

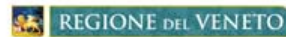
The Veneto Region's health care system and its challenges



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Summary

- **Description** of the regional model of health care and social policies:
 - the regional departments
 - the local health care trusts
- **The process of health devolution** and the implications for the regional health model
- **Health planning** and local strategic partnerships
- **The challenges of local strategic partnerships**
- **The challenges of the regional health model**

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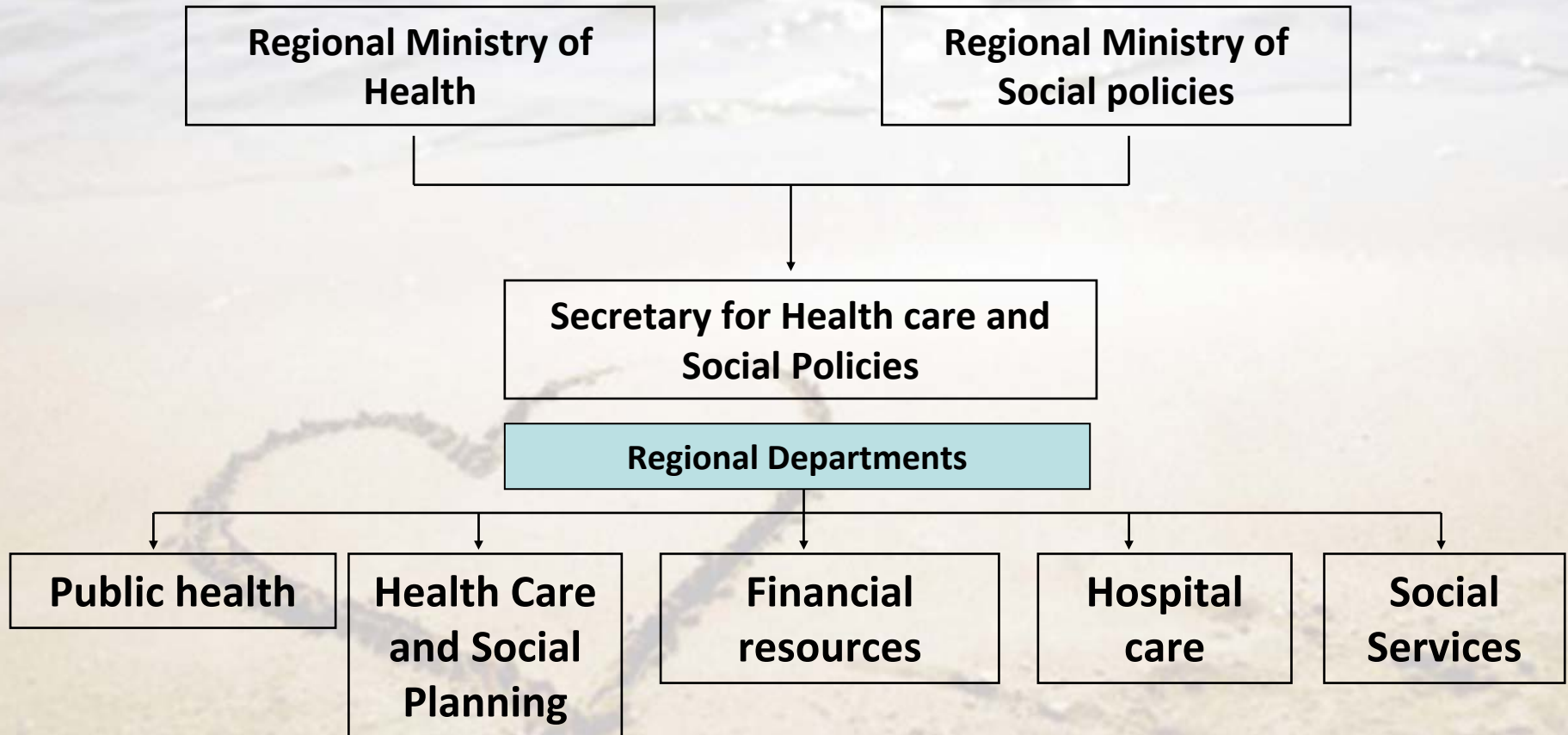
September 2009

The Veneto Region's model of Health care and Social Policies

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The Veneto Region's model of health care and social policies



The Regional Social and Health Care System

Regional Secretary

Regional Departments

Regional Services and Offices

There are 21 Local Health care Trusts spread across the region

There are two Independent Public Hospitals: in Padova and Verona

There are Private Hospitals/Clinics that have received public "accreditation"

The 21 local health care trusts

○ They are composed of three functional structures:

- Department of Public health
- Community-based health care (district)
- Hospital

○ They must provide essential levels of health and social care focusing on:

1. Hospital health care
2. Specialist/outpatient health care
3. Pharmaceutical care
4. Integration between health and social care

Health Devolution and the Veneto Health Model



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The Reform of Title V of the Italian Constitution (since 2000):

- The State will fix the so called “LEA”: essential levels of care provision, limited to civil and social rights (art.117 Cost.).
- All domains concerning human health pertain to the legislative function of the Regions
 - **with the only subjection to the essential levels of care provision and to the fundamental principles deriving from the State regulations.**

Process of devolution at Regional level

Veneto Region Law 11/2001

- a) At regional level, a Permanent Regional Conference for health and social care planning is established allowing the participation of local municipalities.
- b) At the level of local health care trusts, the Conference of Mayors is empowered.
- c) At district level, within a single local health care trust, a District Committee of Mayors is established

