

POST-CABINET PRESS CONFERENCE: MONDAY, 21 JUNE 2021
HANSARD TRANSCRIPT

PM: Kia ora koutou katoa. Good afternoon. I'm joined today by the Director-General of Health to make an announcement relevant to the eligibility for our COVID-19 vaccination campaign, but I'll invite him to join me on the stage at the conclusion of a few opening remarks.

First, I'd like to acknowledge everyone impacted by violent weather over the weekend. It has been a distressing time for those in affected communities, particularly Papatoetoe and Tai Rāwhiti. Lives have been disrupted and homes and businesses damaged. I'd like to express my heartfelt sympathy for the family of Janesh Prasad, who lost his life as a result of the tornado in Auckland. I know everyone's thoughts are with his wife, children, friends, and colleagues.

The worst of the weather is behind us, but we can expect a significant clean-up effort in those communities hardest hit. Government agencies are there to provide support. You will have seen we've already contributed funding to the mayoral relief fund to support Auckland communities impacted by the tornado, and MSD is also offering assistance. We're in contact with the Mayor of Auckland and are ready to provide additional financial assistance if required. Assessments are also under way in Tai Rāwhiti. Once again, we're in contact with the mayor there and ready to provide support. A huge thank you to all emergency services, local council, MPs, and community members for rallying together and supporting one another.

A look now to the week ahead. Tomorrow and Wednesday, I'm in Wellington for the House, Cabinet committees, and other meetings and briefings. On Thursday, I will return to Canterbury to view progress on recovery from the recent floods and to meet with those affected and those involved in the clean-up. On Friday, I'm in Auckland for meetings and visits, including a trip to a recycling facility in Onehunga, where I'll learn about their work recycling plastic, something that's a matter of priority and urgency for the Government from both an environment and climate perspective. I'll also visit parts of Papatoetoe impacted by the severe weather in the latter half of this week. On Saturday, I will be in Auckland with Minister Sio to deliver the Government's apology for the dawn raids. While I don't want to share too much in advance of the events, suffice to say I know it will be a really significant occasion.

Now to our vaccination campaign. I'm pleased to announce that we've been informed that Medsafe has provisionally approved the use of the Pfizer vaccine for New Zealanders aged 12 to 15 years. There are around 265 children in this age bracket, and our existing Pfizer purchase order contains more than enough doses to cover two vaccines for this entire group. We would not need to buy any more to cover them, and nor will anyone miss out as a result of Medsafe's advice. Medsafe only grants consent for a vaccine's use in Aotearoa once it's satisfied the vaccine has met standards for safety, efficacy, and quality. A number of places including Canada, the US, Europe, and Japan already approved vaccination for 12- to 15-year-olds, and some have begun vaccinating this cohort already.

The next step in the process is for this decision from Medsafe to go to Cabinet for a decision to use. You will recall that's what happened the last time Medsafe provided that approval. That will occur next week. For now, and as we've always said, the more New Zealanders are vaccinated the stronger our population immunity. While COVID has not generally affected children as severely as it has adults, there have been cases internationally of children getting sick from the virus. In addition, children have shown to transmit the virus; so being able to vaccinate them, as Medsafe has advised is safe to do so, would provide wider protection for the community.

The Ministry of Health has been planning for this potential decision by Medsafe and has been working with the Ministry of Education on a potential roll-out plan for this group. These are

the roll-out plans that Cabinet will discuss as part of its decision making next week. While it's too early to outline specifics, we envisage that schools, as community hubs, could play an important role, but the new age banding does not preclude young people from getting vaccinated with their whānau as our age bands roll out, if that is a decision that Cabinet makes.

I just thought I would give some little context to where we are currently in our vaccination programme. Within the next 24 hours, we are scheduled to deliver our 1 millionth dose. It's taken around five months to reach that number, but to illustrate how quickly our campaign ramps up from here, we plan to reach our 2 millionth dose in roughly six to seven weeks' time. The vaccination campaign, as we've said, is the largest and most complex undertaking our health system has ever rolled out. The vaccine is how we will protect each other from the virus, and vaccinating all those who are eligible will help us maintain our COVID-free status. I'll now ask Dr Bloomfield to join me at the podium in case there are other questions you may choose to ask about Medsafe's decision that are of a more technical nature. Happy to take your questions.

Media: What assurances do you give to parents who are nervous about vaccinating 12-, 13-, 14-, to 15-year-olds?

