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Principles of health and social care

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Introduction:

Person centred care is seen as a core principle of modern health and social care practice in the UK. The teaching of this principle is to focus on respecting values, preferences and needs of service users while also making sure they are involved in decisions about their own care (Health Foundation, 2016). This aim is to improve health outcomes all while improving patient satisfaction and promote dignity, independence and wellbeing (NICE, 2023).

Delivering person centred care has its challenges; increases service demand, workforce shortages and financial concerns within the NHS (The King's Fund, 2022). Health and social care professionals must be able to balance organisational constraints with their responsibility to provide good individualised care (NMC, 2018). Partnership working is also as important in supporting effective health and social care delivery. Partnership working includes healthcare professionals, social care providers, voluntary organisations, service users and their families to work together and deliver coordinated care (Glasby and Dickinson, 2021). This can improve communication, reduce duplication of services and increase continuity of care however things like poor information sharing, organisational differences can affect its success (SCIE, 2022). This report gives an insight of the principles of person centred care and partnership working within health and social care settings. It will evaluate different models and studies of person centred care, analyse the ethical principles that help guide companies, evaluate the role of partnership working in the healthcare setting, discuss relevant UK laws and policies and provide potential future improvements in health and social care practice.

Person Centred Care:

Person centred care is an approach to health and social care that makes individuals the centre of their decisions regardless of their treatment and support. Rather than focusing on illness or disability, PCC acknowledges each person's values, preferences and goals making sure that care is delivered with dignity, compassion and respect (Health Foundation et al., 2016). Health care professionals should prioritise people, promote shared decision making and respect shared decision making and respect patient rights to make their own choices (Nursing and Midwifery Council et al., 2018). Shared decision making is a key to high quality care (NICE et al., 2023). Effective PCC goes beyond patients making their own decisions; it also makes organisations promote strong communication, multidisciplinary collaboration and reflective practice (McCormack and McCance et al., 2021). Even though PCC is put in place to improve patient satisfaction it all depends on enough staff, organisation support and resources. So even though PCC is seen as a foundation of providing high quality care, delivering its principles can be a challenge within modern health care systems.

PCC provides organisations, healthcare professionals and patients with a major advantage by tailoring care to an individual rather than following a standardised approach. Another advantage is that it improves patient engagement through shared decision making which allows for people to take an active role in managing their health and treatments (NICE., et al 2023). Research suggests that if you involve patients in care decisions allows for them to understand treatment options and increases adherence to care plans and increases patient satisfaction (Health Foundation., et al 2016). As well as this PCC betters therapeutic relationships by producing trust and having empathy and effective communication between patients and healthcare professionals (McCormack and McCance et al., 2021). These

benefits are especially seen in the management of long term conditions where collaborative care planning can improve self management and will help in reducing hospital admissions. This is all only possible with appropriate staffing , good communication and support from the organisation. PCC is not only dependent and influenced by healthcare professionals but also by the resources and support that are provided to them. However PCC has its disadvantages, increased service pressures and workforce shortages can limit the time that healthcare professionals spend with a patient to better understand patient needs and involve them in the decision making due to an increase in other patients (The King's Fund, 2022). Another thing is that effective person centred care all depends on strong multidisciplinary collaboration and organisational support. If professionals have poor communication or ineffective information sharing can disrupt continuity of care and can have a negative impact on patient outcomes (SCIE, 2022). In addition to this limited finance and staff training can further disrupt application of PCC. So while PCC is seen as the best practice, successful implementation all depends on resources, effective leadership and organisational dedication as well commitment from healthcare staff.

McCormack and McCance's Framework:

McCormack and McCance's person centred practice framework is one of the most known models when it comes to person centred care in contemporary health and social care. It was originally made to support nursing practice, the framework has since been used across a range of health and social care settings to promote high quality individualised care (McCormack and McCance, 2021). The model suggests that good PCC is achieved through the use of four key elements; prerequisites, the care environment, person-centred processes and expected outcomes. Traditional models mostly focus on clinical interventions, this framework acknowledges that delivering PCC is only possible with the competencies of healthcare professionals and organisational culture where care is provided. It also produces a holistic approach that supports collaborative decision making, respectful relationships and improved experiences for patients. Prerequisites are the knowledge, professional competence, interpersonal skills and self awareness that is required to build relationships with service users (McCormack and McCance, 2021). The care environment is emphasising the importance of supportive leadership, teamwork and organisational culture in producing high quality care. Both of these things support person centred processes; shared decision making, respectful communication and involving individuals in planning their own care. These values contribute to expected outcomes; improved outcomes, greater satisfaction and enhanced wellbeing. An advantage of McCormack and McCance's Person-Centred Practice Framework is its recognition that effective care depends on both the skills of the healthcare professionals and the organisational environment where they work (McCormack and McCance, 2021). When leadership, teamwork and supportive workplace cultures are emphasised the model acknowledges that PCC goes further than individual clinical practice. Due to funding this can be difficult as there's limited resources and increased service demands (The King's Fund, 2022). Even though companies can face these challenges the model is still highly relevant as it provides a detailed approach to improving PCC while acknowledging change requires both professional commitment and organisational support.

