3. What about us? Functional integration of local government services as part of social and health care reform in Finland

Patrik Nordin and Jan-Erik Johanson

INTRODUCTION

Public administration reform has featured prominently on the agenda of numerous European governments since the 1980s. The general narrative of public administration's evolution depicts a shift from the former bureaucratic style characterized by red tape, hierarchical control, and at times excessively legalistic regulations and procedures, towards a more efficient, business-like, and market-oriented model of public management during the 1980s. In recent times, certain voices have advocated for a transition towards a new form of public governance characterized by voluntary networks, collaboration, and the co-production of public services (e.g., Kisner & Vigoda-Gadot, 2017). In assigning these broad labels, it becomes challenging to ascertain whether they pertain to specific reforms, actual administrative structures, or theoretically driven models reflecting the current state of affairs. It's plausible that some reform models encompass all these elements, while others lack any of them. Crucially, administrative reforms are goal-oriented, focusing on changing the internal operations of government and offering guidelines on how to execute these changes (Johanson, 2019).

The transition from governance to governing implies that many public duties, once managed within hierarchical organizations with stringent rules and standard procedures under a 'command and control approach', are now part of collaborative networks involving multiple organizations and voluntary participation (Kersbergen & Van Waarden, 2004). Even voluntary participation in organized action aligns with achieving specified objectives, highlighting the goal-oriented nature of governance networks (Provan & Kenis, 2008). However, the emergence of networks is not a straightforward process. While formal hierarchical structures consist of networks between units, hierarchical levels, and professional groups, some of these networks are mandated by legal stipulations, while others evolve due to coordination needs among stakeholders. Although some interaction patterns among public officials may be formally defined according to the principles of the vertical and horizontal division of labour, most entrenched bureaucracies permit voluntary cooperative practices, fostered by the absence of market competition within government ranks. The challenge for any administrative reform lies in altering formal lines of authority between administrative levels; however, a purely formal approach might not adequately consider the existence of informal coordination patterns within networks.

This chapter commences by elaborating on the formal attributes of organizations and their informal network structures, using the concepts of organizational design and functional integration. The empirical section of the chapter delves into social and health care reform in Finland by outlining coordination patterns between wellbeing services retained by municipalities and those delegated to the wellbeing services counties. It also examines the complex policy issues necessitating collaboration irrespective of governance layers. These aspects are further explored in the concluding section, building upon the empirical findings.

Empirically, this chapter connects with the extensive historical trajectory in the evolution of studies concerning municipal service provision, exploring the dynamics between decentralization and centralization over the past three decades in Finland. The early 1990s saw a substantial decentralization of decision-making authority from the central government to local authorities. Municipalities gained greater freedom to tailor their investment policies and service provision according to local needs. However, the economic constraints of the 1990s led local governments to implement a cutback in resources instead of expanding service provision. The ageing population and the decline of rural areas have resulted in increased and varied service needs, met by producers of differing sizes and capacities. This scenario introduces elements of federalism in an inherently unitary state, while also propelling a shift towards centralizing decision-making powers in the hands of the central government. Therefore, research is necessary not only on the social and health services transferred to the regional level but also on the wellbeing services remaining at the local level and the functional integration between these two layers of government.

ORGANIZATIONAL DESIGN, ORGANIZATIONAL INTEGRATION, AND FUNCTIONAL INTEGRATION

Current research in organizational design lacks interest, with the exception of recent efforts (Puranam, 2018; Kenis & Raab, 2020). On one hand, academic attention has shifted towards a higher level of abstraction, exploring organizational populations, while, on the other hand, research has centred on specific aspects of organizational design such as boards of directors or human resource practices (Greenwood & Miller, 2010).

Organizational design requires establishing a permanent structure for civil servants' action sequences and developing understandable, meaningful work practices, and necessary environmental connections. Within public administration, the structure serves various purposes. A hierarchical organization, minimizing lateral connections, functions as a tool for rulers to exercise power, as seen in the notion of an ideal bureaucratic model (Weber, 1905). The business process model focuses on service delivery processes to create value (Vera & Kuntz, 2007), while client-based solutions aim to simplify service delivery. However, the challenge of organizational design lies in the absence of a single structure that fulfils authority, process, and client needs without causing internal contradictions between competing principles (Simon, 1946).

