

**AGEING SOCIETY AND CHALLENGES IN SINGAPORE** 

**Public Symposium in Seoul, Korea** 

**Sharing Responses on the Ground** 

- Ageing Society and the Surrounding Challenges in Asia

**28 February 2017** 

**Presented by Simon-Peter Lum** 

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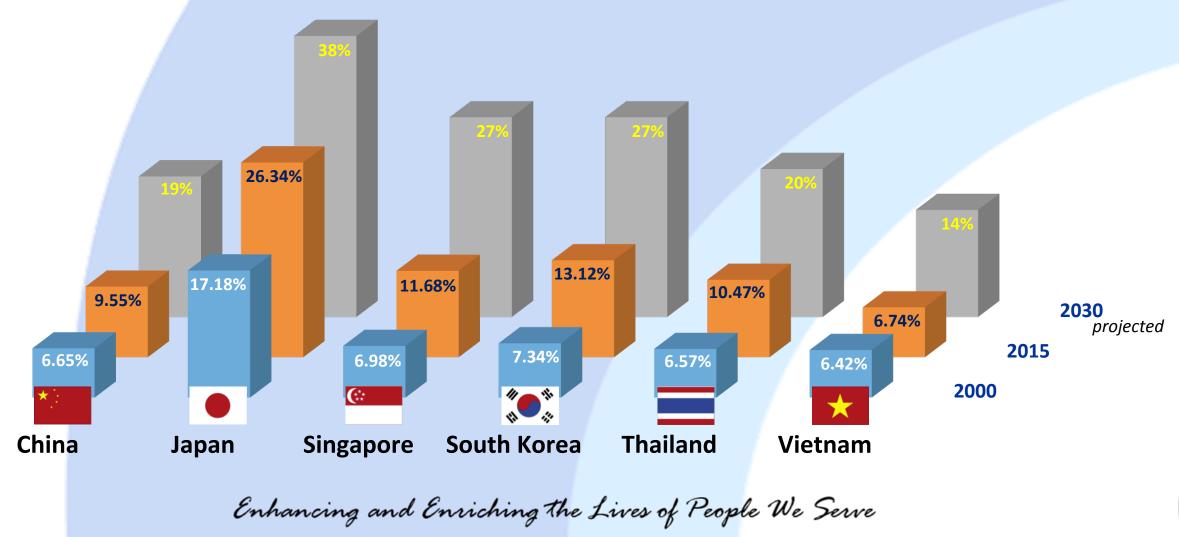
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# **Ageing in Singapore**

- Statistics
- Approaches to Senior Care in Singapore
- Current Landscape of Senior Care in Singapore
- Challenges

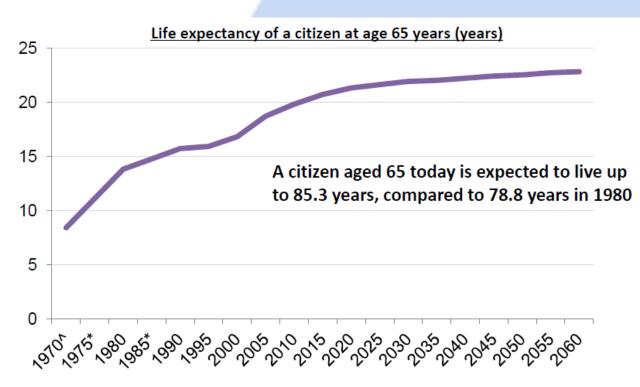
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## **Statistics: Elderly Population Comparison**



Source: World Bank, ASEAN+6, DOS

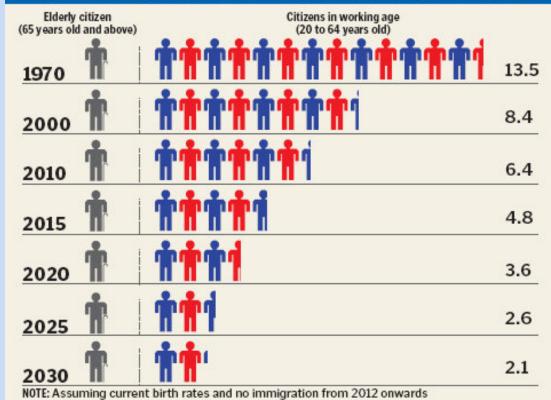
# **Statistics: Singapore**



^ Pertains to total population. Figures on resident/citizen life expectancy are only available from 1980 onwards.

\* Interpolated figures as data are not available.

