Politics of horizontal public sector coordination –

The case of public policy for frail older persons in Sweden 2008–18

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ABSTRACT

The quality of care for frail elderly people is highly dependent on the coordination of health care and social services by responsible agencies and involved organized interests. In theory, such public sector coordination can be done through hierarchy, markets, networks, and collaboration. In Sweden, coordination of frail eldercare policy is traditionally made through horizontal management by multi-level networks and collaboration in local-regional coordination bodies. However, during the last decade this decentralized model of coordinating organization and processes for quality is increasingly challenged by central state policy efforts to balance or centralize coordination trough hierarchy and markets. The purpose of this paper is to develop a theoretical framework based on previously suggested conceptualization of the politics of public sector coordination, and to apply this framework in an analysis of public policy change 2008-18, through an ex ante policy analysis of change anticipated to take place from midterm 2018. From generated hypotheses, the findings show that policymakers´ framing and priming include a need to impose more central hierarchy to carry out reforms based on the value of social and moral equality, but without any significant positive incentive or nudge to the primary responsible local and regional government levels.

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Keywords: Horizontal Politics, Governance, Management, Public Sector Coordination, Frail Elderly Policy, Local Government, Regional Government, Public Policy Analysis

Paper to be presented at ECPR General Conference 2018 at University of Hamburg, Section S31: Governance in Close Proximity to the People? Contemporary Local Government and Politics, Panel P281: New Challenges in the Social Policy Domain, P281, August 22–25.

1. INTRODUCTION: THE THEORETICAL QUESTION

Politics of public sector coordination within the social policy domain often involves dilemmas that are multi-issue, multi-level, and multi-actor. Pressing social issues and responsibilities of local government increasingly need to be coordinated with other and higher levels of government and authorities responsible of, for example, health care, education and immigration. Such politics, that meets its objectives comprehensively and satisfies multiple constituencies, are often defined as "horizontal," as it is successfully able to coordinate public policy in close proximity to the people through decentralized networks and collaborative local governance and management (Peters, 2015). However, despite that this kind of decentralized coordination – by tradition closely linked to the Scandinavian welfare state – most clearly in previous public policy research is associated with successful policy implementation (Goodin, Rein & Moran, 2011), Swedish policymakers tend during the last decade to move away from this successful deliberate model, in favor of centralization. Thus, the intriguing theoretical question revolves around the reasons for centralizing politics within the social policy domain: how do the policymakers justify such a policy change, and how might it influence the Scandinavian horizontal management model?

1.1 Swedish public policy centralization of social services and health care to frail elderly

The specific case to be examined is public policy change during the last decade of the coordination of frail elderly policy in Sweden. The quality of frail elderly policy is highly dependent on the coordination of both social services and health care by primarily responsible government agencies and organizations. In Sweden, coordination of frail elderly politics is traditionally made through multi-level networks and collaboration in local-regional coordination bodies. Although Swedish local governments are by law obliged to coordinate

these social services with regional county government health care, until now (2018), how this is done has traditionally been up to the local and regional authorities themselves to decide. This has led to the development of a complex, spontaneous growth of networks and collaboration through local-regional coordination bodies, sometimes shaped by partnerships through local-regional government associations stretching across county borders, or residing within the borders of a single county. These coordination bodies contain politicians and administrators representing local governments' social services and regional government's health care, public and private service providers, and representatives of local-regional associations, and sometimes, citizen interest organizations. Recent research indicates remaining significant differences between local-regional bodies in their perception of quality coordination. In line with the classic study on coordination of complex services within the social policy domain by Provan & Milward (1995; 2010), a strong correlation was found between internal mechanisms of accountability and successful performance, but only among large coordination bodies (10 or more members), in a survey performed in 2014–15 of all members of 73 small, medium and large sized coordination bodies for frail elderly persons in Sweden (Szücs 2018).

However, during the last decade this decentralized model of coordinating organization and processes for quality is increasingly challenged by national governance efforts to balance or centralize coordination trough hierarchy and market models. Since 2008, national government by law enable coordination by forcing regional county government to implement mandatory *markets* for health care, and give incentives to local governments that implement corresponding local markets for social services' elder care, combined with the introduction of national audit through yearly updated performance indicator measurement systems. Given the complex pattern of horizontal management in the governance of frail elderly peoples' health care and social services, coordination more strictly through *hierarchy* has also been imposed

by national government. In 2010, a five year comprehensive program for coordinated social services and health care for frail elderly was introduced with the aim to centralize and balance political governance through instruments of hierarchy and networks of state authorities and national interest organizations. The goal was to achieve a sustainable coordinated quality for frail elderly in need of both social services and health care, equally distributed across Sweden (Szücs et al. 2014; SOU 2016:2).

