Heart of Care

15 Years of Purpose, Care and Trust

About this Book

AIC, as Singapore's national care aggregator, has been entrusted to create a vibrant care community where all Singaporeans can live well and age gracefully. In the 15 years since our establishment, we have worked hard to live up to this responsibility.

This book chronicles our work in the community through stories, as told by our people, partners and beneficiaries. Their stories have been compiled into three chapters that mirror AIC's core values:

Purpose

At AIC, we live our purpose with our heads, hands and hearts. The stories in this chapter tell how our purpose guides everything we do, as we strive to make a positive impact in the community together.

Care

We care for one another as we care for those we serve. In this chapter, the stories are anchored on our respect for the dignity of every individual, however different they may be.

Trust

We honour our commitments and make decisions guided by our values, even when faced with difficult choices. The stories in this chapter are inspired by perseverance and resilience through adversity.

Cover Photo: Mr and Mrs Wong Chee Kong, regular Active Ageing Centre participants at Kwong Wai Shiu Care @ MacPherson

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Chairman's Message

Ageing Well

Dr Gerard Ee, Chairman
Agency for Integrated Care

Everyone ages but ageing is often met with fear and trepidation.

At AIC, we envision a society where ageing is embraced and the silver years are celebrated as a time of joy and wisdom. While we operate as Singapore's national care aggregator, we exist to create an environment and ecosystem that allows all Singaporeans to live well and age gracefully.

Our vision is ambitious but necessary. As Singapore navigates the complexities of a rapidly ageing population, the significance of our work deepens. We can do more to enable people to lead longer, healthier, and happier lives. We can improve their access to care, whether this is medical, financial, physical or social in nature.

For all that we have done and achieved, much more remains. Fortunately, care, in all its forms, can be uplifted by the power of community.

For the past 15 years, AIC has stood at the Heart of Care, supporting seniors and caregivers as much as we support the private and public sector organisations that are dedicated to delivering quality care.

I am heartened by AIC's growth and development not only because it is the direct result of the hard work of our people and partners, but also because it reflects a growing awareness of the silver significance in our society. It speaks of a tacit agreement that every individual, regardless of circumstance, deserves to live with purpose and dignity.

This book reveals untold stories of the work that goes on behind the scenes at AIC. Each one is like a thread, weaving care and compassion into the very fabric of our nation. The resultant tapestry is delicate yet unspeakably strong, binding all of us together in this journey called life.

CEO's Message

Leading with the Heart of Care

Dinesh Vasu Dash, Chief Executive Officer
Agency for Integrated Care

As we celebrate 15 years of AIC's journey, I am humbled by our growth and the positive impact within the care ecosystem.

AIC was established in August 2009 as a national care integrator. Our formative years saw the laying of strong foundations through integration of services and raising awareness of senior care. With Singapore's ageing population, AIC swiftly assumed the role of central implementation agency for eldercare services with expanded outreach, ease of access by the public and introducing quality care models to bring care closer to home.

We were put to the test during the pandemic crisis, as the virus exposed our seniors to the most risk. From safeguarding seniors and enhancing primary care, to supporting sector partners in operationalising their pandemic response, we worked as one and emerged stronger.

This e-book is a tribute to the spirit of Purpose, Care and Trust that had guided us over the years. Within these pages, we relive the moments that shaped our collective beliefs through the eyes of our people and partners. I invite you to read and to celebrate the many hearts and hands that helped shape Singapore's Community Care landscape.

The Journey

A senior guided by rehabilitation staff during a virtual cycling activity

A senior enjoying a spirited game of table tennis at an Active Ageing Centre

Seniors participating in a chair Zumba activity organised by an Active Ageing Centre and Health Promotion Board

The Journey

Around Seniors and Clients

At AIC, we are passionate about helping seniors and clients stay active and age well by:

Improving access to services and information

Improving care assessment and case management

Enhancing financial assistance

Integration

As the national care integrator, we play a facilitative role in uniting Singapore's care landscape, with a focus on:

Enhancing community-based service offerings

Advancing primary care

Fortifying mental health care

Cost Effectiveness and Sustainability

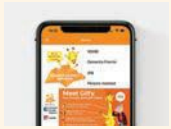
We work to uplift the care sector by supporting improvements and innovations that drive greater operational effectiveness, with a focus on:

Building sector capabilities in quality, productivity and manpower

Sustaining Care through Adversity

We rallied the care sector and took steps to support them and ensure that seniors, the vulnerable and the wider population remained safe and cared for.

Domains		2009 to 2013 **Taking our First Strides Forward**	2014 to 2018 **Scaling Capacities and Nurturing Capabilities**	2019 to 2024 **Growing our Reach and Impact**	**Sustaining Care through Adversity**
Around Seniors and Clients	**Improving access to services and information**	· Connected seniors with care options through AICare Link offices. · Implemented e-referral system to facilitate seniors transiting from hospital to home/ community settings. · Empowered seniors and caregivers with information through platforms such as Eldercare Info Corners and online resources like Singapore Silver Pages, Mobile ElderCare.	· Merged with Silver Generation Office and launched the Community Network for Seniors (CNS), enabling more proactive outreach to seniors. · Expanded AICare Link Offices to all hospitals in the community. · Launched Singapore Silver Line. · Launched Health Marketplace, providing one-stop e-marketplace for clients and caregivers to access Community Care services and schemes.	· Spearheaded proactive and systematic outreach efforts to identify risks and needs of seniors through Preventive Health Visits. · Leveraged National Volunteerism Programme towards tele and digital engagement. · Rolled out SupportGoWhere, a self-help digital resource for caregivers to search for support services and schemes.	In response to the COVID-19 pandemic, we strengthened care and support for vulnerable seniors during Circuit Breaker: · Stepped up outreach to vulnerable seniors. · Extended AIC hotline's operation hours. · Activated Meals-On-Wheels to support seniors on home quarantine. · Expanded Medical Escort and Transport service to ferry seniors to vaccination centres. · Supported providers in adopting teleconsultations and telesupport.
	Improving care assessment and case management	· Launched Community Case Management Service (CCMS) to better support complex cases. 	· Achieved endorsement of InterRAI as a national care assessment tool, providing a common language for care assessment, coordination, and planning.	· Prepared the sector for interRAI adoption.	
	Enhancing financial assistance	· Merged with Centre for Enabled Living (CEL), integrating social aged care. · Introduced financing schemes such as Senior Mobility Fund (SMF) and began administering Caregivers Training Grant (CTG) and Foreign Domestic Worker Grant (FDWG). 	· Rolled out new financial assistance schemes such as Interim Disability Assistance Programme for the Elderly (IDAPE) and Pioneer Generation Disability Assistance Scheme (PioneerDAS).	· Assumed the role of central agency facilitating flows of Intermediate- and Long-Term Care (ILTC) Financing by taking on the ILTC Subvention disbursement function from Ministry of Health as well as the administration of national financial assistance schemes such as ElderFund, ElderShield, CareShield Life and MediSave Care. · Launched eServices for Financing Schemes (eFASS) Application Portal. Introduced online applications and a new ordering platform for SMF Assistive Devices, enabling seniors to easily submit their applications via FormSG.	

Domains		2009 to 2013 Taking our First Strides Forward	2014 to 2018 Scaling Capacities and Nurturing Capabilities	2019 to 2024 Growing our Reach and Impact	Sustaining Care through Adversity
Integration	**Enhancing community-based service offerings**	• Integrated social and dementia day care, community rehabilitation and nursing services under the Senior Care Centres (SCC). • Piloted new models of care like Singapore Programme for Integrated Care for the Elderly (SPICE). • Implemented Holistic Care for Medically Advanced Patients (HOME) programme to provide home-based support for end-of-life clients. • Introduced Advance Care Planning (ACP) in hospitals and polyclinics, facilitating conversations on care goals and preferences as well as person-centred care.	• Administered social services such as Home Personal Care (HPC), meals, transport, befriending services, and Senior Activity Centres (SAC). • Evolved SPICE to Integrated Home and Day Care (IHDC) and launched the Care-Close-to-Home (C2H) programme. • Launched Active Ageing Hubs.	• Evolved SAC to Active Ageing Centres (AAC), supporting all seniors to age actively and healthily. • Ramped up AAC and added health monitoring and social prescription functions to support Healthier SG implementation. • Introduced community screener tool as part of AAC outreach to enable earlier and systematic identification of health and social risks. • Piloted Enhanced Home Personal Care (HPC+) to support a wider spectrum of seniors and enhanced Meals-On-Wheels service to include social monitoring. • Supported the nationwide Pre-Planning Campaign to raise awareness and increase uptake of Lasting Power of Attorney and ACP. • Developed online ACP, ACP community nodes, and tele-ACP services to improve access.	We supported sectors partners and stakeholders in a united response to the COVID-19 pandemic: • Reviewed and refreshed Infection Control & Prevention (IPC) practices, developed resources on IPC measures and conducted workshops to contain infections. • Rolled out COVID-19 Incident Response Team (CIRT) to support nursing homes and centres with COVID-19 incidents, ensuring containment and management of the infection. • Supported mass surveillance testing for care staff, clients, and residents. • Coordinated the mass vaccination of Community Care staff, clients and residents through various options including in-situ vaccinations, deployment of mobile vaccination teams to their premises, or sending staff to vaccination sites. • Implemented Care@NH for nursing homes to care for mild cases onsite.
	Advancing primary care	• Rolled out Community Health Assist Scheme (CHAS).	• Administered Enhanced Screen-for-Life, promoting early disease detection. • Implemented Public Health Preparedness Clinic Scheme (PHPC). • Introduced Primary Care Network (PCN) for team-based chronic disease care.	• Engaged general practitioner (GP) clinics to sign on as Healthier SG GPs, delivering preventive care to residents. • Implemented new grants and financial incentives to support GPs under Healthier SG. • Implemented whitelisting of IT system and data contribution to National Electronic Health Record (NEHR).	• Activated PHPC for the Flu Subsidy Scheme (FSS), Swab And Send Home (SASH) and Antigen Rapid Testing (ART) programmes to strengthen active case detection and management in the community. • Rolled out Home Recovery Programme.
	Fortifying mental health care	• Launched the Community Mental Health Masterplan. • Introduced initiatives like Assessment and Shared Care Team (ASCAT), Community Intervention Team (COMIT), and Community Outreach Teams (CREST) to provide holistic mental health support in the community. 	• Rolled out Home Intervention Programme to support dementia patients and caregivers. • Established local community support networks and partnered with community providers to enhance accessibility of mental health support services. • Supported the launch of the Dementia Friends mobile app. 	• Launched National Mental Health and Well-being Strategy (2023). • Rolled out CREST Youth and Youth Integrated Team (YIT), to support youth mental health by improving accessibility, coordination, and quality of mental health services for the youth population. • Implemented PCN-Mental Health Programme to embed mental care in primary care. • Developed National Mental Health Competency Training Framework to guide mental health practitioners in attaining the requisite competencies under the Tiered Care Model. • Developed National Strategy for Palliative Care (NSPC) 2023.	• Developed online resources to engage seniors at home and support their mental wellness. • Introduced SPOC-19, an initiative to address caregivers and families who were concerned that their loved ones living with dementia might unintentionally flout precautionary measures.

