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Student Name: Codruta Alexandra Mican
 Student ID:2320536

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Task 1 – Concept Map

Creativity, value creation, and health and social care improvement are important parts of modern healthcare systems that are closely related to one another. Human-centered design methods are the main ways of connecting these ideas, since they give organised ways to turn creative thinking into real benefits for the patients (Göttgens & Oertelt-Prigione, 2021, p.e28102).

Creativity is the driving force that mixes together all the human and organisational factors; these processes simply create and explore new ideas. The divergent thinking of the healthcare professionals which means coming up with different solutions to the same complex problem, that leads to innovation and the drawing of the attention of the at least some of the patients that have been neglected by the healthcare system (Brewster et al., 2022).



Figure 1: Concept Map: Health and Social Care Improvement;Source: (Self)

The other way round, value creation is the main way that new ideas in healthcare get tested. The healthcare innovation capability is not only depending on these three factors; resources, culture, and leadership support; but also on the measurability of the improvements, such as better patient outcomes, service delivery, and effective use of resources (van den Hoed et al., 2022, p.997).

These three elements are interlinked in such a way that they form a cycle: firstly, the creative thinking produces solutions, then the organisational factors allow the implementation, and finally, the successful outcomes create value that further fuels innovation. It is essential to encourage creativity in the healthcare sector that can be totally supported by an appropriate

structure, in order to achieving patient safety, clinical effectiveness, accessibility, and sustainable system improvement.

Task 2 - Self-Reflection of Group Activity

Self-Reflection on Convergent/Divergent Thinking Class Activity

Concrete Experience:

The group activity allowed us to work together as a team to find a solution to a health and social care issue. We first utilized divergent thinking and came up with a lot of ideas without any criticism, after which we moved on to convergent thinking in order to pick out the most suitable solution.



Figure 2: Gibbs Reflective Cycle; Source: (Smith, 2021)

Reflective Observation:

Divergent thinking welcomed everyone's participation and, thus, created an energized atmosphere, but some of the ideas turned out to be not so practical. Convergent thinking made the analytical evaluation more convincing but the less vocal members had their participation cut down and thus the diversity of perspectives was limited.

Abstract Conceptualization:

This situation underlined the necessity of mixing creative and analytical thinking. Human-centered design implies that one has to go through both the exploration and the pragmatic

implementation (Göttgens & Oertelt-Prigione, 2021). Optimum results are not achievable with only either divergent or convergent thinking.

Active Experimentation:

My plan is to be able to switch back and forth between the thinking modes freely and to make sure that every member takes part in the analytical stages, thereby not allowing any valuable ideas to be missed.

Professional Application:

The use of creativity with evaluation based on evidence in health and social care leads to technological advancements, patient safety, and effective problem-solving through balanced imagination with accountability.

Task 3 - Case Study of a UK innovation

Case Study Analysis: Integrated Urgent Care Centers (IUCCs) in NHS England

Background:

Urgent Care Centres that are integrated make it possible for patients to get timely care during non-emergency situations much easier. The current situation demonstrates that innovative service restructuring not only brings about significant benefits to patients but also reinforces the efficiency of the NHS as a whole.

The Innovation:

The urgent care pathways that used to be segmented were the major causes of delays and inefficiencies. The Integrated Urgent Care Centres (IUCCs) provide the combination of walk-in, emergency, and out-of-hours services, which are all supported by a digital triage system that allows patients to get instructions even before they come to the hospital.

Creative Approach:

The IUCC framework illustrates human-centered design by giving precedence to the needs of patients and medical personnel. User-driven methods are shown to yield better and more accepted solutions by Göttgens and Oertelt-Prigione (2021) and Dewing and Houghton (2018). Conversations with the patients, general practitioners, emergency departments, and operations personnel identified together with barriers to access, long waits, and piecemeal treatment as the

main issues. Among the innovative solutions were placing services next to each other, digital triage, and nurse-led protocols, allowing staff to take control of the redesign of workflows.

