VS6

Cheshire & Merseyside VCFSE Health & Care Leaders Group

Cheshire & Warrington Infrastructure Partnership

Voluntary Sector North West

NHS Cheshire and Merseyside

# Working Better Together

# Engagement Report

Developing a **Memorandum of Understanding** between Cheshire & Merseyside VCFSE Alliance and NHS Cheshire & Merseyside

July 2026

# Contents

# Executive summary

Partners across the Cheshire and Merseyside (C&M) health and care system were invited to shape a proposed Memorandum of Understanding (MoU) between C&M VCFSE Alliance[1] and NHS Cheshire & Merseyside (NHS C&M), the integrated care board (ICB), between February and end May 2026.

Engagement was place led via VS6 and CWIP and was coordinated by Voluntary Sector North West (VSNW), as part of the C&M VCFSE Heath & Care Transformation Programme.

Feedback was gathered from VCFSE organisations, NHS colleagues, local authority partners and people with lived experience, through eight place based workshops delivered by local infrastructure organisations (LIOs) and one pilot CMHCL session. There was also a system wide online survey to enable as many partners as possible across C&M to contribute. Over 80 people responded to the survey and 170 organisations participated in workshops and place based discussions. Across each strand of engagement, the messages were strikingly consistent. Participants want an MoU that:

1. Establishes a genuinely equal partnership rather than a commissioner–provider dynamic
2. Is built on trust, mutual respect and transparency, with the Civil Society Covenant values endorsed as a starting point but strengthened with locally relevant additions
3. Delivers multi year, inflation linked funding with realistic notice periods and full cost recovery - overwhelmingly the single most impactful commitment cited.
4. Embeds VCFSE representation at every level of system governance, with paid involvement where appropriate.
5. Extends beyond the ICB alone to local authorities, provider trusts, primary care and other partners shaping the social determinants of health – Importantly, complementing rather than replacing existing place-based agreements and does not quietly substitute for statutory services.
6. Is backed by clear accountability mechanisms so that the MoU is “not just words” but a living agreement

Concerns about the rigidity of NHS commissioning, fragmentation within the NHS itself, equitable treatment across all nine places, and the burden placed on smaller VCFSE organisations recurred everywhere. Participants want any agreed MoU to mark a step change and not just another strategic document on the shelf.

[1] C&M VCFSE Alliance comprises the two infrastructure partnerships - VS6 (Liverpool City Region) and CWIP (Cheshire and Warrington) – along with C&M VCFSE Health & Care Leaders Group (CMHCL). See page 24

# 1. Approach and methodology

## Engagement design

Engagement was coordinated through VSNW, with design of the activity plan supported and agreed by VS6 and CWIP. The plan was additionally informed by insights from recent CMHCL meetings, along with high level reviews of MoUs from other alliance areas of England and the national Civil Society Covenant[2].

Activity was focused around five core themes:

1. Vision and ambition
2. Values and behaviours
3. Principles
4. Scope
5. Aims and accountability

Key lines of enquiry (KLOEs) were developed for each theme, providing consistency across the different engagement activities. Themes and KLOEs were tested by Halton & St Helens VCA in February 2022 and at a CMHCL pilot workshop in April 2026 and they were refined based on feedback.

Along with the CMHCL pilot workshop, the exercise comprised of eight structured place based workshops - delivered by local infrastructure organisations (LIOs) - and one online survey, supplemented by written submissions and insights from established networks.

A list of KLOEs can be found in Appendix A (page 20).

An overview of involvement at C&M place and system level is provided in Appendix B (page 21).

## Overview of key themes by place

While the five core themes were consistent across all engagement, each place brought a distinctive emphasis. The following summaries capture what was most strongly voiced locally.

[2] A principles based national agreement between government and civil society published in July 2025

**Cheshire East (workshop)**

Leaders gave the most forceful articulation of equal partnership, describing the current relationship as one of "dependency and power imbalance" in which the sector is too often "brought in as an afterthought." Strong emphasis on the VCFSE as "a genuine health system" delivering wraparound care, on protecting VCFSE intellectual property from uncredited adoption, and on replacing transactional reporting with two way engagement. Cheshire East also raised a specific equity concern - that it can feel like the "poor relation" in the wider system and risks becoming less visible as place based arrangements evolve. So, the MoU should guarantee fair access to funding, commissioning and influence to ensure equity across all nine places.

**Cheshire West (workshop)**

Emphasis on a shared, system-wide vision rather than fragmented or organisation specific priorities. There should be recognition of the sector's role in community insight, prevention and early intervention, with concern that previous strategies "haven't always translated into tangible change". Strong call for coproduction, equity in funding and commissioning and alignment with existing strategies and partnerships to avoid duplication.

