

**Part One Minutes**  
**Meeting of the Islington Clinical Commissioning Group**  
**Governing Body**  
8 March 2017  
Resource for London, 356 Holloway Road  
London, N7 6PA

**Members Present:**

Dr Jo Sauvage	Chair, Islington Clinical Commissioning Group
Dr Katie Coleman	Vice Chair (Clinical)
Sorrel Brookes	Lay Vice Chair
Lucy de Groot	Lay Member
Dr Afsana Bhuiya	Central Locality GP Representative
Dr Rue Roy	North Locality GP Representative
Dr Karen Sennett	South West Locality GP Representative
Dr Rathini Ratnavel	South East Locality GP Representative
Deborah Snook	Practice Manager Representative
Dr Sabin Khan	Salaried GP Representative
Jennie Hurley	Practice Nurse Representative
Sara Lightowlers	Secondary Care Consultant representative
Alison Blair	Chief Officer
Ahmet Koray	Chief Finance Officer
Jennie Williams	Director of Quality & Executive Nurse

**Non-Voting Members Present:**

Paul Sinden	Director of Commissioning
Philip Watson	HealthWatch Observer
Brenda Scanlon	Director of Adult Care Commissioning, London Borough of Islington
Julie Billett	Joint Director of Public Health for Camden and Islington
Dr Robbie Bunt	Local Medical Committee Representative

**Apologies:**

Ian Huckle	Practice Manager Representative
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**In attendance:**

Dr Imogene Bloor	Primary Care Lead
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**Minutes:**

Karl Thompson	Head of Corporate Affairs
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1	<b>Introduction</b>	
1.1	<p><b>Apologies for Absence and Declarations of Interest</b></p> <p>Jo Sauvage reiterated the importance of managing conflicts and highlighted the statement included in the agenda, clearly stating the ongoing importance and the responsibilities everyone had in this respect.</p> <p>Jo Sauvage declared that she is a GP provider and that her practice was a member of the local GP Federation. Jo Sauvage clarified that all GP and practice members of the Governing Body are linked to GP practices who also form part of the membership of the Islington GP Federation.</p> <p>Members and all attendees were asked to share any additional interests and to declare any conflicts relating to today's agenda.</p> <p>It was noted that Robbie Bunt is a member of the LMC and that for item 5.1 he would be conflicted and so would be recused from the meeting.</p> <p>Sara Lightowlers reiterated she is a consultant at Barts Health and that whilst there was clearly a commissioning relationship between the Trust and the CCG (as an associate commissioner), there appeared to be no conflict on the agenda. However if at future meetings this was the case then she may be required to recuse herself from the meeting.</p> <p>Other Governing Body members had declared interests which are included in the publicly available register.</p>	
1.2	<p><b>Chair's Introduction and opening Remarks</b></p> <p>Jo Sauvage introduced the following:</p> <p>Imogene Bloor, a local GP who has supported the CCG as a clinical lead for many years is now taking on the responsibility as our primary care clinical lead, taking over from Katie Coleman who is taking on a wider strategic role across NCL, focussing on mobilising care closer to home and primary care transformation. Jo Sauvage explained that Imogene has been co-opted to the Governing Body to allow attendance although not as a voting member.</p> <p>Sara Lightowlers who has been appointed as the new secondary care consultant representative. She is currently the Consultant in Care of the Elderly and General Medicine at Barts Health NHS Trust.</p> <p>Both were welcomed by all and Jo Sauvage thanked them for taking on their new roles and looked forward to working with them over the coming months.</p> <p>Jo Sauvage noted it was International ladies day and referred to the capability and strength of the female leadership within the Governing Body as an excellent example.</p> <p>It was also noted that it was the budget today and that we awaited with interest the impact on health and social care.</p>	
1.3	<b>Minutes and Actions of the Meeting held on 16 July 2016</b>	
1.3.1	<p><b>Minutes</b></p> <p><b>Part 1</b></p> <p>Deborah Snook asked that the attendance record be amended to reflect that Ian Huckle, attended the last meeting and that her name also be replaced in item 1.1</p> <p>Sorrel Brookes highlighted that the sentence in 4.3.1 be amended to reflect the Audit Committee should receive assurance and not provide it.</p> <p>Karen Sennett referred to 5.1 where it was noted she raised concern and asked that it also be noted that she did not support the vote of approval in respect to the pharmaceutical policy.</p>	

