

Writing an editorial at this time – amid a pandemic, discussing person-centred integrated care seems a vast challenge but very timely and relevant considering the present challenges the global health and social care arena is currently facing. This has caused upheaval and loss and as we commence the new decade with change and the impact on all sections of society resulting from the pandemic but also new technologies and additional changes in society, inclusion and diversity. However, it may well be just the time to be raising the value and profile of person-centred integrated care, a core theme of all the papers included in this special issue.

Appreciating and respecting the patient experience is vital when aspiring to authentic person-centred care. It has the potential to illuminate what is working really well and what could work even better and to inform how best to integrate care to the needs of the individuals it is there to serve. The exploration of patient perspectives and experiences are explored by three papers in their respective arenas. A case study methodology is utilised by Cruz and McGhee to construct an understanding of individuals' experiences of their care, who had complex needs and were in the last 18 months of their life. The visual representation of over 35 different specialisms being involved with the patient illustrates how greater co-ordination and integration could potentially strengthen experiences of person-centred care in palliative and end of life care. A paper from Northern Ireland by Chapman explored person-centred care in adult social care from the perspective of those receiving care at home. In this small study, the findings revealed an established predominantly service-led delivery of care – proposing a debate about what people really want and policy reform of adult social care in Northern Ireland. Although the author did moot issues around replicability. Thomas *et al.* discussed utilising fictitious vignettes which has been evident in integrated care nationally and globally and discusses how this approach may have value involving the actual service user – a shared dialogue – is much more valuable when considering development and evaluation of the service. The caveat being that vignettes are useful to promote debate around service design but should not stereotype the service user or promote a form of ageism.

In today's world, the integrated systems and processes that support person-centred care are discussed in Hiersteiner *et al.* with the aim of improving person-centred thinking through planning and processes. In the United States, Hiersteiner *et al.* review the impact of technical assistance requests and highlight factors that help and hinder person-centred care. Whereas MacInnes *et al.* in their integrative review consider how technologies supporting older people living at home achieve person-centredness. Themes found in the literature included acceptability, accessibility and the use of digital technologies and their application. Individuals concerned with the operationalization of integrated person-centred care may well find these papers very pertinent.

Integrated person-centred care should be at the heart of all care for all populations, and the following four papers Croft *et al.*, Lombard, Kermod and Rosella *et al.* discuss this in relation to their own population groups whether defined by age or condition.

In the paper by Croft *et al.* set within the vital area of self-direction, knowledge exchange is facilitated from those with lived experience of using and facilitating services, across four different countries. The findings highlight the importance of choice and control to support a good life in the community – concepts with close alignments to those of person-centred care. Thus, supporting service delivery models that enable individuals to be at the heart of managing their own care. In the scoping review by Lombard, the authors explored the



communication processes in the long-term care arena for older persons. They concluded that this approach had rhetoric to support it, but this was limited as there was little practical advice to achieve person-centred care in this setting. The paper offers some practical suggestions to the care giver to support person-centred communication.

Kermode explored integrated person-centred care within the voluntary mental health arena via a case study format. Kermode believed that the fundamental concept of person-centred integrated care needed a multi-skilled approach, with a shared vision including collaboration and that seamless working together ensured positive care outcomes. The study by Rosella *et al.* is set within the Canadian surgical thoracic care arena and explored the healthcare providers' experiences of providing person-centred care within that care setting. The healthcare providers revealed that they were initially unsettled by this change of format and practice but felt that although it did not impact on their workload, such change did indeed need organisational support.

In the final paper, Burdett and Inman discussed person-centred integrated care with a health promotion and public health approach through a rapid literature review. The authors discuss how a health promotion and public health approach can be incorporated into person-centred integrated care and illuminate the role of empowering and engaging individuals and communities in a range of settings in this reform.

Drawing together the final set of papers for publication in this special issue was a delight due to the high standard, breadth and quantity of papers submitted to the journal. The topic of integrated person-centred care remains central to our actions whether it is in a delivery form taken in implementation or the evaluation phrase. We are optimistic that this special issue will help to further stimulate debate and develop further knowledge and progress action and thinking in the vital area of integrated person-centred care.

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