

Making neighbourhood integration a reality: Strengthening the strategic role of care providers



On 8 July 2026, My Home Life England held **a strategic event** exploring what **a more integrated approach to care could look like within neighbourhoods**.

The event, which also marked My Home Life England's 20th anniversary, brought together **about 75 representatives from care providers, local authorities, care associations, policy, research, health and academia**.

It provided an opportunity to reflect on how care providers can play a more strategic role within neighbourhood health and care systems, what might be possible if barriers between health, social care and housing communities were overcome, and the practical steps needed to make this happen.

With thanks to Sally Nieman for authoring this report on behalf of My Home Life England.

Introduction

Sir Anthony Finkelstein, President of City St George's, University of London opened the event by reflecting on his own experiences of a family member living with dementia, who received exceptional care in a care home characterised by patience, humanity and professionalism. He encouraged participants to think about social care as being at the centre of the conversation: integral to health, rather than adjacent to it. He also reminded us services should be built around people and communities, rather than systems.

Chris Lehmann, Director of ASC Strategy and Commissioning and Deputy DASS, Camden Council, reflected on the opportunity for care services to become central to the vision for integrated neighbourhoods. Chris outlined how care providers are often the eyes and ears of communities, and their knowledge and expertise must be recognised.

Tom Owen, Director of My Home Life England, shared a key message from My Home Life England's recent report *Improved outcomes through partnership working: A vision for social care* – relationships play a pivotal role in shaping outcomes and greater sector-system partnership.

What could equal partnership look like at its best?

Equal partnership was described as a neighbourhood approach in which health, social care, housing, voluntary organisations and communities share responsibility for improving wellbeing, rather than operating within organisational boundaries. Care providers bring their relationships and local knowledge into decision-making as valued, strategic partners, rather than being brought in simply to deliver services.

Messages from table discussions

Communities at the centre of care and wellbeing

Participants felt that neighbourhood approaches need to start with communities themselves: taking an asset-based approach, understanding local cultures and needs and co-creating solutions – “ask people what they need before creating services”. Neighbourhoods should be able to develop flexible approaches based on what already exists locally, rather than having one model imposed across different communities.

Participants favoured moving away from medicalised models towards approaches which recognise that wellbeing can be created through communities. Linked to this was the importance of using language that focuses on people rather than conditions.

Care providers recognised as equal partners

Social care remains poorly understood and overshadowed by health. Due to the relationships they develop with people, families and communities, care workers (and providers and practitioners) have significant expertise and local knowledge. They should be recognised as strategic partners as well as service providers, and play an important role in multidisciplinary teams, neighbourhood decision-making and the development of local solutions.

This requires a shift away from a 'them and us' culture towards mutual respect and genuine partnership between health and social care.

Care homes as community assets and neighbourhood hubs

Care homes could be viewed differently – not as standalone institutions, but as part of their local communities. Care homes could become neighbourhood hubs, opening their facilities to local people and developing stronger connections with community organisations - *“future care homes should act as community connectors”*. This would also create meaningful connection and engagement opportunities for people living in care homes.

A starting point for putting neighbourhood integration into practice is to make better use of what already exists – creating neighbourhood hubs which bring together libraries, community centres, supermarkets, cafes, hairdressers and other local facilities.

Housing as part of neighbourhood integration

Participants stressed that health and care integration is unlikely to succeed without housing being a fundamental consideration, alongside planning, community development and support needs. Housing partners should be fully involved in neighbourhood approaches - *“housing should not operate in isolation from wider neighbourhood services”*.

Prevention and community connection

There were calls for greater investment in community-based support, including social prescribing, prevention and bereavement services, that can reduce future demand on other services. It was also questioned whether commissioning decisions always reflect the evidence on long-term wellbeing, with calls for more test-and-learn approaches and greater use of evidence and sharing of what works.

Local relationships, navigation and connection

Trusted community connectors or ‘neighbourhood champions’ are vital in supporting people to access opportunities and services. Relationships are not an additional feature of integration but are fundamental to making it work. Care providers, who hold many relationships, thus have an important role in connecting people to wider neighbourhood resources.

What are the initial steps towards getting there?

An important step is to build relationships across sectors, bringing together care providers, Integrated Care Boards (ICBs), local authorities, housing, community organisations and other local partners, and creating the time and space to develop genuine partnerships around shared goals and outcomes.

Neighbourhood approaches should start by understanding what already exists locally: the strengths, assets, relationships, organisations and community networks that can contribute to wellbeing. Communities must be consulted on what they need, and existing local innovation should be built on, rather than starting from scratch.

Participants identified several practical enablers, including better data sharing, integrated technology, flexible and sustainable funding, stronger research capacity, outcomes-focused commissioning and national policy support. All of this must be supported by a better public understanding of social care.

Ideas to explore further

- **Care homes as neighbourhood hubs**

This could involve care homes opening their facilities and activities to local people, strengthening links with community organisations and creating more opportunities for people living in care homes to remain connected to and contribute to their communities.

- **Building stronger local navigation and connection**

Trusted neighbourhood champions, community health trainers, local navigators and community connectors could all have a role in connecting local people with services, communities and opportunities, alongside better recognition of volunteers.

- **Learn from what is already working**

Rather than developing new models, identify existing examples of effective neighbourhood working, understand what makes them successful and build the evidence around them. Small-scale pilots and 'test and learn' approaches could support ideas development before they are upscaled.

Conclusion

The event brought together a diverse group of people and created space for ambitious thinking alongside practical action. It reinforced the importance of building relationships across sectors, sharing learning and strengthening the voice of care providers.

Neighbourhood integration does not simply mean bringing existing services closer together. It requires a different way of working, built around people and communities with social care recognised as an equal partner. This means moving away from organisational boundaries, towards shared responsibility for the wellbeing of local communities.

Simon Bottery, Senior Fellow, Social Care, Kings Fund, reflected in his closing remarks that three challenges remain: **turning conversations into action; connecting policy reform with local innovation; and ensuring care providers have a stronger, more coherent voice within the wider health and care system.**

About My Home Life England

My Home Life England (MHLE) promotes quality of life for people wherever they are supported, by empowering confident care leaders and creating sustainable care systems. We do this through professional development programmes for care leaders, alongside innovative research and community engagement projects. Based within City St George's, University of London, we are part of the international My Home Life initiative.

MHLE works across all types of care organisations, including care homes, homecare, supported housing, NHS, statutory bodies, community organisations, and has worked with nearly 3,000 care leaders.

The impact of our Professional Support and Development Programmes includes:

- Improved leadership quality and promotion of a positive culture
- Staff retention and increased morale for leaders and teams
- Better engagement with regulators and commissioners
- Improved quality of support for individuals and families
- Reduced NHS pressures

For more information, please visit: **myhomelife.org.uk**