

BMHP5014: Assessment Component 1
Changemakers: Creativity and Value Creation
Professions (BMHP5014)

Component 1: Online portfolio of set exercises

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Introduction

The aim of the portfolio is to explore the different nuances of creativity and innovation including theories, models and leadership behaviours by identifying the importance of value creation in health and social care.

Task 1- Defining Key Concepts in Practice

Innovation

Innovation can be defined as the new concept, idea or method and is important to promote changes in healthcare setting (CQC, 2021). Some of the key examples of innovation recognised within UK health and social care is the rollout of Electronic Health Record (EHR) (Fennelly *et al.*, 2020). Technological innovation can be linked with Roger's Diffusion of Innovation Theory as the real time implication and adaption of EHR in daily work practices to strengthen information sharing (Wurster *et al.*, 2024). However, the theory explains that the way innovations are adopted and critical on focusing limited to organizational barriers including financial constraints, resistance to change and digital illiteracy that delay successful implementation.

Creativity

Creativity are characteristics of some processes or individuals that support the process of formation of new ideas and possibilities. Creativity within healthcare is important to support patient recovery and wellbeing by undertaking holistic approach over clinical treatments (Isaksen, Dorval and Treffinger, 2021). Examples of creativity in UK healthcare setting is the introduction of Social Prescribing Model (Oster *et al.*, 2023). The model can be aligned with Amabile's Componential Theory of Creativity as healthcare professionals applied creative and innovative thinking capabilities to move ahead from referring patients to therapists and hospitals to social groups to achieve psychological and holistic wellbeing (Amabile and Pratt, 2016). Contrarily, Andersson *et al.* (2023) argued that sustaining creativity in healthcare practice also requires focusing on organisational culture, leadership support and resource availability.

Value Creation

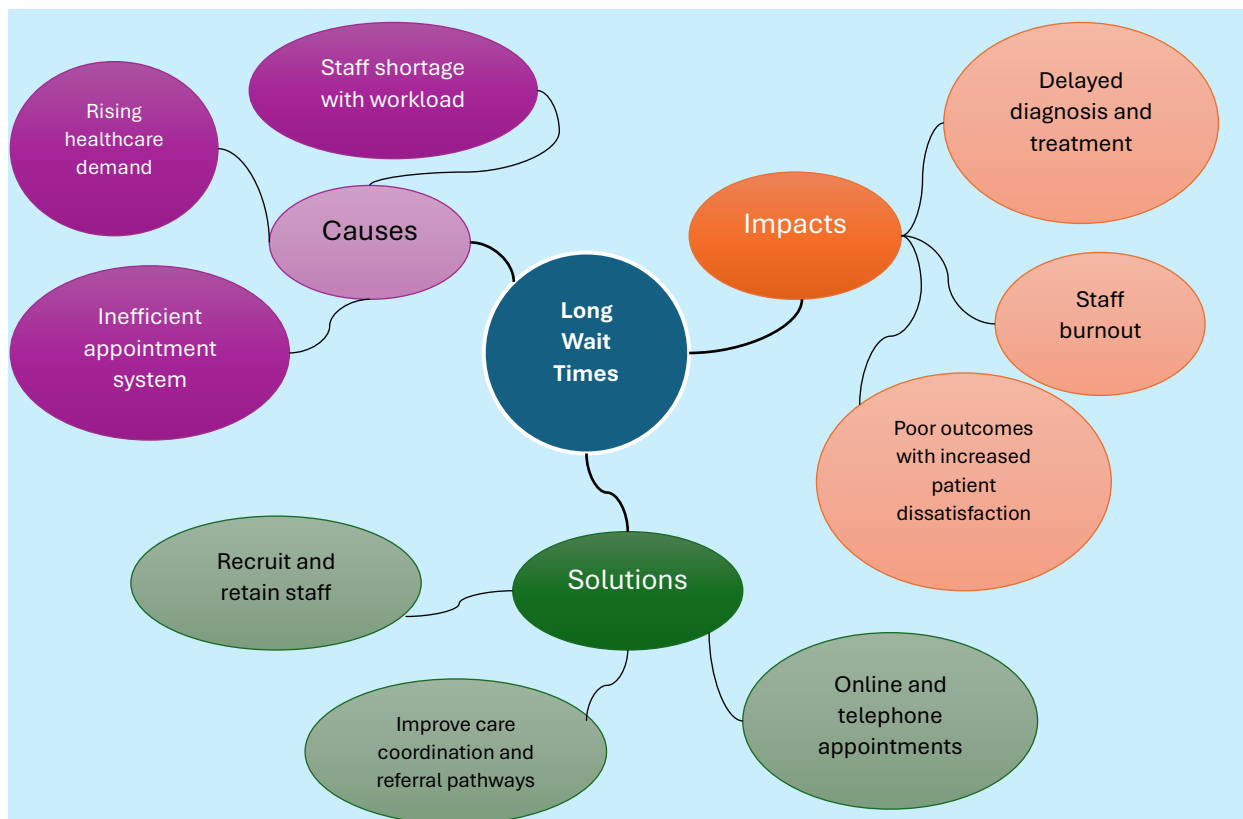
Value creation in healthcare refers to the systematic process through which professionals capitalise resources to improve patient outcome. Value creation is important as it integrates cost-effectiveness measures and techniques to achieve sustainability and improve patient wellbeing (Peng *et al.*, 2022). For example, rollout of COVID-19 vaccination campaigns in the UK aimed to create more value in the society by mitigating health complexities and challenges impacting daily life (Mounier-Jack *et al.*, 2023). The Porter's Value Based Model appropriately supports the vaccination programme in terms of achieving positive health outcome through boosting of immunity through vaccines (Nilsson *et al.*, 2017). However, measuring value is challenge since patient experiences, public health benefits and equity of access cannot be captured against economic indicators.

