

# HEALTH IS SOCIAL

## CHI Leadership Council Conversations on Health- Social Leadership, Change & Transformation

24 - 28 JULY 2023



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# FOREWORD



The Centre for Healthcare Innovation (CHI) was established to tackle Singapore’s healthcare challenges through promoting a culture of innovation to achieve better health and health care outcomes. We aspire to look further into the future of health, to solve not just the challenges of today, but also to forecast and address the problems of tomorrow.

Taking a community of practice and action learning approach, the Centre of Health Innovation has identified that the integration and transformation of the health and social sectors is a key strategic priority for progressing Singapore’s health sector landscape and drive better health outcomes for our population.

In July 2023, we convened CHI’s Leadership Council for a week of intense and invigorating conversations and strategizing – on the changes we want and the transformation we need. So much new knowledge, insights and wisdom was gleaned from this series of semi-structured discussions, conversations and meetings, and we have organized this report by the emergent themes.

At the end of the week, we also launched CHI’s Health and Social Change Academy (HSCA), which will help equip the health, social and people sector with the knowledge, skills, and tools to be activators, collaborators and agents of transformation for Singapore’s collective health through a shared “**Comm-PACT**”:

- Population – Drive integration of health and social care, focus on health of vulnerable groups, and improve overall health of residents.
- Activation – Enable communities and individuals to take action to improve and maintain their health.
- Collaboration – Build collective leadership and collaborative partnerships through engagement, teaming and networks.
- Transformation – Harness the power of social movements to scale health and wellbeing of the population.

On behalf of the CHI’s Leadership Council, I hope you will find this an informative read, and I look forward to welcoming you to our events, workshops, and courses.

Sincerely,



Prof Eugene Fidelis Soh  
Chairman of CHI Leadership Council



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# INTRODUCTION



“The people who are crazy enough to think they can change the world are the ones who do.” – Steve Jobs

We start first by changing our perspectives. In conversations about the future, we all come with our own knowledge, perceptions, values, mental models and beliefs. These are also heavily reinforced in a society and environment in a series of balancing loops that seek to maintain the status quo and equilibrium. It is in this backdrop and context that the week-long conversations, meetings and discussions were brought together in a brave attempt to challenge that status quo, to paint a different future, and unveil new perspectives hidden from plain sight due to our inclinations and limitations. A salute to the Centre for Healthcare Innovation’s Leadership Council for curating and putting together a week-long programme that pushed the boundaries and initiated explorations into fields of new knowledge.

Being in and of the system, it was extremely humbling for the Editorial Team to unlearn, learn, distill, curate and communicate the key insights, learnings and revelations from the week-long conversations. We started by first emptying our cup, to be prepared for new insights and knowledge. Every conversation and discussion was transcribed with the help of technology, analysed several times with connections made across conversation, and carefully distilled, produced, curated and packaged. We were privileged to be part of this rich and layered set of conversations, and aware that we should not let “perfection be the enemy of the good”, the Editorial Team is pleased with this final published version. We see this report as a seed and the start of a wider conversation about Health-Social leadership, change and transformation.

Finally we want to share with our readers an editorial decision which was discussed extensively amongst the team, and with the Council. Some readers may realise that the report is missing a conclusion section. We expect that the report will provide readers with a journey of discovery and exploration, and the same content may generate very different insights and revelations for readers from different backgrounds and context. Hence the collective decision was to let the readers come to their own conclusions, and not force the readers to accept our conclusions. This is aligned with our hope that this is the start of a conversation, and we hope that you will be able to share your takeaways and conclusions with us to continue this conversation.

Grateful to all the participants and the Centre for Healthcare Innovation’s Leadership Council Chair and members for their time and contributions, and we hope that you will find this report an enriching and joyful read.

Sincerely,

Assistant Professor Clive Tan  
Editorial Team Co-Lead

Dr Jonathon Robin Gray  
Editorial Team Co-Lead

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# EXECUTIVE SUMMARY

In July 2023, the Centre for Healthcare Innovation convened the Leadership Council for a week of intense and invigorating conversations around the changes and transformation the Singapore system both wants and needs.

Enthusied and excited about the Healthier SG strategy and movement, the Council reflected how Singapore is building on strong foundations and leading at the edge. Acknowledging that we may be charting a relatively unknown landscape for others and acting as pioneers for the potential journey ahead, the Council recognized this important ‘natural experiment’ in the health care domain and envisioned that Singapore can be a ‘crucible’ affording the rest of the world an opportunity to see these proposed new ideas, design and structures under the ‘heat’ of real-world implementation.

Through a series of focus group discussions, topical presentations, small group conversations, site visits, and stakeholder engagements, we collectively gleaned much new knowledge, insights and wisdom from the week. Key themes and insights are being offered respectfully in this report in the hope that it is helpful for Singapore’s multi-year health transformation journey.

The report is structured based on three emergent themes:

1. WHY do we need Health AND Social Change?
2. WHO do we need for this Large-Scale Health System Transformation and Change?
3. HOW do we build and deliver this transformation?

## WHY do we need Health AND Social Change?

1. Singapore’s health system remains a model of excellence and innovation for many other countries. It is constantly evolving and adapting to meet the changing needs and expectations of its population. In 2023, the Ministry of Health launched the “Healthier SG” strategy and journey, to help our people live healthier, dignified lives – for longer.
2. The people of Singapore live among the longest lives of any population in the world but, that longevity currently brings along with it the most years living with morbidity of almost any population in the world. We want to give back to our population years of healthy productive life – and if we do that for everyone – we are collectively giving back to Singapore 10s of millions of healthy, dignified and productive years of life.
3. To reach that ‘shared purpose’, we need to face the complex, system challenges, using a broader definition of health, build on the strong foundations and be the first country in the world to deliver a truly excellent integrated health and care system.

