

**ALL OF GOVERNMENT PRESS CONFERENCE: FRIDAY, 24 SEPTEMBER 2021
HANSARD TRANSCRIPT**

Hon Grant Robertson Kia ora. Ngā mihi nui ki a koutou katoa. Greetings, everybody. Welcome to Friday's media conference. I'll now hand directly over to the Director of Public Health, Dr McElnay, to update us on the latest case numbers, and then I'll make a few brief remarks before taking your questions. Dr McElnay.

Dr Caroline McElnay: Thank you, Deputy Prime Minister, and kia ora koutou katoa. There are nine new community cases to report today, all in the Auckland region. That takes our total numbers associated with this outbreak to 1,131. Of those, 902 cases have now recovered. Additionally, there is one new case in a recent returnee in our managed isolation facility. Of today's nine new community cases, all are linked. Three are household contacts, and six are contacts of known cases. For yesterday's 15 cases, only one remains unlinked, and investigations into the case are under way to determine if there are any connections. There are 13 people in hospital, with three of those in ICU.

Testing numbers in Auckland dropped a little yesterday, but 6,928 swabs were still taken across Auckland, with 14,855 swabs processed across the country. At our new suburb of interest, Mount Wellington, there were 297 swabs taken yesterday. That's a great effort, so thanks to everyone who came forward to be tested.

In Clover Park, which has been a suburb of interest this week, 1,725 swabs have been taken since Tuesday. Since 1 September, 20.8 percent of that suburb's population have been tested, which is a great effort, but we still want people to come forward for testing in that suburb. Public health officials in Auckland continue to carry out surveillance testing at larger essential workplaces, and their focus next week will turn to construction and retail sectors.

As Dr Bloomfield mentioned yesterday, there is a new testing requirement for people who need to travel across the alert level boundary for personal reasons. That requirement is for most people permitted to travel for personal reasons from the alert level 3 boundary into an alert level 2 area—for example, travelling from Auckland to Hamilton. These people now need to carry evidence of a negative test result taken 72 hours prior to their travel, or proof a test was taken within seven days prior to their travel. There are two exceptions to this testing requirement. No test is required for the following: for one way travel, for people travelling from an alert level 2 into alert level 3 and then remaining there, and for people attending a healthcare appointment, including vaccinations, who are travelling from their residence in alert level 2 into alert level 3, and then back into alert level 2. They do need to have evidence of their appointment, and be able to show that if requested.

Details of the testing requirements can be found on the Unite Against COVID website. Just a reminder, it can take 24 to 48 hours to get the results of your test—sometimes longer, depending on the demand for testing—so please plan ahead and factor that into the time for your travel. A reminder that people who cannot provide the required evidence will be turned around at the boundary by police at checkpoints, and aviation security staff at Auckland airport. Please note that the testing requirements for permitted workers crossing the alert level boundary are unchanged—that is, proof of a test taken seven days prior to their travel. But Minister Robertson will talk further about the requirements for those travelling for business.

Just some comments on the upper Hauraki outbreak. All tests in upper Hauraki have now come back negative, with the exception of members of the Whakatīwai household, which have already been announced. I can also report there's been a good uptake of vaccinations in the Hauraki plains, with 60.1 percent of residents there now having had their first dose, and 23.9 percent their second.

And just turning to our vaccine roll-out, there have been more than 4.91 million doses given. Of those, more than 3.19 million were first doses, covering 76 percent of the eligible population, and more than 1.72 million, or 41 percent, of the eligible population. That's the

population aged over 12—12 and over. Yesterday, more than 49,115 doses were administered. That's broken down into 20,983 first doses and 28,132 second doses. So those second dose numbers are coming up. In Auckland yesterday, there were 16,258 vaccines given. Overall in Auckland, more than 1.7 million doses have been administered. Of those, 1.16 million were first doses, covering 81 percent of the Auckland population, and 626,103 second doses, covering 44 percent of the population.

The Ministry of Health is also updating its advice about having routine vaccinations at the same time as the Pfizer COVID-19 vaccine. Our initial guidance was that there should be a gap of between two to four weeks. We've received further advice from our technical advisory group and we now advise that the majority of routine vaccinations can be either given before, after, or at the same time as the COVID-19 vaccine. There is an exception to that and that is the Zostavax vaccine—or the shingles vaccine—where there does still need to be a gap between receiving it and receiving the Pfizer vaccine. We will be updating the information to health professionals about that today, and on our website. What that means is that it will help ensure that our routine immunisation programmes, such as MMR and HPV, can continue without disruption whilst we're rolling out the COVID-19 vaccine.

And just finally today, I'd like to acknowledge pharmacists across the motu, as it's World Pharmacists Day tomorrow, Saturday. Pharmacists have delivered 14 percent of all vaccines last week from around 250 pharmacies around the country. They have really stepped up and helped us in our vaccination roll-out for this outbreak. They've used their very strong community links and relationships with people to make sure that people can continue to get vaccinated. So I'd like to thank them very much for their hard work. Back to you, Deputy Prime Minister.

Hon Grant Robertson: Ngā mihi, Dr McElnay. Just a few brief comments from me before we take questions. Firstly, Ministers have today agreed that the upper Hauraki will move down to alert level 2 at 11.59 p.m. on Saturday. As Dr McElnay's indicated, we've had an incredible response from the upper Hauraki community with people getting tested, following the health advice, and sticking to the alert level requirements. More than 1,000 tests have been undertaken in the immediate area since Monday, with the only positive results, as you've heard, being from the original household. All the close contacts from the Mangatangi School exposure event, including staff and students, have been tested, with all tests returning negative. Widespread waste-water testing in Maramarua, Meremere, Ngātea, Paeroa, and Waitakaruru this week has produced no unexpected detections. The public health assessment is that it is now safe for upper Hauraki to move to alert level 2 along with the rest of New Zealand, except for Auckland, of course, which remains at alert level 3.

Secondly, today's case numbers are encouraging and they indicate that the hard work of Aucklanders in particular is paying off. But as you'll have heard us say before, the job is not yet done. As we head into this weekend, I once again ask for people in Auckland to remember that it is still alert level 3. We need you to stick to your bubble and to stick to the rules.

