access to the vaccines since at least February of this year. Are you aware of that?

Mr McLACHLAN: Yes, I am. Yes.

The CHAIR: You tell this Committee that a month ago—so around about 10, 11, 12 August or so—the vaccination rate for Aboriginal people in your local health district was 17 per cent, is that right, for first dose?

Mr McLACHLAN: Yes, that is right.

The CHAIR: The vaccination rate for the general population of Australia at the time was 44 per cent. Do you accept that something went very badly wrong for that discrepancy, given Aboriginal and Torres Strait Islander people were a priority group?

Mr McLACHLAN: Mr Shoebridge, I think there is a lot of things that have contributed to it: hesitation from a lot of people in our communities because of a lot of the misinformation and fear that has been around some of the vaccines. We have been vaccinating across the region for the last six months now, going into communities like Bourke where only two months ago we had a vaccine hub set up for a three-day period, and 50 per cent of those appointments were not taken up or filled. Going back two months ago, prior to the current outbreak, there was a real hesitation to come and get vaccinated in that community. That has drastically changed now. Helpfully, there is now a lot of the community who have been vaccinated in Bourke and across western New South Wales. So I think the current environment has certainly changed that. There is no doubt there has been some hesitation and concerns over the last six and nine months.

The CHAIR: Mr McLachlan, we heard from the peak body for Aboriginal medical services that they have not even had a meeting with the health Minister or with the Chief Health Officer. Do you accept that that failure to engage with the peak Aboriginal medical service body in New South Wales would have contributed to the failure to get the message out?

Mr McLACHLAN: No, we have had very regular conversations with the Aboriginal medical services and the peak bodies around western New South Wales. I cannot comment any more broadly than that but there has been a strong intent to coordinate the vaccination program, coordinate all of our whole COVID response.

The CHAIR: Mr McLachlan, were you getting reports about the vaccination rate in your region? Were you getting regular reports up until a month ago?

Mr McLACHLAN: Yes, I have been. Absolutely.

The CHAIR: So what did you do?

Mr McLACHLAN: We had vaccination programs going right across the whole of the region. We have now delivered nearly 80,000 doses in western New South Wales over the last six months. We have had mobile teams going out to smaller communities. We have had major vaccination hubs in Dubbo, Orange and Bathurst. We have had a program with the GPs, the Aboriginal medical services, the Commonwealth respiratory clinics. It is important to know that two-thirds of the vaccinations in western New South Wales and across the whole of the State have been delivered by the Commonwealth-led services. So there has been a coordination of effort for a number of months now to try and improve the vaccination rates. It has not been for a lack of trying, but the vaccination [disorder] over the past month has really helped us to fast-track that.

The CHAIR: Mr McLachlan, it is no good defence to your organisation that the heavy lifting has been done by Commonwealth-funded organisations. So you did a minority of the minority. Is that what you are telling me? You have done one-third of the 17 per cent?

Mr McLACHLAN: I don't know how you do those figures, but we have had teams on the road for the last six months going to every community, vaccinating as many people as we can. So there has been no lack of effort in that, but the Commonwealth and the primary care providers absolutely are the main venue for delivering vaccines across western New South Wales and across the whole of the State. Those figures are not any different to any other part of the State.

The CHAIR: Mr McLachlan, they are radically different. The vaccination rates in non-Aboriginal communities were radically higher than they were in Aboriginal communities in your local health district. You are not suggesting otherwise, are you?

Mr McLACHLAN: No, I suggest that the Aboriginal vaccination rates in western New South Wales were not any different to any of those across the whole of Australia. We have had every effort to try and improve those. I know the Aboriginal medical services and [audio malfunction] and everyone else has been trying to do the same for quite some time.

The CHAIR: Mr McLachlan, the Aboriginal medical service peak body said that they are not funded to provide the communication to work with communities in a trusted way and provide advice about vaccines. They are not funded by you to do that, are they?

Mr McLACHLAN: I am not sure what that means, but the AMSs have been providing [disorder].