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# EXECUTIVE SUMMARY

## WHO do we need for this Large-Scale Health System Transformation and Change?

1. In facing more complex challenges we require new ways of thinking and collaboration. At the heart of that new collaboration must be the health and social care sectors coming together to make care more coordinated, integrated and people-centred. While there are collaborations between the health and social sector at all levels in Singapore, there is still tremendous potential for closer partnerships and integration.
2. Progressing health and social care to work together better is essential and necessary as the two are inextricably linked. We will require collaboration and collective action, we will require a radical shift in the existing culture and mindset of health and social care leaders.

## HOW do we build and deliver this transformation?

1. To meet the goals of Healthier SG, to enable people to become proactive agents of their own health, we have to reconsider what it really means to empower patients and families. Empowering patients and families mean having “power with” them – to jointly tackle the socio-economic-behavioural environment that created the poor health. The use of powerful stories and narratives that connect with people’s values and yearnings will help both the health and care sectors to mobilise around these causes, and together with the empowerment, the people will be able to turn those yearnings into action stories to move towards better health.
2. To bring forth this multi-year, large-scale health system transformation and change, we will need system wide leadership. System leaders will need new skills to navigate the uncertainty of dealing with complex challenges, explore common beliefs and values, find a ‘common why’ and shared purpose, trust one another, connect emotionally, motivate one another then importantly create an environment that enables others to do the work collectively.
3. System leaders will need to become skilled at tackling complex problems without a clear cause-and-effect relationship and create scalable change. These complex problems require adaptive strategies, experimentation, and continuous learning. Changing systems require understanding and leveraging the nature of organisations and movements. Movements emerge as responses to changing environments and norms and seek to create transformative change. Our leaders need to be able to harness the strengths and power of organisations and movements to effectively and navigate their people through the complexities of a fast-changing world.

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# EXECUTIVE SUMMARY

1. Implementing a Population Health approach as a comprehensive and proactive strategy to improve the health and well-being of populations. We will need a significant redesign and restructuring of the health system, power dynamics, workplace culture, new capabilities and skills to lead, and a more holistic approach to health which considers social determinants of health and a systems-approach to health disparities.
2. Population Health approaches will need to harness the power of big data to identify patterns, better understand health trends and social connectedness. Unmet health needs can be targeted through a sub-population approach or an individual and personalised approach. Data sharing arrangements, literacy and familiarity will need to progress with continued engagement of the public and care professionals in the development of the health data sharing ecosystem in a meaningful way and articulating the benefits as they emerge.

\*The CHI Leadership Council is comprised of internationally renowned experts and leaders from diverse backgrounds and fields (the full listing of Council members is detailed in Annex 1).



# WHY DO WE NEED HEALTH AND SOCIAL CHANGE?







# INTRODUCTION



We don't deliver on our overarching goal, to help our people live healthier, dignified lives – for longer.

The people of Singapore live among the longest lives of any population in the world, as a consequence of the hard work and excellence in the existing system. But, that longevity currently brings along with it the most years living with morbidity of almost any population in the world. To attain our goal of healthier, dignified lives – for longer we need to face the complex, system challenges, a broader definition of health and build on the strong foundations and be the first country in the world to deliver a truly excellent integrated health and care system.

Singapore's health outcomes have improved markedly in the past decades. As a result of this success, the “low lying fruits” have been harvested and the current challenges we are facing now are more complex and require new ways of thinking and collaboration. The health and social care sectors now need to come together better to make care more coordinated, integrated and people-centred.



## The Burning Platform

Singapore's health system is not without its challenges. Like other advanced health systems internationally these relate to the increasing burden of ill-health as a result of an aging population and rising chronic diseases, the associated increase in demand and cost of health care services, the unequal access and affordability of health care for low-income and vulnerable groups, who may not have enough savings or insurance to cover their medical expenses, slower workforce growth and a shortage of health care workers, and infrastructure constraints.

Despite these challenges, Singapore's health system remains a model of excellence and innovation for many other countries. It is constantly evolving and adapting to meet the changing needs and expectations of its population.

The challenge of change in this context is complex – how do we stay ahead of the challenges and mobilise health and care providers and the population to change behaviours without a “burning platform” of the sort we witnessed during the pandemic or are seeing in some other health systems internationally. Given this context, how do we build the necessary motivation and momentum, the burning platform for improvement and change?





## Singapore's Healthcare Landscape

Singapore's healthcare system has achieved excellent health outcomes at a relatively low cost and has received numerous accolades over the past decade. In the 2012 Bloomberg ranking of the world's healthiest countries, Singapore was ranked 1st, narrowly edging out Italy and Australia. Amidst the COVID-19 pandemic, the 2020 Bloomberg Health-Efficiency Index ranking, which covers life expectancy, healthcare cost as a % of GDP, and COVID-19 mortality rates, saw Singapore move from second to first in the rankings. The Singapore health care system has been internationally renowned to have performed well within the last two decades, producing strong health outcomes on most major indices and only spending 4-6% of GDP annually on healthcare. Despite the low GDP expenditure, Singapore's healthcare budget had actually tripled within this time period - a trend that has been well buffered by its strong economic growth.

