

1	<p>Minister of Health Guests</p> <ul style="list-style-type: none"> • Hon Dr David Clark – Minister of Health • Jill Clendon - Acting Chief Nursing Officer, Ministry of Health • Dr Andrew Simpson - Chief Medical Officer, Ministry of Health • Claire Austin – Group Manager, Health Workforce NZ • Laura Seary – Advisor, Service Commissioning, Integrated Service Design\Community and Ambulance\Primary Care, Ministry of Health
	<p>WELCOME & PRESENTATION BY MINISTER</p> <p>Jennifer Pelvin welcomed and introduced the Minister of Health, Hon. David Clarke to the members. Georgia Wakefield presented a case study for the Minister and guests which helped to explain the breath, depth and sphere of areas of practice for Allied Health professionals.</p> <p>The Minister presented his vision for the future of Health and urged all allied health professionals to participate in the forthcoming Review of New Zealand Health and Disability Sector.</p> <p>He specifically highlighted his views on wanting New Zealand to have a health system delivering high-quality health outcomes for all people, so they can reach their full potential no matter their ethnicity, socioeconomic status or health status.</p> <p>Too many New Zealanders are currently being left behind by our health system, he said. In the almost two decades since the Public Health and Disability Act made removing inequalities an objective of DHBs only marginal progress has been made.</p> <p>He also said the government were serious about addressing the social determinants of mental health and addiction issues for New Zealanders. Mental illness and substance use disorders are the leading cause of health loss for our rangitahi, our young people.</p> <p>In conclusion, the Minister acknowledged the need to utilise allied health practitioners more effectively as a key to delivering better health services to New Zealanders.</p>
2	<p>PARTNER UPDATES</p> <p><u>Sue McCullough, PSA</u>, reported that: The PSA was an advocate for allied MECA – representing over 9,000 allied health members in the DHBs.</p> <ul style="list-style-type: none"> • Current agreement expired in October 2017. • Negotiations have been delayed due to nurses' negotiations. • Hoping for an offer late this week to present to members. • Hoping that the offer will take similarities for the offer presented to nursing. • Pushing for recognition of the short staffing. • Also filed a page equity claim. • Trying to gain recognition of allied health at different and more advanced scope using CASP. • Looks unlikely that the allocation for association fees will increase. • On-call payments are looking to be increased in the latest offer. • Greater kaupapa reflection within the MECA. <p><u>Kim Eland, ACC</u>, reported that:</p> <ul style="list-style-type: none"> • Currently going through a restructure of clinical services.

- Initial proposal was released about two months earlier and included the disestablishment of about 170 roles (including increasing the allied health FTE at the expense of medical FTE) which sparked some industrial action by the medical advisors.
- A newer proposal was released about two weeks ago which is indicating that fewer jobs may be disestablished – but the role and proportion of allied health is not yet clear.
- The role of allied health leadership is critical and any opportunity to reapply for similar positions will be essential to continue the progression to date.

Jennifer thanked Kim on behalf of AHANZ for her contribution to championing allied health within ACC and support and advocacy would be lent for her continued role within ACC.

Treatment provider handbook will shortly be finalised and will be more condensed and further position papers on expectations, treatment of colleagues and invoicing will be released following this.

Catherine Epps, National Directors of Allied Health, reported that:

New work plan was launched at the Allied Health Scientific and Technical Conference, which included:

- Focus on inequity, particularly focusing on Maori and Pacific and how to better improve the proportions in the workforce.
- Technology: implementing AHANZ’s Best Practice Guidelines for the use of Telehealth; utilising e-learning.
- Transforming models of Care to better serve patients, better integration especially with primary care.
- Safe staffing: MECA negotiations as outlined by Sue previously.
- Building resilience in allied health workforces from the health and safety legislation, increased complexity of the populations, recognising the increased strain on the workforces.
- Vulnerable workforces: Submissions to the skills shortage list, as well as other activities to support workforces that are hard to recruit and retain.

Catherine and members discussed the challenges and opportunities to build the Maori and Pacific workforces and noted the progress that has been made with the nursing and medical workforces.

