

**WRITE UP ON SINGAPORE'S LONG-TERM CARE SYSTEM
THE 12TH ASEAN AND JAPAN HIGH LEVEL OFFICIALS MEETING
ON CARING SOCIETIES
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Singapore is fast ageing. In 2010, we had about 340,000 residents above the age of 65 years old. By 2030, this number will almost triple to over 900,000. The long-term care needs of the population will also increase significantly with rapid ageing. The number of elderly Singaporeans aged 65 and above who are semi-ambulant or non-ambulant was ~44,600 in 2010¹ and this number is expected to almost triple to 132,000 by 2030. Many of these seniors would require assistance with activities of daily living. At the same time, we are faced with an increasing number of elderly Singaporeans requiring social support due to shrinking family sizes and an increasing trend of elderly single and empty nester households. Between 1995 and 2005, seniors who were living alone or with their spouse almost doubled from 9.7% to 19.9%. This trend is set to continue in the coming years. **Taken together, these factors will drive up the demand for long term care over the next two decades.**

2. Over the years, the Singapore Government has put in place policies to help Singaporeans prepare for old age. Recognising the need for a holistic, national agenda on ageing, Singapore had, as early as 1999, established an inter-ministerial committee to coordinate whole of nation strategies to prepare for an ageing population. A number of initiatives have been put in place to encourage seniors to age well in the community, such as the National Wellness Programme, the Re-Employment Act and a senior-friendly home modification scheme for seniors living in public housing. Efforts have also been made to boost our aged care sector, to meet the needs of seniors who have higher care needs. This report articulates Singapore's vision and efforts to **develop a comprehensive suite of aged care services that are accessible, affordable and of good quality**, to help our seniors age in place gracefully.

Overview of Long Term Care System in Singapore

3. Long term care is a range of social and healthcare services to support the needs of people who are unable to care for themselves for an extended period of time due to their chronic health conditions. Long term care are mainly for persons who need further care and treatment after being discharged from an acute hospital as well as community-dwelling seniors who may be frail and need supervision or assistance with their daily activities.

4. Currently, long term care in Singapore is delivered in different settings, and can be broadly categorised under residential or non-residential services.

¹ Source: Department of Statistics Census 2010.
http://www.singstat.gov.sg/publications/publications_and_papers/cop2010/census_2010_release1/cop2010sr1.pdf

Table 1 provides a summary of the current long term care services available in Singapore.

Table 1 – Summary of long-term care services in Singapore

Setting	Background	Services
Residential		
Residential Services	These are stay-in facilities that cater to seniors who are unable to care for themselves or cannot be cared for in their own homes.	Nursing homes
Non-Residential		
Home-based services	Home-based services are provided within the homes of frail and home-bound elderly. The services address the health and social needs of the person and support families and caregivers in the care of their loved ones at home.	Home medical care Home nursing care Home personal care Home therapy Home palliative care Meals-on-Wheels Transport/escort services
Centre-based services	Centre-based healthcare services cater to older persons who require care services during the day, usually on a regular basis. These centres are mostly located within the community, enabling those in need to receive services in a familiar environment close to their homes, while their family caregivers are at work.	Rehabilitation services Dementia day care services Day care services Nursing services

5. From our conversations with seniors, many of them prefer to continue living at home, in a familiar setting, and be connected to the community even as they grow frail. To support this aspiration, Singapore places great priority on the development of a comprehensive and accessible set of care services that extend into the community and homes.

6. Nevertheless, we recognise that as seniors age and become more frail, a small group of them will require more continuous care and support, for example in the area of skilled nursing. To support this group of seniors, we will continue to enhance residential services such as nursing homes to meet increasing demand for such care.

Priorities in the Development of Singapore’s Long Term Care Sector

7. There are three key priorities in the development of Singapore’s long term care sector:

8. *Accessibility:* Given the rise in demand for long term care services, we are building up sufficient capacity in the system quickly, to meet the diverse needs of our senior population. In addition to developing the individual long term care services, we are also integrating care *across* services, and *across* both health and social care, to provide seamless, patient-centric care to our seniors. To keep up with the rapid increase in service capacities, we are enhancing caregiver support to support caregivers to care for their loved ones at home.

9. *Quality:* Currently, the long term care sector is made up of a multitude of private and non-profit providers, varying in size and capability. While we scale up the capacity of services, a second area of focus is to work with the industry in parallel to level up capabilities across the sector to deliver better quality care to our seniors.

10. *Affordability:* The third area of focus is to ensure that long term care remains affordable for seniors who need it.

