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Plans in the works to ensure seniors have single point of contact for community care

Integration will make it easier for families to access services: Minister

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Health Minister and Coordinating Minister for Social Policies Ong Ye Kung speaking at the Agency for Integrated Care Community Care Work Plan Seminar 2025 on May 28. He said that the community care system must be one that every senior can count on, regardless of his health status. PHOTO: LIANHE ZAOBAO

Plans to ensure seniors have a single point of contact for community care are in the offing, as the authorities work on integrating such services for a fast-ageing population, said Health Minister Ong Ye Kung on May 28.

Beyond expanding individual community services, integration will make it easier for families to access services and move between different ones, he said at the Agency for Integrated Care (AIC) Community Care Work Plan Seminar 2025.

Mr Ong, who was also appointed Coordinating Minister for Social Policies on May 21, laid out the vision for community care.

"It must be a system that every senior can count on, regardless of your health status. When you are well, community care prevents us from falling sick. If we are sick, it supports us to manage the disease and prevent it from progressing," he said.

"If we become frail, it supports our families to take care of us and organises the different services that we need. If our families are unable to take care of us, the system then steps in as a last resort."

The urgency to transform community care is unmistakable. By 2030, Singapore will have one million seniors aged 65 and above, with possibly half of them living with a chronic disease. The number of those who need help with at least one activity of daily living is expected to almost double within a decade, from an estimated 58,000 in 2020 to 100,000 in 2030.

More seniors are also expected to be living alone – from 76,000 in 2023 to 122,000 in 2030.

Mr Ong listed three areas of change.

First, strong coordination is needed in the community care sector to tie together the various services as they expand.

This will mean that seniors who need a combination of services to serve complex needs can move across services easily.

Mr Ong said the Ministry of Health and AIC have reorganised community care into smaller subregions. Providers in each region are encouraged to form a network together, in order to link a senior who goes to any of them with other care services. The senior will have only one point of contact.

This so-called Integrated Community Care Provider will bring together the four commonly used services, namely those at active ageing centres (AACs), day care services at senior care centres, care at home under the Enhanced Home Personal Care service, and rehabilitation at home under Home Therapy.

"To a family and to a senior, they should see it as just one service... with one contact, one coordination point," said Mr Ong.

This way, when a senior falls ill and needs rehabilitation or support services, the provider can help to put together the relevant services to restore him to health, said Mr Ong.

If his conditions progress, it may then provide home personal care or other necessary services. When he recovers, he can return to the AAC to lead a more active lifestyle, he said.

Second, efforts to make community health services more accessible will be stepped up.

Mr Ong said he has heard from doctors that these are patients in their 40s and 50s seeking help at the hospital because of their diabetes, with a few even suffering from gangrene.

Early action, with a combination of lifestyle adjustments and medication, could have prevented the progression of chronic diseases, he noted.

These patients could have done something earlier to prevent the progression of their disease, but they either did not know they were sick, or even if they knew and had enrolled in Healthier SG, they did not follow up with their health plan.

This is a significant gap that community care can help to close, Mr Ong said.

"For (Healthier SG) to be truly successful, we have to go beyond the GPs. The GPs need to be supported and reinforced by effective community care services," he added, referring to general practitioners.

"It is like occasionally, you go to Orchard Road to shop, but on a daily, weekly basis, you go to the neighbourhood shops to shop. So they are not substituting (for) each other, they complement each other in order for us to buy necessities for daily activities," said Mr Ong.

He said the three healthcare clusters have set up community health posts, with about nine out of 10 AACs having one at or near their centres. Nurses at these centres can attend to patients.

These posts can do more to help seniors, especially in catering to walk-ins. For instance, they can help seniors enrol in the preventive health programme Healthier SG, which pairs each resident with a primary care physician, or follow up with their appointments and provide lifestyle coaching and health advice.

Third, outreach to seniors needs to be stepped up, so that the authorities can have information on every senior, and no one will die alone at home without anyone knowing.

"For my constituency, I have set myself a goal. I don't want this to happen ever again," said Mr Ong, who is an MP for Sembawang GRC.

"Today, if and when such an instance happens, it will most likely be a senior whom we know, have regularly engaged and befriended, and are able to discover his or her passing at home very soon after it happens."

This is because volunteers have done extensive outreach to befriend every senior in the constituency, especially those living alone, he said.

Silver Generation Ambassadors, People's Association volunteers and other volunteers have to work together to visit every household in the community, and share data so that every senior is known, Mr Ong said.

He said the political office-holders in his ministry's refreshed team – Dr Koh Poh Koon, Mr Tan Kiat How and Ms Rahayu Mahzam – will all have a role in the community care sector. This includes areas such as manpower, coordination, community health posts and outreach.