From the 1st of June 2018, a row of new paragraphs is put into action within the two separate frameworks of legislation for social services and health care, as well as some other laws, as proposed by the governmental commission Effective care (SOU 2016:2). These new laws to a great extent deal with imposing more hierarchy into the horizontal politics coordination model for frail elderly policy. These laws – as I intend to show – were preceded by the policymakers' problem description by a *framing* of the policy issues at hand, as well as their *priming* by putting forward certain values, and possible *nudging* to put their policy recommendations into practice. The aim with this paper is to develop a theoretical framework based on previously suggested conceptualization of the politics of public sector coordination, in order to be able to apply such a framework in the analysis of this suggested public policy change.

1.2 Development of Public policy theory and politics of public sector coordination

Looking at how Swedish and Scandinavian public policy is traditionally described, countries such as the USA and the UK are characterized by Goodin, Rein & Moran (2011, p. 8), as being "pale shadows of the Scandinavian 'remiss' procedures, inviting comment on important policy initiatives and actually taking the feedback seriously, even when it does not necessarily

come from powerful interests capable of blocking the legislation or derailing its implementation."

The roots of this Scandinavian model of public policy coordination was first detected and characterized almost five decades ago, and mainly explained in the case of Sweden, by its egalitarian elite political and bureaucratic culture (Anton, 1980; Meier, 1969). Later findings in research on Swedish local political and administrative government elites by the author of this paper (Szücs 1993; 1995) indicated a shift towards an even more elaborated deliberate and accommodative model of horizontal politics across the 1980s and 1990s:

> "One of the most powerful elite groups in the Swedish welfare state, the local political and administrative elite, has changed its value priorities in a more horizontal direction. Thus the reorganization of the Swedish welfare state has legitimacy among those leaders most concerned, but their relation to different democratic values has not changed judging from data from 1984 and 1991. The community as a whole – the local government, civic organizations, and the people themselves – was given more responsibility to manage public functions on their own. Less emphasis was placed on the state level and the county for primary responsibility. (Szücs, 1995, p. 117)

The turn during the 1980s toward increasing normative preferences of pursuing of horizontal management among the Swedish local political-administrative elite, gives an empirical example of perhaps the most important changes in Swedish politics of public sector coordination for implementing policy. This normative change toward horizontal politics was most clearly implemented in the Swedish social policy domain – and within elder care in particular – as primary responsibility was decentralized to the local government level, while the health care for (also for frail elderly persons) remained a primary responsibility for the

regional county government. But here I will pay less attention to these specific aspects of the case, and instead focus on the broader theoretical question of public policy change, and politics of horizontal public sector coordination (for an updated description of elder care policy in Sweden and the Nordic Countries, see for example, Meagher & Szebehely, 2013).

What then is public policy? Goodin, Rein & Moran (2011), define public policy as an instrument by which policymakers or "officers of the state" try to rule by the will to shape and exercise control over an area of politics. But because few will automatically obey new or contrasting politics, these policymakers need to know how to persuade through the art of arguing and bargaining. This can be done by "going up and down the chain of institutional hierarchy," (p. 3) through centralization or decentralization of authority to subnational levels of government, and also by including public's surrounding society, through so-called networked or collaborative governance (see, for example, Sørensen & Torfing, 2007; Ansell & Gash, 2008). For effective public policy service implementation, it is finally often prescribed that the services provided to the public could be either produced in-house by so-called internal markets, or in competition, through new public management (NPM) models.

However, while the professional cadre of public policy under the so-called high modernism era of the 20th century ruled through centralized and so-called neutral expertise of planning, decision-making, implementation, monitoring and control, under the banner of politics by "who gets what, when and how" (Lasswell 1950), the perspective has slowly shifted toward pursuing horizontal politics and management for successful institutional performance. Modern public policy is thus characterized by policymakers who rule by networks and collaborative governance through persuasion and "pull" strategies (rather than push), in processes of arguing and bargaining, under the new credo of asking "which puzzle to solve, what counts as a solution, and whose interests to serve" (Goodin, Rein & Moran 2011, p. 27).

1.3 Purpose, questions, aim and material for the empirical analysis

By analyzing the Swedish case of ways to coordinate governance for a closer proximity to the needs of frail elderly people, the purpose of this paper is to develop a theoretical framework based on previously suggested conceptualization of the politics of public sector coordination, and to apply this framework in an analysis of policy change between 2008 and 2018.