Across many health systems, healthcare inflation and rising costs are becoming unsustainable, and in some countries, this has led to widened health inequities across sub-populations, vulnerable groups, and marginalized communities. In many parts of the world, the fast-ageing population and the threat of infectious disease outbreaks are causing a huge strain on healthcare systems, infrastructure and human resources for health. Singapore is not immune from these challenges - in the past decade it has been wrestling with rising healthcare costs, an ageing population with higher rates of chronic diseases, rising expectations of the populace, and the need to build up its healthcare infrastructure and the healthcare workforce. We know that older people are more susceptible to developing serious diseases and there are concerns that our people are becoming less healthy, as we observe the rising trends of chronic diseases such as hypertension and diabetes. This can be attributed to unhealthy lifestyle habits, such as unbalanced diets and low physical activity levels. Additionally, with Singapore's economic growth expected to slow down for the next decade, the funding growth for the healthcare system is expected to reach an inflexion point and we need to embark on bold, large-scale transformation to cope with the challenges and headwinds ahead.



## Singapore's Ongoing Health Reform

In 2022, the Ministry of Health set the nation on course for “Healthier SG” strategy and journey. One of the central ideas for this strategy is to strengthen primary care and encourage patients and residents to be enrolled with a preferred primary care provider. This enrolment feature is a significant policy decision for the healthcare sector as Singapore’s outlook for its healthcare system has always placed a premium on patients having free choice when seeking healthcare services. We need people to take charge of our own health. Healthier SG will place more emphasis on proactive preventive care, compared to reactive curative care, and put in place systems and incentives to empower individuals to chart their own journey towards better health. Healthier SG puts in place a series of incentives to nudge and encourage residents to choose their preferred primary care provider. The theory of change behind this move is that for health conversations to move beyond quick consultations on the acute health issues and presenting complaints, there must be a care model that is built on a trusted relationship between the primary care provider and the patient.

The Ministry of Health continued its effort to strengthen the community and social care providers to allow more patients and residents to receive care in or near their community to reduce the need to be followed-up at tertiary hospitals, and better address the social drivers of poor health. Together with primary care and community care; health care and social care working well together, we will be able to progress people-centred and integrated care for our patients and residents. This will be supported by digital connectivity and better health information through a few designated digital health applications and continued work for better sharing of health data.

The care integration within the health sector has been ongoing for the last decade and has shown progress, but it will continue to remain a work in progress for years to come. The health and social care integration is relatively embryonic and much more complex, given that Singapore’s health and social sectors come under two separate ministries, and exist in two weakly connected parallel ecosystems. Several countries are also on the same journey to better integrate their health and social services, and are at various stages of progress.

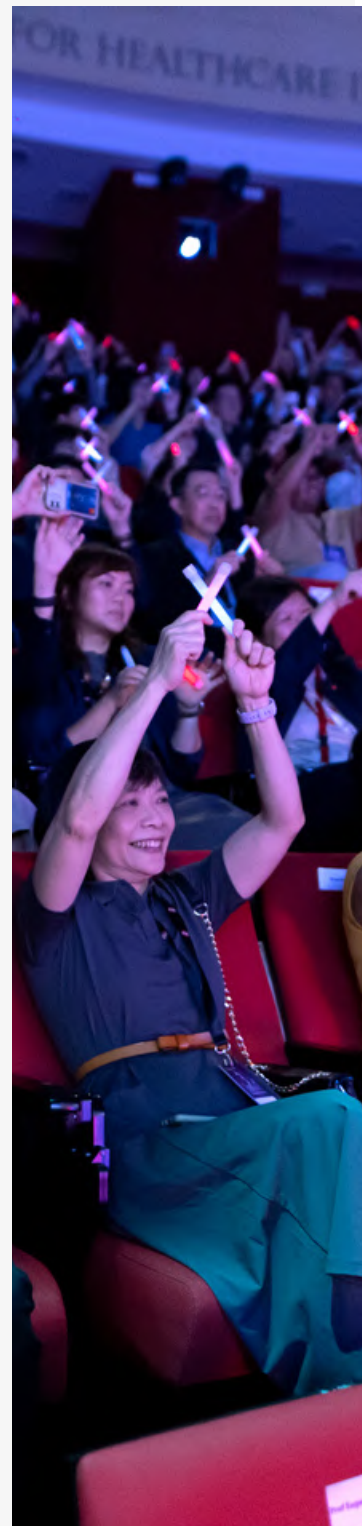


## We Need to Think Different about Health and Redefine it for Our Future

There is widespread recognition internationally that, if we are to meet the growing needs of our population, and address current disparities in outcomes, we need to redefine health, not just as the absence of illness but rather as a dynamic and holistic state of well-being that enables individuals and communities to thrive and flourish.

Health is not determined by biological factors alone, but also by social, environmental, economic, and cultural factors that influence the opportunities and choices for healthy living. Health is not a fixed or static condition, but a process of continuous adaptation and adjustment to changing circumstances and challenges. Health is not a passive or individualistic concept, but an active and collective one that requires the participation and empowerment of people and the collaboration and accountability of various sectors and stakeholders. Health is not a goal or an end in itself, but a means and a resource for achieving human potential and social justice.

