



CHANGEMAKERS: CREATIVITY AND VALUE CREATION
PROFESSIONS (BMHP5014)
COMPONENT 1: ONLINE PORTFOLIO OF SET EXERCISES
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Introduction

This assignment has explored the areas of creativity, innovation, value creation and change within the health and social care sector within the UK for Social Work. It consists of 8 tasks in total and outlines and explains the key concepts within the health and social care sector. It includes a case study of an innovative product currently being used within the NHS. It includes a comprehensive review of current research within a key work force issue currently within the health and social care sector. In addition, it includes a reflective account of learning and development for the module. The 8 tasks within this assignment have explored creative solutions to improve the health and social care system and have utilized health and social care practice and research to highlight current solutions to meet the changes in health and the needs of service users within the UK.

Task 1: Defining Key Concepts in Practice

Innovation

Innovation within health and social care services is about introducing new practices, services or processes to improve aspects of practice or services and achieve better outcomes for users of services and carers (west and farr,1990). This does not have to be about technology; many examples of innovation have been about ways of delivering existing services or about working in new ways to support individuals in different ways. Diffusion of innovation refers to the process of any new idea or technology going through a process of diffusion as it moves through an organization and is adopted by the staff of that organization (rogers,2003).

Creativity

It's a capacity of practice which is 'mundane' in application whilst grounded in knowledge, skills of practitioners and a structured reflection process in order to create support which is 'novel' or 'new'. Such novel applications or support can be developed through for example a social worker creating a local voluntary sector organization to provide support via a peer mentoring scheme for young people in care. The componential theory of creativity by Amabile (1996) describes how skills, knowledge and motivation can be combined in order to create useful and novel creative ideas.

Value Creation

Value in healthcare is delivered when high quality of service is provided that leads to improved outcomes for the patient in relation to the costs of providing the service (Porter, 2010). Value in social care is also delivered through the creation of social value. This refers to the support that people are given to live as independently as possible and to re-able themselves in order to live safely and successfully in their own homes and communities.

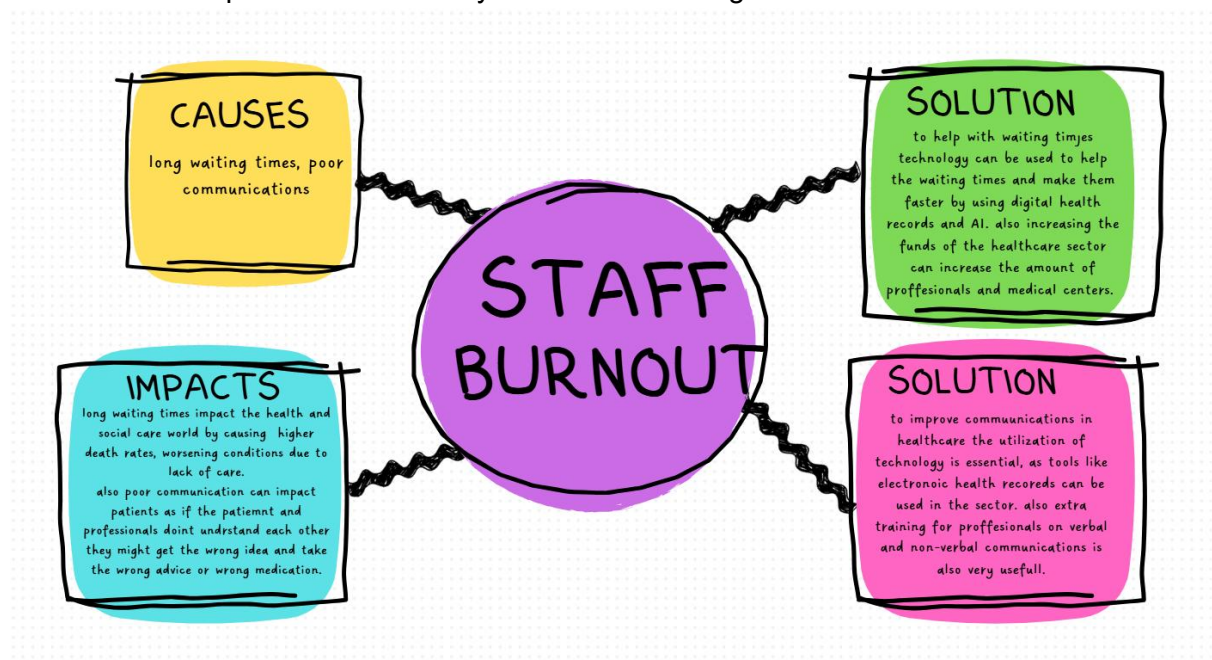
Value is also created through community focused services that are based in community settings as opposed to residential settings.