Value Created:

Research validated infallible value creation. Brewster et al. (2022) reported "problem-solving creativity to enhance complex health outcomes" which is the systematic implementation by organisations that produces measurable improvements. IUCC implementations attained:

Patient Outcomes: Less emergency department congestion, Increased patient satisfaction, Speeding up treatment times

Clinical Quality: Right case management, Lower hospital admissions for non-severe conditions

Organisational Efficiency: Staff utilization was improved, operational costs were cut down, and workforce morale was raised

Innovation Readiness Factors:

The successful IUCC implementation was a reflection of the organisational readiness. Van den Hoed et al. (2022) point out the main reasons of success: the necessary funds, the active involvement of the leadership, an organisational culture that is change-friendly, and the professional development of the staff. The NHS organisations that had these factors in place were able to implement IUCCs successfully; those that did not have these elements faced delays in implementation.

Conclusion:

The IUCC case interprets innovation as not only new technology but also the artistic rethinking of service delivery structures. The NHS, by merging patient-centered design, staff empowerment, organisational commitment, and evidence-based practice, created solutions that delivered real value: better access, improved quality, and heightened efficiency. This is an illustration of how creativity, when systematically applied in supportive organisational conditions, revolutionizes the delivery of health and social care.

Task 4 - Research Task

Current Issue in Health and Social Care: Mental Health Stigma and Access to Care

Issue Overview:

Mental health stigma is still a very powerful barrier that keeps the UK's vulnerable populations from getting to the health care systems. Even though there are awareness campaigns going on, stigma is still a major reason that individuals do not approach medical help, and thus, the whole cycle of delayed diagnosis, worsening conditions, and bad outcomes is found again.

Research Finding 1: Patient and Family Engagement

According to Wahyudi et al. (2023), stigma combined with social marginalisation extremely decreases the seeking of help, particularly among the homeless, people suffering from substance abuse, and individuals with severe mental disorders. All these vulnerable groups experience stigma on three fronts: internal, social, and from the treatment providers. Therefore, the effective engagement of such people requires the organisations to do a lot to reduce stigma by offering staff training, peer-support schemes, and community education as service redesign cannot alone break through the deeply rooted discriminatory attitudes.

Research Finding 2: Innovation Readiness and Organisational Barriers

According to Van den Hoed et al. (2022), the state of readiness to adopt innovations relies heavily on both the organisational culture and the support provided by the entire system. The majority of services are still under-equipped in terms of resources, staff training, and implementation of inclusive practices; moreover, the associated stigma hampers innovation, unless the organisations involved reinforce their efforts through learning and development of the personnel.

Implications:

Change in the organisation and outreach to the community must happen simultaneously to eliminate the stigma of mental health issues. The application of systemic methods instead of depending solely on behavioural change campaigns of individuals is vital for the betterment of access, fairness, and outcomes of the vulnerable populations.

Task 5 - Podcast

Title: "Redesigning Community Mental Health Support: A Creative Solution for Vulnerable Populations"

<https://youtu.be/DGU8ao0kF1w?feature=shared>

Task 6 - NHS Leadership Framework Analysis

NHS Leadership Framework (NHS Leadership Academy, 2024) delineates nine principal skills that are inevitable to provide and to maintain a high-standard, integrated healthcare. Among the main points are inspiring shared purpose that integrates the everyday activities with the overall health objectives and leading with care that emphasizes compassion and mutual respect. Evaluating information ensures that decisions are based on evidence, while connecting our service gets rid of the divides between departments in order to support care that is coordinated and centered around the patient. Developing capability is concerned with staff nurturing through learning and psychological safety, while working inclusively means that different voices are heard and taken into consideration in the decision-making process. Holding to account is responsible for keeping performance and safety standards, while influencing for results is about forming alliances for change. System thinking is a tool that enables the leaders to realize the interdependence of different sectors in healthcare.

