



# People-Driven Care

## Co-Designing for Health and Wellbeing with Individuals and Communities

### IJiC Special Collection Call for Papers

#### Introduction

Integrated care has often been characterised as a people-centred and community-oriented approach. Yet the field of integrated care – in policy, practice and research – has not fully embraced or understood how people-centred care can and should be built into integrated care strategies and programmes. Moreover, knowledge and evidence of the potential impact of people-centred care on integrated care is lacking.

People-centred care seeks to build the skills and resources that individuals and communities need to be articulate and empowered users of health services. It is an approach that seeks to support people to make effective decisions about their own health to achieve the outcomes that matter most to them. It enables communities to become active in partnering with care services and contributing to relevant research, education and healthy public policy. Special attention is often given to tackling inequalities by engaging and supporting the voices of marginalised, vulnerable and disengaged people.

This special collection will bring together papers that focus on empowering and engaging people and, specifically, on the role and impact of co-production and co-design in integrated care. For the purposes of this special collection, we define these key aspects as follows:

- *Empowerment* seeks to actively support people to articulate their goals, preferences and values and to better manage their needs - for example, in the uptake of healthier behaviours, the ability to self-manage their own illnesses, or to live independently.
- *Engagement* is about people and communities being involved in the planning, delivery and evaluation of health services that, for example, enable them to make choices about care and treatment options, to inform and influence strategic decision-making, and to help drive improvements in the quality of care delivery.
- *Co-production* represents care and support that is delivered in an equal and reciprocal relationship between clinical and non-clinical professionals, individuals using care services, their families and the communities to which they belong. Co-production

implies a long-term relationship between people, providers and healthcare systems where information, decision-making and service delivery become shared.

- *Co-design* enables people to make a creative contribution in the formulation and solution of a health-related challenge. The approach focuses on addressing people's needs rather than those of institutions. It goes beyond consultation since it seeks to build equal collaboration between all those affected by, or seeking to resolve, such challenges. A key tenet of co-design is that people are 'experts of their own experience' and so the process involves the active facilitation of engagement between people to communicate, share insights and test out new ideas.

### **Aims and Scope**

This special collection seeks to bring together papers that focus on people-driven integrated care. Its purpose is to understand how different aspects of people-driven care can, and have, been embraced in policy and practice. The special collection seeks to bring together evidence on the impact that people-driven care has made to facilitating effective integrated care projects and programmes that enhance people's care experiences and outcomes.

IJIC is specifically seeking submissions that examine how people-centred care influences health and wellbeing outcomes, both for individuals but also for carers, families and communities. Approaches might include improving health literacy; supporting informed choice through shared decision making and shared care planning; supporting self-management and self-care; coproduction through community participation in integrated care delivery; and codesign in partnership with individuals and communities.

This special collection is keen to receive original papers under four categories: policy papers; research and theory papers; integrated care cases; and perspective papers. Further guidance for authors can be found at <https://www.ijic.org/about/submissions/>

Publication of the special collection will coincide with the [1<sup>st</sup> North American Congress on Integrated Care \(NACIC1\)](#) that will be convened in Toronto, Canada, on the 5-7 October 2020.

### **Deadlines**

Revised submission deadline: 30<sup>th</sup> June 2020

Expected publication launch of special collection: 1<sup>st</sup> October 2020

The special collection seeks to bring together original papers on an ongoing basis, so papers submitted after the revised deadline will be accepted for consideration. For reviewed papers submitted and accepted for publication by the end of June, will be published in the launch of the special collection during the 1<sup>st</sup> North American Congress on Integrated Care, Toronto, Canada, 5-7 October 2020.

### **Publication fees**

The IJIC author fee is £1250 GBP (plus GST) with a 50% discount to PhD students. We also run a bursary scheme to reduce author fee costs to authors from low- and middle-income countries as well as from users and carers. No fees are charged to the publication of on thesis summaries, book reviews, guest editorials and any other papers directly solicited from the Editorial Board.

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