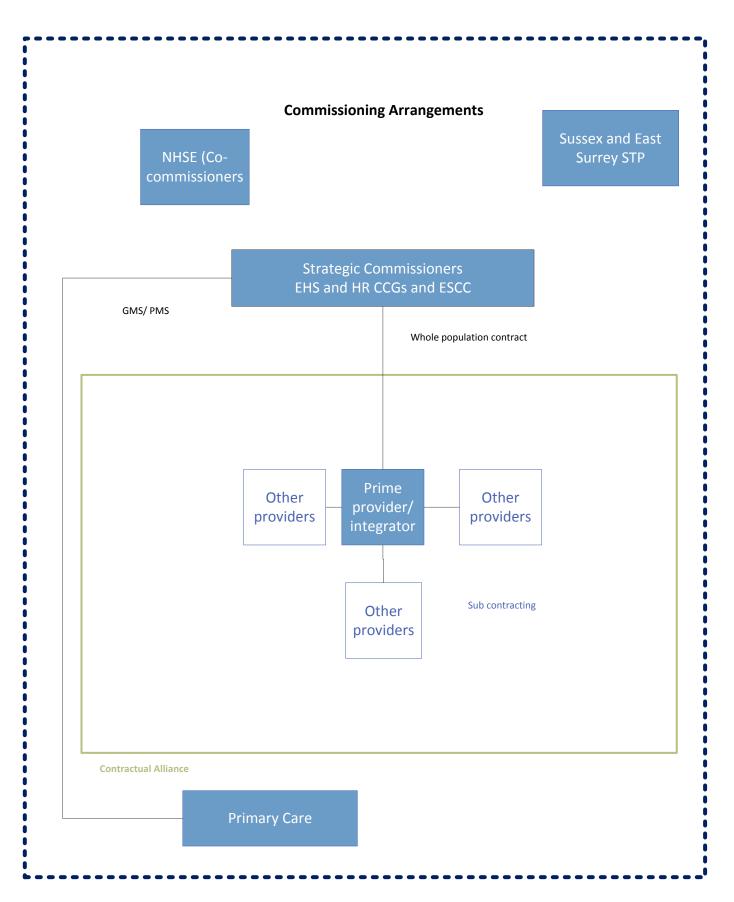
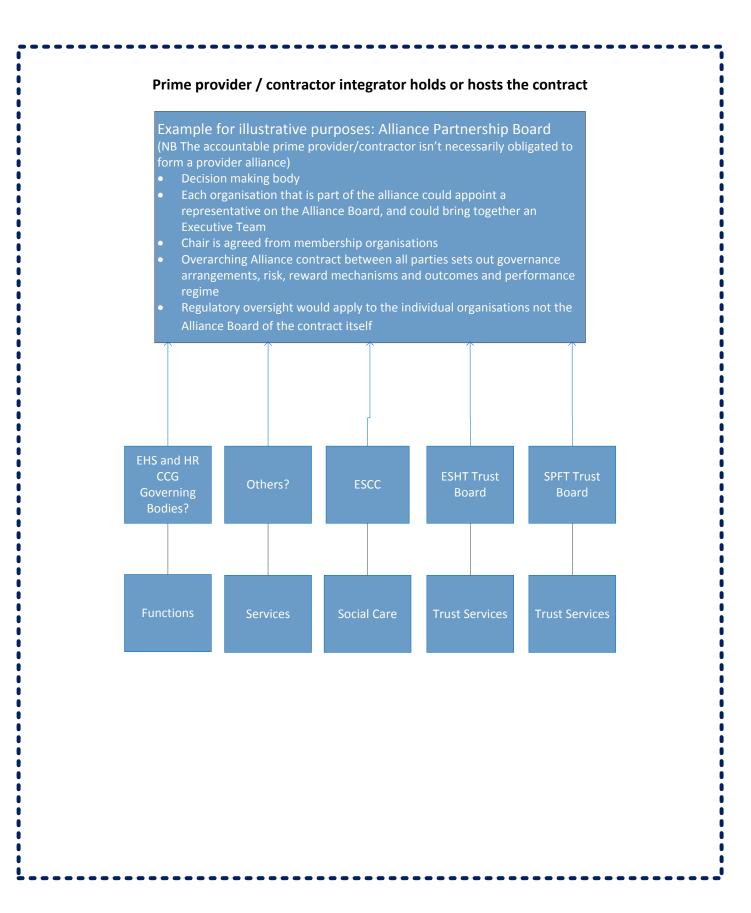
# DRAFT FOR DISCUSSION Option 1: Prime provider / prime contractor 'integrator':