PM: The most important part of these early stages of New Zealand's vaccine decision-making has been the independent approval process of Medsafe. They are making this decision based on clinical advice based on research and based on data, and that's been a really important part of the reassurance process for every New Zealander.

Media: The WHO have said that rich countries should be letting poorer countries get their essential and high-risk workers done first before vaccinating low-risk people, including children. Shouldn't we listen to that advice?

PM: And, of course, you'll see that, from the delivery of vaccine supply into New Zealand, our programme really ramps up in the second half of the year. We've always said it will take us a full year to vaccinate our entire population, and that's based on the supply that we are receiving from the pharmaceutical companies. So that gives you a bit of a sense that there is a level of prioritisation happening around the world as those essential workers are being vaccinated.

Media: Is it fair, though?

PM: Is it fair?

Media: Is it fair for us to vaccinate right down to 12-year-olds when other countries are struggling to get them?

PM: You'll see that, of course, our vaccination process is taking us the better part of a year, and that is based on supply. What we're also doing, though, is supporting vaccination roll-out in other countries—just today, sending some health support into Fiji to support some of their COVID response. We've donated significant doses back out into other countries who may not have secured their own, and made donations to support the vaccination efforts globally.

Media: If the technical advisory group recommends, or advices, that you don't actually roll out to this age group because the others should be a priority, will you take that advice on board and potentially delay it?

PM: Absolutely. For us, the No. 1 priority has always been the safety of all New Zealanders, and we've always applied an independent process. So Medsafe have given this approval. They take that through their independent advisory process, and then it comes to Cabinet for a final decision to use, and we will listen to that advice every step of the way.

Media: Is it likely that Cabinet will approve this?

PM: Look, we lean heavily on that advice from our independent advisers. So we rely on Medsafe approval. We don't make clinical judgments. So, if their view is that it is safe to roll

out, then Cabinet is likely to agree with that and support the roll-out. That's because, I mean, if we had, down in the future, Medsafe having given approval for this age band to be vaccinated but Cabinet for some reason decided not to, imagine then if you had a young person in that age group affected fatally by COVID. That would be a very, very hard burden for any of us to bear if we'd made a decision counter to official advice.

Media: So not the Medsafe approval, but if the technical advisory group says that there should be other groups which should be prioritised and teenagers shouldn't be the group, maybe later on in the vaccination campaign, is that something that—

PM: I'll let Dr Bloomfield speak to that, but just keeping in mind I think their consideration, you know—the decision to use is often when we're talking about how we're sequencing. Those decisions are often being made at Cabinet. And you'll see we already have created a structure that really strongly prioritises those most likely to be affected by COVID-19. The one exception I make is we've often then done the family around our border workers for good reason.

Dr Ashley Bloomfield: Thanks Prime Minister. Kia ora koutou. So, yes, the technical advisory group that is convened and chaired by Dr Ian Town actually discussed this briefly last week. They were waiting for the firm decision and approval by Medsafe, which has just been gazetted, and they're going to consider again tomorrow. They have no concerns about safety, tolerability, and immunogenicity of the vaccine, and indeed efficacy. It's been shown, in a very good study published in *The New England Journal of Medicine*, that it's safe and efficacious for this group. What they were most interested in was giving some advice about timing and the best way to ensure that this group is accessed fairly, so that we particularly get those Māori and Pasifika populations, because we know that those groups have a younger age structure. So it will be particularly important to be able to reach down into that 12- to 15-year age group. So I'm expecting they will provide some advice on those issues specifically, and then we'll reflect that in the advice to Cabinet.

Media: So is it likely that they'll be in the same sequencing group as the under-35s, or could it be that the 12- to 15-year-old age bracket could even be next year?

PM: No. So there's no part of our population that we, at this point, are planning for their eligibility to come up any time other than this year. We've got enough vaccine coming into the country that everyone who would be eligible, including this group, if that's where the final advice lands, will be able to receive a vaccination this year. Again, in terms of the sequencing, the things that we're taking into account, for instance, are, yes, we've got the age bands based on risk to individuals, but also we've got to blend in some efficiency here as well. So, in some cases, if you've got a whole family, in some cases you'll be better off accessing that whole family at one time.

Media: The US FDA approved this vaccine for use in 12- to 15-year-olds about six weeks ago, in early May. Would you expect, if other regulatory bodies move to approve a vaccine for use in children even younger—zero to 12-year-olds—would you expect a similar kind of lag, six weeks or so, for Medsafe to essentially check they're working and check the studies?

