Governance in the health-care system is based on participation at different levels: from social participation to institutional participation. The re-interpretation of local governance is an important social stimulus and also the sign of the growing importance of the community welfare. At the same time, the re-interpretation of local governance represents a hallmark of different forms of integration: institutional integration, professional integration and social integration. Downsides and virtues of this system are analyzed and compared under the different regional models, also taking into consideration the national and the European context.

Fosco Foglietta is president of the board of directors for the company CUP2000 and served as General Director for some Health Authorities of the Emilia-Romagna Region for eleven years.

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New models of governance and health system integration

edited by
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<table>
<thead>
<tr>
<th>Anno</th>
<th>Titolo</th>
<th>Autore/i</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>Dopo l’aziendalizzazione. Nuove strategie di governance in sanità</td>
<td>Costantino Cipolla, Guido Giarelli</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Leonardo Altieri, Ascolto e partecipazione dei cittadini in sanità</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gruppo Cerfe, Per una interdipendenza attiva tra Nord e Sud del pianeta</td>
</tr>
<tr>
<td>2003</td>
<td>Attraversando terre incognite: una sfida per la professione infermieristica</td>
<td>Giorgino Enzo, Willem Tousijn</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mauro Moruzzi, Antonio Maturo, e-Care e Salute</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tullia Saccheri, Prima che ... Promozione della salute e responsabilità istituzionali</td>
</tr>
<tr>
<td>2004</td>
<td>Il paradigma perso? Medici nel duemila</td>
<td>Giovanni Vicarelli</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cinzia Conti, Giovanni B. Sgritta, L’immigrazione e politiche socio-sanitarie</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Società Italiana di Sociologia della Salute, La sociologia della salute in Italia: temi, approcci, spendibilità - The Sociology of Health in Italy: Topics, Approaches, Practicability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mauro Moruzzi, Costantino Cipolla, Telemedicina</td>
</tr>
<tr>
<td>2005</td>
<td>La disabilità tra costruzione dell’identità e cittadinanza</td>
<td>Paola Maria Fiocco, Luca Mori</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rosanna Memoli, Dimensioni socio-sanitarie dell’ambiente</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domenico Secondulfo, Medicina Medicine. Le cure “altrè” in una società che cambia</td>
</tr>
<tr>
<td>2006</td>
<td>Prospettive europee sui sistemi sanitari che cambiano</td>
<td>Guido Giarelli, Siegfried Geyer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carlo Borzaga, Luca Fazzi, Del non profit sociosanitario</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Raffaele Rauty, Le contraddizioni del corpo: presenza e simbologia sociale</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sergio Belardinelli, Leonardo Alldi, Ivo Germano, Bioetica del dolore</td>
</tr>
<tr>
<td>2007</td>
<td>Fra reti e relazioni: percorsi nella comunicazione della salute</td>
<td>Marco Ingrosso</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Costantino Cipolla, Il consumo di sostanze psicoattive oggi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Francesca Guarino, Lucia Mignardi, Tecnologie a rete per la salute e l’assistenza</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cleto Corsomanto, Sulla valutazione della qualità nei servizi sociali e sanitari</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Andrea Gardini, L’ospedale del XXI secolo</td>
</tr>
<tr>
<td>2008</td>
<td>Processi di vittimizzazione e reti di sostegno alle vittime</td>
<td>Augusto Balloni, Roberta Bisi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nicola Porro, Sergio Raimondo, Sport e salute</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Francesco Maria Battisti, Maurizio Esposito, Cronicità e dimensioni socio-relazionali</td>
</tr>
<tr>
<td>2009</td>
<td>Le disaggiustamenti sociali di salute. Problemi di definizione e di misura</td>
<td>Giuseppe Costa, Cesare Cislaghi, Nicola Caranci</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ilaria Iseppato, Simona Rimondini, Le reti dell’accesso per la sanità e l’assistenza</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antonio Maturo, Peter Conrad, La medicalizzazione della vita - The Medicalization of Life</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Costantino Cipolla, Mauro Moruzzi, Achille Ardigò e la sociologia della salute</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Donatella Cavanna, Luisa Stagi, Sul fronte del cibo. Corpo, controllo, soggettività</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Società Italiana di Sociologia della Salute, Essere e Fare il sociologo in sanità</td>
</tr>
</tbody>
</table>
2010
Alberto Marradi, Daniele Nigris, *Evidence-Based Medicine: una critica* (a. IX, n. 1)
Roberto Cipriani, *Narrative-Based Medicine: una critica* (a. IX, n. 2)
Guido Giarelli per la Eshms, *Metodologie di ricerca comparata in Sociologia della salute e della medicina - Comparative Research Methodologies in Health and Medical Sociology* (a. IX, Suppl. al n. 2 - numero bilingue italiano-inglese)
Mauro Giacca, Carlo Gröbbel, *Polis genetica e società del futuro - Polis genetica and society of the future* (a. IX, n. 3 - numero bilingue italiano-inglese)

