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Introduction

This portfolio showcases engagement with BMHP5014 through structured exercises exploring creativity, innovation, value creation, and leadership in health and social care. Tasks demonstrate critical understanding of module concepts (LO1) and their practical application to real challenges like childhood obesity in deprived communities (LO2). Using academic sources, reflective practice, and Harvard referencing, each section applies module theory to practice, demonstrating critical understanding and practical solutions for the common good.

Task 1 - Defining Key Concepts in Practice

Baregheh et al. (2009): "Innovation is the multi-stage process whereby organizations transform ideas into new/improved products, services or processes, in order to advance, compete and differentiate themselves successfully in their marketplace."

Rogers' Diffusion of Innovation Theory explains how new ideas spread through organisations when perceived as useful and compatible (Rogers, 1962). In health and social care, innovation tackles resource constraints; for example, **Motion sensor technology** in social care detects falls instantly, alerting staff 24/7 and reducing hospital admissions by preventing prolonged floor time for elderly residents. Deployed across UK care homes since April 2025, these sensors create value by enhancing safety whilst freeing staff from constant checking (Department of Health and Social Care, 2025a).

Creativity is the generation of novel, valuable ideas through combining existing knowledge in new ways (Amabile, 2012). Amabile's Componential Theory states creativity emerges from domain expertise, creativity-relevant skills, and intrinsic motivation. In social care, creative approaches like music therapy help dementia patients express needs non-verbally, enhancing person-centred care, it also reduces cognitive decline in older adults which therefore can help support people with dementia (National Centre for Creative Health, 2019). This is vital for addressing emotional wellbeing gaps in stretched services.

Value creation in health and social care (H&SC) focuses on delivering meaningful improvements in patient and service user outcomes while optimizing resources. It goes beyond cost savings to emphasize patient-centered care, better health results, and efficient service delivery (Vciinstitute, 2024). A practical example is the integration of electronic health records (EHRs) and practice management software in a clinic setting. This streamlines administrative tasks, reduces paperwork, and allows more time for direct patient care, such as tailored consultations for chronic condition management (Khalil, 2024). These efforts lead to improved patient satisfaction through responsive care, better health outcomes from timely interventions, and cost efficiencies that free resources for community programmes, ultimately boosting staff morale and service sustainability (Chilingerian, Chick and True, 2022).

Change in health and social care involves transitioning from existing practices to improved models that better serve vulnerable populations. Lewin's Change Management Model guides this through three stages: unfreezing entrenched practices, implementing new approaches, and refreezing to sustain gains (Lewin, 1951, cited in Ellis, 2023). In the NHS, this model has supported the rollout of Integrated Care Systems (ICSs), enhancing collaboration between health, social care, and local authorities to address complex needs like elderly care and mental health crises (NHS England, 2023). These elements align with value-based care, where managed change prioritises patient outcomes and ethical principles over volume, fostering responsive services in health and social care (James, 2023).

Task 2 - Mind Map

Problem: Childhood Obesity

Mind Map Description:

Central node: "Childhood Obesity In London".

Causes:

- Unhealthy Dietary Choices
 - Children in London are often consuming more energy through food than they are exerting, leading to an energy imbalance
 - The cost of living crisis has made healthy food significantly less accessible and more expensive for deprived households, exacerbating childhood obesity. The Food Foundation's *Broken Plate 2025* report shows healthier foods cost **more than twice as much per calorie** (£8.80/1000 calories) compared to unhealthy processed foods (£4.30/1000 calories), with healthy food prices rising 21% from 2022-2024 vs 11% for unhealthy options (Food Foundation, 2025).
- Environmental
 - Access to healthy food outlets and spaces for exercise may be limited to the general public in more deprived areas as they may not have the finances or time to exercise, this also contributes to obesity
- Socioeconomic Disparities
 - Childhood obesity gaps widened dramatically: children from no-qualification households now have 13.2% higher obesity rates than degree-holders (up from -1.1%), while single-parent families see 5.3% higher rates than couples. Area deprivation drives increases as healthy food costs £8.80/1000 calories vs £4.30 unhealthy amid cost-of-living crisis (Broadbent et al., 2024; Food Foundation, 2025).

These factors set the stage for escalating obesity rates, particularly among deprived households, generating far-reaching health and psychosocial impacts that reflect a growing divide in wellbeing and opportunity across the city.