Domains		2009 to 2013 **Taking our First Strides Forward**	2014 to 2018 **Scaling Capacities and Nurturing Capabilities**	2019 to 2024 **Growing our Reach and Impact**	**Sustaining Care through Adversity**
Cost Effectiveness and Sustainability	**Building sector capabilities in quality, productivity and manpower**	· Supported innovations through Tote Board Community Healthcare Fund, Healthcare Productivity Fund, and ILTC Innovation Fund. · Introduced Nursing Home Guides and quality improvement programmes, enhancing service standards. · Launched shared procurement services for ILTC providers, improving cost efficiency. · Established AIC Learning Institute and Learning Management System for workforce development. · Administered training grants and sponsorships, such as HMDP-ILTC Training Grant.	· Developed the Home and Centre-based Care Guidelines and Quality Improvement Toolkit.  · Developed safety indicators for nursing home residents, ensuring client safety. · Implemented technology like Nursing Home IT Enablement Programme and ACP IT System. · Introduced grants for innovation and better programming, promoting higher service quality. · Developed Community Care Training Roadmap and launched AIC Learning Network with six training providers. · Introduced manpower schemes and training awards such as the Community Care Manpower Development Award, attracting newcomers and supporting career development.	· Supported teleconsultations and digitalisation projects through the Community Care Digitalisation Transformation Plan and Smart Workflow Infrastructure and Technology Study (SWIfT). · Implemented OurSG Grants Portal and CareConnect platform, improving grant processing and reporting for service providers. · Launched the Job Redesign initiative to increase sector attractiveness through improved career pathways. · Led the Community Care Salary Enhancement Exercise and published salary guidelines to maintain salary competitiveness.	As the central communication node of the Community Care sector, we played a pivotal role in coordinating pandemic response efforts: · Guided the sector to respond to the pandemic through the issuance of advisories, guidelines, and webinars, designed to equip partners with information and resources. · Coordinated a step-in contingency workforce, leveraging sector-wide support to provide assistance to nursing homes in need.

The Stories

A senior working on upper limb exercises under the guidance of rehabilitation staff

Seniors moving and clapping to Bollywood beats at a Senior Care Centre activity session

A senior participating in a sensory game activity at a Senior Care Centre while staff facilitates

Purpose

From left to right: Serene Chua, Lim Wan Ning and Charmaine Tan, Healthy Ageing Department (HAD)

Golden Bonds and Silver Circles

By Charmaine Tan, Deputy Director, Lim Wan Ning, Manager, and Serene Chua, Manager, Healthy Ageing Department (HAD), Agency for Integrated Care

Enabling seniors to age well has always been key to AIC's operations. From as early as 2014, AIC had carved out a team to focus on enhancing seniors' well-being and psychosocial care through activities. Top of mind was introducing engaging and impactful activities that would make a positive difference in seniors' well-being. This looked beyond typical clinical aspects to explore how to bring about more smiles and build a wider group of social connections for seniors. Over time, as the work grew in scope and reach, a dedicated Healthy Ageing Department was formed in 2020 and, in 2024, the department's role expanded to encompass activities for the full spectrum of seniors – robust and frail – using Community Care services and living in the community.

Building Alliances

At the outset, a key strategy to address the limited range of activities suitable for seniors, especially frailer seniors, was to foster new partnerships. Starting from "what matters to seniors", it became clear that the partnerships would go beyond the healthcare sector, especially when ground feedback verified seniors' interests in areas such as arts-based and intergenerational activities. With that as the team's north star, we eagerly cultivated activity-related partnerships with the National Arts Council (NAC) and PAP Community Foundation (PCF Sparkletots) as part of our initial tranche of alliances.

Residents from Villa Francis Home for the Aged participating in a creative movement pilot "Everyday Waltzes for Active Ageing", a collaboration between AIC and NAC

Generating Joy

While there was mounting research evidence about the benefits of intergenerational activities, the team's experience firsthand of witnessing the palpable joy of seniors interacting with children convinced us that intergenerational activities had to be a signature programme to be scaled islandwide. Through strong collaborations with PCF Sparkletots and its extensive network of preschools, and later, Early Childhood Development Agency (ECDA) and Community Chest, this has increasingly become a reality. To enable more sites to develop their own intergenerational programmes, AIC also took on an enabler role in 2024, developing with ECDA, Singapore's first-ever intergenerational resource for two sectors, "Bridging Generations: Intergenerational Guide for the Community Care and Early Childhood Sectors."

Children from PCF Sparkletots Preschool engaging a resident from ECON Healthcare – Choa Chu Kang (Nursing Home) during an intergenerational activity

Enhancing Skills

Aside from scaling meaningful activities, the richness of the collaborations have also enhanced the sector's capabilities. Through the partnership with NAC for instance, new arts-based training programmes have been developed for Community Care organisation (CCO) staff and volunteers, enabling sustainable activity delivery to seniors. Through arts-based pilots, artists have also received "on-the-job" training, equipping them to better work alongside seniors. A decade on, "Everyday Waltzes for Active Ageing", a creative movement training programme developed in collaboration with professional dance company The ARTS FISSION Company, continues to be offered as part of the Community Care sector's staff training. To find out more, visit: https://for.sg/w8j0es.

Increasing Activity Resources

The partnerships have also sparked off the development of a range of "ready-to-use" activity materials such as activity toolkits. While these have been useful to engage seniors on a daily basis, it played a particularly pivotal role during the COVID-19 pandemic, when some 60,000 of these activity resources provided opportunities for seniors to be meaningfully engaged while safely sheltered in their homes.

Various toolkits developed under the auspices of AIC Wellness Programme, including our newest "Bridging Generations: Intergenerational Guide for the Community Care and Early Childhood Sectors" and "Nature In Everyday Life Toolkit"

The Road Ahead

2024 marked a milestone, a decade on from when work in this area first started. The department's scope expanded to include active seniors in the community, such as at Active Ageing Centres (AACs). With it also came a new focus beyond well-being to encompass frailty management. This has resulted in closer collaborations with national activity partners such as Health Promotion Board, among others. Together with the Ministry of Health's Chief Allied Health Officer's Office, a new Active Ageing Programme Framework, with evidence-informed and good practices embedded into checklists, have been developed to guide AACs on activity provision for seniors.

The road ahead is exciting and filled with endless possibilities as we journey alongside seniors to enable them to live their best lives in this golden phase.

Did You Know?

With AIC playing the intermediary role between PCF Sparkletots and CCOs, the AIC-PCF intergenerational programme has scaled significantly. From a small pilot in 2017 involving 13 PCF Sparkletots preschools and two nursing homes, there are now 203 PCF Sparkletots preschools linked to 63 CCOs enabling many more seniors to enjoy meaningful intergenerational activities. AIC's partnership since 2020 with Community Chest (part of National Council of Social Service) for ECDA's national movement, Start Small Dream Big programme, has also enabled a wider range of preschools to be matched with CCOs to engage even more seniors. To find out more, visit: https://for.sg/c7q4xm.

Over the years, a total of 14 activity resources (suitable for both robust and frail seniors, living in the community and using Community Care services) have been developed under the AIC Wellness Programme. Covering different themes like arts, adaptive sports and more, they offer "ready-to-use" content for CCO staff, volunteers, and caregivers to meaningfully engage seniors and their loved ones. These resources and our latest publications "Bridging Generations: Intergenerational Guide for the Community Care and Early Childhood Sectors" and "Nature in Everyday Life Toolkit" can be downloaded from https://for.sg/aic-wellness-programme.

CCOs, caregivers, and seniors now have an easy one-stop site at the AIC activity repository to access programmes offered by 10 of our partnering national agencies. Visit: https://for.sg/aic-activity-repository.

From left to right: Niki Tee, Tan Han Ting and Renee Kuah, Grants Division (GD)

A Bullet-Proof Shield

By Niki Tee, Senior Manager, Renee Kuah, Manager, and Tan Han Ting, Manager, Grants Division (GD), Agency for Integrated Care

In October 2020, AIC's Grants Division, together with the Ministry of Health (MOH) and the Central Provident Fund Board (CPFB), embarked on a monumental journey.

Together, we launched CareShield Life (CSHL), a new national insurance scheme for severely disabled Singaporeans that provides financial assistance for long-term care.

As the administrator of CSHL claim applications, AIC was tasked with the important role of connecting families in need with financial assistance. Behind every public assistance programme is a team dealing with decisions on maximising limited funds to help as many deserving families as possible — CSHL was no different.

When designing the CSHL policy, the team prioritised accurate fund administration and made receiving help as seamless as possible for families.

One of our focuses was making it easier for seniors to apply for and receive the grant. We also exercised prudence to make the system as fail-proof as possible so that payouts would not fall into unscrupulous hands.

As CSHL is granted to severely-disabled beneficiaries, MOH and AIC agreed that there had to be a clear baseline to determine the severity of disabilities. At the end of 2019, before CSHL's launch, we jointly conducted an extensive exercise to recruit, train, and accredit severe disability assessors.

