

Module: Principles of Health and Social Care Practice

Module Code: BMHP5016

Student Name: Elizabeth Sarr

Student Number: 2435171

Assignment Title: Component 2 Written Report

Lecturer Name: Azida Zainol

Submission Date: 26th July 2016

Abstract

The concepts of partnership working (PW) and person-centred care (PCC) in health and social care practice are examined in this paper. It looks at how person-centred care encourages active involvement in treatment decisions while fostering respect for people needs, beliefs, and preferences. To improve communication, care coordination, and health outcomes, the paper also assesses the significance of collaboration between patients, families, carers, and multidisciplinary professionals.

The research examines how evidence-based care planning, routine monitoring, and efficient communication improve recovery and long-term condition management using a hospitalised patient with cardiovascular disease, ischaemic stroke, and Type 2 diabetes as an example. The circulatory system structure and operation are also examined, and the ethical precepts of equality, dignity, secrecy, and informed consent in providing safe, high-quality treatment are covered. To improve patient outcomes and quality of life, the paper indicates that person-centred care, effective partnership functioning, and evidence-based practice are essential.

Instruction

Principles that support safe, efficient, and compassionate care form the basis of health and social care practice. Person-centred care (PCC), partnership working (PW), evidence-based practice, and ethical decision-making are some of the most crucial. When combined, these guidelines guarantee that a person physical, psychological, emotional, and social needs are met while their rights, values, and preferences are respected [Department of Health and Social Care].

This report centres on a patient with Type 2 diabetes, ischaemic stroke, and cardiovascular disease in a hospital environment. It looks at the anatomy and physiology of the cardiovascular system and how these disorders impact normal bodily processes. Along with developing an evidence-based treatment plan based on NHS guidelines, the study also examines lifestyle and demographic risk factors and emphasises the need for collaboration, communication, and monitoring. It assesses how healthcare providers, patients, families, carers, and interdisciplinary teams collaborate to deliver coordinated, person-centred care that promotes healing and enhances quality of life [Department of Health and Social Care].

Definition of Person-Centred Care (PCC)

A strategy known as person-centred care centres all treatment and support choices on the individual. It acknowledges that everyone has distinct values, beliefs, interests, and objectives that ought to direct the preparation, provision, and assessment of care. PCC encourages patients to actively participate in decision-making and fosters respect, dignity, and independence rather than seeing them as passive receivers of medical treatment [UK Government,2012].

Person-centred care in a hospital environment guarantees that each patient treatment is customised to meet their unique requirements. For instance, choices on medication, dietary modifications, rehabilitation objectives, and discharge planning should involve a stroke patient who is also managing Type 2 diabetes.

To create a personalised care plan, health care providers should speak clearly, pay attention to the patient worries, and collaborate with family members and the multidisciplinary team. Beyond only improving patient happiness, person-centred care has several advantages. People who take an active role in their own care are more likely to comprehend their therapy, follow lifestyle and pharmaceutical recommendations and successfully manage chronic illnesses.

Additionally, this method improves therapeutic connections and promotes safer, more efficient treatment by strengthening communication and trust between patients and clinicians. Despite obstacles including scarce resources and organisational demands, person-centred care improves health outcomes, increases independence, and improves quality of life by acknowledging each person unique circumstances like [National Institute for Health and Care Excellence,2021], [The Health Foundation 2014], [The Health and Care Act 2022],

Relevant Theory: Maslow's Hierarchy of Needs and Person-Centred Care

Healthcare practitioners can better comprehend the elements that affect a person health and well-being by using theoretical frameworks. By acknowledging that individuals have physical, psychological, emotional, and social needs that should all be considered when planning care, Maslow Hierarchy of Needs promotes person-centred care [Maslow, 1943].

The approach urges practitioners to evaluate the full person rather than just sickness. Maslow postulated that there are five levels of human wants: safety, esteem, self-actualization, love and belonging, and physiological requirements. Before people may completely participate in rehabilitation, basic physiological requirements including food, sleep, medicine, and personal care must be satisfied. Patients can engage in therapy more successfully in healthcare settings when these demands are satisfied. Stability, security, and protection from damage are all necessary for safety [Maslow, 1943].

