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University of Wales
Trinity Saint David

Programme: BSc (Hons) Health and Social Care

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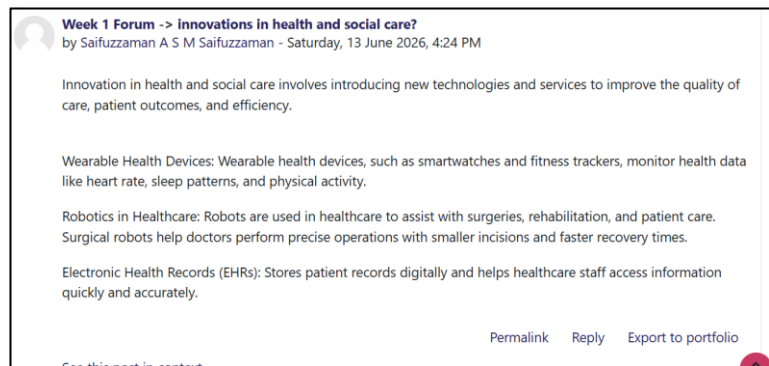
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Introduction

Health and social care services are constantly evolving because of changing patient needs, technological developments, and increasing demands on healthcare systems. Innovation and creativity have become essential for improving the quality, efficiency, and sustainability of services. Healthcare professionals are expected to identify problems, generate creative solutions, and implement changes that create value for patients, organisations, and communities. This portfolio explores the importance of innovation, creativity, value creation, leadership, research, and digital technology within health and social care. It also reflects on personal learning experiences and demonstrates how theoretical concepts can be applied to practical situations. Throughout the portfolio, academic literature and recognised theories are used to support discussion and demonstrate an understanding of creativity and innovation in contemporary health and social care practice.

Task 1 – Defining Key Concepts in Practice

Innovation refers to the introduction or implementation of new ideas, methods, or technologies that improve existing services or create better outcomes. According to the Cambridge Dictionary (2023), innovation involves the use of new ideas and methods, while the Care Quality Commission (2021) explains that innovation



Week 1 Forum -> innovations in health and social care?
by Saifuzzaman A S M Saifuzzaman - Saturday, 13 June 2026, 4:24 PM

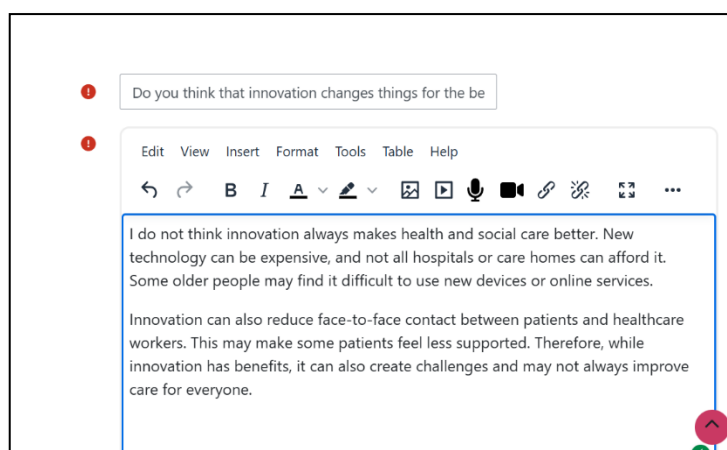
Innovation in health and social care involves introducing new technologies and services to improve the quality of care, patient outcomes, and efficiency.

Wearable Health Devices: Wearable health devices, such as smartwatches and fitness trackers, monitor health data like heart rate, sleep patterns, and physical activity.

Robotics in Healthcare: Robots are used in healthcare to assist with surgeries, rehabilitation, and patient care. Surgical robots help doctors perform precise operations with smaller incisions and faster recovery times.

Electronic Health Records (EHRs): Stores patient records digitally and helps healthcare staff access information quickly and accurately.

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Do you think that innovation changes things for the be

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I do not think innovation always makes health and social care better. New technology can be expensive, and not all hospitals or care homes can afford it. Some older people may find it difficult to use new devices or online services.

