Intersectoral collaboration in health care poses many challenges, in Denmark and elsewhere. Studies show that such challenges often stem from increased specialisation and “silo thinking” in the way health-care systems are organised. Several of these studies further show that not only citizens with chronic illnesses but also health-care professionals find intersectoral collaboration difficult, due to the many actors involved in the patients’ care and treatment. It is therefore important to focus on how intersectoral collaboration can be developed, in order to promote organisational structures that counter the lack of coherence in intersectoral treatment efforts, and to ensure all citizens access to the nursing care and treatment services they need, by developing new and different ways for intersectoral collaboration.

As part of the regional public-hospital Regional Hospital Central Denmark,[1] located in the Central Denmark Region, we are currently planning an action research project to, in co-creation between actors in intersectoral collaboration, develop and test a knowledge-based collaboration model. The model focuses on intersectoral collaboration between adults with diabetes mellitus type 2 (DM II) and the involved healthcare professionals in hospitals, municipal settings, the new centre Steno Diabetes Canter Aarhus (SDCA),[2] and general practitioners in the Central Denmark Region cluster.[3] Furthermore, SDCA’s recent opening in 2018 gives us a unique opportunity to examine what happens with intersectoral collaboration when a new actor is introduced; an actor meant to fulfil a role in a health-care system that has obvious difficulty organising and coordinating intersectoral treatment and care pathways among the existing actors.

The aim of the action research project – to develop and test a model for collaboration in co-creation– is to provide citizens with equal access to treatment and nursing care, building on Denmark’s most recent political strategies for user involvement; the newest strategies for drug therapy; and education and research in the field of DM II.

The project aim to answer the following questions:

How can we use existing knowledge and experience to develop a collaboration model for intersectoral collaboration for citizens with DM II?

Does the collaboration model improve the actors’ experienced cohesion in treatment and care – from the viewpoint of health-care professionals and citizens?
Does testing of the collaboration model enable us to identify generic elements that could be tested in other types of intersectoral collaboration?

1- This hospital has facilities in four towns in the mid-Jutland Region, including Viborg. Our project is based at Viborg Regional Hospital, involving the Hospital Administration, Medical Department, and the Centre for Research in Clinical Nursing.

2- Steno Diabetes Centre in Aarhus.

3- The cluster consists of: The Regional Hospital Central Denmark, general practitioners, and the municipal authorities of Silkeborg, Skive and Viborg.

**Keywords:** type 2 diabetes; action research; co-creation