Ethical Principles:

Ethical principles provide the foundation for professional decision making in health and social care by making sure that care is given with respect, dignity and fairness. A guide for healthcare professionals to follow when balancing their patient rights with their duty to provide safe and effective care (Beauchamp and Childress, 2019). With PCC ethical practice encourages informed decision making while giving compassionate evidence based care. Ethical principles are key for maintaining professional standards and improving quality of health and social care services. The four ethical principles of autonomy, beneficence, non-maleficence and justice underpin decision-making in health and social care. Autonomy is the requirement that professionals need to respect an individual's right to make their own decisions about their care (Beauchamp and Childress, 2019). Beneficence is acting in the patients best interests while non maleficence requires professionals to avoid unnecessary harm through safe practice. Justice is fairness by making sure that individuals have equal access to healthcare regardless of personal circumstances. These principles support PCC by including respect, safety and equality in health care delivery. Even though ethical principles provide valuable guidance, they can sometimes conflict with practice. An example is respecting a patient's autonomy as it can conflict with beneficence when an individual refuses treatment that professionals think would improve their health. In these situations, healthcare professionals must balance the patients right to choose with their duty to provide care while following professional guidance (NMC, 2018). Due to this ethical decision making requires careful judgement ensuring care is both person centred and professionally responsible.

Partnership working:

Partnership working is an approach adopted by health and social care professionals, organisations and service users to deliver coordinated, high quality care. It groups professionals from different sectors to work together to share knowledge, make joint decisions and provide care that meets individuals physical , emotional and social needs (Glasby and Dickinson, 2021). Good partnership working is key to PCC as it promotes the continuity of care, improves communication and ensures that individuals receive support tailored to their circumstances. As healthcare needs are increasingly complex, collaboration between professionals is essential for getting good outcomes. Partnership working improves the quality and continuity of health and social care by making professionals share ideas and coordinate services. Good collaboration allows for quicker decision making, reduces duplication of care and allows for a more holistic approach to meeting patient needs (SCIE, 2022). It also strengthens communication between healthcare providers, service users and families, allowing individuals to participate in their care. This benefits people who suffer with more long term and complex conditions, where coordinated support from professionals can improve their outcomes and reduce the amount of times they are in hospital. These outcomes rely on effective communication and shared commitment between all the organisations involved. Partnership working also has its limitations, one being all organisations have different priorities that can result in poor communication and challenges when sharing the information which can delay decision making and reduce the continuity of care (Glasby and Dickinson, 2021). Workforce shortages and increased service pressures can limit opportunities for professionals to collaborate effectively. In addition to this it concerns surrounding confidentiality and data protection may restrict information sharing even when it could benefit patient care. Partnership working is essential for delivering person

centred care; its success depends on clear communication, effective leadership and strong collaboration between organisations.

Partnership working is a fundamental role in adult nursing by making sure patients receive coordinated care from a range of healthcare professionals. Adult nurses regularly collaborate with doctors, physiotherapists, occupational therapists, social workers and community nurses to develop and implement care plans that meet patient needs (NMC, 2018). Multidisciplinary approach supports PCC by allowing for professionals to share their expertise and involve patients and their families in decision making. Collaboration is more vital in patients with more complex and long term conditions who need support from multiple services. Good partnership work improves patient outcomes by producing continuity care and reducing service delivery. An example of this is if a patient is older and discharged following a stroke, communication and collaboration between nurses, physiotherapists, occupational therapists and social workers helps ensure rehabilitation, home adaptations and ongoing support. Coordinated approaches can reduce hospital readmission, improve recovery and allow for patients to have independence (NICE, 2023). Effective partnership also has its limitations. Poor communication, workforce shortages and increased service pressure can delay decision making and affect continuity of care (The King's Fund, 2022). Differences in organisational priorities and information sharing processes can limit collaboration between services. Patients with complex needs can experience delays or inconsistencies in care. When supported by good leadership, clear communication and shared goals partnership care is successful for delivering safe coordinated PCC.

Legislation:

UK legislation and policy provide the framework for delivering person centred care and effective partnership working. Care Act 2014 promotes wellbeing, personalised care and collaboration between services. Mental health Capacity Act 2005 protects individuals rights by supporting decision making where possible. Health and Care Act 2022 promotes integration of NHS organisations and local authorities, equality act 2010 and human rights act 1998 require professionals to provide fair dignified and non discriminatory care. Together these laws protect and support PCC.

Recommendations:

To improve person centred care and partnership working, health and social care organisations should strengthen multidisciplinary training, improve communication and invest in digital systems that support information sharing, getting a patient and their family more involved and to make sure that care reflects individual needs and preferences. Also by increasing staffing and resources it would help reduce workforce pressures and this would improve the quality of care. These measures would support more effective partnership working and good delivery of person centred care.

Conclusion:

In conclusion, person centred care and partnership working is essential for delivering safe, effective and high quality of care. While frameworks like McCormack and McCance, ethical principles and UK legislation is a strong guidance for professional practice. Some challenges that can be faced are workforce pressures and communication barriers. On the other hand,

improving collaboration, patient involvement and organisational support can strengthen the delivery of PCC. Continued investment in partnership working and healthcare services is important to improve patient outcomes and the quality of care.

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