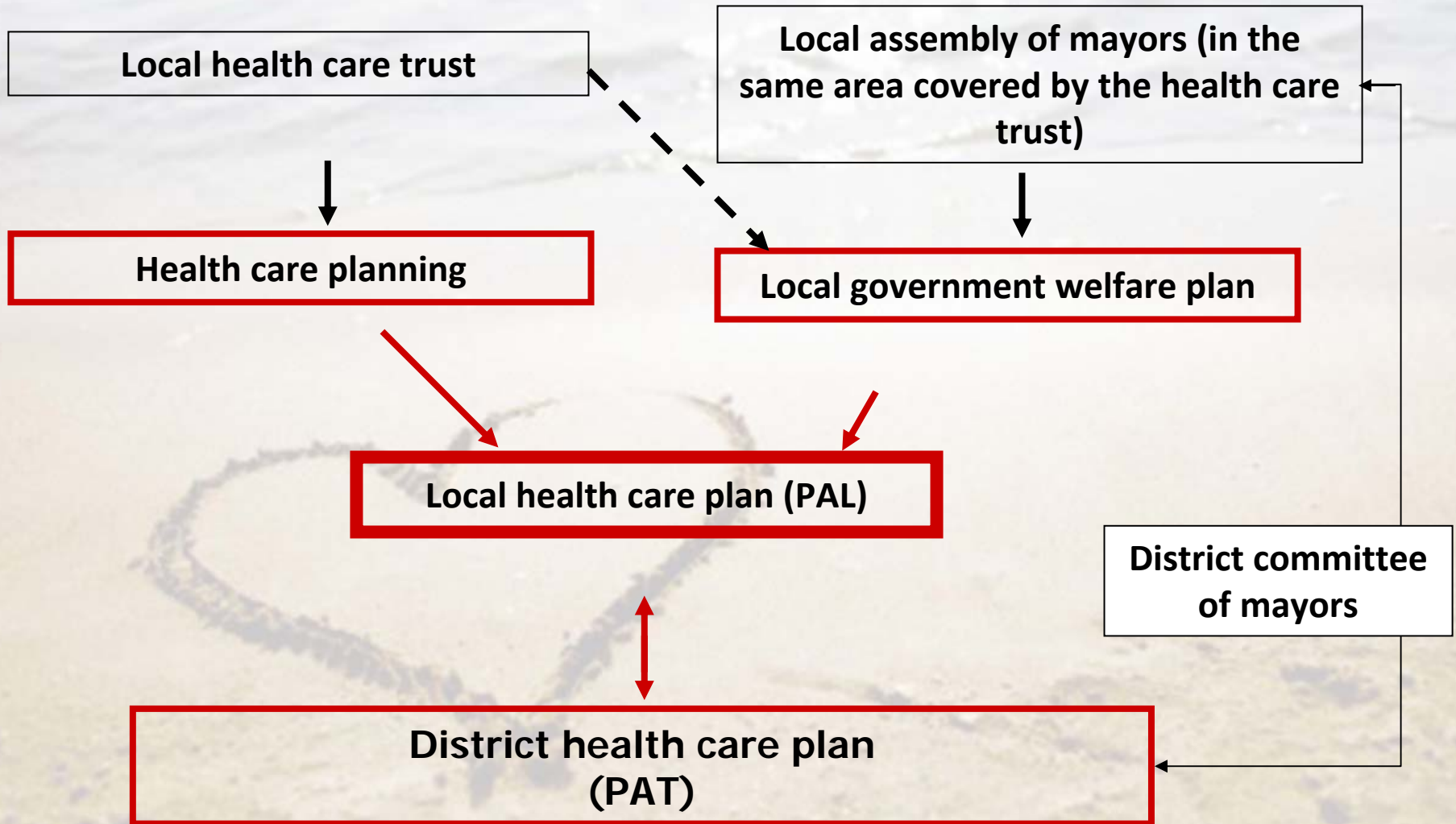
The local welfare plan

The Local government is responsible for the local welfare plan and works in partnership with the local health care trust and third sector in the following areas:

Areas of strong health and social care integration:

- Elderly people
- Disabled people
- Children and Family planning
- Drug and alcohol abuse
- Mental health
- Social exclusion

How the partnership works



The role of the local health care trust

- ▶ The local health care trust supports the local government in the elaboration of the local welfare plan in the areas of high health and social integration
- ▶ It is in charge of the elaboration of the local health plan
- ▶ The Director of social services guarantees coordination and liaison between Municipalities, local health care trust, voluntary and third sector

The challenges of local partnerships

- The local government often abdicates its role in favour of the local health care trust
- The model underlying the local welfare plan is based on disease prevention and not on health promotion
- The focus of planning is narrowed on the medical areas of health and social integrations, leaving out social and economic determinants of health, such as crime, housing, education, jobs, economic growth, and physical environment
- The partnerships lack inclusiveness, as local key players are not actively involved in the planning process

The challenges of the regional health model

- Lack of coordination, integration and communication between regional depts and policy makers
- Lack of coordination, integration and communication between health-care services within the same local health-care trust
- Lack of an official comprehensive document on the regional strategy for Health Promotion

The challenges of the regional health model

- Local health care trusts do not mention health promotion among the priorities of their operational plans
- Planning does not include service provision reorientation according to a real needs assessment
- Lack of a formal agreement between the National Ministry of Education and the Veneto Region – health and social affairs - for health education and health promotion in the school setting

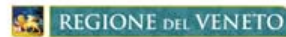
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