	<p>Robbie Bunt highlighted that the comment in 3.1 regarding the Royal Free should not refer to it as a centre of excellence in this regard rather that the pathway requires referral through them.</p> <p>Robbie Bunt highlighted in 4.1 that his concern was that in the STP paper it did not refer to the workforce challenges across primary care.</p> <p><b>Part 2</b> The comment made by Katie Coleman in respect to having an LMC representative on the Governing Body was amended to reflect the intent of the statement.</p> <p>The minutes for Part 1 and Part 2 of the meeting in January were <b>APPROVED</b> as an accurate record subject to the above changes.</p> <p><b>Action Log</b></p> <p>The following updates were provided:</p> <p><i>Visit to Whittington Health A&amp;E with Dr Sabin Khan</i> In February Jennie Williams informed the Trust that CQRG would like to receive the A&amp;E dashboard as standing item from the March meeting. This should provide commissioners with detailed information about performance against key quality and safety metrics .The visit will be arranged at the end of March and will use the dashboard to plan the key areas of focus. The purpose of this visit will be to evidence that quality and safety is being protected and risks are being appropriately mitigated.</p> <p><i>UCLH action</i> There are standing items on the CQRG agenda which ensures close oversight. This includes review of the A&amp;E performance dashboard against the quality indicators and the Board of Directors report. The forward planner has peer reviews, HEE reports, etc, and the CCG undertakes visits where trends are not improving / specific concerns have been raised. Assurance visits to the A&amp;E department have been conducted as part of a broader programme of visits. Camden CCG has confirmed that their early warning system is working well. The GB will be aware that Islington CCG and associates receive information interventions in response to emerging quality and safety concerns via the CSU produced performance reports.</p>	
1.4	<p><b>Matters Arising</b></p> <p>Jo Sauvage noted that there is a memorandum of understanding being developed between UCLH and the Whittington to help support their desire to work more collaboratively. The focus is to help with the alignment of clinical services and we have asked for further details once these are available.</p> <p>It was also suggested that we should invite the newly appointed CEO of UCLH, Marcel Levy, to a future meeting of Governing Body members.</p> <p><b>Action 03/08 – 01</b> Invitation to be progressed for Marcel Levy, CEO UCLH to attend a future meeting of Governing Body members.</p>	KT
1.5	<p><b>Questions from the Public</b></p> <p>Trevor Arnold introduced himself as a representative of Siemens Healthcare. He asked the following questions:</p> <ul style="list-style-type: none"> <li>• What did we see as the challenges to continuing to achieve diagnostic target delivery?</li> <li>• How will the CCG improve end of life care delivery particularly in the context of the STP?</li> </ul>	

	<p>Ahmet Koray reiterated that the diagnostic target had been very challenging to achieve over a number of years and particularly at UCLH where MRI capacity is of concern. He confirmed that this would continue to be an area of focus for the CCG and that we would work with providers to help ensure performance improves.</p> <p>Jennie Hurley explained that she supports the CCG's lead for end of life care and that they attend a 'voice for change' group and separate steering group. Patient engagement is key along with attendance from all sectors ensuring regular feedback is delivered and allowing for improvements to be implemented. It was also noted that the bereavement service has recently received an award for their services.</p> <p>Jo Sauvage also advised that the STP has a cancer vanguard which also encompasses end of life provision across core and out of hours services.</p>	
<b>2</b>	<b>Overview Reports</b>	
2.1	<p><b>Chief Officers Report</b>  <i>All referred to the Chief Officers Report that was circulated ahead of the meeting.</i></p>	
2.1.1	<p>Alison Blair referred the members to the following highlights in her report:</p> <ul style="list-style-type: none"> <li>• Early draft of the joint Haringey and Islington CCG team structures were discussed at the last joint Governing meeting</li> <li>• Ongoing collaboration between both CCGs continues with Jill Shattock, Director of Performance at Haringey taking responsibility for the performance team at Islington</li> <li>• The 'devolution' memorandum of understanding is being finalised and can be circulated to members if requested. Jo Sauvage is likely to sign off in April</li> <li>• Islington have been selected as an early adopter site for their integrated personalised commissioning as part of a national programme, with a particular focus on two areas: adults with complex long term conditions and looked after children with mental health issues</li> <li>• CareMyWay professional pilot launched in January 2017 and whilst there have been some contractual challenges progress continues to be on track</li> <li>• Extended Access initiative proposals were taken to the Strategy and Finance Committee and were supported. We continue to consider how we build in the required flexibility for the new service that will need to develop as we learn more about the service requirements.</li> <li>• The CCG offices are likely to move to new premises in one of the Islington council buildings in Laycock Street, offering suitable cost effective accommodation as the current lease expires at the end of May 2017. There is currently a staff consultation underway with early feedback being very positive and we are confident that the move will progress and will offer a substantial annual saving</li> </ul> <p>Alison Blair concluded her update asking if there were any question relating to her report.</p>	
2.1.2	<p>Sorrell Brookes asked if there was an update with respect to how quality was to be managed going forward with NCL CCG structures and if there was any more information as a result of the quality meeting held across NCL.</p> <p>Jennie Williams summarised the meeting, confirming there had been excellent attendance and that recommendations from those in attendance was that:</p> <ul style="list-style-type: none"> <li>• The quality function should remain local</li> <li>• Acknowledged strategic leadership was required and</li> <li>• Whilst there is so much change underway, that this could be a risk to quality management and therefore a local focus was imperative</li> </ul> <p>The report would now be shared with Helen Pettersen and CCG Chief Officers and would also be circulated to Governing Body members</p> <p><b>Action 03/08 - 02 Jennie Williams to circulate quality report to members</b></p>	<b>JW</b>