Three research questions are advanced:

(1) Which puzzle do policymakers want to solve by centralization reforms: How is the policy problem described by the policymakers?
(2) How do policymakers turn the puzzle of centralization into actionable problems: How is the implementation of the new public policy justified?
(3) Whose interests do the policymakers want to serve: What incentives and bargaining chips are used to pull or push actors of the new policy into action in the direction recommended?

The aim is to generate hypotheses that can be further tested by public policy analysis. The material used for the empirical analysis in this study is based on the work and studies by the policymakers of the Swedish governmental commission on effective health care (Effektiv vård, SOU 2016:2). This governmental commission worked between 2013 and 2016 on analyzes of how to improve health care coordination, making it more effective. Thus, the analysis does not include the actual implementation of law and policy change, making the local level primary health care "the spider of the web" in coordinating social services and health care to frail elderly people, and nor the performance of such coordination bodies (Szücs et al. 2014, 2017a, 2017b, Szücs 2018). Instead, the focus is on how policymakers of the state prepared for this change in an *ex ante* policy public analysis (Dunn, 2018, p. 10), within the social policy domain through framing, priming, and nudging the new policy into action.

2. FRAMING: WHAT POLICY PUZZLE TO BE SOLVED BY COORDINATION?

The concept of framing (and reframing) in social sciences is about how, for example the state in our case, describe reality. In politics, governments attempt to frame issues in a way that makes a solution favoring their own political leaning to appear as the most appropriate course of action for the solution at hand, for agenda setting, and the priming of certain positive or negative values (Goffman, 1974; Kahneman & Tversky 1984; Chong & Druckman, 2007; Weaver, 2007; van der Pas 2014).

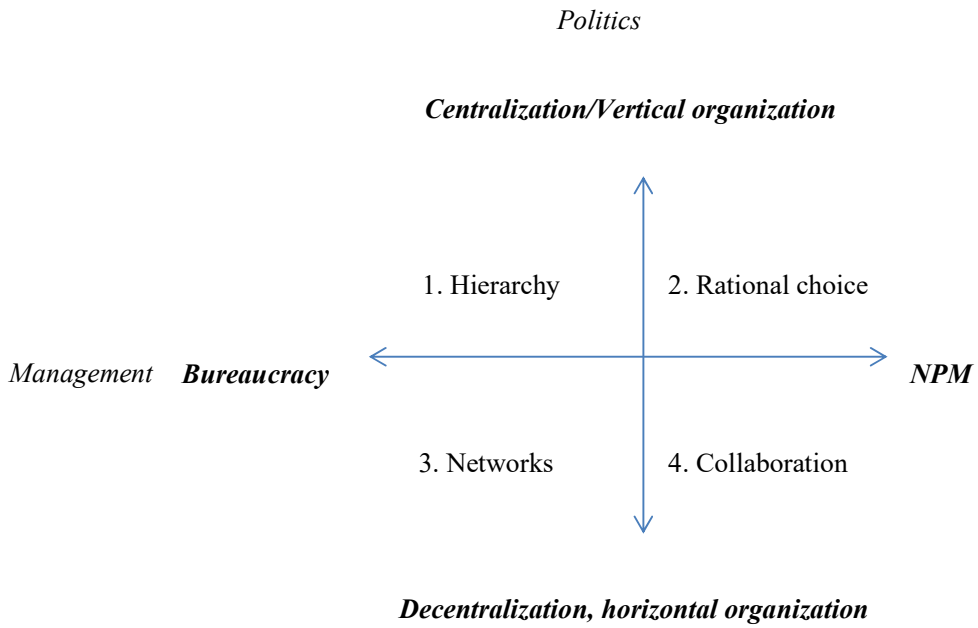
Four main families (or frames) of public policy coordination (or public policy puzzles) may be distinguished. B Guy Peters' (2015) seminal work on the politics of public sector coordination rests on the theoretical framework through which he unfolds four dominant theoretical approaches – hierarchy, markets, networks, and collaboration. Peters makes an important distinction between public sector coordination that is vertically or horizontally organized.

Vertical ways of coordination mainly include instruments of centralization through hierarchy, but also the enforcement of markets to function equally for all citizens, in the implementation of rational choice dominated public policies. One example here is the implementation of laws for the creation of markets in which elderly and their relatives may choose among several competing service providers whose performance is monitored and evaluated nationally by ranking of several different performance indicators. When pursuing horizontal management on the other hand, coordination is mainly based on decentralized strategies for integration which mainly, according to Peters (2015), include the use of networks and instruments of collaboration in particular.

