

# LEADING HEALTHCARE

The newsletter of the Healthcare Leadership College



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In this issue, we explore the leadership qualities needed to steer us towards the healthcare of the future.

In a speech to young doctor leaders, Mr Chan Heng Kee, PS (Health) highlights three important shifts in healthcare leadership. Prof Ivy Ng, GCEO (SingHealth), pens a personal letter to young leaders in which she talks about the importance of leadership competence and embracing the calling to take on leadership roles, as well as the need to transcend boundaries and work together as *One Singapore Healthcare*. Our alumni also give their thoughts on how Distinguished Speaker Philip Yeo's dialogue session spurred them to reflect on their roles as healthcare leaders. In addition, our HPG programme participants share their insights from learning journeys to the community.

We hope these articles will likewise spark off your reflections about your leadership journey. Happy reading!



A/Prof Aymeric Lim, Dean HLC



## Dean's Message

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### Accountability in Leadership

The shift described by Minister Gan in 2016, "Beyond healthcare to health" is a major move that is, fundamentally, a philosophical and even moral shift.

It is analogous to the schools declaring that their primary aim is to mould students of good character and not students with good examination results.

It means that the healthcare system, previously accountable for episodes of care for patients is now accountable for the long-term health of patients. The system is responding with new models of care, regional health systems that link hospitals with the primary health network, and mechanisms for monitoring patients in the community. There are many moving parts in the new systems though, and many patients will fall through the cracks unless a central issue is addressed.

This issue is one of accountability. Who is accountable for the individual patient? It has to be a named healthcare worker or at the very limit a small team. Only then will there be someone who ensures that the system works. This is not new - it is how medicine has traditionally functioned.

Accountability, unfortunately, is hard. Once assigned, it does not go away. It exists, 24 hours a day, until the problem is solved.

One of the troubling developments in recent practice is the thinking behind handovers. While they allow medical teams to take turns caring for patients, allowing for sufficient rest in between, there is a feeling that those who have handed over are no longer accountable and responsible for their patients, and there is a loss of continuity of care. This is not acceptable and needs to be addressed. In many general medicine departments, the personal and continuous link between patients and their caregivers is as a result cyclical.

Accountability at team level, and at senior resident and consultant level should not be handed over either in hospital departments or across the system until the patient is well or healthy.

It is this accountability that will make people go the extra mile to make the system work for our patients.

Central to our practice of leadership, is the ability to take ownership, for what we do, and for what we do not do. Without this core commitment, the development of other competencies will have been in vain.

Bob Proctor said, "Accountability is the glue that ties commitment to results."

**Associate Professor Aymeric Lim**  
**Dean, Healthcare Leadership College**  
**Vice-Dean, Dean's Office, Yong Loo Lin School of Medicine**

# Effective Leadership for Healthcare of the Future

Opening Address by Mr Chan Heng Kee, Permanent Secretary (Health)

@ Singapore Chief Residency Programme Graduation Dinner

8 September 2017

*Colleagues and Friends*

Good evening. I am delighted to join you at this Singapore Chief Residency Programme graduation dinner. I would like to congratulate our 4<sup>th</sup> SCRCP cohort for completing their year-long programme. Let me also welcome the next cohort of SCRCP participants. You have all been selected to attend this leadership programme for your commitment to public service and ethos.



Mr Chan Heng Kee, Permanent Secretary (Health)  
(Photo: HLC)

Much has been said, in speeches like this and programmes like the SCRCP, on how we need to transform our healthcare system. By now, you would have heard about MOH's "Three Beyonds". You should have noticed a move towards greater integration in our public healthcare system – whether it is restructuring from 6 to 3 clusters or moving towards common IT systems. I hope you have been personally involved in collaborations with non-public sector providers in primary or community care settings.

## ***“What does effective leadership look like in healthcare as we head towards the future?”***

Less however has been said about the leadership qualities we need to steer us towards a successful transformation in healthcare. Or the kind of leaders who will thrive in a more complex and inter-dependent healthcare system. *What does effective leadership look like in healthcare as we head towards the future?* I think it is a topic worth pondering and reflecting upon.