Illustrative Governance Structure and Decision Making - this is not a definitive diagram but

an illustration of how the governance might work based on our knowledge to date

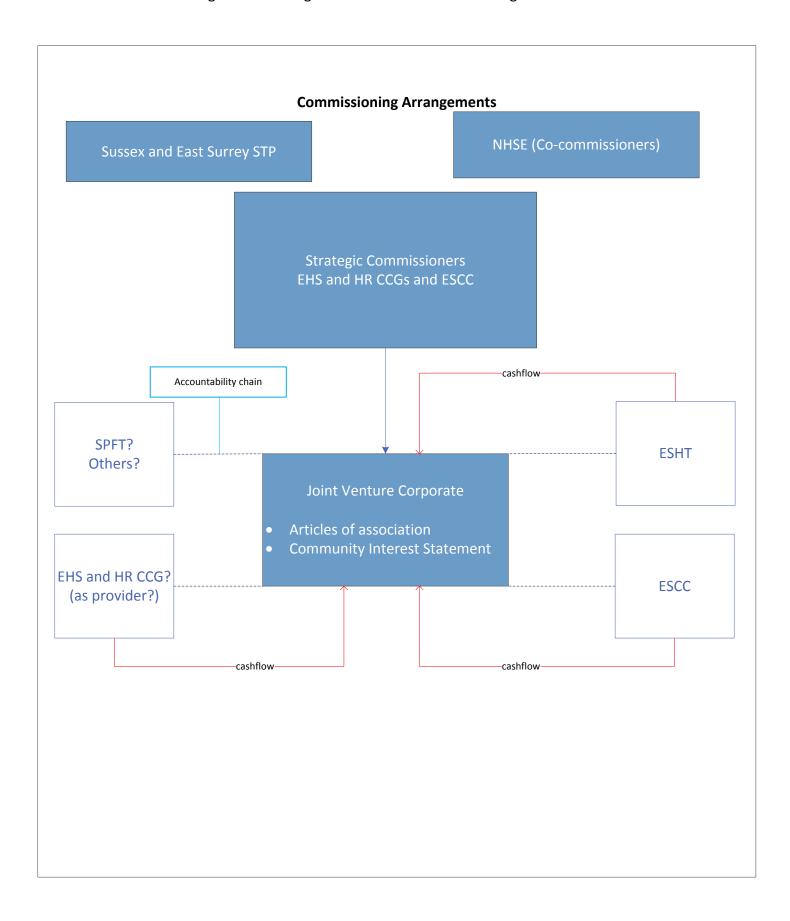


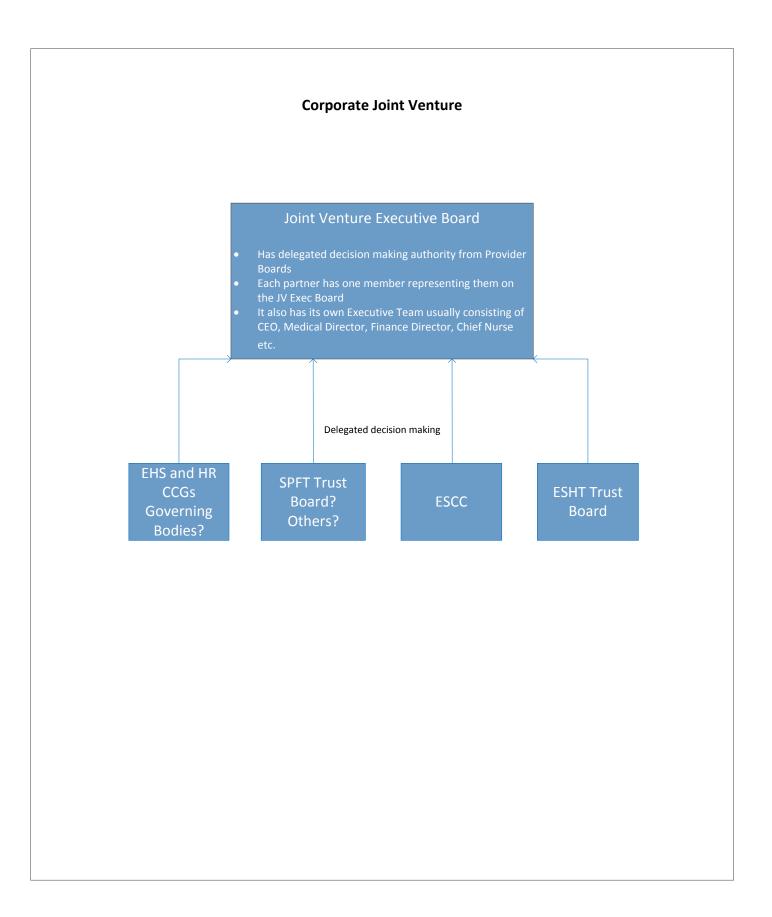
Appendix 3



# DRAFT FOR DISCUSSION Option 2: Corporate Joint Venture Illustrative Governance Structure