Change

Change within health and social care relates to transforming existing practices to address operational gaps and deficiencies, Change is important in healthcare to adapt to the external demand of patients to manage complex health conditions (Silvola *et al.*, 2024). Example, rolling out of the NHS Apps has changed the overall landscape of the NHS and can be aligned with Lewin's Change Management Model wherein NHS faced and overcome employee resistance to adapt to technology in daily practices (UK Government, 2025); (Hussain *et al.*, 2018). In some healthcare complex change situations, the model is critiqued on the grounds of not having to adapt to the new change rather than distinct stages

Task 2 - Mind Map

The Mind Map for the chosen real problem in health and social care, long wait times at GP and hospitals, is presented below:



Long waiting times at GP practices and hospitals is a crucial problem in health and social care setting that is underpinned by the systems thinking where interconnected factors rather than a single cause attributes to the problem (Khalil and Lakhani, 2021). In this regard, the shortage of staff leading to increased workloads along with rising healthcare demands especially from older population and inefficient appointment systems contribute to the delay in delivery of services (Paling *et al.*, 2020). These factors have been related since workforce shortages leads to delay in appointment and this delays access generating more demand as patients' condition worsens. This intensifies staff pressure which reinforces a cycle across the healthcare systems which causes poor patient outcomes and dissatisfaction levels (Limiri, 2025). This signifies the consequences to become new causes thereby demonstrating relationships within the healthcare system instead of isolated events. If the problem remains unaddressed, then vulnerable individuals such as patients with long term health conditions, older adults and low-income populations would experience worsened health inequalities. Therefore, the possible solutions are expanding the appointment systems by integration of online and telephone lines, improving workforce capacity by recruiting and retaining more staff and improving care coordination and referral pathways that

will reduce pressure across healthcare system and reduce waiting times (Morales, Silva-Aravena and Saez, 2024).

Task 3 - Self-Reflection of Group Activity

A short self-reflection is developed below using Gibbs (1988) reflective model.

Description- When I participated in the group activity that discussed the challenges Stanley face when managing Covid-19 vaccination programme alone despite facing vaccine shortages, Exploring the lessons, group members identified divergent thinking to enable generation of multiple ideas while convergent thinking that narrowed the situation to practical solution.

Feelings- I felt confused over selecting the suitable style of thinking among convergent or divergent thinking styles since there are multiple ideas which emerged. Initially, I believed that selecting one thinking style is the best outcome but later the complex health problems helped me to recognise the need to maintain flexibility in thinking style rather than take a single approach.

