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Committee Secretary
Health, Communities, Disability Services and
Domestic and Family Violence Prevention Committee
Parliament House
George Street
Brisbane Qld 4000

Inquiry into the Queensland Government's Health Response to COVID-19

Background

Cairns Regional Council (Council) appreciates the opportunity to make a submission to the above inquiry.

COVID-19 is having wide-ranging human, social and economic impacts throughout the world. Effectively managing and mitigating these impacts will be one of the biggest challenges faced by our generation. Council appreciates that the response to COVID-19 requires a delicate balance between health and safety considerations and the impacts of social distancing and other pandemic suppression measures on the economy and people's lifestyles and livelihoods.

The response from the Australian and Queensland Governments has been swift, effective and coordinated. Council acknowledges and commends the world-leading and collaborative approach taken to manage the crisis to date. In particular, this includes Queensland Health's extensive and integrated public-health response that undoubtedly limited the levels of infections across the state and locally.

The COVID-19 pandemic is having a significant impact on the economy as well as the social and emotional health of the Cairns community. Due to the regional context, independent evidence indicates the impacts of the crisis in Cairns will be greater in severity and the likely recovery times longer in duration, than for other regions in Australia.

For example, pre-COVID-19, the Cairns economy was in a relatively strong position. Gross Regional Product (GRP) growth was above Queensland and Australian levels and unemployment was below both the state and national level. However, a reliance on tourism and other export sectors means the economic impacts of COVID-19 on Cairns will be severe. The tourism sector, which 'pre-COVID' contributed annual visitor expenditure of \$3.5 billion to the TNQ region, has effectively collapsed. Domestic and international visitors have disappeared and the impact of this has spread to all industries. Workforce participation is significantly impacted and unemployment in Cairns is expected to exceed 12%.

These economic impacts are having significant flow on effects on the health (in particular mental health) and social well-being of the Cairns community. Council facilitates a regional COVID-19 *Human and Social Sub-Committee (HSSC)* to assess impacts and facilitate coordination of response and recovery activities related to human and social systems of the Cairns region. The Sub-Committee is chaired by Council's Local Recovery Coordinator and comprises representatives of health and wellbeing, housing and homelessness, youth, education, disability, seniors and aged-care, domestic violence, First Nations peoples, and migrant communities among others.

Reported consequences to the health directives included increased levels of mental health and use of harmful substances; increased intensity of occurrences of domestic violence; disruptions in access to in-home care and health support services (particularly for vulnerable cohorts); and impacts on access to nutritious food and physical health regimes. The risks for vulnerable Aboriginal and Torres Strait Islander groups and Culturally and Linguistically Diverse communities are particularly acute during the event.

Key Effects of COVID-19 Health-related Actions in the Cairns Local Government Area

The human and social services sector indicate an increasing degree of anxiety, loneliness and uncertainty related to restrictions on freedoms and dramatic changes to lifestyle, livelihoods, and severe financial distress. Additionally, pre-COVID-19 prevalence of mental health, housing stress and homelessness, and domestic violence has been exacerbated by the event, consistent with the experience of other regions (Source: Queensland Council of Social Services, 2020; Queensland Domestic Violence Services Network, 2020).

- **Reported Social Health Impacts**

Mental Health

Estimates indicate that 20% of the Queensland population experiences mental illness at any given time (Source: Queensland Mental Health Commission, 2019). Data indicates that mental health hospital presentations and suicide rates are proportionally higher across the North Queensland health network and inpatient episodes with a primary disorder diagnosis occurs at a much higher rate regionally (Source: Primary Health Network, 2019). Services broadly report increasing demand for mental and emotional wellbeing and significant barriers to access crises and acute care support. Services indicate that an absence of outreach-based health services and underinvestment in preventative support has contributed to increased levels of untreated and chronic mental health conditions that are amplified due to the nature of the event (Access Community Housing, 2020). Lifeline data indicates a state-wide increase in people accessing telephone based supports (3,000 calls/day) (Uniting Community Care, 2020).