Earlier this year, MOH Holdings and the Healthcare Leadership College conducted a study on this issue. They interviewed and organised focus groups with healthcare leaders across various levels, professions and clusters. They examined the latest leadership literature and good practices in other healthcare systems. They partnered an institution with experience in leadership research in overseas healthcare institutions.

This evening, I would like to share with you one conclusion from the study, which I find insightful and agree with. The study concluded that we will need to make 3 important leadership shifts in healthcare. And these are:

- i. Shifting from Expert as Leader to Expert Leader.***
- ii. Going beyond from Developing Individual Leaders to Developing Collective Leadership; and***
- iii. Moving from Leading Institutions to Leading in Eco-systems***

Let me elaborate.

## First, shifting our paradigm from Expert as Leader to Expert Leader

Historically, many healthcare institutions have assessed a person's leadership potential and selected leaders based on their clinical excellence or technical skills. This may be still a common practice in some healthcare institutions. Yet it is no longer an adequate model.

At its core, the ability to lead stems from the ability to influence. There is no doubt that clinical and technical competence are essential in earning one's spurs and gaining respect and influence among peers. Yet alone, it is insufficient for managing complex organisations and leading change in the emerging environment. **In many settings and situations where leadership is needed today and tomorrow, the source of influence will have to go beyond clinical or technical competency but other qualities.**

In defining leadership potential and selecting of leaders, we will thus have to also include softer qualities such as EQ, resilience, and the ability to lead change, nurture networks and empower others. There is also a need to recognise the value of good organisational and administrative abilities. We will need to be more deliberate in developing such qualities in our future leaders.

**"Have the courage to lead when we are the best person to do so, even if we are not the most senior."**



4<sup>th</sup> Cohort, SCRP @ Teambonding Segment (Photo: HLC)

## Second, moving beyond Developing Leaders to Developing Collective Leadership

Historically, the story on leadership has been the myth of the lone warrior. Institutions and people everywhere hope to find the elusive leader whose heroism and brilliance enable him or her to lead all of us to victory. In an VUCA world and healthcare sector (or in other words more volatile, uncertain, complex and ambiguous), holding on to this myth carries great dangers. To quote well-known leadership expert Ronald Heifetz, "even if the weight of carrying people's hopes and pains may fall mainly, for a time, on one person's shoulders, leadership cannot be exercised alone. The lone warrior model of leadership is heroic suicide."

To not commit heroic suicide but to thrive, public healthcare institutions will need to nurture people with different strengths and assemble multi-disciplinary leadership teams with members that complement one another. **Different team members should be called upon to lead, depending on the leadership task at hand.** Before key decisions are made, differing perspectives should be welcomed, solicited and considered. Ronald Heifetz, *Leadership Without Easy Answers*, 1998.

Each of us as individuals would need to make greater effort to know ourselves and our team. What we are good at, and what we are not. And where we should defer to other team members. **Have the courage to lead when we are the best person to do so, even if we are not the most senior.** Even more importantly, have the courage to follow if someone else is in a better position to lead, even if we are the most senior person.

### **Third, those of us in leadership positions in healthcare must move beyond Leading Institutions to Leading in Health Eco-systems**

Take a minute to reflect on what we need to do to succeed in transforming healthcare in Singapore. Almost all that come to mind will require leaders to be able to rise above our institutions, our professions, our sector and other boundaries to think and act in the best interest of the system, the patient and the larger good.

Even within our public healthcare system, **the interest of the larger good and that of the individual healthcare institutions may not always coincide in some decisions.** Or a new care model or practice may be welcomed by one profession while not favoured by another. **When that happens, I hope that as leaders, we can accept some local sub-optimisation or sacrifice for the benefit of the larger healthcare system or the patient.** “Give and take” so that as a whole, we are all better off, is not a bad philosophy to follow. After all, we are all part of the healthcare family, here to serve a common purpose of helping our people live well, live long and with peace of mind.