2011
Leonardo Altieri, Maria Augusta Nicoli, Vittoria Sturlese *La sanità dei cittadini - Citizens’ health services* (a. X, n. 2 - numero bilingue italiano-inglese)

2012

Numeri programmati e curatori
2012
Antonio Maturo, Kristin Barker, *Medicina delle emozioni e delle cognizioni - Medicine of emotions and cognitions* (a. XI, Suppl. al n. 2 - numero bilingue italiano-inglese)
Carla Faralli, *Consenso informato - Informed consent* (a. XI, n. 3 - numero bilingue italiano-inglese)

2013
Elisabetta Ruspini, *Sessualità, salute, istituzioni. Dalle pratiche di controllo ai percorsi educativi – Sexuality, health, institutions: From control practices to educational pathways* (a. XII, n. 1 - numero bilingue italiano-inglese)
Gennaro Rocco, Alessandro Stevano, *Scenari plurali dell’assistenza infermieristica - Multiple scenarios in nursing care* (a. XII, n. 2 - numero bilingue italiano-inglese)
Rita Biancheri, *Genere e salute - Gender and health* (a. XII, n. 3 - numero bilingue italiano-inglese)
## Contents a. XI, n. 1, 2012

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Preface</td>
<td>Fulvio Moirano</td>
</tr>
<tr>
<td>15</td>
<td>Editorial</td>
<td>Valerio Alberti</td>
</tr>
<tr>
<td>17</td>
<td>Introduction</td>
<td>Fosco Foglietta</td>
</tr>
</tbody>
</table>
| 37   | Theory | Giovanni Bertin  
*Welfare and health systems models: commonalities and peculiarities* |
| 69   | Theory | Luca Fazzi  
*Healthcare Governance and Voluntary Associations in Italy: an Overview* |
| 88   | Theory | Mauro Moruzzi  
*My Page, My Home and Electronic Health Dossier. Notes for a New Business Governance* |
| 103  | Discussion |  
*Changing regional trends (Fausta Martino)*  
*Round table with: Giuseppe Noto, Mario Romeri, Mario Modolo* |
## Research

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>113</td>
<td>Towards a network model? Reflections on regional social and health models of governance</td>
<td>Michele Marzulli</td>
</tr>
<tr>
<td>126</td>
<td>Community Governance between Techniques of Analysis and Decision-Making Mediation</td>
<td>Davide Galesi</td>
</tr>
<tr>
<td>143</td>
<td>What does citizens' participation teach about the re-organization process of health care services?</td>
<td>Vincenza Pellegrino and Maria Augusta Nicoli</td>
</tr>
<tr>
<td>153</td>
<td>Democratic paradigm and participation in the health sector: the Tuscan case</td>
<td>Silvia Cervia</td>
</tr>
<tr>
<td>166</td>
<td>From Autoreferentiality to Interdipendence: healthcare, social welfare and local service’s governance in Sicily</td>
<td>Sergio Severino and Paolo Di Venti</td>
</tr>
<tr>
<td>175</td>
<td>The Case Management: models and tools integration in social-health</td>
<td>Marco Brunod, Sonia Cicero and Barbara Di Tommaso</td>
</tr>
<tr>
<td>182</td>
<td>The House Of Health: the need for a new welfare</td>
<td>Claudio Calvaruso and Renato Frisanco</td>
</tr>
<tr>
<td>204</td>
<td>Oncology Pharmacies Network in the Vasta Romagna Area: the case of Ausl-Ravenna and IRST concerning maintaining service continuity</td>
<td>Martina Minguzzi, Mattia Altini and Tiziano Corradori</td>
</tr>
<tr>
<td>220</td>
<td>The Social-Health information System of Ausl Piacenza: the model, the choices and the development course</td>
<td>Giovanni Maria Soro</td>
</tr>
<tr>
<td>229</td>
<td>How Roles and Professions Change</td>
<td>Fulvio Moirano</td>
</tr>
<tr>
<td>234</td>
<td>The health and social care integration, with particular attention to the dimension of professional integration. A research across 12 italian regions</td>
<td>Nicoletta Pavesi</td>
</tr>
</tbody>
</table>
DEBATE