Healthcare practitioners use risk assessments, therapeutic settings, and individualised care planning to enhance safety. This is especially crucial for those with complicated medical problems or mental health issues, when care must strike a balance between patient preferences and clinical safety. The significance of supporting connections is emphasised by the third level, love and belonging. Person-centred care acknowledges the importance of deep connections with family, carers, and medical professionals in promoting healing. Holistic care is supported and emotional well-being is strengthened by encouraging proper family engagement and therapeutic communication. Dignity, self-assurance, and independence are the main components of self-esteem requirements. Healthcare providers encourage patients to participate in everyday activities wherever feasible, acknowledge their abilities, and include them in decision-making. Encouraging independence upholds respect for personal autonomy and is consistent with person-centred care [Maslow, 1943].

Reaching personal objectives and realising one potential is referred to as self-actualization, the greatest level. In the context of healthcare, this is helping patients set meaningful recovery objectives, such as going back to work, school, or other activities. Therefore, the goal of care is not simply to treat sickness but also to assist people in achieving goals that are significant to them. Instead of focusing just on diagnosis, Maslow approach promotes comprehensive evaluation, which increases person-centred treatment [Maslow, 1943].

However, as people may rank requirements differently based on their unique experiences and circumstances, the hierarchy should be utilised as a flexible guide rather than a strict structure. Therefore, to provide fully tailored treatment, healthcare professionals must integrate theoretical knowledge with professional judgement, evidence-based practice, and active patient engagement [Mccomack et al.,2012].

How Person-Centred Care Principles Are Supported by Maslow's Theory

Because Maslow's theory encourages medical personnel to examine patients holistically rather than concentrating solely on their ailment or diagnosis, it promotes PCC. The approach emphasises the interdependence of psychological, social, emotional, and physical demands. This embodies the fundamental values of PCC, which include empowerment, collaborative decision-making, respect, dignity, and individualised support [Clifton, 2024].

For instance, a patient suffering from severe depression might not participate in psychological therapy due to issues with insecurity, bad diet, or sleep disturbances. Professionals can use Maslow's theory to pinpoint and attend to these fundamental needs first, enabling the patient to take a more active role in their own healing. Because care is tailored to each person's situation, this exemplifies a person-centred approach [Clifton, 2024].

However, because human needs don't usually follow a set order, Maslow's hierarchy has drawn criticism. Even when lower-level needs are not satisfied, people may pursue relationships, spiritual needs, or personal objectives. For instance, a person who is homeless might continue to pursue personal goals or important connections. Therefore, rather than presuming that everyone experiences needs in the same order, healthcare professionals should use Maslow's theory as a guide [Clifton, 2024].

Utilising Maslow's Theory in a Mental Health Environment

Maslow's theory can be used to assess and plan tailored care in my chosen practical environment as a healthcare support worker assisting mental health patients. For instance, the medical staff considers several facets of the patient's well-being when providing support to a patient who has been admitted with severe anxiety and depression.

Staff members make sure the patient gets the right food, medicine, and assistance with everyday activities at the physiological level. Professionals evaluate dangers like self-harm and create safety plans at the safety level. Staff members promote therapeutic involvement and meaningful interactions at the belonging level. Patients are encouraged to engage in care discussions and make decisions about their daily activities at the esteem level. Lastly, experts assist individual recovery objectives at the self-actualization level, such as regaining independence or engaging in fulfilling activities [The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 2014].

Because the patient, medical staff, family members (if applicable), and community resources work together to accomplish the person's objectives, this strategy exemplifies partnership functioning. The Health and Care Act of 2022, which encourages integrated collaboration between health and social care services, is also reflected in it [The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 2014].