Dr Ashley Bloomfield: Well, one of the things I would say—I've said it before—is we don't outsource our approval for vaccines and medicines. We've got a good process we've run here, and that relies on our assessors looking at all the data, and it's not just the data from the clinical trials but it's the manufacturing information as well that's really important. There are trials under way of the Pfizer vaccine in ages 6 to 11, and we'll obviously follow those trials with interest, and when the information and data become available from those trials, Medsafe will assess that to give advice around, and make a determination around, approval in that younger age group, if the trials show it has a good safety profile, tolerability, and immunogenicity response, and, indeed, shows good effectiveness in that group too.

Media: Has the group made a recommendation on the Janssen vaccine yet, and will that vaccine cover 16 and up, or is it a different age group for that?

Dr Ashley Bloomfield: So that consideration's still pending, and we're waiting for that advice to come through and for Medsafe to make a decision around approval of the Janssen vaccine, and it has been trialled in 16 and above. Yes, so it's a similar age group.

Media: Is it still the Government's intention to lift the pause with Vic tomorrow?

PM: Well, I was just discussing with Dr Bloomfield—as we've said right from the moment we gave that indication of a Tuesday reopening, that we would continue to assess information right up until that decision in order to make sure that it's based on the most relevant information and timely information we have. So nothing at this stage has changed that decision, but we will assess any new information overnight.

Media: When's the latest that you'll be assessing—is it right up to the wire?

PM: We always make sure that, of course, it's within reason from when people are likely travelling to flights and flights are due to depart, and so on and so forth, keeping in mind that flights have been moving to repatriate.

Media: How are you preparing for just the extra pressure on the roll-out if this 12 to 15 is approved? And if, indeed—like, I think there were trials out from six months all the way up to 11—

PM: There are trials.

Media: —if we do get into that area, that's going to be an extra million people that we need to vaccinate, an extra million doses. That's going to be, on average, like, I think 2,000 or 3,000 more doses a days. Is the ministry sort of making plans to cope with that, if you get to that point?

Dr Ashley Bloomfield: Well, obviously our plans at the moment are to be able to ramp up capacity to between 50,000 to 70,000 vaccinations a day, right through, to deliver to the current eligible group. This new group, as the Prime Minister said, around 260,000 twelve- to 15-year-olds. They would require two vaccinations. We have enough vaccine and, we think, enough capacity in the programme to add that group into the roll-out, pending Cabinet's decision. There's still some water to flow under the bridge around making sure the studies are finished around that younger age group, and, of course, then, consideration of that approval, consideration by Cabinet about the timing of that. But, obviously, if we've built that capacity in the system, we're in a position to continue to roll out to further age groups if those decisions are made. But that would be further down the track.

Media: But do you think the system as it is has enough capacity to be able to do everyone in New Zealand, or will it flow into next year?

Dr Ashley Bloomfield: Well, that's the intention, and, again, in terms of immunity across the population, if there are vaccines—this vaccine or other vaccines—that are shown to have a great safety profile, are tolerated, and are efficacious in the younger age group, then we would put that up to Cabinet and they would make a decision about rolling it out to that younger age group and taking on board the clinical advice. And also, I think, being clear about how to access that group to ensure we get equitable access.

PM: And as I've just indicated in initial comments, the Ministry of Health were anticipating that there would be a likely broadening of eligibility based on Medsafe's advice. So they've already been talking to the Ministry of Education. In fact, it was several months ago where I recall visiting a school where they said to me, "Look, if it turns out that we do have eligibility, we are ready here to support a wider roll-out." Many schools will remember having been part of widespread roll-outs for vaccine campaigns around MMR and, for instance, undertake vaccine roll-out for HPV—

Dr Ashley Bloomfield: HPV.

PM: —already. So there is some existing capability within the ministry there, too.

Media: If Cabinet does give the final sign-off next Monday, would 12- to 15-year-olds that live with border workers or have underlying health conditions become immediately eligible for the vaccine, or would they have to wait?

PM: Yep, that will be part of the discussion that Cabinet has. But what I can share is that, as you've seen, Cabinet has been very inclined, and for good reason, to prioritise those who run the risk of coming into contact with COVID-19, including our managed isolation facility workers. So I know that they will be giving consideration to the fact that we've already vaccinated, or offered those vaccines, to those families, and making sure that we're consistent with that offer.