Evaluation- I made contribution by encouraging the group members to prepare a pros-and-cons list to compare the options to decide on convergent and divergent thinking style. After this list, we were able to decide on divergent thinking to derive creative solutions for Stanley's situation, but some group members prefer combining both approaches to enhance problems solving. The discussion has been crucial for challenging my original assumption by integrating the different perspectives to reach balanced decisions.

Analysis- The group activity explored differences where convergent thinking focusing on selecting the best solution from set of options while divergent thinking entails expanding the mind and find innovative solutions (Jones and Estes, 2015). However, divergent thinking could delay problem solving while convergent thinking could overlook innovative solutions. Integrating both thinking styles could strengthen decision making and effective problem solving providing coordinated workforce support with equitable vaccine allocation for Stanley's situation (Lubart, 2016). Thus, it can be said that none of the thinking approach could be independently sufficient

and the effectiveness of each of the approach would rely on the complexity of the situation and crucial decisions required.

Conclusion- From this reflection, importance of balancing creativity with critical analysis and exploring diverse viewpoints has been recognised. I felt convergent style to be more relevant in devising analysis of all options to select the best possible solution.

Action Plan- Next time I would apply structure decision making and reflective practice to evaluate the application of convergent, divergent or combination thinking styles by assessing the situation and fostering continuous professional development while also seek feedback from colleagues after group activities to enhance collaborative decision making and reflective skills.

Task 4 – Case Study Analysis of a UK Innovation

One of the most creative innovations recorded within the NHS was the introduction of virtual wards to address the rising pressure from longer occupancy of hospital beds. Investment worth £1.5 billion was made to increase bed strength in the NHS and address the issue of corridor care and temporary escalation spaces (BMA, 2025). NHS undertook the creative idea of introduce Virtual Wards which used latest tools and medical processes to deliver care to medically stable patients at home and boost outflow of patients form the hospitals (Heslop, 2026). The innovation can be linked with Roger's Diffusion of Innovation Theory as delivering virtual care and remote treatment reduced operational cost of the NHS and easily acceptable among patients to receive high quality care from the comfort of home and families (Maharati and Entezarian, 2023). While theory considers perceived usefulness to be an advantage of Virtual wards fostering adoption but there is less emphasis on implementation barriers including digital exclusion, workforce readiness and organisational capacity.

Virtual Wards enhanced value for system, staff and service users as it made hospital beds readily available for patients with complex and acute needs. Staffs were benefited as it reduced workload to physically move to attend every patient in

different wards. Service users were benefited as they receive timely care and support without the need to move out of their home (Akinluyi, Ogunfusika and Brown, 2025). Therefore, successful home-based care is significant depending on digital access, family support, patient engagement and appropriate clinical monitoring since Virtual Wards may not be equally suitable for all patients. The collaboration between University Hospital of Leicesters NHS Trust, LOROS and Leicesters Partnership NHS Trust ICS has successfully the virtual ward to provide support and care to people during the COVID-19 pandemic (LLR NHS, 2021). The virtual wards yielded positive outcome in saving 1103 beds days, financial saving of £529,719 and net saving of £1,709 per patient (Swift, 2025).

Task 5 - Research Task

A qualitative evaluation-based study by Udushirinwa, McVicar and Teatheredge (2022) performed interviews on 15 healthcare assistants and 10 nurses later and follow up focus groups on 6 healthcare assistants within UK dementia units. The main findings of the study revealed that the healthcare assistants experienced high stress caused by shortage of staff, workloads, poor shift patterns, poor staff support, weak leadership, strained relationships and increasing burnout risks. The article has explored the organisational factors contributing to staff stress including understaffing, poor communication, limited autonomy, insufficient support, excessive workload and workplace conflict as key to the problem. The study has also applied the Job Demands-Resources (JD-R) theory that examined the demands, resources, stressors and support systems within the workplace to understand stress better (Moloney *et al.*, 2018). Further, Johnson *et al.* (2022) also conducted an experienced based study using focus group of clinical and non-clinical staff with main findings that teamwork contributed to staff wellbeing while missed breaks, staffing shortages, workloads and administrative burdens increased staff stress. Both articles explored staffing shortages and workload as prominent causes of staff stress while the focus of Udushirinwa, McVicar and Teatheredge (2022) has been on dementia care where workload is considerable high and Johnson *et al.* (2022) highlighted workplace experiences and teamwork underpinning the staff experiences.

