



A STRATEGY FOR “INNER AREAS” IN ITALY

Fostering growth through Inner Areas development



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The 2014-2020 ITALIAN INNER AREAS PILOT ACTION

The Italian territory is characterized by:

-
- A dense and varied network of urban centers which offer a wide range of essential services like healthcare, education, and transport. These centers represent a 'point of convergence' for people living in remote areas;
 - The distance from these urban networks affects people's quality of life preventing them to benefit of these essential services and fostering their sense of social inclusion
 - Relations between urban and rural centers are context dependent and may vary substantially standing to the area considered

Italy suffers from a serious rural-urban divide. With a paradox: Rural Areas are extremely diversified & they do represent an important potential in terms of both Social and Economic Growth



Methodology to identify Inner Areas

“Service Centres” have been defined as the municipalities offering:

- a complete secondary study cycle;
- at **least a 1st level DEA (highly specialised) hospital**;
- at least a "Silver-type" railway station (*RFI*).

NO DEMOGRAPHIC CRITERIA HAVE BEEN APPLIED

Areas have been mapped according to the distance (travel time) from the “Service Centres” as:

- "Belt" areas – up to 27,7 minutes;
- "Intermediate" areas – from 27,7 to 40,9 minutes;
- "Remote" areas – from 40,9 to 66,9 minutes;
- "Ultra-remote" areas – over 66,9 minutes.

} Inner Areas

Slide 3

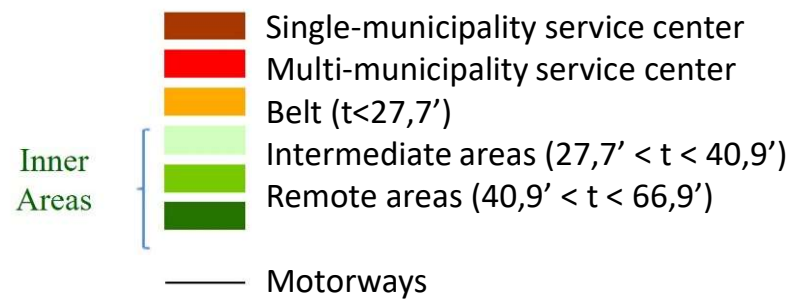
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QUI VANNO INSERITE LE NUOVE SOGLIE

salucatelli, 9/15/2022

Classification of Municipalities	N	%	Average Altitude	Population	%	Km2	%
Single-Municipality Service Centre	182	2	134	20.470.301	34,5	24.455,00	8
Multi-Municipality Service Centre	59	1	180	1.576.586	2,7	3.727,00	1
Belt areas	3.828	48	231	23.756.465	40,1	96.344,00	32
Intermediate areas	1.928	24	384	8.059.454	13,6	75.836,00	25
Remote area	1.524	19	567	4.653.355	7,9	79.393,00	26
Ultra-remote areas	382	5	721	720.052	1,2	22.310,00	7
Total	7.903	100	370	59.236.213	100	302.065,00	100

Source: ISTAT Census - 31.12.2020



This map was updated in February 2022, with a more precise measure of accessibility and better interpretation of intermediate areas

Inner Areas Strategy INNOVATION

5 main innovations

- National dimension and multilevel governance (Centres – Regions – municipalities and **inter municipalities cooperation**)
- In the project areas - **at the same time** - services improvements (mainly through national policy) and investments in selected development factors (energy; agriculture; crafts; cultural heritage; **regional policy**)
- Multi-fund attitude (EAFRD, ERDF, ESF and National Funds)
- Participatory approach to local development
- Municipalities Associations and Mayors attention to “**Policy Results**” (accountability)