Domestic Violence

Cairns has the 7th highest rate of Domestic Violence Order (DVO) applications in Queensland. State-wide evidence suggests current levels of domestic violence are under-reported due to the restrictions, but for those able to report, an increased intensity and severity of violence is occurring. Consistent with previous trends, demand for services including mental health and temporary and ongoing accommodation will escalate and reach critical levels once restrictions are eased and victims can more easily report (Source: *Domestic and Family Violence Sector Survey*, Queensland Domestic Violence Services Network, April 2020; Cairns Regional Domestic Violence Service, 2020).

Substance Abuse

According to the National Drug Strategy Household Survey (2016) and Northern Queensland Primary Health Network data, 22.5% of people (14 years and older) in the region are considered to consume alcohol at risky levels (lifetime risk), and 17.7% of people recently used illicit drugs (Source: Cairns Alliance of Social Services, 2020). Services supporting people with substance use (and abuse) report noticeable increases in harmful behaviours during COVID-19 restrictions, including alcohol consumption, use of inhalants and other addictive substances. Community housing providers also report significant increases in drug and alcohol-fuelled violence within tenancies. Services also share an increased concern for the mental health of youth and young adults given the coronavirus related vulnerabilities for this cohort and established connection between addiction, depression and suicide (Source: Access Community Housing, 2020; Youth Empowered Towards Independence, 2020; Headspace, 2020).

Housing and Homelessness

The 2016 Australian Bureau of Statistics (ABS) figures highlight that Queensland has 19%, or 21,671, of the nation's homeless, which total 116,427 persons. Cairns is recognised as an area of concentrated homelessness, having the third highest rates of homelessness by local government area after Brisbane and the Gold Coast (Source: Australian Bureau of Statistics, 2016). In Cairns, Aboriginal and Torres Strait Islander peoples account for more than 70% of the homeless population (Source: Queensland Council of Social Services, 2014). The demand for social housing continues to outstrip available housing stock and the overall vacancy rate is 1.7% (Source: Herron Todd White, January 2020). The demand for crises and temporary housing is also at unprecedented levels given the financial and other impacts on the region, including the need to address overcrowding to meet social distancing requirements (Access Community Housing, 2020).

Community housing providers report significant challenges in sustaining tenancies due to an escalation of adverse behaviours. Services indicate tenant's access to increased welfare payments, a history of underinvestment in preventative outreach-based services (targeting interventions well in advance of people reaching acute levels and tenancies are put at risk) and a severe lack of capacity within Queensland Health's mental health services to provide coordinated assessment and treatment has contributed to this escalation during the event (Source: Access Community Housing, 2020; Queensland Council of Social Services, 2014).

Recommendations: *It is anticipated that there will be unprecedented demands on regional health and wellbeing services as the lag effects of COVID-19 are realised. In addition to recommendations for increased resources, strategies must focus on coordination capacity for improved service integration across the continuum of health and care services, from acute to therapeutic. This includes clinical, non-clinical and therapeutic services meaningfully integrated with case support across domestic violence, housing and homelessness, and youth services among others. In particular, responses must include an increased emphasis on outreach-based preventative support, to meet the needs of consumers before their mental health escalates to chronic levels, when acute care is the only option.*

- **Coordinated responses for Aboriginal and Torres Strait Islander peoples**

The particular vulnerabilities of Aboriginal and Torres Strait Islander peoples to the Coronavirus is well established (Source: Group of 8, 2020). Cairns is a satellite community servicing people from approximately 16 surrounding community councils. The available data indicates that community closures displaced approximately 150 persons in Cairns, pending formalisation of return to community and biosecurity protocols.

A dedicated coordination mechanism is needed to drive culturally-appropriate models of support for this cohort, to avoid escalation of risk, particularly given this group's underlying health status, levels of housing and homelessness stress (including overcrowding) and the need to increase levels of help seeking behaviours (Source: Group of 8, 2020; Centre for Aboriginal Policy and Economic Research, 2020).