This definition is inspired by the World Health Organisation's (WHO) definition of health, as well as the Ottawa Charter for Health Promotion and the Bangkok Charter for Health Promotion in a Globalised World. These documents emphasise the importance of addressing the social determinants of health, creating supportive environments, strengthening community action, developing personal skills, reorienting health services, building healthy public policies, and advocating for health as a human right. They also recognise the diversity and complexity of health issues and the need for multisectoral and intersectoral action to promote health and well-being in a globalised world.







## Understanding it is a joint ‘WHY‘

What will it take to bring health, care systems, the population all together around this issue. The facts have been known for a long time, yet we are still fragmented. There needs to be a collective and clear articulation of why the Health and Social care sectors need to work better together.

Perhaps it is a coming together around *help our people live healthier, dignified lives – for longer.*

Knowing what we want to accomplish together, and what public value (Turbitt, 2013) we want to produce is important, but not enough. Understanding the Why requires us to dig deeper, and not be satisfied with just a logical and theoretical explanation, but finding that emotive, visceral and personal reason. Perhaps if we ask for the stories from our population, we will find out the visceral and personal reasons to mobilise around this cause. 1000 stories might help articulate the value of a few more productive, morbidity free years each. Perhaps that gives us a common why – ‘we want to give back to our population years of healthy productive lives – and if we do that for everyone – we are collectively giving back to Singapore 10s of millions of healthy, dignified and productive years of life.

When both the Health and Social care sectors can find a common Why that resonates with patients and providers alike, one that speaks to the large number of people in health and social care sectors, people can rise to the occasion and come onboard this change and movement. The stakeholders must find their purpose, their intrinsic motivations, and their Why for this change and movement, otherwise the risk is that any change would not be sustainable nor durable.

## Understanding the History, Developments and Resulting Culture

Understanding the context and history of Singapore’s health and social care sectors is important as the development path ahead where we need to consider the path dependencies, and existing strengths and weaknesses. For example, Singapore’s social care sector has been designed and developed with a focus on the "many helping hands" approach (Haskins, 2011), which emphasises the importance of community involvement in social care.



It promotes community involvement and keeps the government expenditure for social care low but has arguably also led to underinvestment in the sector and a relatively fragmented social care landscape. Acknowledging the need for a strong and more cohesive social care sector, the government has planned for more sustained funding support for social care programmes (MSF, 2019).

## Understanding the Structural Challenges

In majority of countries, health and social care are funded under separate ministries and budgets (Commonwealth Fund, 2020). In Singapore, health services are funded by the Ministry of Health while the social services are funded by the Ministry of Social and Family Development. While there are collaborations between the health and social sector at all levels, there is still tremendous potential for closer partnerships and integration. In countries with strong municipal offices, the health and social integration happens more strongly at the neighbourhood and community level. Singapore is a small country with porous township borders, so local town councils do not play a definitive role for health and social care service integration – rather it is done by a network of national level agencies such as the Agency for Integrated Care, National Council of Social Service, Primary Care Networks (Surendran, 2022) and more recently the public sector healthcare clusters.

## Understanding How the Different Teams Work and Play

At the operational level, having health and social care providers work more closely together to develop shared care and shared processes will help harmonise practice and empower providers, but there is also a risk that these written protocols and agreements may make the process overly mechanistic and less personal.

Health and social care providers are both working to improve the health and social situations of the people. They need to work well together, but the types and the nature of the challenges can often differ significantly. Health care provision is relatively well resourced, relatively structured and orientated towards a complicated/complex single source - the body (and the mind). Social care works with a more diverse set of challenges which can be complex and even chaotic (using the Cynefin framework) where there is hardly a one-size-fits-all solution and solutions are often relational.



Challenges often spring from multiple sources, can often poorly delineated, multi-faceted and complex. Fortunately there is strong mutual respect for each other's work and both recognise the need to work better together, especially as the population ages and more people require integrated health and social care services.

## Understanding the Limitations of the Health Sector and the Need for the Social Sector

In healthcare sector, the term “compression of morbidity” (IHME, 2019) has been a driver force for many of the investments and improvement works in Singapore, as we seek to reduce the number of years lived in ill health. We need to organise and design our system for health rather than for illness. A person's health and well-being is not solely determined by their physical health; there is a large influence by various social determinants of health. Only focusing on health care and neglecting social care needs will lead to a spiral of visits to the hospital for health issues that can be largely preventable. Similarly effective social care often involves coordinating with healthcare providers to address both the physical and emotional aspects of a person's health. Progressing health and social care to work together better is essential and necessary as the two are inextricably linked. We will require collaboration and collective action, we will require a radical shift in the existing culture and mindset of health and social care leaders.

The complex nature of health and care systems and the ‘wicked’ nature of the problems that we need to address cannot be tackled using traditional transactional levers for change – they require a transformational approach. This will mean bringing fresh perspectives to these challenges, not least that of our constituents in the communities we serve, and to develop new skills and a shared language across existing system partners to enable this transition. As new models of care and new services emerge, the ability of the health and social care services to be well-integrated will impact the health outcomes of individuals and communities. The majority of our health is determined by factors other than healthcare, so we must look to such networks and partnerships to deliver the activated and empowered citizens we need. Examples such as social prescription and health coaching requires the health and social care sector to be well-connected and integrated, so that services can be well-coordinated and various care providers can collaborate together effectively.

# WHO DO WE NEED FOR THIS LARGE-SCALE HEALTH SYSTEM TRANSFORMATION AND CHANGE?

## Introduction

To bring forth this multi-year, large-scale health system transformation and change, we will need leadership from both the health and social care sectors, and need leaders across all generations to come together for these shared visions and for a better future.

