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**POSTER ABSTRACT****Building Collaborative Capacity through formalized and Imposed Cooperation: The Implementation of Health Care Communities in Norway**23<sup>rd</sup> International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023Martin Sollund Krane<sup>1</sup>, Audhild Høyem1: Uit The Arctic University Of Norway, Tromsø, Norway

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Today, the nexus of 'co-ordination – co-production – co-creation' constitutes the new political prism through which the 'wicked issues' of the public sector is re-imagined, and by calling forth new cooperative endeavors stressing shared problem solving, the welfare state might signal a shift in mode of governance from New Public Management (NPM) to New Public Governance (NPG). In this paper we inquire into an empirical example from the Norwegian healthcare sector, namely the implementation of healthcare communities (HCCs).

Public healthcare is an essential part of the Nordic welfare state model. Being a multi-dimensional policy field, it is notoriously characterized by both 'wicked issues' and complexity – in terms of service provision, organizing and governing. Often patients require several healthcare services from multiple providers. In Norway, healthcare is organized in two main parts, primary (municipalities) and specialized healthcare (central government). While this division in theory should lead to a clear assignment of tasks and responsibilities, it has built-in challenges of lack of continuity of care and the risk of services being fragmented. Furthermore, the NPM-reforms during the last three decades has contributed to organizational fragmentation. Problems of service and organizational fragmentation has served as a core focal point for several health sector reforms in Norway during the last three decades. The latest reform initiative is the implementation of 19 HCCs, where hospital trusts and municipalities, through imposed and formalized cooperation structures are expected to cooperate, as well as co-plan, service provision, aiming to make better, more efficient services, and give patients a more coherent and seamless experience.

We are interested in why and how NPG-inspired ideas of collaboration and co-creation are translated and articulated into the specific institutional context of Norwegian healthcare, and whether the HCC reform imply an actual break with the NPM-logics – or rather represents more of a continuation adding an extra reform layer, so to speak. In this paper the following research question guides our inquiry: In which ways does the HCC reform as an expression of the New Public Government paradigm represent a break or continuation with New Public Management logics in the healthcare sector in Norway, and how are the concepts of co-design, co-creation and collaborative capacity framed and constructed as the remedy for fragmentation by the policy makers?

Methodologically, this paper is based on critical discourse analysis of official documents central in the development of the reform, as well as a qualitative analysis of interviews with central and local actors, in addition to a study of relevant public governance literature.