and Decision Making - this is not a definitive diagram but

an illustration of how the governance might work based on our knowledge to date

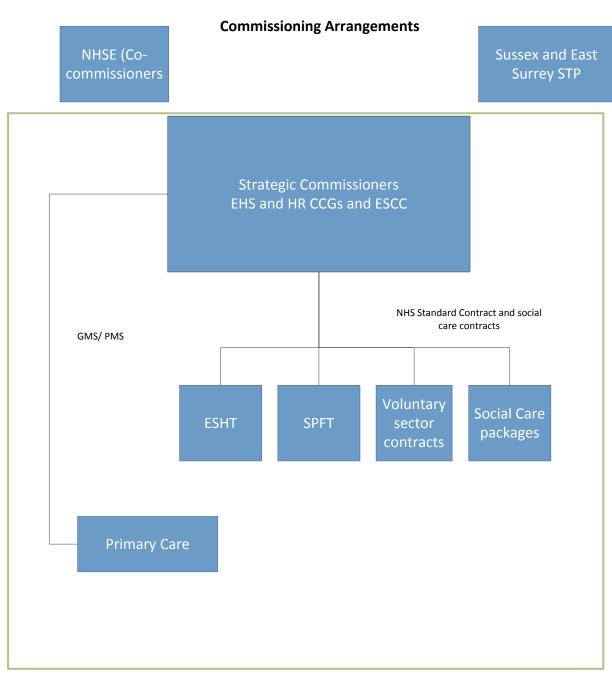




## **DRAFT FOR DISCUSSION Option 3: Contractual Commissioner Provider Alliance:**

Illustrative Governance Structure and Decision Making - this is not a definitive diagram but