Change

Change within health and social care is a process which involves all individuals, teams and organizations to alter from their current method of practice to a more improved practice in order to deliver better outcomes for service users and carers (Cameron and Green, 2019). This process of change can be managed by social care practitioners and managers in order to deal with constant health and social care change which is influenced by health and social care policy and service re-design. Many models of change have been developed in order to aid individuals and organizations in managing change. One of the most commonly used models is Lewin's Change Management Model (Burnes, 2017). The Change Management Model consists of three stages. Which are 'unfreezing', 'change', 'freeze'.

Task 2: Mind Map – Staff Burnout in Social Care

Staff burnout in the social care sector is becoming an increasing problem not only for staff but also for service users and the wider health and social care system. Below is a mind map that outlines the problem and the key issues surrounding it.



Task 3: Self-Reflection on Convergent and Divergent Thinking Activity

The following reflection uses Gibbs' Reflective Cycle (1988) to critically analyse my group work, where we came up with a multitude of creative solutions for a given social care staffing problem. As the names of Divergent Thinking and Convergent Thinking suggest, Divergent Thinking is a type of thinking that is used for producing a wide and varied amount of ideas to solve a given problem. Convergent Thinking on the other hand is used for deciding on the best solution from the various ideas that have been produced by Divergent Thinking.

The convergent and divergent thinking activity was based around a problem in social care staffing, and the group worked well to come up with a large number of solutions to the problem. The initial section of the activity was designed to promote divergent thinking and to produce as many ideas as possible relating to the problem in hand. However, in the second section of the activity, designed to promote convergent thinking and to evaluate the solutions that had been produced and to decide on the most suitable solution to the problem, some of the group members seemed uncomfortable at having to discard some of the earlier solutions.

Evaluation: The activity worked very well overall. The Divergent Thinking aspect of the activity was particularly effective at generating a lot of creative ideas for dealing with the social care staffing challenge. The subsequent Convergent Thinking was also effective at evaluating all of the ideas that had been generated and choosing the most appropriate solutions for each scenario. The only part of the activity that did not work as well as the rest was the transition between the two aspects of thinking.

Task 4: Case Study – NHS Digital Mental Health Therapy Tools.

The innovation selected for this task is the NHS's rollout of digital mental health therapy tools, including Computerised Cognitive Behavioural Therapy (cCBT) platforms such as SilverCloud and Beating the Blues, made available through NHS Talking Therapies (formerly IAPT) services across England.

Wearable Health Technologies and Chronic Condition Management

A team of clinicians and designers from NHS Digital have creatively adapted in to online format a number of evidence based treatments for a number of mental health and other illnesses that affect people's lives. These programs have been developed into online Computerised Cognitive Behavioural Therapies (cCBT) that can be used by individuals at their own pace for their mental health treatment. These cCBTs have been developed into structured treatments that replicate the therapeutic relationship found in traditional face to face or group based treatments with a clinician.

Value: Digital tools have the potential to increase access to psychological therapies, reduce waiting times and increase service user choice and flexibility. In addition, they can provide the NHS with an innovative and cost effective method of increasing access to psychological therapies without the need for increased staff.

Outcomes: As previously stated the NHS Talking Therapies have managed to achieve recovery rates of over 50% of service users referred to them. The use of digital therapy in particular is being used to treat individuals with milder presentations of mental health problems as they are more suited to this form of treatment (Clark et al., 2018). The Diffusion of Innovation Theory, developed by Rogers (2003) explains how health care ideas are diffused over time by those who perceive them to be useful, easy to use and beneficial to themselves and others.

Task 5: Research Task – Staff Burnout in Social Care

For Research Task 5 I chose the issue of staff burnout in social care. This is a major problem for the sustainability of the social care workforce and for delivering good quality services to users in social care across the UK.

