



TRANSFORMING OUR HEALTHCARE SYSTEM TO MEET EVOLVING NEEDS

The Ministry of Health (MOH) will continue to transform our healthcare system to meet the evolving needs of Singaporeans, especially as our population ages rapidly. To support the delivery of transformative healthcare services, we will continue to nurture the capabilities of our healthcare workforce, and help them advance in their careers through multiple progression pathways and deeper skills development.

Meeting Evolving Needs of Seniors

Senior Centres to serve different groups of seniors

2. MOH will enhance the scope of eldercare centres to address social and care needs of seniors in an integrated fashion. We currently have about 130 Senior Activity Centres, and 140 Senior Care Centres. From this year, MOH will introduce a new baseline service model at these eldercare centres. The eldercare centres will stitch up and coordinate social-health services for seniors, to ensure that seniors are able to receive relevant healthcare and social support seamlessly. The centres will also provide a wider range of services, which include outreach to all seniors, active ageing programmes for well seniors, befriending and buddying services for lonely and vulnerable seniors, and information and referrals to care services for frail seniors. These services will be available to all seniors in each neighbourhood.

3. In addition to these baseline support services, half of the eldercare centres will eventually also provide higher level care services, such as day care and community rehabilitation services, to cater to those who are more frail.

4. The new model will be implemented in phases from 2020 to 2023. MOH will continue to engage stakeholders and refine the model and operations based on feedback. MOH will also provide more funding support to all centres to deliver this expanded scope of baseline support service to each community.

More assisted living options

Launch of first public housing assisted living pilot

5. MOH is working closely with the Ministry of National Development (MND) and Housing and Development Board (HDB) to develop an assisted living model in public housing, where housing is twinned with care services.

6. MOH, MND and HDB organised a series of focus group discussions (FGDs) in 2019 to gather feedback on the proposed Assisted Living Typology (ALT) concept, including the design of the flats and communal space, as well as the services to be provided. 145 seniors,

service providers, allied health professionals as well as caregivers and children of seniors were engaged through 14 FGD sessions. The ALT concept was well-received at the FGDs, especially among seniors who are single and living alone.

7. One of the key findings of the FGDs was that many seniors want to be empowered to live independently even as they age and require more care. Many seniors are also attracted to the idea of community living, which allows them to mingle with fellow seniors who share common interests. While some participants at the FGDs shared that they will only look to such a housing option when they need more care or when their children move out, others are keen to move in early, even when they are well.

8. MOH, MND and HDB have taken in these findings to refine the assisted living product. ALT flats will be senior-friendly in design, and come with a package of programmes and services that caters to seniors' needs over time. The flats will be designed with residents' future needs in mind, including larger bathrooms and pre-installed senior-friendly fittings such as grab bars. An eldercare centre will be co-located at the block, to provide active ageing and befriending services to seniors in the neighbourhood, including seniors at the assisted living block. Seniors will also enjoy the following services:

- a) 24/7 emergency response through personal alert buttons installed in flats, which allow seniors to call for assistance.
- b) Use of communal spaces and facilities on each floor, where seniors can socialise. These spaces are intended to further encourage social interaction amongst these seniors, so that they can age in a community of care and mutual support.
- c) Access to a dedicated community manager, who will link residents up with services that they require to meet their care needs, as well as help to organise interest groups or group activities within the communal spaces, such as peer-led exercise sessions or small group digital skills classes.

9. The pilot's envisaged clientele are seniors aged 65 years and above, who meet HDB's eligibility criteria for Build-To-Order (BTO) flats. A fixed quota of the housing units will be prioritised for seniors with care needs. MND, MOH and HDB are working towards the launch of this pilot in May 2020, where more details would be released, including on the flat application process.

Enhancing Workforce Capabilities in Community Care

Investing in and developing community care manpower

10. To support the attraction and retention of manpower in the community care sector, MOH will set aside \$150 million to support community care providers in making salaries more competitive for about 4,000 local nurses and support care staff over the next three years. This scheme will be made available to MOH-subvented community care providers.

11. This review follows previous salary increases for community care manpower. Between 2012 and 2017, MOH had provided \$350 million to about 90% of MOH-subvented community care providers to support increases in their staff's salaries.

12. In 2017, MOH introduced the Community Nursing Scholarship (CNS) for those who have a strong interest to serve and have the potential to take on future leadership positions in the community care sector. This year, we introduced a new Community Care Scholarship (CCS) for other key disciplines that are in demand in the community care sector, such as Physiotherapy, Occupational Therapy and Social Work. More disciplines may be offered in the future, based on the sector's needs. Successful applicants will be fully sponsored for their studies in relevant degrees and post-graduate studies in local and reputable overseas educational institutions. More information on the CCS can be found in [Annex A](#).