The CHAIR: I will ask you again if you are uncertain. No, stop, Mr McLachlan. Mr McLachlan, if you are uncertain about the question, I will be very clear. Does the local health district provide any funds to Aboriginal Community Controlled Health Organisations to communicate with the community about vaccines and to encourage the uptake of vaccines? If so, how much money and to whom?

Mr McLACHLAN: The funding for Aboriginal medical services predominantly comes from the Commonwealth Government. The State does supply funding to Aboriginal medical services right across the State and across western New South Wales. The local health district does not step in to directly fund Aboriginal medical services, but on a daily basis we are talking and working with them about how we can do this.

The CHAIR: [Disorder].

Mr McLACHLAN: I know certainly in some of our communities we have done a joint campaign to help improve the communication around vaccination, around how to access it, the evidence and accurate information on that.

The CHAIR: Mr McLachlan, I am getting no acceptance of responsibility or acknowledgement of failure from your organisation, from an organisation which is leading a local health district that had 17 per cent first-dose vaccination rates amongst Aboriginal people a month ago. I am getting no acknowledgement from you that things need to change or that there needs to be a fresh approach working with Aboriginal-controlled health organisations. Is this what I should take away from your evidence today, that you think it is fine and nothing should change?

Mr McLACHLAN: Not at all. Far from it. Our every waking hour is dedicated to try and stop COVID in our region, to try and get people vaccinated. We have done a lot of things to help that, but there are always things that we can do better. There is no question. I do not go to sleep every night thinking about the things that we have done. It is always what we need to do more. There are always things that we can do with our Aboriginal communities, with our partners and other organisations to improve this.

The CHAIR: Ms Pearce or Mr Worboys, on the local emergency management committees in western and far western New South Wales, I know that the membership is determined by local councils. Can you advise on which of those local emergency management committees there is an official representative from an Aboriginal-controlled health organisation?

Deputy Commissioner WORBOYS: Thanks, Mr Shoebridge. I think I may comment. Specifically health organisation or Aboriginal representation invited to the meeting?

The CHAIR: My first question is Aboriginal-controlled health organisation, but if you wanted to give some more detail, Mr Worboys, you would be welcome to.

Deputy Commissioner WORBOYS: Thank you. I just have some notes here in front of me and I am happy to share that later if required. Certainly, the one in Wilcannia has Maari Ma Aboriginal health, the notes in front of me. Broken Hill has Maari Ma. Bourke has Maranguka, which is not specifically Aboriginal health. Walgett has Aboriginal health. Brewarrina only has Aboriginal Affairs, by the look of that, but certainly also then representatives from NSW Health. Of course this list, Mr Shoebridge, I am not suggesting is exhaustive either. But I can provide the Committee some assurance that in more recent times, certainly on the back of the COVID spread from out to Dubbo and out to western New South Wales, our LEMCs, our LEOCONs were made very clear, and Ms Lil Gordon got so fired up with this not that long ago around making those emergency management arrangements quite open to Aboriginal influences around health and community.

The CHAIR: Mr Worboys, what I have heard from many Aboriginal organisations in western and far western New South Wales is that they have been invited into some meetings and that, indeed, there have been an increased number of invitations in the last month or so, but they are not members of the committee. They are not there when the decision is being made; their advice can be ignored. Do you accept that that is a problem, Mr Worboys—although it is a step forward—not having those Aboriginal organisations as formal members to make the decisions?

Deputy Commissioner WORBOYS: I would have to go back to the State Emergency and Rescue Management Act and see the exact nuances around how committees can be varied. But certainly I am not in any way, shape or form, Mr Shoebridge, denying the fact that each of these committees has a chair. Each of these committees represents an opportunity to assist local communities, not just with their health but any emergency and disaster. And if there is room to have better and more appropriate representation on that, I will certainly explore that and take that away, Mr Shoebridge. It is about local people and local communities at their greatest time of need to make choices and decisions that protect people in terms of health and their safety. So I take note of the point that you raise.

I think an extraordinary amount of effort has gone in in the last number of months and weeks in this regard, and certainly there may well even be a lesson, or lessons, to be learnt out of it. But I can say that we all understand that the pandemic, in terms of western and far western New South Wales, is far from over and we need to continue to make sure those emergency management committees represent the community and indeed then allow decisions by agencies to make sure that it is the best outcome for those people.