Ultimate Goal:
Reinforce Selected Areas Demographic Structure



LOCAL STRATEGIES IN FAVOR OF 72 SELECTED INTER MUNICIPAL AREAS

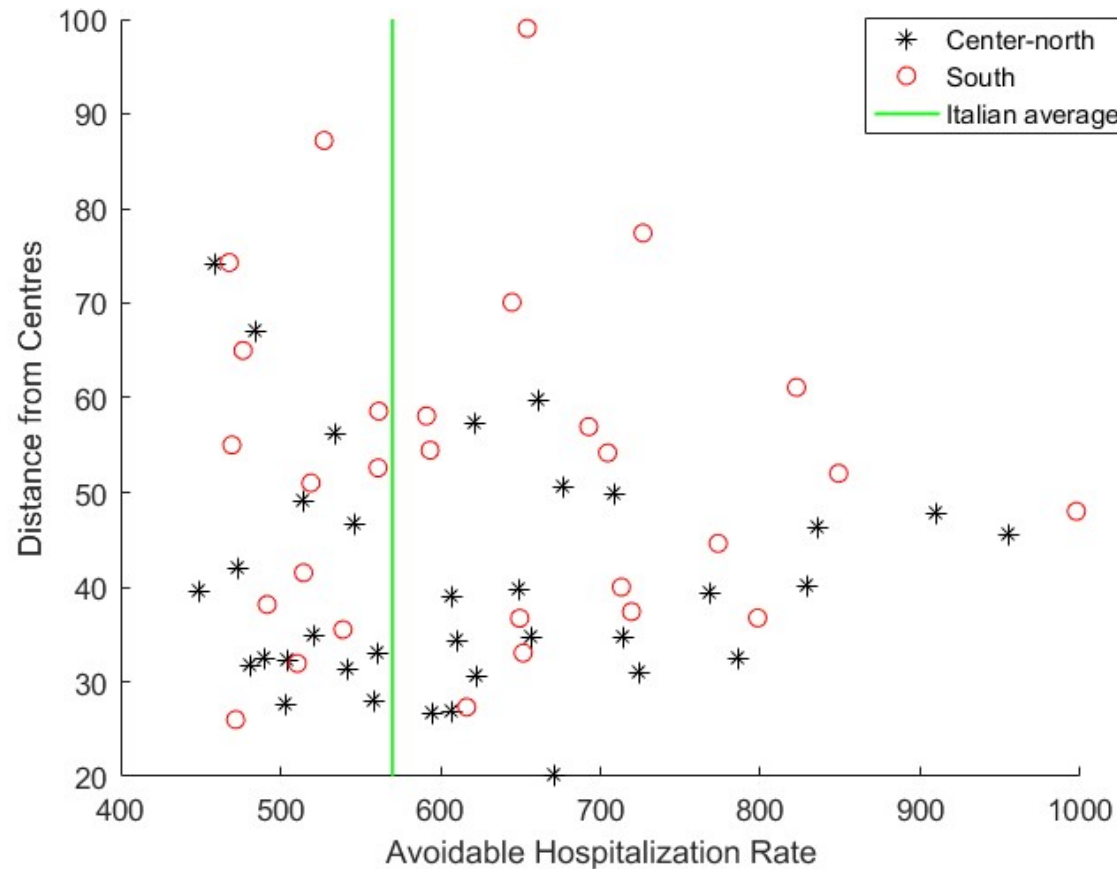
Health Indicators, Pre Covid Figures



	Aree progetto	Aree interne (totali)	Italia
Average distance from closer Pole	47,5	42,3	28,3
Time between call and arrival of emergency	25,0	23,0	16,0
Inappropriate HOSPITALISATION rate	688,8	617,3	570
Nr of specialised checks per 1000 residents	2.168	2.430	4.223

Elaborazione del Comitato Tecnico Aree Interne su dati MdS, Pcm

Hospitalisation and Selected Areas



- On average, selected areas record higher avoidable hospitalisation rates compared to national rates
- No correlation between avoidable hospitalisation and distance from Centres (there is a space for better services organisation)
- **Policies do matter!**

Inner Areas Focus Group



The Focus Group is organised by the Committee on Inner Areas in collaboration with Regions and local territories. On average it lasts 3 hours, scheduled as follows:

4 sessions: local development, healthcare services, education, transport services;

16 speakers: 3 local actors + 1 expert from relevant ministry each session.