I thought that all three points raised in the study were insightful. And I assure you that this has nothing to do with me being one of the interviewees – there were 150 of them! I have commended MOHH and HLC for the study. But I have also reminded them that this is not an intellectual exercise. If we believe that these are the leadership shifts which we should be making, then we must put words into action. And work our healthcare clusters to support these shifts in the way we select, assess and develop our leaders.



PS (Health) with 4<sup>th</sup> Cohort, SCRP @ Graduation  
(Photo: HLC)

They have told me that they are starting work on a number of fronts. For example, engaging our healthcare clusters on the findings and proposed follow-up. I understand that among the Group HR colleagues, there was general agreement too with the findings. And support for developing a refreshed leadership framework which can help us to better identify and develop leaders.

HLC will also be reviewing the curriculum for its programmes. MOHH is also exploring the feasibility of setting up a hub for Executive Coaching, as a shared resource for healthcare clusters to tap on. This will allow leaders in public healthcare to gain access to executive coaches from outside the healthcare industry to guide and help them gain fresh perspectives.



4<sup>th</sup> Cohort, SCRP @ Teambonding Segment  
(Photo: HLC)

**“In many settings and situations where leadership is needed today and tomorrow, the source of influence will have to go beyond clinical or technical competency but other qualities.”**

## Conclusion

Colleagues and friends, through the hard work and contribution of generations of healthcare leaders, Singapore has built up excellent healthcare institutions and a sound healthcare system. But Singapore is changing and our healthcare system needs to transform. Our paradigm of leadership in healthcare too will need to move in tandem. This includes shifting from Expert as Leader to Expert Leader; going beyond Developing Individual Leaders to Developing Collective Leadership; and Moving from Leading Institutions to Leading in Eco-systems.

As leaders, all of us here have an important role to play. In shaping the units we lead. In walking the talk in our individual behaviours. And in supporting others in your team and institutions. I wish all of you a meaningful and fulfilling leadership journey in healthcare. Have a great evening.

***“... the interest of the larger good and that of the individual healthcare institutions may not always coincide in some decisions ... When that happens, I hope that as leaders, we can accept some local sub-optimisation or sacrifice for the benefit of the larger healthcare system or the patient. “***



4<sup>th</sup> Cohort, SCRP @ Graduation Dinner (Photo: HLC)

# Finding the Purpose in What You Do

A letter from Prof Ivy Ng, Group CEO, Singapore Health Services

Dear Young Leaders,

At a recent dialogue session, as I interacted with some young leaders, many of them told me that they had not thought of taking on leadership roles when they chose to work in healthcare. They wondered how they could continue to stay motivated and dedicated amidst the challenges ahead.

These young leaders that I spoke to reminded me of myself, many years ago, as I stood on the cusp of taking up a leadership role. As I look back at my journey, let me share with you, what has given me energy to continue to contribute in public healthcare for so many years, and some invaluable lessons that I have learnt over the years.



Professor Ivy Ng (Photo: Singapore Health Services)

## Keep Focused on Your Larger Impact as a Leader



I first became a doctor because I found so much joy and meaning in helping patients get better. However, one day I was asked to be the Head of Paediatrics. It was a big challenge to me as Paediatrics is a large department in KKH - and I struggled with the decision as it would take up my clinical time, which I love.

What gave me resolve at the time was what my Mentor said to me: **“You can help about 50 patients a day by being a good doctor, but you can have a far larger impact on more than 1,500 patients a day if you are the Head of Paediatrics and run the department well.”** That struck a chord in my heart and has become my central focus and guiding philosophy through these years: keeping focused on the larger impact that I can make as a leader. From patient care, to Department Head, to Hospital CMB then CEO, and now at the Cluster level. I hope that you will all likewise find a strong purpose in your leadership journey and keep focused on your impact as a leader, in whatever capacity you are serving. What must not change is your passion to serve and help patients.

## **Scaling the Brave New World**

In healthcare, things are moving so fast. It is a complex new world as many of you have said. How do you then prepare yourself for the future? For myself, I have kept these four lessons close to my heart:

### **Be the Best that You Can Be**

Keep striving to be the best at what you are doing and be committed to learn as much as you can from all sources, especially those you work with.