**Liverpool (workshop)**

Rich input on authentic, relational and co-produced partnership, with frank discussion of where power sits ("the relationship will never be entirely equal, but this is something to work towards"). Distinctive themes included commissioning reform and bravery around the new Procurement Act, the 5% funding expectation "not consistently realised in practice". There was a call for transparency about current alliance governance and representation, including who is authorised to speak for the sector, how representative structures are formed and the need for much greater transparency and legitimacy in future governance arrangements. Liverpool stressed permanence - an MoU that survives adversity and political change.

**Sefton (workshop)**

A multi-table forum strongly endorsing the Civil Society Covenant as a values base, with emphasis on person-centred (not cost-driven) decision making, proportionate contracting and monitoring, and better use of VCFSE assets. The strongest accountability theme was long term, transparent, proportionate funding - minimum 3 - 5 year commitments and a clear financial pledge.

**Warrington (workshop)**

Captured the equal partnership case candidly: “The money is nothing without the service, the service is nothing without the money.” Distinctive points included ring fenced seed funding, opportunities under £300k for smaller organisations and an explicit principle that MoU funding should not quietly replace statutory services - where it does cover statutory gaps, it must be properly funded and valued in the same way. Warrington insisted the MoU must be “not just words”, backed by an implementation plan with named owners.

**Halton (workshop)**

Framed the vision as an explicitly dual and interdependent ambition - improving community outcomes and strengthening the sector, “not an either/or choice”. MoU should clearly define its scope across the full commissioning cycle (design → procurement → delivery → review), address the damage caused by funding uncertainty (“we’ve had nearly a year with no contract in place”) and on reciprocal accountability - “there needs to be accountability for the NHS, rather than just the voluntary sector”. Parity of esteem and early, relationship based involvement were central.

**St Helens (workshop)**

Emphasised the sector as the “shift left” - reducing demand on statutory services - and a “strong, visible voice for the voiceless”. Distinctive asks included realistic funding “shifting from grants to investment within pathways”, a very broad partner scope (including probation, police, faith groups and housing) and accountability through decision makers “visiting services” and a genuine “seat at steering committees” - “Not about being asked to the party, it’s about being asked to dance.”

**Knowsley (workshop and wider discussions)**

Centred on lived experience as a defining sector strength, two way (not transactional) integration and the sector’s “competitive advantage” in prevention and early intervention. Distinctive points included accessible, consistent referral pathways, concern about the “postcode lottery” in access, a call for contractual consequences where MoU commitments are not met and visible leadership through participation in neighbourhood forums and PCN boards. Sustainable capacity to scale was identified as the single most critical priority.

**Wirral (survey data)**

Respondents echoed the system wide themes strongly: a “truly equal, collaborative and integrated partnership”, direct working relationships with NHS partners “not dependent on

third party intermediaries", co-production and shared ownership, recognising and resourcing the true cost of engagement and building in flexibility for smaller grassroots organisations rather than only larger providers. These views should be read as individual survey feedback rather than a collective workshop position – additionally, all survey responses were from VCFSE organisations.

## Overview of key themes at system level

**CMHCL group (workshop)**

Participants focused on making the MoU a single, meaningful and enforceable agreement rather than a set of fragmented documents, with practical impact at its core.

On vision, the group moved past the either/or question of sector positioning versus shared health outcomes to a consensus on a shared ambition for healthier communities - with the VCFSE recognised as an equal partner and the MoU actively supporting sector sustainability and influence.

Key values included parity of esteem, mutual learning, flexibility, inclusion of lived experience and fair funding, alongside a strong call for action and accountability over consultation and a shared language to bridge sector and NHS perspectives.

On scope, the MoU should cover all relevant NHS bodies - including foundation trusts - and explicitly recognise and avoid undermining existing, sometimes stronger, local agreements and compacts, with clear escalation and breach resolution mechanisms seen as essential.

Participants pressed for tangible commitments - capacity building, fair funding, and prioritising local providers through social value commissioning - underpinned by a baseline assessment of current sector investment and clear mechanisms to measure progress, with drafting and negotiation of the MoU as the agreed next step.

## Online survey

A C&M wide online survey ran from February to end May 2026, generating 84 responses with detailed qualitative input on every theme.

**Respondent type:**

| Sector | Count | % |
|---|---|---|
| VCFSE organisation | 63 | 75% |
| Non-VCFSE (NHS, local authority, other) | 21 | 25% |
| **Total** | **84** | **100%** |

**Geographic reach — places where survey respondents deliver services (respondents could tick multiple places):**

| Place | Responses |
|---|---|
| Liverpool | 25 |
| Wirral | 23 |
| Sefton | 21 |
| Knowsley | 20 |
| Cheshire West | 18 |
| Cheshire East | 14 |
| Halton | 14 |
| St Helens | 14 |
| Warrington | 10 |

All nine places are represented in the survey. The survey is the sole source of feedback for Wirral and a valuable supplement everywhere else.