2.1.3	The Governing Body <b>NOTED</b> the report.	
<b>3</b>	<b>Quality, Performance and Finance</b>	
3.1	<p><b>Integrated Quality, Finance and Performance Report</b></p> <p><i>All referred to the Integrated Quality, Finance and Performance Report that was circulated ahead of the meeting.</i></p> <p>Ahmet Koray highlighted the key points in the report:</p> <ul style="list-style-type: none"> <li>• Finance continues to be on track to deliver against targets although the UCLH contract continues to over perform and is the only acute provider still on a PbR tariff</li> <li>• NHS England have confirmed that we need to release our 1% reserve and that this will be reflected in the year end accounts, increasing the surplus figure substantially</li> <li>• It was explained that this was a nationwide requirement and it was effectively releasing funds into the system to reflect a more accurate position across the NHS allowing any underspend to offset overspend in other areas</li> <li>• The funds will initially be carried forward however we await clarity with respect to our ability to utilise the funds</li> </ul> <p>Sorrell Brooks asked if this could be clearly explained in the annual report and accounts in order to correctly reflect our position and the rationale why the funds had not been utilised on patient care locally.</p> <p>Lucy de Groot highlighted that across NCL CCGs, some had deficit positions and suggested we may need to carefully consider any future risk share arrangements along with the wider consideration of an NCL budget and the associated operating costs.</p> <p>Karen Sennett referred to the report and asked about the community services underspend and if this relates to poor management or underfunding and if we should be providing additional funding for well-established services. Ahmet Koray explained that this related to the Better Care fund budget position and that the summary therefore impacted the overall spending position.</p> <p>Ahmet Koray also went on to highlight a number of positive performance improvements seen against cancer targets and in particular the UCLH position.</p> <p>Deborah Snook asked about the awaited analysis activity and Ahmet Koray explained that we continue to work with providers to improve the information they provide particularly with respect to the community disaggregation work. Jo Sauvage asked what exactly the problem was with providing the detailed data and Ahmet Koray explained that the accurate recording of the activity remains a concern.</p> <p>Rathini Ratnavel asked for clarity regarding the management of future over performance of acute providers and Paul Sinden explained that any spend above an agreed benchmark would be paid at a marginal rate with the Whittington and North Middlesex set at 50% and UCLH as the only provider set at 75%.</p> <p>Karen Sennett referred to the mortality outcome indicators and raised concern over the performance of certain areas and asked if this was due to coding issues or a genuine concern. Julie Billett confirmed that she could review and would provide some further information and data.</p> <p><b>Action 03/08 – 3 Ahmet Koray</b> to ensure the position is reflected in the annual report and accounts</p> <p><b>Action 03/08 – 4 Ahmet Koray</b> to consider a future item to further discuss NCL commissioning arrangement operating budgets and risk share approach</p> <p><b>Action 03/08 – 5 Julie Billett</b> to review the mortality rates and to see if any additional data and analysis can be provided</p>	<p><b>AK</b></p> <p><b>AK</b></p> <p><b>JB</b></p>