However, there is still a void in putting together Peters' conceptual pieces together into a comprehensive theoretical framework by which it can be determined how framing and

reframing of a public policy relates to various forms of politics of public sector coordination. In line with the purpose of the paper, the goal therefore is to make it possible to visualize how and why different families (or frames) of coordination are related to public policy within a multi-dimensional grid (Figure 1).

Figure 1. Four approaches to politics and management of public sector coordination



In trying to do this, in Figure 1 it is first assumed that the politics of public policy coordination can either be centralized by vertical organization or decentralized by horizontal organization, and that such coordination of management for these policies can either be based on traditional bureaucracy (or so-called New Weberianism) or NPM (New Public Management). Within this grid, the state is dependent on coordination by *hierarchy* in order to function (Model 1 in Figure 1). However, when management by Weberian hierarchical

forms of bureaucracy was challenged some thirty years ago, it was claimed that the state would work more effectively under the banner of NPM, mainly through centralized competition within the state (Hood 1995), paired with rational choice strategies for its coordination (Model 2, Figure 1).

The theoretical alternative facilitates a decentralized mode of coordination based on cooperation between policy actors that either rests on the *networks* of formal or informal structures sharing collective goals of the state (Marsh & Rhodes 1992, Peters 2015:57), or is founded on coordination through *collaboration*, based on horizontal values and bargaining chips in pursuing horizontal management (Peters, 2015), previously labelled as *horizontalism* (Szücs 1995:113), for politics of horizontal public sector coordination (model 4 in Figure 1). Thus, while the network approach is based on structural relationships and willingness of the involved actors to produce coordination, collaboration relies more on the attitudes of the participants instead: "It highlights collaboration as a joint activity of multiple policy actors to increase the public value of their tasks through cooperation." (Jungblut & Rexe 2017: 53)

Hence, according to *Hypothesis 1*, policymakers frame or reframe an issue for politics of public sector coordination towards centralization of public policy because they want to introduce new models of coordination that include hierarchy and/or NPM, in order to solve the public policy puzzle of public sector coordination.

3. PRIMING: THE JUSTIFICATION OF CENTRALIZATION

If the first question of modern public policy research is about what policy problem or puzzle to solve and why (through framing or reframing the issue), the second question often is related to priming, in asking: what then counts as a solution, *and why*? The concept priming is here related to positive or negative value stimulus in terms of political ideology, identity, and

social and moral values, used in order to justify a particular public policy solution, and/or to align it to the framing of the policy problem issue at hand (Kahneman & Tversky, 1984; Weaver, 2007). According to Mills (1959) the public's policy agenda shifts as "personal troubles" shift, and become perceived as social problems. So in part policy change is a matter of a gestalt shift to "whose problem it is," and in part it is a matter of how policymakers transform what is perceived as puzzling into morally and thereby "actionable problems," as Goodin, Rein & Moran (2011, p. 25) summarize, because, as they say: "If no solution can be envisaged, then for all practical purposes, there simply is no problem."

However, what is perceived as puzzling or problematic is not predetermined or fixed for all time. Previous research on public policy shifts have shown that such successful strategies – by asking whose problem it is and thereby transforming the puzzle into actionable problem solutions – are often made through the justification of central values, or bringing new facts of moral or social value to the table. This can be done by tuning in with general social values, or gain political traction by "hitching a ride" on other policies more in tune with general social values, or by adding new morally loaded facts. For example, in the case of Sweden, the shift from the traditional Scandinavian model of public policy based on egalitarian values and principles (Anton, 1980; Meier, 1969) and horizontal management for the politics of public sector coordination (Szücs, 1993; 1995), was made by pushing the same type of egalitarian values forward as a means to introduce NPM as a new way to coordinate public policy within Swedish national state bureaucracy (Hood 1995). Thus, the highly ideological dispute of left- or right wing political ideology for or against introducing market solutions in the public sector, the egalitarian argument of equal public choice and individual responsibility was introduced to justify NPM as a solution to the puzzle of ineffective state coordination by hierarchy.

Therefore, according to *Hypothesis 2*, it is assumed that the policymakers justify the puzzle of how to centralize public policy into an actionable problem, by the priming of certain social and moral values about whose problem it is, and how to solve it.

