



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Changemakers: Creativity and Value Creation Professions (BMHP5014)

Component 1: Online Portfolio of Set Exercises

Student Name: Queen Ogberahwe

Student Number: 2331785

Lecturer's Name: Caroline Salami

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Introduction

This assignment brings together a series of reflective and analytical tasks that explore creativity, innovation and value creation within health and social care. The

portfolio examines key concepts that shape modern practice, including innovation, creativity, value creation and organisational change, and applies them to real examples within the sector. It also evaluates how digital technologies and leadership behaviours support improvement in patient care and service delivery. Through case studies, research tasks and reflective activities, the assignment demonstrates how creative thinking contributes to solving complex challenges in health and social care settings. The final reflective entries show how my understanding has developed throughout the module and how this learning will influence my future professional practice.

Task 1- Defining Key Concepts in Practice

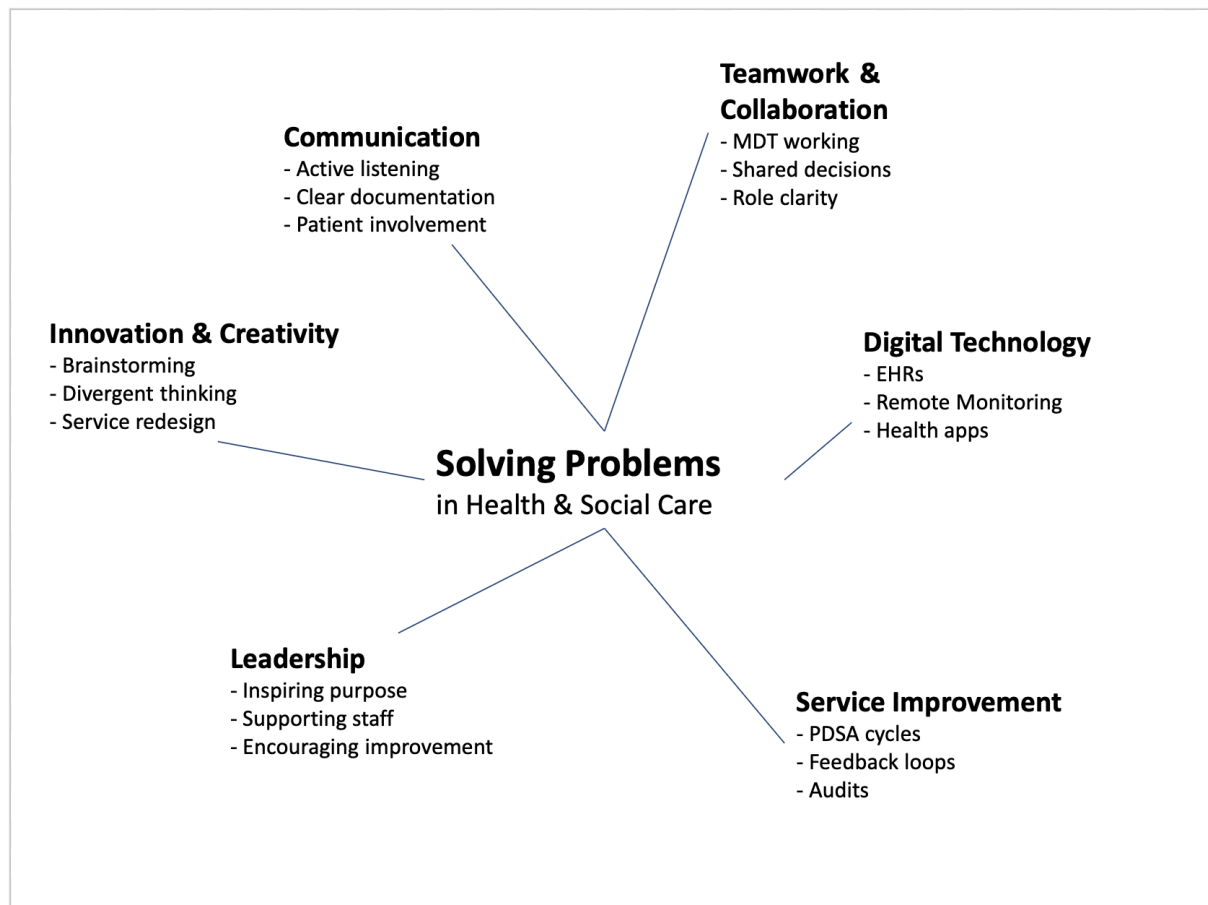
Innovation, creativity, value creation, and change are foundational concepts that guide improvement within health and social care settings. Innovation can be understood as the introduction of new or modified clinical practices intended to improve patient outcomes. Earl (2019) emphasises that innovative practice involves going beyond standard procedures to ethically advance medicine, requiring careful consideration of safety, patient benefit, and professional responsibility. In health and social care, innovation is essential because services must constantly respond to new health challenges. An example is the introduction of virtual monitoring technologies to support patients with chronic illness at home, reducing pressure on hospital services.