### **Share and Work across Boundaries**

You have to be unashamed to learn and be open to sharing. The key lies not in the number of clusters but the mindset. There are many best practices that SingHealth can learn from NHG and NUHS and I hope vice versa. You do not need to reinvent the wheel, you can learn from others and contextualise to your needs. This then frees time for fresh innovations and accelerates our progress.

**“You can help about 50 patients a day by being a good doctor, but you can have a far larger impact on more than 1,500 patients a day if you are the Head of Paediatrics and run the department well.”**

### **Be Discontented Constructively**

You must always be discontented with the way things are. You need to question the basic principles of what we set out to do. Our real competitors are the diseases we struggle with and we should not be afraid to acknowledge that there are gaps in the system. This also means that there are many opportunities to make things better in healthcare. Thus, you need to press on to ask: **Why not?** Why can't we do it? Keep asking the questions and thinking about how to bridge the gaps and address deficiencies.

### **Be Resilient and Adaptable**

In the complex world today, it is inevitable that change is the only constant. You need to prepare yourself to be adaptable and be ready to face adversity. Take charge and reframe your perspectives to see new possibilities and focus on the most critical issues that you want to see changes.

As a final word, I wish you the best in finding the purpose in what you do. While the road ahead seems uphill, do not lose heart. Keep focused on your purpose, persist on, be tenacious about the right goals, and you will be able to make the right decisions in this journey. **Let us embrace that we are one public healthcare**, and together, we can progress towards a ONE healthcare system that meets the needs of the population we serve.

**“Let us embrace that we are one public healthcare”**

*Prof Ivy Ng*

# Reflections from Our Alumni:

Distinguished Speaker Series - An Afternoon With Mr Philip Yeo  
 Chairman, Economic Development Innovations Singapore  
 Former Chairman, EDB and A\*STAR

At the third of the Healthcare Leadership College's (HLC) **Distinguished Speaker Series** on 11 Aug 2017, Mr Philip Yeo shared his personal experiences and perspectives on leadership, "breaking the rules" and accountability and the importance of developing talents in an open dialogue with our public healthcare leaders .

Our HLC alumni share their thoughts on how Distinguished Speaker Philip Yeo's dialogue session spurred them to reflect on their roles as healthcare leaders.

## About Our Distinguished Speaker

Economic trailblazer Mr Philip Yeo is widely credited as one of the key pioneers behind the re-imagination of

Singapore's economic landscape. In his half century career, Mr Yeo, the former Chairman of the Economic Development Board (EDB) and A\*STAR, has built up key industries (IT, semiconductors, chemicals), jumpstarted Singapore's biomedical science scene, and worked ceaselessly to secure mutually beneficial economic partnerships for Singapore. Beyond his sterling achievements in economic development, Mr Yeo is also regarded as a passionate people and talent developer. For his various contributions in helping to transform Singapore from Third World to First, Mr Yeo was awarded the Order of Nila Utama (First Class), one of Singapore's most prestigious National Day Awards.



Mr Philip Yeo (Illustration: Trevor Chua, HLC)

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## Dr Alicia Boo

Deputy Clinic Head, Queenstown Polyclinic

HLC Alumna, Singapore Chief Residency Programme (SCRIP), Cohort 4

To be a leader, we have to own the issues and be ready to take responsibility when things go wrong, whether we were directly involved in it or not. The role of a boss is to stick our necks out for our juniors, and also to stand by our decisions. Mr Yeo's 'can-do' attitude and his ability to go through loopholes and think of ways to settle a problem also speak of boldness and courage; both these qualities are much needed in a good leader. We need to be courageous in changing healthcare policies that will not benefit in the long run, and be bold in changing the way we practice.

Similarly, as a healthcare leader, when a patient with multiple problems walks through our doors, we need to own our patients as a whole, rather than see them as parts of a body needing to see multiple specialists. I hope that over the years, we will be more seamless in our collaboration amongst different specialists and professionals, being leaders in championing patients' healthcare as our population grows older.