A typical session, focused on local healthcare system:

- ❖ 1 speaker from the Ministry of Healthcare – Directorate General health services
- ❖ 1 chief medical officer, representing local healthcare system
- ❖ 1 Social Care Supply Worker
- ❖ 1 NGO or ONLUS member or chief

Discussing and analysing the OPEN KIT data on healthcare local services

STRATEGIES DESOIGN THROUGH CO-PROJECTING METHODS

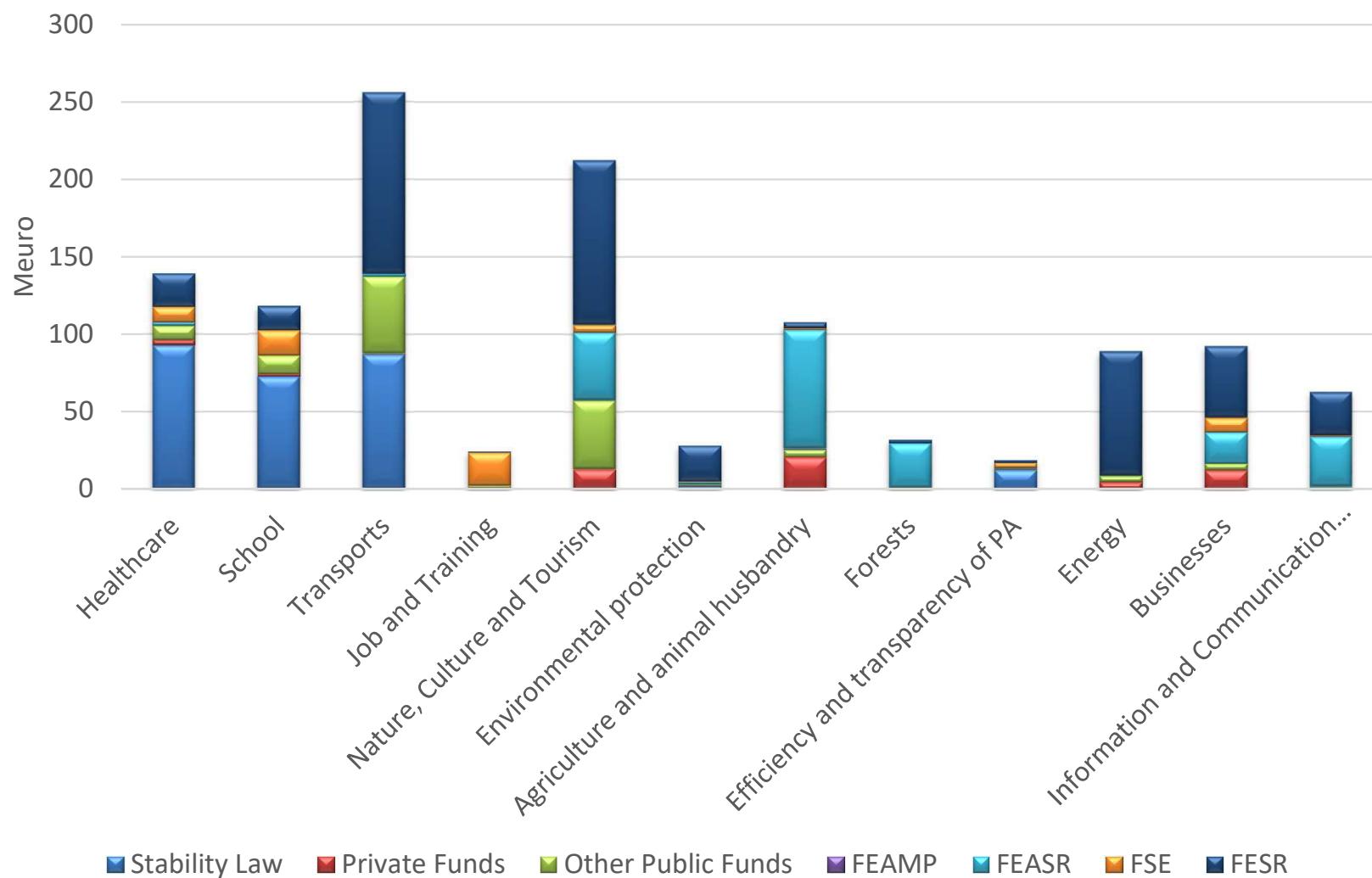


A new Idea of Administration

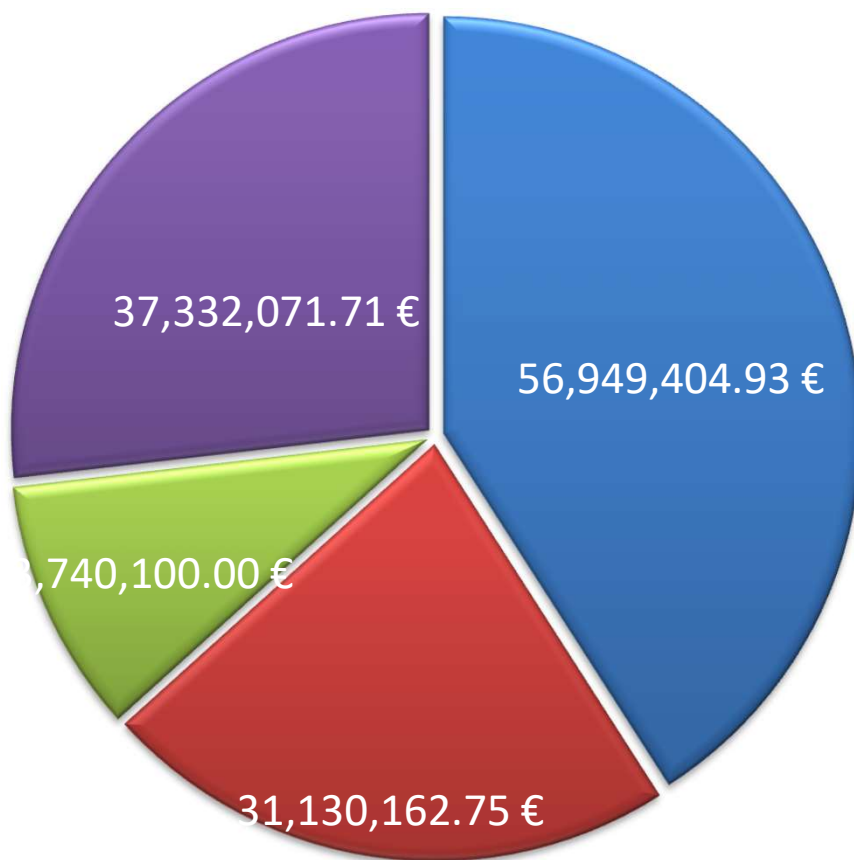


**Instead of Boring Big Front Meetings,
going to Territories! Co –projecting with**

Approved Strategies per sector and Source of Financing



Healthcare sector



- Increase/Enhancement of care services and healthcare and social service infrastructure.
- Increase health prevention and access to care (through telemedicine; early screening, health education, etc.)
- Increase transport organisation and efficiency that influence access to healthcare services
- Reduce inappropriate hospitalizations (children's asthma; diabetes; circulatory disease; etc.) through integrated home care and home care services

How do we monitor results?