3.1.1	The Governing Body <b>NOTED</b> the report.	
<b>4</b>	<b>Strategy</b>	
4.1	<p><b>Developing the commissioning arrangements in North Central London report relating to issues and clarifications raised in November Governing Body meetings</b></p> <p><i>All referred to the papers circulated ahead of the meeting.</i></p> <p>Alison Blair summarised the following key points:</p> <ul style="list-style-type: none"> <li>• Helen Pettersen has been appointed to the role of NCL Accountable Officer and that she is actively recruiting to the other senior posts previously agreed by the NCL Governing Bodies</li> <li>• Haringey and Islington continue to work closely in anticipation of the single leadership team</li> <li>• The joint NCL committee has met in shadow form and it is recognised that there is a lot more work to undertake in respect to governance arrangements and their terms of reference in order to agree the function and the role of the committee</li> </ul> <p>Debora Snook asked how we would manage individual CCG finances with respect to the new arrangements. Alison Blair explained that CCGs would manage their own year-end arrangements and that Helen Pettersen would be starting to think about how future financial arrangements would be handled over the coming months and in addition how statutory responsibilities would be managed during the transition period. It was also anticipated that Helen Pettersen would attend the April Governing Body Seminar where she would update members on progress.</p>	
4.1.1	The Governing Body <b>NOTED</b> the report	
<b>4.2</b>	<p><b>Primary Care Co-Commissioning</b></p> <p><i>All referred to the papers circulated ahead of the meeting.</i></p> <p>Alison Blair summarised the update report highlighting the following:</p> <ul style="list-style-type: none"> <li>• The expression of interest sent to NHS England to take on increased delegation has been supported</li> <li>• Camden CCG will now be part of the arrangements with their members supporting the move to level three delegation</li> <li>• The new committee in common will be set up from April 2017</li> <li>• The NHS England team that currently support primary care for NCL requires us to second the staff however we are yet to finalise the funding and so will sign a memorandum of understanding once this has been agreed</li> <li>• The national delegation agreement is being signed today (10 March 2017)</li> </ul>	
4.2.1	<p>Katie Coleman raised the following points with respect to the agreement:</p> <ul style="list-style-type: none"> <li>• The agreement feels slightly directive given it is a national document which cannot be localised</li> <li>• There is an expectation that commissioning intentions are developed however the timing of this with respect to the funding allocation may impact our ability to complete this in time</li> <li>• Whilst recognising that performance management of individual practices remains with NHS England, the agreement only gives seven days for the CCG to respond. This raises concerns over the potential risk for continuity of service for impacted practices and patients and this feels too short a period for us to have been made aware of any concern</li> </ul> <p>Alison Blair explained that whilst ideally we should have our commissioning intentions agreed in good time prior to the New Year, realistically we would have to plan based on a set of assumptions. In addition it will be important to ensure we develop relationships with NHS England colleagues who are managing individual practitioner performance and to consider how we manage this going forward.</p>	