4. NUDGING: SERVE THE STATE BY BARGENING CHIPS?

Different means to frame the policy problem at hand, and advance ideological partisan values – or general social and moral values – may not be enough however, in order to persuade the public that a shift toward centralization of horizontal politics of public sector coordination is necessary. According to Goodin, Rein & Moran (2011, p. 25) in their overview of public policy research, they conclude that there is "[…] overwhelming evidence of the way modern governing conditions demand a style of policy-making that maximizes consultation and voluntary coordination. […] But the pursuit of this persuasive vocation is a hard road to follow." Perhaps this especially concern policy reforms related to NPM and performance measurement indicators, as well as other types of audit and control (Power 1997), and for such policymaking in areas such as health care in particular (Harrison, Moran, and Wood, 2002)? Thus, this study on horizontal politics for public sector coordination within health and social care, also need to look at how different kinds of bargaining chips are used as incentives to pull through voluntary action of coordination when addressing centralization of public policy.

Hence, according to *Hypothesis 3*, it is assumed that the policymakers use bargaining chips to pull the new centralization of public policy through "voluntary coordination solutions" and various forms of small "incentives or nudges" to participate.

Naturally, this hypothesis will be extra interesting to test, because it revolves around the paradox of introducing possible voluntary incentives for the centralization of a highly decentralized, working, and rather well functioning system of horizontal politics (Szücs, 2018).

5. HORIZONTAL POLITICS AND CENTRALIZATION OF PUBLIC POLICY

The interpretation of modern public policy theory, combined with theories of psychology, economics and political communication within the social sciences, led to the conclusion that public policy analysis with an ex ante perspective needs to include analyses of the policymakers' framing, priming, and nudging. Hence, in order to answer the research questions and trying to test the generated hypotheses, we not only need to study how the policy problem is described by analyzing the policymakers' framing of the policy puzzle. We need also to look at their priming of certain values that justify what counts as a solution. Finally, we need also to look at the policymakers' recommendations and how they use nudging to make actors to move in the direction of the interests to serve, by using different positive incentives and bargaining chips.

5.1 Framing by pushing on the necessity of hierarchical coordination policy change

According to Hypothesis 1, policymakers frame or reframe an issue for politics of public sector coordination towards centralization of public policy because they want to introduce new models of coordination that include hierarchy and/or NPM, in order to solve the problem or puzzle of horizontal public sector coordination.

In line with *Hypothesis 1*, policymakers of the governmental commission Effective care (SOU 2016:2) prescribe centralization of public policy because they want to introduce new models of coordination that include models and mechanisms of hierarchy (but, not NPM), in order to solve the puzzle of horizontal public sector coordination in the case of reframing the frail elderly policy in Sweden. This is done by describing Swedish health care as still being well-functioning in general, and still getting a top-position in international comparisons, but dangerously missing out on not having a clear central state overarching "system" responsibility (p. 18).

In fact, Sweden has no laws that force regions to cooperate today on complex issues that need horizontal coordination, such as in the case of coordination social services and health care for frail elderly (this is the responsibility by local government social services only). In particular, therefore, the governmental commission claims, that the system health care system is less ready to deal with the growing proportion ageing population with multiple illnesses in combination with social elder services (p. 19).

These coordination problems, according to the commission, will not be solved by themselves (by self-organization of through markets, networks or local collaboration). Therefore, a list of strategical actions necessary to keep Sweden's top position is introduced (p. 19-27). At the same time framing that includes market, networks, or collaboration are described as lacking hierarchy and national state overview and necessary action for future problems of in particular coordination social services and health care to elderly persons.

The findings are presented in detail in Table 1. Here the findings from the governmental commission report will be divided into framing that deals mainly with either public policy problems or issues described within the frames of mainly hierarchy. In short, hierarchy is framed by the policymakers also by including frames of market, networks, and collaboration.