– an example –



Result Indicators to measure healthcare improvements

Goals

Reduce the time (in minutes) between the beginning of the emergency call made and the arrival of the first aid vehicle



Increase transport organisation and efficiency that influence access to healthcare services

Percentage increase in population aged 65 and over treated via Integrated Home Care (ADI) services



Promote social inclusion, fight against poverty and all forms of discrimination

Increase specialist outpatient services provided per 1,000 residents



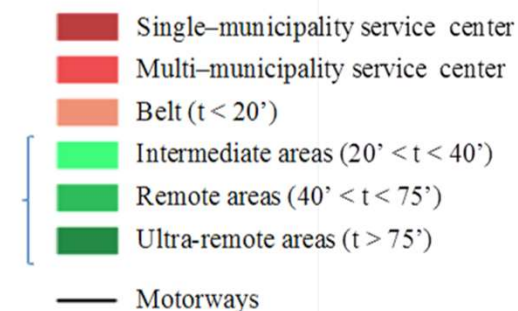
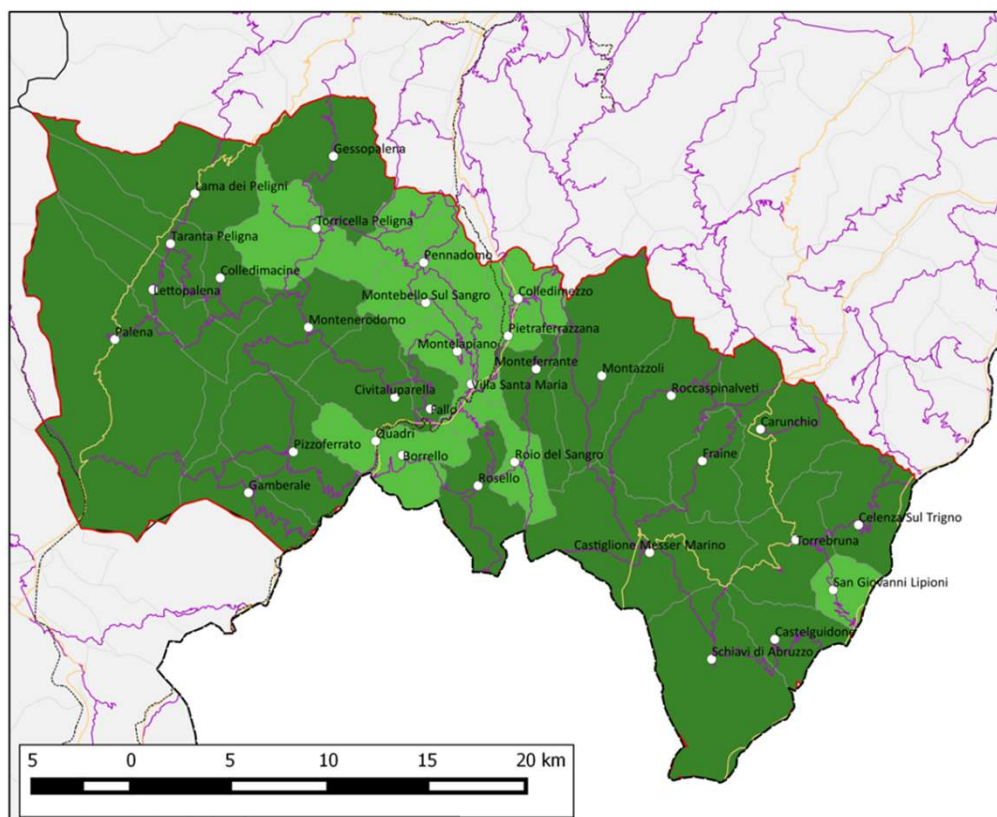
Increase/Enhancement of care services and healthcare and social service infrastructure.



THE BASSO SANGRO TRIGNO CASE

	Project area	Abruzzo Inner Areas	Italy
Number of municipalities	33	230	8,092
Population 2011	22,568	484,353	59,433,744
Population 2016	21,289	479,924	60,665,551
Pop. var % 2016-2011	-5.7	-0.9	2.1
Pop. var % 2011-2001	-13.7	-0.5	4.3
Pop. var % 2011-1971	-43.8	-4.0	9.8

Expected outcomes	Actions
Improvement of students' skills, security and usability of school institutes, territorial school activities, and improvement of didactics.	Creation of a single poly-functional centralised school institute in Celenza sul Trigno
Enhancement of infrastructure network and of provision of territorial healthcare and social services.	Community Hospital New emergency service locations Fragility nurse
Enhancement of the transport system for the elderly, students and workers.	Social-aim transport



How do we monitor results?

