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Module:	Changemakers: Creativity and Value Creation
Module Code:	BMHP5014
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Assignment Title:	Component 1: Online Portfolio Of Set Exercises

Task 1 – Concept Map

This idea map defines the principal topics of creativity, leadership, value creation, and technology across health and social care, demonstrating their interconnections that promote new solutions (Barros, Resende and Pontes, 2025).



Task 2 – Self-Reflection of Group Activity

I was reflecting on a creative thinking activity when we explored unique uses for a safety pin using Gibbs' Reflective Cycle (1988). The exercise challenged us to think creatively and differently about the creative ways we might use a basic object (Adeani, Febriani and Syafryadin, 2020).

Description: The challenge was to find as many different uses for a safety pin as you can. Some suggestions were to use it to open door locks in an emergency, to construct letters and numbers for art or signage, or even to make a little sculpture.

Feelings: The challenge attracted my interest. At first, I didn't realise how powerful such a small thing might be. I became more self-assured and motivated by the group's inventiveness as the ideas started to flow.

Evaluation: Divergent thinking enabled me to come up with novel concepts while exploring uses for paper clips, such as using them as a zipper pull or opening locks with the pin. It was liberating and enjoyable. Convergent thinking then assisted me in selecting the most useful ones. But limiting my options felt constrictive and caused me to question my decisions. It also demonstrated how important it is to have a group in which everyone is at ease exchanging views. It served as a reminder that, although thinking creatively is remarkable, we must also consider the impact of our ideas on other people (Wang *et al*, 2023).

Analysis: The importance of divergent thinking in problem-solving was reinforced by this challenge. According to Kim and Pierce (2013), even with basic tools, creativity develops when people are encouraged to consider other viewpoints and options.

Conclusion & Action Plan: I discovered that even the most ordinary objects may inspire creativity. I will approach problems with fewer beliefs in the future and inspire others to consider unconventional solutions.

#Task 3 – Case Study of a UK Innovation

This case study examines a novel UK healthcare initiative that utilises creativity and technology to enhance dementia care, illustrating how value creation and leadership principles may tackle practical difficulties.

Intelligent Home Monitoring for Patients with Dementia

The UK Dementia Research Institute (UK DRI) and Imperial College Healthcare NHS Trust collaborated to create the MinderCare project, an innovative NHS programme that improves dementia care using smart home technology. It provides a prime instance of how innovative thinking and digital technology may solve challenging health issues and enhance the daily lives of vulnerable populations (NHS, 2025).

MinderCare was created to help those with dementia by allowing for constant, remote monitoring in their homes. The system analyses critical indications, including heart and respiration rates, daily activities, and sleep patterns, using a covert network of sensors, including door, appliance, movement, and bed mat sensors. Each of these devices has connections to the Minder platform, a safe online platform that enables medical professionals to analyse data every day to detect potential indicators of deteriorating health (NHS, 2025a).

Passive, non-intrusive technology can be creatively used to provide rich, immediate data while protecting privacy and dignity. MinderCare allows proactive and individual care, in contrast to usual care models that depend on recurring updates or visits to hospitals. For instance, changed sleeping patterns or reduced mobility could indicate a fall risk or infection, indicating immediate attention to prevent further deterioration.

With the goal to create an adaptable, medically integrated solution, this innovation was developed using convergent thinking after divergent thinking, which reconsidered how dementia care should cross hospital boundaries. Co-designing the technology with patients and carers was an additional component of the project that made sure it was easy to use and in line with practical needs.

The value generated is important:

- Reduced hospital admissions and better patient outcomes with early identification

- Greater independence, enabling people to spend more time in their homes safely
- Families can feel comfortable realising that they receive regular updates and assurances.
- Delivery of treatment at an affordable price, reducing pressure on NHS resources

A wider change in NHS strategy towards preventative, data-driven treatment that empowers patients and eases systemic constraints is also reflected in the MinderCare initiative. Smart technology assists in narrowing the gap between home-based support and competent professionals by integrating into ordinary situations. Importantly, the project ensures that early intervention is accessible to individuals in underprivileged communities by promoting equity in dementia care.