Table 1. Policy framing and models for politics of public sector coordination

	Politics of public sector coordination: Models			
Strategy	1. Hierarchy	2. Market	3. Networks	4. Collaboration
Framing	Well-functioning, top-position in international comparisons. But central state overarching primary "system" responsibility is missing. No law forces regions to cooperate today. In particular, therefore, the system health care system is less ready to deal with the growing proportion ageing population with multiple illnesses in combination with social elder services. These problems will not be solved by themselves (by self-organization of through markets, networks or local collaboration). A list of strategical actions necessary to keep Sweden's top position. Above all, important to remove all obstacles of inefficiency and fix inefficiency.	2008 reform of mandatory public choice of health care has made integrated care solutions increasingly expensive. Resulted in lower hospital productivity compared to other Nordic countries. Made "Real" cooperation with many actors simultaneously more difficult. The ability to choose health care (Vårdvalet) made integrated care harder to implement successfully for the individual care taker.	Decentralized networked system of differentiated and fragmented health care, with a lot of actors with unclear roles and responsibilities. A comprehensive idea for dealing with the most important issues is missing such as how health care and social service strategically could be organized to deal with this. Probably lead to the credo: "no coordination works." Put limits on radical change, instead focus on detailed economic steering: Restricts autonomy of the professions and give more admin. Too weak health care organization outside hospitals between county government health care and local government social services. Lower hospital productivity compared to other Nordic countries.	Successful units have a strong non-hierarchical collective performance ethos. But, industrial logics production too far from the complex needs of the patient. Creates a "drain pipe system" which makes horizontal processes of care hard to coordinate. Instead: Hospital Emergency organizational focus. "Academization." Collaborate strategic planning/operational management of personal resources do not start from the obvious questions: What needs to be done, how, and by whom? Instead it is based on available staff, individual requests, and bad workplace culture: "stronger steering mechanism than hierarchy." Lack of collaboration has made the question of the working life of the professions (and their autonomy) one of the most important questions to deal with strategically.

Source: SOU 2016:2 (First draft, detailed references will be added later in the table.)

5.2 Priming of centralization through imposing more hierarchy

According to *Hypothesis 2*, it was assumed that the policymakers justify the framed policy problems or puzzle of how to centralize public policy into an actionable problem, by priming through putting forward new moral values about whose problem it is, of how to solve the social problem, and how to morally, ethically, and politically justify the new solution within the social policy domain.

In line with the verification of framing being used by the policymakers to describe the policy problem in terms of a system in great need of more hierarchy through the centralization of coordination, the policymakers´ priming revolves quite much around the value of equality in various forms, and the value of lowering costs.

First of all, in connection with the model of hierarchy, they also conclude that the primary value is "equal care" ("jämlik vård", p. 19). Thus, it seems that the value of equal care is equivalent to the value of effective care, which is the name of the whole governmental commission, by the way (SOU 2016:2). The argument is that the value of the care takes place in the meeting or interaction between the care taker and the care giver, and that the central government carries the primary responsibility for this, in a system perspective. The fact that this care is financed mainly by subnational taxation through an extensive system of self-government that includes self-taxation for the realization of horizontal politics is downplayed.

Most probably, therefore, priming does not include the values of local self-government autonomy and power. Instead the policymakers want to justify the new proposal by arguing for equality in a row of formats in Table 2, for example: "The goal of health care (policy) is good health and care distributed on equal terms across the population (of Sweden)" (p. 27), hence centralized coordination through "nationally coordinated solutions" is needed to "reduce inequalities in the supply and health outcome across the country" (p. 29).

Table 2. Policy priming and models for politics of public sector coordination

	Politics of public sector coordination: Models			
Strategy	1. Hierarchy	2. Market	3. Networks	4. Collaboration
Priming	"Equal care" (Jämlik vård). The value of the health care takes place in the meeting or interaction between the care taker and the care giver. "Patient centered care." Needed in order to keep Sweden's top position in health care ranking. Decrease inequalities across the country. Reduce unequal health conditions among the public. Reduce inequalities in the supply and health outcome across the country.	"New Public Managenent." Freedom of choice and performance solutions, are not resources that can be used without limits.	"Too expensive" Regional hospital care is much more expensive, compared to corresponding care given by local primary care units (Primärvård)	"Coordinated horizontal processes of care." "Wee-spirit." Non-hierarchical work place ethos. Non-academization: "BEON/LEON" Lowest possible level of care for effective quality performance. "Integrate care" solutions

Source: SOU 2016:2 (First draft, detailed references will be added later in the table.)

A second coordination value that is primed is effectiveness by lowering costs for New Public Management and market coordination solutions. For example, it is being said that: "Freedom of choice and performance solutions, are not resources that can be used without limits."

However, also the local-regional networked governance is regarded to be too expensive: "Regional hospital care is much more expensive, compared to corresponding care delivered by local primary care units (Primärvård) (p. 19). Nevertheless, to reduce costs by "coordinated horizontal processes of care" is still regarded as correct (p. 22, p.28). Especially in connection to deal with public sector working life issues, collaboration need to include work on creating a organizational "wee-spirit," based on a "Non-hierarchical work place ethos," paired with "Non-academization and "BEON/LEON," that is, Lowest possible level of care for effective quality performance of integrated care (p. 24). Hence, the policymakers here want to increase the freedom of selecting professional resources, which by the present laws are tied to tasks that require the competence of a medical doctor.