– an example –

Result Indicators to measure healthcare improvements:

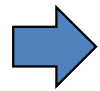
Actions:

Reduce the time (in minutes) between the start of the emergency telephone call made and first aid vehicle's arrival at the site



Increase transport organisation and efficiency that influence inhabitants' access to healthcare services

Percentage increase in population aged 65 and over treated via Integrated Home Care (ADI) services



Promote social inclusion, fight against poverty and all forms of discrimination

Increase specialist outpatient services provided per 1,000 residents



Increase/Enhancement of care services and healthcare and social service infrastructure.



	BASSO SANGRO-TRIGNO
Number of municipalities	33
Population 2016	21,289
Pop. var % 2016-2011	-5.7
Pop. var % 2011-2001	-13.7

What are the main actions proposed by the territories?

- ❑ The experimentation of assistance that goes beyond the central role of the hospital through:
 - ❖ organizational models of primary care and facilitation of continuity between hospital and territory:
 - Integrated home care
 - Community nurse and community midwife
 - Pharmacies that provide hospital-related services
 - Health points
 - Patient empowerment
 - ❖ Telemedicine, remote assistance
 - ❖ Improvement of the organization of the emergency network and transports to reduce the time of access to healthcare services
 - ❖ Integration between the social and health sectors

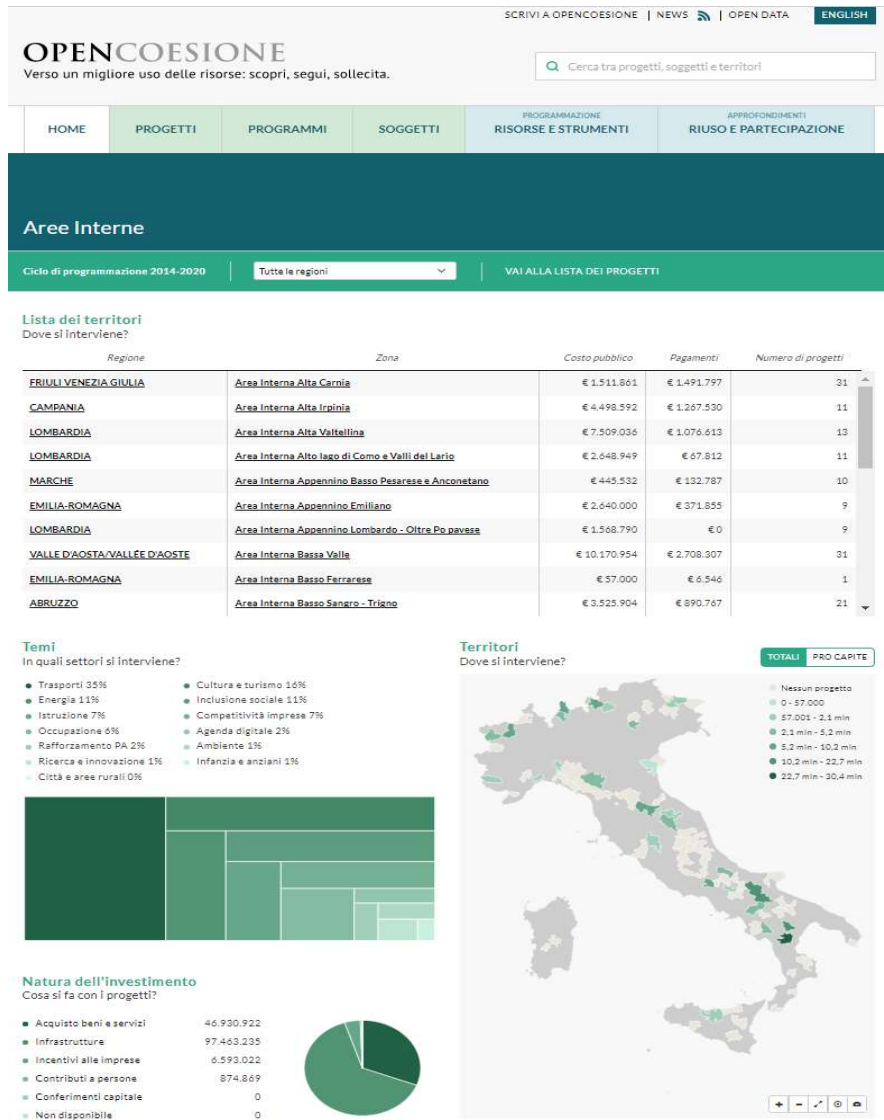
Conclusions 1

- ❖ All the 72 selected Italian Inners Areas have built up their Strategies to reverse their demographic and socio-economic decline. 66 have signed the agreement, more than 1 billion has been allocated
