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Executive Summary

Person-centred care (PCC) and partnership working (PW) in promoting quality, safety and experience in UK health and social care, knowing the realities of practice and the challenges of ethics. Definition of PCC PCC is care that is based on “what matters” to a person, that provides a sense of control and choice and that is designed around the strengths and needs of the individual (NHS England, n.d.). PCC has significant advantages—enhanced experience, greater involvement, and more suitable care planning—but ageism, inequities in access, and the difficulty of reliably measuring outcomes may restrict it (Nkhoma et al., 2022).

The report provides a critical assessment of the McCormack and McCance person-centred nursing framework as an or model or framework underpinning PCC, and evaluates ethical principles applied by using autonomy, beneficence, non-maleficence and justice (Beauchamp and Childress, 2019), against with UK legal duties related to consent, confidentiality and capacity (Mental Capacity Act, 2005). An illustrative case practice – hospital discharge for an individual with continuing support needs – demonstrates how PCC and PW contribute to the prevention of delayed transfers of care (DTC) enhancing safety and experience.

Introduction

Health and social care are provided in various settings and at different levels across the UK and professionals need to work together around the person to ensure continuity and safety. There are significant numbers of people who oscillate between community services, primary care, hospital services and social care so good communication and cross boundary working is essential for delivery of good care. Principles of PCC and PW continue to be deemed fundamental underpinning elements of current UK practice as they mitigate fragmentation, facilitate better outcomes and promote dignity and fairness, particularly for those with long-term conditions, frailty, disability, or multiple needs (World Health Organization, 2002).

The policy environment reinforces these values. Care needs to be delivered so people's needs are met and they are given the choices they want, making PCC a quality of care expectation (CQC, 2025).

(a) Define person-centred care and identify the main benefits and limitations

Definition of person-centred care

Person-centred care involves working with the individual and their support network to meet their goals, needs and aspirations based on their priorities, values and preferences, rather than following organisational routines. Personalised care is described by NHS England as “choice and control” and doing more in “what matters” to people. This suggests that PCC is more than respectful communication; it is care planning that is tailored to the individual, information provision that is easy to understand, and support that is co-ordinated across services and fits the person’s life.

Benefits of PCC

Improved experience and trust: PCC promotes dignity, respect and participation. These reflect the principles of the UK Government NHS Constitution, which lays down what people can expect around dignity and respect and includes a rights-based element to care (UK Government, 2023). When people feel they have been listened to, they are more likely to raise pertinent worries, reveal obstacles to compliance and take part in decisions about their care.

Increased engagement and positive outcomes: Findings suggest that person-centred approaches can enhance outcomes including quality of life and self-efficacy, and potentially some aspects of service use in a range of settings (Nkhoma et al., 2022). PCC is also closely associated with shared decision-making; professionals and service users collaborate in deciding the best care options, utilising the best evidence and taking into account what matters to the individual (NICE, 2021).

Holistic and proactive PCC: focuses on wider determinants of health that affect wellbeing (such as housing, social support, finances, transport, health literacy). An integrated approach

can help people with long-term conditions to avoid unnecessary crises and enable them to manage and care for themselves better (World Health Organization, 2002).

Limitations of PCC

Resource and time constraints: PCC needs space for engaging conversations and onward communication. This is also the case in areas where there is significant staff turnover or if caseloads are extremely high and sustaining continuity of these relationships becomes very challenging (The King's Fund, 2023).

Variability and disparity: Uneven delivery of PCC can occur between areas and services due to differences in workforce capacity, local leadership and commissioning. People with language barriers, cognitive impairment, low health literacy, or who are less able to advocate on their own behalf may experience diminished “choice and control” unless services make communications accessible and provide supplementary assistance, in line with obligations under the Equality Act, 2010).

PCC outcomes assessment: Outcomes such as being empowered, having confidence and feeling respected are more difficult to measure than clinical measures. In the absence of robust patient reported measures and feedback from users of the service, PCC can become “paper compliant” rather than reality, thus undermining mechanisms for accountability and improvement (CQC, 2025).