Serving higher political goals, streamlining internal processes, and providing user-friendly solutions for citizens and clients are valuable, but achieving this balance requires public agencies to adopt multiple organizational principles simultaneously. The question arises: whose parsimony and principle of economy should be maximized? A slightly less parsimonious structure might be as economically sound as an ideal structure that serves a single purpose. Past and present efforts in organizational design illustrate that no single structure suits all purposes equally well (Johanson, 2019).

The actual intra-organizational networks are not fully determined by organizational design as it cannot a priori define all coordinating needs among employees. The network pattern results from both formal arrangements and the coordination efforts of employees (Selznick, 1948). Management's task is to ensure satisfactory functioning of relationships between hierarchical levels and horizontal units. This involves managing information flow to prevent overload for managers (Galbraith, 1973) while fostering connectivity (Lincoln, 1982) to enable downward command flow and upward feedback. Similarly, managing interaction between horizontal units necessitates intervention.

There has been a long-standing recognition that public sector agencies cannot exist in isolation (Hjern & Porter, 1981). Complex issues like long-term unemployment, health management, and inclusion require resources pooled together to meet public expectations (Andrews & Entwistle, 2010). To this end, issue-based approaches have gained prominence as a solution to implementing major change projects and reforms (Bourgon, 2011; Virtanen et al., 2017).

Creating a horizontal unit structure involves managing interdependencies between duties and functions to prevent the division of labour from unnecessarily hindering task completion (Thompson, 1967). Asymmetries in horizontal interaction could indicate either intended or unintended resource dependencies between units (Salancik & Pfeffer, 1978). The interplay between formal organization and actual cooperation needs contributes to developing informal norms. Deviations from formal communication lines might indicate problems in the formal structure's design or emergent coordination needs among units (Johanson, 2001).

Organizational integration refers to the extent that distinct, interdependent organizational sub-systems can respond or adapt while pursuing common organizational goals (Lawrence & Lorsch, 1967; Barki & Pinsonneault, 2005). Organizational mechanisms enabling integration include process standardization, good social relationships, cross-functional projects, technological interfaces, and coordination wherever operational interdependencies are necessary (Glouberman & Mintzberg, 2001; Jansen et al., 2009; Tsai, 2002; Whang, 1995). Organizations develop formal and informal mechanisms to promote integration (Volkoff et al., 2005).

Nicholson et al. (2013) list ten elements for integrated health and social care governance: (1) Joint planning between stakeholders and joint boards with a focus on collective decision-making to enable continued care with input from providers and users; (2) Integrated information communication technology; (3) Change management in order to develop strategies to manage change and align organizational cultural values at all levels; (4) Shared health and social care priorities with agreed target areas for redesign and establishment of multidisciplinary health and social care networks; (5) Incentives provided to strengthen care coordination, including the pooling of multiple funding streams and incentive structures; (6) Focus on the population in question; (7) Using data as a quality improvement tool and focusing on quality improvement and redesign across organizational boundaries; (8) Enabling inter-professional and inter-organizational learning opportunities; (9) Engaging patients and communities; and (10) Supporting innovative models of care. All these elements align with the stated goals of social and health care reform (e.g., Tiirinki et al., 2022).

Fiscal pressure and the need for service improvement were primary drivers for overall integration. Fragmented social and health care services led to poor client outcomes. Therefore, integration aimed to address these issues by ensuring a unified service chain and improving client understanding (Tynkkynen, 2023). Similarly, Auschra (2018) identified 20 types of barriers to integration in care, categorizing them into six groups: (1) barriers related to administration and regulation; (2) barriers related to funding; (3) barriers related to the inter-organizational domain; (4) barriers related to the organizational domain; (5) barriers related to service delivery; and (6) barriers related to clinical practices. They are not solely context-specific and often relate to and influence each other, hindering functional integration.