245 Mauro Serapioni, Sesma Dolores and Pedro Lopes Ferreira
Citizens participation in South European countries health systems: Italy, Portugal and Spain

COMMENTS

277 Giovanni Melli
Participation processes in social and health planning: Emilia Romagna on the spotlight

281 Alessio Terzi
Participation and protection of rights: a knowledge gap to be filled

288 Stefano Cecconi
Citizens’ participation and the financial crisis
It is with great pleasure that I take the opportunity to introduce this volume, which summarizes the critical analysis on the issue of New governance models in Healthcare. It is well known that the issue generates great interest from both the socio-political and programmatic perspectives, and in latest months has been sparking off a panel discussion, at both the National and International levels. The conference “New Governance models in Healthcare and socio-health integration. A comparison between some Italian Regions”, which was held in Ravenna at the beginning of 2011, represented a defining moment in this debate.

The scope of the meeting was to observe, discuss and explore the Italian scenario, in order to identify interesting and relevant interpretations with a view to shifting from integration to social inclusion. Moving forward on subsequent levels of analysis, the discussion enabled to:

- place the analysis within a conceptual framework that is sensitive to the implications of healthcare federalism in relation to the Regional welfare models;
- grasp the relevant features of the focuses on some Regional governance experiences, as well as integration models implemented across social and health areas.

The participation and accurate contribution of several stakeholders to the conference give evidence of the relevance of the debate. Furthermore, it is worth mentioning that several Italian Regions expressed their willingness to be subject and object of critical analysis, so as to enhance knowledge and provide useful ideas and tools for strategic planning. Such an analysis is of particular value when issues concerning transformation processes in healthcare, and subsequent governance choices, are given special attention. Consequently, local governance is increasingly taking the form of mindful participation in the framework of the so-called community welfare.

* Fulvio Moirano is the Director of Agenzia nazionale per i servizi sanitari regionali (Agenas), dir@agenas.it
This view is consistent with the mandate Agenas has been assigned by the State-Regions Conference of the 20th September 2007 – particularly for what concerns Empowerment at community, organizational and citizens level. As a result of such a mandate, Agenas operates according to a methodology based on discussion and sharing with the Ministry of Health and the 21 Regions/Autonomous Provinces in activities of coordination and scientific-methodological – organizational support to the dissemination, implementation and inter-regional transfer of the good practices for empowerment.

In this circumstance, I think it would be helpful to confirm both the interest for the aspects of health systems governance and the attention given by institutional actors to the discrepancy that frequently occurs between health systems and welfare systems. As is clear from the debate and stressed several times in this volume, if health policies are to be rightfully considered within the welfare framework, it is worth considering that health systems do not always fit – sometimes being even in contrast – with the welfare systems within which they are created.

Inspired by the above mentioned Conference and in order to give further evidence of the relevance of the issues – which will be extensively analyzed in this volume – Agenas, together with Ca’ Foscari University, has launched a project whose aim is to identify the transformation processes implemented in health and social systems of the Italian Regions, and the possibility of placing these changes in the wide range of European welfare systems.

The general objective of this project is to compare the different health systems of the Italian Regions starting with some key-variables. The research aims to deepen five regional experiences (Lombardia, Veneto, Emilia Romagna, Toscana, Puglia), representative of innovative organizational models in the range of Regional health systems. For that reason, ongoing experiences related to Regional and local governance and planning, with specific reference to health policies and socio-health integration policies, have been collected, analyzed and disseminated.

