

THIS.

The Rituals of Integrated Working: Promoting and Improving Integrated Care

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The Problem

- Integrated working in health is known to be challenging
- Trust, good communication, clarity of roles, shared values are cited as important for integrated care
- But building trust and 'good' inter-team working is often taken for granted and poorly understood
- Everyday practices underpin good or poor practice, but often overlooked

Aims

- Understand how integrated teams work together
- Improve services by improving relationships
- Explain how teams build trust
- Identify how teams work around classic integration barriers
- **Key question: how, do everyday interactions promote or hinder integrated working?**

Methods

Ethnography (non-participant observation and interviews) with integrated health teams:

- 2 Integrated Frailty Teams
- 1 Young Onset Dementia Team
- 1 Integrated Pharmacy Team
- Majority of team meetings held online
- Covid changed everyday working practices

“[I] it is a lot harder just because it [the meeting] is remote. [...] Everybody's split within the different teams and [...] people have different priorities [...] So because everybody's so busy [...] **it can be very difficult to build that trust. So, for example if there's an issue or anything. Personally, it will be harder for me to approach that person with that issue**” (Team 1, P6).

Importance of the Everyday

- Repeated everyday interactions set the overall culture, tone and expectation of team working
- Workarounds to system challenges are common but implicit, and need continual top-up
- Online meetings facilitate greater attendance but not necessarily greater participation
- Trust and enhanced stakeholder working cannot be 'scheduled' in regular meetings – requires numerous informal interactions that are often overlooked by teams
- Lack of 'everyday' trust creates much bigger team problems and potential patient safety issues

Improvement Lessons

- Make workarounds explicit and regularly revisit
- Aim for (some) face-to-face interactions
- Account for informal facilitation between teams
- Do not avoid difficult conversations
- Be aware of 'lone heroes' – not sustainable
- 'Simple' fixes are time consuming and need acknowledging
- Team dynamics should be fluid and not fixed

Fellowship Opportunities

- Networking with national and international health improvement colleagues
- Involvement in integrated working with cystic fibrosis and lung transplant in USA through the Microsystem Academy (Prof M Godfrey)
- Two evaluations for the NHS Confederation on system leadership within NHS Integrated Care Boards

Overall Health Improvement Learning

- Risks encouraged, 'failure' punished
- System working requires significant investment in time and relationship building – no substitute!
- Exercising influence without formal power or levers necessitates 'political skill' (Waring et al., 2022)
- Disruptions in everyday practice require new traditions or rituals for continued collaboration (Clarke, 2025)

Waring, J., Bishop, S., Clarke, J., Exworthy, M., Fulop, N.J., Hartley, J., Ramsay, A.I., Black, G. and Roe, B., 2022. Acquiring and developing healthcare leaders' political skills: an interview study with healthcare leaders. *BMJ leader*, 7(1), p.e000617.

Clarke, J., 2025. Disrupted rituals and relational ruptures: A decentred approach to integrated working in the English National Health Service. *Journal of Critical Public Health*.