Thirdly, we continue to make good progress on vaccination. As the Director of Public Health has just told us, 76 percent of the eligible population now have a first dose. Today, I want to particularly mihi to our Māori health providers for coming up with innovative ways to bring whānau forward to get vaccinated so that they are protected against the virus. For example, this Saturday in the Waikato rohe, there is a mass vax event from 10 a.m. to 3 p.m. to deliver vaccinations, and can I encourage whānau across the Waikato to go to the Hopuhopu sports ground in Ngāruawāhia to get vaccinated. I do hear that there are prizes on offer, including a trip to Rarotonga. You just need to show up. No booking is necessary.

The Government continues to provide significant support to workers and businesses as we contain the current Delta outbreak. As of this morning, 593,262 applications for the wage subsidy have been approved, totalling more than \$2.5 billion in payments. The second round of the Resurgence Support Payment has now been open for a week, and has paid out \$256.8 million to 87,647 applicants.

We're working closely with the Ministry of Social Development and Inland Revenue to clear any backlogs in processing. This includes outbound calling to those whose applications are still pending. As I've said a couple of times, one of the issues is different details being held by Inland Revenue than what is on the application for the wage subsidy. We do ask people to look carefully at this as they make their applications.

With the move of Auckland into alert level 3 this week, we estimate about 280,000 more people will have been able to go back to work, and I'd just like to remind everyone of the rules for businesses at alert level 3.

Firstly, staff should continue to work from home if they can. If your business requires close physical contact, it cannot operate under alert level 3. Your business must be contactless with the public. Your customers can pay online, over the phone, or in a contactless way. Delivery or pick-up must also be contactless. Staff should remain at least a metre apart and two metres away from any other person.

In terms of travel, as the Prime Minister indicated on Monday, permitted movement across the alert level 3 and 2 boundary is essentially the same as it was when Auckland was at alert level 4. This is because we are dealing with the Delta variant, which, as we know, is far more transmissible. The strong advice from our public health officials is that we do need to continue to take a precautionary approach. In the case of businesses, you need the business travel document and you need to be part of the testing regime. Key movement like freight and primary industries is allowed to ensure food and other supplies can move. There is an obligation on employers to have systems and processes in place to minimise travel of workers between alert level areas and mitigate the risks of spreading COVID when workers are travelling. If you're not sure of the rules, please do go to the Unite Against COVID-19 website to check them.

Having said all of this, we recognise that the longer the restrictions are in place, the more challenging it is for people to meet deadlines such as the settlement of house sales or starting jobs outside the region. Equally, those who have been in Auckland undertaking carer duties may have completed these but they are currently unable to leave. There is an exemptions regime for both personal and business travel that is ultimately managed by the Director-General of Health. We have agreed that Ministers will work with the Ministry of Health to look at the exemptions regime to facilitate some more one-way movement to relocate out of Auckland. We anticipate that this will include testing requirements. Ministers will consider this advice on Monday and we will announce any changes as soon as possible, given the pressure that we know some people are under.

Just before we go to questions, for those watching at home, this is to let you know that there will no 1 p.m. media conferences on Saturday or Sunday, just a statement from the Ministry of Health with the latest case numbers. And, finally, you will have seen earlier today, myself and Minister Andrew Little released the first report of the implementation unit, which looked at the 2019 mental health package. Minister Little will be here at about 1.30 and we can take any questions on that matter after we've finished with the COVID-related ones.

Media: Deputy Prime Minister, you touched on it earlier but hitting single digits in terms of those case numbers, how much confidence should Kiwis take that we are on top of this latest outbreak?

Hon Grant Robertson: Well, as I think you've heard a number of times from public health officials and also from Ministers, we don't believe that there is widespread community transmission in Auckland. It was one of the reasons we felt comfortable to move down to alert level 3. What we do know is that there are still isolated cases, but we do feel we are getting on top of this outbreak, and it's the reason why I said we've just got to stick at it. Having come so far here, this is why we need Aucklanders to make sure they stick to the alert level 3 rules so that we can get those cases down even further.

Media: Does this show that we are on track to elimination to zero cases?

Hon Grant Robertson: Well, that's our goal, and it's always been our goal to get to elimination of cases in this outbreak. That's why we have the measures we do at alert level 4 and alert level 3. We may see case numbers pop up a little bit again too, because, bear in mind, each time a case is identified we then move into the contact tracing process and there are household contacts who may not have known that they had the virus. So it's possible that we will see case numbers still bounce up and down a little bit, but I think what this trend is showing is that the measures we've taken are working, and if people stick to the rules, we'll continue to see the numbers come down.

Media: Can you please just clarify why Mount Wellington is now a suburb of interest? Are there cases there or, sort of, just go into the detail of why that's now included?

Dr Caroline McElroy: That's advice that we received from Auckland Regional Public Health. So that's based on their analysis of cases and clusters and some of the movements, and they've identified that in addition to the other suburbs that we've announced this week, as a particular suburb that we would like to really encourage testing.

Hon Grant Robertson: And just to add on to that, particularly for Clover Park—and you've heard the details about that earlier—and Mount Wellington, we're encouraging everyone in those suburbs to go and get tested, whether you're symptomatic or asymptomatic. This is part of our surveillance testing, just to give us that absolute assurance that there are no cases out there that we don't know about.

As Dr McElroy says, in the case of Mount Wellington, we've got some cases associated with that suburb within our clusters. This is a real opportunity for the people of Mount Wellington to go out and get tested. And I do just want to thank the Clover Park community for responding in such huge numbers over the last few days. Please do keep coming out if you haven't had a test.

Media: And just to clarify, that surveillance testing in Clover Park and Mount Wellington hasn't uncovered any new cases that you weren't aware of?

Dr Caroline McElroy: We have found cases as a result of that extra testing, which is exactly why we're doing the extra testing, because we want to uncover any cases that may be there. So it's really important, as the Deputy Prime Minister says, it's not just people who are symptomatic but asymptomatic people as well.

Hon Grant Robertson: I believe it's one case in Clover Park so far.