Functional integration (Shortell et al., 2000) focuses on collaboration among different units to achieve organizational goals. It does not require merging functions or subunits (e.g., Turkulainen & Ketokivi, 2013), but rather the focus should be on the quality of collaboration among different units to achieve the organization's goals in a uniform fashion (Lawrence & Lorsch, 1986). Functional integration places greater emphasis on networks, relationships, and linkages between parties (Halley, 2012). In their study Barki and Pinsonneault (2005) demonstrate with an organizational integration model that functional integration can be executed internally when administrative and support activities are integrated with the process chain of an organization, leading to a broader integration that also takes into consideration other sectoral tasks of local authorities that help create a seamless service chain for health and well-being promotion. Functional integration benefits an organization through the uniformity of sub-systems and access to communication. Seamless service chains and hence functional integration are achieved when communication between different subunits is working correctly and client records are available across various services.

POLICY ISSUES AND INTEGRATION NEEDS IN MUNICIPALITIES

Compared with many other countries, even before the reform, health and social care in Finland was relatively integrated with local governments (i.e., municipalities) organizing most of the primary care and social services, while operating hospital districts were responsible for specialized services jointly with other municipalities (e.g., Koivisto et al., 2019; Keskimäki et al., 2019; Tynkkynen et al., 2019). However, the services were highly decentralized, with many small to medium-sized municipalities as units of operation, devolved decision-making, and weak central-government steering (Tynkkynen et al., 2019). Hence, the social and health care reform of 2023 in Finland followed the examples of other Nordic countries (e.g., Borström & Sagan, 2018; Magnussen & Martinussen, 2013), which had sought economies of scale by pooling social and health services into larger administrative structures (Sahamies et al., 2023). In Finland, the objective of social and health care reform at the local level was to enhance administrative integration through increased municipal collaboration. This was done by establishing new forms of municipal care organizations and by creating regional joint health and social care authorities, all geared towards steering focus towards integrated care.

Globally, health care organizations have often implemented change strategies in response to fiscal restraints, emphasizing efficiency, economies of scale, and cost control as key incentives for integrating health care services (Gordon & Pollack, 2018; Casebeer & Hannah, 1998; Suter et al., 2009). However, due to the complexity of health care organizations, stemming from various stakeholders with differing missions, decision-makers possessing professional autonomy, and the challenge of managing change in the absence of comprehensive information (Drucker, 1993; Shigayeva et al., 2010; Golden, 2006), this process has not always been straightforward.

The essence of social and health services lies in service integration, categorized into vertical and horizontal models. Vertical integration in social services involves national, regional, and local coordination, while in health care, it concentrates primarily on preventive, primary, and specialist care. On the other hand, horizontal integration focuses on aligning services based on customer needs across different service lines to better cater to the municipal service system's capabilities. Therefore, service integration is not just about merging different care services but extends more broadly to imbue a customer-oriented perspective into all public activities. Dealing with the complex operating environment and 'wicked' problems requires new forms of cooperation and innovative ways of working not only in social and health care but more broadly, turning these into essential policy issues (Rittel & Webber, 1973).

In the restructuring of social and health services, service entities are formulated differently for diverse customer groups such as the elderly or families, combining primary and specialized services, both public and private, aiming for a comprehensive resident- or customer-centric service concept. Collaboration across different sectors becomes crucial as customers move between service layers, transitioning from municipal-level services to wellbeing counties. This holds true for cross-sectoral health promotion, providing tools for planning, monitoring, evaluating, and reporting on health promotion. The issue-based approach to wellbeing and identifying the integration needs of the municipalities' various sectoral tasks are pivotal in this process, aiming to uncover areas and cross-sectoral service needs that may have been previously overlooked (Virtanen et al., 2017).

Network Data

The empirical data for this chapter comprises a survey conducted among municipal employees across various sectors, encompassing health care, social welfare services, education, technical services, and general administration that was gathered in 2020, that is, before the political decisions on the reform had been made. The questionnaire focused on existing and potential cooperation relationships, considered crucial, along with the different policy issues that underpin these relationships. The survey sample involved 12 municipalities or associations of municipalities from various parts of Finland, representing diverse municipalities in terms of both their size and location. Out of 718 employees who received the online questionnaire, 268 responses were obtained, resulting in a response rate of 37.3 per cent. While this response rate is fairly acceptable for a standard questionnaire, in network research, even these levels of response may pose challenges for generalization (Wasserman & Faust, 1994; Kossinets, 2006). A network analysis was conducted based on the survey data using VOSViewer (van Eck & Waltman, 2010) and Gephi (Bastian et al., 2009) programs for both analysis and visualization. Additionally, group expert interviews among the questionnaire respondents were conducted in 2020 to get a more comprehensive and thorough insight into the proposed reform and what it might mean to the municipalities and seamless service chains.