Roles of respondents were wide and varied and included CEOs and chief executives, directors and deputy CEOs, operations and service managers, clinical leads, partnership and development managers, coordinators, volunteers and experts by experience.

## Approach to analysis

All workshop reports (eight place based and one pilot CMHCL session) and the full survey results were thematically analysed against the five MoU themes. Results were then used to identify cross-cutting themes from place workshops and the survey. This process also highlighted place specific nuances and tensions to be addressed in the final MoU and its implementation plan.

Direct quotations and locally distinctive insights are retained throughout to preserve voice.

## Limitations

- Workshop attendance varied (4 organisations in Cheshire East to 30 in Sefton)
- Wirral input is via survey data only
- Survey results skew towards established VCFSE organisations with existing system relationships
- Patient and community voice was raised as a gap by participants themselves

# 2. Vision and ambition

## Equal partnership as the foundation

The strongest, most consistent message across every place and the survey was the call for a genuinely equal partnership, not a rebranded commissioner–provider relationship.

- Cheshire East leaders described the current relationship as "characterised by dependency and power imbalance", with VCFSE often brought in "as an afterthought"
- Liverpool participants stressed that "the relationship will never be entirely equal but this is something to work towards"
- Warrington framed it more starkly: "The money is nothing without the service, the service is nothing without the money. The power here is equal"
- Halton: "There isn't parity of esteem between NHS providers and the voluntary sector" and "we are often brought in at the last minute… to mop up"
- Survey respondents repeatedly used the language of "parity of esteem", "equal strategic partner" and "not just a delivery mechanism"

## A shared vision: healthier communities and a stronger sector

Participants overwhelmingly suggested the vision must describe both a commitment to a stronger, better resourced sector, and a goal to improve health and wellbeing outcomes for all communities – as the first is a precondition for the second.

Halton noted this as a "dual and interdependent ambition". St Helens described the sector as the "shift left" that reduces demand on statutory services. Knowsley emphasised the sector's "competitive advantage" in prevention and early intervention. Survey respondents anchored the vision in prevention, early intervention and reducing health inequalities, aligned to the NHS 10 year plan and neighbourhood health agenda.

## Community health systems and prevention

Participants embraced the language of neighbourhood health and community health systems, describing the VCFSE variously as "the village" a "spider web of support" and provision that meets people where they are. Cheshire West called out community insight, prevention and early intervention as central to system ambitions. Warrington stressed "non clinical approaches that still achieve clinical outcomes".

## Concern about timing, instability and lasting change

A note of caution ran through every workshop. Liverpool emphasised "permanence - how we ensure this isn't cancelled the first time we're faced with adversity". Warrington insisted the MoU must be "not just words". Cheshire West and Halton both noted that previous strategies and contracts had failed to deliver stability, reinforced by a Halton participant: "You don't know if [the service] is going to continue to be funded".

# 3. Values and behaviours

## Civil Society Covenant values broadly endorsed — with additions

Across every workshop the picture was the same: the Civil Society Covenant values are a sound foundation but need strengthening for a health and care context. Sefton workshop participants explicitly endorsed the Covenant. Survey respondents who answered the question broadly agreed it should be the starting point.

## Trust and mutual respect — the defining values

Trust was named as the single most important value across every strand of engagement:

- Cheshire East, Sefton and Halton all called for mutual respect to be made explicit
- Liverpool: respect is "missing… we are professional, not other, not blaming, not complaining"
- St Helens emphasised empathy, inclusivity and non-judgemental practice and "people first before profits"
- Knowsley stressed mutual understanding of the operational pressures both sectors face

## Person centred and lived experience

A consistent ask was to add values not present in the Civil Society Covenant that reflect a health context – person centred working (Cheshire East, Sefton, Warrington, Halton), equity over equality and lived experience as a recognised form of expertise (all places and central to Knowsley and St Helens).

## Intellectual property and fear of exploitation

Cheshire East raised a concern echoed elsewhere - that VCFSE innovations are sometimes adopted by NHS partners without credit or compensation. One survey respondent described being "put in the Big Book of Best Practice but we weren't permitted to attend

the event despite doing the majority of the work". The MoU should include explicit commitments to respect VCFSE intellectual property and innovation.

### Commissioning as a barrier to partnership behaviour

Multiple places identified competitive commissioning as a corrosive force on values based working. Cheshire East flagged contracts moving between organisations without transparency. Liverpool called for "collaboration not assimilation". Warrington asked for "permission for collaboration rather than competition".