Dr Caroline McElroy: One case.

Media: And how much of this long tail is due to people breaching their bubbles?

Hon Grant Robertson: Well, overall, the compliance has been good, and we've had—we ask that question every single day of the Auckland Regional Public Health and the Police and others, and they are very confident that people are keeping to the rules. One or two examples have come through where perhaps we've seen a mingling between a couple of households. I wouldn't regard that as flagrant bubble breaching; I think it's just sometimes people, the way their lives are organised—but we do ask people to stick to their bubble. And one thing we've also been advised is that once people have got a positive result, we're getting very, very good compliance. We don't really have any examples of that at this stage.

Media: Just from the modelling yesterday, the 7,000 deaths that was assumed at 80 percent, that's assumed that the Pfizer vaccine is only at the midpoint of what is a zero to 100 effectiveness scale. How effective is the vaccine?

Hon Grant Robertson: I'll turn to Dr McElroy for the technical side of that. I haven't seen any change in the view of the efficacy of Pfizer, which is high. The nature of modelling is that you will always have to create a set of circumstances, and it pops out a number at the other end. There are different modellers with different views about these matters, but we have no doubt that Pfizer has a very high level of efficacy. But do you have any comment on that?

Dr Caroline McElroy: Very high level, about 95 percent efficacy against death and severe disease. Where the vaccines have a lower level of effectiveness is milder disease, any infection, and then, ultimately, transmission. And that's where—we are still waiting for latest updates, particularly for Delta variant and the effectiveness of Pfizer for transmission. The evidence shows that it's still very, very effective for death and severe disease, but it's the transmission we're just waiting for updated information.

Media: So, given that, do you believe at all this 7,000 deaths number? I mean, it seems alarmingly high.

Hon Grant Robertson: I'm not going to wade into the debate about modelling. One of the things that has been present throughout the pandemic is that there are different views and, therefore, different models that get created about the impacts—*[Interruption]* I'll just finish, Jason. The one thing I know for certain is that every modeller believes that every New Zealander should get vaccinated. The message people should take from modelling and peoples' response to modelling is that every New Zealander should be vaccinated.

Media: But the difference is yesterday, in front of hundreds of thousands of people, the Prime Minister wheeled out a professor of modelling, and just, essentially, announced it to the nation. It hadn't been peer reviewed, and since then there's a lot of people that have come out and said that this is, essentially, scaremongering. What do you make of that criticism?

Hon Grant Robertson: It most definitely is not. I think I'd put the counterfactual to you that if we hadn't realised that modelling, you would be sitting here—perhaps not you, Jason, but one of your colleagues—today asking me why we'd hidden it. It's important for us that we put out the results of the modelling that's been done. It's Professor Hendy's model; there are other people who have a different view about that. The really important thing to note is the more people that we get vaccinated, the better it will be for all New Zealanders in terms of being able to return to the levels of freedom that we've become accustomed.

Media: Is it fair to say that you seek, as a Cabinet, a range of views on these things? That you're not only listening to Professor Hendy, but people like Rodney Jones, who have been part of this debate, also provide advice—

Hon Grant Robertson: We've taken advice from a vast array of people, not only the modellers like Professor Hendy or Rodney Jones, but, equally, the groups that we've established with the likes of Professor Sir David Skegg and others. We have a technical advisory group that advises the ministry on a regular basis. This is modelling that was provided to the Government. In a transparent way it's been put out there. Of course it's contested. Bear in mind, also, the outcome is determined by what we all do. It's determined by getting vaccinated and the other public health measures that we might take alongside that. So this is an example of us being transparent about the information that we have, but no New Zealander should be left in doubt whatsoever. If we can get our levels of vaccination up, that will give us options to return to some of the freedoms that we know people want.

Media: Minister, on the Auckland outbreak, obviously you're pretty confident or at least hopeful that you can get it *[Inaudible]* down at zero cases. If you don't, if it continues at the kind of current rate of rumbling along as Bloomfield said—not widespread transmission but still creating cases—can you guarantee that you won't let it spread out of Auckland by lowering Auckland to level 2? Even if Auckland itself might deserve to be in level 2, keeping some kind of ring-fence around? Because, obviously, there's no COVID in the rest of the country.

Hon Grant Robertson: I mean, we'll take the advice of our public health officials as we have all along, so I'm not going to pre-empt a decision today about advice that we haven't seen. We've seen a good number today. We want to see more days where that number goes down. We'll get the advice about where the pockets of transmission are, how confident we feel that we've got those contained, and then we can take decisions from there. I know why

you're asking what you're asking, but we have to take this one step at a time, and we've got a considerable amount of time to go before Cabinet will be reassessing alert levels.

Media: How do you handle that tension, though, between giving Auckland its freedoms, which they might see as deserved, and obviously helping the economy a lot in the largest city, versus the fact that the rest of the country has no COVID. If you allow free transmission between Auckland and the rest of the country, you probably will, even with a small amount of cases, let COVID get out of Auckland.

Hon Grant Robertson: As I've said, we'll continue to take a precautionary approach. It's the approach that we've taken all along. The Prime Minister's made clear that while Auckland is at that elevated alert level of 3 or 4, then the rest of the country will stay at alert level 2. But we have to analyse the outbreak and look closely at it and measure that risk. The other thing I'd point out, too, is the Prime Minister indicated yesterday that obviously we're doing more thinking about where we go from here as vaccination rates increase. You'll hear more about that in that coming weeks too.

Media: Moving house out of Auckland was allowed last time at level 3. Why has this change in policy not been properly communicated and will there be a rule change to allow Aucklanders to move if they want to get it done?

Hon Grant Robertson: So that was the comment that I made earlier on. We took a decision, which the Prime Minister did talk about on Monday, that with the Delta variant we need to be incredibly cautious and careful. And so a decision was made that movements would stay essentially the same under alert level 3 as they had been under alert level 4. However, as I've said, we note that the longer the outbreak goes on, the more difficult it becomes for people in the circumstances you're in—you can only push a settlement date out so far. So the work that we're going to be doing over the next couple of days is to sort out the exemptions regime to be able to deal with people who are leaving Auckland—so it's not about people who are coming and going—who have reasons such as that. We'll seek that advice over the next couple of days and have something to say early next week.

