

Outline Hosting Agreement

**Between East Midlands Cancer Alliance (EMCA)
And
NHS Nottingham and Nottinghamshire ICB**

With Effect From 01st April 2024

1. Purpose and Definitions

- 1.1. This Hosting Agreement sets out the terms relating to the hosting of Cancer Alliance staff, as agreed between the East Midlands Cancer Alliance (EMCA) and NHS Nottingham and Nottinghamshire as Host ICB, and NHS England.
- 1.2. This agreement sets out the roles of the Cancer Alliance, of the Host, and of NHS England with regards the effective delivery and assurance of the East Midlands Cancer Alliance (EMCA) plan.
- 1.3. For the purpose of this agreement, “hosting” is defined as formal employment and the provision of back-office support to the Cancer Alliance.

2. Introduction and Role of Cancer Alliances

- 2.1. As outlined in the ICS Design Framework (16 June 2021), Cancer Alliances “use their expertise to lead whole-system planning and delivery of cancer care on behalf of their constituent ICSs, as well as providing clinical leadership and advice on commissioning”.
- 2.2. Cancer Alliances are accountable to NHS England for delivery of agreed plans to improve cancer care for their population. Guidance for these plans is set out annually through the Cancer Alliance Planning Pack. Alliances are funded primarily from NHS England’s cancer Service Development Funding, which is agreed annually via a signed funding agreement between NHS England and each Cancer Alliance.
- 2.3. Cancer Alliances bring together partners from across their area (including representatives from place and system level and from provider collaboratives) to undertake five main functions on behalf of their ICS(s):
 - 2.3.1. **Planning** – Alliances will contribute to ICB plans by leading the development and delivery of their cancer element. Once approved by its ICB(s), it is anticipated that the plan developed by the Alliance will be the integrated, system-level plan for cancer for its constituent ICB (or ICBs where an Alliance maps to more than one ICS). NHSE Regions also have

a role in approving the Cancer Alliance's own delivery plans and for providing the first line of assurance for delivery against that plan.

2.3.2. **Programme delivery** – Cancer Alliances will lead on the delivery of mandated national cancer programmes (total of 25 e.g. Early diagnosis, faster diagnosis, operational performance improvement, Targeted Lung Health Checks, FIT implementation, or Non-Specific Symptoms Pathways) within their Alliance footprint. They will be responsible for providing oversight and leadership on the implementation of these specified national programmes. Alliances also receive flexible funding to support the delivery of local programmes which support the delivery of NHS-wide priorities for cancer in a way that reflects local circumstances.

2.3.3. **Whole-system and whole-pathway delivery** – Alliances will work with providers and other system partners to support the effective delivery of cancer pathways, including the operational standards for cancer, and embed best practice for cancer care. They will also work across the whole pathway, providing the link to partners. Alliances will also ensure alignment with wider system plans, for example on workforce, health inequalities, digital and research and innovation.

2.3.4. **Clinical leadership** – Cancer Alliances will facilitate clinical expert groups for cancer to provide clinical leadership for the local system and to inform strategic and operational decisions related to transformation and improvement projects across the ICB(s). EMCA enables and manages 17 separate tumour-site specific Expert Clinical Advisory Groups (ECAGs).

2.3.5. **Strategic commissioning** – as part of their planning role, Cancer Alliances will advise their ICB(s) on the commissioning of routine and specialised cancer services, including associated diagnostic services, to ensure that there is sufficient capacity to meet the needs of people with cancer or suspected cancer.

2.4. The Alliance is not formally accountable, nor does it hold provider organisations to account, for delivery of the CWT standards, however, performance against the CWT standards by local system(s) will be an important test of the effectiveness of the actions the Alliance has taken to improve operational performance and effectively target its cancer Service Development Funding.

3. Cancer Alliance Staff

Structure and establishment

- 3.1. The Cancer Alliance will determine the staffing structure it requires in order to most effectively pursue its purpose and objectives.
- 3.2. The staffing structure of Cancer Alliances should not include roles which cover work in portfolios other than cancer, or which do not support the delivery of cancer objectives, unless the Cancer Alliance is undertaking work that is part of its agreed work plan that relates to a service delivered by the Host.