(b) Critically examine a relevant theory or model underpinning PCC

McCormack & McCance Person-centred Nursing Framework

The McCormack and McCance person-centred nursing framework is a well-established model that underpins PCC. It frames person-centred practice as result of:

- Requirements (professional competence, values, interpersonal skills)
- Care setting (culture, staffing, leadership, systems).
- Results (involvement, wellbeing, satisfaction, therapeutic culture).(McCormack and McCance, 2017)

Critical examination

Strength 1: Acknowledges system and cultural impact Influences. The framework is robust in that it doesn't hold individuals accountable for failing to person-centred care and that it recognises the wider organizational context as one that can either hinder or enable person-centred care.

Strength 2: Practical orientation with “process”. The model focuses on concrete person-centred activity such as involvement and shared decision-making, consistent with NICE guidance that shared decision-making should be the routine, not exception (NICE, 2021). In that sense it promotes uniform, predictable practice behaviours.

Limitation 1: Implementation requirements. Converting the model into concrete actions can be difficult without ongoing leadership, time for reflective practice, and spirit team.

Limitation 2: Potential for “tick-box PCC”. Where PCC is elevated to culture within an organisation, there can at times be too much focus on paperwork rather than lived experience, and PCC can become a process, where forms are filled in but authentic participation is minimal. That is why it is important to triangulate evidence (experience feedback, observations, outcomes) (CQC, 2025).

(c) Analyse the ethical fundamentals of health and social care

Ethics is fundamental to UK health and social care delivery as the processes of care and support involve decision making with an impact on people's rights, safety, dignity and equitable treatment and increasingly under conditions of uncertainty. One well-established ethical framework is the four principles: autonomy, beneficence, non-maleficence, and justice (Beauchamp and Childress, 2019).

Autonomy demands recognition of the person's ability to make decisions about their care. In UK practice, this is further supported by legal duties of patient-centred consent, facilitated by shared decision making and clear communication (UK Supreme Court, 2015).

Beneficence to the person is just doing what is best for the person or what will result in greatest good. Non-maleficence means no harm. These principles inform risk management in day-to-day practice, e.g., fall prevention following discharge, safe medication use, protection of the vulnerable.

Justice deals with equality and fairness of access. In a system with finite resources and service delivery variation, justice is a particularly salient ethic. Ethical practice involves transparent prioritisation and focus on inequalities in a manner that respects the duties related to the Equality Act 2010.

Ethics has also been said to interface with law and professional responsibility. Finally, the professional codes highlight ethical behaviour and public trust and articulate expectations of person-centred, safe and collaborative practice (NMC, 2024).

(d) Evaluate partnership working in health and social care

Partnership working is an approach in which organizations or professionals work together across boundaries, such as geography or discipline, to provide integrated services focused on common results. What happens is that when the partnership breaks down, care is fragmented, and folks are delayed, re-assessed, and making decisions that aren't uniform.

Benefits of partnership working

Smooth and safer transitions PW enhances continuity in critical junctures, such as discharge from hospital, referral on to community services or transition from adult social care to primary care.

A better experience for service users and carers. A joined-up pathway lightens the load for people and their families, who may otherwise be required to tell their story numerous times. It can also enhance confidence in services, as the sense is that plans are too coherent, rather than at odds.

More efficient use of resources and prevention. Good PW enables early intervention and slows preventable decline through the right service responding at the right time. This can reduce unnecessary admissions and facilitate care closer to home, which is of particular significance given the system pressures highlighted within analysis of adult social care by The King's Fund (2023).

Limitations and challenges

Information governance challenges: Confused professionals do not know what they can share or they have no interoperable systems and thus they are set on hold, even though sharing would be required for safe care provision. NHS Digital guidance describes what such data security is not (NHS Digital, 2024).

Cultural differences and power imbalance: Professional cultures and accepted risk levels may differ and cause tension. As well as this, social care is often subject to more severe resource limitations - meaning services take longer to respond and partnership relations are placed under additional strain.

(e) Explore the application of partnership working in a practical setting: discharge planning

A practical setting where partnership working is especially important is hospital discharge planning for someone who requires ongoing support after treatment. For example, an older adult admitted with an acute infection may be medically stable but still have reduced mobility, fatigue, and a higher risk of falls. A safe discharge depends on more than clinical clearance; it requires coordination across hospital teams, community services, and social care.