Media: Do we have enough vaccine supply before the July shipments arrive to cope with—

PM: Yeah, keeping in mind that we would be talking only then about, for instance, managed isolation facility workers who had children aged between 12 and 16—so a very specific group, for instance.

Media: Dr Bloomfield, do you have children that fit into that 12 to 15 age group? And the second part of the question is: what advice do you give to parents who are feeling nervous?

Dr Ashley Bloomfield: Well, two comments. I have three children; they are all older than that age group, but thank you for the compliment!

Media: It was a genuine question.

Dr Ashley Bloomfield: Yes indeed, and so they're all actually able to give consent themselves. I will be encouraging them to accept the vaccine when it becomes their turn. So saying, as a parent, I also carefully considered, when they were born, the opportunity around childhood vaccination, and having been trained in public health, it wasn't until I was a parent that I realised, actually, it is an important and significant decision as a parent, to be making that decision. So I would be encouraging parents, just as they are for themselves, to inform themselves, to get the information, so that they can make the right decision for their 12- to 15-year-olds—and potentially, in the future, for younger children, if they have them.

Media: Prime Minister, can I ask a question other than COVID?

PM: Sure, do you mind, Barry, if I just canvass around a couple more?

Media: It's just that we've got, some would say, deadlines that are a bit earlier than others.

PM: I'll just do a quick canvass. Can I see how many more COVID questions I have? I've got two. I think we can try and whip those in. So here, and then I'll finish with you, Derek, and then I'll come to you, Barry.

Media: Will you be doing anything specific, any particular campaigns, to reassure those parents who do have hesitancy for their children?

PM: As all the way through our COVID vaccine campaign, we've tried to provide information across the board, for all individuals who are eligible. But, certainly, if we do get that final approval stage through next week, yes, we will be considering how we can make sure that parents have the specific information they need to give themselves assurance. But I'd say again: I would ask nothing of a parent that I wouldn't be willing to do myself, and I think that's the way that everyone who works in healthcare is approaching these decisions. OK. Last one, Derek, and then I'll come to you, Barry. It's just I need to relieve Ashley.

Media: I just had a question for Dr Bloomfield which is not exactly COVID-related.

PM: You're going to take liberties, are you?

Media: I understand that you own a double-cab ute. Do you think you have a legitimate use—

PM: Derek, you can ask me any questions like that, but I don't think it's fair on Ashley that we critique his vehicle at this point.

Media: You're still welcome to answer it.

PM: All right, I'm going to finish up. So, Justin, was yours for Ashley as well, was it?

Media: For both of you, yes.

PM: OK, last one. Sorry, Barry, and then we'll come to you.

Media: Use of the COVID-19 Tracer App has been down consistently, we're down to around 200,000 people a day. With the added risk of the travel bubble with Australia and what we've seen in Victoria and New South Wales, do you have any plans to increase use of the app?

PM: Look, from the Government's perspective, I mean, continually we've been reinforcing the point this is not just an app that we ask people to use when they see cases within New Zealand. It only works if, in the event we have a case that arises, we are able to track back on people's movements up until that time. So it's important that everyone is constantly vigilant. We have conversations around whether or not we need to step up requirements such as mandating use. We didn't land on mandating use in the past, because enforcement's such an issue. Are you therefore asking someone who runs a small business not to let anyone into their business if they refuse to use the app? It does throw up some issues, but we will again just keep reminding people as Health does, as well. Anything further?

Dr Ashley Bloomfield: Just to say we have done some research to help understand what are the things that would support people to use the app, and also we'll be providing some further advice through, and we're constantly upgrading it, including the functionality, so that, if it's adding more value for people, I think they might be more likely to use it.

PM: OK, thank you, Dr Bloomfield. Go ahead, Barry!

Media: Prime Minister, you would have seen the report during Winston Peters' address to his annual general meeting yesterday, describing some of Labour's policies as nutty. Would you work with him again?

PM: Oh, look, a couple of things, I'd say, Barry—I won't actually cast back over that period and say anything now that I wouldn't have said at the time. There were a lot of things we didn't agree on but there were a lot of things we did, and we got good things done. I have never been in the position of ruling in or out those existing parties that I've worked with before, because I've demonstrated that I could work with them. But it feels like a very big hypothetical at the moment for New Zealand First. There's a number of stages before that ever becomes even a relevant consideration.

Media: He claims that the *He Puapua* report was deliberately held back from New Zealand First. Is that the case?

PM: That is certainly not my recollection, because I usually will recall those papers where they've come through and for any given reason they've been unable to progress. That's not my recollection for that paper at all.

