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Vilnius | June 3–5, 2026

Local Health Integration

Building Territorial Governance for Better Care Continuity

The Portuguese Local Health Unit Reform as a Practical Case for Patient-Centred Integrated Care

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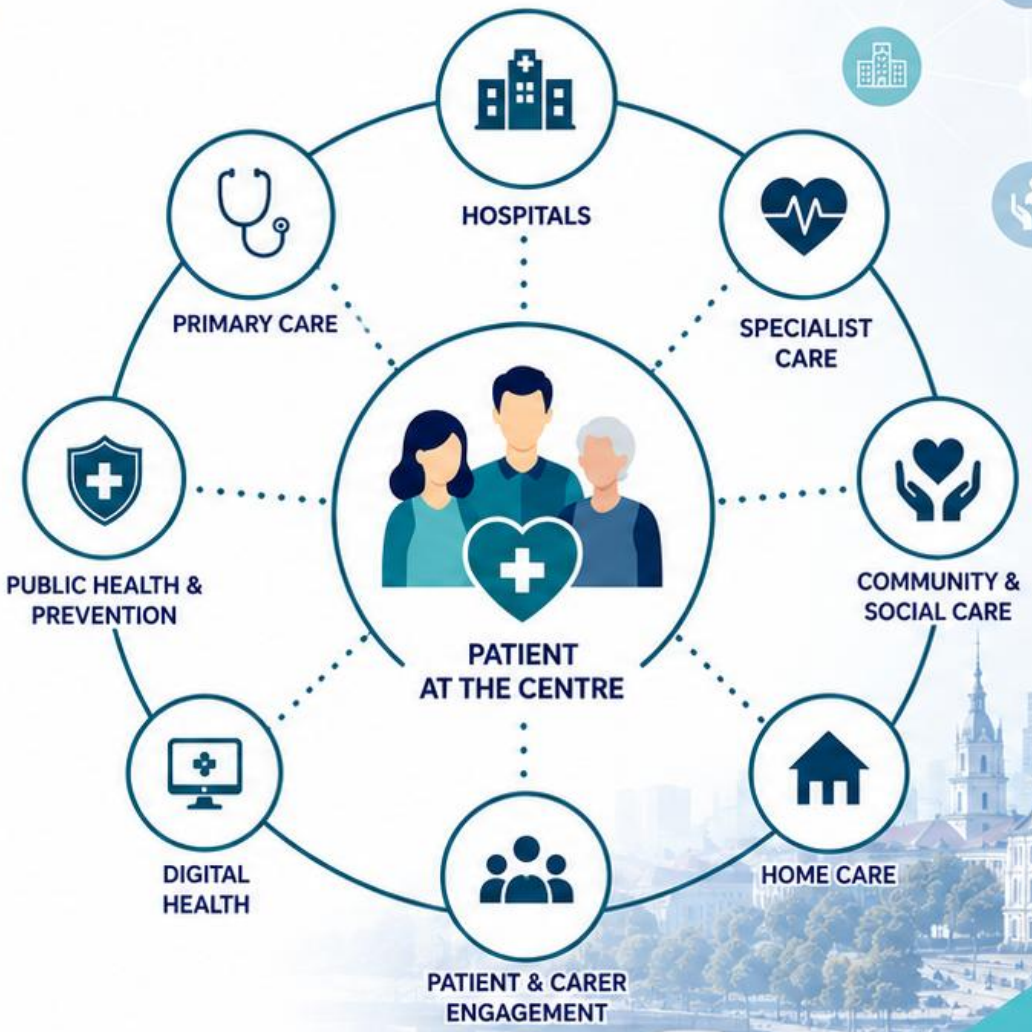
Why Integration Matters Now

Integration is no longer optional

- Ageing populations
- Increasing multimorbidity
- Growing demand for care
- Workforce shortages
- Fragmented patient pathways
- Need for stronger prevention and community-based care



Integration is not only an efficiency agenda.
It is becoming a sustainability condition for health systems.

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The Portuguese Health System and the SNS Reform

The context for integration

1 Health system at a glance

- Universal National Health Service (SNS), mainly tax-funded
- Public, private and social sectors coexist
- Primary care is the first point of contact
- Hospitals provide specialised and acute care
- Citizens often use both public and private providers

2 Why change was needed

- Ageing and multimorbidity
- Fragmented pathways between care levels
- Pressure on hospitals and emergency departments
- Need for stronger prevention, proximity and continuity

3 2023/2024 SNS reform

- Expansion of Local Health Units (ULS)
- Hospitals, primary care and community/public health under one governance structure
- Focus on continuity of care, population health and territorial coordination

FROM: Fragmented care

Hospitals — Primary care — Community — Social care

TO: Integrated local health systems

Coordinated care for people and communities

The reform aims to move the SNS from fragmented institutions to integrated local health systems.

