



MINISTRY OF HEALTH
SINGAPORE

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Welcome Address by Mrs Tan Ching Yee, Permanent Secretary, Ministry of Health, at Up and Up: Forum on Community Care, 11 Jan, at the Grand Copthorne Waterfront Hotel

Distinguished guests

Friends and colleagues

Introduction

1. A very good morning to all. I am very happy to be here with friends and colleagues from the Regional Health Systems and the Intermediate and Long Term Care (ILTC) sector. Let me first wish everyone a very happy new year.
2. To our international speakers, a warm welcome to Singapore. We appreciate your presence here, to share your insights and experience. In turn, if there is any aspect of Singapore you would like to learn about, I am sure my colleagues will be most glad to help.

Our Future Healthcare Landscape

3. Our healthcare system is evolving and evolving fast. Underlying these fast changes is a rapidly ageing population. Our healthcare system has achieved good outcomes for Singaporeans and as a population, we are getting healthier. However, the sheer magnitude of ageing in the coming years means that we have to ramp up our healthcare facilities and services to meet demand.



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4. The Government will be doubling its healthcare expenditure in the next five years. The increased investment will be across all segments, but two stand out. The first is the preventive and primary care sectors. What people really want is good health, and a good quality of life. As individuals, we would like to stay healthy, ambulant and independent; enjoy life to the fullest, and delay any hospitalisation and institutionalised care for as long as possible.

ILTC Sector's Role in Keeping Healthcare Affordable

5. The second is the intermediate and long term care (ILTC) sector. Staying in a well-equipped hospital with skilful doctors and caring nurses is only the first step in the curing and rehabilitative process. Going home healthy is the goal. We need a diverse range of good long term care options to support our seniors' desire to age amongst family and friends.
6. The Government has taken several steps to grow and develop the ILTC sector. Last year, the Ministry of Health (MOH) and the Ministry of Social and Family Development (MSF) announced the development of over 100 aged care facilities within various communities across the island, to cater to seniors with different health and social needs. MOH is investing more than \$110M between 2012 and 2016 to work with ILTC providers on various productivity and training initiatives. This includes Information Technology enablement, bulk procurement, job and process redesign, and manpower training. To attract and enhance retention of good quality healthcare workers, we also provided a total of \$16M to the VWO ILTC institutions, to support salary increases of between 10% and 25% for doctors, nurses, administrative and healthcare support staff. The Government has also raised ILTC subsidies to cover up to two-thirds of the population to improve care affordability, to benefit lower- and middle-income families.
7. The additional resources will allow our ILTC sector to continue on a journey of innovation and improvement. I hope we can collectively make breakthroughs in three areas in the year ahead.



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8. **First, even better integration of social care and healthcare.** Our seniors' care needs fall within the continuum of health and social care, and we can achieve more holistic aged care if we integrate social and healthcare more tightly. The friendly volunteer or social worker who regularly keeps a senior company is in the best position to detect health problems early, encourage him to take his medicine regularly, educate him about fall risks and urge him to exercise more. One example is the Agency for Integrated Care's (AIC) collaboration with various voluntary welfare organisations (VWOs), such as Thye Hwa Kuan Moral Charities and Marine Parade Family Service Centre (FSC), to provide outreach to and engagement of seniors with dementia and depression, at various Senior Activity Centres (SACs). These seniors can then be promptly referred to the right services for diagnosis and treatment. The programme also provides basic emotional support to seniors and their families to help them cope with the issues and challenges that they might face.
9. **Second, tighter collaboration between hospitals and ILTC providers to right site care and to help seniors stay out of hospitals.** Lengthy and expensive hospitalisations are the least preferred options for our seniors, in terms of quality of life. Bridging the gap between the acute and ILTC settings will facilitate right-siting and allow our seniors to get the care they need in familiar settings. Working in conjunction with VWOs, we are already exploring new models of community care to support an integrated transition from hospital to home and community. For instance, the Transitional Convalescent Facility (TCF) piloted under the Eastern Health Alliance addresses an unmet need. It allows seniors who are discharged from acute or community hospitals but who do not require nursing home services, to receive convalescent care in an interim step-down setting to regain functionality and re-integrate into the community. We intend to develop more of such care options to facilitate discharges and at the same time meet the needs of our seniors.
10. **Third, closer collaboration between ILTC and primary care.** This will enable our seniors to stay healthy within their community for as long as possible. The Hua Mei Mobile Clinic is a good example of primary and ILTC integrated care, in which geriatric-trained doctors, nurses and social workers 'bring' the necessary medical care



to seniors who are unable to leave their homes. TOUCH Home Care also partners existing GPs in the vicinity and taps on their expertise to deliver home care services to seniors living in the West.

Case Management: The Human Touch

11. These are bridges which we should build, so that our seniors can be cared for in the right sitting. Having these bridges and the necessary supporting structures like referral systems will meet the needs of most of our citizens.

12. But, for the most complex cases, nothing beats the human touch. Case management is this human touch that can help our seniors realise the benefits of person-centred care. Our vision for person-centred care must be supported by an integrated case management system that identifies our seniors' health and social needs and matches them to the right care and support systems.

13. We still have much to learn. The establishment of the Case Management Society of Singapore (CMSS) is a step in the right direction. The Society aims to act as a national platform for case management, and will provide support and information for professionals who share a vision of cost-effective person-centred care. I am very pleased to launch the CMSS at this Forum and look forward to your contributions to a better quality of life for our seniors.

Conclusion

14. On that note, I wish you a fulfilling and excellent Forum ahead.

15. Thank you.

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