Media: Prime Minister, I also has Deputy Prime Minister - related question. Australia's new Deputy Prime Minister elect, *Barnaby Joyce—he's one of the old ones—has taken a number of pot shots at you and the Labour Party, and your party obviously had a role in him leaving Parliament the first time. Do you need to mend the rift there?

PM: Oh, look, you know, you can only just manage to draw me on a past Deputy Prime Minister in New Zealand; you're definitely not going to draw me in on one in Australia.

Media: Do you have any problems with his policy support for new coal-powered power stations?

PM: Look, my role as Prime Minister in New Zealand is to work constructively with whomever is in a democratically elected Government in any other country at any given time, and that is what I will do. We won't always agree—sometimes we will—but that's my job.

Media: You were asked this morning on *The AM Show* how many extra mental health beds had resulted from your investment into mental health. Have you got that number now?

PM: No, sorry, Jenna. That was quite a specific thing on youth forensic mental health beds, as well, if I recall the question correctly, and no, since I've arrived in Parliament I haven't been able to, but I'm happy to provide any additional information. As I said on the show, though, we have been in the process of rebuilding facilities across Palmerston North, Hamilton, in Auckland, in Christchurch, and so that work has been a part of our programme, but youth-specific I would need to talk to the Ministry of Health.

Media: Do you think it's acceptable that someone has to sleep on a mattress on the floor in a mental health unit?

PM: No—no, I don't.

Media: Wait times have been going up in mental health, particularly for young people, despite the fact that you invested a huge amount in Budget '19 and have been investing in health more generally across your Budgets. What's the disconnect? What's not happening?

PM: Look, I'm going to try and give you a short answer. You know, one of the things that we have worked really hard to do as part of our wellbeing approach is to build more service in those early stages—so, for young people, expanding youth health services in schools, across high schools, at the same time funding our youth health one-stop shops, because we know that they access a number of students who otherwise would not go through a GP to get support; funding Youth Line for those young people who will text or phone if they're experiencing issues; and we're even starting to expand into primary schools to really early on build those tools that support resilience when times may get tough for our young people. So that's been a big focus for us, but undoubtedly what we also need to do is try and expand and extend the access for crisis programmes and facilities, and that's an areas where it has taken us more time to build the capacity and capability in that area.

Media: Is New Zealand doing enough to help Fiji with the outbreak, and are you concerned about the situation unfolding?

PM: I think if any of our Pacific neighbours were experiencing the full brunt of COVID-19, not only would we reach out, we would be concerned for them as well. You'll see today we've put additional—additional PPE is going into Fiji. We have an anaesthetist going in, as part of a medical team with the Australians, who has past experience in Fiji and in their healthcare system. We're also looking at sending in a Defence Force infectious diseases specialist. Additional funding is going in today, as well, and that's not just for their health response but we are very concerned about—you know, in any lockdown, there are welfare needs, issues around poverty, access to food, and we really want to support Fiji in that as well. For the vaccine, we've been working closely with Australia. That issue has not yet been obviously resolved—where we've made an AstraZeneca donation but, until they're approved in New Zealand, we're unable to pass on those doses. So, instead, we've been working with Australia, who are able to support them sooner with doses into Fiji.

Media: And is there active communication with Fiji about how they're coping, how the Government's feeling about whether they're under control or not, and in terms of future help from the likes of New Zealand or Australia?

PM: So the offer we've made is a consistent one. We've said to Fiji, at any time, if there is any assistance we can provide, just reach out. Again, it was the Prime Minister who instigated the last call we had—so demonstrating to us that they are willing to let us know if there are things that we can support them with, and we will. But, you know, at this point in time I do think that really practical assistance, support on the ground, PPE gear, and financial support in order to help households overcome the impacts of lockdown, access to food, and so on.

Media: What do you think of the ACC analysis that finds the scheme is biased towards women, Māori, and Pasifika?

PM: So this is an issue that the Minister for ACC has been wanting to get a better understanding of how equitable and fair our system is. And so she's asking all of the right questions here. So, yes, you might have a higher incidence of workplace accidents, or even sporting injuries, amongst males in New Zealand, and some of that will be very easy to tell a story around based on the areas in which they work. However, women are more likely to be declined. And so this is where the Minister is really digging into some of those issues, including issues she's seen with Māori and Pasifika, to assure ourselves that we have a system that is operating fairly for all New Zealanders.

