Memorandum of Understanding

Between Cheshire & Merseyside VCFSE Alliance and NHS Cheshire & Merseyside

Draft — [version 1 / July 2026]

Status of this document

This Memorandum of Understanding (MoU) is a good faith statement of shared intent. It is not a legally binding contract and does not create financial or contractual obligations in itself. It sits alongside and complements existing place-based agreements, commissioning arrangements and ICS strategies - it does not replace, override or duplicate them. Where this MoU and a local agreement address the same matter, the local agreement continues to apply and this MoU provides the shared framework within which it operates.

1. Parties

- NHS Cheshire & Merseyside (NHS C&M, the Integrated Care Board, "the ICB"), on behalf of itself and, where they choose to adopt this MoU, NHS provider trusts and primary care partners across the system.
- Cheshire & Merseyside VCFSE Alliance ("the Alliance"), representing voluntary, community, faith and social enterprise (VCFSE) organisations across the nine places of Cheshire & Merseyside, consisting of local infrastructure partnerships - VS6, CWIP – and C&M VCFSE Health & Care Leaders Group, supported by VSNW.

Other partners - local authorities, NHS provider trusts, primary care networks, housing providers and others shaping the wider determinants of health - are warmly invited to adopt this MoU as signatory partners or to align with it as connected partners (see Section 6).

2. Purpose and context

This MoU sets out how the VCFSE sector and NHS C&M will work together as equal partners to improve the health and wellbeing of local communities, reduce health inequalities, and shift the system towards prevention and neighbourhood based care.

It was developed through engagement across all nine C&M places – comprising VCFSE place based workshops and a system wide survey involving the wider VCFSE sector, NHS

and local authority colleagues and people with lived experience. The consistent message was a desire to move from engagement to genuine influence and co-production.

3. Our shared vision

> *"A Cheshire & Merseyside where the VCFSE sector and the NHS operate as equal, trusted partners — delivering connected, preventative and community centred care built on shared expertise, mutual respect and long term collaboration - so that communities are healthier, inequalities are narrower, and the sector itself is stronger and more sustainable"*

This vision deliberately describes both a commitment to a stronger, better resourced VCFSE sector and a goal to improve health and wellbeing outcomes for all communities. We recognise these are mutually dependent - a sustainable sector is a precondition for the shared goals of prevention, early intervention and reduced inequality, in line with the NHS 10 Year Health Plan, the neighbourhood health agenda and Marmot principles.

We recognise the VCFSE sector as a genuine part of the health system - providing wraparound, holistic, person centred support that the NHS cannot replicate - not as a supplementary or residual provider.

4. Our values and behaviours

We adopt the national Civil Society Covenant values as our foundation, strengthened for a local health and care context. We commit to:

Value	What it means in practice
Trust	Investing in relationships, communicating honestly and openly, honouring commitments and assuming good intent.
Mutual respect and parity of esteem	Treating each other as professional equals - respecting independence, expertise and different but complementary approaches.
Person centred	Putting the person receiving support at the centre - no one should have to repeat their story across disconnected services.
Equity and fairness	Treating all nine places the same - in areas like funding, influence and partnership infrastructure - whilst recognising local needs, assets and existing agreements differ.
Lived experience	Treating lived experience as a recognised form of expertise that shapes design, delivery and decisions.
Mutual learning and reflection	Being open about what works and what doesn't through safe and open discussions.

Inclusivity, equality and diversity	Promoting equity for all communities – targeting efforts where need and deprivation are greatest - and for VCFSE organisations of all sizes, including those led by and for marginalised communities, ensuring accessible routes into influence and decision making.
Bravery	Being willing to push boundaries, innovate, challenge constructively, commission differently, share power and say honestly when something is not working.
Permanence	Building a partnership designed to outlast political cycles and personnel change.

We will also respect and protect VCFSE intellectual property and innovation - recognising and crediting the sector where its ideas, models or practice are adopted.

5. Our principles for working together

- Partnership and collaboration - early, regular and ongoing engagement, not involvement only at the point of delivery.
- Participation and inclusion - the sector and communities are involved in design and decision making from the outset.
- Recognition and value - the sector's role, independence and contribution are recognised and properly valued, including financially.
- Shared decision making and power balance - an explicit, structural commitment to rebalancing power, not goodwill alone.
- Transparency and data - open, honest communication and a shared, accessible evidence base.
- Sustainability and resourcing – long term, fair funding and workforce capability that allow the sector to plan and grow.
- Prevention and early intervention - a recognised, resourced principle, not an afterthought.
- Culturally responsive, community led practice - services shaped by and for the communities they serve.
- Accountability with teeth - commitments that are monitored, reciprocal and meaningful.

These national framed principles are translated into locally meaningful commitments for C&M and are designed to remain resilient as devolution and ICB arrangements evolve.

6. Scope

6.1 What this MoU covers

All aspects of the relationship between the MoU's partners across the full breadth of their work together. This includes, but is not limited to, shared values and behaviours, governance and representation, engagement and co-production, strategic planning, the

full commissioning cycle (design -> procurement -> delivery -> review), funding and contracting expectations, communication and engagement, data sharing, intelligence and learning, and collaboration to address prevention and health inequalities. It applies at every geographical level, from Cheshire & Merseyside wide to place and neighbourhood level.

6.2 Who is party to it

Core signatories: NHS C&M and C&M VCFSE Alliance.