Task 6 - Exploring Digital Innovation in Health and Social Care

Benefits of Wearable Health Technologies

Wearable health technologies in healthcare are defined as electronic devices that are specifically used to track, monitor and evaluate health records (Haghi, Thurow and Stoll, 2017). One of the key examples of wearable smartwatches is Fitbit which has engaged in strategic collaboration with various players such as Walgreens, Dexcom and Humana to roll out variants of smartwatches to support people living with chronic health conditions (Lovett, 2018). The key benefits of using FitBit in daily life is that allow people with chronic health condition to gain complete control over vital health metrics such as blood pressure, glucose level, exercise level, heart rate, physical activity and sleep patterns (St Fleur *et al.*, 2020). It can be aligned with Technology Acceptance Model (TAM) as collecting real-time health data highlights the perceived usefulness of smartwatches to achieve positive health outcome among users (Brickwood *et al.*, 2019). The limitation of the TAM is that there is limited consideration of external factors including affordability, digital literacy and privacy concerns which could have undermined acceptance of the technology among older adults and disadvantaged populations.

Electronic Health Records on communication and collaboration

EHRs are digital platform where the patients' medical records including past history, assessment, diagnosis, treatment pathways and follow-up plans are secured and stored for sharing among healthcare professionals (Patel *et al.*, 2023). This digital technology improves communication and collaboration among the healthcare professionals who gain access and share accurate and up-to-date information about patients in real time. For example, EHRs are integrated into the healthcare systems to reduce delays, duplication of tests and facilitate collaborative working among healthcare professionals including GP, doctors, pharmacists, nurses, physiotherapists, psychologists and dieticians etc. These professionals can make use of the EHRs to view the same patient record and develop a coordinated and

safe care tailored to the patient's needs (Vos *et al.*, 2020). Digital technology including EHRs improve care quality, facilitate information exchange and supports informed decision making (Adeniyi *et al.*, 2024). The benefits of the EHRs mainly influenced by staff training, accurate data entry and interoperable systems. Additionally, cybersecurity risks and increased administrative workload undermines the work efficiency and influence staff acceptance.

Digital technology supporting preventative care and health promotion

Digital technology supports preventive care and health promotion by supporting and empowering the patients to take control over their health by monitoring their health condition, accessing information and managing conditions preventing deterioration (Lu *et al.*, 2025). In this regard, mobile health apps and wearable devices are crucial digital technologies that encourage healthy lifestyle choices and reduce risk of developing chronic diseases. For example, people who are obese make use of fitness app to set reminders for daily physical exercise and monitor their daily steps. This helps in reducing weight and preventing the risk of diabetes and cardiovascular diseases (Sullivan and Lachman, 2017). The digital technologies promote health of the individuals improving long-term health outcomes through behaviour change and early intervention (Chatterjee *et al.*, 2021).

Task 7 - Understanding the NHS Leadership Framework

The NHS Healthcare Leadership Model explains the leadership behaviours across different levels of health and social care and is designed to support the staffs in becoming better leaders. This model entails nine interconnected dimensions such as inspiring shared purpose, leading with care, evaluating information, connecting our service, sharing the vision, engaging the team, holding to account, developing capability and influencing for results (NHS Leadership Academy, 2013). Although the model offers a comprehensive framework for leadership development which is essential for successful implementation but factor such as organisational culture, resource availability and leadership capabilities are crucial (NHS Leadership Academy, 2021).

