



















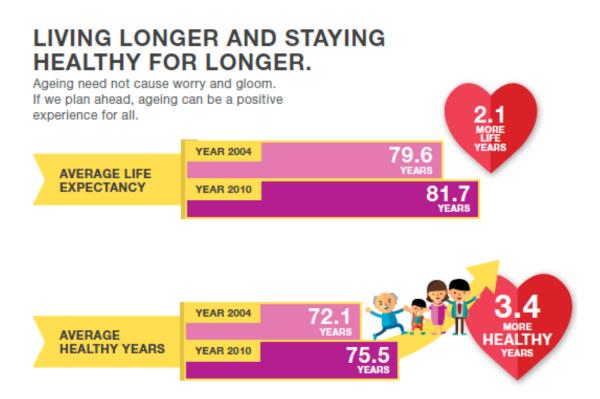






Health & Social Integration

- People are living longer with more complex conditions, involving both health and social care needs
- This causes huge pressure on the health and social care systems
- Care provider market is fragmented





Health & Social Integration

- In 2007, the Ministerial Committee on Ageing was established
 - In 2015, they announced an Action Plan for Successful Ageing
- In 2018, a portion of the national budget was allocated to better integrate health and social support services for seniors in the community
 - The Community Networks for Seniors (CNS) was expanded nationwide
 - Formation of Silver Generation Office (SGO) as part of AIC, which is the reincarnation of the Pioneer Generation Office that was formed in 2014
 - MOH took over the oversight of Senior Cluster Networks from MSF



Community Psychogeriatric Programme (CPGP)



CPGP team

- Multidisciplinary Community Mental Health Team supporting the East since 2007 that is dedicated to improving the mental health of older persons living in the community
 - Doctors (Psychiatrists)
 - Nurses
 - Medical Social Workers
 - Occupational Therapists
 - Psychologists
 - Physiotherapist
 - Administrative staff



CPGP Scope

- Empowerment of primary care physicians and community eldercare agencies
- Build partnerships with eldercare agencies
- Clinical Services



What challenges are we facing as care providers?



Current gaps in care delivery

- Patients get lost in the system when transiting from one care setting to another
- Limited resources in the acute care setting, coupled with lack of awareness about resources in the community setting
- Effective communication between various care stakeholders, further impaired by restrictions due to PDPA

How do we address some of these challenges?



Strategies to improve care

Communication

- We strive to build partnerships with various healthcare providers and eldercare agencies
 - Within CGH we are strengthening our working relationships with other community teams namely Community Nursing & Neighbors (H2H)
- Right siting of care
 - Referring to community partners where necessary eg referring to community based counseling services vs hospital based psychotherapy
- Adopting a transdisciplinary approach
 - Various AHP can teach the same training modules





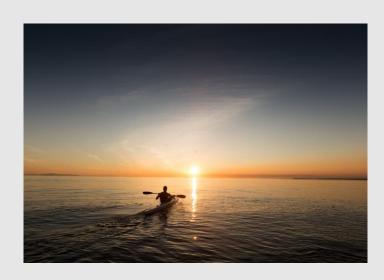
3 Key Messages



Focus on empowerment



Thriving through change



Readiness to venture beyond

1. Focus on Empowerment

- There is a lot of potential for the various roles of AHP in various settings
- But we can't do it all alone
- Part of CPGP work involves providing consultancy services to our community partners, which aims to equip them with skills and resources
 - E.g. OT consultancy service to SingHealth polyclinics
- This might be an effective strategy for a sustainable workforce, to prevent draining of resources, work burnout etc.



Rather than catching a fish for someone, teach him to fish instead

2. Thriving through Change

- Change is constant
 - New challenges e.g. COVID19
 - New generations of AHPs joining the workforce
 - New generations of patients
- Need to be adaptable in the face of changes
 - Remain up to date in knowledge and skills
 - Awareness of resources and services available
 - Remain relevant in interacting with future generations of colleagues and patients
 - Ready to adapt our mode of work, e.g. using technology



3. Readiness to Venture Beyond

- Be ready to expand scope of practice
- Sharing of lived experience of being part of CPGP
- Important to remain grounded
- Close collaboration with members of MDT