5.3 Nudging to serve by pushing and pulling actors into a centralized horizontal model

According to *Hypothesis 3*, it was assumed that the policymakers use bargaining chips to pull (rather than push) the new centralization public policy through, by advancing "voluntary coordination solutions" and various forms of positive incentives – or nudges – to participate. Thus, the assumption is that they by nudging policy actors try to "pull" rather than "push" the new policy through. The 2017 Nobel prize winner in economics, Richard Thaler – who got the prize for developing nudging theory – and his colleague Cass Sunstein (2008, p. 7) define the concept as: "A nudge, as we will use the term, is any aspect of the choice architecture [policymaker] that alters people's behavior in a predictable way without forbidding any options or significantly changing their economic incentives. To count as a mere nudge, the intervention must be easy and cheap to avoid. Nudges are not mandates. Putting fruit at eye level counts as a nudge. Banning junk food does not." Although, the theory can be criticized for being ethically questionable, manipulative, and mostly leading to short-term politically

motivated initiatives, it has recently been defended for providing important public policy tools (Sunstein, 2016), and is considered by a central level policymakers' research institute in Sweden as an important policy making tool (Ramsberg, 2016).

However, when looking at the Swedish governmental policymakers´ efforts to centralize coordination of horizontal frail elderly politics, the evidences of nudging are weak in their proposal for a new centralized public policy. Instead, in line with the hierarchical model of politics for public sector coordination, the general recommendation is going from a regional care system to a national one, without any general nudge. As shown in detail in Table 3, the policymakers propose that a National consultation board should be created for meetings at top political level between central and regional governments, with the aim to generate a coordinated discussion across the different levels of the system, aiming at "identifying common challenges." In particular, any assumption about policy nudging can be rejected as the responsibility for creating this National consultation board is put on the regions themselves to solve. Instead, the proposed policy change toward centralization through imposing greater hierarchy of a National consulting body involves a threat: If not implemented in a period from two years, the central government should consider enforced action (pp. 29-30). Thus, it is quite clear that it is the interests of the central state that the regional and local governments have to serve, and no nuggets are served to get them to the table (Table 3).

In order to minimize NPM related burdens – as well as other forms of administrative burden – market coordination is recommended to be reduced by an "Alexander's cut." Two organizational parts of primary care should be created: one Public (with a continuation of the mandatory public choice model) and one Targeted (for target groups like frail elderly, which no longer will include the market model through mandatory public choice). Further, local and regional governments must agree on both keeping/having public choice system (pp. 31-32).

Table 3. Policy nudging and models for politics of public sector coordination

	Politics of public sector coordination: Models			
Strategy	1. Hierarchy	2. Market	3. Networks	4. Collaboration
Nudging	National consultation board should be created. For meetings at top political level between central and regional governments. For a coordinated discussion across the system, "identifying common challenges." Responsibility for this is put on the regions themselves to love. But if not implemented in a period from two years, the central government should consider enforced action. Thus, going from a regional care system to a national one, but without major incentives or a nudge.	Minimize NPM/ administrative burden. Two organizational parts of primary care: Public (with continued mandatory public choice model) and Targeted (for target groups like frail elderly, which no longer will include mandatory public choice of health care). Local and regional governments must agree on both having public choice systems.	Local and regional government authorities should *perform* social services and health care together so that the individual get integrated care. The proposal should be seen as a first step of creating a legal framework for integrated care services, linked together as a "connection between drain pipes" (hängränna mellan stuprör). Regional networks should be created from above for information coordination that includes a state center and national library.	Horizontal collaboration through local level primary care. Must be part of coordination bodies. No more direct access to regional level public hospitals. Local and regional governments must produce a common plan on targets, guidelines, and planning of common pool of resources for the services and care. The rule that local government is not allowed to be responsible for health care (that include medical doctor) is a form of detailed regulation that should be abolished. Research collaboration: Stimulate the development of academic primary health care.

Source: SOU 2016:2 (First draft, detailed references will be added later in the table.)

The network model of coordination includes the policymakers´ recommendation that local and regional government authorities should perform social services and health care together so that the individual get integrated care. What is new is that the proposal "should be seen as a first step of creating a legal framework for integrated care services, linked together as a connection between drain pipes" (hängränna mellan stuprör, p. 31.), and that "Regional networks should be created *from above* for information coordination" that includes a state center and national library (pp. 34-35, my emphasis). Further, "Horizontal collaboration through local level primary care" should be mandatory. Thus, local primary care organizations must take part in a coordination body (this has not been the case previously).