Media: [*Inaudible*] one on the COVID fund. What do you make of Judith Collins describing Creative NZ grants from the COVID fund as “dodgy”?

Hon Grant Robertson: Oh, well, I totally reject that. The decisions that we've made around the COVID response and recovery fund have been taken at a number of different times. One thing I would note is that a number of the Creative New Zealand grants that some people have chosen to highlight actually weren't even funded out of the COVID grant. But where we have provided supports to our arts sector, it's been a recognition of the tremendous damage done by COVID to the ability to make income for artists and for performances to be put on. We've had the wage subsidy scheme open to artist throughout, which not every country has done, and we've had additional direct funding to the arts sector because it's an important part of our society and our economy.

Media: Deputy Prime Minister, the level 3 restrictions which Ministry of Health have said they only accepted 5 percent of the applications—you've said that you're looking at making it easier for people to leave who are buying houses or whatever. What other restrictions are you looking at easing a bit, because there's a lot of businesses and others who applied to get out but have been refused—can that be eased a bit more?

Hon Grant Robertson: Yeah, so, look, we'll take the advice that we get. We remain committed to a precautionary approach here with Delta. But we do recognise that the longer restrictions are in place, the more challenging it becomes. I've mentioned some of the personal areas today. In terms of businesses, ultimately, those exemption decisions do end up back with the Director-General of Health, and no doubt he will be, in the same period of time he's giving us this advice, taking a look at that.

The problem here we often talk about is cumulative risk—you know, one particular business can say, “Well, what about me? I've got workers who need to move across the boundary.” But then, if you do that for everyone, you have very large numbers of people moving. What

we do do, obviously, as I mentioned earlier, is make sure that freight, particularly, can move, and we have seen increased volumes of freight moving over the last few days. So we'll take a look at that but we'll be guided by the advice of the director-general.

Media: Minister, the Wellington Phoenix, the mighty Wellington Phoenix, are about to take off on their third season affected by COVID. They can't play at home. They'd love to play at home. Obviously, that's probably more of an aspiration. But what assurances—or what hope can you give them at some stage they'll be able to play in front of their home fans this season?

Hon Grant Robertson: Well, not very much hope that that can happen. But obviously right now, the decisions that they have to make are based on the current state of travel guidance and the fact that we don't have a trans-Tasman bubble at this time. As you know from the Reconnecting New Zealanders work, we want to move to a situation where we can have more movement at the border. That is still our plan into next year, but to get there, we all have to get vaccinated.

Media: Obviously under the MIQ arrangement, there are times where sports teams are prioritised or placed through to the [Inaudible] are you working to sort of bespoke arrangements above border restrictions [Inaudible] next year that could help out sports teams like them?

Hon Grant Robertson: Oh, I'm not going to pre-empt decisions that might come next year. But, for now, the settings are exactly the same. We have some group allocations, and there is a process for teams to apply for those group allocations. For the Phoenix, obviously they have the issue that if they were to be playing, they have a schedule which would see them having to fly backwards and forwards, which wouldn't actually work out.

Media: The World Health Organization today is recommending the [Inaudible] for vulnerable COVID-19 patients. Is that something New Zealand is likely to approve, but also, is cost going to be an obstacle?

Dr Caroline McElroy: Well, we always look at WHO advice in great detail, and Medsafe, our regulator, will be—they're the part of the ministry that looks at the regulation of medicines, so certainly anything like that I know that they will be considering.

Media: And would cost be a factor?

Dr Caroline McElroy: Not from a regulator's point of view.

Hon Grant Robertson: And from the Minister of Finance's point of view, I mean, we've continued to try and put as much support behind our response to COVID-19 as possible, and if we find ways that we can support New Zealanders through it, we always look to do that.

Media: Where are we at generally with antibody treatments here in New Zealand?

Dr Caroline McElroy: I'll have to come back to you on the specifics of that. There are a number of antibody treatments available. I'm just not sure where we're up to with an approval process, but we can come back to you on that.

Media: Going back to yesterday's modelling, doesn't some of the reaction and pushback to it highlight the need for a stand-alone agency to oversee the Government's response to COVID-19, as Sir Brian Roche has called for.

Hon Grant Robertson: Oh, I wouldn't necessarily—I mean, that argument could stand on its own merits; I wouldn't necessarily say that because two different modellers might disagree with one another that that particularly highlights the need for it. As I said earlier, we take a range of advice. This is science; it's not always absolute. And one of the things in the case of COVID-19 is that, as a Government, we've had to make decisions with imperfect information from the very, very beginning. It's the nature of COVID. It's a rapidly evolving area. There is contested views and contested science throughout it. Modellers will always differ from time to time. The Government has the ability to listen to all of them and then take that advice in.

Media: Can I have a sup off that, but then I have a separate question after that. Just in terms of your comment earlier that if it hadn't been wheeled out the way that it was yesterday, then you would have been accused of hiding it. Are there other lots of information, other modellers? What other bits of information are you receiving and is that being made public? I mean, it's not being made public in the same way that it was yesterday. But what other modelling are you getting that we perhaps aren't seeing in the same way?

Hon Grant Robertson: I'm not sure there's any particular examples that I can give you of modelling that you're not seeing.

Media: You are only getting Professor Hendy's.

Hon Grant Robertson: Professor Hendy is obviously funded through his institution and so, therefore, he's one that we listen to particularly. But you've seen others release modelling from time to time, including Rodney Jones, who you've heard from. But on the scale that we're talking about there is nothing comparable to that.

Media: And to confirm off that, doesn't MBIE also fund that research partly?

Hon Grant Robertson: It does. As I said, it's Government. It's partly Government funded; that's correct.

Media: My other question: what reports or feedback are you getting around in particular, sort of, misinformation, but not just COVID and anti-vax - type stuff but also in light of the LynnMall terror attack and particular messages that are going out from people around that on social media? And what sort of relationship, I guess, is there between social media sites like Facebook and the police? Is there a lot of work going on there at the moment around trying to rid sites of those sorts of messages and are you getting information flow on that sort of stuff?