Thrust 1: Increasing Accessibility

11. We are growing the capacity of long term care services and facilities to cater to the growing number of seniors who need care by 2020. This includes:

- a. Nursing Homes. **The number of nursing home beds will increase from ~9,700 today to ~17,000 by 2020** (this represents about 75% increase from the current bed supply). To ensure that new supply can be rolled out quickly, the Ministry of Health has also taken the lead to invest in the capital development of new nursing homes, through the introduction of the Build-Own-Lease model. Under this model, the Government pays for the infrastructure of the new nursing home facilities, and then tender out to the best operator who can offer quality care at affordable prices. This allows us to tap on the expertise of both the private and people sectors in operating these homes, without burdening them with the cost of having to build the infrastructure. To further catalyse the development of the sector, the Government will also be directly operating a few nursing homes in the coming years.
- b. Senior Care Centres. In line with our vision to support seniors to age within the community, **we are doubling the capacity of our centre-based care services from 2,800 places today to about 6,200 places by 2020 to meet demand.** Recognising the need for greater integration so that seniors with multiple care needs can be cared for in a single setting, we are rolling out senior care centres which are integrated eldercare facilities that provide a range of aged social and health care services such as dementia, rehabilitation and nursing care.

- c. Home Care. Many seniors living in the community may have chronic diseases and functional impairment, and require long term home-based healthcare and personal care, to help them age gracefully at home. To support these seniors, a comprehensive suite of home care services is being developed, which will include home nursing, home medical, home personal care and home therapy services to help seniors age at home with dignity. **The target is to increase the capacity of home-based healthcare services to 10,000 places, and the capacity of home-based personal care to 7,500 by 2020.**

Integration of care

12. **Beyond developing the individual services, we are also working towards better integration across services to provide seamless, patient-centric care.** As our population ages, we expect more seniors to suffer from complex and multiple chronic conditions. Instead of looking at the individual's needs in silo, an integrated approach looks at the individual's needs holistically and manages the senior's journey through the care system. Doing this necessitates bringing together different partners from various services to care for the individual.

13. One area we are working on is to foster greater collaboration between our hospitals and long term care providers to support a smooth transition for seniors who are discharged from the hospital back into the community. One example is the Transitional Convalescent Facility (TCF) pilot started in 2011. The TCF is located in the nursing home setting and serves as a transitional care setting for patients, especially the frail elderly, who require slow-stream, lower intensity rehabilitation or transition care after an acute episode, before they can regain enough functionality to return home and re-integrate into the community. Another example is the establishment of transitional care services in our hospitals. Under this programme, multi-disciplinary teams provide medical and allied health support for patients in their homes after they are discharged from the hospitals, so that they can recuperate and stay well in the community, and stay out of hospitals. In both examples, we see that bridging the gap between the acute and long term care settings will facilitate right-siting and allow our seniors to get the care they need in familiar settings.

14. Integration can also be in the form of physical co-location of services under one roof where the same provider takes charge of addressing the multiple needs of our seniors. The development of senior care centres mentioned above is one example. Given the proximity of our nursing homes to the community, we see opportunities to evolve the nursing home service model to benefit more community-dwelling seniors. For example, we are developing nursing homes into eldercare "hubs" that offer a richer portfolio of services such as day care, home care and caregiver training, to benefit the wider community. This integration of services under one roof enhances both the accessibility and continuity of care for our seniors. For the operator, this co-location of services can enhance operational and manpower efficiency through cross-deployment of their staff.

Caregiver support

15. The expansion in home and community based care capacity, taken together, will support caregivers and help them balance their caregiving and work obligations. In tandem with the expansion of services, we will also enhance the outreach to caregivers to help them navigate the eldercare landscape and access the services they need.

16. First, we have launched a hotline for caregivers and seniors to call if they require assistance. Second, we have put in place several grant schemes to support caregivers. For example, we have set up a training grant which provides subsidised training for caregivers/domestic workers to equip themselves with the necessary skills to care for the physical and emotional needs of their care recipients. Third, we are also making respite care services more accessible to provide temporary relief for caregivers who may need to attend to other family and work responsibilities. Respite care is currently available in our nursing homes. We are also working with eldercare centres to pilot weekend respite services. Eligible caregivers who make use of these respite services can also receive government subsidies.

Thrust 2: Improving Quality

17. In tandem with our push for more capacity in our aged care sector, there are also on-going efforts to ensure that our seniors receive consistent and better quality of care in the various care settings. For example, the Ministry of Health has worked with the industry to co-develop a set of **Enhanced Nursing Home Standards** which will be introduced in 2015 and enforced in 2016. We have put in place supporting schemes such as training programmes and voluntary assessments to help providers achieve these standards.

