

# PREFACE

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Fulvio Moirano\*

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](mailto: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 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.