Article 1: Ravalier, A. et al. (2021). Working conditions and wellbeing of social workers in England: Findings from a national survey. *Child & Family Social Work*, DOI: 10.1111/1750-8606.13204. This article explores the working conditions of the social work workforce in England and the impact that these have upon their wellbeing. The article draws upon a national survey conducted with social workers across England that utilized Maslach's (1982) Burnout Measure to establish the degree to which participants were experiencing three dimensions of burnout: emotional exhaustion, depersonalisation and reduced personal accomplishment.

Article 2 for Task 4: McLean et al. (2020) explored the relationship between supervision and burnout in frontline health and social care workers in a qualitative study. The findings of the study highlighted how having high quality reflective supervision on a regular basis was the strongest factor in protecting against burnout. It outlined how those who received regular and effective supervision reported higher levels of job satisfaction and had reduced levels of emotional exhaustion. Furthermore, those who received effective supervision reported higher levels of confidence as professionals. The study highlighted a number of barriers to effective supervision at an organizational level, including a lack of time for supervision and managers lacking the skills to provide effective supervision.

Task 6: Exploring Digital Innovation in Health and Social Care

6a: Wearable Health Technologies and Chronic Condition Management

Wearable health technologies and apps for the management of long-term health conditions have become increasingly popular in recent years. By monitoring individuals in real time in relation to their health on an ongoing basis, individuals are able to recognize when their health is declining and take action to prevent hospitalization. A number of examples of wearable health technologies exist, including smartwatches and continuous glucose monitors. For example, individuals with type 2 diabetes are able to track everything that they eat and drink by using a continuous glucose monitor and also find out the level of glucose in their blood at any time (Davis, 1989).

6b: Electronic Health Records and Improved Communication

Electronic Health Records (EHRs) can transform the ways in which health and social care professionals communicate with and share information about service users and patients. The health and social care sectors are becoming increasingly integrated and as a result, there is a greater need for professionals to work together as part of a multi-disciplinary team in order to deliver effective care.

6c: Digital Technology for Preventative Care and Health Promotion

Innovative use of digital technology can also support health promotion and preventative health care. A good example of this are the mental health apps which the NHS have recently endorsed and are promoting. Many of these apps enable access to free online mindfulness

and meditation sessions, including free trials with apps such as Headspace and Calm. In social care a local authority could commission a wellbeing platform for people who use services and their families and carers. The online platform could offer a range of online guided relaxation sessions, online peer support forums as well as access to local support and services.

Task 7: Understanding the NHS Leadership Framework

The NHS Leadership Framework is a model of the leadership behaviours expected of health and social care workers. The Framework outlines seven domains that detail the behaviours expected of a leader within health and social care. At the core of the NHS Leadership Framework are a number of personal qualities expected of every health and social care worker. These are followed by behaviours that describe working with others, managing services and others, improving services, setting direction, creating a vision and delivering a strategy. The behaviours described in the Framework are those expected of a leader creating cultures and delivering services of high quality in complex people-centred environments. The NHS Leadership Framework is significant as it provides a shared language and a set of expected behaviours for all professionals working within health and social care in multidisciplinary teams. This Framework provides a tool for professional development, accountability and continuous improvement. This would also enable staff to work in teams and come up with solutions to complex problems. For example a service manager could celebrate good practice and share this with other team members. This would create a culture of ongoing improvement where staff are expected to continuously improve their practice on an on-going basis. (Bass and Avolio, 1994).

Task 8: Self-Reflection Journal Entry

I have recently come to understand that creativity in social care is not limited to ways of practicing art based therapy or running creative writing groups with service users. Innovation in health and social care is not just about technology or large scale change in organizations. The innovation in health care is delivered in a lot of different ways and using creativity in this is key to ensure that the needs of people are being met. This task was really eye opening as it explained in great detail examples of innovative practice within the NHS digital therapy tools. These are examples of existing practices and creative people have come up with new ways of delivering established therapeutic work using technology in order to reach people who would not normally have access to them. This has made me think of how I can be creative in my future social work practice. As I proceed to the placement I will be taking with me a commitment to creative thinking, practicing a strengths-based approach and being open to other innovative approaches used within the social care field.

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