Results: Cooperation and Policy Issues

This chapter delves into the study of integration needs between social and health care services and other local government services, examining service chains and exploring phenomena that manifest as policy issues pivotal to multisectoral interventions. Both avenues of study help identify whether services can seamlessly function post-social and health care reform or if there might be new organizational and bureaucratic boundaries emerging due to it. The distinction between formal and informal factors impacting service provision is evident here. Formal factors encompass legislation and network structures, while the influence of informality is built upon actions and the relationships between actors (primarily employees) within and across various layers of service provision, as well as their interactions with the environment (Oakes et al., 1998). Particularly in addressing the broader need for integration, informal factors take precedence as they empower actors to shape developments and opportunities for other actors in the same field (Martin, 2003).

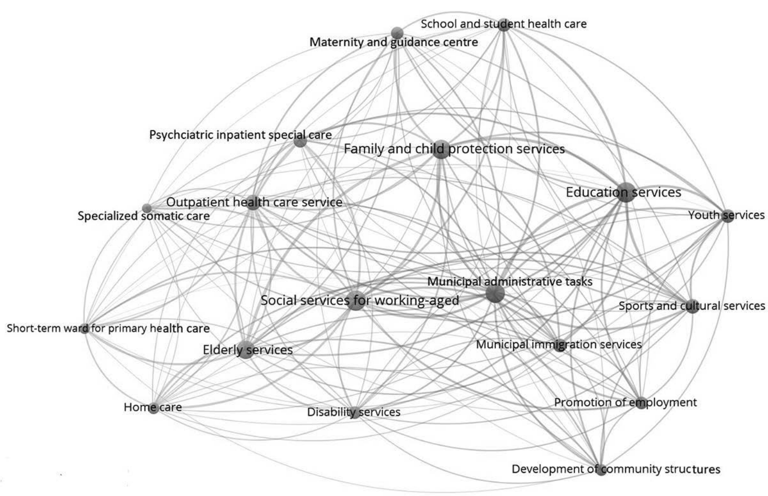
Integration needs can be articulated using a service path model (Niemelä & Kivipelto, 2019), which emphasizes service categories and paths built around customer segmentation, service integration, the inclusive role of welfare states, and the shift from public agencies towards network and ecosystem governance. This model allows for a focus on addressing customer needs, especially as many issues within the social and health sector are complex and demand customized responses without rigid sectoral boundaries.

Cooperation Clusters

The responses underscored the necessity to develop fundamental social welfare care services and bolster resources to prevent a shift towards more substantial, costly services by employing timely and lighter interventions. Key emphasis was placed on ensuring the accessibility and availability of services via service networks in the realms of health and wellbeing promotion, aiming to avert the exclusion of any demographic. The multisectoral approach to health and wellbeing promotion revolves around various complex policy issues, characterized by their scope, intricacy, value conflicts, and the urgency to devise solutions.

The challenges and the imperative for the reform of the social and health care system epitomize a wicked problem with numerous interconnected factors, including an interplay between distinct organizational values and cultures. One of the significant hurdles in social and health care has been accessibility, which can be addressed by developing local services (e.g., health kiosks, on-demand primary health care without appointments), low-threshold services, and online remote services. The issue of availability, on the other hand, hinges on the range of services available at a single location. A limited range might lead to referrals, triggering coordination issues. There is a concern that tightly defined organizational boundaries across different layers of governance might diminish opportunities for coordination, resulting in fragmented and ineffective service production.

Figure 3.1 depicts cooperative relationships based on the survey conducted before the 2020 reform. Cooperation was assessed as a binary measure, defining daily, weekly, and monthly collaboration as existing cooperation (1) and less frequent or non-existent cooperation as non-cooperation (0). Here, it is shown how the service sectors are currently divided into three different



Source: Author's own.