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ULS São José: A Complex Urban Health Ecosystem

A real-world integration case

- Multiple hospital units and specialised hospitals
- Primary care units across Lisbon and Loures
- Community care units and integrated home care teams
- Public health structures
- Maternal and child health responses
- Mental health, palliative care and community-based projects

Primary care population

419,439
residents

446,798
registered primary care users

80,043
non-resident registered users

This is not a theoretical model. It is a complex urban health ecosystem where integration must work under real pressure.

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From Institutional Integration to Real Care Integration

Integration is not a structure. It is a discipline.

Processes

Redesigning patient pathways, organisational flows and referral mechanisms.

People

Building trust, collaboration and shared purpose between professionals and institutions.

Technology

Using data, digital tools and interoperability to support continuity of care and decision-making.

In practice, integration happens when the patient pathway becomes clearer, professionals know whom to call, and data supports shared decisions.

Territorial Governance: Beyond Healthcare Integration

Integration must become territorial

Why municipalities matter

- Health promotion
- Disease prevention
- Social determinants of health
- Community assets
- Local transport and accessibility
- Ageing and social vulnerability
- Healthy cities and local health plans

> *If we want to act on prevention and social determinants, municipalities are not external stakeholders. They are part of the health governance ecosystem.*

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Case Example 1: Nascer e Crescer Clinic

A proactive population health model for maternal and child care

The Challenge

- Significant number of pregnant women and children up to 2 years old without a family doctor
- Only 54.5% had first and second-trimester pregnancy consultations
- Only around 10% completed at least one of the three recommended ultrasound scans
- Postpartum and vaccination follow-up were fragmented or absent

The Intervention

- Dedicated access point for pregnant women and children without a family doctor
- Multidisciplinary co-located team
- GPs, maternal and child health nurses, administrative staff
- Shared care with psychology, social work and nutrition
- Direct referral to obstetrics and paediatrics
- Active follow-up of no-shows

Results

- 6,702 medical appointments
- 11,290 nursing contacts
- Pregnancy coverage in first and second trimester increased to 83%
- More than 40% had at least one of the three recommended ultrasound scans
- More than 80% adherence in postpartum follow-up and vaccination

This is integration translated into a concrete pathway for a vulnerable population.

Case Example 2: Social Prescribing

Connecting health services with community assets

Many patients do not need only clinical interventions. They also need social connection, community support, physical activity, cultural participation, housing support or help navigating local resources.

Main objectives

- Improve health and well-being
- Act proactively on social determinants of health
- Reduce pressure on health services
- Diversify responses beyond clinical care
- Mobilise social and community resources
- Build a collaborative network between health units, local authorities and the social/community sector

Social prescribing is a practical example of territorial governance: health services do not solve social determinants alone, but they can activate the right community network.

Case Example 3: Labi9ar and ECCI Referral

Integration through co-creation and process redesign

The Problem

- Different professional interpretations
- Late referral
- Incomplete information
- Lack of clarity about eligibility criteria
- Limited trust between teams
- Fragmented communication
- Digital and administrative barriers

The Approach

- Labi9ar — Innovation and Experimentation Laboratory of ULS São José
- Problem diagnosis maps
- Empathy maps
- User journey maps
- "How might we" questions
- Co-creation
- Prototyping
- Experimentation in real context

The Goal

- Strengthen continuity of care at home
- Reduce unnecessary hospitalisations
- Improve hospital resource management
- Use existing community capacity more effectively

Integration is not solved only by protocols.
It requires professionals from different settings to redesign the pathway together.

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From Local Health Units to Territorial Health Systems

What integration should become

The Portuguese reform created the structure.
The next generation of integration should focus on:

1. Territorial Primary Care Hubs
2. Professional Territorial Governance
3. Prevention and Lifestyle Medicine
4. High-Resolution Primary Care
5. Telemonitoring and Integrated Home Care
6. Universal Digital Health
7. Outcome-Based Financing for Equity

The next step is to move from integrated organisations to true territorial health systems.

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Thank You

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Thank you for your attention.
I look forward to the discussion.

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