#### HEAVIER BURDEN FOR WORKING-AGE CITIZENS WITHOUT IMMIGRATION



Implications:

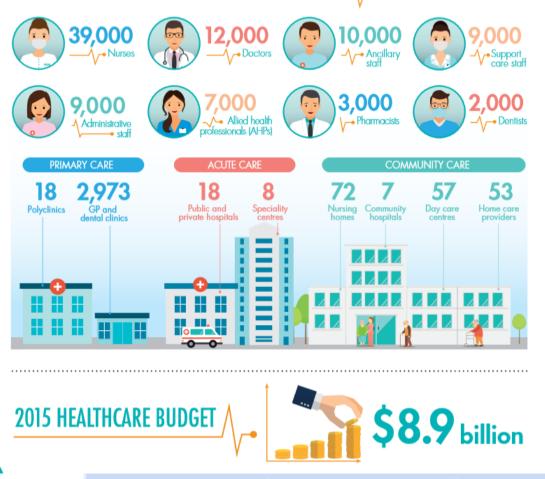
- We have 20.3 more years to work and play
- Singapore's current minimum retirement age is 62 with reemployment up to age 65.
- From 1 July 2017, reemployment age goes up to 67 (Retirement and Reemployment Act (Cap 274A))

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Source: MOH, DOS

# **Statistics: Singapore**

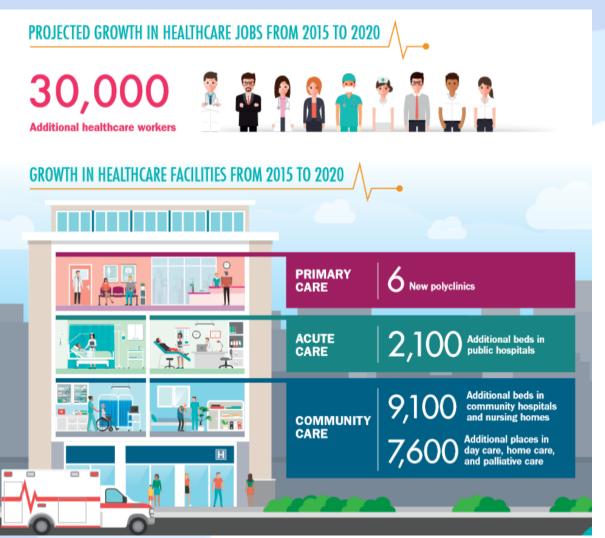
SINGAPORE'S HEALTHCARE WORKFORCE AND FACILITIES IN 2015 /



- 2015 budget of S\$8.9 billion (US\$6.3b) or 15% of total budget
- 2017 budget of S\$10.7 billion (US\$7.6b) or 14.3% of budget
- Comparison to Ministry of Social and Family Development's budget of S\$2.5 billion (US\$1.8b; 3.4%)

# **Statistics: Singapore**

- Latest change is the six regional health systems are reorganised into three integrated clusters to provide better co-ordination and integration of care from acute, to primary and community
- Focus of care, especially for seniors, will be at the community level
- Raising productivity in view of tightening of labour market



Source: MOH

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## **Approaches to Senior Care in Singapore**

Government

SENIOR

Family

**Private Sector** 

## MANY HELPING HANDS

**Voluntary Welfare Organisations** 

(VWO)

- 1. Self primarily, the individual is the main person responsibility for one's well being
- 2. Family the family is the immediate and first line of support
- 3. Private private services are a vailable when one can afford them
- 4. VWO chairities and non-profit organisations provide services to those who has difficulty accessing services due to social or financial issues; provide other forms of support and works in partnership with the private and public sectors
- 5. Government the last line of support for the most vulnerable and provides a social safety net for destitute people, the disabled etc; provide essential services at affordable rates, works with VWO to help the more vulnerable, encourages private sector to chip in charity; set up ministerial committee on ageing

# Approaches to Senior Care in Singapore

Cohesion and Conflict: inter-generational bonding through activities, volunteering, campaigns

Active Ageing and Social Integration: Age-in-community, Senior Activity Centres, Pioneer Generation Office, People's Association, Grassroots, Council for 3<sup>rd</sup> Age

Housing, Transport, Land use: Studio apartments, lease buyback scheme, rental housing; senior concession, escalators, lifts and covered walkways; universal design Cohesion and Conflict: Inter-Generational Bonding

Active Ageing and Social Integration

> Elder-friendly Housing, Transport and

> > Land Use

Holistic and Affordable Healthcare and Eldercare

**Employment** 

and

Employability

Financial Security

## ГП

Holistic and Affordable Healthcare and Eldercare: Community Health Assistance Scheme, Public Assistance, Medisave, Medishield (90yo), Subsidies (means tested) for drugs and procedures, community and home care, domestic helper