Synthesis and Critical Analysis

Because Maslow's Hierarchy of Needs urges practitioners to consider the full person rather than just their clinical condition, it offers a useful framework for understanding person-centred care. The philosophy backs recovery-focused therapy, individualised care planning, and comprehensive assessment. Because social interactions, safety, identity, and personal accomplishment all have an impact on psychological wellbeing, it is especially pertinent to mental health services. However, because everyone has various objectives, cultures, and life experiences, applying Maslow's theory calls for expert opinion. Instead of strictly enforcing the hierarchy, a person-centred approach calls on healthcare providers to listen to the individual. A more successful approach to treatment is produced by combining Maslow's theory with evidence-based practice, legal frameworks, and patient involvement. A Practical Guide to Community Social Work Practice in the UK. Policy Press [Turbett, C. 2024].

Health and Social Care Ethics Fundamentals

To provide safe, compassionate, and efficient health and social care, ethical values are essential. They offer a framework for making decisions that upholds fair access to care, safeguards people's rights, and fosters wellbeing. Person-centred care (PCC) and partnership working (PW) are strongly related to ethical practice because they both put people at the centre of decision-making and promote cooperation between medical staff, patients, carers, and families.

Independence

The right of an individual to make knowledgeable choices regarding their own care and treatment is known as autonomy. Professionals should explore alternatives, give clear information, and assist patients in making decisions that align with their values, beliefs, and preferences as part of person-centred care. By ensuring that patients, families, and diverse professionals participate in care planning while honouring the individual desires, partnership working strengthens autonomy [National Institute for Health and Care Excellence, 2021].

Upholding autonomy could entail helping a patient who refuses to participate in specific treatment activities. Healthcare providers should investigate the reasons behind the choice, provide substitute therapies, and keep encouraging recovery instead of putting pressure on patients. Autonomy is not unqualified, though. Professionals may need to act within legal frameworks to safeguard an individual who lacks mental capacity or poses a serious risk to themselves or others while taking the least restrictive action feasible. This illustrates the need to strike a compromise between protecting patient safety and honouring individual preferences.

Non-maleficence and Beneficence

Healthcare providers must behave in the patient best interests to be considered beneficent, but they must refrain from harming patients to be considered non-maleficent. These guidelines encourage evidence-based treatment that reduces needless risks and enhances health outcomes [National Institute for Health and Care Excellence, 2021].

By acknowledging what matters to the individual rather than depending just on expert opinion, beneficence in person-centred care goes beyond clinical therapy. Because multidisciplinary

teams pool their knowledge to provide coordinated and secure care, partnership functioning enhances ethical decision-making [National Institute for Health and Care Excellence, 2021].

For instance, physicians must strike a balance between respecting a patient liberty and their need to prevent significant injury when the patient refuses medicine despite declining mental health. Therefore, interdisciplinary conversation, mental ability evaluation, continuous review, and consideration of the least restrictive action should all be part of ethical decision-making. Both patient welfare and professional responsibility are supported by this cooperative approach [National Institute for Health and Care Excellence, 2021].

Justice

Healthcare services must treat all patients fairly and equally, regardless of their age, handicap, gender, ethnicity, religion, or socioeconomic status. Because everyone should have equal access to healthcare and be able to participate in choices that impact their treatment, equality is essential to both person-centred care and partnership functioning.

Providing interpreters, easily available information, advocacy services, or appropriate accommodations for those with communication challenges, learning disabilities, or sensory impairments may be necessary to achieve justice. Working together, healthcare providers, carers, and specialised services can lower obstacles and advance fair access to high-quality care.

Ethical Challenges

Conflicts between professional obligations and patient preferences give rise to ethical quandaries. Refusing treatment despite deteriorating health is a frequent problem. Professionals have an obligation to protect people from serious damage, even when responsible adults are legally free to decline treatment. Careful evaluation, interdisciplinary cooperation, patient engagement where feasible, and respect for legal and professional norms are all necessary to resolve ethical conundrums.