Recommendation: *A recommendation for future events is the immediate establishment of an overarching coordination group specific to assess and manage localised responses for First Nations peoples. This includes the requisite authority to influence cross-agency responses and associated resourcing.*

- **Disruption to In-home Care for Vulnerable Cohorts**

Critical front line services were significantly disrupted due an acute shortage of Personal Protective Equipment, resulting in increased risk and anxiety. This included vital personalised in-home care for people with a disability, those living with a life-threatening illness or age-related mobility issues for example.

Recommendations: *Future event contingencies should consider access to state and federal reserves of emergency PPE to sustain community-based human and social services for extremely vulnerable cohorts during times of significant disruption. It is also recommended that Queensland Health ensure clear and timely guidelines on the type and level of PPE required relevant to the Australian context, the nature of the event, and referring to the CDC guidelines as the international standard.*

- **Queensland Health – Communication Protocols**

Access to Localised Data

Access to timely and localised information, including advice on infection rates and locations, is vital to support and operationalise situational awareness and inform public messaging to provide direction, reassurance and support for compliance. Queensland Health currently provides data on a regionalised basis (Cairns and Hinterland). This information often spans multiple local government areas and is inconsistent with disaster management boundaries.

The delay between National Cabinet announcements and publication of the corresponding state-based Public Health Directives (PHD) also affected clear and timely communications. PHDs were complex and public audiences were unable to interpret the information, which drove a reliance on mainstream media and recovery hotlines as the point of truth. (This included the State Recovery Hotline and Cairns Coronavirus Hotline.)

Recommendation: *As the lead agency in pandemics, Council recommends that Queensland Health strengthen its communication protocols both to and as a conduit from Local Disaster Management Groups and/or Coordinators. This includes a review of data*

management systems to improve access to disaggregated data relevant to local decision making for LDMG's and other lead agencies.

PHD Coordination Support for Lead Agencies

As stated, Council commends the QLD Government's immediate response to the COVID 19 pandemic and appreciates the need to impose urgent restrictions. It equally appreciates the actions taken to remove the restrictions in a timely and considered manner. However, there were significant challenges to implement the PHDs in this process.

In particular, this included the lack of a lead agency to coordinate PHD implementation, including pre-briefings to key support agencies responsible for enforcement and implementation. Rather, QH advised agencies of PHDs at the same time as the public, resulting in confusion and uncertainty and despite requests, did not provide further interpretation or clarification. In addition, there was a delay in Public Health Officers receiving requisite delegations. For example, council staff received powers for contact tracing well after the easing of restrictions was announced, affecting implementation.

Recommendations: *Council recommends Queensland Health consider identifying a key lead agency, support agencies, and role definitions to coordinate implementation of PHDs. This includes briefing key senior personnel at all levels of Government and regions prior to public announcements and provide coinciding templates and information for streamlined implementation. A key recommendation is the allowance for standing powers and delegations for relevant officers activated by emergency declarations.*

- **Effectiveness of Queensland Health's Prevention and Containment Approach**

Council acknowledges and commends Queensland Health's non-pharmaceutical societal prevention and containment approach taken. This regime significantly augmented the reduction in COVID-19 transmission and infection rates within the Cairns region.

The significant efforts by Queensland Health and Pathology stakeholders to expedite a proactive and sustained Polymerase Chain Reaction swab testing regime, coupled with vigorous contact tracing, has undoubtedly resulted in successful treatment and recovery of confirmed COVID-19 patients without creating additional stress to Cairns Base Hospital surge capacities.

The holistic and collaborative approach by all key health stakeholders has to date resulted in 27 confirmed cases and zero deaths within the Cairns Local Government Area.

We thank you for your consideration of the recommendations above and we would welcome the opportunity to discuss the matters outlined in more detail. Should you have any further enquiries or require additional information, please contact Brett Spencer, Local Recovery Coordinator and Manager Community Development on the phone number above.

Yours sincerely,



John Andrejic
Chief Executive Officer