### Two way feedback and reciprocal accountability

A recurrent frustration was the transactional nature of contract management - reports submitted with no feedback, or learning loop. Halton was explicit that accountability must run both ways: "There needs to be accountability for the NHS, rather than just the voluntary sector". Cheshire East called for values to translate into structural commitment to two-way engagement.

### Fragmentation within the NHS

Cheshire East and Liverpool both highlighted that the NHS itself is fragmented (ICB, acute and community trusts, primary care) in ways often attributed to the VCFSE sector. The MoU should include reciprocal expectations of NHS internal coordination.

### Additional values raised across engagement

Risk appetite (Liverpool), reflective, psychologically safe practice, permanence beyond political cycles, bravery and honesty (Warrington), courageous critical friendship (Liverpool) and faster, more flexible response (St Helens, Knowsley).

## 4. Principles

### Civil Society Covenant principles broadly supported

Survey and workshop responses supported starting with the Civil Society Covenant principles, with partnership and collaboration most frequently cited as the most important in practice - through "early, regular and ongoing engagement, not just at the point of delivery". Halton named parity of esteem, early and meaningful involvement, clarity and consistency, relationship centred working and stability / sustainability as core non-negotiables. St Helens emphasised genuine influence over tokenism, visibility of all

voluntary initiatives and realistic funding “shifting from grants to investment within pathways”.

### Making it meaningful locally

Whilst agreeing the Civil Society Covenant provides the national frame, participants broadly suggested the MoU must translate principles into locally meaningful commitments for C&M and remain resilient to governance change as devolution and ICB restructuring evolve.

### Designing for the end user

A recurring principle was keeping the person receiving support at the centre - “no one should have to repeat their story to multiple professionals who aren’t speaking to each other” (Cheshire East, Sefton), “people first focus” (Warrington) and accessible, consistent referral pathways (Knowsley).

### Gaps in the Covenant identified

Shared decision making and explicit power balance, accountability and enforcement mechanisms, long term sustainability and resourcing, prevention and early intervention as an explicit principle, culturally responsive, community led practice and GDPR as an enabler rather than a barrier (Cheshire East).

## 5. Scope

### Wider than the ICB alone — but anchored locally

Whilst core signatories should be C&M VCFSE Alliance and NHS C&M, workshop responses pointed strongly towards a wider scope with carefully managed boundaries. Suggested partners and stakeholders identified across engagement:

| Partner type | Mentioned by |
|---|---|
| NHS Cheshire & Merseyside (ICB) — core signatory | All |
| C&M VCFSE Alliance — core signatory | All |
| Local authorities (incl. public health, social care) | All places, survey |
| NHS provider trusts (acute, community, MH) | Cheshire West, Liverpool, Sefton, survey |
| Primary care / PCNs / GPs | Cheshire West, Liverpool, Sefton, Knowsley, survey |

| | |
|---|---|
| Housing associations | Cheshire East, Sefton, St Helens |
| Combined Authority / devolution context | Cheshire East, Liverpool |
| Healthwatch | Sefton |
| Faith sector & corporate community partners | Sefton, St Helens |
| Police, probation, fire, education | Cheshire East, Liverpool, St Helens, survey |
| Patient and community voice | Cheshire West, St Helens, survey |

## Complement not replace existing agreements

Several workshops stressed that the MoU should align with and sit alongside existing place based partnerships and strategies rather than duplicate or override them (Cheshire West's call to "avoid duplication", survey respondents' emphasis on aligning with wider integrated care system (ICS) strategies and place based partnerships). The MoU should be positioned as a system wide framework that adds to and does not supersede the local agreements already working well. Warrington was explicit that the MoU and its associated funding should not quietly replace statutory services - where it does cover statutory gaps these must be funded properly and valued in the same way as statutory provision.

## Local depth versus system breadth

Warrington's vote on the scope of the MoU (three groups for keeping local focus, two for widening) captured opposing viewpoints - widening enables collaboration and knowledge sharing but risks diluting funding, admitting partners who don't share values and losing local depth. Several places suggested structuring the MoU as a shared values / principles framework multiple sectors can sign, with operational annexes for specific NHS - VCFSE arrangements.

## Social determinants of health framing

The breadth of scope must also reflect the VCFSE's holistic understanding that health is shaped by housing, employment, economy and community infrastructure as much as by clinical services.

## Clear and transparent VCFSE Alliance governance

Several participants, particularly in Liverpool, highlighted the importance of clear and transparent governance around how the sector is represented in the partnership. As the MoU formalises the relationship through a delivery plan, it will help all partners to set out plainly transparent governance arrangements for the constituent bodies in C&M VCFSE Alliance - VS6, CWIP, VSNW and C&M Health and Care Leaders Group - and how individual organisations in the wider VCFSE sector can feed in.

Establishing this clarity early will strengthen confidence across the sector and ensure representation is genuinely connected to frontline delivery.