Signatory partners (invited): local authorities (including public health and social care), NHS provider trusts (acute, community, mental health), primary care / PCNs and housing providers.

Connected partners (aligned, not signatories): Healthwatch, combined authorities, police, probation, fire and education and patient and community voice.

6.3 Relationship to other agreements

This MoU complements and aligns with existing place based agreements and partnerships, system strategies and commissioning arrangements - it does not replace them. It is intended as a single, overarching framework that connects and gives common purpose to local compacts and agreements rather than competing with or duplicating them. Where this MoU and a local agreement address the same matter, the local agreement prevails - and where a local Compact sets a stronger commitment, this MoU does not dilute it.

6.4 A living scope

The MoU is structured as a shared values and principles framework that multiple partners can sign, with the ability to add operational annexes for specific NHS / VCFSE arrangements and to admit further partners over time.

7. Our commitments

7.1 NHS C&M commits to:

Sustainable funding: move towards multi year contracts of [3–5] years minimum, with full cost recovery, inflationary uplifts as standard and realistic notice periods of no less than [six] months on changes or decommissioning.

Fair and proportionate commissioning: develop bespoke, proportionate processes for the VCFSE, including pathways for smaller and specialist organisations and consortia and removal of unnecessary barriers (e.g. disproportionate CQC registration requirements).

A funding and delivery ambition: work towards a transparent target proportion of relevant NHS C&M spend flowing through the VCFSE, reported on annually, so it's clear how much is spent in total on the sector. Explore scaling up the role of the sector in delivery.

Embedding VCFSE Alliance governance: recognise and work through the VCFSE Alliance's agreed governance and representative structures, including its constituent bodies, as the primary route for sector involvement in all relevant NHS C&M work - including but not limited to strategy, planning, governance, commissioning and service redesign processes - ensuring engagement is timely, properly connected to decision-making and not dependent on ad hoc or informal relationships.

Paid representation: remunerate VCFSE participation in governance, design and commissioning, recognising that unfunded participation entrenches inequality.

Access to intelligence: provide VCFSE partners with population level data and local health intelligence and pragmatic, consent based data sharing arrangements.

Coordinated interface: present a joined-up NHS interface to the sector (ICB, trusts, primary care), reducing the burden of NHS internal fragmentation.

Capacity building and sector development: provide practical support to strengthen the capacity, capability and confidence of VCFSE's to engage as equal partners across the health and care system in areas such as governance, commissioning and procurement, data, service design and delivery

Supporting wider adoption: as system convener, the ICB will encourage the MoU's adoption across C&M NHS provider organisations and wider partners involved in health and care.

7.2 C&M VCFSE Alliance commits to:

Representative, accountable governance: maintain clear and transparent Alliance governance — setting out how its representative bodies (VS6, CWIP, C&M VCFSE Health & Care Leaders Group, supported by VSNW) are constituted, resourced and held accountable, and how individual organisations of all sizes can feed in. Representation will be genuinely connected to frontline delivery.

Collaboration over competition: actively encourage VCFSE to VCFSE collaboration and reduce competitive behaviour where it undermines shared goals.

Evidence and insight: bring community insight, lived experience and a developing evidence base on social value and outcomes.

Constructive challenge: act as a critical friend - honest, professional and solutions focused.

Reciprocal data: flow data and intelligence back to the system to build a shared picture.

7.3 We jointly commit to:

- Co-production across planning, commissioning and service redesign.
- Two way, meaningful engagement that replaces transactional reporting - focused on real world impact and lived experience, using proportionate methods and case studies rather than monitoring that becomes a burden.
- Equity across all nine places - fair access to funding, commissioning opportunities and influence regardless of geography, so that no place is treated as a "poor relation".
- Making the best use of our collective assets through joined-up approaches such as One Workforce and One Estate.
- Ensuring Cheshire and Merseyside speaks with one voice at regional and national level, with the VCFSE sector recognised as an equal partner in shaping and articulating our collective position.
- Keeping the person at the centre of everything the partnership does.

8. Accountability and governance

So our MoU is a living agreement:

- A joint oversight group with equal VCFSE representation will steward the MoU. [Owner: named ICB lead & named Alliance lead].
- An implementation plan with named owners, timelines and review points will be co-designed alongside this MoU.
- An outcomes framework with shared, realistic, proportionate KPIs - focused on outcomes and impact, not just activity volume.
- An annual joint progress report, published openly, with a "you said, we did" feedback loop.
- Reciprocal accountability: the framework holds the NHS to account, not only the sector - where data is requested, it will be used and acted on.
- Mechanisms with consequences: clear, agreed routes for escalation and breach resolution where commitments are not met.
- A regular review and refresh cycle - at least [annually] - to keep the MoU live.

9. Communication

- Agreed channels and rhythms for regular, structured, two way communication that does not depend on individual relationships.
- Named, consistent contact points wherever possible, with continuity arrangements when ICB personnel change.
- Transparent, accessible information about how the partnership and its representative structures work.

10. Duration, review and sign-off

- This MoU takes effect on [date] and will be reviewed [annually], remaining live and adaptable as the system evolves.
- It may be amended by agreement of the core signatories, in consultation with signatory and connected partners.

Signed on behalf of NHS Cheshire & Merseyside:
_____ Name / role / date

Signed on behalf of the C&M VCFSE Alliance:
_____ Name / role / date

[Signatory partners — local authorities, trusts, primary care, housing — sign below as they adopt.]