This marked the start of AIC's foray into assessor training. We needed to ensure that assessors were competent in performing fair and accurate assessments and that they represented a spectrum of registered medical professionals in various settings to enable convenient access for the people.

Adapting as We Go

From nailing down the qualification criteria, premium amounts, and payout quantums, to streamlining operating workflows and infrastructure, AIC worked hard to align our approach with MOH and CPFB.

This involved harmonising our systems and developing a set of clear messages to be communicated to the community.

Tan Han Ting, a Processing Manager of Client Grants Operations, was a member of the CSHL project team. He has worked at AIC for six years and is responsible for processing and approving claim applications for AIC's various long-term care schemes.

"I remember a lot of planning and preparation in anticipation of the scheme's launch. We wanted to ensure that eligible recipients could apply for the payouts in a fuss-free manner. To do that, we tried to make the process simple and our systems reliable. We strived to deliver what we promised," he shared.

Little did we know that the launch of the CSHL scheme would coincide with the onset of the COVID-19 pandemic.

In February 2020, we had to embrace remote work as our new norm while we managed queries and feedback for the scheme. Despite the chaotic circumstances, we held fast to our commitment to helping needy Singaporeans.

"The fact that we could not physically meet to discuss our ideas made managing the new grant even more challenging. Come to think of it, the lockdown helped us understand what many of our disabled seniors go through every day: being unable to leave our homes and having our movements curtailed. Perhaps the silver lining is that having experienced safe distancing measures, we are now much more empathetic and cognisant of their needs," added Han Ting.

Fair and Firm

Renee Kuah is an Enquiries Manager at Client Grants Operations. She leads a team that handles public and nursing home enquiries on CSHL applications (among others) and investigates cases related to disputes or fraudulent intent. While sharing her fond memories of working on the project, she remembers a period of intense client management challenges.

"I encountered many clients who could not apply online or fill out application forms. The team had many discussions on helping seniors who lack the knowledge and mental capacity for the paperwork. We also explored the feasibility of solutions such as allowing their next-of-kin to apply on their behalf. Every solution inadvertently creates new scenarios, and we had to put safeguards in place to cover all grounds," said Renee.

"During the COVID-19 period, every family had their own set of circumstances and challenges. There are those with genuine needs, whom we did our best to support. But we also encountered a small handful who were trying to game the system. They even went to the extent of submitting counterfeit court orders, forging signatures, and fabricating supporting documents," she recalled.

The Grants Division needed to strike a good balance between being facilitative and flexible. Yet, we must also be vigilant, as we are the gatekeepers of government funds that should only be allotted to those in need.

A critical part of the CSHL roll-out was preparing our systems to administer a new scheme. As the Senior Manager for Systems Management and Support, Niki Tee led a team of officers to ensure all systems supporting CSHL run smoothly 24/7. Our main charge for the CSHL project was AIC eServices for Financing Schemes (eFASS).

From the start, we were very clear that our systems must work reliably. Any disruption would mean a negative customer experience because when systems fail, the approval for the scheme would inevitably be delayed. We knew that financial assistance was even more critical to these families during the pandemic, as it was a time of economic uncertainty.

"My team and I spent long nights weeding out system issues and addressing them one by one. Under the difficult working conditions during COVID-19, we adapted our way of work to achieve the same level of efficiency as we would, if we met in person. We kept each other over-informed at all times. Personally, the experience encouraged me to work creatively and be courageous in trying out different approaches to ensure I can continue bringing my best to work," said Niki.

Better Days Ahead

From adversity came resilience and success. CSHL was successfully launched to benefit all severely disabled Singaporeans aged 30 and above. The scheme gives them lifetime payouts of at least S$600 per month to financially support their long-term care needs.

To date, we have approved more than 1,800 applications and touched countless more lives. One of these is Madam Indrani Sundrampillai, whose son is a beneficiary of the CSHL scheme.

"Getting S$600 in monthly CareShield Life payouts is a huge relief and helps me better care for my son. As his caregiver, I am also financially supported by AIC's Home Caregiving Grant. These payouts greatly help my family, and I am beyond grateful. Words are not enough to express

my gratitude for the schemes and the people at AIC who helped us apply for it," she shared.

Madam Indrani Sundrampillai with her son, who's a beneficiary of the CSHL scheme

Commenting on the successful launch of CSHL, Kelvin Lim, Chief of AIC's Grants Division, said, "We have raised the bar by transforming how we deliver long-term care schemes and add value to the financial support we provide to the public. The team has gone above and beyond, and I am proud of them."

As AIC celebrates its 15th anniversary milestone this year, our entire team at the Grants Division looks ahead with courage.

We are confident that we can achieve greater heights and overcome obstacles together by striving to improve, do better, and go the distance for a healthier and better-supported Singapore.

Did You Know?

From 2020, AIC has approved more than 1,800 CSHL applications, providing our severely-disabled citizens and their families with much-needed financial support for their long-term care needs.

CSHL provides the highest scheme payout among all of AIC's long-term care schemes, at $649 per month in 2024, based on eligibility.

AIC is looking to proactively extend financial assistance to disabled Singaporeans, upon the diagnosis of disability, by inviting them to apply for grants. This will be helpful for those who may not be aware that they qualify.

To go a step further, AIC is also exploring granting payouts automatically to disabled Singaporeans, especially if they have a prior-approved application, and have consented to be considered to receive these additional payouts.

This ensures that our people do not lose out and save time and effort from submitting additional applications.

Jasmine Kam, Manpower and Talent Division (MTD)

Training Titans

By Jasmine Kam, Senior Manager, Manpower and Talent Division (MTD), Agency for Integrated Care

When I joined AIC in 2010, the Community Care Development Division was my first home. We aimed to raise service delivery standards through capability-building initiatives for the Community Care sector.

Like many of my peers, I was drawn to AIC's mission and vision. We wanted to contribute and do our part to improve the organisation's service quality standards. In all honesty, we knew that getting AIC's services right meant that we, too, would benefit in our old age!

Indeed, my teammates and I were a combination of realists and training enthusiasts who saw AIC's future potential. I wanted to be a part of AIC's training transformation and, 14 years later, as I reflect on our journey from then to now, I think we all rose to the occasion.

Let me take you through our metamorphosis from a training provider to an extensive Learning Network offering more than 350 curated courses to meet the Community Care sector's ever-evolving needs.

Making Training Accessible

With most Community Care organisations (CCOs) being charities passionate about helping our seniors, it was not uncommon back then to see most of them prioritising service delivery over staff training. Even when CCOs did find time for training, many needed help deciding what and whom to train, so as to maximise their limited financial resources.

To empower CCOs on their learning journeys, we established training grants for them to upskill their team members. For popular and essential training programmes, we also centrally procured training places, which lowered training costs for the sector as a whole.

To ensure that the sector was well-equipped to meet evolving and varied care needs across the Community Care landscape, we also co-organised bespoke courses with sector partners. Our inaugural course, "Transforming Dementia Care — The Person-Centred Way" with the Alzheimer's Disease Association (now known as Dementia Singapore), offered practical learning points that equipped participants to provide better care to their charges. It was our first attempt and, thankfully, it was very well-received by sector leaders.

With leadership buy-in secured, which was crucial for effecting change, we were on our way to cultivating a learning culture for AIC and the Community Care sector.

Learning Anywhere, Anytime

In 2010, we set up AIC's first Learning Institute, which was a significant milestone. Here, we worked with training providers and provided training administration services, which successfully lowered the barriers to staff training.

A year later, we took our courses online. 2011 saw the launch of our Learning Management System (LMS). LMS was an e-learning platform with various courses and a true game-changer as it enabled learners to access courses at their own pace and in their own place. As more sector partners devoted time to upskilling themselves, we were no longer course administrators but AIC's pioneering team of learning aggregators and enablers. The ever-increasing training take-up rate also saw our footprint grow into a 2,600 square foot training facility at City Square Mall (not the one in Johor Bahru, in case you are a weekend shopper, but the one in Singapore!), equipped with as many as three training rooms and a skills laboratory.

The Beginnings of AIC Learning Network

Times were changing, and we, too, were transforming ourselves to make learning more relevant for our Community Care partners. We used to appoint individual vendors on an as-needed basis but this required a repetitive procurement process. We wanted to streamline course administration, make our workflows more agile, and improve the learning experience for end users.

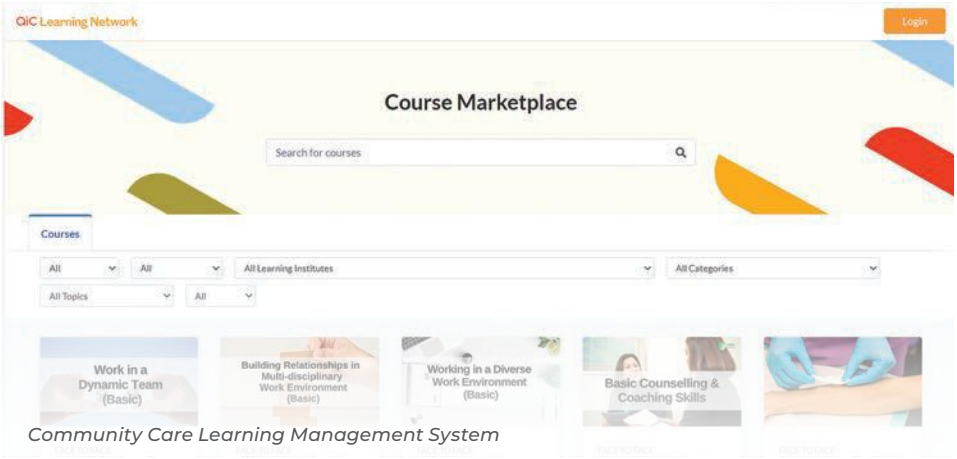
By the end of 2017, we developed the Community Care Training Roadmap with inputs from colleagues across various client-facing Divisions. We wanted to shift to a more calibrated approach that prioritised the sector's training needs. With the roadmap, we would have a clear overview of all the skill categories required to support the whole sector.