Innovation can also reduce face-to-face contact between patients and healthcare workers. This may make some patients feel less supported. Therefore, while innovation has benefits, it can also create challenges and may not always improve care for everyone.

has transformed health and social care by improving treatments, communication, and service delivery. Innovation is important because it enables organisations to respond to changing healthcare needs and improve patient outcomes. For example, the NHS has increasingly adopted digital

technologies such as electronic health records and telehealth services to improve efficiency and patient safety. Rogers' Diffusion of Innovation Theory suggests that successful innovations spread gradually through organisations when staff recognise their benefits and adopt new practices (Rogers, 2003).

Creativity is the ability to generate ideas that are both original and useful. Amabile (1996) defines creativity as producing something new and valuable through the combination of knowledge, skills, and intrinsic motivation. Within health and social care, creativity allows professionals to develop person-centred solutions to complex problems while improving patient experiences. For example, care providers have introduced personalised dementia activities using music and art therapy to enhance wellbeing and quality of life. Amabile's Componential Theory of Creativity explains that creativity develops through the interaction of expertise, creative thinking skills, and motivation (Amabile, 1996).

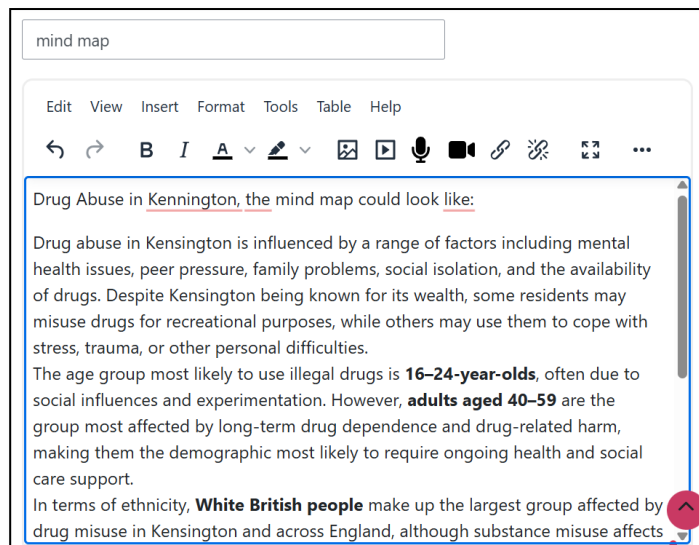
Value creation refers to improving outcomes while making effective use of available resources. In healthcare, value is achieved when patients experience better health outcomes relative to the costs of delivering care (Porter, 2010). Creating value is essential because health services operate within limited financial and workforce resources. An example is the Shared Lives programme, which supports individuals within community settings instead of institutional care, improving independence while reducing healthcare costs (Care Quality Commission, 2021).

Change refers to the planned or unplanned process of moving from existing ways of working to improved practices. Change is essential in health and social care because organisations must continually adapt to new evidence, policies, technologies, and patient expectations. For example, following the COVID-19 pandemic, many NHS organisations rapidly expanded virtual consultations to maintain safe access to healthcare. Lewin's Change Management Model explains that successful organisational change occurs through unfreezing current practice, implementing change, and refreezing new behaviours to ensure long-term improvement (Burnes, 2017).

Task 2: Mind Map Analysis

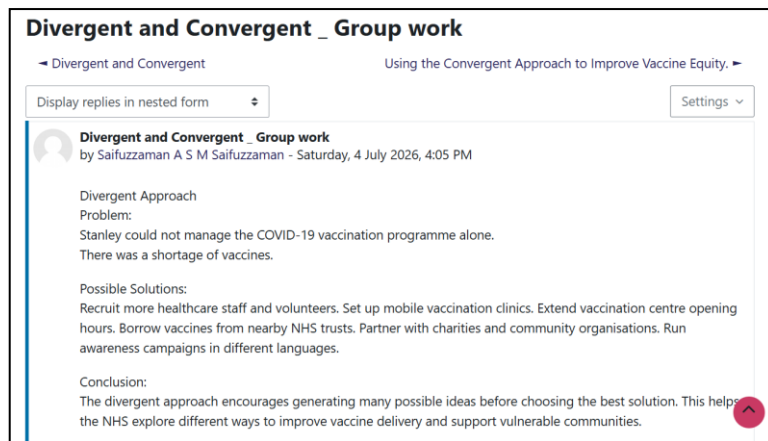
I chose to study the problem of drug misuse in the Kensington area. This is a very serious problem that is linked to poor mental health, lack of jobs, and people feeling lonely and isolated. Using a Systems Thinking Approach (Meadows, 2008), we can see that all these things are connected like a spider web. Drug misuse is not just one person's problem; it affects the whole family and the whole street. My mind map