## Leading Self & Self Mastery

Standing at the cusp of a large-scale health system transformation and change, we acknowledge that there is a heavy demand for our leadership teams to do much more to steer and grow the organisation through the complex challenges and phases of change. Since much of what Singapore plans to do now is leading at the edge, our leadership teams need to understand that realm of uncertainty requires “Adaptive leadership” (Heifetz, 2009). To navigate the uncertainty of dealing with complex challenges, leaders will need to learn about the challenge and then search for a match of solutions to problems, and then not just perform tasks well but more importantly create an environment that enables others to do the work collectively. It is about learning about problems and available solutions across varied contexts, and enabling leaders and communities to navigate towards solutions together. It is leadership from the perspective of a “learner” – one who has learned to ask the right questions – rather than that of a “knower” – on who thinks he or she knows all the answers.





## Leading Self & Self Mastery

This kind of leadership is a form of practice – not a position or a person – and it can be exercised from any location within or without a structure of authority (Ganz, 2010).

When our leaders are curious and willing to learn rather than to know, we are more ready to face the sort of complex challenges that we will expect to face. This attitude and outlook will allow us to take on risks in “safe-to-fail” experiments. If not, the default is that people tend not to take certain level of risk, and there is a missed opportunity to challenge ourselves early on to do things differently and to experiment. Leaders must also have a clear “why” for wanting to serve and lead, their intrinsic motivation for the change that they want to see and bring about. Extrinsic motivations like money and recognition may be helpful but are not sustainable nor durable, especially in uncertain, complex environments because the incentives change as the context changes, but static and linear incentive systems often can’t adapt or keep up in meaningful way.

Our leaders come in all shapes, sizes and ages. We require our leaders to have ‘a critical eye and a hopeful heart’ (Ganz, 2009) – a challenge with several of the senior leaders is they have lost their ‘hopeful heart’, which we can empathise with given the high burden on the health sector leadership during and after the COVID-19 pandemic. The good news is that it is reversible – with a dose of optimism and joy, coupled with a strategy and plan. It is important to acknowledge that in general we have young leaders who possess the heart and older leaders who possess the critical eye, and a good system has a balanced combination of both in the right amounts to be able to drive large scale change. Young leaders and middle managers are in a unique position, with their ability to connect both ways and serve as a bridge.





## Leading Others and Creating Groups

Acknowledging that building a leadership team can encourage stability, motivation, creativity and accountability, leaders lead by building a platform where ordinary people come together to accomplish extraordinary things, grow more effective over time and enable the learning and development of the individual team members. Effective teams must be bounded by a shared purpose, goal or belief – and here it is useful to emphasise that “Belonging comes before Belief”. The relationships that we build with potential collaborators who later on may become our leadership team requires that we explore common beliefs and values, find a shared purpose or visions, trust one another, connect emotionally, motivate one another and share the responsibility and accountability of bringing that shared vision to fruition.

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***One of the challenges is finding the organic leaders... they may not be the positional leaders or the most popular... ask who do people turn to when they don't know how to do something...***

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It is not easy for leaders in the health sector, who are used to a very strong sense of “control” to loosen the grip and evolve to a culture of commitment. We need to invest time and intentionality in building the relationships and the trust. Leaders need to reach out to other leaders, form relationships and expand the circle of purpose and support. The leadership team then needs to create a platform and vector where individuals can learn and grow together, and stay committed together to actualise that shared vision.

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***you shouldn't be discouraged because you're not going to (be able to) bring everyone over to your side***

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## Leaders and Leadership Teams Changing Systems

As health care providers, we have been well-trained to ask “what is the problem and how can I/we help?”. As we develop more empathy, we may find ourselves asking “who am I here to help and what is their problem?”. That places the person before the disease, and reminds us of the phrase “hate the sin and not the sinner”. Great teams poised for large scale system change often stand side-by-side with the people – whether they are patients or not, and ask “how can we work together for a shared purpose?”. In this case it can be a vision of better health and human dignity for all. This is an enlightened perspective where leadership teams want large scale system change and to be part of the ecosystem, instead of trying to control the system themselves.