David St George, Ministry of Health, reported that:

- With a new Minister, new Director-General and an increasingly new Ministry, it’s time for change, for the better.
- Opportunity for allied health to finally make in-roads, as it appears there is an appetite from the Director General for a restructure of clinical leadership.

Roxanne Waru, Nga Pou Mana, advised that:

- Focus over the past year has been to raise the profile of Nga Pou Mana by running workshops for members around regional New Zealand. Next hui will be in Christchurch about wairuatangi – spirituality.
- Partnership with PHARMAC has sparked some opportunities for scholarships for undergraduates, post-graduates and a Maori learning initiative.
- Built a relationship with Kia Ora Hauora to travel to and attend the Tū Kaha conference in Palmerston North.
- Conference in November – tagged on to the International Indigenous research conference at which Nga Pou Mana will host a full day workshop. Focus will be to bridge the gap between research and practice.

3	ADMINISTRATIVE ACTIVITIES
	<u>Apologies</u> The apologies as listed above were noted.
	<u>Register of Interests</u> The Register of Interests was circulated, and changes noted.
	<u>Minutes of the Meeting held 4th April 2018</u> Members noted the minutes of the last meeting held 4 th April 2018. The minutes were accepted as a true and accurate record. Moved: Hayden Thomas Seconded: Sandra Kirby

	<p>Unanimously carried</p> <p>Georgia clarified that these minutes were not intended for wider circulation, however, public summaries would be made available on the AHANZ website.</p>
	<p><u>AHANZ Member Survey Results</u></p> <p>Members were thanked for participating in the recent members survey and encouraged to provide feedback and ideas by using the contact us tab on the AHANZ website.</p> <p><u>Submission to the Mental Health and Addiction Inquiry</u></p> <p>Members noted the recent submission made to the Mental Health and Addiction Inquiry.</p>
4	<p>EXECUTIVE COMMITTEE</p> <p>Jennifer provided feedback from the Executive Committee's meeting earlier that day.</p> <p><u>Federation of Primary Health Care</u></p> <p>The background of AHANZ's involvement in the Primary Health Alliance and recent developments with the Federation of Primary Health Care NZ were provided. Jennifer explained that the final meeting for the Federation establishment board would be held later this month and the Federation would be officially launched in September. There was a willingness for the many organisations working in the primary health care space to work together for better outcomes for New Zealanders.</p> <p>The Executive Committee had decided to join the Federation through group membership of the Primary Health Alliance (as opposed to joining independently of the Primary Health Alliance) for the 2018-19 year. Jennifer indicated that she anticipated that as the Federation was established and gained strength, both the Primary Health Alliance and GPNZ would likely be disestablished.</p> <p>The Executive Committee has agreed to support a nomination of Arish Naresh for the Federation Board once nominations are called for.</p> <p><u>Resignation of Georgia Wakefield</u></p> <p>It was reported that this would be Georgia's final meeting in her role as Executive Director of AHANZ as she would be emigrating to Australia. Jennifer thanked Georgia for her contribution to AHANZ over the previous two and a half years and outlined that the Executive Committee would be taking some time to reassess their requirements for administrative and strategic policy support for the future.</p> <p>In the interim, Butler Pelvin and Associates would take over the administrative function of AHANZ until this was finalised at the next Executive Committee meeting in November.</p> <p><u>Provisional Membership Category</u></p> <p>The Executive Committee has agreed to eligibility, application process, membership levy and rights and responsibilities for the provisional membership category.</p>
5	<p>STRATEGIC DISCUSSION</p> <p>There was a reflection on the earlier meeting with the Minister and the members of the Ministry of Health and AHANZ Members discussed the opportunities for AHANZ for the future.</p> <p>Key themes were identified as:</p> <ol style="list-style-type: none"> 1. Need to continue to raise the profile of Allied Health with Ministries 2. Need to contribute to the Health and Disability Review 3. Development of position and policy statements to be undertaken <p>The Executive Committee to continue to progress these issues.</p>
6	<p>FUTURE MEETINGS and OTHER BUSINESS</p> <p>Wednesday 12.30-4.30pm November 14th, 2018, Level 3, PSA House, Aurora Terrace, Wellington</p>

Meeting closed: 4.00pm