Creativity refers to the ability to generate original and useful ideas, particularly in complex and uncertain environments. Kim and Lee (2020) describe creativity in healthcare as involving flexible thinking, problem-solving, and the capacity to develop solutions that improve learning and practice. Creativity is vital in health and social care because professionals frequently need to adapt to diverse patient needs and unexpected clinical circumstances. For example, creative teaching methods, such as simulation-based learning, have enhanced clinical education and helped staff respond more effectively in real-world situations.

Value creation focuses on generating meaningful benefits for patients, organisations, and systems. Carter et al. (2025) explain that value within health systems is created through coordinated processes that align care delivery with outcomes that matter to patients. Nordgren and Åhgren (2013) further argue that value creation in hospitals depends on understanding health from the patient's perspective, including emotional, relational, and functional dimensions. A practical example is integrated care pathways for long-term conditions, which reduce duplication, improve communication, and enhance patient experience.

Change refers to the process of moving from an existing practice to a new and more effective one. Gesme and Wiseman (2010) highlight that implementing change in healthcare requires clear communication, leadership, and support to overcome resistance. Change is essential because health and social care services operate in dynamic environments influenced by policy shifts, technological advancements, and workforce needs. A clear example is the widespread adoption of electronic health records, which has transformed documentation, improved safety, and enhanced continuity of care.

Task 2 - Mind Map



Task 3 - Self-Reflection of Group Activity

Using Gibbs' reflective model, I explored my experience of the convergent and divergent thinking class activity. Divergent thinking involves generating a wide range of alternative ideas, while convergent thinking focuses on narrowing those ideas into the most effective solution, and research shows that both processes work together during creative problem-solving (Rawlings et al., 2025). During the activity, our group began with divergent thinking by sharing as many ideas as possible without judgement, which helped us view the problem from multiple perspectives. I felt comfortable at this stage because it allowed freedom and creativity. However, when we transitioned into convergent thinking, I noticed I became more cautious as we evaluated and reduced our ideas. Reflecting on this, I realised I naturally lean towards convergent thinking, preferring structured decision-making over open

exploration. This sometimes caused me to move too quickly to solutions, potentially limiting the creativity of the group. Research suggests that balancing divergent and convergent thinking leads to stronger creative outcomes, as evaluation must follow ideation for ideas to be meaningful (Wigert et al., 2022). Overall, I learned that I need to allow more time for idea generation before narrowing options, and in future group work I will stay longer in the divergent stage to support more innovative thinking.

Task 4 - Case Study Analysis of a UK Innovation

A useful example of UK health innovation is the adoption of AposHealth®, a foot-worn device for knee osteoarthritis in the NHS. The innovation applies creativity by using customised convex pods under the shoes to realign gait and redistribute pressure away from damaged joint areas, rather than relying solely on medication or surgery (NHS Innovation Service, 2023). This addresses a major problem: knee osteoarthritis causes pain and reduced mobility for millions of people, and conventional treatments can be invasive or ineffective for some patients (NHS Innovation Service, 2023; National Institute for Health and Care Excellence [NICE], 2023). The value created includes reduced pain, improved function, and the possibility of delaying knee replacement, which benefits both patients' quality of life and NHS resources (NICE, 2023). A patient case in the Innovation Service report describes avoiding knee replacement and returning to everyday activities with less pain after using the device (NHS Innovation Service, 2023). Early evidence from UK rollout suggests reductions in pain and low back symptoms, and potential delays in arthroplasty, indicating positive outcomes for both patients and service delivery (AposHealth, 2025). Overall, this case shows how creative biomechanics can generate meaningful value in NHS musculoskeletal services.

Task 5 - Research Task

A significant current issue in health and social care is digital exclusion, where some groups cannot access or use digital health services such as online appointments, electronic records, or remote monitoring. Research shows that digital exclusion

creates inequalities in access to care and worsens health outcomes. Middle and Welch (2022) found that people living with severe mental illness often lack digital skills, confidence, and access to devices, which limits their ability to engage with online health platforms. Their study reported that many participants experienced increased isolation and poorer continuity of care because they could not use digital tools that had become routine in health services.