Recruitment, shared services and infrastructure

- 3.3. The Host will support the Cancer Alliance Managing Director to access the Host's systems and HR advice in order to recruit to vacancies within the Cancer Alliance structure and will provide such support as may be necessary to expedite this.
- 3.4. Cancer Alliance staff are paid for from cancer programme SDF and decisions on affordability of recruiting staff to the alliance must be made solely on the basis of the Alliance budget. In the event that the Host adopts internal vacancy controls or restrictions as part of its own financial recovery arrangements, these should not apply to recruitment of Cancer Alliance staff given their funding is derived from national funding which is provided in addition to core ICB funding in return for the delivery of the hosted function. Otherwise, all posts are subject to the Host's standard recruitment processes.
- 3.5. The Host will make suitable office accommodation available for Cancer Alliance to use as a dedicated base. Where possible, the Host should attempt to ensure that all Cancer Alliance staff are co-located.
- 3.6. The Host will allow Cancer Alliance access to book and reserve meeting rooms and conference facilities on the Host estate on the same basis as other employed staff.
- 3.7. The Host will issue all Cancer Alliance with Trust ID and access cards on the same basis as other employed staff.
- 3.8. The Host will ensure that all Cancer Alliance Staff have access to IT support on the same basis as other employed staff.
- 3.9. The Host will support processing of travel and subsistence expenses as necessary to discharge the Alliance function, reimbursable from within Cancer Alliance SDF budget.
- 3.10. An agreed fee for this accommodation, HR support and associated hosting costs may be reimbursed from the Cancer Alliance SDF budget.

Line Management and Direction of Cancer Alliance Staff

- 3.11. Line management for all Cancer Alliance Staff will be via the relevant Cancer Alliance Managing Director or by an alternative agreed structure if appropriate.
- 3.12. The Host will designate a suitable member of its staff to act as the Cancer Alliance Managing Director's line manager for HR purposes (The Host Line Manager). The Cancer Alliance Managing Director is accountable to NHS England through their NHSE Regional Cancer SRO for the delivery of the actions funded by NHSE SDF.
- 3.13. NHS England will designate a suitable member of its own staff to act as the Cancer Alliance key contact in NHS England National and Regional teams. They will provide regular support to the Cancer Alliance and the regional cancer SRO will be the first line of assurance as set out in section 6.

Sickness and performance management

- 3.14. Sickness, capacity and capability, grievance and disciplinary issues in relation to all Cancer Alliance Staff will be managed in accordance with the Host's policies and procedures.
- 3.15. In relation to HR issues concerning the Cancer Alliance Managing Director, any HR process should be flagged with the Cancer Alliance Chair and with the relevant NHSE Regional Cancer SRO. Decisions and actions will be undertaken in partnership between the Alliance Chair, the SRO and the host, but in line with the Host's relevant HR policy.
- 3.16. In relation to HR issues concerning all other Cancer Alliance Staff, the Cancer Alliance Managing director will take such action as may be necessary.

Risk, Liability & Indemnity

- 3.17. The Host is the legal employer of all Cancer Alliance Staff and must fulfil all relevant health and safety and other employers' duties. NHS England will not underwrite or indemnify the Host but the Cancer Alliance core funding would be expected to cover such issues relating only to the Cancer Alliance in the first instance.

Governance, decision-making, funding and accountability

- 3.18. Every Cancer Alliance will continue to have a Board which brings together senior representatives from its constituent organisations, with representatives covering the whole patient pathway. The board members should be able to make decisions on behalf of their organisations and be able to contribute actively to leading delivery of the Cancer Alliance plan.

3.19. A Cancer Alliance Board will be chaired by a senior leader from one of the Alliance's constituent organisations, often a Trust or ICB Chief Executive.

3.20. The board will usually include senior clinical and managerial representatives from the following:

- ICB(s);
- local commissioners;
- specialised commissioning;
- NHS England regions;
- GPs and Primary Care Cancer Alliances;
- NHS Trusts and provider collaboratives;
- Integrated Care Partnership(s);
- Local authorities;
- Patient/lay representative; and,
- Community and voluntary sector health organisations.

3.21. Some members will be able to fulfil more than one of the above roles. There remains a clear expectation that Alliances will have in place a robust mechanism for engaging systematically with wider stakeholders, including patients, the public and patient organisations.

4. Decision-making

4.1. To facilitate the Cancer Alliance role in leading whole-system planning and delivery of cancer care, it is important that there is a clearly defined relationship between the Cancer Alliance and ICB.

4.2. ICBs and Cancer Alliances will agree locally who from the ICB should sit on the Cancer Alliance Board – the nominated individual will have delegated responsibility to make decisions on behalf of the ICB (in accordance with the ICB Scheme of Reservation and Delegation). Where an Alliance maps to more than one ICS, each of the relevant ICBs should nominate a member to sit on the Alliance board.