One leadership behaviour chosen is leading with care from the NHS Healthcare Leadership framework which develops a supportive environment for the staff. This enables the leader to make the staff feel valued, psychologically safe and respected which encourages them to share innovative ideas and experiment with innovative and creative approaches (NHS Leadership Academy, 2021). The leader would actively listen to the team members' inputs and recognise their achievements and contributions. This helps in promoting the team members' wellbeing and encourages creativity and innovation in resolving organisational and clinical challenges (Gautam, Nazir and Zhu, 2026). During periods of workforce shortages, organisational pressure and high workloads the caring leadership culture becomes difficult hence health leaders with more experience would be hired ensuring adequate organisational support.

Reflective journal entry

This module has evolved my understanding of creativity and value creation in health and social care over time. Initially, I considered creativity to be about idea generation but more engagement with module content, my perspective on creativity or innovation has changed. I now recognise creativity or innovation to develop from practical and person-centred solutions that aim to improve patient outcomes through service improvement. I also learned about design thinking, leadership approaches, creative problem-solving and group activities which indicated that collaboration and innovation help in addressing complex healthcare challenges. I have been encouraged to think critically about creativity and innovation in creating value for the patients and improve the care (Northouse, 2018). In my future professional practice, I would adhere to creative thinking and continuously improve to deliver high quality, safe and compassionate care to the patients. I will participate in quality improvement projects and actively seek feedback from colleagues and patients while using reflective practice to inform clinical decisions. This has been crucial for deriving evidence-based leadership principles to support continuous service improvement and person-centred care.

Task 8 – Self-Reflection Journal Entry

Applying the Gibbs (1988) reflective model, I recognised that I have learned different concepts, theories and models about creativity, innovation and value creation throughout the module. Initially, I felt that I could understand innovation linking it with large-scale technological advances. On analysis of Porter's value based model, Amabile's componential theory of creativity and Lewin's change management model while completing the mind map on long waiting times and other aspects of healthcare innovations, I learned about the significance of practical innovation in service improvements that enhances patient experience, satisfaction and outcomes (Huang, 2022). The reflection also reinforced my idea about creativity in collaborative problem solving rather than technology alone. As a future nursing professional, I will apply these concepts, models and principles of creativity and innovation in my practice and seek opportunities for continuous quality improvement in delivering evidence-based and high quality care.

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CM



◀ Discuss one health and social care-related problem and how you would solve it?

what is problem means ▶

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problem means/discuss one health social care-related problem and how you solve

by Charlotte Mikano - Thursday, 11 June 2026, 12:20 PM

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obstacle that causes difficulty perplexity,or
concern

long waiting time for GP or hospital

solution: increase the use online or telephone
appointment for patient who not needs face to
face appointment this can helps healthcare to see
more patients,reduce waiting times and improve
acces to care

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◀ Discuss one health and social care-related problem and how you would solve it?

what is problem means ▶



◀ Questions and Guidelines for Assessment
Component 1

Week 1 Activity:



BMHP5014_LON / Week 1 / Week 1 Forum / what are some innovation in health and social care?

 **Week 1 Forum**

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what are some innovation in health and social care?

→ What are some innovation in health and social care?

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 **what are some innovation in health and social care?**
by Charlotte Mikano - Thursday, 11 June 2026, 10:28 AM

transforms service delivery through digital technology, AI, integrated care systems, and user-led models

BMHP5014_LON / Week 1 / Week 1 Forum / problem means/discuss one health social care-related problem and how you solve

Week 1 Forum

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→ Discuss one health and social care-related problem and how you would solve it?

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 **problem means/discuss one health social care-related problem and how you solve**
by Charlotte Mikano - Thursday, 11 June 2026, 12:20 PM

any intricate question unsatisfactory situation, or obstacle that causes difficulty, perplexity, or concern