Further evidence from Wilson et al. (2024) demonstrates that digital exclusion is strongly linked to sociodemographic factors. Their literature review identified six groups most at risk, including older adults, people with low education levels, individuals with sensory impairments, those on low incomes, and people living in rural or deprived areas. These groups often lacked internet access, digital literacy, or affordable devices, making it harder for them to benefit from digital healthcare innovations. Together, these studies show that digital exclusion is driven by structural and socioeconomic factors that limit equal access to modern healthcare.

Task 6 - Exploring Digital Innovation in Health and Social Care

Wearable health technologies such as smartwatches and activity trackers play a significant role in supporting people with chronic conditions by enabling real-time monitoring of symptoms, behaviours and physiological indicators. Huhn et al. (2022) highlight that wearable devices allow continuous collection of health data, giving patients and clinicians a more accurate understanding of disease patterns and progress over time . This helps patients become more engaged in self-management because they can track metrics such as heart rate, sleep, mobility and physical activity, allowing earlier detection of deterioration. Wearables also support clinical decision-making by providing objective data that complements traditional assessments. For example, a patient with chronic heart failure may use a smartwatch to monitor cardiovascular activity and receive alerts when readings fall outside personalised limits. This early warning can prevent hospital admissions and improve long-term health outcomes.

Electronic Health Records improve collaboration by giving healthcare professionals shared access to up-to-date patient information. Vos et al. (2020) found that EHRs improve coordination by allowing clinicians to view medical history, test results and treatment plans at any time, enabling informed decision-making across different specialties. Features such as shared overviews, messaging functions and documentation tools help teams stay updated on patient progress, which reduces delays in communication. Although the study noted some challenges including administrative burden and differences between discipline interfaces, overall EHRs supported more consistent communication than paper-based systems. A practical example is multidisciplinary cancer care where oncologists, radiologists, nurses and pharmacists can collaborate more effectively when they access the same digital record. This reduces duplication, supports safer decision-making and promotes smoother patient pathways.

Digital technologies offer new ways to support preventative care by helping people monitor health risks, adopt healthier behaviours and access early interventions. De Santis et al. (2022) explain that digital tools including mobile apps, online programmes and wearable sensors can enhance health promotion by delivering tailored information and tracking behaviours that influence long-term health. For example, digital platforms can support older adults in increasing physical activity, managing diet or monitoring blood pressure. A hypothetical example is a community health app that sends personalised reminders to encourage daily walking, provides short exercise videos and alerts users when their activity levels decrease. Data collected through the app could be shared with health professionals, allowing early identification of risk factors such as reduced mobility or falls. These forms of digital engagement make preventative care more accessible and help reduce future illness burden.

Task 7 - Understanding the NHS Leadership Framework

The NHS Leadership Framework provides a single, system-wide model describing the behaviours all health and social care staff should demonstrate, regardless of role or seniority. Its purpose is to ensure leaders can deliver safe, effective and

patient-centred services by promoting consistent behaviours across the workforce. The framework contains seven domains, with five core areas: Demonstrating Personal Qualities, Working with Others, Managing Services, Improving Services, and Setting Direction. These domains emphasise self-awareness, collaboration, evidence-based decision-making, and a commitment to continual service improvement (NHS Leadership Academy 2011, p. 6). Two additional domains, Creating the Vision and Delivering the Strategy, apply particularly to senior leaders and focus on shaping and communicating organisational goals (NHS Leadership Academy 2011, p. 10). The framework is important because it guides staff development, enhances teamwork, supports patient safety and quality improvement, and underpins leadership training across health and social care (Manley & Jackson 2024).

Inspiring shared purpose helps leaders create a meaningful direction that motivates teams and encourages creativity. A leader using this behaviour would clearly communicate the reasons behind service goals and involve staff and service users in shaping them. The NHS Leadership Framework highlights that effective leaders help people understand how their contributions improve patient care and create conditions where new ideas are encouraged (NHS Leadership Academy 2011, p. 31). By involving staff in co-designing improvements, leaders build ownership, which research shows strengthens engagement and innovation in practice settings (Manley & Jackson 2024). This behaviour ultimately improves patient experience by aligning team creativity with shared values.

Task 8 - Self-Reflection Journal Entry

During this module, my understanding of creativity and value creation in health and social care has grown much deeper. At the start, I saw creativity as simply generating ideas, but I now recognise it as a purposeful process that helps improve services, patient experiences and ways of working. Activities such as the divergent and convergent thinking exercise showed me how different thinking styles contribute to problem-solving. The case studies on digital innovation and leadership behaviours

helped me see how creativity becomes meaningful when it leads to real improvements for patients or staff. I also realised that value creation is not just about efficiency, but about delivering outcomes that genuinely matter to people. This learning has influenced how I think about my future practice, as I feel more confident contributing ideas, questioning existing processes and engaging in quality improvement. I now see myself as someone who can actively support innovation in my workplace.

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