shows causes like past trauma and pressure from friends. These causes lead to bad impacts like more crime and hospitals being too busy. Possible solutions include more clubs for young people and more mental health workers in local schools. This problem must be fixed because it causes long-term addiction and sadness. By looking at the "Social Determinants of Health" (Bibby and Lovell, 2018), we see that we must also provide better housing and support to truly help people stop using drugs.



Task 3 – Self-Reflection of Group Activity

Gibbs' Reflective Cycle (1988) was used to reflect on my experience during the convergent and divergent thinking group activity. Divergent thinking involves generating a wide range of possible ideas, whereas convergent thinking focuses on selecting the most appropriate solution from those ideas (Jones and Estes, 2015).



During the activity, my group discussed solutions to a healthcare problem involving limited resources and service delivery. Initially, we used divergent thinking by suggesting several possible solutions, including increasing staffing levels, improving communication, using digital

technologies, and strengthening community partnerships. After generating these ideas, we applied convergent thinking to identify the most practical and effective solution based on available evidence and feasibility.

I realised that I naturally preferred convergent thinking because I enjoy analysing information and making logical decisions. However, listening to my classmates encouraged me to become more open to creative ideas before evaluating them. This experience improved my teamwork, communication, and problem-solving skills. It also demonstrated that effective healthcare innovation requires both creativity and critical thinking to produce realistic solutions.

In future group activities, I will contribute more confidently during the brainstorming stage and encourage quieter group members to share their ideas. This will promote greater creativity while supporting collaborative decision-making, which is essential within multidisciplinary health and social care teams (Todd, 2016).

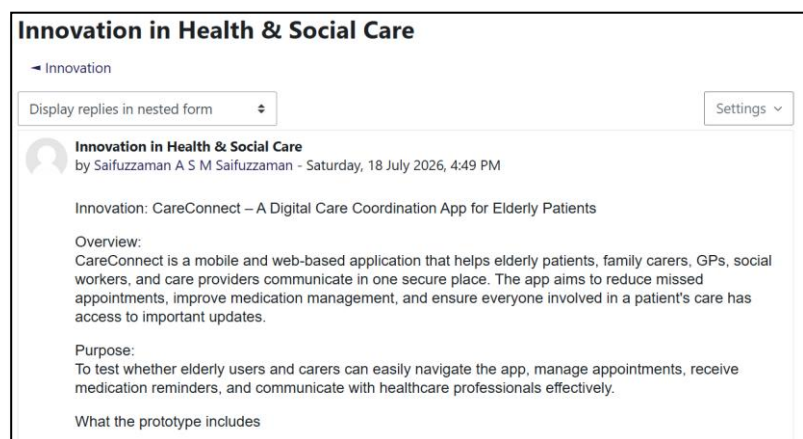
Task 4 – Case Study Analysis of a UK Innovation

One important innovation within UK health and social care is the development of ****CareConnect****, a digital care coordination application designed to improve communication between elderly patients, family carers, GPs, social workers, and other healthcare professionals. The system was developed to address fragmented communication, missed appointments, medication errors, and poor coordination between services.

Creativity played a central role in designing the application because developers focused on producing a user-friendly system that met the specific needs of older adults. Features such as secure patient login, medication reminders, appointment booking, emergency contacts, and messaging functions were developed following a user-centred design approach. Prototypes were tested with users before full implementation, allowing improvements based on feedback (Lauff, Kotys-Schwartz and Rentschler, 2018).