Hon Grant Robertson: I actually might—when Minister Little comes up to talk about the other matter, he can wear one of his other portfolio hats to help respond to that. I'm not aware of any particular change there. Obviously, coming out of the Christchurch terror attack, there was an elevation of the role that we felt social media companies could play, and there are protocols in place that I know are used from time to time between, for example, the police and those agencies. But if you've got something specific, Jo, that you're alluding to, feel free to say.

Media: No, just generally whether there was, I guess, in light of LynnMall, kind of an uptake and just whether the relationship between police and social medial sites and if they're actually kind of actively, in light of that, working more closely together to identify this.

Hon Grant Robertson: I can't comment on LynnMall specifically, but, as I say, since the Christchurch terror attacks there are now protocols in place, and, I think, are better understood, and I do know that they are made use of from time to time.

Media: On the modelling again, sorry—

Hon Grant Robertson: You don't need to apologise.

Media: The number that was highlighted—the 7,000 deaths number—is based on an underlying assumption about efficacy of the vaccine, which I know is not an assumption about efficacy that the Government has or that many Governments have. Do you think it was the right idea to hinge the main number that you cited in the press release on an assumption that is not the one that you hold?

Hon Grant Robertson: Well, I mean, I can't stand here and neither would any other Minister stand here and second-guess modellers whose job it is to produce this. I would note there are, as you're alluding to, a number of numbers in the modelling, and obviously those numbers are highly sensitive to one very important thing—people getting vaccinated. And that is the message we want to send. There is an opportunity here for New Zealanders to lead the world in our vaccination rates. We're up to 76 percent today of the eligible population—81 percent in Auckland. We're making incredibly good progress. So, yes, you

could focus on that number or you could focus on other numbers in the report that see, as we move to 85 or 90 or 95 percent vaccination, different numbers in terms of mortality rate or hospitalisations. From our perspective, we don't do the modelling and, again, if we did start to interfere in it, then there would be other criticisms made of us.

Media: I guess there was a decision made in the way that the modelling was publicised. The number that was chosen from all of those numbers to publicise the modelling was one that was very high and that was based on an assumption about efficacy of the vaccine, which makes it much less effective than New Zealand believes it to be. Why was that the choice that someone made?

Hon Grant Robertson: I can't comment specifically on the choice of a number in a press release. What I can say is, from the Government's point of view, we look at the whole suite of numbers that are in the modelling. We also look at other advice that we get. But the message that's very clear here for New Zealanders is that what happens here is in our hands. It's in our hands to the extent that we get vaccinated and it's in the hands of the Government to the extent of the wider public health measures that we build around this. It's one model. It's got people contesting it today. That's fine—that's science. From the point of view of New Zealanders, the message should be loud and clear about being vaccinated.

Media: Are you aware of a discrepancy between the number of tests taken for the border crossing in Auckland and the number of tests processed for the border crossing in Auckland? There have been reports that actually a large number of tests have been taken but very few are being processed.

Hon Grant Robertson: I'm not aware of that myself, no. I'd have to come back to you on that, Thomas.

Media: Do you view vaccination as an additional tool in the safety kit against COVID or an essential critical tool?

Hon Grant Robertson: It's very, very critical and I can't emphasise that enough.

Media: And, sorry, just further to that, you keep saying, "Test, test, test, and get vaccinated.", so why are none of the staff on Auckland's borders being needed to be tested or vaccinated?

Hon Grant Robertson: Well, it depends who they are, but obviously if they're police staff, we're making good progress there on the number of people who are being vaccinated and we continue to do that for all of our front-line staff.

Media: So why not ensure that you have the officers—if it's, say, the police, why not ensure it's the ones who are vaccinated who are going to that border?

Hon Grant Robertson: Well, I think the decision on who's deployed there will be made by the Commissioner of Police and I don't sense that there is any significant concern being raised with us about that.

Media: Minister, can I just confirm the decision around relocating that was made on Monday, and—

Hon Grant Robertson: No, "will be", I said.

Media: Oh, so—

Hon Grant Robertson: Oh, sorry, the original decision. Sorry. Yeah, so that was as we made the move to alert level 3, that was part of that and the Prime Minister did talk about that at this very podium.

Media: So what do you say, then, to people who received emails from the Ministry of Health on, say, Tuesday saying quite the opposite?

Hon Grant Robertson: Yeah, look, if that has occurred, I'm sorry for that. The position was clear that we are continuing to adopt the level 4 style settings. Where this really comes down to is around exemptions. So it's not so much the settings themselves; it's the way in

which exemptions get granted. That's the process that we're now going to have another look at.

Media: And just finally on that, the fact that Cabinet will review those settings and [Inaudible] processes on Monday, is this a back-down?

Hon Grant Robertson: Well, what it is is a recognition that as the outbreak goes on, the circumstances for people become more challenging and more difficult. This is not a major change to the settings. It's about whether the way we grant exemptions is appropriate to where we are now in terms of how long the restrictions have been in place. You know, there are people in examples that I've heard and seen of people who are at the point where they can only push out the settlement or sale or they need to go and get a job or they've been caring for somebody for some time and that situation has ended. Those are examples where we think, yes, having gone on a bit longer now we can take some time to look at that. But the overall settings and the overall precautionary approach remain because we've got to make sure we get on top of Delta.

Media: Deputy Prime Minister, the decision to go in theory from level 3 to level 2, is it possible the Government could again keep those internal border restrictions at that level 4 level but change the rest of the settings—i.e., could you again decide to keep those very tough rules in any move from 3 to 2?

Hon Grant Robertson: We haven't considered that advice, and it's a genuine response. I haven't heard anyone advocate that particularly, but of course we will continue to see where we track in terms of cases, what we understand about the outbreak, but I haven't seen a particular piece of advice on that.

