

The Great Debate: How can healthcare education prepare students to co-design and deliver care in partnership within a Neighbourhood Health Service?

What are the Challenges to Implementation?

- Resource constraints: Lack of funding and clarity on budgets for community-based initiatives.
- Third sector fragility: Charities and community organisations are folding due to financial pressures, undermining social prescribing.
- Workforce strain: Professionals are exhausted, and students face difficulty securing jobs.
- Short-termism: NHS budget cycles and policy shifts hinder long-term planning and sustainability.

What are the Educational Implications?

- Need for co-production in education: involving students, service users, carers, and communities.
- Importance of non-traditional placements: exposing students to deprived areas and community settings.
- Emphasis on confidence-building and reflective practice as educational outcomes.

Where is the Innovation and Champions?

- Radiator vs. Drain Metaphor (Jo Ward – thank you 😊).
 - Radiators: Individuals or organisations that energise, inspire, and drive change.
 - Drains: Those who deplete energy and resist innovation.
- How do we identify and support our ‘Radiators’?

What are the possible examples of Radiator Models?

- Creative Health Placements: eg Nature-based interventions and community garden projects that support mental health and well-being.
- Recovery Colleges: Peer-led services offering workshops and support, bridging NHS and community sectors.
- Ward Manager Leadership Programme: (led by FoNs) Co-produced culture of care standards and personalised risk assessments.
- Lived Experience Workers: Bringing unique perspectives and authenticity to mental health teams.

For future discussion?

- **How do we enable authentic co-production and ensure lived experience leadership?**
 - Key roles that were discussed and seemed to be instrumental in shaping culture and care standards,
 - Creative Health Placement, which includes lived experience as part of leadership and education.
 - Co-production leads with lived experience employed in a leadership programme for ward managers, aiming to embed person-centred care and co-production in inpatient mental health settings.
 - Peer support worker and mental health trainer lived experience roles are at the interface between NHS, third sector, service users, and community groups.

- **Is there a potential Radiator Model for Person-Centred Approaches?**
 - How do we identify and support our ‘Radiators’?
 - This will require a culture change and systemic shifts and a whole-system approach is needed to embed person-centredness.
 - Authenticity, compassion, and human connection are key to delivering meaningful care.
 - Empowering professionals and students to “show up” with authenticity
 - Leadership and collaboration across sectors are essential to overcome fragmentation.