# 6. Aims and accountability

## Funding - longer contracts, full cost recovery, inflationary uplift

This was the single most consistent and urgent theme across every place and the survey. Specific asks:

- Minimum 3 – 5 year contracts (Sefton, Halton, survey)
- Realistic notice periods — Cheshire East noted notice recently cut from six to three months, Halton described "nearly a year with no contract in place"
- Inflationary uplifts as standard and full cost recovery reflecting social value, not lowest price
- Ring-fenced seed funding and opportunities under £300k for smaller organisations (Warrington)
- Decommissioning done properly, with adequate notice
- A target percentage of NHS funding flowing to the VCFSE — Liverpool noted the existing 5% expectation is "not consistently realised in practice"
- Bespoke, proportionate commissioning — including reducing unnecessary CQC registration burdens and pathways for smaller organisations and consortia
- Investment, not just grants — St Helens called for a shift "from grants to investment within pathways"

Cheshire East captured the impact: "Annual contracts make it almost impossible to demonstrate impact, attract quality staff, or plan for the future"

## Representation at every level - and remunerated

Strong support for VCFSE representation throughout the system - embedded at board, place, neighbourhood and working group levels. This should be active and genuine rather than tokenistic and remunerated. As one survey respondent noted: "GPs can be compensated to attend meetings but the rest of us don't". Liverpool stressed representation "should be by organisations that are delivering". St Helens: "Not about being asked to the party, it's about being asked to dance".

## Increasing the volume and value of VCFSE delivered services

There was broad support for increasing the proportion of NHS funded services delivered by the VCFSE, provided it is matched by adequate funding and supported by an evidence base quantifying social return on investment. Knowsley identified sustainable capacity to scale as the single most critical priority. Liverpool referenced the Procurement Act as an opportunity for "bravery around procuring differently".

## Accountability mechanisms — making it real

Participants were clear that "not just words" requires practical mechanisms:

- A clear implementation plan with named owners, timelines and review points (Warrington)
- An outcomes framework with shared, realistic, proportionate key performance indicators - KPIs (all places).
- Annual joint progress reports and structured reflection
- Reciprocal accountability - Halton: accountability for the NHS, not just the sector. Warrington: "if data is requested, it will be used and acted on"
- Contractual consequences where commitments are not met (Knowsley)
- Decision makers visiting services and a genuine seat at steering committees (St Helens)
- An accountability model with teeth - Liverpool: "who is going to hold institutions to account for adhering to the MoU - that is critical"

## Data sharing and access to intelligence

VCFSE organisations need access to ICB population level data and local health intelligence, along with supported routes to flow data back, creating a shared intelligence picture. GDPR is an enabler, not a barrier when handled with consent and trusted partner arrangements. Knowsley and St Helens both stressed accessible referral pathways and clarity on how information provided is actually used.

## Communication and engagement

Several places raised the need for structured, two way communication that doesn't depend on individual relationships - agreed channels and rhythms, continuity when ICB personnel change (Warrington, Halton), ICB run procurement workshops to demystify commissioning (Cheshire East) and "you said, we did" feedback loops.

## Equity within and across the VCFSE sector

Two linked equity themes ran through the engagement:

**Equity across places:** The MoU must ensure all nine places are treated and funded equitably, with fair access to funding, commissioning opportunities and influence regardless of geography. Cheshire East voiced this most directly - a concern about feeling like the "poor relation" and becoming less visible as place-based arrangements evolve - but the principle applies system wide, and St Helens and Knowsley both raised the "postcode lottery" in access.

**Equity for smaller organisations:** The MoU must work for small, grassroots and specialist organisations, not just large established providers - through proportionate procurement, opportunities under £300k (Warrington), reduced CQC barriers where unnecessary (Liverpool), capacity building support and funded participation in governance.

# 7. Statutory and non-VCFSE survey respondents

Of the 84 survey responses, 21 (25%) came from non-VCFSE respondents — 7 explicitly identifying as NHS bodies (including NHS C&M, NHS England North West and Mersey Care), with the remainder describing themselves as "other" including local authorities (Halton Borough Council, Liverpool City Council), C&M Cancer Alliance, Active Wirral, integrated care partnership, community federation bodies and other statutory or system partners. Feedback from these groups converged strongly with the VCFSE messages rather than diverging from them:

- Genuine, action focused partnership over process - "actively work in partnership, not talk about it… emphasis on action and impact and the actual doing", with the NHS using its position to enable the sector (assets, resources, data)
- Recognising and resourcing the true cost of collaboration - the sector's contribution should not be assumed free and the real cost of engagement and co-production needs to be funded
- Co-production and shared decision making embedded across planning, commissioning and service redesign - not consultation after the fact
- Addressing power imbalances explicitly, with flexibility for smaller grassroots organisations - rather than only larger providers

- Alignment with wider ICS strategies and place based partnerships - reinforcing that the MoU should complement existing arrangements
- Transparent accountability - measurable outcomes and KPIs, an annual joint progress report, a formal governance group with equal VCFSE representation and independent feedback from VCFSE organisations and communities
- A note of caution on monitoring burden - one statutory respondent warned against creating "an industry of trying to monitor adoption and progress", suggesting case studies may be more useful than heavy reporting

The strong alignment between statutory and VCFSE respondents is itself an encouraging signal – highlighting the partnership ambitions in the resulting MoU will be shared across the whole system.