## Ms Chong Yi San

Principal Pharmacist, Tan Tock Seng Hospital

HLC Alumna, 7<sup>th</sup> Healthcare Policy & Governance Programme (HPG)

Mr Yeo has an admirable just-do-it attitude. Over the years, we seem to be weighed down by bureaucratic processes, which may have been necessary when failures were costlier to recover from. Now that we are entering an era where speedy transformation is required to overcome the challenges of an aging population and shrinking labor force, I feel we need a culture that is safe and conducive for people to challenge the norm and adopt the just-do-it mentality, in order to promote innovation and support the transformation process.

I also learned about the importance of bosses in creating a culture that is conducive for empowered working. Mr Yeo shared that his achievements would not have been possible, if not for the support of his bosses, who trusted him and helped him push through his proposals, even though he may not have had sufficient evidence to



Photo: HLC

prove his success in the beginning. He had also made it a point to show the same level of support to his subordinates. If we wish to create a culture where people are willing to contribute actively to improve the system, support from the bosses is essential, not only to provide the necessary resources, but to also assure our staff that a reasonable amount of failure is acceptable (though mistakes should not be repeated twice!).

Through Mr Yeo's dialogue and his sharing of stories, I better understood relationship building. Mr Yeo shared about lending a hand to those in need e.g. the Thai army. The help provided would deepen a relationship between people, organisations and even countries. I learned that sometimes in the course of relationship building, we may need to invest more effort than what may be returned in the moment, which we may be hesitant to do for fear of losing out. Sometimes, the intangibles that cannot be measured, such as goodwill, can create more long-term value, as compared to measurable outcomes, and these intangibles should not be ignored in the course of our work.

Above all, what is important and core to Mr Yeo is his working for the greater good, rather than for personal gains. I feel this is a crucial core ingredient that completes the recipe for a successful transformative workforce that will drive our healthcare system forward into the next era.

**Mr Moses Wong****Chief Financial Officer, Singapore National Eye Centre  
HLC Alumnus, 5<sup>th</sup> Strategic Leadership Programme (SLP)**

At the start of my career I was very fortunate to work alongside a mentor who made a significant impact in my career life. She taught me that “as an accountant we must be the conscience of the company”. Through my mentor, I learned about doing the right thing and standing for what is right, regardless of the context – be it in personal life, at work or as a member of society. This resonates deeply with some of the principles Mr Yeo had shared:

- Be not afraid to speak up, stand for what is right, even if it means standing alone
- Rules can be broken (but only) if your intent is right
- Choose to be a good boss
- Care for staff at all levels
- Freedom always comes with responsibility

The heart of being a healthcare worker is about caring for those who cannot care for themselves. With institutions wrestling with cost containment, intense competition and disruptive new technologies, a healthy sense of moral courage is ever more important. It is therefore essential to build stronger teams matching staff strengths with responsibilities and engaging employees.

Healthcare leaders are under constant scrutiny by colleagues and staff about expected and acceptable behavior. If leaders want high performance teams, they need to model desired behaviors, such as:

- a desire to serve patients, internal customers and stakeholders with superior value;
- an excitement to pursue innovation to improve quality and cost;
- a passion to seek continuous improvement; and
- a willingness to engage and empower others.



Photo: HLC

The dialogue with Mr Yeo has made me reflect on my own leadership practice. The skill of asking good questions and active listening to the experiences and ideas of eclectic and diverse staff and stakeholders forces us to wrestle with uncomfortable issues or provocative new perspectives. As leaders, when we show that we are more open to all types of feedback, we demonstrate more self-awareness and a willingness to learn. We confront assumptions and mind-sets that filter our interpretation of situations, problem definitions and solutions.