To ensure that any limitations remain necessary and justified, decisions should continue to be person-centred, proportionate, and subject to frequent review. Health Care providers must also strike a balance between patients' entitlement to anonymity and family expectations. Confidential information should only be given with consent unless substantial dangers or safeguarding issues warrant it, even though family members may want to receive information to help care. Maintaining this equilibrium encourages safe and moral behaviour while safeguarding patient rights.

Considering Different Perspectives

Making ethical decisions frequently requires weighing opposing viewpoints. While family members may prioritise safety and protection, patients may place a higher value on autonomy and personal preference. Healthcare practitioners must also take organisational rules, legal obligations, and professional norms of practice into account. For instance, a family may want comprehensive knowledge regarding a patient's illness because they think it will enable them to offer support.

Partnership Working (PW) Evaluation

To plan, provide, and assess care, partnership working entails cooperation between health and social care providers, patients, families, carers, and community groups. Coordinated, person-centred care is supported by effective partnership functioning, which integrates individual knowledge and preferences with professional skills. It is based on respect for one another, shared accountability, clear communication, and cooperative decision-making. When helping patients with complicated illnesses like Type 2 diabetes, stroke, and cardiovascular disease, collaboration is especially crucial.

A multidisciplinary team of physicians, nurses, physiotherapists, occupational therapists, speech and language therapists, dietitians, chemists, social workers, and community healthcare providers may be needed to address these disorders. Together, these experts create integrated care plans that cover medical care, rehabilitation, lifestyle change, and discharge planning. Improved continuity of treatment is one of partnership working biggest advantages. Good professional communication minimises treatment delays, cuts down on needless duplication, and enhances patient safety. Additionally, collaborative working fosters trust and supports personalised treatment by encouraging patients and their families to participate in decision-making.

Multidisciplinary teamwork allows medical providers to stabilise physical health, manage medication, start rehabilitation, give food guidance, and be ready for release for stroke patients who are also managing Type 2 diabetes and cardiovascular disease. Involving patients and their families at every stage of the process guarantees that care is tailored to each patient wishes and facilitates a secure transition from hospital to community services.

Working in partnerships has benefits, but there are drawbacks as well. The efficacy of collaborative practice can be diminished by disparities in organisational systems, communication obstacles, personnel shortages, resource constraints, and professional hierarchies. Inappropriate information sharing can cause treatment delays, interfere with continuity of care, and lead to fragmented services, especially for those with chronic illnesses that need continuous care.

However, these difficulties are outweighed by the advantages of working in a partnership. Improved continuity of care, earlier intervention, fewer needless hospital admissions and readmissions, and more effective use of healthcare resources are all benefits of coordinated multidisciplinary practice. Instead of concentrating just on medical care, professionals may better meet a person physical, psychological, emotional, and social needs by combining health and social care services. In the end, providing safe, compassionate, and person-centred care requires good collaborative functioning. Better health outcomes, more independence, increased patient happiness, and share accountability, and engage patients in treatment decision.

Policy and Legislation

The legal and moral foundation for providing safe, person-centred, and efficient health and social care is provided by legislation and policy. They safeguard people rights, advance equality, encourage interdisciplinary cooperation, and guarantee that medical personnel deliver high-

quality treatment. These legislative frameworks direct decision-making and motivate medical professionals to provide treatment that considers each patient requirements, preferences, and recovery objectives. By establishing Integrated Care Systems (ICSs), which promote cooperation between NHSs institutions, local authorities, and volunteer agencies, the Health and Care Act 2022 enhances partnership functioning [Pate et al., 2025].

By ensuring that services are arranged according to the requirements of the individual rather than organisational boundaries, this integrated approach promotes person-centred care. Multidisciplinary specialists in mental health services collaborate to plan discharge, assisting patients in finding housing, medicine, community assistance, and continuing care after they leave the hospital. The Act encourages integrated care, but its efficacy may be diminished by personnel shortages, budgetary constraints, and incompatible information technologies. Policy and Legislation [Pate et al., 2025].