Media: Minister, you yourself and your predecessors have—this is a house price question—always been worried about the way loan-to-value ratio restrictions and other macro prudential tools that the Reserve Bank implements—how that might affect first-home buyers or even just marginalised people who aren't really wealthy, how that would make it harder for them to buy a property. And just yesterday the Reserve Bank confirmed that a smaller portion of bank lending can go to people with small deposits, effectively. Are you comfortable with that decision? It means that someone is really going to struggle to get a mortgage with a deposit of less than 170K for a median-priced house?

Hon Grant Robertson: So I'm just going to—I will answer the question. I think I might let Dr McElnay go, if we've finished on that, and then invite Minister Little to come up and we'll segue way from housing to health—apologies to Henry for these non-COVID questions that are being asked, but I'm sure he'll cope. The issue we've got here is that the Reserve Bank does continue to operate independently. We've set the rules around the things we want them to consider and they are considering those. When it comes to loan-to-value ratios, they've made the judgment that this is important to the financial stability of New Zealand. We've still got discussions to have around debt-to-income ratios, but for loan-to-value ratios they are already in place and this is a tweak of that system.

The second point I'd make is that we have seen the proportion of investors reduce, and that means that we are now starting to see the balance tilt towards first-home buyers and owner-occupiers. That's good; that's an important start, but we'll monitor the changes that we've made.

Media: Are you going to take some responsibility for the situation, though? Because it is, hands down, pretty dire that this economic response has pumped up prices by about 30 percent, and now the Reserve Bank is closing the door on people at the margins, and a lot of people are saying that these first-home buyers don't pose a financial stability risk, that that's what the data indicates. So, I guess, a bit of accountability to this situation would be good.

Hon Grant Robertson: Well, I would challenge the statement that it is the economic response that has led to the annual house price inflation increase. It may have contributed to it, but it certainly goes on a trend that is a long-running trend in New Zealand, so I wouldn't

accept that analysis. We have made a number of significant moves on both demand and supply that are designed to try and address these issues. We need to give them a chance to work as well.

Media: Just on the housing, but how does that decision contribute to improving housing affordability, because it's now—more than three-quarters of the high LVR lending previously was going to first home buyers. They now have \$5 billion less to bid for housing. How does this improve affordability?

Hon Grant Robertson: Well, it's all part of an overall package, and that's the point that I'm making. It has to be about both, improving the supply—which we are making progress on—and a range of different demand measures. Putting everything on one single measure, you may well not measure up to the goals that you and I both might have in that area. But, from our perspective, the Reserve Bank has the loan-to-value ratio tool in its tool kit, and it will use that, and it has made its decisions independently to do so.

Media: So what do you say to those first-home buyers who say, "You're just pulling up the ladder. You're not letting me get on to the ladder so I can get rich like you."?

Hon Grant Robertson: I reject the suggestion that we're not doing things to support first-home buyers; we are, and we have seen the balance shift away from investors to both owner-occupiers and to first-home buyers, and I'm confident that we will continue to see that happen.

Folks, we'll just move now to any questions around the report of the Implementation Unit and the broader mental health issue. Just, very quickly, by way of introduction, this is the first of the reports from the Implementation Unit that we established. It's run out of the Department of Prime Minister and Cabinet, but reports to me as the Deputy Prime Minister. We undertook to do what was, essentially, a mid-term report on the mental health package that was announced in the 2019 Budget. Therefore, the approach was one to do that fairly swiftly.

It did create for us some very interesting observations, the first of those being that, actually, a number of very good things have happened as a result of the mental health package and that there has been an increase in services to a range of New Zealanders. It also highlighted some areas where further work is needed, and some of that's already happened, and others, for example, in the area of health infrastructure, we need to do even more work on. But Minister Little, I'll offer you a chance to say any introductory thoughts you have.

Hon Andrew Little: Thanks, Deputy Prime Minister. I think the important thing is the report, I think, provides a very balanced view about what is happening and what can be improved—the roll-out, for example, of access and choice, which was the centrepiece of the Ministry of Health's investment in improved mental health services is going very well.

Where I think there is room for improvement is some of the reporting and oversight that is needed, and in terms of health, or mental health, infrastructure, the report highlights some shortcomings there. But I'm confident that since the report has been produced, the Ministry is taking a number of initiatives, including qualified officials out of the ministry directly taking project management responsibility for some of the projects that were being funded out of the 2019 Budget package.

Media: Minister, are you satisfied—and maybe this is just the design of the Implementation Unit—that the report itself focused almost exclusively on outputs from your investment? But did it take into account, I guess, all the data that the Ministry of Health holds on demand on how these outputs are affecting the actual picture for real people? Because, obviously, it's easy to say "This money's been spent to hire this person.", but the Ministry of Health has data on things like wait times, which are often used as a proxy for how the services are doing, and that's not included in the report. So you get quite a narrow picture.

Hon Grant Robertson: But quite a deep picture. I understand exactly the point that you're making. This was firstly done as a mid-term report on this funding, and it was very targeted for that. There are a number of other ways in which we can assess the success or

otherwise of the interventions that the Government makes. We're continuing to keep the mental health package on the Implementation Unit's work programme so that they can come back to it at other times. But for the purposes we set it out here, it was to say, "Where had we got to on that \$1.9 billion package and what did we need to change or improve?" I think on those grounds it's done its job, but it's not the be-all and end-all of the way we monitor health performance.

Hon Andrew Little: I might add, this was the Implementation Unit. Their job was to review implementation of specific packages, which is what they did. What we were interested in is, having decided on the package in 2019, and the ministry being responsible for \$1.1 billion of the \$1.9 billion package, how they were going in implementation. In terms of the broader issues about the mental health services, generally in New Zealand, obviously, that is ongoing, but within the package, one of the issues was workforce development and investment in workforce development. And it's noted that that is happening. It also notes that, actually, one of the biggest challenges we've got in the continued roll out of the programme are those workforce issues, which is why the external assurance group, chaired by Judy McGregor, will have a critical role to play. She also happens to be in the ministry's and the DHBs' health workforce combined group, so she brings a lot of insights and experience from that, that will help us to keep focused on what is needed to build our workforce.