All these competencies bring in a leadership that drives collaboration, improvement, and inclusiveness. According to the studies, the team engagement and creative problem-solving are significantly uplifted by inspiring shared purpose. As a matter of fact, Brewster et al. (2022) point out that shared purpose not only motivates but also guides the innovation in a way that the healthcare sector's complex challenges get resolved; while Göttgens and Oertelt-Prigione (2021) put it that user-centered design flourishes when leaders possess thorough knowledge of the patients' wants and needs.

Task 7 - Self-Reflection Journal Entry

Reflective Journal: Module Learning and Professional Development

Date: 28th November 2025

Title: Transformation in Understanding Creativity and Value Creation

In the beginning of this module, I thought of creativity as an almost totally artistic or very unconventional way of thinking, which was far from the practicalities of healthcare delivery.

However, my viewpoint has been altered through six weeks of learning the theories, discussing case studies, and getting peer support.

Now my opinion is that creativity is an organisational ability that works in a systematic way and directly affects the quality of patient care and services. The human-centered design emphasized by Göttgens and Oertelt-Prigione (2021) proved that the structured methodology, and not ad-hoc inspiration, is what really leads to sustainable improvements in the field. Value creation comes into play when creative thinking is in line with the company's readiness culture, resources, and leadership support in a way that van den Hoed et al. (2022) dare to say. The difficulty I recognized in the workplace as often being a limited innovation readiness rather than staff failing.

This learning informs my practice: I come up with clinical challenges systematically, I involve my colleagues in coming up with solutions, and if necessary, I get organisational support. In the future, I will work to create cultures that are both creative and psychologically safe, to be open to and seek out diverse viewpoints and to involve teams in significant problem-solving, always being aware that healthcare improvement is dependent on organisational creativity.

Reference List

- Brewster, A.L., Lee, Y.S., Linnander, E.L. and Curry, L.A., 2022. Creativity in problem solving to improve complex health outcomes: insights from hospitals seeking to improve cardiovascular care. *Learning Health Systems*, 6(2), p.e10283.
- Göttgens, I. and Oertelt-Prigione, S., 2021. The application of human-centered design approaches in health research and innovation: a narrative review of current practices. *JMIR mHealth and uHealth*, 9(12), p.e28102.
- NHS Leadership Academy, 2024. Developing Better leaders, Delivering Better Care. [online] NHS Leadership Academy. Available at: <https://www.leadershipacademy.nhs.uk/> [Accessed 28 November 2025].
- Paparini, S., Papoutsis, C., Murdoch, J., Green, J., Petticrew, M., Greenhalgh, T. and Shaw, S.E., 2021. Evaluating complex interventions in context: systematic, meta-narrative review of case study approaches. *BMC medical research methodology*, 21(1), p.225.
- Ranville, A. and Barros, M., 2022. Towards normative theories of social entrepreneurship. A review of the top publications of the field. *Journal of Business Ethics*, 180(2), pp.407-438.
- Smith, C. (2021). Gibbs' Reflective Cycle: Feel the Benefit of Experiential Learning. [online] Making Business Matter. Available at: <https://www.makingbusinessmatter.co.uk/gibbs-reflective-cycle/> [Accessed 28 November 2025].
- Teh, K.P., 2022. Modelling the relationship among servant leadership, organisational citizenship behaviour and teacher commitment. [online] Available at: <https://ir.upsi.edu.my/details.php?det=6939&highlight=Guoxiang%20Peng> [Accessed 28 November 2025].
- van den Hoed, M.W., Backhaus, R., de Vries, E., Hamers, J.P. and Daniëls, R., 2022. Factors contributing to innovation readiness in health care organizations: a scoping review. *BMC Health Services Research*, 22(1), p.997.
- Wahyudi, A., Trihapsoro, I., Yuwanto, L., Indrawati, R. and Hisnindarsyah, N.B., 2023. Patient and family engagement: the secret behind quality healthcare services (literature review). *East Asian Journal of Multidisciplinary Research*, 2(9), pp.3645-3664.