By encouraging people to take part in choices regarding their treatment, the Health and Social Care Act of 2012 fosters patient engagement, responsibility, and choice. By including patients in multidisciplinary evaluations, promoting dialogue about treatment objectives, and making sure that patients opinions are included in care planning; healthcare providers really support this law. Although organisational complexity may occasionally impede productive cooperation, healthcare support staff also help patients and professionals communicate. By encouraging independence, preventive, and coordinated collaboration between health and social care providers, the Care Act of 2014 puts the well-being of the individual at the centre of care. Care planning should incorporate families, carers, and community groups as needed, taking considering each person strengths, preferences, and intended results. Collaborative discharge planning in hospital settings guarantees that patients receive the right kind of assistance after being released. However, the efficacy of this strategy may be diminished by inadequate resources or delays in obtaining community assistance National Institute for Health and Care Excellence [NICE].

Fundamental rights, including dignity, privacy, equality, liberty, and respect for family life are safeguarded under the Human Rights Act of 1998. By upholding confidentiality, gaining consent wherever feasible, respecting privacy during personal care, and making sure that restrictive interventions are only used when absolutely required and legally justified, healthcare professionals put these values into practice [Clifton, 2024].

Professionals must strike a balance between respecting patient autonomy and their legal obligation to safeguard life and wellness when individuals refuse treatment but pose serious hazards to themselves or others. People are shielded against discrimination based on protected characteristics, such as age, disability, race, religion, sex, and sexual orientation, under the Equality Act of 2010. Healthcare organisations should use strategies like interpreters, culturally sensitive care planning, and modified communication techniques to guarantee equitable access to service [Clifton, 2024].

Even if the law encourages equality, obstacles including linguistic disparities, unconscious prejudice, and a lack of specialised services nevertheless make it difficult for everyone to have fair access to Health Care By fostering cooperative practice, defending patient rights, promoting equality, and supporting moral decision-making throughout health and social care systems,

these legal and legislative frameworks together uphold the values of person-centred care and partnership functioning [Burton & Ormrod, 2020].

information systems, the Act may also make it more difficult for partnerships to work together, which can impede communication and lower continuity of service [Thompson, 2023].

Recommendations

Even though partnership working and person-centred care have greatly improved healthcare delivery, several issues still have an impact on service quality. Poor communication between organisations, a lack of workers, rising service demand, uneven staff training, little patient participation, and unequal access to digital technology are common obstacles. Improving digital information exchange through suitable electronic health record systems is one crucial suggestion [Potet et al., 2025].

Improved integration will reduce redundancy, improve continuity of treatment, and encourage safer clinical choices by giving healthcare workers from different organisations access to correct patient data. Enhancing ongoing professional development in person-centred care, communication, cultural competency, and interdisciplinary teamwork is a second suggestion. In addition to enhancing teamwork and patient participation, shared learning opportunities, simulcasted training, and reflective practice would enhance comprehension of professional tasks [Potet et al., 2025].

To enhance continuity of care after discharge, healthcare organisations should fortify collaborations with hospitals, community services, local government agencies, and nonprofits. In addition to promoting recovery and long-term disease management, regular multidisciplinary meetings, shared care plans, and effective referral channels would lessen fragmented care. Increased funding for patient input, quality enhancement, and evidence-based practice should also be promoted [Potet et al., 2025].

Organisations can find gaps in treatment and make changes that better suit patient needs and preferences by using clinical audits, service evaluations, and patient-reported outcome indicators. Lastly, businesses should keep encouraging worker welfare, compassionate leadership, and reflective practice. Encouraging healthcare workers via transdisciplinary learning, reflection, and supervision improves professional growth, communication, and the provision of safe, person-centred Care [Potet et al., 2025].

The Equality Act is put into practice in my mental health environment by offering interpreters to patients whose first language is not English, modifying communication for those with learning disabilities or sensory impairments, and taking cultural and religious values into consideration when planning care. To guarantee that patients receive the proper assistance, healthcare providers also collaborate with specialised services [Hawkins, 2018].

