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## **The Recruitment and Collaboration Grant of the Health Communities**

Distributional and Governance Challenges in Cooperation between Municipalities and Health Trusts





# **The Recruitment and Collaboration Grant of the Health Communities: Distributional and Governance Challenges in Cooperation between Municipalities and Health Trusts**

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This report examines how the Recruitment and Collaboration Grant (Norwegian: *rekrutterings- og samhandlingstilskudd*; RS grant) is administered within the health communities (Norwegian: *helsefellesskap*; a formal collaboration structure between municipalities and health trusts) and the significance of the scheme for inter-organisational collaboration, governance, and equity between municipalities and health trusts. This report draws on qualitative interviews with 87 informants from municipalities and health trusts, a nationwide survey of municipalities, and document analysis.

### **Allocation of the RS grant**

- A large number of RS projects have been awarded funding, far more than those analysed in this report. Project content generally aligns with national criteria and prioritised patient groups, but fewer than 10 per cent of projects primarily target recruitment.
- There is a substantial variation in the size of RS projects. For example, projects are generally large in the North, whereas they are often small in Sogn og Fjordane, Telemark, and Agder. There is a widespread preference for fewer, larger projects, particularly among larger municipalities.

### **The grant's contribution to collaborative working**

- The RS grant has strengthened health communities as arenas for collaboration and improved joint working between municipalities and health trusts.
- RS projects are intended to generate benefits for both parties, health trusts and municipalities—and ideally for more than one municipality. Health trusts and larger municipalities have the greatest resources and can develop solutions that benefit most of them. Smaller municipalities are often comfortable with larger municipalities leading.
- Projects often result in more services being implemented within municipalities. In principle, this can be positive for both municipalities and patients. Nevertheless, many municipalities state that their relationship with health trusts is not equitable because health trusts have too much influence over project are design.
- Municipalities also criticise some projects for not constituting genuine collaboration. This applies particularly to projects that result in so-called task shifting, whereby municipalities assume responsibility for services that health trusts discontinue.

### **Governance and decision-making processes**

- Health communities operate using two main models for developing RS projects. Most have an open, application-based scheme, while others develop projects within the health community's governance structure without an open call. In most cases, allocation decisions are made by the Strategic Collaborative Board. In some health communities, this is performed by other administrative or political bodies.
- Across both models, health trusts and larger municipalities tend to have greater influence on the use of RS funds than smaller municipalities. Despite criticism, most municipalities report high trust in the scheme and view collaborative projects as useful.

## **The way forward**

In a short period, the RS grant has become a key governance and development instrument within health communities. It has contributed to structural change, concrete development work, and strengthening the culture of collaborative work. This development can be extended in the following ways:

- Strengthen the health communities as institutions and reduce the dominance of larger actors
- Strengthen smaller municipalities' capacity to participate in project design
- Further develop a shared knowledge base
- Ensure shared benefits and long-term sustainability in municipalities, and minimise instances of task shifting from health trusts to municipalities without corresponding (increased) resources. Building on the strongest elements of the two main models, health communities can split the RS grant into two funding streams: one for open, application-based projects and one for projects developed within the health community's governance structure. In both cases, the allocation decision should be made by the Strategic Collaborative Board.

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