**Sympathy**



**Empathy**



**Compassion**

# HOW DO WE BUILD AND DELIVER THIS TRANSFORMATION

## Introduction

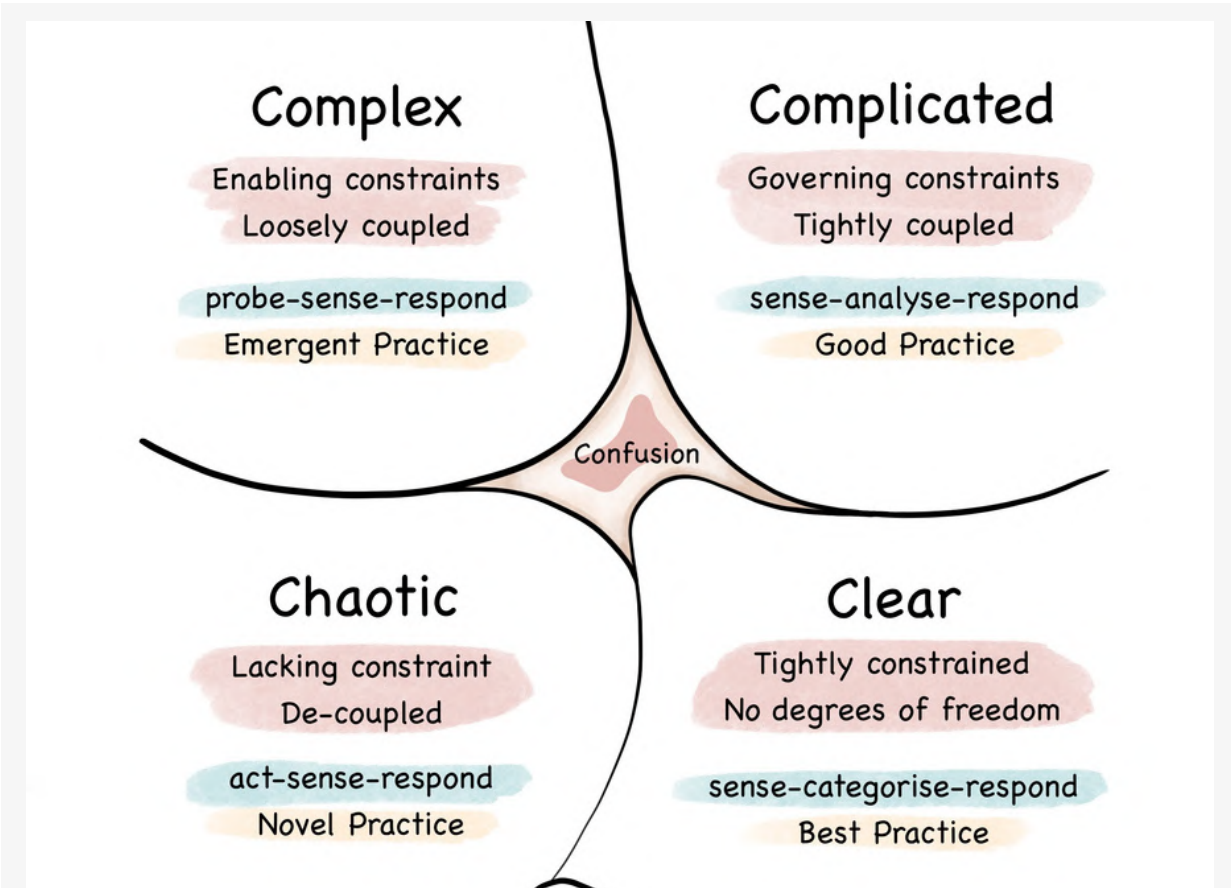
Knowing why change needs to happen, and having the people and stakeholders motivated and empowered to make the change is important. The conversations helped to unpack and understand how the collective leadership can better negotiate, navigate this transformation, and elaborated on the appropriate use and distribution of power, to create movements based on shared interests.

## Correctly identify and categorise the problem; use the appropriate approach

Leaders need to be able to identify and clearly communicate the problem that they need to solve. A clear problem statement allows the leaders and their teams to clearly analyse and categorize the challenge they face. Depending on whether the problem is simple, complicated or complex (ref: Cynefin framework) – a different approach will be needed. Most people are able to choose the right approach for the right problem, but a common mismatch is when people do not recognize that they are up against a complex problem, and they try to solve it like how they would approach a complicated problem.

Many people are familiar with complicated problems – those that have many interconnected parts and require expertise and careful analysis to solve (e.g. a complicated surgical procedure).





Cynafin Framework, illustration by tom@thomasbcox.com, <https://commons.wikimedia.org/w/index.php?>

These problems have a deterministic nature, meaning that if you follow the same steps and procedures, you'll get the same outcome consistently. Complicated problems can be challenging, but they are ultimately solvable through technical knowledge and experience

Complex problems are a different breed altogether. They are characterized by their unpredictability and the presence of numerous interacting factors that often make them difficult to fully understand or control. Unlike complicated problems, complex problems do not have a clear cause-and-effect relationship, and their outcomes may not be easily reproducible even with the same approach (e.g. managing loneliness, illness and complex social issues for an elderly citizen). These problems require adaptive strategies, experimentation, and continuous learning.



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*Editors' Note: The next four pages cover a series of rich conversations that was challenging to distill. We encourage the readers to read this segment more slowly, deliberately and reflectively.*

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## What does it mean to empower people with agency over their own health?

We often say we want to empower the patient, empower the family – but often the power still lies with the health care provider. To meet the goals of Healthier SG, to enable people to become proactive agents of their own health, we have to reconsider what it really means to empower patients and families. For too many people, the concept of Health can be abstract and difficult to connect with. Acknowledging that health means different things to different people, how do we take an abstract concept such as health and make it concrete and relatable so that people can and want to act on it?

Understanding the link between health, dignity and people's agency over their own health is key. Contextualising this to Singapore will require us to think deeper about what it means for our local population. Once we understand this, our health and social sector providers can work with our people in ways that enable them to realize their own agency; instead of just depending on doctors to solve their health problems, people can recognize their own purpose and capacity as problem-solvers about their own health. Unfortunately, many people still think of health as something you “go and get” or is ‘done to us at the clinic, at the hospital, rather than something that we have control over and want.

To see things differently it helps to shift our perspective by asking the right questions, and choosing the right words, stories and metaphors. In health care, we often ask “How can we help solve the patient's problem?” – that is traditional, common but disempowering because the patient is not part of the solution. More recently, the movement towards people-centred care has popularised the shift of the question from “What's the matter WITH you?” to “What matters TO you?” (MJ Barry, 2012). If we further tweak the question a little to “How can we create an environment or culture where people are able to solve their problem?” – it changes the solution entirely – where now the patient is part of the solution. For example, how do we move from doctors telling community members to do more healthy activities, to people who want to stay healthy (and feel activated, and ‘unleashed’, choosing to engage in healthy activities).