The innovation creates value by improving communication between professionals, supporting integrated care, reducing missed appointments, and helping older adults manage their own health more independently. Family carers also benefit from receiving

real-time information about care plans and appointments. According to Rogers' Diffusion of Innovation Theory, healthcare innovations are more likely to be adopted when users perceive them as useful, simple to use, and beneficial to patient care (Rogers, 2003). Overall, CareConnect demonstrates how digital innovation can improve patient outcomes, increase efficiency, and strengthen collaboration across health and social care services.



Task 5 – Research Task

I have researched two important scientific articles about mental health and how society treats people.

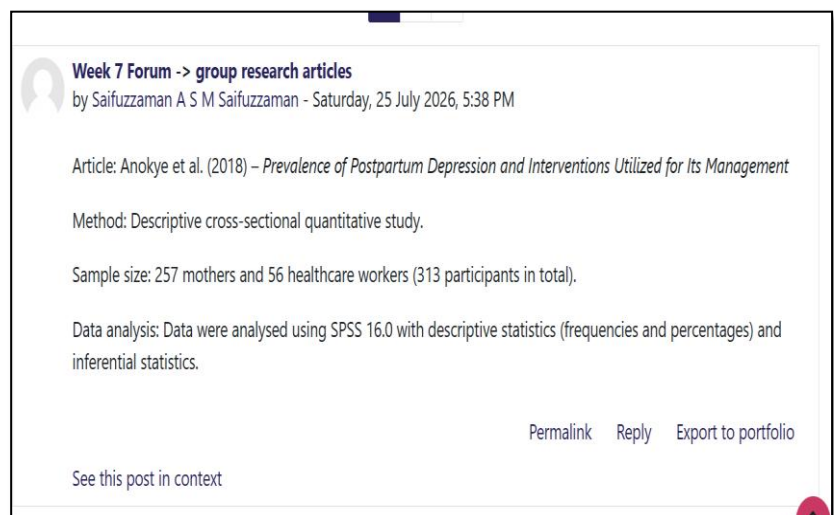
Article 1: Dinos et al. (2004) This research looked at how "stigma" (which means feeling ashamed or being treated badly) affects 46 people with mental illness.

- **Methods:** The researchers used a qualitative study. This means they had long, private talks (called semi-structured interviews) with people to understand their true feelings.
- **Sample Size:** They talked to 46 different people.
- **Data Analysis:** They used "thematic analysis." This is a way of reading all the interviews to find common "themes" or stories that many people shared.
- **Findings:** They found that stigma is a massive problem. Many people are too scared to ask a doctor for help because they think their friends or boss will judge them. This feeling of shame can make their mental illness much worse and make them feel very lonely.

Article 2: Anokye et al. (2018) This research looked at depression in new mothers (called postpartum depression).

- **Methods:** This was a "systematic review." This means the researchers did not talk to new patients themselves. Instead, they searched through five big computer databases to find all the other studies already written on this topic.
- **Sample Size:** They looked at many different studies from around the world to get a big picture.
- **Data Analysis:** They used "data synthesis" to combine all the facts from those different studies into one clear report.
- **Findings:** They found that a lack of help from family and having been sad in the past are the main causes. They also found that doing exercise and having "talking therapy" are very good ways to help mothers feel better.

Comparison: Both articles show that the people around us are very important for our mental health. Dinos et al. (2004) tell us about the personal pain of feeling judged, while Anokye et al. (2018) give us the big facts about what causes depression in mothers. They both agree that to help people, we need to provide better support and be kinder in our communities, rather

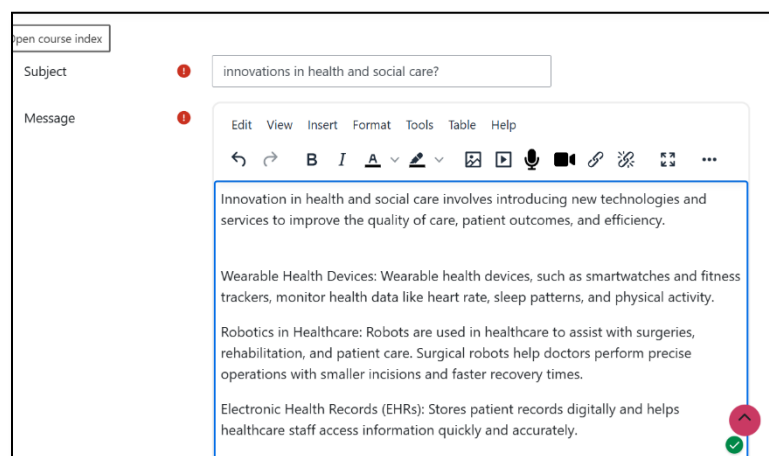


than just giving people medicine. Understanding both the personal stories and the big facts helps us create a better care system.