The CHAIR: Thanks, Commissioner Worboys. I look forward to some of that detail on notice. I will hand over to the Opposition.

The Hon. COURTNEY HOUSSOS: Ms Pearce, I wanted to come back to you. There was a significant delay in some of the testing results, particularly at the beginning of the outbreak, around the west and Far West. We have heard that there was a difference depending on the testing companies—perhaps you were getting them within 12 hours and the other one was taking perhaps six or seven days. That had significant consequences for the community. Have there been any consequences for the companies for those significant delays?

Ms PEARCE: I think the commencement of the outbreak in western New South Wales was a period where there was enormous pressure on testing capacity, as you would be aware. Certainly a lot of effort was put into improving turnaround times for the particular private pathology providers, as well as for our own, and I am pleased to say that that has improved. I do not have the exact numbers with me here today but there was significant effort made to improve those turnaround times, including data entry, at the commencement. In Broken Hill and also in western New South Wales—and Mr McLachlan may be able to comment on this further—there were also machines put in place to enable more rapid testing to occur very quickly and those machines were installed into

those regions quite quickly after this outbreak occurred as a consequence of wanting to make sure that we could turn around those tests, particularly for close contacts, as quickly as was possible.

I know we had a couple of issues from time to time with weather that delayed some transport, which was an issue. We also had an issue with some close contacts in one of the labs in Dubbo. So a few issues that we had to work through there. But certainly every effort has been made to improve those turnaround times, as I said, including sending machines to the area, as we have done here in Sydney, over the period to enable rapid testing to occur. Mr McLachlan, I don't know if you wish to make any further comments about that.

Mr McLACHLAN: Thanks, Ms Pearce. We have installed a number of fast-turnaround testing devices in the last month as a result of both some of the localised outbreaks and the regional need to get test results processed faster into both Bourke and Walgett. We have installed what is called a Liat device, a device that can turn around a test within 20 to 25 minutes for someone. Both of the Aboriginal medical services in those communities have fast-turnaround COVID testing devices into Dubbo. We have now installed a number of additional devices as well as some of the private pathology providers. They have got a very fast turnaround in Dubbo and a logistics network right across the whole of the region to quickly get in test results. An example I give you is yesterday afternoon we put on additional transport routes, with the issues we are experiencing up in Walgett, to get the swabs down to Dubbo with a very quick turnaround that picked up from both Lightning Ridge and Coonamble on the way through. Those are the things we are doing to try and improve the testing turnaround times.

The CHAIR: I am sorry to briefly interrupt, Ms Houssos, but Ms Gordon, I do know that you said you only had time until 3.00 p.m. and you have been sitting there extremely patiently. If you do need to go, then we would fully understand. You came here with that commitment.

Ms GORDON: Yes, thank you. If there were no further questions, I am happy to hop off but also if I need to stay that is okay as well.

The CHAIR: I will ask the Opposition if they have any questions of you now, but you did come and tell us you had until 3.00 p.m. Ms Houssos?

The Hon. COURTNEY HOUSSOS: No, I do not have any further questions, and I think my colleagues are indicating that we do not have any further questions for Ms Gordon if she needs to leave.

The CHAIR: Thanks again, Ms Gordon, for your attendance today.

Ms GORDON: Thank you.

(Ms Gordon withdrew.)

The Hon. COURTNEY HOUSSOS: Ms Pearce, I might come back to you. I wanted to ask about the contact tracing, in particular for western and far western New South Wales. Is that still being run centrally through NSW Health?

Ms PEARCE: Again, not my specific area of responsibility, Ms Houssos, but certainly contact tracing is something that is supported centrally here from NSW Health but also in local health districts with local contact tracing teams.

The Hon. COURTNEY HOUSSOS: We did hear this morning from the Aboriginal medical services that they have in fact stepped in to do some local contact tracing themselves because of the delays. Have you pursued any formal agreements or are you looking at agreements to do that?

Ms PEARCE: I would have to take that on notice from a NSW Health perspective. Mr McLachlan, I don't know if you aware of any local arrangements there with contact tracing.