To avoid more of the same, our leaders and practitioners will have to develop a new set of skills to be able to articulate powerful stories and narratives that connect with people's values and yearnings, and be able to turn those yearnings into action. This starts with building trusted relationships, to hear the stories, – to be able to co-develop a care plan and be in partnership to achieve those health goals. This is difficult to achieve and requires both parties to be engaged, motivated and empowered. However the current relationship is very paternalistic – this is reflected in our language, choice of words, and metaphors we use. That will take time to change.

## Understanding how to Mobilise Resources and Power for the Challenge at Hand

What does it really mean to empower patients and families? As civil rights activist, Martin Luther King Jr. famously said “Power is ability to achieve purpose”. In the current paternalistic health care environment, often the health care provider has “power over” the patient. Empowering patients and families mean having “power with” them –to jointly tackle the socio-economic-behavioural environment that created the poor health. And the health care provider needs the patient and the family onboard as a partner to solve the problem. However there can be cultural factors that make people fear giving up power, or taking power– these need to be unpacked before we try to share power with them.

Many probably never had to ask why we want to empower patients and their families, or why we want to build their power. Because only they have the power to choose health – it needs to be something they want (a yearning) and something they can achieve (their purpose with their power). A yearning without power leads to mismatched expectations, disappointment, and over time learned helplessness. This insight and principle applies to both individuals and communities – it is worthwhile to study which communities seems to be empowered and in control of their destiny, and which seem to exhibit learned helplessness.



While empowering another may appear to weaken one's power base, it is only so when there is no shared purpose. When there is shared purpose, sharing power – moving from “power over” to “power with” serves to amplify the power, as more people are independently and interdependently progressing towards the shared purpose. In complexity science, this is termed as “agency” – the capacity of an individual, organization, or system to act, make decisions, and influence its own behaviour or the behaviour of its surrounding environment.

## Creating Positive Large-scale System and Cultural Change

Large scale change for human ecosystems is complex and difficult to orchestrate and predict. Each person, family and organisation will make their own decisions based on their values and interests and influence its surroundings. Like a movement of a school of herrings or flock of starlings, there's a complex mix of self-organisation, non-linear interactions, sensing and feedback, adaptive behaviours and system level resilience at play. This makes it difficult to create change at a large-scale unless there is a clear “why”, a “shared purpose” that can help forge bonds needed to hold a community together even as they navigate the inevitable ups and downs of social transformation. It is worthwhile to have a safe space for people to wrestle with the “why are we doing this” question – otherwise any attempts at a large-scale change will not succeed as the vectors may not be aligned.

To understand the structures for large-scale change, the concept of fractals – where small units of change exhibit self-directing and self-replicating behaviour, often based on a few simple rules, in a way that is scalable and capable of creating large-scale change. Leaders and practitioners who wish to create large-scale change in complex systems must recognize the power and potential of of cellular settings that create the conditions for effective collective action in a repeated pattern (i.e. it is not just about actions but about the setting that makes future actions possible), and ideas to generate and create significant and transformative effects. In health care, we can ask ourselves what shared purpose and fractal structure do we have that can connect people into groups that simultaneously feel small, and are also connected to a larger structure at a same time?



To understand how large-scale change become sustainable, we must understand the nature of organisations and movements. Organizations are established with a long-term vision and mission, aiming for continuity and stability, and structured to maintain efficiency, sustainability and growth. Movements emerge as responses to changing environments and norms and seek to create transformative change. Understanding that organizations and movements represent two essential elements of progress, each with distinct roles and functions – leaders can help organizations to stay agile and to be open to waves of positive change and movement, and change-makers can direct their movement towards helping an organisation evolve and keep up with the changing times. With organizations offering a foundation for sustainable growth and movements catalyzing change when needed, our leaders can harness the strengths and power of both effectively and navigate their people through the complexities of a fast-changing world.



# HOW DO WE DELIVER A POPULATION HEALTH APPROACH?

## Introduction

A Population Health approach for health offers a more comprehensive and proactive strategy to improve the health and well-being of populations, and is increasingly attractive for health systems with ageing populations and increased prevalence of chronic diseases. It is better suited to address these complex health challenges and manage the long-term health needs of the population as it has a strong emphasis on preventive care. A key characteristic of a strong population health system is a strong primary and community care sector that is well-connected and collaborative – which encourages individuals and community to take an active role in and ownership of their health.



Accompanying the change in health paradigm, Singapore will need a change in method and approach for its health system. Currently Singapore's health system is in the midst of a move from episodic and transactional care, to care that is integrated, longitudinal and relational. And if Singapore can make this transition successfully, we can move from a model which is focused on diagnosis and treatment (episodic) to a model recognises the importance of prevention and relationships, and one that also considers physical and mental wellbeing as part of a holistic approach to care. This will require us to empower our teams and ensuring they have the capability and capacity to extend existing models of care to incorporate more preventative and proactive approaches, and regularly reminding ourselves that we should avoid medicalising the approach and disempowering constituents in the process.