Innovations like MinderCare provide adaptable, compassionate solutions as the NHS continues to deal with an increase in dementia incidence. Its efficacy might result in the development of comparable models for other chronic illnesses, highlighting the importance of innovation in determining the future direction of healthcare in the UK (*Government Technology*, 2025).

Task 4 – Research Task

This research task reviews two recent articles that examine barriers older adults face in accessing health and social care, highlighting systemic challenges and strategies for improvement.

Article 1: Barriers to Health, Social and Long-Term Care Access Among Older Adults

This systematic review of papers examined the diverse challenges encountered by older adults in accessing healthcare, social services, and long-term care. After reviewing 17 studies, the authors divided the obstacles into four primary groups:

- Technological
- Community-related
- Geographic
- Socioeconomic

Low income, a lack of education, and financial instability are examples of socioeconomic challenges that limit older individuals' capacity to pay for care or deal with complicated systems.

Geographical barriers, such as residing in an agricultural or isolated location, frequently lead to transportation issues and restricted access to medical facilities.

Cultural views, language challenges, and lack of health literacy are examples of community-related variables that can make it difficult for people to seek out or comprehend the services that are offered.

Access is also made more difficult by strict government regulations and fragmented service delivery networks. The digital gap is a key barrier of the contemporary age.

The ability to use digital tools like healthcare platforms and online booking systems can be limited in older adults. They cannot use services that rely progressively more on digital access because of this technical divide.

Accessing social services and healthcare is made difficult by a number of interconnected issues for older adults. These include poor computer literacy, rural remoteness, and financial difficulty. Many people are also deterred from obtaining care by cultural beliefs and a lack of health information.

According to the review, these issues are frequently related, which makes it increasingly harder for those on the margins to gain access. As services depend more and more on online platforms, there is growing worry about digital exclusion.

The authors suggest integrated policy measures:

- Boosting community engagement
- Customising services to meet the requirements of each individual
- Developing digital skills

Collaboration between the social, governmental, and healthcare sectors is necessary to remove these challenges (Cabañero-Garcia *et al* , 2025).

Article 2: Barriers in Health and Social Care Access Among Older Adults Without Advocates

This scoping review concentrated on older persons lacking informal carers or advocates designated as OAWAs (Older Adults Without Advocates) who are particularly susceptible to manoeuvring through health and social care systems.

Older adults without informal carers or advocates were the subject of this scoping assessment because they are particularly at risk when navigating the health and social care systems. To

determine the particular difficulties this group encounters, the authors examined 13 peer-reviewed papers.

The fragmentation of services is one of the main difficulties. Because social and health care systems frequently operate on their own, it can be challenging for those without assistance to coordinate their care. Poor health results, missed appointments, and uncertainty result from this lack of connectivity.

The inconsistency of provider techniques is another problem. People without advocates are not able to receive individualised treatment since services are often created with beliefs about family engagement.

The effects of privatisation and medicalisation were also emphasised in the review. People who cannot afford private care or understand complicated insurance systems will find it harder to access services as they become more profit-driven.

Additionally, OAWAs frequently find it difficult to comprehend and obtain the assistance they require when they lack navigation support, such as social workers or case managers.

Inadequate clinical documentation and communication make the situation worse. In the absence of an advocate, older individuals may not have their needs or preferences appropriately documented, which could result in care that is either delayed or incorrect.

To overcome these problems, the authors suggest a number of measures. These include:

- Enhanced provider coordination
- Adaptable service delivery methods
- The active participation of senior citizens in decision-making

They also emphasise how important it is to understand the particular requirements of OAWAs and create solutions that don't rely on unauthorised support systems. The study comes to the conclusion that in order to guarantee equal opportunity for this vulnerable group, a more inclusive and person-centred strategy is necessary (Kervin *et al*, 2023).

Task 5 - Podcast

This podcast introduces my idea for Component 2, focusing on a current health and social care issue and proposing creative strategies to raise awareness and promote safety.