Mr McLACHLAN: We have scaled up significantly our public health team and our contact tracing resources to try and get that much quicker and to do it locally within the region. We are certainly open to ideas around how we can improve that. We know it is going to be crucial over the next six and 12 months to improve. If we can work with the AMSs, then happy to do that.

The Hon. COURTNEY HOUSSOS: I would refer you to the very compelling testimony they provided us this morning which explained how, because of the delays that they are seeing in the central contact tracing, they have almost got their kind of own shadow contact tracing system up and running. That will all be on the public record. I wanted to come now to the question of post-COVID and the recovery for patients. What is being put in place and what support is being put in place now and planning to provide the ongoing health support for those patients who continue to suffer from long COVID? We know that these communities specifically that we are talking about today already have difficulty accessing medical support and services. What is being done now to ensure that this does not continue?

Mr McLACHLAN: We have started planning for the impacts of long COVID in our rehabilitation programs. Our rehabilitation specialists have been following the international evidence, the impact of COVID and the need for respiratory and cardiac rehabilitation services connected to those. We certainly have got a lot of rehabilitation programs across the region. What we will need is refocusing some of those around the needs of COVID, but our specialists have been watching this for quite some months now and started a really active conversation in the last month with the outbreak about us needing to not just care for people in that 14 or 28 days of their active COVID period but for potentially years in the future.

The Hon. COURTNEY HOUSSOS: How many of those rehabilitation specialists do you have currently across the western New South Wales health district, Mr McLachlan?

Mr McLACHLAN: I could not give you an exact number. A number live locally and a number fly in from other parts of the State or the country to support our rehabilitation services. I know we have got some amazing clinicians that live and work in the region.

The Hon. COURTNEY HOUSSOS: Perhaps you could take that one on notice for me?

Mr McLACHLAN: Happy to.

The Hon. COURTNEY HOUSSOS: Excellent. Ms Pearce, how many specialists do you have working across the State on this?

Ms PEARCE: I would have to take that on notice, Ms Houssos.

The Hon. COURTNEY HOUSSOS: And perhaps you could provide us with a breakdown by local health district as well?

Ms PEARCE: On notice. Thank you.

The Hon. COURTNEY HOUSSOS: Thanks very much. I will pass to my colleague now.

The Hon. PENNY SHARPE: Thank you. I have just one question—and I suspect you will have to take it on notice—for Far West and Western NSW local health districts. Would you be able to provide the Committee with a list of the number of redundancies that were provided to staff to June this year—so basically for the last financial year—and the list of positions that were made redundant?

Ms PEARCE: Yes, you are quite right, I will have to take that on notice. Thank you.

The Hon. PENNY SHARPE: I am not quite sure how much more time I have. I do have one question though. One of the issues that the ACCHOs raised with us this morning was the lack of coordination between Justice Health and their organisations in relation to releasing people out of jail and how they are managing that. Obviously some of the outbreaks have occurred as a result of this. I am wondering what action you have taken or can take in relation to this. We were told there is not really any protocol. Because Justice Health is responsible for the health within the prison, they pretty much walk out. It seems that there is a very good opportunity to sit down and work something out about that. Can you tell us what the situation is?

Ms PEARCE: I think there is an opportunity to improve connections, and that is one of the things we have learnt right the way through COVID that an unfortunate consequence of this disease turns into opportunities to improve things into the future. I do believe some of the issues we have experienced in the corrections system, there is an opportunity for us to improve coordination upon release. Certainly we have been working through those issues and I think it is a very timely opportunity for us to include the ACCHOs and other Aboriginal health organisations in that work.

The Hon. PENNY SHARPE: Ms Pearce, when you say you have been working through that, are you talking about NSW Health internally? The ACCHOs basically said to us that they are very keen to put in place some clinical protocols around that but they just have no sight into that decision-making. So has that just been done internally in Health?

Ms PEARCE: What I am saying is that through this recent period in particular work has been going on to improve the coordination of the release of people once they are released from prison, noting that obviously once released, and particularly if there are no conditions associated with a person's release, it is very easy for the system to not necessarily have good coordination around that individual. That is an opportunity for us to improve and we have been working on that—when I say "we", I am talking about on the NSW Health side—in particular with Corrections. I agree with you that there is an opportunity to improve other coordination through the ACCHOs in doing so, so happy to take that one on board.