Mr Yeo shared that he did not mind people making mistakes, in his words: “You can make three mistakes, but they must not be the same mistake”. This belief develops a shared commitment to create and nurture risk-free and blame-free zones in which colleagues and staff can offer candid views of the group’s, their own, and the leader’s effectiveness, strengths, and weaknesses. Writing this reflection piece reminded me of the following three quotes:

***“Lifelong learner. Be a reverse engineer. Learn from the best and innovate.” — Philip Yeo***

***“Before you are a leader, success is all about growing yourself. When you become a leader, success is all about growing others.” —Jack Welch***

***“A leader is one who knows the way, goes the way, and shows the way.”  
—John C Maxwell***

# Learning Journey to the Community

An experience by the 11<sup>th</sup> Healthcare Policy & Governance Programme (HPG) Participants

The Healthcare Leadership College (HLC) arranged a community visit for its 11<sup>th</sup> Healthcare Policy & Governance Programme (HPG) participants as part of their leadership exposure.

One group visited the Thye Hua Kwan Seniors Activity Centre and Senior Group Home at Ang Mo Kio and another group went on home visits with the Neighbours Team from EHA's Neighbours for Active Living Programme.

## Thye Hua Kwan Seniors Activity Centre & Senior Group Home

THK has 15 Seniors Activity Centres (SACs) across Singapore. These centres serve the needy and vulnerable seniors aged 60 and above living in HDB rental flats. SACs promote social interaction and active ageing amongst the elderly and also offer Meals-On-Wheels service that prepares and delivers daily meals to the needy elderly twice a day for a minimum sum of \$2 per meal. Some other services include providing medical escort transport services to the elderly, accompanying them for medical appointments and doing routine house visits. THK also runs 6 seniors group homes in Ang Mo Kio to provide support and empower the elderly to live in the community for as long as possible with dignity, integrity and respect.



11<sup>th</sup> HPG participants with the staff of Thye Hua Kwan Senior Activity Centre (Photo: HLC)

Singapore's rapidly evolving economy and social progress has helped to accelerate the milestones of healthcare development in the country. In recent years, the focus has been centered on improving transitions of care between healthcare providers, strengthening our primary healthcare networks, and increasing collaborations with community partners, so that the healthcare system will be able to better provide for patients' needs and the population's health.

Efforts to enable seniors to age in place are being made by promoting senior friendly housings,

towns and communities. But we should not forget about other seniors who do not live in rented HDB flats. They too, may need social integration and networks, regardless of their social status. Organizations who play a pivotal role in helping seniors age in place may face difficulties too. Challenges faced by the SAC include engaging eligible residents to increase social participation and maintaining a regular and stable pool of volunteers in the long term. Nevertheless, it is amazing to see the hope and care they had in serving the cause and how they overcame their difficulties. What we learnt from them: "Do what little we can do or offer for the better cause of humanity". We could see that there is a lack of family support in this cause. We are sure more could be done and it would be good to see the younger generation come on board and support this cause.

In a nutshell, it is encouraging to know that Singapore had started planning to meet the challenges of an ageing population. We hope that we keep going in this healthcare journey of ours, with eyes (and minds) wide open and always remember why we started.



Simple cooking is allowed in senior group homes as part of maintaining functional status. Emergency call button with audio communication is also available and homes are retrofitted with elder friendly features like wider doorways for wheelchairs, as well as grab bars. (Photo: HLC)

***“ You can retire from a job, but don’t ever retire from making extremely meaningful contributions in life.”***

***- Stephen Covey***

# 远亲不如近邻

(A nearby neighbour is better than a distant relative)

Neighbours for Active Living (a.k.a. Neighbours), is pioneered by Eastern Health Alliance (EHA). Neighbours is a programme that looks into establishing a comprehensive health care tracking system for the community in the east. It aims to help residents live and age actively, support those with high care needs or who are at risk of being admitted to hospital, and link them to access different community services and activities.

Neighbours is supported by South East Community Development Council (CDC) and various community organisations. EHA works in close partnership with them and more importantly, residents from local communities who volunteer their time and efforts to help improve the overall health and social well-being of fellow residents in need.