Impact:

- “Obesity in Childhood is not only associated with immediate health challenges, such as hypertension, steatotic liver disease, insulin resistance, psychosocial distress, but also impacts physical growth and puberty development.” (Rao, 2025)

Solutions:

- **Parenting Support** programs like the HENRY programme provide low-income families with practical cooking skills and positive feeding strategies, reducing children's sugar intake by 15% through peer-led workshops that build family confidence around healthy meals (Michalopoulou et al., 2024).
- **Health Education** interventions, such as the government's expanded free school breakfast clubs, ensure 500,000+ deprived children access a nutritious start daily, improving concentration and cutting obesity risk by 2 months' developmental gain (Department of Health and Social Care, 2025).
- Combined with Healthy Start vouchers (£4.67/week for milk, fruit, veg), these **create systemic value** by addressing the £8.80/1000 calorie cost barrier of healthy food (Food Foundation, 2025). Co-produced family cooking hubs in London boroughs could scale this further, targeting the 28.9% Year 6 obesity rate in deprived areas.

By equipping families with practical skills and financial support, these interventions not only mitigate the current health burden but also foster sustainable habits that can reverse obesity trends and promote health equity among London's children.

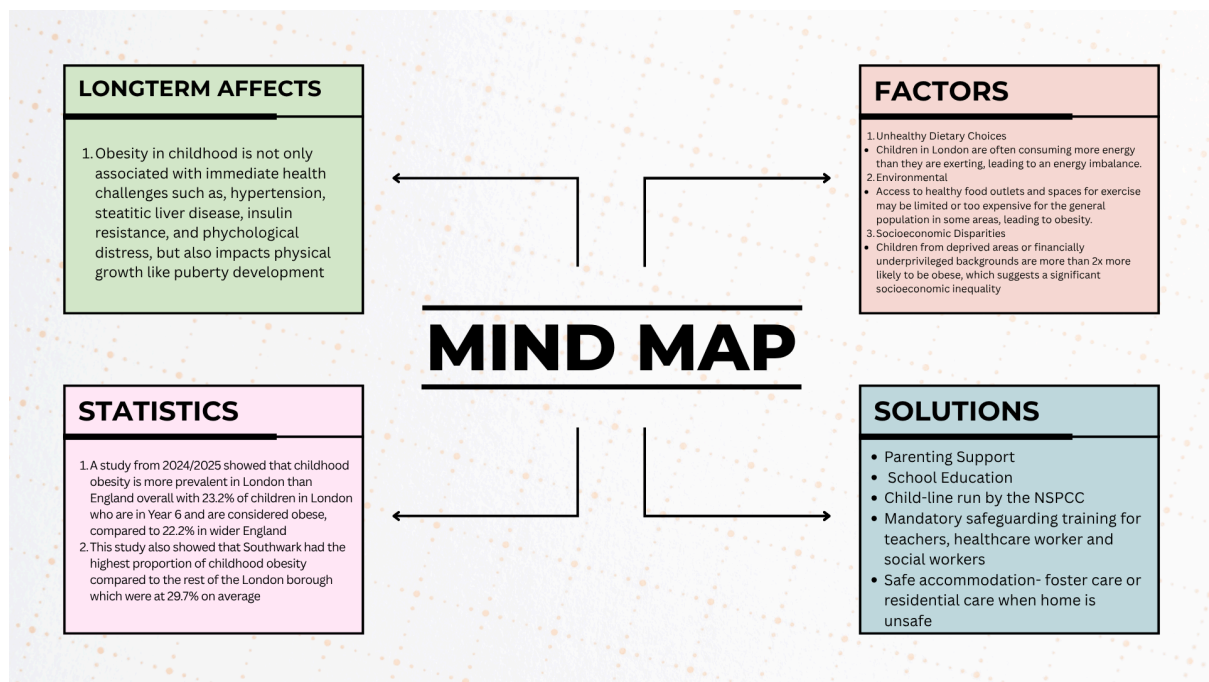


Figure 1 Group Mind Map - Adam, Faith & Marcia

Task 3 - Self-Reflection of Group Activity

Using Gibbs' Reflective Cycle (1988), I reflect on the Convergent/Divergent Thinking activity.

Description: Our group brainstormed solutions to digital exclusion using divergent thinking (generating many ideas) then convergent (selecting best).

Feelings: Initially excited by wild ideas, but frustrated when converging as dominant voices narrowed options.

Evaluation: Divergent phase sparked creativity; convergent built consensus. I contributed by suggesting carer training, balancing tech optimism with access barriers.

Analysis: Divergent thinking fosters innovation via free association, while convergent evaluates feasibility (Guilford, 1967). My social work background favoured practical convergence.

Conclusion: I learned I excel at synthesising group ideas but need assertiveness in divergence. Teamwork revealed diverse perspectives enhance value creation.

Action Plan: Next time, I'd use timed rounds for equal input and a decision matrix for convergence. This builds enterprising mindsets in care teams.