	<p>Debora Snook raised a concern over the utilisation of the NHS England resource and their ongoing capacity and how NHS England may want to utilise them. Alison Blair explained that this had been discussed at length and that in particular it was important to recognise certain individuals and teams specialised in different areas and that we would want a pragmatic approach to continue so there is flexibility.</p> <p>Jennie Williams also suggested that the management of serious incidents with practices must also remain a key focus as the CCG would not currently have capacity to take this on.</p> <p><b>Action 03/08 – 6 Alison Blair</b> to consider how we maintain relationships with those in NHS England who will manage performance issues with individual practitioners e.g. Medical Directorate</p>	<b>AB</b>
4.2.2	The Governing Body <b>NOTED</b> the report and that the Chief Officer would be signing the agreement along with discussing the resourcing and funding issues with NHS England	
4.3	<p><b>Healthy London Partnerships</b></p> <p><i>All referred to the papers circulated ahead of the meeting.</i></p> <p>Alison Blair highlighted the report and confirmed the following:</p> <ul style="list-style-type: none"> <li>• That last years and next year’s funding was previously agreed by Governing Body members</li> <li>• Additional work has been undertaken to review the London wide contribution requirements which has reduced our contribution by circa 24% for 2017-18</li> <li>• The review also considered the three areas of focus: <ul style="list-style-type: none"> <li>○ Strategic transformation function</li> <li>○ Specific London wide projects</li> <li>○ How to imbed resources across the STP</li> </ul> </li> <li>• Some initiatives have been scaled back as a result of the review and it is anticipated that a further review will take place in advance of the 2018-19 requirements</li> </ul> <p>Robbie Bunt asked how Islington residents have benefited so far from this work. Karen Sennett explained that the London wide cancer group had been tremendously helpful, working to support a London approach, for example developing the forms and process to be imbed the new NICE guidance. Sabin Khan also reiterated this point advising that a children and young people review had taken place with peer review panels being set up across London along with some HLP funding being allocated to Islington. Jo Sauvage also advised that integrated urgent care had also benefited from the work of the HLP.</p> <p>Alison Blair also advised that the HLP had worked across London to secure funding which may not had been received if it had been undertaken independently.</p> <p>Katie Coleman also said that it had created five new positons across NCL which had been very helpful as well as promoting a healthy digital information exchange to help ensure that interoperability progresses.</p> <p>Lucy De Groot asked if a summary of the benefits could be produced highlighting London wide and local borough benefits derived from the HLP perhaps at a mid-year point for 2017-18.</p>	
4.3.1	<p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the in-depth review that has taken place to ascertain the HLP operating model and scope in 17/18.</li> <li>• <b>NOTED</b> the recent achievements.</li> <li>• <b>APPROVED</b> the London Transformation Group recommendations: <ul style="list-style-type: none"> <li>○ 2017/18 HLP portfolio budget of £14,447k.</li> <li>○ HLP operating model and functions.</li> <li>○ The HLP and pan-London transformation governance</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ The conclusion of the programme planning process on the basis that the strategic function and embedded resource costs are agreed for the next two financial years and project costs are agreed for one year with an annual planning cycle to be taken forward.</li> </ul>	
<b>5</b>	<b>Governance and Assurance</b>	
<b>5.1</b>	<b>Islington CCG Constitutional changes</b>	
	<p>Robbie Bunt left the meeting at this point.</p> <p><i>All referred to the papers circulated ahead of the meeting.</i></p> <p>Jo Sauvage reiterated the following:</p> <ul style="list-style-type: none"> <li>• The recommendations as a result of the legal advice, specifically referring to the management of conflicts of interest and the historic position that allowed for a member of the LMC to be a non-voting member of the Governing Body.</li> <li>• It was noted that this was an outlier position in comparison to other CCGs and that we continued to value working closely with the LMC however the recommendation was that the LMC should not be a member of the Governing Body or have a role to play in deciding if there was a dispute with member practices</li> <li>• Any changes to our constitution require us to consult with our member practices and as a result of this item being discussed at the January Part two meeting, we consulted with practices</li> </ul> <p>Jo Sauvage reiterated that she was looking for any comments from members and that ultimately we required their approval to make the change to the Governing Body membership.</p> <p>Karen Sennett fully supported the recommendations, recognising that we do not have other provider representation on the Governing Body and that their continued engagement would be beneficial albeit outside of the formal Governing Body membership arrangement.</p> <p>Rue Roy indicated that it appeared to be a sensible decision to remove them from the Governing Body membership although asked if there would then be a possibility for them to continue to have a role in disputes. Jo Sauvage recognised that the LMC represents practices and that therefore they may wish to involve them with any disputes however she referred to Karl Thompson with respect to this question in order to gain clarity on the legal advice. Karl Thompson explained that the advice referred to their role in deciding if there was in fact a dispute and that it was felt that this step in the process was not required as any practice with a dispute should engage with the CCG and feel free to involve the LMC in their capacity as providers to support them.</p> <p>Jo Sauvage asked if members supported the recommendations and in addition wanted to note that the decision had been made as a statutory organisation, ensuring that we manage potential conflicts appropriately. Jo Sauvage additionally commented that we have worked with the LMC and particularly Robbie Bunt for many years and have benefited from his personal contribution, passion and energy and would like to personally thank him for all of his efforts and contributions.</p>	
	<p>The Governing Body <b>APPROVED</b> the following changes to the constitution in respect to the LMC membership and the management of disputes resolution with Islington member practices:</p> <p>The specific changes required to the constitution will be to amend the following;</p> <ul style="list-style-type: none"> <li>• From the '<i>Composition of the Governing Body</i>' (section 6.4.2 – iv); <ul style="list-style-type: none"> <li>○ <i>Remove</i> - Local Medical Committee observer(non-voting member)</li> </ul> </li> <li>• From the '<i>Role of other representatives</i>' (section 7.17.1);</li> </ul>	