13. With nurses playing a leading role in care delivery in the community care sector, there is a need to nurture a steady pipeline of nursing leaders with strong clinical skills and the potential to lead in the sector. Tailored for nurses with leadership potential and a desire to lead in community care, the new Community Care Nursing Leadership Programme (CCNLP) is a talent attraction and development programme that aims to groom nursing leaders in the community by providing opportunities in clinical training, leadership development, attachments, and mentorship. Applications for the new CCNLP will be open from March 2020. All local Registered Nurses (RNs) with at least five years of nursing experience can apply for the programme.

14. To define the deeper skills and competencies required for nurses' evolving roles in community nursing, the Community Nursing Competency Framework (CNCF) was completed in December 2019. Details on the CNCF were disseminated to all nursing leaders and relevant nurses in the acute and community care sector in January 2020.

Supporting Workforce Longevity

Raising of retirement and re-employment age

15. In 2019, about 99% of public healthcare workers at age 62 and beyond were offered re-employment and 95% of these workers accepted re-employment. With the support of MOH and the Healthcare Services Employees' Union (HSEU), the public healthcare clusters will raise the retirement age to 63 and re-employment age to 68 from 1 July 2021, one year ahead of the national schedule and aligned with the Public Service's timeline. Staff who are turning 62 between 1 July 2021 and 30 June 2022 can retire at 62 should they wish to do so, instead of having to wait until they are 63 years old.

Strengthening Continuing Education and Training

ACE Clinical Update Service

16. To better support healthcare professionals and improve patient outcomes, the Agency for Care Effectiveness (ACE) will launch the ACE Clinical Update Service (CUES), a national educational visiting service, in the second half of 2020.

17. ACE CUES provides a convenient and efficient way for healthcare professionals to stay up-to-date with the latest developments in clinical practice. Updates based on best available evidence are delivered through individualised, face-to-face discussions held at the healthcare professional's workplace, at a time that suits them. In addition, useful information resources are provided, including those to assist in explaining health conditions or treatment options to patients.

18. Covering a range of clinical topics over time, ACE CUES will be offered on a free-subscription basis to different groups of healthcare professionals depending on the topic, starting with updating general practitioners (GP) on the latest developments in asthma management. In preparation for the launch of ACE CUES, ACE has started to reach out to the GP community to introduce the service to them.

COMMUNITY CARE SCHOLARSHIP

- The Community Care Scholarship (CCS), offered by the Ministry of Health (MOH) in partnership with public healthcare institutions and community care providers, aims to develop talent into leaders to shape the future of community care.
- Under this scholarship, MOH is looking to attract individuals who possess the drive, resourcefulness, passion and potential to lead and serve the community. CCS recipients must:
 - Be Singapore Citizens or Singapore Permanent Residents who will take up citizenship;
 - Possess good academic results, co-curricular activities record and communication skills;
 - Achieve outstanding A-level results, Diploma with merit/distinction or equivalent qualifications (e.g. International Baccalaureate (IB) or NUS high school diploma), or have completed at least one semester of study in relevant health science disciplines and is on track to graduate with at least Second Class (Upper) Honours or equivalent; and
 - Have a strong interest to serve in the community and possess leadership qualities.

Courses of Study, Benefits and Bond Length upon graduation

- The scholarship is applicable for relevant degrees and post-graduate studies in local and reputable overseas educational institutions. The CCS covers tuition fees and other compulsory fees, monthly maintenance allowances (or salaries for existing healthcare staff undertaking degree studies), a one-off pre-studies allowance, commencement and distinction awards, and sponsorship for scholar development programmes.
- MOH will fully fund the total cost incurred during studies. The bond length of the scholarship will be two to six years, depending on the course of study (see Table 1). Applications for 2020 awards can be made through the Brightsparks portal from 31 Jan 2020 to 31 Mar 2020.

Table 1: Courses of study under CCS and bond period

CCS	Full-term	Mid-term	Degree Conversion	Administrative/ non-clinical roles	Post-graduate
Courses of study	Physiotherapy, Occupational Therapy, Speech Therapy and Social Work.			All disciplines, except for Medicine, Dentistry and other healthcare related disciplines.	Speech Therapy
Bond length	• Local Studies: 4 years		Local and Overseas Studies: 3 years	<u>Full Term</u> • 3 years bond for studies at SIT	<u>Local:</u> • 2 years bond (for course duration of up to 12 months)

	<ul style="list-style-type: none"> • Overseas Studies: 6 years 		<ul style="list-style-type: none"> • 4 years bond for studies at NUS/NTU/SMU/USU/SUTD <p><u>Mid Term</u> 2 - 3 years bond for local or overseas studies</p>	<ul style="list-style-type: none"> • 3 years bond (for course duration of 12 - 24 months) <p><u>Overseas:</u></p> <ul style="list-style-type: none"> • 3 years bond (for course duration of up to 12 months) • 4 years bond (for course duration of 12 - 24 months)
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