# 8. Cross-cutting themes

- From engagement to genuine influence and co-production - every place and the survey called for a shift from being consulted to being equal partners in design, decision making and commissioning
- Power, equity and parity of esteem - explicit acknowledgement of where power sits and a structural commitment to rebalance it, including remunerated participation and equitable treatment of all nine places
- Sustainability through funding reform - this was seen as the single most important change: multi year, inflation linked contracts with full cost recovery and proper notice
- Trust as the foundation - relational, transparent and reciprocal, not transactional
- "Not just words" - accountability and implementation, clear ownership, measurable progress, mechanisms for raising concerns and a living agreement that complements existing arrangements and survives political and personnel change

# 9. Recommendations for the MoU

### Vision and ambition

- Frame the vision as both an ambition for a stronger, sustainable VCFSE sector and improved health and wellbeing outcomes — explicitly recognising the two are mutually dependent
- Anchor the vision in prevention, neighbourhood health and reducing health inequalities, aligned to the NHS 10 year plan and Marmot principles.

## Values and behaviours

- Adopt the Civil Society Covenant values as a foundation, strengthened with trust, mutual respect, person centred, equity, lived experience, risk appetite and permanence
- Include explicit commitments on intellectual property and innovation, protecting VCFSE expertise from uncredited adoption
- Build in a reciprocal expectation that NHS partners present coordinated interfaces to the sector and that accountability runs both ways

## Principles

- Adopt the Civil Society Covenant principles, with additional principles on shared decision making, sustainable resourcing, prevention, culturally responsive practice and accountability with teeth
- Ensure the MoU is resilient to governance change as devolution and ICB restructuring evolve

## Scope

- Make NHS C&M and the C&M VCFSE Alliance the core signatories, with local authorities, NHS provider trusts, primary care, and housing partners as additional signatories or formal MoU partners over time
- Recognise other stakeholders (Healthwatch, combined authorities, police, probation, education) through connected governance arrangements without requiring formal signature
- Position the MoU to complement and align with existing place-based agreements and ICS strategies, not replace them - as a single, overarching framework that connects local compacts rather than competing with them, with the local agreement prevailing where it sets a stronger commitment - and ensure MoU funding does not quietly substitute for statutory services
- Secure adoption and respect across all relevant NHS bodies, including provider and foundation trusts that hold their own autonomy, with the ICB using its convening role to encourage and support sign-up
- Set out clear and transparent VCFSE alliance governance - how the VCFSE Alliance, made up of VS6, CWIP and C&M Health and Care Leaders Group, supported by VSNW - are constituted, resourced and held accountable and how wider VCFSE organisations feed in

### Aims and accountability

- Multi year, inflation linked contracts with minimum 3 – 5 year duration, realistic notice periods restored, and full cost recovery as standard
- Bespoke, proportionate commissioning processes - including pathways for smaller organisations, opportunities under £300k and reduced CQC barriers where appropriate
- VCFSE representation embedded at every governance level - board, place, neighbourhood, working groups - with paid involvement to broaden participation
- ICB run procurement workshops to demystify commissioning and build sector capacity
- A target proportion of NHS C&M funding flowing through the VCFSE, with annual transparency reporting on progress
- Two way data flow - VCFSE access to population level intelligence, supported routes to share data back and pragmatic GDPR compliant arrangements
- Replace transactional reporting with meaningful, two-way engagement focused on real world impact and lived experience - favouring proportionate methods and case studies over burdensome monitoring
- Explicit MoU commitments to encourage VCFSE to VCFSE collaboration and reduce competitive commissioning behaviour
- An explicit equity commitment that all nine places are treated and funded equitably, with fair access to funding, commissioning and influence as place based arrangements evolve and that the MoU works for small and specialist organisations as well as large providers
- Implementation plan with named owners, timelines, an outcomes framework, annual joint review and clear agreed routes for escalation and breach resolution - keeping the MoU live

## 10. Next steps

- Circulate a draft MoU to NHS C&M to formally consider and agree and to the sector for comment before finalisation - a clear ask from Liverpool and others
- Co-design the implementation plan alongside the MoU itself – including committing to appropriate governance and a review cycle, so progress is visible and the MoU remains a living agreement
- Places to continue to engage with under represented voices in their communities and smaller and specialist organisations

# Appendix A — Engagement themes / KLOEs

The following themes and key lines of enquiry (KLOEs) framed our engagement exercise, forming the basis of a structured presentation for place based and system engagement sessions - a 'workshop in a box' - and our online survey.