Media: On the capital construction side, obviously there's quite a lot of frustration there around how long these business cases are kind of taking to get done, and the report says this is taking too long; you've said it's taking too long—everyone agrees. Is that part of the Ministry of Health kind of just atrophy over the years of under-investment? I mean, it seems to me that education is much better at investing in property, and they do it in a way that Health just can't. And Dunedin Hospital's also seen serious delays. Obviously, the Christchurch Hospital rebuild also had a lot of problems here. Is this a wider problem with the Ministry of Health?

Hon Grant Robertson: Happy for Andrew to answer as well, but the point I'd make is that changes have been made in that regard—so the creation of the Health Infrastructure Unit within the ministry is a recognition that we want a greater focus on it. And I can assure you that Ministers share the frustration on some of the progress on some projects, and that's highlighted in the report. There are—if you take a step back, one of the questions you've asked is around business cases, and I do recall, when I first became the Minister of Finance, discovering that in the years in which very little funding for health capital was put in, DHBs simply stopped doing business case work, so that when we arrived and restarted the funding for health capital, they then actually had to start doing the business case first. And so there is a process here. One of the things that Treasury is doing is now working not only with the Ministry of Health but with other agencies on whether the business case process is fit for purpose. So, for example, when you've got quite a small health capital project, does it really need to go through all of the stages of the business case process versus something like Dunedin Hospital, where obviously you would do that with a project well over a \$1 billion.

Hon Andrew Little: I think the other thing, too, Henry, is that the health builds—the big ones—are complex and complicated. There's input required from clinicians who have to work in the spaces. They've got to be somewhat futureproofed to the best extent they can, given that medical technology changes reasonably rapidly. Even some of the smaller builds—you know, take some of the mental health facilities—there is now kind of internationally recognised standards for therapeutically suitable environments, and we want to build to those standards. Incorporating those and getting the local clinical input—sometimes just identifying the right place for a facility to be—does take a little longer than usual. That said, the Director-General of Health, Ashley Bloomfield, set up the Health Infrastructure Unit in the ministry a couple of years ago precisely to get some focused attention on some of this, but the nature of construction and that industry is that project managers and project leaders are in short supply, and filling some of the roles has been a challenge as well. But I'm confident—and the report has highlighted it—that as a consequence of the report and the further work that is happening that we are in a better space than we were six months ago.

Media: Thank you. What responsibility does the Ministry of Health need to take for not having a clear plan on how to deliver so many of these services and the infrastructure?

Hon Andrew Little: I think they had a plan—I mean, they had a plan because we knew what we were going to build and where we were going to build them; the challenge was getting the right skills in the right places. And bearing in mind, up until reasonably recently, it was DHBs who were responsible for the project. They'd put in the bid, they'd get approval, then there was developing the business case, and once that's approved then doing the design. That was all done at the DHB level. The reality is that across our network of 20 DHBs, they struggle to get the talent, to the point where now on some of the projects—well, one in particular—the ministry has just taken it over completely: the Tairāwhiti mental health project. And on three of the others, the ministry has appointed a ministry person out of their Health Infrastructure Unit to sit on the governance of those particular projects to make sure that that attention is given.

Hon Grant Robertson: Also this highlights, in many ways, one of the reasons for the health reforms—is that the DHB by DHB process means that things like capital infrastructure builds are somewhat reliant on individual DHBs, the ability for them to attract staff, the ability for them to manage the process. And while, by and large, they've done a pretty good job, having the Health New Zealand framework allows us to have a significant more oversight of that work from a central point.

Media: But, then, as well as Ministers, don't you also have responsibility to ensure that those services were being delivered to the expectation that you set?

Hon Grant Robertson: I can assure you that myself, Minister Little, and his predecessor regularly seek updates and try to make progress in these areas. I think we've got to be careful. There are building projects taking place all the time; there are just one or two that haven't gone the way that we wanted. As Minister Little has indicated, the Tai Rāwhiti one is a good example, where we, after a period of time, simply said this now needs to come back into the ministry.

Media: And how frustrating has that been for you as Ministers to sort of see under the hood and see that they haven't gone as planned?

Hon Grant Robertson: I'm just focused on making sure we get them built. Yes, of course, there are frustrations for us but equally there is tremendous work going on, as well. So we take the good and the frustrating together.

Media: Minister Little, medicinal cannabis patients are begging you to extend the transitional period for medicinal cannabis. They say they will suffer terribly if you don't. What's your response to them?

Hon Andrew Little: I'm not going to extend the exemption. There are products that have been approved. I understand that there are more products that will be approved before 30 September. In the end, the standard that was put in place, and for which an exemption has now been in place for 18 months or more, was to ensure the products that are in the market in New Zealand meet an internationally acceptable safe standard. At some point we've got to say, "You know what? The industry's had enough time to get their data from overseas or produce it locally." We can't keep providing the exemption.

Media: How would it hurt to extend it again? Are you saying that those products simply are not safe, and in terms of the products that are soon to come on to the market, are you confident that will cover all of the gaps that will be left by those taken off?

Hon Andrew Little: I'm confident that there will be a range of products on the market. So, I mean, some people's concern was that if there's only one provider who's got approval, then no competition and that might cause problems. But there will be multiple products on the market. The other is that for some people who say that the products available don't meet their needs, they still have access to the named patient regime. That means, with the approval of

a doctor, who becomes the importer, they can get products that otherwise would not be available in New Zealand.

Media: One of the points made in this morning's PR—just back to the mental health review—was that 200 GP clinics now have on-site mental health specialist support. That was a point you made in a *Nine To Noon* interview this morning. Matt Doocey says this only makes up 15 percent of the total GP clinics in the country. Is that true, and, if so, how can you consider that a success?

Hon Andrew Little: Yeah, Matt's not very good with numbers. It's not the proportion of GP practices; it's the proportion of the enrolled patient population, and it's, roughly, 1.4 million, I think, of that. So we're halfway through implementation, and that's roughly where we think we would be. We think by the time we've completed roll-out in 2023-24, the coverage will be about \$3.7 million. And, actually, it's the bigger practices that have been the first to take up these particular roles. Those of you who were at the launch of Kia Manawanui this week will have seen actually the role that those health improvement practitioners and health coaches play, and they are—I know for a fact from the correspondence I'm getting both from GPs, community practices, and patients themselves, the impact they're having has been fantastic.