The Hon. PENNY SHARPE: Thank you. I do not have any more questions.

The Hon. COURTNEY HOUSSOS: At the beginning we spoke about the initial preparations around housing. Perhaps you could just explain to me, Mr McLachlan, you talked about how you have got the Dubbo Zoo and you have got the motel chain that is up and operating. How many of those were actually in place prior to the outbreak? How many of those housing and accommodation arrangements were in place prior to the actual outbreak that started, this most recent outbreak?

Mr McLACHLAN: We have certainly been having conversations with a lot of the motels and other accommodation providers around the region. I think it is worthwhile acknowledging no-one wants to have their motel name attached to being a COVID accommodation facility. So it was near impossible to line up those arrangements prior to the outbreak that we saw, particularly in Dubbo. But very quickly, in the first days of the Dubbo outbreak kicking off, we were able to secure the zoo. It was an offer that came to us from the zoo to utilise those facilities; likewise another motel chain and now the caravan park. But they were not in place prior to the outbreak. It was certainly something that we put a lot of effort into in previous months to try and line up those accommodation facilities, though.

The Hon. COURTNEY HOUSSOS: Ms Pearce, perhaps you can provide us on notice for far western New South Wales how many of those were actually in place prior to the outbreak?

Ms PEARCE: I am happy to take on notice in terms of the specifics. However, I would note that, as Mr McLachlan has mentioned, all of our local health districts as part of their planning for COVID outbreaks have been asked over a period of time, and have done so, to look at what is within their geographic region by way of hotel or motel facilities, as Mr McLachlan has outlined there. You would not necessarily have something in place and not be using it. That would not be a good use of public funds in the absence of COVID, but having something ready to go and stand up very quickly is really the aim of what the exercise is. From our perspective, all of our districts have had that.

Of course, when the reality of COVID arrives in a community, sometimes organisations who may have previously been willing to participate get concerned about having positive cases in their facilities and the like, and there is a need to do thorough assessments of their suitability both from a security perspective but also from the infection prevention control perspective. I know that in the Far West around Broken Hill, as I said, Mount Gipps had been identified as a potential, as had other areas in Broken Hill itself, and I think Mr McLachlan has outlined his area as well.

The CHAIR: Thanks, Ms Pearce. I will now hand over the questioning to Ms Faehrmann.

Ms CATE FAEHRMANN: Mr McLachlan, I just want to go back to the situation in Enngonia, if I can. Just having a look at the comments by the health services manager for the Bourke Aboriginal Health Service, Claire Williams, in that article in *The Guardian* I was referring to, she was quite critical of the services that had been provided to that community to date, basically saying that there is no doctor and there is no nurse and worried that if there is exposure to COVID by any of the, say, Aboriginal healthcare workers, that really is an issue. She has also called for NSW Health to step in. That seems to be that health experts on the ground are suggesting that NSW Health is not doing enough to deal with the crisis that is unfolding in Enngonia.

Mr McLACHLAN: Ms Faehrmann, the Aboriginal medical service certainly has been out there in the last week vaccinating. We sent a team out to support them to vaccinate in the last week, but we do have, as I outlined before, a seven-day-a-week Aboriginal health worker and clinical teams going out there. They are supporting directly the families or households with someone infected with COVID in them. We are providing a lot of food and other welfare support into those homes, and that has been a good outcome with police, ADF and other organisations. But there is always more that I am sure we could do and more to coordinate, but I know that the Aboriginal medical service provides a lot of services into that community as well.

Ms CATE FAEHRMANN: Will you guarantee or commit now to hear from the Bourke Aboriginal Health Service as to what more could take place? She is calling out via national media, if you like, that NSW Health and the Royal Flying Doctor Service needs to step in when it comes to what is required now in Enngonia, and I can see on social media as well there is quite a bit of concern about what is unfolding and the support that has been provided.

