

HON. DR JO-ETIENNE ABELA
Minister for Active Ageing



Vision for the Ageing Sector

My political career is only a shade over 18 months old; in April of last year I was thrust as the top man at the Active Ageing Ministry. As a medical doctor, it may be reflexive to get lost in the detail of medical care for older persons. However, having this attitude as a Minister can be deleterious. If we are to excel in end-user satisfaction, which is what really matters, we need to embark on a balancing act with the promotion of the healthcare aspect of older person medicine on one side and the pursuit of social reform on the other. In keeping with this, Government has recently launched a new version of the National Strategy for Active Ageing that will take us to 2030. Aside from the important pillars of social inclusion and addressing diversity and inequalities, the third pillar is healthy ageing and I shall focus on this aspect.

In the initial encounters with my heads of sections, I made it clear that we should follow the electoral manifesto but that we should not be constrained by it. Given the rising life expectancy, the soaring needs for long term care (LTC), the increasing expectations of users and family, and the relative lack of manpower, the sector is in dire need of long-term solutions rather than cosmetic touch-ups.

Awareness and appreciation for geriatric healthcare in our society needs to be improved. For this reason, the Ministry has embarked on a systematic year-long approach of inter-generational activities to bring young people closer to older ones. We believe that sustained social responsibility programmes will instill an understanding that ageing is a reality, and that working with older persons is rewarding and fulfilling. We have set in motion and/or refined such programmes over the past year - School Grannies, Adopt a Granny, University of the Third and Fourth age, recurring school visits, the Say-No-to-Stroke campaign and soon the NNANS-T heart failure campaign.

We need to attract manpower with conscience, with insight, with the stamina to be proactive. Of course, we want ambitious individuals that stay the course; we want to guarantee career progression. This vision will take years to reap results but it is heartening to see at the outset an incidental spike in geriatric HST interest. We are doing our best to set up fellowships and research projects to make the training experience worthwhile and progression easier. In order to achieve this, we are partnering up with the University of Malta, Malta Medicines Authority,

Queen Mary University, University of the West of Scotland, National Alliance for Rare Diseases, Royal College of Physicians of Edinburgh and College Federation of Great Britain. This hubbub of activity is no mere visionary talk, the wheels are turning.

Compared to other affluent countries, Malta's life expectancy is high. We need to ensure that we are adding quality to the life years gained. I will not delve into the 27 different community services that the Ministry offers, clearly they are not enough because the waiting list is not getting smaller. This is despite our very high ratio of long-term beds, which is twice that of a similar population in the United Kingdom. Our commitment to transform our LTC facilities into safe, carbon-neutral and top-notch facilities remains undiminished but we aim to reduce the rate of need for these institutions.

We are just about to land onto 5 important beachheads to tackle this issue. **Firstly**, we expanded the services at our Day Hospital at St Vincent de Paule Long Term Facility. Sixteen clinics will offer the highest level of geriatric care in the country spanning from vascular and thoracic lung surgery to dermatology and cardiology. In particular, the geriatric gastro-enterology clinic will soon be integrated with a dedicated endoscopy unit that will feature minimally invasive trans-nasal endoscopy (a first in the Maltese national health service). Our ambition is to transform this into a state-of-the-art learning centre. **Secondly**, we set up a Frailty Hub that will provide a holistic work-up for referred at-risk individuals. **Thirdly**, we are in the process of setting up an Intermediate Care Unit which will be tasked with a systematic approach to fast-track recovery. Ideally this should and will be co-ordinated with the acute services, whence most requests for LTC originate. **Fourthly**, we are in the process of acquiring knowledge to set up the Hospital-at-Home initiative. Again, this will be a multi-disciplinary enterprise aimed at providing quality care at home, saving on hospital admission and the de-conditioning and deterioration that comes with it. **In fifth place**, rehabilitation. This field of medicine is a pillar of geriatrics and we intend to pimp it with an after-burner; we just submitted a multi-million-euro proposal for an AI- and robot-assisted unit for EU-funding.

The future is bright. It is ours for the taking.