In the upcoming months, the results of the research project will be disseminated. Here, however, I think it might be useful to mention ongoing activities carried out by Agenas and Ca’ Foscari University, dealing with: on the one hand, the consideration given by institutional actors to the ongoing critical analysis; on the other hand, the request for a dialectical approach to the issue, in order to keep paying careful attention to the new welfare models and the transformation processes related to them.

Being aware of the need to give a conceptual framework to the key-elements proposed by the experts who contributed to this volume, I hope the scenarios outlined will provide further inspiration and strengthen an
approach aimed at ensuring a prompt and coherent response to the changing health needs of citizens. In concluding, we can say that the fundamental principle expressed by Law 833 in terms of guarantee of equity of access and quality of health services and, in light of the contributions shown in this volume, of the socio-health network, is pursued.
The transition and the current epidemiological framework, as well as the emerging new needs, are the new challenges for health care. The reference model used to address such complexity is based on a global/systemic approach, able to create cross-sectoral partnerships with joint responsibility in order to efficiently and effectively manage health care in a specific geographical area.

Health Services competition is measured by the ability of health systems to “attack and drive” the community's emerging needs both on health and cultural level.

So the scenery, diverse in terms of medical proposals and social demands, imposes two major goals on health care system:

• making the medical scientific progress and technology innovations of proven effectiveness (e.g. new drugs, new equipment, etc.) accessible to all citizens in a context of dwindling resources;
• implementing or reinforcing a model to help the community managing the growing prevalence of chronic diseases with a simultaneous weakening of traditional family support networks.

The first issue involves an in-depth intervention on the system’s specific components: development of the evaluation area, in terms of skills, technologies and organizational models based on the appropriateness of care; planning of interhospital networks made of reference centers and connections with multiple peripheral realities; development of quality and safety, both connected to service operations management.

This perspective strongly commits the health facilities management in all its components (managerial, professional, etc.) and takes place primarily within the Health Services.

The second issue moves his theater of action within the community; it involves institutional and non-institutional elements, like local hospital, local administrations, third sector (associations, cooperatives, etc.) in the

* Valerio Alberti is the General Director of ULSS n. 3 Bassano del Grappa (VI). direttore.generale@aslastera.it
planning of the services network, designed to detect needs and create a simplified logic flow of response to the citizen, to consolidate its relations with the territory in a logic of “person/user management”.

This approach is characterized by the unified vision of the supply system, also shown in the National Health Plan, in terms of determinants of health (socio-economic status, education, lifestyles, social networks, community networks, etc.).

The enhancement of socio-medical home care interventions with a major involvement of General Practitioners and the strengthening of local social services that support family network, are prerequisites for the development of an integrated model.

Consequently, a complementary governance system with social-health care integration must be based on the actual activation of the “care in the community” and on the implementation of integrated community networks, policies and strategies that are developed in a synergistic way to define cross-sectoral agreements capable of influencing the services offered to citizens and increasing individual awareness and community empowerment.
INTRODUCTION

Fosco Foglietta*

The present volume discusses two aspects which are present, and of basic importance, within any welfare model: “governance” and “integration”.

1. Governance

The first aspect tends to represent the multiple forms of relations between powers, roles and behaviors expressed by institutional and social actors, with the aim to share, and define jointly, the contents of the assistential strategies, on the one hand, and the modalities of intervention in the coherent development of such contents, on the other.

Therefore, “governance” lives on an involvement which is manifested differently by the public bodies, whose mandate is defined within “institutional integration”, and by the non-public, social, associative components, whose contribution varies according to the several interpretations of the participative paradigm.

Eleven of the works composing the volume (among “Essays”, “Comparisons”, “Experiences” and “Debates”) discuss, in fact, the concept of participation.