Mr McLACHLAN: Certainly. I was out in Bourke last week meeting with the Aboriginal medical service chief executive. We have committed out of that to do a number of things together. There was a meeting planned for this morning that, unfortunately, I think the Aboriginal medical service had to cancel out of, but it was intended to do exactly this: to better coordinate, look at the resources and try and find ways to work together.

Ms CATE FAEHRMANN: Thank you. Can you guarantee in terms of food delivery—again, I can see on social media just in the space of the last, say, five or 10 minutes people concerned that food deliveries are not getting in there. I know that this has potentially been a coordination issue, if you like, but we have got members

of the community wanting to send food parcels to Elders in Enngonia. They say that they have been stopped; they cannot go any further than Brewarrina. They are saying that they are hearing there has been no food delivery in two weeks. So is it possibly a question of the way in which the Western local health district is communicating what they are doing to the Aboriginal community?

Mr McLACHLAN: No, Ms Faehrmann, there has been no shortage of food available for the patients and families and households with COVID to make sure that they can be supported in their isolation. The example that I think you are referring to was an organisation, UnitingCare, that was providing in food hampers on a regular basis that were asked not to come into the community because they did not want to have too many people coming into the community. There was an arrangement made for the distribution of that food in the community and not all of that got to the places that was intended to. It is certainly nothing to do with the local health district. We have been doing everything possible to supply food, particularly for those households with people with COVID in them, and I know that has extended to a lot of the rest of the community.

Ms CATE FAEHRMANN: For example, in Enngonia, you can give a commitment today that no household is going short of food at a time when they have to isolate and cannot travel to get that food?

Mr McLACHLAN: Certainly. For households with someone with COVID in the household, the commitment that we have been giving is to provide food into the households and minimise or reduce or stop the need for anyone needing to leave the home for any food, social service or welfare needs.

Ms CATE FAEHRMANN: Can I check with other households as well. I understand that Enngonia has a pub that sells very basic provisions, if you like, like bread and milk and other things but to get to a supermarket with a lot of other provisions, it could be a hundred kilometres away. So I would have thought the parcels being delivered by the ADF and the police and what have you are actually parcels to every single household. Are you saying that that is not the case?

Mr McLACHLAN: There has certainly been a big volume of food going into the community. I cannot talk for every household in the community. Maybe Mr Worboys can comment because I know the police, ADF and local groups have been very energetic in making sure there is food coming into the community and distributed through the whole community.

Ms CATE FAEHRMANN: Just to hone in then, is it the policy of the local health district to be providing that support just to households with a COVID case in Aboriginal communities or is the policy to provide food packages for every household in Aboriginal communities, considering, of course, there are restrictions on movement for starters?

Mr McLACHLAN: I don't think we can provide food into every household in every community that has got an Aboriginal person in the community, but we have done a lot to provide additional food into both Bourke and Enngonia. I know there is an extensive network of food facility, the warehouse, the distribution of that throughout both Bourke and Enngonia. I am sure Mr Worboys has got further details on the support around this from police.

The CHAIR: Mr McLachlan, I think you misheard the question. Ms Faehrmann's question was about Aboriginal households that are in lockdown, not every community but Aboriginal households in lockdown. Perhaps you misheard. Did you want to reflect again on your answer?

Mr McLACHLAN: No. I was clear that we cannot provide food into absolutely every household in a community with an Aboriginal person in that community.

The CHAIR: No, no. The question was [disorder]—

Ms CATE FAEHRMANN: In Enngonia, for example, the policy is, as I think you suggested, that it is just those households which have COVID-positive patients that are getting support at this point in time. Mr McLachlan, is it any wonder that we have distressed the members of the community trying to get food packages to Elders in places like Enngonia, in places like Brewarrina because they cannot travel? We are hearing, of course, that they are being fined. Do you see the situation here that you will have Aboriginal households who will not be getting the groceries that they need during this outbreak?

Mr McLACHLAN: Ms Faehrmann, I do not believe there is a shortage of food coming into Enngonia between the local health district, the food distribution network, UnitingCare and other organisations that are all providing food into the community. Understand there is an issue with people leaving the community to go shopping; that there has been a lot of transport of food and other goods for people to save them leaving Enngonia, to save having to go to Bourke. I don't know every household's details and all of their needs, but there has been a lot of efforts to make sure that it is well catered for.