Further, the policymakers recommend no more direct access to regional level public hospitals. The rule that local government is not allowed to be responsible for health care (that include medical doctor practice) is a form of detailed regulation that should be abolished (p. 31). Finally, Local and regional governments must produce a common plan on targets, guidelines, and planning of common pool of resources for the services and care (p.32). The only nudge to find for the development of the horizontal politics model within the frail policy area, is that the policymakers offer better conditions for research collaboration through the stimulation of research development on academic locally produced primary health care and social services (p. 37).

6. CONCLUSION AND DISCUSSION

This paper contains an analysis of how public policy centralization influences horizontal politics and coordination of governance for a closer proximity to the needs of frail elderly people. This is done by performing an analysis of frail elderly public policy in Sweden 2008-2018, with an ex ante policy analysis perspective of the policymakers´ proposal of change to

take place after the 1st of June 2018 (SOU 2016:2). In Sweden, coordination of frail elderly politics is traditionally made through multi-level networks and collaboration in local-regional coordination bodies. Although Swedish local governments are by law obliged to coordinate these social services with regional county government health care, how this is done has been up to the local and regional authorities themselves to decide. This has led to the development of a complex, more or less spontaneous growth of governance networks and collaboration through local-regional coordination bodies, sometimes shaped by partnerships through local-regional government associations stretching across county borders, or residing within the borders of a single county. These coordination bodies contain politicians and administrators representing local government's social services and regional government's health care, public and private service providers, and representatives of local-regional associations and citizen interest organizations.

However, during the last decade this decentralized model of coordinating organization and processes for quality is increasingly challenged by national governance efforts to balance or centralize coordination trough hierarchy and markets. However, recent research indicates remaining significant differences between local-regional bodies in their perception of quality coordination (Szücs 2018). By analyzing the Swedish case of ways to coordinate governance for a closer proximity to the needs of frail elderly people, the purpose of this paper was to develop a theoretical framework based on previously suggested conceptualization of the politics of public sector coordination, and to apply this framework in an analysis of policy change 2008-18. Three research questions for hypothesis generating and analysis were advanced.

The first question was about which puzzle the policymakers wanted to solve by centralization reforms. The findings generated a first hypothesis in which policymakers are assumed to frame or reframe an issue for politics of public sector coordination towards centralization of

public policy because they want to introduce new models of coordination that include hierarchy and/or NPM, in order to solve the puzzle of horizontal public sector coordination. This assumption was verified in the analysis: Policymakers prescribe centralization of public policy because they want to introduce new models of coordination that strengthen hierarchy (but, not NPM in this case of new frail elderly policy). This is done by framing the issue as being important for keeping Sweden´s top-position in health care, but in urgent need of increased central state overarching "system" responsibility, to keep that position, because local-regional coordination problems "will not be solved by themselves" (by self-government, that is).

The second question was about how policymakers turn this framing of centralization into actionable problems. The findings generated a second hypothesis in which policymakers use priming through the alignment of values in order to justify both policy framing and the policy solutions and recommendations within the social policy domain. The findings showed that such policy priming is based on the value of equality in various forms, and the value of lowering costs, and increasing the hierarchy of organizing autonomous professional frail elderly care competences.

The third question was about whose interests the policymakers wanted to serve by the proposed policy change. The findings generated a third hypothesis in which it was assumed that the policymakers try to pull the new centralization public policy through, by advancing "voluntary coordination solutions" and various forms of positive incentives or nudges to participate in accordance with nudge theory. However, this assumption was not verified. Instead, it was quite clear that it is the interests of the central state that the regional and local governments have to serve, paired with quite much of policy push, force, and even conditional threats to implement the centralized coordination of horizontal politics within the social policy domain for frail elderly policy. Thus, centralization of horizontal politics is intended to

be carried out without major pull mechanisms from any significant nudging or form of nudge in order to get the policy actors to “freely” obey.

Looking at how well it seems that the issue of frail elderly policy has been autonomously coordinated in many cases by self-governing coordination bodies prior to 2018 (Szücs 2018), it is difficult to see how these local-regional systems of collaborative governance will adjust to the new centralized policy. The big question is whether they really want to change, or even if they can change, or let alone understand why a policy change is needed. The risk is that good working systems of horizontal politics disappear along with the poor performing ones. In the best of worlds, hopefully, the well-functioning local-regional systems work on as before in closer proximity with the frail elderly, and those who don´t will be forced to reorganize.

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The paper is part of the Sustainable Quality Coordination project How to coordinate governance of social services and health care for frail elderly persons, funded by FORTE (Swedish Research Council for Health, Working Life and Welfare) 2018-2020 within the special initiative Research on the Quality, Organization and Processes of Welfare.

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