Usually, the considerations – all of which are interesting, documented and justified – are prevalently positioned on the fronts of analysis and denounce, rather than on innovative proposals. On the whole, we can summarize in the following terms the arguments advanced as an effort to present an interpretative key of the “state of the art”, for what concerns the participation phenomena within the dynamics of local “governance” (therefore those who have, as their institutional interlocutors, the Health Authorities, the hospitals, cities and provinces):

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almost anywhere – in international experiences as well as in those coming from regional Italian contexts – we can notice a more or less profound dyscrasia between the focus and the emphasis placed by the various regulations on the necessity to develop participative processes (aiming to “increase the weight” of the contributions by the forms of representation of the civic society, in the definition of the locally planned contents), and the actual realization of such processes;

such sort of impotent intentionalism, which widens the distance between the declared intentions and their applicative expression, constitutes an evident cause and, at the same time, is also a partial effect of two negative phenomena which several authors tend to remark:
– the citizens’ (and users’) representations are selected through associative forms which express an extremely high coefficient of self-referentiality, and within which the mechanisms for the identification of “leaderships” (the physical persons who actually sit at the planning tables and participate in the organisms required by the local “governance”) suffer from scarce democracity and a modest turnover;
– even when some attention is visibly placed on the unfolding of participative processes, and a formal check is performed (at times, some monitoring and/or academic research has been conducted), the “focus” of the attention and the object of the research coincide with the ascertainment of a correct process dynamic, and with the verification of the compliance to procedural rules (convocations; actual presences; elaborative outcomes and so forth). In almost no occasion the results (outcomes) of such processes have been ascertained, by trying to document in which terms the proposals, advices, indications, contributions provided by non-institutional representations have permeated both the projects’ contents and the consequent decisional choices, and to what degree they later turned into concrete actions.

In addition, it does not seem particularly useful to seek a remedy for these criticalities through two (cultural, conceptual) attitudes which are substantially antithetic:
– the first is the belief, according to which it is impossible to regain new stimuli to relaunch the correct implementation of participative dynamics, which are always more marginal and dispersed, given the ineluctability of a conflict which is neither solvable through the autogenic revision, by the public component, of its own role and its own powers; nor surmountable through a balance of power which considers the progressive atomization of associative representations as a factor of total weakness;
– conversely, there is an illuminist precognition of an upcoming “golden age”, when the rising of information and communication instruments, of high informatics technology, shall lead to overcome the indispens-
ability of representation, and shall allow every citizen to have a direct
dialogue with the system’s professionals. This way, a possibility is let
appear, that is, to solve the problem of conditioning the assistential
strategies of the system itself according to the user’s capability to
personalize the dialogue with the operators, by involving them in a
very pressing “empowerment” logic.
Essentially, I believe I can grasp, in the analyses expresses by the
majority of authors, an evident strabismus suffered by the framework
where the participative experiences, which must sustain the non-institu-
tional governance, take their place:
• on the one hand, we can notice many efforts to perfect the normative
assumptions (especially at the regional level) which could favor the
slow progress of a development of participative spaces, also through
the preparation of information instruments, of both preventive and
accounting nature;
• on the other hand, the testimony provided by much praxis is merciless,
given the evident loss of meaning in their keeping within the partici-
pative rituals.

1.1. Governance and crisis

Nevertheless, regardless of increasing small and huge frustrations, it
still remains the hope that the long walk towards a truly involving and
participative “governance” will not dry up out of consumption, and
instead will be relaunched by some new spark, some contextual (socio-
economic, political, cultural) fresh element, some sort of unexpected, but
powerful event. Therefore, hope can be nourished by the dramatic, and
yet potentially creative element which is represented by the current
economic crisis: a general crisis, of economic-financial nature; but is it
also, and consequently, a particular crisis which questions any Welfare
System about its solidity capabilities? The answer requires some further
investigation.

For what concerns the health, socio-health and social systems, the
Italian characteristics of such crisis are clearly evident.
The “trend” determined by the endemic and growing frailty of our
debt-to-GDP ratio, and by the consequent necessity to stretch the time
needed to ensure the balancing of accounts through massive doses of
expense reduction and an increase in the management efficiency, will not,
in fact, be brief, and will hold the Italian Health System in check for at
least the next three years (2012-2014).

At the moment, the National Health Fund is at zero growth; moreover,
a decrease in the historical levels of funding is found in the absence of
less or more consistent injections of regional resources (resulting from