Ms CATE FAEHRMANN: People were tweeting literally 10 minutes ago that some households in Enngonia have had no food delivery in two weeks, but lots of cops and the army board in, and that their food delivery for the Elders could go no further than Brewarrina. This has just come in now.

Mr McLACHLAN: I could not comment on that.

Ms CATE FAEHRMANN: Is this NSW Health's responsibility?

Mr McLACHLAN: No.

Ms CATE FAEHRMANN: Deputy Commissioner?

Deputy Commissioner WORBOYS: I certainly support Mr McLachlan in that I think there is an abundance of effort going in in terms of food right across western and far western New South Wales. If people are feeling left out, if people feel that they need food or other hygiene substances, that is part of the emergency management response that we can wrap around Health, and have done. I have not heard what you are reading on Twitter at the moment, but certainly we will take a look at that. As I said, every other day we are sitting down and talking to Mr McLachlan and his colleague in Far West, talking to the LEOCONs and making sure that, as we often say, no person is left behind in this emergency. So if that is the case, there would not be a person sitting here that would not want that rectified. If you would forward me those details and allow me to have a discussion around that with Mr McLachlan and others, I am sure that those people from Resilience NSW and others that deliver food and other items that people can pick up are those that are feeling they missed out.

Ms CATE FAEHRMANN: Is the ADF and the police or the police just delivering food to households with COVID-positive people in them? Is that the instruction that the police are getting, Deputy Commissioner?

Deputy Commissioner WORBOYS: My understanding is that in terms of a priority, certainly close contacts and positive cases that cannot move. There is no restriction on people to move in the normal course of the day to collect food items, no matter how far that is, but certainly having a good understanding if there is someone that provides for Elders that is positive or a close contact, then they can no longer do that for Elders. There certainly is a need for us, as an emergency management community, to provide those people with some assurance that they can get food and other items on a needs basis. So I fully understand the premise and the concern that you have, Ms Faehrmann, and we will take it away and discuss it this afternoon and tomorrow.

If you have any specific details, I would encourage you to forward those to either myself or Ms Pearce or whoever and we will certainly attend to it. There is a not a person sitting here that wants to see anyone suffer or be put out any more in these communities than what they are [inaudible]. It is a very challenging time. It is a very confronting time. Every single day, as Mr McLachlan said, we all lose sleep over the fact there is someone getting left behind or someone that is in a position where we could help them.

The CHAIR: Thanks, Ms Faehrmann.

Deputy Commissioner WORBOYS: Mr Shoebridge, if you would just give me one moment. I think I answered a question about the pandemic plan earlier and undertook to provide that on notice, which I will, but I think I did my public health colleagues an injustice. The two pages were certainly about, I think, the police response, which I alluded to. The other part of the plan is many more pages, but I will certainly provide that on notice, as I have indicated.

The CHAIR: Mr Worboys, if you have got it to hand, if you could provide it to the secretariat today, that would be very helpful.

Deputy Commissioner WORBOYS: I will see if I can do that, but certainly I think by tomorrow for sure, Mr Shoebridge.

The CHAIR: Thank you, Mr Worboys. Unfortunately, we have run out of time. Mr Worboys, I will ask you to take one other question on notice, if you would not mind. Have NSW Police stopped food deliveries to any Aboriginal community in western and far western New South Wales since the latest outbreak in June and, if so, what are the details of those? My office has had multiple reports as well, Mr Worboys. If you could just take that on notice and give us a response, I would appreciate that.

Deputy Commissioner WORBOYS: I certainly will. Thanks, Mr Shoebridge.

The CHAIR: Thank you. I thank all witnesses for their evidence today. A number of questions have been taken on notice. The secretariat will contact you and provide you with further details about any questions that have been taken on notice. I remind you the maximum period to provide those answers is 21 days but, of course, given the nature of the crisis, the sooner you can provide those details and they can be part of the

Committee's deliberations and publicly available, that is appreciated. Thank you, that concludes today's hearing of the Public Accountability Committee's COVID oversight.

(The witnesses withdrew.)

The Committee adjourned at 16:01.