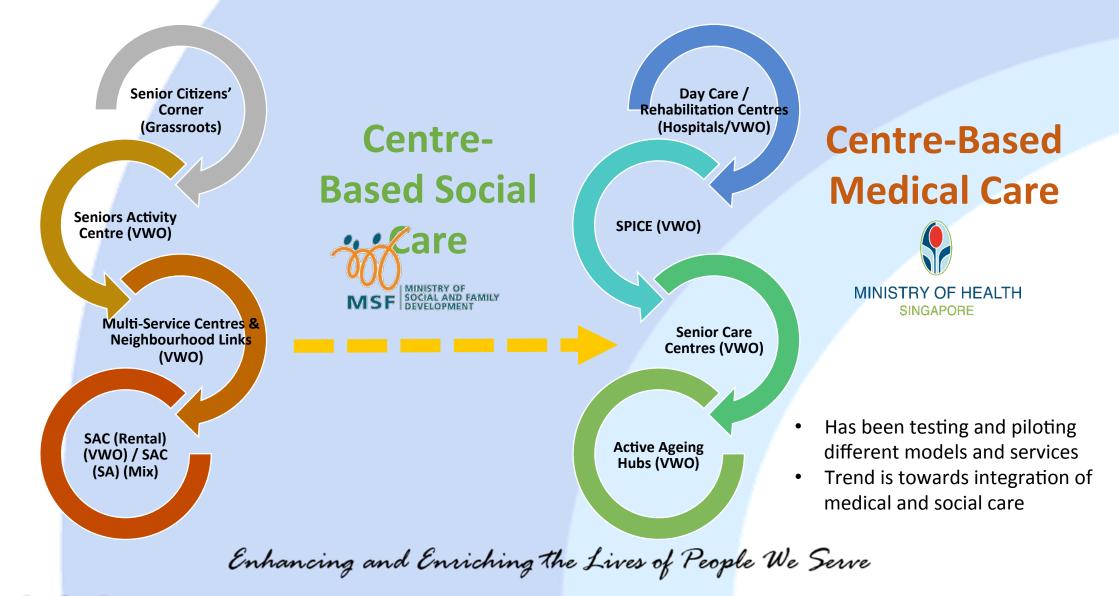
Financial Security: CPF and CPF Life, COMCARE assistance, rebates and grants

**Employment: Retirement and Reemployment Act** 

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Source: Singapore Civil Service College

## **Evolution of Community-Based Senior Care in Singapore**



# **Intermediate and Long Term Care (ILTC)**

#### Tertiary (Hospitals)

Doctor, Nurses, Case Manager, Medical Social Workers

#### Cat III • Di • M

Cat III & IV Seniors

- Disabled or bedbound
- Mental disabilities (dementia)
- Need assistance with activities of daily living

#### Long Term (Nursing Homes)

#### Intermediate (Community Hospitals)

 Medical, Nursing, Rehabilitation and Personal Care services (dementia care, enhanced dementia care)



 CREST (Community Resource, Engagement and Support Team), COMIT (Community Intervention Team)



## Intermediate / Long Term (Centre-based & Home Care)

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Senior

## **Summary of Services Provided at Community-Based Care Centres**

Services	Seniors Activity Centre	Dedicated Care Centre	Rehab Centre	Home Care	SPICE	Senior Care Centre
Care Needs	Low	Low-Med	Med	Low-High	High	Low-High
Maintenance Day Care	Social Care	Single Service			V	V
Day Rehabilitation		Single Service	V		V	V
Dementia Day Care		Single Service			V	V
Basic Nursing			V		V	V
Hospice Day Care		Single Service				
Medical Escort		#	V			V
Transport		V	V	#	V	V
Meals-on-Wheels				#	#	#
Home Personal Care				V		V
Home Nursing				V	V	V
Home Therapy				V	V	V
Home Medical				V	V	V

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## **Funding for Medical Expenses**

Personal (out-of-pocket & personal insurance)

 For treatment of common ailments with family physician and private hospitals Subsidies (up to 80% government subsidies at public healthcare institutions)

 For treatment at polyclinics and government hospitals

#### MediSave

(personal CPF for small healthcare bills)

- For hospitalisations -\$250~\$7,550
- Palliative/hospice -\$2,500/life
- Community hospital -\$5,000/year
- Other medical treatment schemes -\$200~\$1,500/year

#### MediShield Life

(personal CPF insurance for larger healthcare bills)