Despite the legislation's promotion of equity, fair access to care may still be hampered by issues including unconscious bias, linguistic difficulties, and a lack of specialised services. Thus, reflective practice and ongoing staff training are crucial [Hawkins, 2018].

Policy and Law's Impact on Practice

Every facet of mental health services practice is impacted by these laws and policies. Healthcare practitioners need to include patients in the planning and decision-making process for their care [World Health Organization, 2010].

collaborate with multidisciplinary teams, carers, and outside organisations; preserve confidentiality while sharing information appropriately; protect vulnerable adults and safely manage risks; advance equality, diversity, and human rights; and keep accurate documentation in compliance with legal and professional standards [(Hawkins, 2018)].

For instance, I collaborated with nurses, occupational therapists, and psychiatrists to help a patient with severe depression engage in worthwhile activities that they choose. During multidisciplinary meetings, I reported mood swings and helped social workers and community mental health agencies arrange a safe discharge. This illustrated how laws promote person-centred care by fostering collaboration across various entities and shared decision-making [Hawkins, 2018].

Even though person-centred care (PCC) and partnership working (PW) have been greatly advanced in UK health and social care, there are still several gaps that have an impact on the standard and consistency of care. Common issues include poor communication across organisations, workforce shortages, increased demand for services, restricted involvement of service consumers in decision-making, uneven staff training and unequal access to digital technologies [Turbett, 2024].

Evidence-based solutions that improve teamwork, increase patient involvement, and promote high-quality care in all healthcare settings—including mental health services—are needed to address these problems [Turbett, 2024].

Digital transformation is a top goal for enhancing integrated, person-centred care, according to NHS England (2023). However, financial expenses, cybersecurity issues, employee aversion to change, and the requirement for continual training in digital skills may limit deployment. Enhancing education and continuing professional development (CPD) in person-centred care, communication, cultural competency, and partnership working is a second suggestion. Research indicates that further multidisciplinary education enhances collaborative practice and patient outcomes, even if healthcare personnel are required to complete training (World Health Organization, 2010).

Effective teamwork and a better knowledge of the roles of nurses, healthcare support workers, social workers, psychologists, and other allied health professionals would be promoted by regular simulation training, reflective practice sessions, and shared learning opportunities. This will enable professionals to better engage patients in treatment planning in mental health settings while honouring their unique cultural origins, values, and preferences. Lack of protected learning time because of staffing shortages and rising service demands could be a hindrance [Pote et al., 2025].

To enhance continuity of care, especially upon hospital release, it is also advised to fortify cooperative partnerships between NHS services, local governments, nonprofits, and community organisations. Although integrated care is emphasised by the Care Act of 2014 and the Health and Care Act of 2022, many patients still face delays in receiving community mental health

treatments, psychological therapy, or housing support. Reducing fragmentation and improving recovery outcomes would require strengthening teamwork through frequent multidisciplinary meetings, shared care plans, and enhanced referral channels [Pote et al., 2025].

According to The King's Fund (2022), providing integrated care that prioritises the whole person above specific services requires effective collaborative working. However, sufficient resources, organisational dedication, and strong leadership across several agencies are necessary for successful implementation.

To guarantee that person-centred approaches keep becoming better, more funding for research and evidence-based practice should be given top priority. Healthcare decisions should be based on the best available evidence while taking patient preferences and clinical competence into account, according to the National Institute for Health and Care Excellence (NICE).

Professionals might find care gaps and implement evidence-based improvements if healthcare organisations were encouraged to take part in quality improvement projects, clinical audits, and service evaluations. Patient-Reported Outcome Measures (PROMs), Patient Activation Measures (PAM®), and patient feedback can be used in mental health settings to assess whether treatments promote recovery and shared decision-making. However, prospects for ongoing improvement may be diminished by a lack of funding for research, time constraints, and inconsistent staff engagement. By enhancing service-user input in policy creation, commissioning, and service evaluation, future policy development should further promote person-centred care [Clifton, 2024].