Armed with a holistic view of the Community Care sector's training needs, AIC piloted the Lead Training Providers (LTP) programme. LTPs are AIC-appointed Learning Institutes or Learning Partners that offer curated courses to support the various functions of different CCOs.

Meeting with AIC-appointed Learning Institute, St Luke's ElderCare

Under LTP 1.0, six providers joined AIC's Learning Network from July 2018 to December 2020. We used our experience with LTP 1.0 to improve LTP's second run. In LTP 2.0, AIC's Learning Network comprised eight Learning Institutes, appointed from January 2021 to June 2025.

In 2019, we endorsed the Community Care Skills Standards Framework, which articulates the skill standards required by support care staff. AIC also revamped its e-learning system and rebranded it as the Community Care Learning Management System (CCLMS). CCLMS is a one-stop platform that standardises the digital administration of courses, offering administrators and users a seamless and improved experience across all screen sizes — mobile, tablet, and desktop.



Community Care Learning Management System

Imparting Skills, Touching Lives

In 2023, we recorded an impressive figure — CCOs' commendable efforts to develop their people had filled 14,100 training slots offered under the AIC Learning Network!

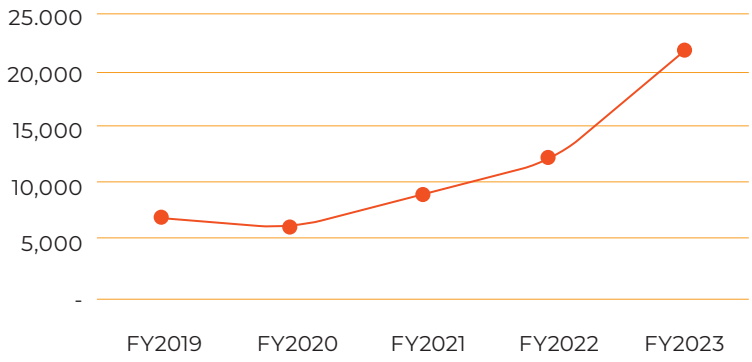
As I write this in March 2024, the AIC Learning Network has expanded to eight Learning Institutes and four Learning Partners, collectively offering more than 350 courses (and counting!) to meet the sector's burgeoning training needs.

Navigating management shifts and extensive collaborations with internal and external stakeholders, I can proudly say that I have embraced the "Learn, Connect, Transform" spirit, which has become our on-the-job motto of sorts.

As a learning enabler, I am honoured to contribute to and witness AIC's training transformation over the years. I look forward to continuing to support its strategic direction in developing a productive, skilled, and sustainable Community Care workforce!

Did You Know?

Total fulfilled training places at AIC Learning Network increased by 300% over 5 years.



LTP 3.0 will launch in the second half of 2025! Suggestions and improvements from a sector-wide training needs study will be incorporated into more contextualised Workforce Skills Qualifications courses and stackable modules. These will lead to a higher certification offered by a panel of training providers accredited by SkillsFuture Singapore (SSG). The CCLMS will also be integrated with the SSG Training Grant System with the aim of hosting training records for SSG SkillsPassport. These refinements will position the AIC Learning Network as a quality platform for the upskilling of Community Care staff.

From left to right: Daniel Wong and Tay Shu Ying, Partner Development Division (PDD)

Against All Odds

By Daniel Wong, Senior Manager, and Tay Shu Ying, Manager, Partner Development Division (PDD), Agency for Integrated Care

In March 2020, we received word that one of our Community Care partners had a nursing home resident who tested positive for COVID-19.

The pandemic had now reached our shores, and the wily virus found its way into one of our most vulnerable communities — seniors living in nursing homes.

This was our first up close encounter with the virus and prompted a flood of questions, the most pressing being: *How did the virus reach a resident who was very much confined within the four walls of a care facility?*

But we had little time for questions, as we needed to intervene quickly to prevent the spread of the virus to other residents and care staff within the home.

Into the New Normal

We immediately put together a cross-functional team within AIC to assess and mitigate the situation on-site. Unsure of what we would face, we had to establish new protocols and processes as we went along.

With the help of our advisors, we gathered stakeholders and experts from the Ministry of Health (MOH), the National Centre for Infectious Diseases (NCID), the National Public Health Laboratory, and Tan Tock Seng Hospital (TTSH) to guide us.

The nursing home staff who may had been exposed to the COVID-19-positive resident were immediately quarantined. To ensure operational continuity, we formed a stand-in care team to support the affected nursing home. Our Community Care partners responded overwhelmingly by sending in their care staff for the stand-in team.

Thinking back, we are forever grateful to our comrades-in-arms for valiantly stepping forward. While this was at the beginning of the pandemic, their courage and selflessness set the tone as we tackled this national healthcare crisis.

While the care team worked hard to ensure continuity of care for residents, the rest of us focused on supporting the home on other pressing matters. We prioritised duties such as contact tracing, information sharing with key stakeholders, and communicating updates to residents' next-of-kin.

Our main mission was to ensure that care remains business as usual as much as possible, including ensuring meal and laundry arrangements were uninterrupted. We had to navigate this new reality and make sense of the new normal as quickly, and as seamlessly, as possible.

Rallying against COVID-19

With guidance from NCID and MOH's public health experts, we mitigated the spread of the virus by ensuring compliance with infection prevention and control practices, safe distancing of residents, and the implementation of a surveillance regime for early detection of new cases.

We also brainstormed ideas to boost staff morale amidst these challenging times, as our healthcare frontliners became ordinary heroes, soldiering on day after day, drenched in sweat from wearing personal protective equipment in Singapore's unforgiving humidity.

We provided them with emotional and psychological support and ensured that their hard work was acknowledged and appreciated.

As the pandemic dragged on, we also helped residents stay connected with their loved ones. We set up video calls every other day using electronic devices donated by corporate donors.

While there were moments of dejection whenever a new case was confirmed, the team remained confident that we would be able to successfully reduce the number of cases with the implementation of infection control measures.

When Circuit Breaker measures kicked in, the AIC team found ourselves in a new daily routine of commuting to and from the nursing home. We were greeted with eerily quiet streets each morning, with hardly any vehicles in sight.

Swabbing soon became the norm, and we are grateful for partners such as the TTSH team who came to routinely swab residents during the surveillance period.

Signs of Hope

Eventually, after weeks of battling the virus, the nursing home finally cleared the surveillance period with zero new cases!

With the situation stabilising, everyone heaved a collective sigh of relief. Despite the uncertainties, it was heartwarming to see our Community Care partners stepping up and joining us in the fight against COVID-19.

Even as we celebrated this hard-fought battle, the team knew that the war was far from over, as we received news that there were more nursing homes with COVID-19-positive residents. Nationally, cases were also increasing.

Armed with the experience, our COVID-19 Incident Response Team (CIRT), which was set up at the start of the pandemic, had to quickly ramp up its support and guide Community Care partners in managing confirmed cases among their staff and residents.

Colleagues across AIC divisions also rallied together as one AIC, readily offering to undergo CIRT training to assist our care partners. There was also a noticeable positive shift in cadence and morale as we tackled the cases faced by the other homes.

We felt better equipped and were becoming familiar with and confident in the principles, measures, and processes for managing COVID-19 outbreaks in nursing homes. The CIRT team also played a crucial role in our perseverance in weathering the situation.

While supporting the first nursing home outbreak was daunting, it was not without a silver lining: it provided a blueprint for us to manage subsequent outbreaks.

From 2020 to 2022, CIRT supported 83 nursing homes and 277 centre-based care and home care facilities. This was only possible with the selfless support of close to 60 CIRT members and strong partnerships with Community Care partners, who shared the common goal of keeping our seniors safe during the pandemic.

Despite working around the clock, it was a fulfilling experience knowing that we offered practical support so our partners could effectively manage cases and steer their organisation back to safety and normalcy.

We remained committed to our mission while facing numerous uncertainties. Until today, many of our partners appreciate the extended support and look back fondly on the friendships forged through the shared experiences of overcoming the COVID-19 crisis.

Stronger Together

As the pandemic wore on, we saw increased synergy and collaboration amongst the stakeholders as we worked more closely to support each nursing home. This collaborative spirit was instrumental to our success.

CIRT also developed practical protocols and resources to empower our partners to build capabilities to manage COVID-19-positive residents. Under the Care@NH initiative, nursing home residents and staff were promptly vaccinated as an additional layer of protection.

Through this experience, we also gained a better understanding of our partners' strengths, weaknesses, and organisational dynamics, which provided valuable insights into how we can collaborate more closely with them in the future.

We are heartened that, despite being put through an unprecedented crisis, our Community Care sector remained resilient and resolved. AIC will always stand ready to support our partners in all seasons, and through it all.

From left to right: Don Lee and Eric Ho, IT, Innovation and Digitalisation Division (I2D2)

From Pen to Pixel

By Don Lee, Assistant Director with contribution from Eric Ho, Manager, IT, Innovation and Digitalisation Division (I2D2), Agency for Integrated Care

As the elderly nurse made her way up the step ladder and reached precariously for a file tucked away at the back of a full-height cabinet, my arms instinctively came up to support her. But I knew then that the best way I could help her — and everyone working at nursing homes — was to do the job I was there for.

This was in 2015 and I had just joined the Nursing Home IT Enablement Programme (NHELP) Change Management team.

A Better Way of Working

The idea of creating NHELP as a national IT system for nursing homes was first raised in 2013 and was ready for implementation by 2015. At the time, nine out of ten nursing homes were using pen and paper for their clinical documentation and only a handful had a finance system in place.

To comply with the Enhanced Nursing Home Standards (ENHS) by Ministry of Health (MOH), and regularly contribute data to Singapore's National Electronic Health Records (NEHR), nursing homes had to create and maintain a significant amount of documentation.

Doing this manually was not only labour intensive, but also produced so many physical files that storage would be an issue. Some nursing homes had filing cabinets at their nursing stations or in designated filing rooms while others, constrained by space, resorted to paying for commercial storage space elsewhere.

Retrieving the files was just as challenging and, in a way, felt like a team sport. It often required several employees working together to search for a file and, like I witnessed, risking workplace safety at times.