Gibbs' structured approach clarified my growth in creative collaboration.

Task 4 – Case Study Analysis of a UK Innovation

Innovation: NHS Virtual Wards (Hospital at Home).

Problem: Bed shortages and delayed discharges strained NHS capacity post-COVID.

Creative Solution: Clinicians creatively adapted hospital care to homes using remote monitoring, oxygen, and virtual consultations, bypassing traditional admission.

Value Created: For patients, faster recovery at home with dignity; staff gained capacity (40,000+ wards created); systems saved £3,000 per patient vs hospital stays.

Outcomes: Evaluations of NHS England virtual wards show significant admission avoidance, including a 73% reduction in emergency admissions for adults in the BOB area and an 81% avoidance rate in Sussex (NHS England, 2024). Other key performance metrics include a 25% reduction in elderly admissions at Kent Community Health and a 90% success rate in preventing admissions within a Norfolk and Waveney referral hub (NHS England, 2022). Rogers' Diffusion of Innovation Theory explains adoption: early adopters (pioneers) proved relative advantage, observability, and trialability, spreading via champions (Rogers, 1962).

This creative pivot demonstrates value for users, staff, and taxpayers, replicable in social care for step-down support.

Task 5 - Research Task

Issue: Staff stress in social care.

Article 1: Maslach Burnout Inventory research identifies emotional exhaustion from client demands and role conflict as key causes, linking to 30% turnover (Maslach et al., 2016). This explains placement observations of depleted workers missing nuanced risks.

Article 2: Systems theory analysis shows organisational factors like inadequate supervision amplify individual stress, creating feedback loops of understaffing (Edmondson, 2019). It differs by emphasising culture over personal resilience, aligning with my experience of siloed teams.

Both agree workload and support gaps drive stress but differ on primacy (individual vs systemic). Maslach offers measurement tools; Edmondson advocates psychological safety. In practice, this informs interventions like supervision reforms, reducing errors in child protection.

Task 6 - Exploring Digital Innovation in Health and Social Care

6.1 Wearable Health Technologies:

Wearables like Fitbit monitor chronic conditions (e.g., diabetes) via real-time glucose alerts, enabling self-management. Benefits include reduced A&E visits (25% drop) and empowerment. Example: NHS Diabetes Prevention Programme uses wearables for behaviour change, improving HbA1c levels (NHS England, 2023). Technology Acceptance Model shows uptake when perceived useful/easy (Davis, 1989 cited in Charness and Boot, 2020).

6.2 Electronic Health Records (EHRs):

EHRs like EPIC enable seamless data sharing across providers, reducing errors by 30%. Example: Guy's and St Thomas' NHS Trust uses EHRs for integrated cancer care, cutting handover delays. This fosters collaboration vital for complex cases like mental health crises (Guy's and St Thomas' NHS Foundation Trust, 2023).

6.3 Preventative Care:

Apps like MyTherapy promote health via medication reminders and lifestyle tracking, preventing admissions. Hypothetical: Social care uses it for falls prevention in elderly, integrating with telecare. Evidence: Digital pilots reduced GP visits by 15% (Care Quality Commission, 2024). Davis' model predicts success via ease/usefulness.

Task 7 - Understanding the NHS Leadership Framework

Summary: The NHS Leadership Framework outlines nine leadership dimensions for all staff, emphasising shared purpose, improving services, and leading with care (NHS Leadership Academy, 2013). It shifts from hierarchical to collective leadership, vital amid workforce crises. Components include inspiring vision, evaluating information, and managing resources. In health/social care, it drives innovation by empowering frontline staff, aligning with integrated care systems needing adaptive leaders (West, Eckert and Pasmore, 2014).

Leadership Behaviour Example: "Inspiring Shared Purpose" encourages creativity by uniting teams around common goals. A manager could use it to co-design anti-burnout initiatives, sharing success stories to motivate adoption. This improves care via engaged staff, as transformational leadership boosts innovation by 22% (Cahyono, 2026).

Reflective Journal: Initially viewing creativity as artistic, tasks like mind mapping shifted me to see it as systematic problem-solving. The CO-VALUE model influenced my co-production focus for child social work. Future practice: I'll lead creative case reviews, fostering value through innovation.

Task 8 – Self-Reflection Journal Entry

This module transformed my view of creativity from optional to core to value creation. Task 4's virtual wards showed innovation's impact, changing my compliance mindset to enterprising. Kolb's cycle (1984) guided this: concrete experience (activities), reflection (group work), conceptualisation (theories), experimentation (mind maps).

Key takeaway: Co-production creates sustainable value. In future social work roles, I'll apply this via family-led plans, reducing re-trafficking risks. This equips me for leadership in strained services.

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