4.3. In addition, to ensure that decisions made by the Cancer Alliance board are effectively feeding into those of the ICB, ICBs may wish to consider the following options:

- A member of the Cancer Alliance board could sit on a committee of the ICB to be involved in wider decision making and share input on behalf of the Cancer Alliance.
- Inviting the CA Chair to join the board of the ICB, which will be a decision of the chair of the ICB. All members of the board of the ICB must be set out in the ICB's constitution approved by NHS England

5. Funding

- 5.1. Service Development Funding for cancer will continue to be provided to Cancer Alliances to enable them to continue to deliver their existing roles on behalf of their constituent ICB(s). This funding is intended to support the delivery of Alliances' core activities to drive operational improvement for cancer and to fund the local implementation of NHS-wide LTP commitments for cancer.
- 5.2. National funding is provided to Cancer Alliances to give them the certainty to plan, employ staff and to ensure continuity of delivery of LTP programmes. This national funding will be the minimum funding that Alliances receive, and ICBs will be able to supplement this through their devolved funding.
- 5.3. NHS England will write to the Cancer Alliance and the Lead ICB annually in respect to notify the level of System Development Funding available in the next financial year in the form of the '**Cancer Alliance Funding Agreement**' which will set out the details of the funding allocations and expectations connected to it. Wherever possible, NHS England will confirm funding for future years where this is known, for example as was done for 23/24 and 24/25 during planning for FY 23/24.
- 5.4. The Host (or Lead ICB where hosting sits elsewhere) will release funding to the Cancer Alliance with a proportionate level of governance which balances the ICB's statutory responsibilities for accounting in line with established governance and accountability process with the recognition that separate structures are in place for the approval and assurance of delivery against Alliance delivery plans.
- 5.5. To enable Cancer Alliances to deliver their existing functions, ring-fenced cancer service development funding will be maintained. The allocations and expectations for this funding will be set out in the 'funding agreement'. This money is to be used exclusively for the delivery of programmes of work related to the Cancer Alliance planning pack priorities. Where Cancer Alliance funds remain unspent at the end of any financial year, or are forecast to be underspent, including due to vacant posts, these funds will revert to the national cancer team and redistributed for the benefit of cancer patients.
- 5.6. Cancer Alliances are given a Place Based allocation which gives them considerable local flexibility to include in their plans interventions which support the delivery of NHS wide priorities for cancer in a way that reflects local circumstances. Cancer Alliances should discuss and agree these interventions through its board, which will include representation of its constituent ICB(s).

6. Accountability

6.1. Each Cancer Alliance will provide a quarterly report on progress to its constituent ICB(s) and to NHS England through its Regional Cancer SRO for the delivery of the priorities set out in their Cancer Alliance plan.

6.2. Cancer Alliances will be accountable to:

- Their ICB(s) for the effective delivery of any functions delegated by the ICB and any funding received directly from the ICB's devolved funding.
- Their Regional Cancer SRO and to the National Cancer Director for the effective use of the Service Development Funding made available to them and for the delivery of the plan set out in their funding agreement.

7. Performance

7.1. Cancer Alliances should have an authoritative overview of cancer performance across their local system(s).

7.2. The Cancer Alliance should have a strong, data driven understanding of the performance of its local cancer services. It should be able to evidence where across the system (e.g. by provider, by cancer pathway, by stage of cancer pathway or by a combination of these factors) performance is most challenged, and which of those challenges is contributing most to overall levels of performance.

7.3. The Cancer Alliance should work with local partners to understand why performance is weaker in the areas identified. This is likely to require a combination of quantitative and qualitative analysis and comparing different aspects of operational delivery with better performing providers. The Cancer Alliance may, with the agreement of local partners, deploy its own staff or other, externally procured expert support into providers to analyse what is driving weaker performance.

7.4. Integrated Care Boards and, through them, provider trusts are accountable to NHS England for delivering cancer services in line with the cancer waiting times standards.

7.5. These include actions to support the effective delivery of cancer services in their area in line with cancer waiting times.



East Midlands Cancer Alliance

- 7.6. Cancer Alliances are not formally accountable for delivery of the CWT standards, but performance against the CWT standards in its local system(s) will be an important test of the effectiveness of the actions the Alliance has taken to improve operational performance and effectively target its Service Development Funding.
- 7.7. The Cancer Alliance role is not to hold provider organisations to account for their performance against the cancer waiting times standards. This is the role of the ICB. The only exception is where the ICB has formally delegated this function to the Cancer Alliance

Suggested signatories

1. Cancer Alliance: East Midlands Cancer Alliance
2. Host Organisation: NHS Nottingham and Nottinghamshire ICB
3. NHS England (Regional SRO): Mark Brassington