

How to include the VCFSE sector in Neighbourhood Health delivery

This practical briefing drawing on learning from Cheshire and Merseyside's Neighbourhood Health Pioneers St Helens and Sefton.

Context and aim

This briefing distils learning from a Cheshire & Merseyside Neighbourhood Health online seminar held on 8 Dec 2025. The webinar featured place leaders from the NHS and VCFSE sector and focused on how Integrated Care Systems (ICS), places and neighbourhoods can include the voluntary, community, faith and social enterprise (VCFSE) sector as core partners in Neighbourhood Health.

The learning particularly reflects the importance of Place-level governance in planning and delivering Neighbourhood Health, and how this creates the conditions for effective delivery across health neighbourhoods. A full set of slides and a recording of the webinar are here:

[Embedding VCFSE in Neighbourhood Health.](#)

Why the VCFSE sector matters

Trusted relationships, hyper-local reach, and holistic support allow VCFSE organisations to engage people statutory services often miss. In Sefton alone, the sector contributes £70.8m GVA per year, with ~3,950 employees and ~39,506 volunteers supporting ~2,765 local services. Local Infrastructure Organisations (LIOs) play a critical enabling role in Neighbourhood Health. They support coordination, capacity building, and representation across diverse VCFSE organisations, helping statutory partners engage effectively at scale and ensuring community insight informs system decision making.

1. Recognise VCFSE as a core partner

The VCFSE sector is not an “add-on” but an integral part of neighbourhood health capacity and team. VCFSE sector brings trusted relationships, community reach, and holistic support that statutory services often cannot achieve.

There needs to be a cultural shift from viewing VCFSE involvement as a cost to seeing it as an investment. This includes properly resourcing VCFSE sector participation and delivery, covering infrastructure, coordination, engagement time, and the real costs of co-design, co-delivery, and relationship building, not just short-term project funding.

Local Infrastructure Organisations (LIOs) should be embedded within Place-level governance structures responsible for planning and delivering Neighbourhood Health. This includes forums such as health and wellbeing boards, Place teams, and Place-based MDT arrangements. Embedding LIOs at Place level enables onward reach into neighbourhoods, supporting consistent engagement with wider VCFSE organisations, community groups, and lived experience networks, and ensuring neighbourhood models are shaped by community insight rather than isolated local relationships.

2. Embed VCFSE in Place (MDTs) and Integrated Neighbourhood Teams (INTs)

Place-based Multi-Disciplinary Teams (MDTs) should provide strategic coordination and shared oversight across neighbourhoods, while Integrated Neighbourhood Teams (INTs) operate at health neighbourhood level to deliver joined-up, person-centred care.

LIO involvement at Place MDT and governance level supports alignment, reduces duplication across neighbourhoods, and enables learning and good practice from INTs to inform Place-wide planning and decision making.

Move beyond VCFSE involvement being limited to referral routes. VCFSE organisations should be embedded within neighbourhood health delivery models, contributing directly to assessment, care planning, and ongoing support.

Shift away from siloed working towards co-delivery, including co-location, daily huddles, shared caseload discussions, and joint leadership. This enables trusted relationships, quicker problem solving, and more person-centred responses.

Recognise the distinct but complementary role of VCFSE partners in addressing non-clinical needs, building trust with communities, and sustaining engagement over time.

3. Co-production and community voice

Services should be co-designed from the start with VCFSE partners and local communities. Amplify community voice through forums, alliances, and lived experience consultation to ensure services reflect what matters to people, not just the system. Run neighbourhood hackathons to co-design solutions and surface lived experience. Use Sefton's Community Insight Tool to capture frontline themes (e.g., transport barriers, loneliness).

4. Data and local insight

Combine population health management (PHM) data with VCFSE sector local intelligence to identify high-need groups, understand unmet need, and tailor neighbourhood-level interventions. Equality of access to population health data is essential for LIOs to support sector development and ensure services meet local need. Through initiatives such as the Data Into Action Programme, VCFSE LIOs can upskill staff on business intelligence tools, creating designated data facilitators who help the sector access and interpret system-level data.

While some areas are already exploring how VCFSE activity and outcomes data can be merged with health system data, inconsistencies remain across Cheshire and Merseyside. Opportunities to combine VCFSE insight with system data, particularly in relation to social prescribing, remain an important aspiration. Building on these developments enables joint planning, evaluation, and evidence-based decision making across Place and neighbourhoods, recognising VCFSE insight as a core source of local intelligence.

5. Prevention, early intervention and continuity of care

VCFSE organisations are well placed to deliver preventative, early intervention, and community-based support, addressing health inequalities and wider determinants of health such as housing, isolation, and stress.

Neighbourhood Health models should prioritise continuity of care, ensuring people experience consistent support over time rather than short-term or fragmented interventions. Trusted VCFSE relationships can play a key role in maintaining engagement and preventing people from falling through gaps.

Develop models of co-delivery with the VCFSE sector that combine clinical and non-clinical support. Examples include trauma-informed ACE programmes, mental health pathways for young people, and support for people with complex lives. The children's respiratory health model combines clinical input with home and environmental support to achieve sustained outcomes.

6. Build on existing assets

Leverage existing VCFSE services, networks, and social prescribing link workers.

Consolidate the sector's voice through collective forums and advocate for its role in new models of care.

Use Place-based VCFSE infrastructure to coordinate engagement across neighbourhoods, strengthen system-community links, and ensure Neighbourhood Health models are scalable, consistent, and rooted in local need.

Case study examples

Sefton

ACE 10-week programme independently evaluated increased health checks and wellbeing. Community Insight Tool triggered harmful gambling training in Bootle; Home First integrated discharge and reablement showing increased home discharge and reduced length of stay.

St Helens

CIPHA used to identify people with multiple LTCs; prototyping cohorts across four neighbourhoods (frailty 65+, and adults 18–40 with COPD/asthma; CYP via Families First). INTs moving to shared leadership, co-location, and daily huddles.

The key message: Simplify and align

- Use place-level governance (e.g., Sefton People & Communities Group; St Helens NH Task Force).
- Standardise pathways, clarify roles, and reduce bureaucracy across neighbourhoods.
- Integrate delivery involving and working with your local VCFSE sector.
- Embedding LIOs in governance structures ensures sector insight informs planning and delivery across neighbourhoods, enabling consistent engagement and sustainable impact.



Recognise the VCFSE sector as a core partner

- Highlight sector's economic and social value
- Achieve sustainable funding



Embed VCFSE in integrated neighbourhood teams

- Move away from referral
- Adopt co-location, shared leadership, daily huddles



Co-production and community voice

- Listen and respond to lived experience
- Use community insight tools and hackathons



Use data and local insight

- Combine population health management with VCFSE intelligence
- Share data for joint planning and evaluation



Focus on prevention and early intervention

- VCFSE deliver preventative, community based programmes



Build on existing assets

- Leverage current VCFSE services, networks, and social prescribing offers