You can imagine the amount of time and effort that nursing home employees spent on paperwork — time that could be better spent caring for their clients.

Technology was the helping hand that they needed and this directive was made clear in MOH Holdings' Intermediate and Long-Term Care (ILTC) IT Strategy, which aimed to encourage greater IT adoption among nursing homes to improve operational efficiency. Having all nursing homes use the same system would also make it easier for them to collaborate with other Community Care organisations (CCOs) in caring for clients.

Learning to Embrace Change

As part of the NHELP Change Management team, my focus was not only to design the NHELP IT system but, perhaps more importantly, to facilitate business process optimisation. Simply put, my team's job was to ensure that the NHELP IT system really did help nursing homes by ensuring that it was incorporated into the way they work.

Technology is just a tool. Its benefits can only be realised when we know how to use it to meet our needs and achieve our goals. However, change is never easy.

The introduction of NHELP was met with scepticism, with some questioning the need to change something that was not broken.

After all, nursing homes had come this far with their pen-and-paper method. Digitalisation would increase their operational costs, upend their existing processes, and potentially affect daily care delivery as employees had to be scheduled for training. Furthermore, nursing aides and care staff, who typically made up the largest population of care delivery staff in nursing homes, generally had lower IT literacy.

It was an important first step for us to convince them that the long-term benefits of NHELP IT system outweighed the short-term inconveniences.

Within AIC, we were fortunate to have the guidance of our leadership team who had in-depth sector experience, as well as peers who were trained in nursing and other functional areas. By bringing together the expertise we had, we were able to develop a change management methodology to guide nursing homes through the process, step by step.

To create an early reference model, we piloted the NHELP IT system at Singapore Christian Home in April 2015. This gave us a rich repository of learnings and best practices to share with other nursing homes as they embarked on their own implementation journey.

Singapore Christian Home was the first provider that went "live" with NHELP on 20 April 2015

We also introduced a training curriculum with training sessions conducted by my team. It was a 'train the trainer' model aimed at creating NHELP champions within each nursing home so that they could take charge of running their own training programmes.

Another key success factor was the idea of setting up a workgroup between our team and the nursing homes. This facilitated the sharing of ideas and feedback and gave us an avenue to validate system implementation. Our support continued when they were ready to 'go live' with the NHELP IT system. We paired each nursing home with an on-site support team to hand-hold users and ensure the successful roll-out of the system. Each deployment was an amazing learning opportunity, which we used to continuously improve our change management methodology.

So, how did the implementation go?

Co-Creating Success!

Within five years, 43 nursing homes islandwide had adopted the NHELP IT system. When we conducted a time study of nursing home clinical operations after system implementation, we discovered a 71% productivity gain!

"NHELP allows us to access resident data remotely so the clinician and management can monitor the resident's status. It also makes tracking of information easier, helping staff follow up on care continuity."

Chan Wah Tiong
Chief Executive Officer (NH Cluster)
St Andrew's Nursing Home

It was very fulfilling to have Nurse Managers and Senior Staff Nurses tell us how the system made their work easier. They were able to complete documentation on time and proactively identify documentation gaps earlier, all of which helped them deliver better care to their residents.

The success is a result of tremendous hard work by the entire team, who tirelessly studied all the statutory requirements, from ENHS and NEHR connectivity to ILTC Portal, IRAS, CPF and more. We also worked closely with MOH's Regulatory Compliance & Enforcement Division to understand the licensing perspective and conducted two training sessions for them in 2016 and 2019 to align them with the NHELP IT System.

The workgroup that we set up was also instrumental in helping us understand how nursing homes operate. It was an eye-opener for myself, and many on my team, to realise that every service provider operates in a different way to deliver the same care delivery standards expected of every nursing home.

We quickly learnt that it was impractical to try and accommodate every nursing home's needs, and instead focused on harmonising their differences to create a system that would work for everyone.

"NHELP established a robust data integration mechanism to allow seamless flow of information between the clinical module to the finance module. This real-time synchronisation ensures up-to-date information is available in both modules."

Jean Quak
Director, Finance
Ren Ci Hospital

"NHELP makes a difference. NHELP connects."

Joanna Ng
Director of Nursing
Singapore Christian Home

Just as important was our 'no wrong door policy'. Understanding that change often comes with uncertainty and anxiety, we wanted nursing homes to feel supported and were happy to assist in all their technology and digitalisation queries. I often spent hours, if not days, coordinating queries on care continuity across different care settings and with different agencies. It took a lot of time, but it was well worth the effort.

The Transformation Continues

The NHELP programme started with the goal of helping nursing homes leverage technology to overcome their operational challenges. We also hoped that by introducing technology, we would ignite their imagination and empower them to dream about how they could grow and improve.

Today, 80% of nursing homes in Singapore have adopted a clinical system. Many of them have also established their own IT and Innovation team, coming up with exciting ideas and plotting their own digital roadmap.

By all counts, we had achieved what we set out to do.

In 2022, we conducted a review of the NHELP programme and NHELP IT system. Considering the evolving nursing home landscape, the availability of technology solutions in the market, and AIC's new Community Care Digital Transformation Plan (CCDTP), the decision was made to sunset NHELP and incorporate it into a broader IT capabilities support programme. All nursing homes using the NHELP IT system have since transitioned to one of the five IT vendors appointed by AIC, with the NHELP IT system fully decommissioned by October 2024.

Now, the helping hand that nursing homes and all CCOs have is courtesy of CCDTP. Designed to accelerate their digitalisation efforts, CCDTP provides structured support on digitalisation journey mapping, business process re-engineering, technology adoption and data-driven capability uplifting.

It is a bittersweet moment to watch NHELP take its final bow. While I am sad to close this chapter, I am also immensely proud of the work that my team did and the positive impact that we made on nursing homes in Singapore.

I look forward to witnessing how the wider Community Care sector will continue to grow and transform in this digital age.

Did You Know?

The NHELP IT system empowered nursing homes to achieve more than 70% productivity gains in nursing home clinical operations after system implementation, which means more time to spend with clients.

Today, 80% of nursing homes in Singapore have adopted a clinical system. Many of them have also established their own IT and innovation team, coming up with exciting ideas and plotting their own digital roadmap.

The CCDTP is an initiative that seeks to uplift and accelerate digitalisation efforts in the Community Care sector. It aims to provide better care and support for seniors and their caregivers, increase productivity and job satisfaction by leveraging technology within CCOs and deliver timely, affordable and quality care for Singaporeans via a digitally-driven sector.

The CCDTP has supported more than 100 digitalisation projects since its launch in 2022.

Care

Bidding Goodbye on Our Own Terms

By Professor Pang Weng Sun, Senior Consultant Geriatrician, Khoo Teck Puat Hospital, National Healthcare Group

I remember in the 1990s, concerns surrounding patients with advanced-stage illnesses being sustained for long periods on ventilators in Intensive Care Units (ICU) were expressed. Various matters, including the patient's optimal well-being and whether their care plan achieved the most favourable outcomes, were hotly debated.

I had my own thoughts and reflections on this subject:

Were the patients, given the progressing state of their disease, accorded the best type of care?

Did the patients themselves make a choice to be put in a state of prolonged consciousness, despite having no definite cure for their condition?

How is this chosen mode of care impacting the families of these patients – financially, emotionally, and more?

Were the limited beds in the ICUs being used in the best way?

But the most pressing question of all was: *What did the patients really want?*

A New Directive

The Ministry of Health (MOH) took a proactive step in the 1990s by appointing a committee, led by Professor Chao Tzee Cheng and comprising medical and legal representatives, to explore the feasibility of introducing advanced medical directives.

The committee discussed the permissibility of patients with terminal illnesses to express and document their preferences for further care. Their discussions marked the beginning of Singapore's Advance Medical Directive Act, established in 1996 and revised in 1997.

The Act, in essence, empowered patients, allowing them to withdraw any extraordinary life-sustaining treatment that could prolong their life in the event that their disease advanced beyond treatment. This could reduce potential suffering and allow them to die naturally and with dignity.

The Act established vital principles regarding the power to make advance directives and the conditions for such decisions. The patient must be of sound mind and at least 21 years of age. Two witnesses must witness the directive simultaneously — one must be the patient's medical doctor, and the other must be at least 21 years old and not a beneficiary of the patient's will, estate, or insurance policy.

While the intention of the Act was good, its application had its limitations.

For one, medical practitioners were not permitted to ask if patients had advance directives, as this could affect the team's active treatment of the patient. Instead, they must first ascertain whether the patient is terminally ill through their assessments.

If the patient no longer has decision-making capabilities and is determined to be terminally ill, the medical team could check with the Registrar of Advance Medical Directives if there is such a directive.

Only then would doctors consider repealing extraordinary treatment. While the take-up of the directive was gradual, the Act opened up meaningful conversations on withholding treatment in end-of-life care among patients and their families.

Palliative Care in the Red Dot

Palliative care focuses on easing pain and discomfort in patients with advanced illnesses, whether they are still receiving active treatment for their illness or just supportive care. This is aimed at helping them maintain a reasonable quality of life, in their own homes or other care settings. Hospice care focuses on the patient's quality of life when a cure is no longer possible, in dedicated residential facilities.

Hospice care would also be considered if the burdens of treatment outweigh the benefits, as typically, patients in hospice care have less than six months to live and families are unable to care for them at home.

In Singapore, palliative care emerged in 1985, when St Joseph's Home set aside 16 beds to cater to such patients. Two years later, the Singapore Cancer Society started Hospice Care Group, the nation's first home hospice care. The Assisi Home also started allocating hospice beds and offering daycare services. It was eventually renamed Assisi Home and Hospice.

These were the humble beginnings of hospice and palliative care services in Singapore. Then, in 1989, the Hospice Care Association (HCA) was formed to provide home care services to patients with life-limiting illnesses.

The 1990s marked a period of rapid growth in palliative and hospice care services, leading to the establishment of the Singapore Hospice Council in 1995. This growth was a testament to the increasing recognition and importance of these services, both in hospitals and the community. The establishment of Dover Park Hospice (DPH) in 1992 raised public awareness of end-of-life care and HCA's relocation of their offices to the DPH building brought about closer collaboration between in-patient hospice care and home care.