an illustration of how the governance might work based on our knowledge to date

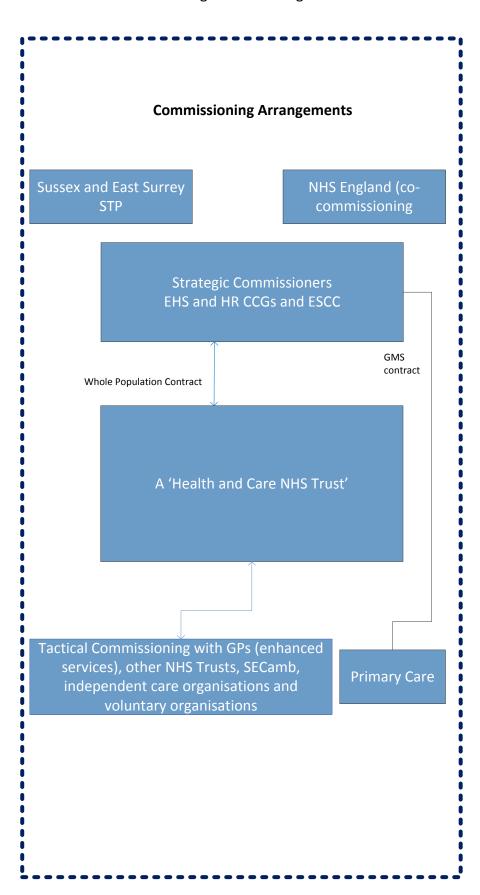


**Contractual Commissioner Provider Alliance** 

## **Commissioner Provider Contractual Alliance** Alliance Governing Board Decision making body Each organisation that is part of the alliance would be represented on the Alliance Board Independent Chair Overarching Alliance contract between all parties sets out governance Regulatory oversight would apply to the individual organisations not the Alliance Board of the contract itself ESCC **ESHT** Board SPFT Governing Social Care Trust Services Trust Services

## DRAFT FOR DISCUSSION Option 4: New Health and Care NHS Trust: Illustrative Governance Structure and Decision Making - this is not a definitive diagram but

an illustration of how the governance might work based on our knowledge to date



NB This illustrative and is based on examples emerging elsewhere in the UK. It is not a definitive model

### **Members**

- Vote to elect Governors
- Two constituencies: public and staff
- Future electorate could be based around 6 Localities

### **Governors**

- Public Governors
- **Elected Governors representing Localities**
- Out of ESBT area
- Staff Governors
- Nominated Governors
- GP Locality Leads
- Local Authority reps
- Others

## **Possible Non Executive Backgrounds**

- Chair
- Primary Care
- Local Authority
- Mental Health
- Clinical
- Financial
- Strategic/ Business
- Workforce

### **Executive Directors**

CEO/ Finance Director/Chief Nurse/ GP

High degree of devolved autonomy

Run by an Executive Board?

Could be led by an Executive Chair (Clinical/

Directors, supported by a Managing Director

Practitioner)) who also sits on the main Board of

- Medical / Social Care/ Workforce
- Strategy / Corporate Affairs

## NHS Improvement and CQC

Regulation and oversight

### A 'Health and Care NHS Trust'

## Council Governors – illustrative example

- Holds Board to account
- Appoints the Chair and Non Executive Directors
- Approves significant transactions
- 51% elected by members (Public Governors that must be the majority and Staff Governors)
- 49% appointed (e.g. GP's, Local Authorities, Voluntary Sector etc.)

## Board of Directors – illustrative example

- Key decision making body
- A mix of Non-Executives and Executive Directors
- Must be a majority of Non Executives (?)
- Statutory requirements for Executive Directors: Chief Executive
   (accountable officer) Finance Director, Chief Nurse, Medical Director
   Additional constitutional requirements could include Directors from a
   Primary Care and Social Care background
- Executive Directors can be a mix of voting and non voting Directors
- Statutory requirement for Non Executive Chair (NED)
- Additional constitutional requirement could include a Primary care NED,
   Social Care NED

### Community

- Locality TeamsED & Ambulatory
- ED & Ambulate
   Care
- Urgent Care
- GP out of hours
- Out Patients
- Care Management
- Social care packages
- Residential ca
- Primary Care in
- Mental Health
- Public Health

## functions

**Cross-cutting** 

- Pathology
- Radiolog
- Filalilia
- Prevention

## Inpatient Services

- Admission
- Surgical Admissions
- Critical Care and Theatres
- Emergency sites
- Inpatient psychiatric ser
- Specialist services