How partnership working operates in discharge planning

In an effective discharge pathway:

- The hospital team confirms the person is clinically ready for discharge and the continuing risks (e.g. falls, complexity of medication).
- Therapy staff evaluate function, equipment requirements, and home safety. Social care organises reablement or a home care package, and the carers for support, if needed.

How person-centred care strengthens partnership discharge

Partnership working is most effective when the person's goals and preferences shape the plan. Using shared decision-making, professionals explain options in accessible language and explore what the person values (e.g., "I want to return home," "I need to feel safe at night," "I want to minimize the burden on my family"). This approach reflects guidance from NICE (2021) on embedding shared decision-making in routine practice.

Where decision-making capacity is uncertain (e.g., delirium), the Mental Capacity Act 2005 provides a lawful structure for assessment and best-interest decisions, ensuring the person remains involved as far as possible and that choices are least restrictive.

Why PCC and PW must work together

Partnership without person-centred practice can become system-led, prioritising organisational flow rather than what is safe and acceptable for the individual. Together, PCC and PW enable discharge that is safe, realistic, lawful, and aligned with what matters to the person.

(f) Discuss relevant policy and legislation in relation to PCC and PW

PCC and partnership working are reinforced through UK regulation, policy, and

legislation: The Act is intended to make well-being the focal point of adult social care provision and assessment and care planning services. This enables person-centred, outcomes-focused support and has an emphasis on involving the person to identify what is important to them in daily life (Care Act, 2014).

Health and Care Act 2022: This legislation continues to strengthen integrated care arrangements, placing several expectations regarding collaboration at local system levels on more of a statutory level, advocating partnership working at system level (Health and Care Act, 2022).

CQC Reg 9 (Person-centred care): The Care Quality Commission, the regulator, links quality and safety to care that meets needs and preferences as identified via assessment, cementing PCC's positioning as a core requirement (CQC, 2025).

NICE Shared Decision Making (NG197): Shared decision making (SDM) is the clinical practice of engaging individuals as active partners in decisions about their own care (NICE, 2021).

Mental Capacity Act 2005: It makes provision for balancing an individual's autonomy against the least restrictive intervention in situations where they lack capacity and doing best-interest decisions on their behalf (Mental Capacity Act, 2005).

Privacy and data security Data Protection Act 2018 / UK GDPR and confidentiality: These regulations require that personal data be processed lawfully, fairly and securely. It is vital to working in partnership, as collaboration is based on sharing information that is true and proportionate to, and necessary for, what is known (Data Protection Act, 2018; NHS Digital, 2024).

Together, these frameworks mean that PCC and PW are not just aspirational ideals; they are enshrined in accountability, lawful decision-making, and regulated expectations of safe and respectful care.

(g) Recommendations for future development of PCC and PW in the UK

- 1. Develop PCC skills through formal education and supervision:** Emphasize shared decision-making, communication to enhance health literacy, trauma-informed practice, and culturally sensitive care (NICE, 2021; NMC, 2024).
- 2. Assess PCC in terms of experience and outcome, not only documentation:** Use patient-reported measures, care plan audits that are co-produced, and qualitative feedback loops (CQC, 2025).
- 3. Promote better system interoperability, and a clear practice of information sharing:** Prioritize shared digital records and practical training on lawful sharing to minimize delays and risk (NHS-Digital, 2024).
- 4. Build the community and social care capacity to deliver on joint plans:** Integration will not work without adequate reablement, home-care and community services (The King's Fund, 2023).

10. Conclusion

PCC and PW can be most closely interpreted as complementary constructs. Ethical principles guide the processing of information used in the weighing of options for freedom, security, and justice (Beauchamp and Childress, 2019). UK legislation and policy – including the Care Act 2014, Health and Care Act 2022, CQC regulations and NICE shared decision-making guidance – endorse PCC and PW as standards of practice rather than optional values (Care Act, 2014; Health and Care Act, 2022; CQC, 2025; NICE, 2021). With these supports in place, PCC and PW may be more consistently realized thereby enhancing quality, safety and experience throughout UK health and social care.

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