In 2007, palliative medicine became recognised as a sub-specialty by the Academy of Medicine, Singapore, and the number of related services offered increased exponentially.

Over time, the focus shifted. It was no longer just a matter of whether the patient had an Advance Medical Directive in place. Instead, it became active discussions about end-of-life care preferences. These included life-sustaining treatments, pain relief, stress management, and practical matters such as legacy considerations and funeral preferences.

Death and Dying

Gradually, the public became more open to care planning for loved ones who were terminally ill. Hence, this created a need for a more systematic way of documenting end-of-life care and treatment preferences beyond the Advance Medical Directive.

In order to better facilitate such conversations, Dr Angel Lee, a geriatrician with palliative medicine sub-speciality training proposed learning from the Respecting Choices® model and programme which was developed by Dr Bernard Hammes and Linda Briggs of the Gundersen Health System in Wisconsin, USA.

Respecting Choices® was designed around a communication process that involved understanding, reflecting on, and discussing the patient's future healthcare decisions. The focus was more on facilitating conversations with the patient and loved ones so they feel engaged and involved rather than on completion of a legalistic form.

The internationally-recognised programme employed an evidence-based approach of Advance Care Planning (ACP) and was widely used in the USA, Australia, and various parts of Europe. This approach guides patients in their care planning using a robust ACP questionnaire and having an open and frank discussion.

This ACP paradigm targeted three levels: "General ACP", for healthy adults; "Disease-specific ACP", for patients with chronic or life-limiting diseases; and "No Surprise ACP", for those diagnosed with advanced illnesses.

The ACP process was not about getting people to check boxes or put signatures on forms. It was a process-driven system that focused on having meaningful conversations about a topic that is traditionally difficult to talk about.

Attendees listening in on an ACP sharing session

Honouring Wishes

With the support of AIC, a multi-disciplinary team from Singapore went on a study trip to Wisconsin, USA, to glean lessons from the Respecting Choices® model.

Four important aspects of ACP were identified: i) a system that documents and honours patients' preferences, ii) training for medical and care teams, iii) community engagement to increase understanding and iv) continuous quality improvement efforts to enhance processes.

Upon the team's return from the trip, AIC set up a local ACP Steering Committee tasked to develop and implement ACP pilots within hospitals, community hospitals, and other care settings.

The goal was simple: to facilitate “dignified deaths” in accordance with the person’s wishes. This process also involved ensuring their loved ones received closure, even as patients chose to move on.

The team also explored the need for a nationwide registry of ACPs that would be able to synchronise and share information with other organisations’ information management systems so that patients’ wishes could be documented and honoured, regardless of their place of care.

At the National Pre-Planning Campaign roadshow to promote Lasting Power of Attorney (LPA) and ACP

Changing Perceptions

During this time, AIC played a significant role in coordinating and enabling the training of ACP facilitators and ramping up public awareness of the programme. Raising public awareness, encouraging open conversations and changing cultural norms of conversing on death and dying was critical as it was considered taboo, and even bad luck, to do so due to our Asian cultural norms.

AIC and various community groups worked hard to change this. They partnered with agencies to run awareness campaigns. Public engagement activities were held on the ground and via social media. A video series named “Die Die Must Talk” engaged local celebrities to create entertaining video clips and songs to encourage the public to have these essential conversations. The videos were presented in local dialects to increase their reach and impact.

Exhibitions on death and dying with opportunities to make an ACP were organised at venues such as community centres and hospital foyers. This even included one held at Khoo Teck Puat Hospital, a relatively new hospital at that time, to beef up awareness and reshape public perception.

AIC worked with stakeholders across medical institutions to increase the accessibility of the ACP documentation, even if the person was admitted into a healthcare institution with no prior medical records. It started out with placing a copy prominently in the patient’s home, such as on the refrigerator door so that the attending healthcare team would be able to view the records. After which, the most significant move was to make the ACP forms available electronically, which increased the forms’ reach to healthcare and medical workers.

ACP helps give attention to the patient’s voice through their care preferences and this is the most important of all.

Looking back, the Advance Medical Directive Act was pivotal in Singapore’s healthcare history, providing a solid foundation for developing ACP policies. While ACP is a more powerful tool than its predecessor, the Act was an important first step in helping healthcare workers and the public understand and appreciate the importance of personal preferences and decision-making in end-of-life care. While death continues to be a difficult topic to converse on, it is heartening to know there would be more Singaporeans who would be enabled to have these conversations earlier, before it is too late.

Did You Know?

As of June 2024, more than 57,000 ACP conversations have been logged into the National Registry. The conversations are documented and accessible to healthcare professionals and ACP facilitators so that they can better support patients in their care. Members of the public can also access their own ACP records online via MyLegacy vault.

There will be more touchpoints and platforms in the community to support members of the public to have their ACP completed by 2025. This includes bringing the conversations closer to home, within local communities and involving different stakeholders such as Community Care and grassroots organisations.

From left to right: Alan Ng, Jasmine Lee, Kan Hongqing, Wong Loong Mun, Charlene Tay, Faezah Binte Shaikh Kadir, Yeo Kia Yee (front) and Chong Lit Sam (back), Care Integration and Operations Division (CIOD)

Back to the Beginnings

By Dr Wong Loong Mun, Chief and Yeo Kia Yee, Assistant Manager with contribution from Chong Lit Sam, Assistant Director, Faezah Binte Shaikh Kadir, Senior Assistant Director, Kan Hongqing, Assistant Director, Jasmine Lee, Executive, Alan Ng, Assistant Director, and Charlene Tay, Assistant Director, Care Integration and Operations Division (CIOD), Agency for Integrated Care

AIC is a 15-year-old organisation with a 32-year legacy.

Our beginnings can be traced back to 1992, when the Care Liaison Service (CLS) was set up under the Ministry of Health (MOH). Its function was to centrally coordinate and facilitate the placement of the elderly sick to nursing homes and chronic sick units.

In 1999, our public healthcare system was reorganised into two service delivery clusters: National Healthcare Group (NHG) and Singapore Health Services. The two healthcare clusters jointly established Integrated Care Services (ICS) in 2001, replacing CLS.

ICS took on an expanded role in discharge planning to facilitate the transition of patients from hospitals to the community. The team also assisted clients through an MOH one-stop hotline for all nursing home and eldercare service enquiries.

Jasmine Lee joined ICS in 2001. She recalls that the team moved many times. We were stationed at National University Hospital (NUH), then Alexandra Hospital, Tan Tock Seng Hospital (TTSH), and Jackson Square in Toa Payoh, before finally settling down in our current home on Maxwell Road.

The early days were nomadic. By sharing an office space with the different hospital departments, we built strong relationships with many nurses and social workers. Being on the ground also gave us insights into the challenges faced by staff and clients. Chong Lit Sam, who joined ICS

in 2005, found it very meaningful for the team to bring such feedback to MOH's attention, working together to propose and launch new models/ pilots to close the gaps.

Pieces of the Puzzle

One of the ICS team's many roles was to help patients identify a nursing home based on suitability and vacancy. Lit Sam remembers the time of manual, but meaningful work.

"We would fax handwritten application forms to multiple nursing homes in hopes that one of them would accept the patient. It was tedious, but purposeful work. When clients came to us, we were also able to recommend services to help them get the services they need. This benefited clients as many people did not know what care services were available or where to seek help. This was before today's resources like AIC Links and SupportGoWhere existed," said Lit Sam.

2006 saw ICS start to coordinate referrals to day rehabilitation centres from the restructured hospitals. Around this time, Charlene Tay joined ICS to work on referrals for centre-based services and nursing homes.

"I was formerly a social worker with TTSH, so I know first-hand how valuable it is to have a central body coordinating referrals. As part of the ICS team, I took pride in the fact that my work helped free up a lot of time for frontliners, who could then focus on adding value to their clients and families," she recounted.

With the growing responsibilities falling on the shoulders of a small team, Alan Ng, who joined ICS in 2002, quickly realised how important it was to be resourceful and have fun learning along the way.

During the early days of ICS operations, he supported data analytics, churning statistics to understand productivity and decipher trends. Without an in-house IT team to lean on, data processing was manual and

laborious. Alan remembers enlisting a friend's help to create a simple programme to analyse referral turnaround times and even taking on the role of sourcing for IT vendors for the ICS website revamp.

Alan shared that a highlight of his learning opportunities was when he and Charlene went on their first study trip, to understand different social and healthcare systems in the United Kingdom and France.

Taking Action

In April 2008, MOH articulated a vision of healthcare delivery in Singapore, comprising integrated regional health systems anchored by restructured hospitals working closely with other healthcare providers in the care continuum. These included general practitioners, polyclinics, community hospitals, nursing homes, and home care providers.

With this, ICS once again expanded its scope and evolved into AIC — not in its current form, but as a department of NHG. It would be another 16 months before AIC as we know today, was formally corporatised in August 2009.

Faezah Binte Shaikh Kadir joined AIC in 2008 and saw through this transition. As a geriatric nurse clinician, she observed that there was a lack of transition for patients between hospital and home; patients were typically out of the hospitals' view the moment they were discharged. To address this, AIC was given a grant to start the Aged Care Transition (ACTION) programme.

ACTION teams supported patients' discharge planning, facilitated their transition from hospitals to the community, and coordinated services with Intermediate- and Long-Term Care (ILTC) providers. These teams were based in hospitals and comprised nurses, social workers and/or allied health professionals.

"It was a significant move because ACTION provided patients and caregivers with a go-to person as they transitioned back into the

community. For example, ACTION teams would explain medication management, reinforce caregiver training, and help source for assistive devices and home healthcare items. This was the period before the Seniors' Mobility and Enabling Fund," explained Faezah.

After the initial pilot at NUH and Changi General Hospital (CGH) in 2008, ACTION was rolled out to more hospitals by 2009. An evaluation of ACTION, published in the peer-reviewed Journal of American Geriatric Society in 2014, showed the programme's effectiveness in reducing unplanned hospital readmissions and emergency department visits.