Figure 3.1 Cooperation clusters

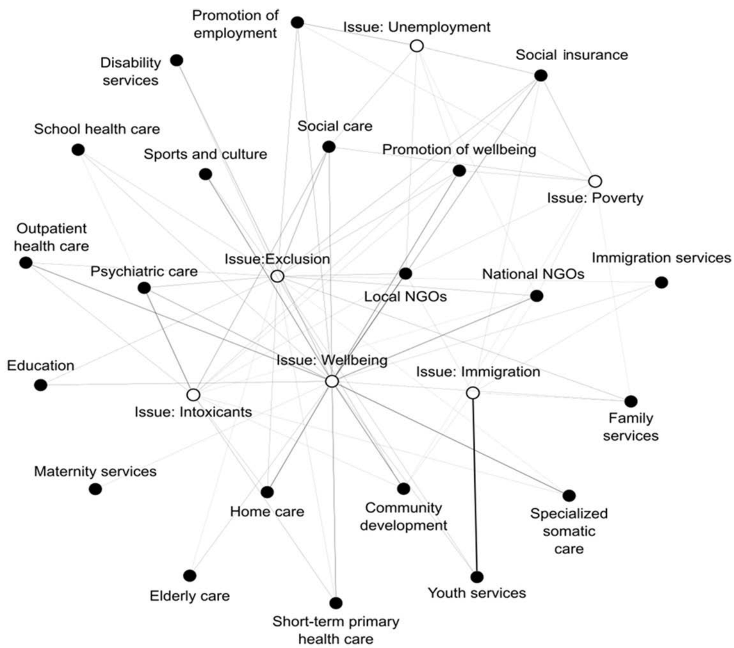
clusters. These clusters correspond to the universality of services: the smallest cluster, at the top of the graph, pertains to *services for families with children*, encompassing family services, maternity services, and school health care, which combine aspects from social and health services. The cluster on the right, *universal municipal services*, consists of services universal to all residents, such as sports and cultural services, employment promotion, education services, and community development. These services are primarily produced locally and have largely remained under the municipalities' responsibility. The cluster on the left, *care and nursing services*, includes services tailored to individual clients, primarily linked to health care and social services, which can be transferred to larger service providers with less disruption as they benefit from economies of scale and larger units.

The most central service areas in the network include social services for working-age people (*care and nursing services*), services for family and child protection (*services for families with children*), education services, and municipal administrative tasks associated with wellbeing promotion (*universal municipal services*). These components act as bridges between different clusters, displaying strong connections and regular cooperation, and serving as conduits for vital information exchange within the network. Strong ties in expert networks facilitate the thorough and multifaceted division of expertise through regular and reciprocal contacts.

The connections between clusters are predominantly weak ties, representing less frequent or less intimate contacts. Weak ties can serve as bridges or gatekeepers between different parts of a network (Granovetter, 1973; Kadushin, 2012). These ties enable the flow of information between actors within the network. Trust and a dedicated commitment to shared goals are essential for the sustained functioning of networks (Niiranen & Kiviniemi, 1999). The ties within different clusters may exemplify potential functional integration, considering that some services remain within municipalities while others have shifted to wellbeing services counties. The principal division occurs between the green cluster and the other two, with all services in the former still the responsibility of the municipalities.

Policy Issues and Municipal Services

The ascendancy of wellbeing and health promotion as a paramount policy issue appears to be an overarching theme impacting all sectors in municipalities and wellbeing services counties (Figure 3.2). Unlike other policy issues, it operates through population-level activities and can be managed through wellbeing initiatives. It stands as the sole issue addressed in this chapter governed at the strategic level, making it more abstract. Consequently, municipal wellbeing strategies articulate the determination and approaches of various



Source: Author's own.

Figure 3.2 Policy issues and municipal services

stakeholders to develop wellbeing and health for all within the municipality, often encompassing health promotion measures that necessitate multisectoral and multi-professional interventions. They rely on data about the residents' wellbeing and health, assessing how effectively the service system responds to different wellbeing challenges. The strategy translates into tangible tasks embedded within an action plan. Other policy issues primarily concern interventions aimed at aiding individuals with their problems. These strategies inherit or encapsulate wicked social problems, rendering them particularly challenging to solve.