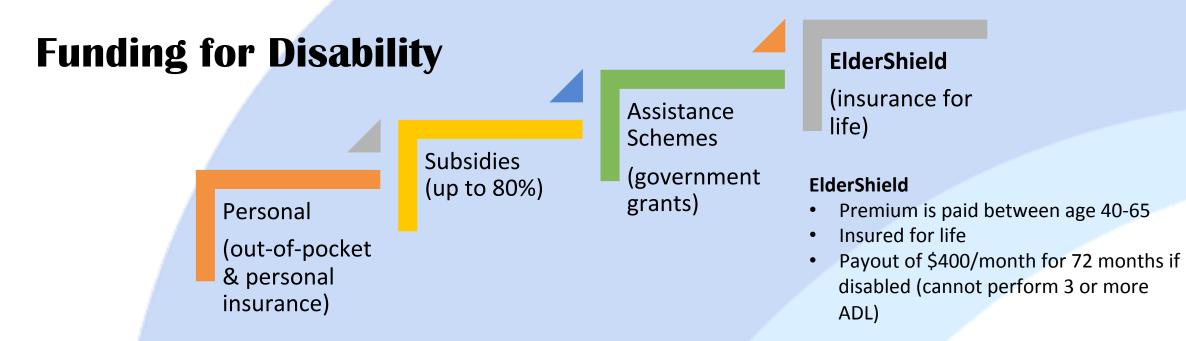
- Insurance scheme for B2 or C wards
- Option for higher pay outs with private insurers

#### MediFund

(safety net for needy Singaporeans)

Funding for needy Singaporeans who cannot afford treatment with approved medical institutions

CPF – Central Provident Fund (similar to Pension)



#### **Subsidies**

- 80% for home & centre-based care
- 75% for nursing homes
- Means tested based on household income

Assistant Schemes

- Interim Disability Assistance Scheme for non-eligible to ElderShield due to age or pre-existing disabilities (\$250/month)
- Seniors' Mobility and Enabling Fund (subsidies for assistive devices, transport to care services)
- Foreign Domestic Worker Levy Concession (\$60/month levy if FDW is for caring senior)
- Foreign Domestic Worker Grant (\$120/month grant when FDW is hired to care for senior with moderate/severe disabilities)
- Caregiver's Training Grant (\$200/year for training)
- Pioneer Disability Assistance Scheme (\$100/month for Pioneers with moderate/severe disabilities)

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# **Integrating Social and Medical Care**

- Maintenance Day Care
- Dementia Day Care
- Day Rehabilitation
- Basic Nursing
- Home Personal Care
- Home Nursing
- Home Medical
- Medical Escort
- Transport

- Social and Recreational Activities
- Community Kitchen
- Befriending

These are existing programmes and services that may see integration in hybrid centres

## Challenges

## • Funding

Manpower

Coordination and Integration



# **Challenges – Funding**

- Funding mainly by Government (60 to 100%)
- Supplemented by charity dollar (donations and Tote Board)
- Limits new (innovative) programmes and services
- Competition in fund-raising
- Public trust
  - http://www.straitstimes.com/opinion/holding-charities-to-account
- Government funding is conservative and newer programmes are only partially funded or restricted funding (reimbursement, manpower)
- Government budget is slashed by 2% for most ministries for the next few years
- Challenging to get funding for new and innovative programmes and services
- Many different charities (more than 2400 registered charities in Arts and Heritage, Community, Education, Health, Religious, Social and Welfare, and Sports)
- Past scandals and mismanagement of chairities affected public confidence which reached a low of 28% in 2006

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## **Challenges – Manpower**

- Manpower limitations (local and foreign)
- Language and cultural barriers
- Competing with other sectors
- Remuneration and benefits
- Local manpower unwilling to do care assistant jobs (dirty, • physically demanding)
- Foreigners government levies; language and cultural as many • seniors speak Mandarin, dialects, Malay; cultural insensitivities
- Competition for manpower with other sectors •
- Pay and benefits lag behind private sector, despite • government's help and guidelines (in 2015 recommended S\$3,040 or US\$2,164, while the national median wage is S\$3,200 or US\$2,278)

## More nurses work past retirement age

crunch in pre-schools

Mature staff help ease labour crunch, and groom the next generation

RLY CHILDHOOD EDUCATIO

hajan Singh, 72; Mr Chio Cheng Kay, 72; and Madam Cheong Yoke Ling, 71 - are involved in differ ent aspects of nursing there

Tackling the manpower Occupational therapists in demand in greyer S'pore

Good prospects, competitive pay drawing more to the profession

crunch here, unlike many other

ertiary institutes offering rogrammes for early childhood ducators will raise intakes

G JING YNG

from the current 42

SIM University (UniSIM) is p pared to expand the intake of its Ea Childhood Education with Man



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**By KASH CHEONG** 

## **Challenges – Coordination & Integration**

- 463 registered members of National Council of Social Service
- Many different organisations providing different services in the same area result in communication issues and overserved clients ۲
- Different organisations providing same services in the same area result in wastage of ٠ resources and competition
- Competing Key Performance Indicators due to funding requirements
- Geographical service boundaries constraints as different ministries use different ۲ planning boundaries for service delivery
- Coordination and integration of services for clients a challenge due to:
  - ownership in case management
    data access and sharing issues
    different protocols and procedures

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