Task 6 – Exploring Digital Innovation in Health and Social Care

6.1 Benefit of Wearable Health Technologies

Wearable health technologies, including smartwatches and continuous glucose monitors (CGMs), have significantly improved the management of chronic health conditions by allowing continuous monitoring of patients outside traditional healthcare settings. These devices enable healthcare professionals to monitor vital signs such as heart rate, blood pressure, physical activity, and blood glucose levels in real time. Early identification of abnormal readings allows clinicians to intervene quickly, reducing complications and preventing unnecessary hospital admissions. For example, diabetic patients using continuous glucose monitors receive immediate feedback on blood sugar levels, enabling timely insulin adjustments and improving long-term disease management (Jafleh et al., 2024). According to the ****Technology Acceptance Model (Davis, 1989)****, patients are more likely to use wearable devices when they perceive them as useful and easy to operate, increasing long-term engagement with self-management programmes.



6.2 Electronic Health Records (EHRs)

Electronic Health Records (EHRs) improve communication and collaboration by providing healthcare professionals with secure, real-time access to a patient's complete medical history. Unlike traditional paper records, EHRs allow doctors, nurses, pharmacists, and specialists to share accurate information quickly, reducing duplication and medical errors. Improved communication supports better decision-making and ensures continuity of care during

referrals and hospital admissions. Research conducted in Dutch hospitals demonstrated that organisation-wide EHR systems enabled multidisciplinary teams to coordinate complex patient care more effectively through shared clinical information and secure messaging (Vos et al., 2020). The **Technology Acceptance Model (Davis, 1989)** suggests that healthcare professionals are more likely to use EHR systems effectively when they perceive them as beneficial and easy to integrate into their daily clinical practice. Consequently, EHRs improve patient safety, efficiency, and collaborative working across healthcare services.

6.3 Digital Technology for Preventative Care

Digital technology supports preventative care by helping individuals identify health risks before illness develops. Mobile health applications, wearable devices, and artificial intelligence enable users to monitor physical activity, diet, sleep patterns, and other lifestyle behaviours that influence long-term health. These technologies encourage healthier lifestyles by providing personalised advice, reminders, and health education. For example, digital health applications can provide cardiovascular risk assessments and encourage users to participate in exercise programmes or smoking cessation initiatives through automated notifications. Research by De Santis et al. (2023) found that digital health technologies improve health promotion and disease prevention, particularly among older adults, by increasing engagement in healthy behaviours. Consistent with the **Technology Acceptance Model (Davis, 1989)**, these technologies are most successful when users perceive them as practical, beneficial, and easy to use within their daily routines. Overall, digital technology enables a proactive approach to healthcare by promoting prevention rather than treatment alone.

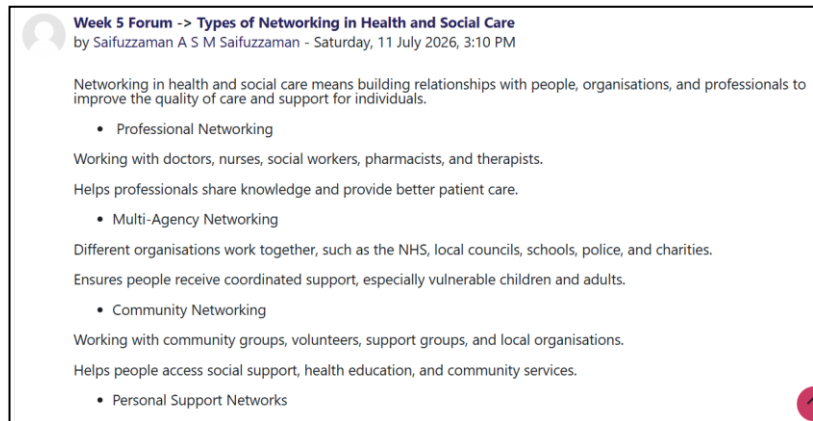
Task 7 – Understanding the NHS Leadership Framework