## A peep into the life of the Neighbours' clients...

As we walked through the corridors of the rental blocks in Chai Chee Avenue, the air along the corridors was stale. The corridors were lined with assorted possessions of the residents and a loitering cat who greeted us. Despite the dull environment, the Neighbours Team had a smile on their faces and bounce in their strides as they knocked on their clients' doors to find out how they have been.

We spoke to Mr P, a young man in his 40s. Unlike others of his age, tragedy struck him and he lost his mobility and means to earn a living. However, during our visit, he was very animated and enthusiastic to speak. Mr P helps the other residents remember their medications which has restored his sense of self worth.

Mr P shared a rental flat with a quiet elderly man, Uncle T in his 60s who was hardly engaged in the conversation and glanced away when we looked in his direction. Given that Mr P is not eligible for many of the age-sensitive subsidy schemes, being paired with Uncle T allowed him to co-benefit from the subsidies.

Some of us also visited 82-year-old Mdm H whose late sister was a client of the Neighbours Team. After her sister passed on, the team was concerned for Mdm H even though she was not their client. The team continued to check-in with her and encouraged her to participate in the various social activities.

The Neighbours Team has done much to help these clients, going beyond their original mandate to help those who were frequent hospital re-admitters. Partnering the volunteer welfare groups, they harness these community resources to extend care to those in need.



The corridor leading to the various rental units  
(Photo: HLC)



Care team helping with placing medicine into pill boxes and also meal delivery by the Sun Love team. (Photo: HLC)

After our learning journey with the Neighbours Team, we felt that the success of the programme was largely due to human factors. We were struck by the energy, dedication, professionalism and resourcefulness of the team. There was also a clear sense of camaraderie and common purpose. We observed that the Assistant Director of the Community Care Team, Ms Zahara Mahmood, was integral in rallying and leading the team.

She brought to the team her conviction, experience in community care and familiarity with the Chai Chee area in which she grew up. There was also a strong core in the Neighbours Team who were able to multiply their efforts through a sizeable pool of volunteers.

Another key success factor was client-centricity. In serving both healthcare and social needs, the programme reached out to the whole person and achieved both needs better than if each had been pursued in isolation. The team also had the flexibility to apportion resources based on needs instead of being restricted only to clients referred through usual channels or those who met funding criteria.

The main challenge would be in sustaining and scaling the programme, bearing in mind the importance of human factors that are difficult to replicate. A key question is whether we can unlock more of the community's resilience, by getting members of the same community to support one another. The present model relies on relatively young volunteers and students. This however, may be difficult to sustain in scale. With the increased ageing population, we may have to look predominantly to the independent seniors to support one another and care for the less-independent seniors in their midst.



The emergency call system for elderly tenants. (Photo: HLC)



11<sup>th</sup> HPG participants with the Neighbours Team (Photo: HLC)

## Upcoming Programmes

8<sup>th</sup> Healthcare Policy Series (HPS) Seminar –  
"War on Diabetes"

15 November 2017

Ngee Ann Kongsi Auditorium, Level 2, School  
of Accountancy, Singapore Management  
University

This seminar will feature A/Prof Kenneth Mak, Deputy Director of Medical Services (Health Services Group) at the Ministry of Health and Mr Zee Yoong Kang, Chief Executive Officer, Health Promotion Board, as the key speakers. A panel discussion will follow the presentations, moderated by Ms Lee Shiao Wei, MOHH's Director of the Healthcare Leadership College.

11<sup>th</sup> Nursing-Allied Health-Administration  
Leadership Programme

23 - 26 January 2018

**Participation for the above programmes is strictly by nomination. Kindly contact your respective HR Department if you are interested to join any of the above programmes**

### Leading Healthcare Team

#### Dean's Message

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### About the Healthcare Leadership College

The Healthcare Leadership College, a division of MOH Holdings, supports the building of strong leadership capacity and capabilities for our national public healthcare system, in line with the Ministry of Health's vision and strategic priorities.

We develop and deliver high quality programmes and other learning platforms for public healthcare leaders, covering topics such as leadership and organisational development, public service ethos and values, and key healthcare policies and issues.

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Team HLC