Kan Hongqing, who was the NUH ACTION lead, remembers the time well.

"At NUH, we started with eight staff in 2008. By 2017, we had grown to a team of 29. The job satisfaction is really high for the ACTION care coordinators. Personally, ACTION was also invaluable for my personal development. It gave me opportunities to take on roles and responsibilities beyond nursing and taught me to collaborate with stakeholders in the community," she said.

Faezah also shared her pride of being able to raise awareness of the importance of transitional care through ACTION programme, as well as to inspire hospitals to implement the programme, which took on different forms until today.

Links on the Ground

As AIC continued to grow, more satellite teams were set up on the ground. These included AIC Links (known as AICare Links until 2019) and care referral teams on-site at hospitals.

"It was a dream to have satellite offices in the hospitals. In the past, we managed referrals over the phone. It was difficult to understand clients' limitations and challenges," said Lit Sam. With our teams stationed at the hospitals, better communication allowed faster processing of referrals,

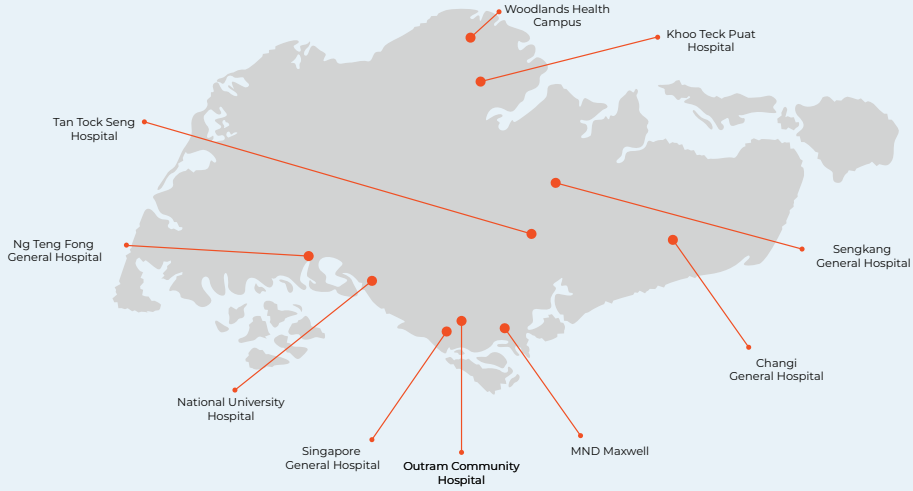
shared Charlene from her experience leading teams at Khoo Teck Puat Hospital (from 2016) and TTSH (from 2022).

The AIC Links are one-stop resource centres for anyone seeking advice and assistance on eldercare services and schemes. The first was set up in 2014 at CGH, and Alan was a key member of the pioneering team.

“Initially, there was some scepticism, but medical social workers and nurses started to find AIC Links very convenient for their patients. We helped to support hospital teams who may not have time or knowledge to explain about long-term care and the available schemes and grants,” he recounted.

To do so, the AIC Link teams had to be familiar with many national schemes, from introducing the Community Health Assist Scheme (CHAS) in 2012 to the latest Healthier SG movement today. As front-liners, they also needed to be ready to answer clients’ questions about schemes by other government agencies.

“Care referral is a very special role. We are in a unique position to contribute both upstream and downstream — working closely with MOH on policy while connecting with providers, AIC colleagues and clients on the ground,” said Lit Sam.



AIC Link locations in Singapore (as at July 2024)

Looking Back, Moving Forward

Healthcare suffers from retrograde amnesia. We often do not remember what we have done in the past. Healthcare also suffers from groundhog day syndrome — recycling ideas as if they are new.

So, as we look back at the past few decades, it becomes clear how CIOD team members like Lit Sam, Faezah, Hongqing, Jasmine, Alan, Charlene, and many, many more have weathered the system's structural and policy changes, tackled evolving technologies, and watched demographical shifts. We are both spectators and participants in Singapore's ever-changing care landscape.

Yet, through our actions, it is equally clear how AIC's mission of serving the sick, old, and disabled remains important in their hearts and souls. To them, and all who have come before and after them, we say 'thank you' for where AIC is now.

Thank you for working tirelessly to build a vibrant care community for all Singaporeans, including our parents, loved ones, and future older selves.

Keith Tan, Medical Social Services, Singapore General Hospital

Farewell to Faxes and Vexes

By Keith Tan, Master Medical Social Worker, Medical Social Services, Singapore General Hospital

Life as a medical social worker in the early 2000s went something like this: For every patient case that landed on my desk, I would assess the medical team's recommendation, analyse the patient's needs, and understand the family's preferences. If the patient needed long-term care, and the family agreed, I would apply for a place in a nursing home for them.

To do so, I would have to fill out over 20 pages of hard-copy forms. My assistant would take my handwritten efforts and fax them to the first nursing home on our list. If we were lucky, we received a response relatively quickly. Nine out of ten times, however, the reply was the same: "No bed."

In my glass-half-full opinion, at least we had an answer and could move on. I would give my disappointed assistant an encouraging smile, and we would repeat the process. As we continued down the list of 20 or so nursing homes in Singapore at the time, we could only hope for a different response.

It was a manual, tedious process whose results often left us frustrated. As medical social workers, we knew full well that our patients remained in the hospital and in limbo until we secured a place for them.

But we also understood why this was happening.

For starters, most nursing homes at the time were severely underfunded. If our applications went unanswered, it was likely because they fell through the cracks of an understaffed and overworked team. The default

answer of “no bed” was also a systemic issue. To keep themselves afloat operationally, nursing homes had to prioritise patients who could afford the full fees. It was an inconvenient truth as they could use the fees from these patients to help fund the admission of other patients with less means. However, without a system to guide them in objectively assessing which patients were in the greatest need of care, the admission process felt selective, even arbitrary.

Things started to change for the better when the Agency for Integrated Care (AIC) stepped into the scene.

A New Matchmaker in Town

AIC was corporatised in 2009 but existed in earlier forms: first as the Care Liaison Service (CLS) under the Ministry of Health (MOH) (1992-2000), then as Integrated Care Services (ICS) jointly established by the National Healthcare Group and SingHealth (2001-2008). To keep things simple, I will use “AIC” to refer to all its past and present forms.

With AIC in the picture, instead of contacting every nursing home ourselves, all hospitals would submit their applications to them. It was now AIC’s responsibility to review each case and match it with a suitable and available nursing home at a national level.

We were grateful that they took a significant load off us despite having an equally small team, and were empathetic for the uphill battle they faced. Imagine my surprise and delight when we started seeing improvements quite quickly. Our patients were getting matched with nursing homes!

I observed two major shifts on the ground.

The first was in nursing home resourcing and education.

It was common knowledge that the AIC team spent significant time engaging nursing homes. From my conversations with nursing homes, I sensed that it was around this time that nursing homes began to develop a broader perspective. They started looking beyond their own objectives and challenges to appreciate their essential role in Singapore's care landscape. AIC also facilitated access to funding from MOH and supported productivity drives such as digitalisation to relieve their operational stress and offer them some breathing room.

Through their engagement with nursing homes, I saw how AIC also successfully solved one of our greatest challenges as medical social workers: hard-to-place patients.

Back in the day, it was rare to find nursing homes that were able and willing to accept people with conditions such as HIV, multi-drug resistant organism (MDRO) infections, and even dementia. I have handled many cases with patients spending months to years in the hospital, just waiting for a nursing home placement.

To address this promptly, AIC made the initially unpopular decision to introduce a rostering system. This ensured that all patients had fair and equitable access to care. Concurrently, they supported nursing homes with education and capability-building resources so that they felt confident in caring for these patients.

Today, I'm glad to report that this is no longer an issue.

By all accounts, AIC had achieved its first objective of establishing a stable matchmaking system for effective care placements. With viability checked off the list, the team shifted their focus to quality.

From Strength to Strength

The second major shift that I observed in the care referral landscape stemmed from AIC's efforts to improve the quality of care referrals by demolishing silos.

When AIC announced that they would add community referrals to their portfolio, I could not have been the only medical social worker who cheered out loud.

Prior to this announcement, the community referral process was highly fragmented. As medical social workers, we would refer our patients to the community-based services they needed, like befrienders, for example. If the befriender organisation identified further care needs, they would send the patient back to us, and we would repeat the process with the next community service provider.

If a patient needed the services of five community service organisations, we did it five times. It was hardly efficient and certainly did not enable a holistic, person-centric view of care needs.

AIC changed that by demolishing the silos across different care settings and stepping up as the central coordinating body for all care referrals. Since then, all referrals are submitted through AIC's Integrated Referral Management System (IRMS), which is operationally more efficient for medical social teams. I also imagine that IRMS affords them a bird's eye view of patient needs and sector-wide capacity for planning purposes.

It is far too easy to become so focused on our own roles that we lose sight of the bigger picture. That is truly where AIC's value lies. They may have started out as matchmakers, but over time, they have grown into the role of conductors.

As AIC works hard to harmonise care efforts across hospitals, Community Care organisations, community service partners and more, I am constantly reminded that we are not individual entities. We are one united sector working towards delivering better care for all.

Moving Forward, Not Back

Today's care referral system works so efficiently that patients can be placed in a nursing home as quickly as two weeks. Ironically, this can sometimes be too fast if patients and their families are not emotionally ready to take the next step. After all, nursing home placements are comparatively a more significant and long-term change.

There are times when my younger colleagues, passionate as they are, bemoan AIC's care referral processes. Misconstruing checks and balances as bureaucratic or frustrated by application rejections, they lament that life would be easier without AIC in the picture.

Having lived through that painful reality, I can only laugh and shake my head. I tell them without a shadow of a doubt: Without AIC, we'd have to start buying fax machines again.

Carol Yeung, Caregiving and Community Mental Health Division (CCMHD)

For Those Who Care

By Carol Yeung, Senior Assistant Director, Caregiving and Community Mental Health Division (CCMHD), Agency for Integrated Care

"There are only four kinds of people in the world: those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need a caregiver." — Rosalyn Carter

This quote resonates deeply with me because it encapsulates the universality and importance of caregiving.