[AUD-20251126-WA0056.mp3](#)

Task 6 – NHS Leadership Framework Analysis

This section analyses the NHS Healthcare Leadership Model, defining its fundamental characteristics and contemplating how these principles might promote innovation, cooperation, and enhanced outcomes in health and social care.

Nine characteristics that encourage leadership growth in both clinical and non-clinical fields are outlined in the NHS Leadership Framework, which is now called the Healthcare Leadership Model (NHS, 2024). These measurements are:

- Motivating colleagues by relating work to NHS principles and patient care is known as inspiring shared purpose
- Leading with Care: showing empathy and consideration for the well-being of employees
- Information evaluation is the process of making decisions based on facts and evidence
- Connecting Our Service: Working together across borders to enhance results
- Sharing Vision: Convey a compelling and clear direction
- Engaging the Team: Developing motivated, diverse teams
- Sustaining accountability involves upholding accountability and strict standards
- Creating Capability: Encouraging development and education.
- Influencing for results: Persuading and bargaining to accomplish objectives

Across all care levels, the framework encourages self-awareness, flexibility, and teamwork. It challenges leaders to create inclusive settings, create emotional intelligence, and consider their influence. The NHS hopes to develop resilient management that encourages innovation, promotes employee well-being, and improves patient outcomes by combining these factors.

Additionally, it promotes cross-functional cooperation, which aids leaders in navigating complicated structures and promoting integrated care. The framework guarantees that

leadership is responsive to changing patient requirements and dedicated to long-term outstanding service by encouraging moral decision-making and ongoing learning (NHS, 2024).

By establishing trust, listening intently, and discussing common objectives, leaders in the NHS who use engagement for results encourage creativity. This dimension involves knowing the viewpoints of others and applying emotional intelligence to convince through evidence and empathy. For example, by encouraging honest communication, addressing concerns, and coordinating ideas with patient-centred principles, a team leader might involve employees in developing a treatment route (*NHS Institute for Innovation and Improvement, 2017*).

Leaders enable employees to explore and co-create solutions by attaching innovation to a common goal and using influence to lower obstacles. Instead of forcing change, they build partnerships and set an example of cooperative behaviour that inspires others.

The NHS Leadership Academy emphasises that the key for impact is strategic collaboration and courteous participation. Effective leaders encourage innovation by promoting frontline ownership and coordinating change with service objectives, according to the NHS Improvement Leaders' Guide.

Leaders are able to overcome opposition and cultivate a shared responsibility culture by using influence to bring together diverse stakeholders. They foster discussion, support experimentation, and acknowledge advancement. This method not only encourages innovative problem-solving but also improves team unity and guarantees patient-centred, long-lasting benefits (*NHS Institute for Innovation and Improvement, 2017*).

Task 7 – Self-Reflection Journal Entry

This final reflection assesses how the module has influenced my understanding of creativity, innovation, and reflective practice, as well as how these insights impact my evolving professional identity, using Gibbs' Reflective Cycle (1988).

Description: I studied innovation, creativity, and reflective practice in the fields of health and social care in the course of this programme. I found that innovative thinking results in enhanced person-centred care and value generation.

Feelings: Initially, I was not sure how creativity related to health and social care. I can now see how my thoughts and experiences could result in significant change, which motivates me and gives me confidence.

Evaluation: The module highlighted how reflective practice enhances teamwork, emotional resilience, and clinical decision-making. I found it interesting to learn how technology, such as smartphone apps and digital notebooks, might encourage reflection even during stressful workdays.

Analysis: I now realise that innovation starts with imagination. Innovative concepts can be turned into successful approaches, such as creating dementia-friendly spaces or employing AI for early diagnosis. Professionals may change communicate more effectively, and continuously raise the standard of care with the support of reflective practice.

Conclusion: My confidence in the value of reflection and creativity has been strengthened by this education. My understanding of how my retail-related transferable abilities, such as

problem-solving and communication, may assist health and social care in achieving greater results has improved.

Action Plan: In order to enhance care environments and teamwork, I will keep utilising reflective models like Gibbs', investigate digital journal tools, and use creative thinking (Care Learning, 2024).

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