Acknowledging that shifting to a Population Health approach appears to be the right thing to do, there is recognition that it is a big shift that requires significant redesign and restructuring of the health system, power dynamics, workplace culture, and new capabilities and skills to lead, operate and support this new system. Higher health literacy and levels of activation of the population, a more holistic approach to health which considers social determinants of health and a systems-approach to health disparities will contribute to a stronger population health system.





## Harnessing the Potential of Digital Health and working towards Digital-first

Digital Health solutions and connected health data systems will be important to better connect the providers, payers, policy-makers, patients and residents. Population level big data (Dash, 2019) will enable providers, payers and policy-makers to make timely and data-informed decisions. Harnessing the power of big data, population health systems can leverage on the available data to identify patterns, better understand health trends and social connectedness, and design targeted interventions to address areas of specific need. To harness the value of big data in health care, we must ensure that care professionals and service managers to have access to the population intelligence they need to drive improvement and change. In addition to big data, the small data (Kannan, 2019) for health – where health data for the individual is connected across providers and across time in an integrated and accessible manner, is a powerful enabler for person-centred health and health ownership.

With the power and potential of big data and small data for the health sector, there is now the capability and responsibility to look for the health disparities within the population and do more to address those unmet health needs – it can take the form of a sub-population approach or an individual and personalised approach. Connected health systems and information flow will be an important enabler for integrated care and population health as it enables new clinical and analytical methods to systematically identify and address prevention gaps, diagnosis gaps, treatment gaps, and to provide more tailored support for people with complex needs.

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***It is not uncommon to find that residents know less than what we (providers) know about their health...***

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## Data is More Valuable when it is Connected - The Future of Data Sharing

The technologies and data analytics capabilities have advanced significantly since the COVID-19 pandemic and are now more effective, accessible and practicable. Acknowledging that data resides in data warehouses and lakes, there is a need to better connect these multiple “data verses” which exist across both the health and social care ecosystem. These include medical records, genomics data, social and behavioural data, environmental data – which if unlocked and connected holds huge potential for novel insights for more precision public health endeavours. We recognise that realistically, full and complete data sharing between stakeholders might not be achievable in the near future, but the recommendation is to not wait for the conditions to be perfect before taking action. While policy-makers and the major stakeholders work to unlock the big data Sharing (big S), everyone should continue to work on their smaller bilateral or multilateral data sharing (small s) agreements and arrangements. As these smaller data sharing arrangements arise, the landscape will change and data sharing literacy and familiarity increases, and the conditions become more favourable for big data Sharing (with a big S).

It is important to engage the public and care professionals in the development of the health data sharing ecosystem in a meaningful way - ensuring that stakeholders are able to inform and influence the way in which health data is collected and used, and insights generated from this data can be used to support better care design and delivery. The sentiments surrounding data sharing has progressed in the last five years following the COVID-19 pandemic. The public has demonstrated maturity and openness when it comes to sharing their data for altruistic reasons such as for health services planning (Ballantyne, 2022) and contact tracing (Habich-Sobiegalla, 2022).

Good practices on how to build trust amongst the data generators, data users, the governing entity and the IT service provider include transparency of standards, policies, processes, communication channels and mitigation measures for contingency situations. These can address people’s concerns about data sharing and privacy, but with clearly articulated benefits, many would also be able to trade these concerns for the benefits.

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*It's a massive pain for anybody entering data into these systems... and we create another burden by creating a gazillion protocols, but actually technology should be there to make life easier for the end user...*

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We also acknowledge that data generation, collection and storage has a cost – the healthcare professionals generate health data through the Electronic Medical Records, and many are fatigued by systems that create a high burden of data collection (although technology is also helping to make this task more automated). Another grouse of many data generators is that they do not see the returns or the benefits of the data they generated. Many health systems that have progressed and matured their data collection and data management systems still find difficulty with creating value for its stakeholders – more should be done in this area. Ultimately the purpose of data collection and data sharing is to generate value – not just for the data users such as policy-makers and providers, but also for the data generators such as residents, patients and people participating in research studies.

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***...data is the new oil... but oil by itself isn't a utility. You have to clean the oil, harvest the oil, build infrastructure around the oil, in order for you to extract value and it is similar for data. By itself, it's very challenging, but you have to curate it therefore you have to invest in high quality data for you to generate useful insights***

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## Population Health is Easier with a Strong Primary Care Sector and Neighbourhoods

In Singapore, the population health approach places a strong emphasis on the primary care sector in a way which we recognise would require significant investments and support for the sector. Comparisons have been with the United Kingdom's National Health System where primary care providers serve as the first point of contact for most patients seeking health care services, and patients have an established relationship with their registered primary care providers. That relationship and compact between the patient and providers enables the primary care provider to play effective family physician, care coordination and gate-keeping roles. The Ministry of Health's Healthier SG strategy aspires to have Singapore's



primary care sector take these similar and additional roles over time but given that the current care model at most primary care clinics in Singapore is largely transactional, this important development will require time and continued investments and support for it to bear fruit.

Another key feature of strong Population Health systems is strong neighbourhoods and communities. In the UK, the place-based care is anchored on the primary care providers and their Primary Care Networks. Singapore's Ministry of Health adopted the concept of Primary Care Networks as a platform to provide cost-efficient multidisciplinary shared services to private sector primary care providers and launched eight of these networks in 2017 (MOH, 2017). More is being done to strengthen the community care sector through the establishment of Communities of Care (TTSH, 2021) which help to bring the providers together to provide residents with components of both health and social care services, ensuring effective communication and coordination among the various stakeholders.

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