Media: Would you consider the new Māori Health Authority having authority over ACC for Māori?

PM: That isn't at this stage. There is a delineation there of sorts. What my expectation is is that every agency, if they identify an inequity, that they resolve it, and so that's something that the Minister's leading on. But that's not to say that there won't, from time to time, be cross-over, because, of course, you see sometimes cross-over between campaigns and issues that ACC will fund and that the Ministry of Health will fund.

Media: Your transport Minister wouldn't rule out any changes to the fringe benefit tax rules around utes on the weekend. Is that something that you would rule out changing over the next parliamentary term?

PM: Look, I always like to preserve the position of Cabinet to make these decisions; so I'll continue to do that.

Media: So those changes wouldn't then fall foul of your, you know, "no new taxes that weren't mentioned in the manifesto" rule? You wouldn't consider that to be a new tax, because it's changing a loophole to an existing tax?

PM: Again, this is not something that we've had any recent discussion on. But I'm not going to make off-the-cuff decisions here at this podium. Let me check if I've missed anyone that hasn't had much of a question. Mark—and then I'll come back to you, Jenna.

Media: The fee-bate scheme is expected to reduce emissions by 9.2 million tonnes in the next two decades. What do you say to National and ACT, who say, because the ETS was capped, that will just allow emitters to emit that much over the next two to three decades?

PM: The whole goal of our work programme as a nation has to be to reduce down overall our emissions profile, and so the emissions reduction plan and plans across sectors are a really integral part of making sure that we are overall reducing our emissions profile. And at the same time—you know, I think it is in the next 12 months—that at the same time as alongside emission reduction plans, of course, there's the regular review of the cap as well. For those parties who say that we should just rely on the ETS, my message would be that that won't necessarily change our profile and it can lead to really high household costs in the future unless you're doing the work on mitigation and just reducing our overall emissions.

Media: Back on mental health, the crisis services that you've acknowledged need to be—

PM: Ongoing work, yeah

Media: —backed up, given the nature of those services—that they are crisis services, and they are so desperately needed at that point—how urgent is that work? How quickly can you get more resource into that area?

PM: But, of course, one of the issue that's been raised with us who work in the sector is trying to reduce down the number of people who are finding themselves in a crisis situation in the first place. And, in some cases, that will be because we haven't had the primary mental health care that people have needed early enough. So we have been working on trying to really build that system—10,000 sessions a month are now being provided for New Zealanders through, often, their healthcare provider. And that was support that just wasn't available before. So, yes, we've made significant change, but there is more to do.

Media: I guess, then, the question is: did you tip the balance too far at the front end and forget about the back end?

PM: It has to be about doing both: maintaining the crisis support services but also doing what we can to provide support earlier for those who may need it.

Media: With reviewing the Ngā Whenua project that received PGF money, which one of the beneficiaries of the project, potentially co-owns some of the land there, used to work for Shane Jones—Jones himself can't remember the conflicts of interest he declared, or whether he knew at the time he signed off that his former staffer was a landowner—

PM: So my understanding—again, I wouldn't mind taking a little bit of time on this particular scenario—but one of the things, of course, that we manage with the Cabinet Office, is—and not every scenario, if someone is known to someone does that necessarily represent—and I say as a general principle—does that necessarily represent a conflict of interest. So what we rely on is Cabinet Office giving some guidance as to when they determine something to be a conflict of interest and when they don't, because, as you can imagine, New Zealand being a small place, it's not unusual for someone to just be known to someone who applies. But, again, I wouldn't mind just taking a bit of time on the particular example you've given me, because I only had it shared with me recently.

Media: What are your thoughts, then, if you were signing off something like that and you knew that a former staffer of yours was part of that application?

PM: Yeah, I would just ask the question. You know, if it's someone that worked with me 10 years ago or so on, I would ask the question and get some guidance.

Media: On that basis, isn't it worth at least looking at that project to see if all the—

PM: Again, it's only recently been put to me; so let me just take a little bit of time on your question. Ben?

Media: On indulgence—

PM: This is not a good way to end, Ben! I've given you the last question.

Media: But it's better than a way to start! We've seen the dramas that went into Clarke making the cake. I wanted to know the reaction from Neve to the cake.

PM: I feel like you've just ruined everyone's reputation by asking that question! So what was it you wanted?

Media: Neve's reaction.

PM: Oh, Neve's reaction? She's three—everything's exciting; that's what I would say. All right, thank you, everyone.

conclusion of press conference