7.1 Summary of the NHS Leadership Framework

The NHS Healthcare Leadership Model provides guidance for everyone working in health and social care by identifying the behaviours required to deliver high-quality, compassionate, and person-centred care. The framework emphasises that leadership is not limited to managers but is the responsibility of all healthcare professionals. It identifies seven key leadership

behaviours: Inspiring
Shared Purpose, Leading
with Care, Evaluating
Information, Connecting
Our Service, Sharing the
Vision, Engaging the Team,
and Holding to Account.
These behaviours promote
effective communication,

teamwork, innovation, and continuous service improvement. Leaders who demonstrate these behaviours create positive working environments where staff feel valued and motivated to provide safe, high-quality care. The framework also supports evidence-based decision-making and encourages collaboration across multidisciplinary teams, leading to better patient outcomes and organisational performance (NHS Leadership Academy, 2022). In addition, Transformational Leadership Theory suggests that leaders inspire and motivate staff by creating a shared vision, encouraging innovation, and supporting professional development (Bass and Avolio, 1994).



Week 5 Forum -> Types of Networking in Health and Social Care
by Saifuzzaman A S M Saifuzzaman - Saturday, 11 July 2026, 3:10 PM

Networking in health and social care means building relationships with people, organisations, and professionals to improve the quality of care and support for individuals.

- Professional Networking
Working with doctors, nurses, social workers, pharmacists, and therapists.
Helps professionals share knowledge and provide better patient care.
- Multi-Agency Networking
Different organisations work together, such as the NHS, local councils, schools, police, and charities.
Ensures people receive coordinated support, especially vulnerable children and adults.
- Community Networking
Working with community groups, volunteers, support groups, and local organisations.
Helps people access social support, health education, and community services.
- Personal Support Networks

7.2 Leadership Behaviour: Inspiring Shared Purpose

One of the most important leadership behaviours within the NHS Leadership Framework is Inspiring Shared Purpose. This behaviour involves helping staff understand how their work contributes to improving the lives of patients and service users. Leaders communicate a clear vision, involve employees in decision-making, and encourage new ideas that improve services. For example, a ward manager may invite nurses, healthcare assistants, and patients to contribute suggestions for improving discharge planning. This collaborative approach increases staff engagement, promotes creativity, and strengthens teamwork while improving patient experiences. According to **Transformational Leadership Theory**, leaders who motivate and support their teams encourage innovation and continuous improvement within healthcare organisations (Bass and Avolio, 1994).

7.3 Reflective Learning

Studying the NHS Leadership Framework has improved my understanding of the importance of effective leadership within health and social care. I have learned that leadership involves more than supervising staff; it also includes supporting colleagues, encouraging innovation,

and maintaining high standards of patient care. Understanding the different leadership behaviours has helped me appreciate how positive leadership influences teamwork, communication, and service improvement. In my future career, I hope to apply these behaviours by encouraging collaboration, listening to colleagues' ideas, and promoting patient-centred care. This knowledge will help me become a more effective healthcare professional capable of contributing positively to multidisciplinary teams.

Task 8 – Self-Reflection Journal Entry

Using Gibbs' Reflective Cycle (1988), I have reflected on what I learned throughout this module about creativity, innovation, and value creation within health and social care. At the beginning of the module, I believed innovation mainly referred to introducing new technology. However, I now understand that innovation also involves developing new ideas, improving existing services, and creating better outcomes for patients and communities. Learning about creativity, leadership, digital innovation, and value creation has changed my perspective on how healthcare professionals solve complex problems. In particular, the group activities involving convergent and divergent thinking demonstrated that combining creative thinking with evidence-based decision-making produces more effective solutions. I will apply these skills during future placements by remaining open to new ideas, working collaboratively within multidisciplinary teams, and supporting continuous improvement initiatives that enhance patient care while creating value for healthcare organisations.

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