	<ul style="list-style-type: none"> <li>○ <i>Remove</i> – reference to the Local Medical Committee</li> <li>● From the '<i>Dispute resolution between member practices and Islington CCG as a whole</i>' (section 11.4.2 - d)</li> <li>○ <i>Remove</i> – reference to involvement from the Local Medical Committee</li> </ul>	
<b>5.2</b>	<b>Assurance Framework and Risk Report</b>	
5.2.1	<p><i>All referred to the Risk Register report that was circulated ahead of the meeting.</i></p> <p>Alison Blair highlighted the following from the report:</p> <ul style="list-style-type: none"> <li>● New risk included in relation to the Extended Access service in respect to A&amp;E reductions</li> <li>● Amended risk for continuing healthcare/funded nursing care – reduction in the residual score recognising increased financial support is allowing for the backlog to be progressed more quickly</li> <li>● A recent internal audit, which has been discussed at the last Audit Committee, provided positive assurance of the risk assurance framework for Islington CCG highlighting a number of areas where additional focus can be given to further improve our risk management.</li> </ul> <p>Alison asked Karl Thompson for any further comments and he reiterated the importance of implementing the policy and guidance received and that working with local managers and gaining their timely input was crucial. It was also noted that new developing risks should be highlighted as early as possible so they can be considered for inclusion in the risk register.</p> <p>Sorrel Brookes wanted to ensure that all significant risks should be included within the summary report and that there may be a need during times of change and transition to recognise that changing risks that should be captured.</p> <p>Sorrel Brookes noted her concern over the following risks:</p> <ul style="list-style-type: none"> <li>● workforce and succession planning</li> <li>● STP savings delivery</li> <li>● Joint Committee control of acute spend</li> </ul> <p>Alison Blair highlighted that some of these risks were being captured within separate registers across NCL as they were NCL CCG wide risks however there was a need to ensure how these are captured by individual CCGs. Lucy de Groot was keen to ensure that the relevant committees who owned the risks continued to have site of these and to ensure that the agendas reflects the responsibility to ensure risks are being recorded and managed appropriately.</p> <p><b>Action 03/08 – 7 Alison Blair</b> to consider how these risks are currently recorded and to review their inclusion into the local Islington RAF.</p>	<b>AB</b>
5.2.2	The Governing Body <b>APPROVED</b> the current RAF	
<b>5.3</b>	<b>Report of the Chair of the Quality &amp; Performance Committee</b>	
	<i>The Governing Body referred to the report that was circulated ahead of the meeting for assurance.</i>	
5.3.1	<p>The report summarised the work of the Quality and Performance Committee at its November and December meetings.</p> <p>The Governing Body received <b>ASSURANCE</b> from the report.</p>	
<b>5.4</b>	<b>Report of the Chair of the Strategy &amp; Finance Committee</b>	
	<i>The Governing Body referred to the report that was circulated ahead of the meeting for assurance.</i>	

5.4.1	The report summarised the work of the Strategy and Finance at its November and December meetings. The Governing Body received <b>ASSURANCE</b> from the report.	
<b>5.5</b>	<b>Report of the Chair of the Audit Committee</b> <i>The Governing Body referred to the report that was circulated ahead of the meeting for assurance.</i>	
5.5.1	The report summarised the work of the Audit Committee at its January meeting. The Governing Body received <b>ASSURANCE</b> from the report.	
<b>6.</b>	<b>For Information</b>	
	No items received	
<b>7.</b>	<b>Any Other Business</b>	
7.1	No other business was discussed  The next meeting was confirmed as Wednesday 10th May 2017 and that the newly appointed Accountable Officer, Helen Pettersen, would be attending.	

**These minutes are agreed to be a correct record of the Part 1 meeting of the Islington Clinical Commissioning Group Governing Body held on 10 May 2017.**

**Signed:.....Date:.....**

**Dr Jo Sauvage, Chair, Islington Clinical Commissioning Group**