- ❖ They are strongly working on Improvement of Health Services
- ❖ Important Both Horizontal and Vertical Coordination (between different Ministries and between Health Ministry, Regions and Mayors)
- ❖ Innovation has been lessened by Bureaucratic Obstacles
- ❖ Projects and Innovative Solutions important in areas with organised communities and good administration
- ❖ Need to adapt legislation to different local areas needs

A picture



Oltrepò Pavese Area: A working group in action to define mobility outcomes



OPENCOESIONE

Towards better use of development resources.
Find out, follow, press forward.

OpenCoesione is the open government initiative on cohesion policy in Italy

The portal provides access to information about projects:

- Description, Funding (amount and sources), Locations and Thematic areas, Implementation timing
- 100+ variables for each project in open data section (CSV)

Everyone can therefore assess how resources are being used to meet the needs of the territories involved

The section dedicated to the projects included in the Strategy for Inner Areas is about to be published



THANK YOU!

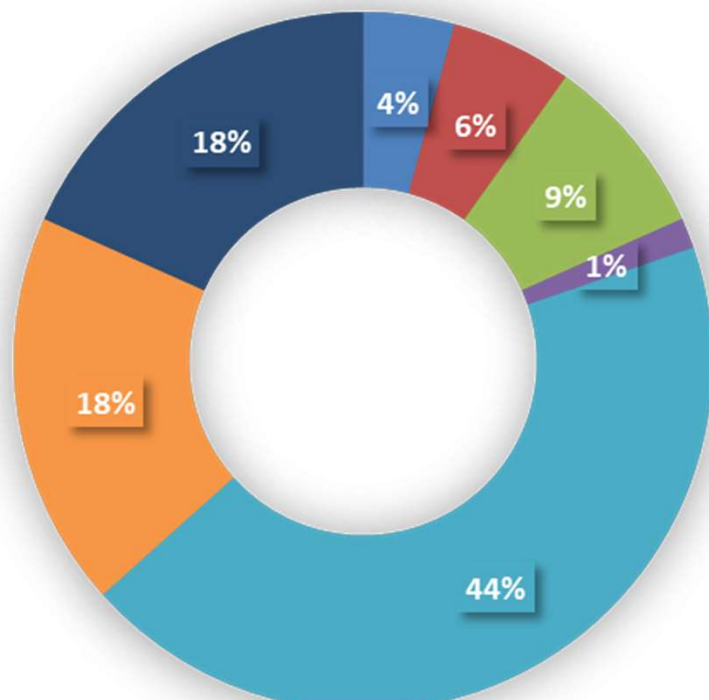
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LOCAL INTER-MUNICIPAL COOPERATION

71 areas

Updated in November 2021

TYPOLGY



- Mountain community
- Mountain community and public contract of municipalities
- Public contract among administration units
- Public contract among administration unit and mountain communities
- Public contract among municipalities
- Administration Unit and Public contract among municipalities
- Existing administration Unit of municipalities