18. We have also worked with the sector to develop a set of **guidelines for home care services and centre-based care services**. We have sought feedback from providers and the public on these guidelines and will finalise the guidelines over the next few months. The guidelines are intended to be developmental in nature; that is, to serve as a basis for training and capability enhancement programmes for providers of home and community care. Following the development of the guidelines, training roadmaps and curricula will be developed to help service providers build up their capabilities in the areas articulated in the guidelines.

Thrust 3: Enhancing Affordability

19. Today, Singaporeans are supported by our healthcare financing system, with multiple tiers of protection involving Government subsidies, savings and insurance. Heavy Government subsidies ensure universal access to healthcare, with the Government subsidising up to 80% of the costs of selected long-term

care services (please see [Table 2](#) below). Means-testing helps to ensure that subsidies are better targeted across income groups.

20. In 2012, we also significantly enhanced the subsidy framework for intermediate and long term care to cover all lower and middle income households. Currently, two-thirds of households are eligible for subsidies if they need these services.

Table 2: Subsidies for Long Term Care Services

Subsidies for	Singapore Citizens	Permanent Residents
Non-Residential Services (e.g. Home and Community-Based Services)	Up to 80%	Up to 55%
Residential Services (for example, nursing homes)	Up to 75%	Up to 50%

21. We also have ElderShield, which is a severe disability insurance scheme which provides basic financial protection to those who need long-term care, especially during old age. ElderShield provides a monthly cash payout of \$300 or \$400 (depending on the scheme) to help pay the out-of-pocket expenses for the care of a severely-disabled person. Policyholders who want higher coverage (for example higher payouts or a longer payout period) can do so by purchasing ElderShield Supplements at different pricing levels.

Manpower as an Enabler

22. As the Ministry works to grow the long term care sector to provide more eldercare services for our ageing population, the sector’s manpower needs will grow in tandem. To build up manpower supply and capabilities in the sector, Singapore is focusing on building up the “right number, right skill, right use and right pay” for manpower in the intermediate and long term care (ILTC) sector.

23. Under ‘right number’, the emphasis is on planning, recruiting and training adequate numbers of staff for the aged care sector, through attraction and recruitment efforts such as central employment schemes for therapists, scholarships and sponsorships to attract talent into the sector including fresh graduates and mid-career professionals and recruitment drives to help institutions recruit job-seekers in the community. We have stepped up branding and marketing efforts at the national level through a “Care to Go Beyond” campaign to attract more Singaporeans to join nursing and allied health professions. In addition, we are also reaching out to nurses who are keen to return to practice. Many of them had taken leave from work to start families, study or look after elderly parents. Refresher courses and training allowances are provided to ease the re-entry of those who have left practice for some years.

24. Under ‘right skill’, we are working to raise the skill base of the aged care sector’s workforce and build up capabilities to provide quality care to patients. This is being done through a number of scholarships, study awards and subsidised training programmes under the Social & Health Manpower Development Programme (SHMDP)-ILTC² and ILTC-Upgrading Programme (ILTC-UP³), which staff in the ILTC sector can take up, to further their training and develop their skills.

25. Under ‘right pay’, ILTC institutions are provided funding to pay their staff wages that are competitive with the market, in order to help them better attract and retain staff.

26. Lastly, under ‘right use’, the Ministry is encouraging the ILTC sector to redesign their jobs for greater efficiency and effectiveness. Institutions can tap on the Healthcare Productivity Fund for funding support to purchase equipment and technology, re-design work processes that help their staff accomplish more with less time, and to redesign their jobs to make them more attractive and eliminate inefficiencies.

Conclusion

27. Population ageing is an issue that is fast gaining importance in many countries around the world. Ageing brings about a paradigm shift in the way we design and organise our healthcare system. This means moving from acute, episodic care to patient-centric care through the integration of long term care services and processes to deliver care that is appropriate and effective for an ageing population. In Singapore’s context, we have focused on enhancing the accessibility, quality and affordability of our long term care sector to meet the care needs of our ageing population.

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Ageing Planning Office
Ministry of Health, Singapore
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² The aim of the SHMDP-ILTC is to develop and enhance the manpower capabilities of ILTC providers, to improve the quality and range of ILTC services in Singapore to meet healthcare and social care needs. It caters for advanced skills training in elderly and continuing care, including short courses and formal educational programmes and attachments to local or overseas healthcare and social care/ILTC facilities.

³ The Intermediate and Long Term Care – Upgrading Programme (ILTC-UP) is a scholarship programme for nursing staff and allied health professionals to pursue a Degree in Nursing or Allied Health disciplines. The aim of ILTC-UP is to support capability building for staff and enhances the attractiveness of a career in the ILTC sector.