

<p><b>NHS NORTH CENTRAL LONDON</b></p>	<p><b>BOROUGHES:</b> BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON <b>WARDS:</b> ALL</p>
<p><b>REPORT TITLE:</b> NHS North Central London Transition Update Report</p>	
<p><b>REPORT OF:</b> Helen Pettersen Director of Transition and Corporate Affairs NHS North Central London</p>	
<p><b>FOR SUBMISSION TO:</b> North Central London Joint Health Overview &amp; Scrutiny Committee</p>	<p><b>DATE:</b> 16 January 2012</p>
<p><b>SUMMARY OF REPORT:</b></p> <p>This paper gives members an overview of the progress made in NHS North Central London Transition Programme in the transition to the new structures that will replace the roles and responsibilities of PCTs within the cluster. It provides specific information about the development of Clinical Commissioning Groups.</p> <p><b>CONTACT OFFICER:</b> Amy Bray Transition Programme Manager NHS North Central London</p>	
<p><b>RECOMMENDATIONS:</b></p> <p>The Joint Health Overview and Scrutiny Committee is asked to</p> <ol style="list-style-type: none"> <li>1 Note the contents of this report and consider the implications of what this might mean for the overview and scrutiny function in the future,</li> <li>2 Note the process for the approval of delegation of responsibility to CCGs and the update on the current status of the delegation of responsibilities to CCGs within NHS North Central London.</li> </ol>	
<p>Helen Pettersen <b>DATE:</b> 5 January 2012</p>	

**Key definitions for this paper**

- Clinical Commissioning Groups – Formally known as GP Consortia, and based on the membership of constituent practices, but involving a broad range of clinical professionals, these organisations are designed to unleash the potential for clinical leadership.

**What is this document about?**

- NHS North Central London Transition activity
- Delegation of responsibility to Clinical Commissioning Groups

**Why do we need change?**

The Health and Social Care Bill proposes major changes within the NHS that will focus on improving quality of care, more choice and improved outcomes for patients, as well as long-term financial savings for the NHS, which will be available for reinvestment to improve care.

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