It has been demonstrated that co-production, in which patients and carers collaborate with experts to plan and assess services, increases patient happiness, trust, and service responsiveness. While the NHS Long Term Plan places a strong emphasis on enabling patients to take an active role in their care, NICE (2021) suggests shared decision-making as a key element of high-quality healthcare. Increasing co-production in mental health services would guarantee that future policies more accurately represent the objectives and lived experiences of service users. However, to guarantee inclusive and representative participation, meaningful involvement necessitates enough time, money, and assistance [Clifton, 2024].

Lastly, companies should keep encouraging a culture of introspective practice, caring leadership, and ongoing quality enhancement. To provide safe, efficient, and person-centred care, healthcare professionals should continuously assess and enhance their practices, according to the Nursing and Midwifery Council (2018). Regular clinical supervision, introspective conversations, and multidisciplinary debriefings would enhance professional development, enhance communication, and promote the wellness of employees. Stronger collaboration and better patient experiences are linked to increased worker wellbeing [Burton & Ormrod, 2020].

Conclusion

Using a hospital context with a patient with cardiovascular disease, stroke, and Type 2 diabetes, this paper examined the significance of person-centred care (PCC) and partnership working (PW) within health and social care practice. The paper has shown how PCC encourages respect for each person's needs, values, preferences, and choices, while partnership working makes it

possible for patients, families, healthcare providers, and other services to work together successfully to produce favourable results [Human Rights Act, 1998].

Effective PCC and PW enhance patient satisfaction, safety, communication, care coordination, and general quality of life, according to the results. The importance of providing ethical, inclusive, and evidence-based care is demonstrated by the discussion of pertinent theories, such as Maslow's Hierarchy of Needs and Rogers' Person-Centred Theory, as well as laws and policies like the Human Rights Act of 1998, the Equality Act of 2010, the Health and Care Act of 2022, and the [Human Rights Act, 1998].

Reference List

Bradshaw, M. J., & Vitale, T. R. Available at: (2024). DNP Project Workbook. Springer Publishing Company [Assessed 14 July 2026].

Bone, M. L. Available at: (2019). *Human Rights and Drug Control*. Routledge [Assessed 17 July].

Burton, R., & Ormrod, G. Available at: (2020). *Transition to Professional Nursing Practice*. SAGE [Assessed 17 July 2026].

Care Act. Available at: (2014). *Care Act 2014*. Legislation.Gov.Uk. <https://www.legislation.gov.uk/ukpga/2014/23/contents> [Assessed 13 July 2026].

Clifton, A. Available at: (2024). *Fundamentals of Mental Health Nursing, 2nd Edition*. Wiley-Blackwell [Assessed 17 July 2026].

Department of Health and Social Care Available at: (2022) Health and Care Act 2022. London: The Stationery Office [Assessed 17 July 2026].

Department of Health and Social Care. Available at (2025, March 25). Health and Care Act 2022. GOV.UK. <https://www.gov.uk/government/collections/health-and-care-act-2022> [Assessed: 13 July 2026].

Equality And Human Rights Commission. Available at: (2011). *Employment : statutory code of practice*. Equality And Human Rights Commission [Assessed 17 July 2026].

GOV.UK. Available at (2010). *Equality Act 2010*. Legislation.Gov.Uk; Gov.uk. <https://www.legislation.gov.uk/ukpga/2010/15/contents> [Assessed: 13 July 2026].

England, N. Available at: (2026). *NHS England » Integrated care*. England NHs.UK <https://www.england.nhs.uk/integratedcare> [Assessed: 14 July 2026].

Human Rights Act. Available at (1998). *Human Rights Act 1998*. Legislation.Gov.Uk. <https://www.legislation.gov.uk/ukpga/1998/42/contents> [Assessed: 13 July 2026].

Hawkins, A. Available at: (2018). *The Equality Act (2010)*. Independently Published [Assessed 17 July 2026].

McCormack, B., van Dulmen, S., Eide, H., Kirsti Skovdahl, & Eide, T. Available at: (2017). *Person-Centred Healthcare Research*. John Wiley & Sons [Assessed 14 July 2026].