**1. Vision and ambition**

- What should be the overriding vision and ambition of our MoU?
- What would good look like?
- Should our vision be focused on what the sector and NHS want to achieve together (like healthier communities etc), or should it be about a stronger, better positioned sector? Or is it about both?

**2. Values and behaviours**

- What should our values and behaviours for collective working between our VCFSE alliance and NHS Cheshire and Merseyside be?
- Should we start with Civil Society Covenant values and behaviours? (Understanding | Flexibility | Mutual learning | Trust | Open | Diversity, equality and inclusion)

**3. Principles**

- What should be our principles for collective working between our VCFSE alliance and NHS Cheshire and Merseyside be?
- Should we start with the Civil Society Covenant principles? (Recognition and value | Partnership and collaboration | Participation and inclusion | Transparency and data)

**4. Scope**

- Who should our partners in our MoU be? – should it just be NHS C&M?

**5. Aims and accountability**

- What commitments should our integrated care board partners make to VCFSEs to ensure the sector can play its fullest role in achieving our joint priorities? For example:
- To increase the volume or overall value of NHS funded services delivered by VCFSEs
- To ensure our VCFSE sector is consistently represented within leadership at every level
- What is the most important of these commitments that would have the biggest impact for the VCFSE sector in the next 3-5 years?
- How might all partners in the MoU demonstrate they are taking action on its values, principles and commitments?
- What should happen when partners don't adhere to the MoU?

# Appendix B — Engagement sessions and participation levels

Engagement sessions used a 'workshop in a box' presentation, which was focused around core themes and KLOEs. The format and delivery of place workshops and discussions were locally designed by LIOs to take account of their different operating landscapes. The table below gives an overview of approaches.

| Place | Lead org | Format | No workshop / survey participants |
|---|---|---|---|
| Sefton | Sefton CVS | In person workshop with Health & Social Care Forum members | 30 organisations |
| Cheshire West | Cheshire West Voluntary Action | In-person workshop | 17 organisations |
| Cheshire East | CVS Cheshire East | Online workshop | 4 orgs' & 1 written submission |
| Warrington | Warrington Voluntary Action | In-person workshop | 24 organisations |
| Liverpool | Liverpool CVS | In-person workshop | 12 organisations |
| Halton | Halton & St Helens Voluntary & Community Action | In-person at Halton VCFSE Forum meeting | 43 participants |
| St Helens | Halton & St Helens Voluntary & Community Action | In-person at St Helens VCFSE Forum meeting | 32 participants |
| Knowsley | One Knowsley | Workshop & wider discussions with established networks | 12 organisations |
| Wirral | N / A | Online survey only | 23 survey respondents |
| CMHCL | VSNW | Online workshop | 22 organisations |

It should be noted some workshops had more than one representative from the same organisation – for example, there was at least one NHS C&M representative at most sessions.

A total of 170 organisations were involved in the one CMHCL pilot and place based workshops and discussions, including those listed in the following table.

| | | |
|---|---|---|
| 2Wish | Halton Borough Council | RASASC (Cheshire & Merseyside) |
| AA Health and Nutrition CIC | Halton Cancer Support | Recharge Restore |
| ABL Health | Halton Citizens Advice | Revive CIC |
| Adult Speech Therapy Team, North Cheshire & Merseyside NHS Foundation Trust | Halton Community Transport | Right at Home Sefton |
| Advocacy Hub Dementia | Halton Haven Hospice | Rotary St Helens |
| AF Group | Halton Housing | Safeguarding Children Partnership |
| Age Concern | Halton Libraries | Samaritans |
| Age UK Cheshire | Halton Sound Radio CIC | Sean Bailey Wellness |
| Age UK Mid Mersey | HBC Family Hubs | Second Story Recovery |
| Alzheimer's Society | Health Equalities Group | Sefton Adult Social Care |
| Apex Charitable Trust Ltd | Healthbox CIC | Sefton Carer's Centre |
| Asda | Healthwatch Halton | Sefton CVS |
| Aspie Heroes | Healthwatch St Helens | SI Widnes |
| Blacon Beacon | Home from Home | SLT Student, North Cheshire and Merseyside NHS Foundation Trust |
| Bradbury Fields | Home Start | South Sefton PCN |
| Bread and Butter thing | Homestart Knowsley | Southport and Formby PCN |
| Brighter Living Partnership | Hope Centre | SPACE Runcorn |
| Brunswick Youth and Community Centre | HT Warrington (Homeless drop-in - street homeless) | Speak up |
| Cabbage Hall CIC | James' Place Charity | St Helens Wellbeing |
| CARE UK Charity | KABS | St Joseph Hospice |
| Carer's hub | Knowsley Disability Concern | St Roccos Hospice |
| Catalyst Science and Discovery Centre & Museum | LCRCA Digital Inclusion | Stott and Taylor |