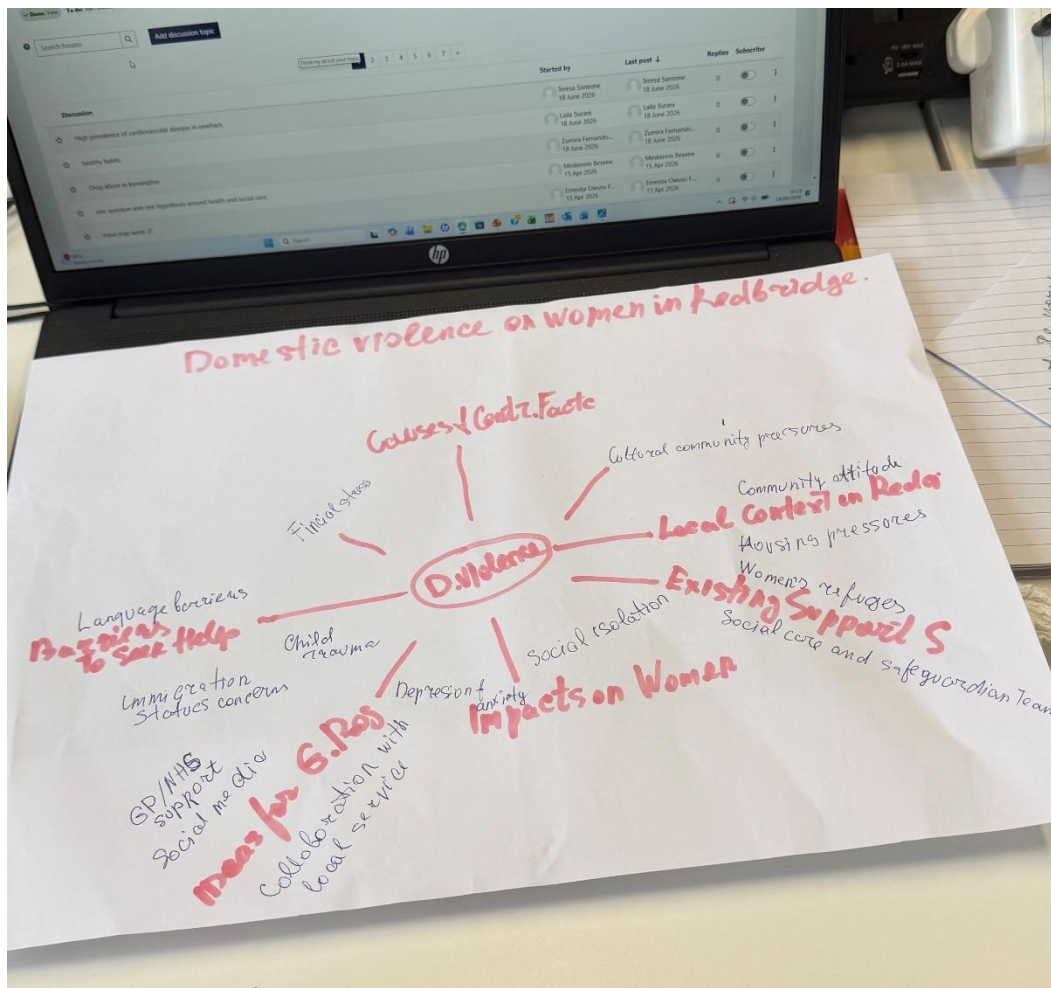
long waiting time for GP or hospital

solution: increase the use of online or telephone appointments for patients who do not need face-to-face appointments. This can help healthcare to see more patients, reduce waiting times and improve access to care.

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→ Discuss one health and social care-related problem and how you would solve it?

Week 2 Activity



CHILD TRAUMA

- high prevalence of cardiovascular diseases in Newham.

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CHILD TRAUMA

by Charlotte Mikano - Thursday, 18 June 2026, 10:51 AM

child trauma resulting from exposure to domestic violence will lead to long-term difficulties in emotion.

Week 2 Forum

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CHILD TRAUMA

→ high prevalence of cardiovascular diseases in Newham.

Why there is so much deprivation in Barking and Dagenham →

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CHILD TRAUMA

by Charlotte Mikano - Thursday, 18 June 2026, 10:51 AM

child trauma resulting from exposure to domestic violence will lead to long-term difficulties in emotional regulation, behaviour, and social relationships unless timely, specialised support is provided

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→ high prevalence of cardiovascular diseases in Newham.