Turbett, C. (2024). *A Practical Guide to Community Social Work Practice in the UK*. Policy Press.

McCormack, B., & McCance, T. Available at: (2017). *Person-centred Practice in Nursing and Health Care: Theory and Practice* (2nd ed.). Wiley Blackwell [Assessed 14 July 2026].

Maslow, A. H. Available at: (2021). *A Theory of Human Motivation (Hardcover Library Edition)*. General Press [Assessed 14 July 2026].

Maslow, A. Available at: (1943). *A Theory of Human Motivation* (pp. 370–396). Psychological Review. [Assessed 17 July 2026].

Mccormack, B., McCance, T., Bulley, C., Brown, D., McMillan, A., & Martin, S. Available at: (2021). *Fundamentals of person-centred practice: A guide for healthcare students*. Wiley-Blackwell [Assessed 17 July 2026].

National Institute for Health and Care Excellence. Available at: (2021, June 17). *Overview / Shared Decision Making / Guidance / NICE*. [Www.Nice.Org.Uk. https://www.nice.org.uk/guidance/ng197](https://www.nice.org.uk/guidance/ng197) [Assessed 14 July 2026].

NICE. Available at: (2022). *Type 2 Diabetes in adults: Management*. Nice.Org.Uk; NICE. <https://www.nice.org.uk/guidance/ng28> [Assessed 14 July 2026].

NICE. Available at: (2023, July 18). *Overview / Cardiovascular disease: risk assessment and reduction, including lipid modification / Guidance / NICE*. Nice.Org.Uk; NICE. <https://www.nice.org.uk/guidance/cg181> [Assessed 14 July 2026].

NHS England » Integrated care. Available at: (n.d.). [Www.England.Nhs.Uk](https://www.england.nhs.uk/integratedcare). Retrieved July 15, 2026, from <https://www.england.nhs.uk/integratedcare> [Assessed 14 July 2026].

Pote, H., Moulton-Perkins, A., & Campbell, S Available at: (2025). Ebook: Psychological Digital Practice: The Basics and Beyond. McGraw-Hill Education (UK) [Assessed 17 July 2026].

The Health Foundation. Available at: (2014, October). *Person-centred care made simple*. The Health Foundation. <https://www.health.org.uk/publications/person-centred-care-made-simple> [Assessed: 14 July 2026].

The King's Fund. Available at:(2023, April 27). *The King's Fund*. The King's Fund; The King's Fund. <https://www.kingsfund.org.uk> [Assessed 14 July 2026].

Tizzard-Kleister, K. Available at:2026 (n.d.). *Applied Drama and Person-Centred Nursing*. Springer Nature. [Assessed 14 July 2026].

Rogers, C. Available at: (1951). *Client-cantered Therapy: Its Current Practice, Implications and Theory*. Constable [Assessed 15 July 2026].

Thompson, S. R. Available at: (2023). *The Essential Guide to Public Health and Health Promotion*. Taylor & Francis [Assessed 17 July 2026].

Turbett, C. Available at: (2024). *A Practical Guide to Community Social Work Practice in the UK*. Policy Press [Assessed 17 July].

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Assessed at: (2014) [Assessed 17 July 2026].

UK Government. Available at (2012). Health and Social Care Act 2012. Legislation UK Government. (2012). Health and Social Care Act 2012. Legislation.Gov.Uk. <https://www.legislation.gov.uk/ukpga/2012/7/contents>.Gov.Uk. <https://www.legislation.gov.uk/ukpga/2012/7/contents> [Accessed: 13 July 2026]

World Health Organization. Available at: (2025, July 31). *Cardiovascular diseases (CVDs)*. World Health Organisation . [https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-\(cvds\)](https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds)) [Assessed 15 July 2026].

Pote, H., Moulton-Perkins, A., & Campbell, S. (2025). Ebook: Psychological Digital Practice: The Basics and Beyond. McGraw-Hill Education (UK).