Hon Grant Robertson: I'm just conscious both of us have actually got another meeting that we're due to relatively shortly, so I'll just take three or four more.

Media: Minister, you've spoken a lot about workforce issues. If we just go bigger picture here, health recruiters are having difficulties getting much needed doctors, specialists, and nurses into New Zealand. Is anything being done to speed that up, and in the meantime what are the impacts on communities of those DHBs that are waiting or waiting longer than usual for staff?

Hon Andrew Little: Yeah, I mean, pretty much every health worker category is an exemption in terms of coming across the border, so for non-citizens and non-residents. If you go across the border to come to New Zealand to work here, 43 percent are healthcare workers. To the extent that there are problems with spaces in MIQ, I know I've worked with a couple of DHBs and a PHO, working with them to get spaces and they've got them. I did see a report from a senior clinician who went to a journalist to say the matter is urgent; it is so urgent it's time they had to write to the Minister. It might have been good to write to the Minister first and then we could've worked on these things, but there is a response to some of those things. It is challenging right now. There is a worldwide shortage of a lot of specialists in a lot of areas in medicine and we're continuing to do what we can, working with DHBs and others to make sure we get the workforce that we possibly can.

Media: Are you concerned about the super fund holding investment in Chinese firms that are blacklisted in the US because of their connections to the human rights abuses of Uyghurs. There's a new report that's come out today looking at that. And what is the status of that work you're doing around a responsible investing framework for, I think, Crown entities?

Hon Grant Robertson: Yeah, I do have high expectations of all of the Crown financial institutions, for the fact that they're all having to take ethical investment. The super fund has a very well-known process for how they deal with that, which we've actually discussed before. In terms of that framework, we've been working on it and we'll have something to say about that very, very soon.

Media: Why do you still have no idea about the number of staff hired or trained—from the mental health report? It identifies in there workforce issues, but it says that they don't have firm numbers on how many staff have actually been trained or hired.

Hon Andrew Little: Not quite sure what that's in reference to. We know that there's over 570 full-time equivalents now in those front-line roles that we talked about just before, and we know—look, there is a number for existing health staff who have been trained for mental health work, because that's been a specific programme of work too. I'm not quite sure what that is a reference to.

Media: The delivery of addiction and suicide prevention services in particular was found to be lacking on delivery. How concerning is that to you?

Hon Andrew Little: Yes, it is, but I can tell you that it is a key focus of work at the moment, and, again, a lot of that is about getting clinicians in place in towns and cities in New Zealand where they have had difficulty recruiting before. But we remain focused on lifting and improving our addiction responses.

Hon Grant Robertson: We'll just take a couple more.

Media: There's a lot of businesses keen to get access to the lateral flow antigen tests so they can test workers. What's the current status of that? Apparently it's being held up at Medsafe.

Hon Grant Robertson: I'm not sure that it's been held up. It does have to go through the approval process for Medsafe. I think I've heard Dr Bloomfield here on the podium talk about the fact that we do see a place for antigen testing. It's making sure that it integrates well into our overall testing programme and making sure that we get all of the rules around usage and the way in which it's deployed right. There is an enthusiasm to use it, but, clearly, any testing that we do has to go through a Medsafe approval process

Media: Just on a question that was asked earlier of Grant Robertson, I'm just wondering if you had any more specific information in regards to work between police and social media like Facebook, for example, and whether there's been any more sort of activity where the police are working directly with Facebook to remove things.

Hon Andrew Little: Look, I'm not aware of anything specifically. Obviously, what the police and the intelligence agencies are looking out for are, sort of, threats and indicators of mobilisation to action. You know, a lot of people will say things, express conspiracy theories and what have you, which are difficult to intervene in on a lawful basis. But I'm not aware of any heightened concerns about anything that any of the agencies have seen on social media.

Media: On the implementation unit, just getting back to Matt Doocey, he said it's an absolute shame that the Government's reviewing itself and has given itself a pat on the back for its work in the mental health field. Do you have a response to that?

Hon Grant Robertson: Well, I think this is a really useful and good report. The Implementation Unit's job is to make sure that critical and important programmes that the Government has under way are being delivered. We've put it out there; it's not all entirely positive, the report. There were shortcomings and issues that needed to be dealt with, so I think it's a good and frank report, and I'm not aware that Mr Doocey's party ever exposed themselves to such matters as well.

We'll just taken Henry and well finish.

Media: There's been a bit of criticism over the fact that the people working in [*Inaudible*] are not trained psychologists. Is that just what you have to do because of the workforce issue? Do you have to train up people who are not qualified psychologists but are instead essentially coaches who might have some skill in this area?

Hon Andrew Little: Yeah, and that was—the He Ara Oranga report was very clear. It's not about having a bigger army of psychologists; about having people qualified in talk therapies, which is what they are about, and about identifying, for many people, that their mental distress is a consequence of other things in their lives, and it's about giving them guidance on how to address those other things in their lives. It might be nutrition, it might be the housing, it might be family problems, it might be domestic violence, and plugging them into the right other agencies. And for a lot of people, that's the step they need help with, as opposed to, you know, deep clinical psychology sort of responses.

Media: And, sorry, just finally, you've lost quite a few senior people in the Ministry of Health on mental health—the DDG, head of the SPO, quite a lot of people who were involved in that report that caused a lot of trouble earlier this year. Has this influenced how you think this

programme is going—the fact that you're losing senior people? Does it tell you anything, or are you—does it need a refresh, you know—

Hon Andrew Little: I think, as the report makes clear, they've done very well with what they've got. They have let slip when it comes to some of the reporting disciplines, and I think they will benefit from having the external assurance group to provide them focus and a voice, including the voice of lived experience. So some of the people on the insurance group are those with lived experience. I think adding that to the mix of the officials and professionals who sit in the mental health directorate in the Ministry of Health—I think that will add considerably to their ability to continue the roll-out successfully.

Hon Grant Robertson: OK, everyone, thanks. Enjoy your press conference - free weekend!

conclusion of press conference