By establishing a two-mode network between policy issues and service providers, it becomes possible to scrutinize the connections between municipal services and policy issues, highlighting the need for cooperation even if it's not presently established. Based on survey data, six distinct policy issues garnered more detailed attention (the reference to labels in Figure 3.2 in brackets): (1) Wellbeing and health [Issue: Wellbeing]; (2) Treatment and prevention of unemployment [Issue: Unemployment]; (3) Treatment and prevention of intoxicating and functional addictions [Issue: Intoxicants]; (4) Treatment and prevention of exclusion [Issue: Exclusion]; (5) Poverty and over-indebtedness [Issue: Poverty]; and (6) Issues concerning migrants' social integration, encompassing diverse challenges that need to be addressed [Issue: Immigration].

These issues may overlap to some extent but focus primarily on a customer- or client-centred approach and the necessity for multisectoral approaches and effective service chains. In many instances, services function as support networks designed to prevent the emergence of wicked problems. Figure 3.2 illustrates the network, depicting municipal services as black circles and policy issues as white circles. The most significant phenomenon is the promotion of health and wellbeing. Even though a considerable portion of social and health services has transitioned to larger units in the form of new wellbeing services counties, the responsibility of municipalities remains in promoting the health of residents locally. Municipalities oversee crucial services that broadly affect residents' wellbeing, such as early childhood education, primary education, maintenance of sports facilities, food services, cultural services, town and county planning, and public transportation. Together, these contribute to preventive effects and early intervention opportunities, aiming to curtail future social and health care expenditure.

Additionally, besides the mentioned policy issues, several interviews highlighted the importance of supporting mental health and sustainable development through eco-social work (cf. Närhi & Matthies, 2016; Boetto, 2017). The former applies to all client groups through a life-cycle model of service provision, emphasizing the significance of social services in helping clients re-enter society rather than remain isolated in institutional care.

CONCLUSIONS: FROM HEALERS TO GUARDIANS

This chapter explored the connections between sectoral services retained by municipalities following the social and health care reform and the health care and social welfare services now under the jurisdiction of wellbeing services counties. By employing social network analysis, the chapter focused on existing actual connections and preferred connections, emphasizing the need for alignment around various policy issues to sustain functional service integration post-reform. The chapter, centred on the client and resident point of view, identified administrative and legal interfaces as barriers to effective integration, revealing broader integration needs between social and health services and other related sectoral tasks of local authorities. Evidently, some service production chains have been disrupted, resulting in the need to re-establish viable coordination channels within municipalities.

The primary contribution of this chapter lies in illustrating the potential implications of social and health care reform on services retained by municipalities. The notion expressed in the title 'what about us' reflects the evolving landscape and the necessity for a more comprehensive approach to understanding wellbeing services beyond the perspective of social and health care services. The chapter mapped empirical coordination patterns among local government units with the aid of social network analysis. The objective to streamline social and health services will instigate changes in the coordination of other municipal services, necessitating the re-establishment of some old service chains that are now divided between two levels of government. For instance, the organization of social and health services within primary and secondary schools is an area that is likely to require coordination between municipalities and regional operators in the future. Similarly, services for children represent another area in which changes could seriously impede future service integration. Conversely, many services still provided by municipalities constitute complete service packages that are independent of other units. Reforms within these services are unlikely to impede service provision.

In light of the theoretical framing of the chapter, there is no singular formal structure that can equally satisfy all coordination needs at any given time. Organizational theory underscores the importance of unit structure in maximizing internal interaction while facilitating necessary coordination between units. Nevertheless, not all coordination needs can be predetermined due to organizational changes over time. Thus, local governments face demands for restructuring many services remaining within their purview because of the integrative function that social and health services play in the overall administrative structures of local governments. This restructuring is necessitated not just by coordination needs but by the imperative to ensure connectivity among quasi-independent units and service areas, preventing disconnection arising from restructuring.

To anticipate future developments, this chapter examined the coordination needs of service areas, highlighting major policy issues facing local governments. The results pointed out that the promotion of wellbeing and health is the most crucial aspect of coordination needs, overshadowing employment, substance use, deprivation, poverty, and immigration issues. Although social and health services are no longer part of local government hierarchies, maintaining the health and vitality of the local population remains an integral task for local governments. Municipalities envisage their new role as guardians shielding their populations from the ills of modern life rather than solely as healers of already diagnosed maladies.

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