Why there is so much deprivation in Barking and Dagenham →

→ Week 1 - CTV - session 2 - lecture slides

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Week 2 of CTV - Lecture Slides

Week 3 Activity

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Data Collection Methods

- 1. Research Question
 - "How does social media use affect the mental well-being of young adults aged 18–25 in the UK"
- 2. Method
 - Mixed-methods approach
 - Quantitative: Online questionnaire measuring frequency of social media use and self-reported mental well-being (using a validated scale like WEMWBS).
 - Qualitative: Short semi-structured interviews to explore personal experiences in depth.
 - Why mixed-methods:
 - Surveys give breadth; interviews give depth.
 - Helps triangulate findings for stronger validity.
 - Sample Size
 - Quantitative: 50–80 participants (large enough for basic statistical analysis).
 - Qualitative: 6–10 interview participants (typical for thematic analysis).
 - Sampling strategy:

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

Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives

Week 4 Activity

Week 4 Forum

[Forum](#) [RSS feed of posts](#)

problem solving using divergent and covergent approches

← convergent and divergent

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problem solving using divergent and covergent approches
by Charlotte Mikano - Thursday, 9 July 2026, 12:30 PM

We would employ divergent thinking to generate of solutions ,including recruiting additional staff ,increasing vaccine supplies ,using mobile vaccination clinics and collaborating with community leaders ; we would them apply convergent thinking the most effective increasing staff and vaccine avbaility while local organisation to improve the effectiveness of the vaccination programme

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Week 5 Activity

Week 5 Forum

Forum RSS feed of posts

DISCUSS IN PAIRS ARE SOME TYPES OF NETWORKING IN HEATH AND SOCIAL-CARE?

→ Thypes of networking in Health and social care

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DISCUSS IN PAIRS ARE SOME TYPES OF NETWORKING IN HEATH AND SOCIAL-CARE?

by Charlotte Mikano - Thursday, 9 July 2026, 10:13 AM

. Professional meetings; multi-disciplinary team(MDT)meetings where doctors,nurses,social-workers,therapists and care staff discuss individual care plans

→ Thypes of networking in Health and social care



BMHP5014_LON / Week 5 / Week 5 Forum / find out the stakholders who will be required to support this programme

Week 5 Forum

Forum RSS feed of posts

find out the stakholders who will be required to support this programme

→ AGE UK Stakeholders

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find out the stakholders who will be required to support this programme

by Charlotte Mikano - Thursday, 9 July 2026, 10:50 AM

AGE UK VOLUNTERS

support events,outreach, registraction, refreshements and participant engagement

AGEUK ADVISORS

offerer informations on benefits,housing care options,and sigposting

→ AGE UK Stakeholders

Week 6 Activity

BMHP5014_LON / Week 6 / Week 6 Forum / produce one innnovation reelated to health and social care in the UK

Week 6 Forum

ForumRSS feed of posts

produce one innnovation reelated to health and social care in the UK

→ Dementia safety smart watch/Innovation-prototype

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produce one innnovation reelated to health and social care in the UK

by Charlotte Mikano - Thursday, 23 July 2026, 11:42 AM

INNOVATION:A medication reminder app for older adults

. A Home screen with today medications

. reminder notifications

.A Buttom to comfrim medication has been taken

.an emergency contact feature

→ Dementia safety smart watch/Innovation-prototype

Week 7 Activity

BMHP5014_LON / Week 7 / Week 7 Forum / research methods, sample size and data analysis

Week 7 Forum

ForumRSS feed of posts

research methods, sample size and data analysis

→ Mental Health in the Uk research question

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research methods, sample size and data analysis

by Charlotte Mikano - Thursday, 23 July 2026, 11:31 AM

.Anokye R, Acheampomg,E, budu-Ainooson,A, Obeng,E.I. and akwasi, A.G.(2018). prevalence of postpartum depression and interventions utilized for its management.Annals of gneral psychiatry,17,pp.1-8.

link to the article: prevalence of postpartrun depression and interventions utized for itsmanagement annals of general psychiatry full text(biomedecentral.com

the study used a quantitative, descriptive gross-sectional desing. The sample inculded 257 mothers selected through random sampling and 56 healthacare workers selected throught convenience sampling. data were collected using the PHQ-9 and a closed -ended questionnaire.The data were analyed in SPSS version 16 using descriptive and inferential statistics.

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→ Mental Health in the Uk research question