| | | |
|---|---|---|
| CGL Knowsley | Lifetime | Stroke Association |
| Cheshire Community Action | Light for Life | Swan Women's Centre |
| Cheshire Connect | Lisa Davies Foundation | The Autism Wellbeing Project CIC |
| Cheshire Mind | Live! Cheshire | The Coalfields Regeneration Trust |
| Chester South Primary Care Network (PCN) | Liverpool CVS | The Momentum Trust |
| Chester Zoo | Living Well Sefton | The Positivitree |
| Children's Society | Love Jasmin | The Reader Organisation |
| Chinese Wellbeing | Lucem House Community Cinema Plus | The Royal British Legion |
| Chronically Supported CIC | Lymm Sanctuary | The Venus Charity |
| Citizens Advice Cheshire West | Macmillan Cancer Support | The Workers Memorial |
| Citizens Advice Halton | Marine in the Community | Tower Hill Community Hub |
| Citizens Advice Sefton | Maximum Edge CIC | Transform Lives |
| Citizens Advice St Helens | Mencap Liverpool | Trinity Safe Space Charity and Parish of St Wilfrid, Widnes |
| Clear futures communities CIC | Mental Health Matters | Trussell Trust |
| Come Together Hub CIC | Mersey Care NHS FT | United Utilities |
| Community Repair Solution | Merseyside SEND Network | Unity Lives Ltd |
| Deafness Resource centre | Merseyside Youth Association | Vision Support |
| Dial West Cheshire | Mind | Visyon |
| Digital Arts Box CIC | Mind Balance Solutions | Waiting Well Service |
| Domestic Abuse WA12 CIC | MSP - Active Partnership | Warrington & Halton Hospitals |
| Eco Therapy Garden | ND Directed CIC | Warrington Autism and Neurodiversity Group |
| Expanding Horizons | Neuronatters | Warrington Citizen Advice |
| Expect Ltd | NHS Cheshire and Merseyside | Warrington Disability Partnership |

| | | |
|---|---|---|
| Family First Pilot Team | North Liverpool United Inclusion CIC | Warrington Housing |
| Flourish and Succeed CIC | Northwich Community Partnership | Warrington Society for Deaf People |
| Formby Befriending Service | Old School Project | Warrington Visually Impaired People |
| Fortuna Female Society | One Knowsley | Willowbrook Hospice |
| Freedom to Flourish | OPAL Services | Windmill Hill Together |
| Frodsham, Helsby and Elton Together Community Partnership | Parr Sports & Community Centre | Women's Aid |
| Fuel Community Cafe CIC | People Empowered CIC | Wonder Neurodiversity CIC |
| Gateway Community LTD | Pilkington Family Trust | YMCA St Helens |
| Good Neighbours, WBA | Positive Life Workshops CIC | You Matter |
| GP Health Connect | Powered by Hip Hop CIC | Young People Supported Housing |
| Halton & St Helens VCA | Primary Care Cheshire | Youth Zone (Warrington) |
| Halton Adult Learning | Rape Crisis | |

# Appendix C — Structure of C&M VCFSE Alliance and useful links

C&M VCFSE Alliance comprises the two sub-regional VCFSE infrastructure partnerships - VS6 for Liverpool City Region and CWIP for Cheshire and Warrington – along with C&M VCFSE Health & Care Leaders Group (CMHCL) as illustrated below.


You can find out more about C&M VCFSE Alliance from the following links:

Cheshire and Merseyside VCFSE Alliance - NHS Cheshire and Merseyside

Cheshire and Warrington Infrastructure Partnership

VS6 partnership

The Alliance's work is carried out through the C&M VCFSE Health & Care Transformation Programme. You can find out more from the following links:

C&M VCFSE Health & Care Transformation Programme

Cheshire and Merseyside VCFSE Health and Care Transformation Programme Progress Report (July 2025) - Voluntary Sector North West

Health Creation - Voluntary Sector North West – which includes examples of the programme's work

# WORKING BETTER TOGETHER ENGAGEMENT REPORT

JULY 2026

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VS6 | Cheshire & Merseyside VCFSE Health & Care Leaders Group | Cheshire & Warrington Infrastructure Partnership | Voluntary Sector North West | NHS Cheshire and Merseyside