I will never forget the time when a caregiver shared her story of caring for her elderly mother in a focus group discussion. Her mother had dementia, and while she was taking care of her, she viewed this as her duty as a daughter, an act of filial piety. She did not consider herself a caregiver.

She cared for her mother while juggling her career and looking after her own family, leaving her with very little time, if any at all, for herself. Not identifying herself as a caregiver meant that she carried this enormous burden on her own shoulders. She did not seek support services or financial assistance and was, in fact, unaware of the resources available to her.

That story was memorable because I've met many people on similar journeys who took on caregiving roles without realising it. Her story was one of immense struggle and a common scenario in our Asian setting, but at the same time, it was a testament to the strength and resilience of caregivers.

Taking the Helm

In 2018, the Ministry of Health (MOH) began laying the groundwork to address caregivers' needs. Working with over 200 stakeholders, MOH, together with partner agencies, developed a Caregiver Support Action Plan. This plan, a significant milestone, resulted from our collective recognition of caregivers' invaluable role in our society.

Driving this at AIC was the Community Mental Health (CMH) division, later renamed as the Caregiving and Community Mental Health Division (CCMHD). In January 2020, my leaders entrusted me with the responsibility of leading the Caregiver team.

When we started, the Caregiver team was a small but determined group, with a clear mission: to review and enhance the Caregiver Support Action Plan to better serve Singapore's caregivers.

Identifying the gaps and emerging needs in the caregiving landscape began with an extensive literature scan of the international and local caregiving construct, gathering insights from previous teams' engagements. Our analysis revealed three critical gaps: the lack of overall awareness and advocacy for caregivers, erosion of self-identity as caregivers focus single-mindedly on their charges and not themselves, and the absence of holistic support services targeted at caregivers, rather than care recipients.

Armed with these findings, we embarked on developing a revised caregiving strategy in partnership with our colleagues at MOH.

To refine our focus, we turned to research and statistics, which gave us insights into the factors associated with higher care burdens. We identified specific groups of caregivers in Singapore who needed greater support, such as caregivers of those with mental health issues, a history of stroke or cancer, as well as frail seniors and those receiving palliative care.

Revising Singapore's Caregiving Strategy was challenging yet fulfilling, as we wanted to raise the standards for caregiving. We sought to create a more inclusive and supportive environment for caregivers and inject a renewed sense of hope and optimism to the caregiving landscape.

The Triple-E Difference

Our new Caregiving Strategy is anchored in the 3E framework: *Engage* caregivers, *Empower* them with skills and confidence to manage their roles, and *Enable* their work through support services and financial assistance.

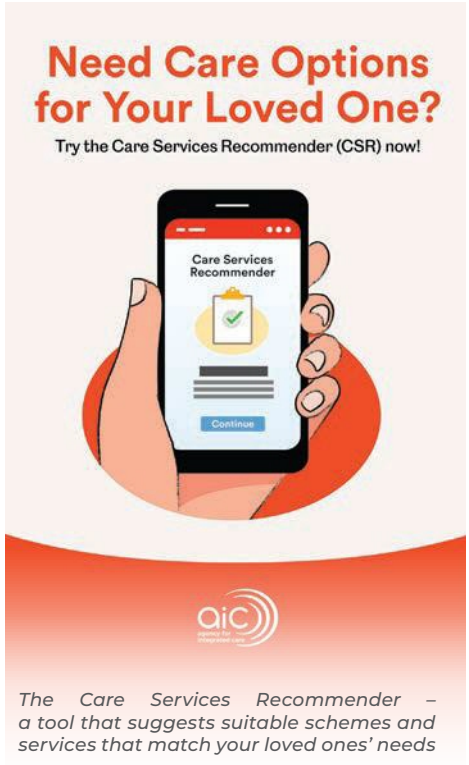
Under "Engage," we launched the #WeSeeYouCare caregiving campaign to directly address the issue of caregivers being unseen. We introduced a series of three short films that were inspired by actual experiences of caregivers and reflect the realities of their situations, challenges, hopes, and everyday routines.

Participants at the National CARECarnival at Kampung Admiralty, celebrating contributions of caregivers

The aim was to help caregivers recognise their role and feel positive about their efforts and to inform the general public about where caregivers can seek help.

The films were genuinely heartwarming; even now, when I rewatch them, I feel myself blinking away tears. We partnered colleagues from Integrated Communications and Marketing Department, Resource Network, and Support teams to reach more caregivers through social media activation, community outreach, and on-the-ground engagements, such as distributing care packs containing helpful resources to caregivers.

Beyond this initiative, we collaborated with the Public Service Division, GovTech, and our Care Integration and Operations Division to co-develop a digital tool, Care Services Recommender. This free, accessible tool suggests suitable schemes and eligible services that match caregivers' needs, and all caregivers have to do is to answer a few simple questions. This innovative tool is handy for busy caregivers who are juggling multiple roles, as it instantly informs them of eligible schemes and programmes they could tap on.



The Care Services Recommender – a tool that suggests suitable schemes and services that match your loved ones' needs

We also collaborated with SG Enable to develop bite-sized infographics and short videos to provide practical care tips to caregivers. The collaboration allowed us to map out common skills across caregivers of persons with disabilities, seniors, and those with mental health conditions. By tailoring our content to different

groups of caregivers, we were able to speak directly to their individual situations.

In "Empower", we worked closely with the Grants Division and SkillsFuture Singapore to expand the range of caregiver training courses available. We enhanced the Caregiver Training Grant, allowing the rollover of unused funds to enable caregivers to attend more than one course per year. This move significantly benefited caregivers caring for loved ones with higher care needs, who are naturally more time-restricted. By extending the validity of funding to upskill caregivers' skills and knowledge, we are helping them to provide better care for their loved ones.

"Thank you, AIC colleagues, for your leadership and tireless pursuit in developing the care sector and supporting caregivers and care recipients in Singapore. We are proud to collaborate with AIC, especially in developing the Care Services Recommender on SupportGoWhere, which is an online 24/7 resource for all caregivers and recipients to seek helpful tips and customised advice in their care journey. Here's to many more significant milestones to be achieved as partners in the One Care Team!"

Lim Sze Ling
Chief Executive Officer
ServiceSG, Public Service Division
Prime Minister's Office

Additionally, we developed a Learning Guidebook for family caregivers after identifying their learning needs across various groups. The guidebook was conceived to help them understand the different dimensions of care, giving them a holistic picture of their caregiving roles and responsibilities. It also contains tips and tools to help caregivers better support their loved ones.

For "Enable," we conducted a comprehensive review of respite care services to better support caregivers' well-being. This complex review involved significant support from various divisions, including the Care Integration and Operations Division, Primary and Community Care Development Division, and the Sector and Partnerships Division, to strategise comprehensive programmes to benefit caregivers.

Our work cuts across many agencies, ministries, and divisions; we could not have achieved what we have on our own. Collaborations have been instrumental in advancing our initiatives and reaching as many caregivers as possible.

"SG Enable's decade-long partnership with AIC has seen us working together to support seniors and persons with disabilities better and build a more inclusive community. We look forward to many more years of enabling lives beyond barriers and the silver years."

Ku Geok Boon
Chief Executive Officer
SG Enable

Personal Reflections

The story of caregiving is not just about the initiatives and strategies we have implemented; it is about the people whose lives we have touched. It is about the positive changes we have brought about. It is a story of hope, resilience, and the enduring spirit of caregivers. As we continue this journey, I am proud to be a part of it, paving the way towards a more supportive future for all caregivers.

From left to right: Rebecca Chong and Sairam Azad, Caregiving and Community Mental Health Division (CCMHD)

A Mental Health Makeover

By Rebecca Chong, Director, with contribution from Sairam Azad, Senior Assistant Director, Caregiving and Community Mental Health Division (CCMHD), Agency for Integrated Care

There was a time, not too long ago, when mental health references would invariably lead to Woodbridge Hospital jokes. Mental health was not taken seriously and the social stigma associated with it meant that patients and their loved ones often suffered in pain and silence.

I'm glad to report that today, we have made significant progress in this regard.

As a pioneer behind the Community Mental Health (CMH) Masterplan, I am heartened to see how awareness and acceptance of mental health conditions, as well as access to mental health services has greatly improved in Singapore. Throughout my 13 years (and counting) with AIC, I am proud to have had a direct hand in building up the community mental health ecosystem alongside a resilient team who share the same goals.

Currently, my journey continues to spur me to help those who are struggling with mental health issues. At the same time, I find joy in mentoring other team members as they forge their own journey in this space. Besides sharing my story, my colleague, Sairam, also shares his unique perspective, having joined AIC in 2023.

Rewinding to the Past

I don't think many would remember a time when access to mental health care was limited or confined to a hospital building, but that was the situation up until the late 1990s. Accessing mental health care was tricky; options were limited, and physicians were few.

Singapore's first mental hospital was constructed in 1928. It was renamed Woodbridge Hospital in 1951 and, until the late 1970s, provided custodian care for mental health patients. Then, in 1988, therapeutic care services were introduced, provided by rehabilitative and psychiatric nurses, which slowly opened up access to mental health care to the public.

The year 2003 was especially memorable as it marked the beginning of community-based care. As awareness of mental health conditions became more widespread among the public, psychiatrists and community nurses were appointed to administer well-being programmes and services, bridging the gaps people often faced in accessing mental health resources.

Not long after, the Ministry of Health and agencies like AIC and the Health Promotion Board started to focus on strengthening the mental health sector's capabilities. The National Mental Health Blueprint was rolled out in 2007, and the CMH Masterplan was released in 2012, with an enhanced version later published in 2017.

Within just a few decades, it is truly remarkable to witness the transformation of the mental health sector in our small city state. With the custodian concept of the past now a faint memory, we have evolved into a vibrant and

"We are privileged to be part of this journey with AIC to build a community mental health ecosystem. Since 2016, Fei Yue and AIC have become close collaborators. We cherish our openness with AIC, which has allowed us to share our concerns and ideas on ways to collaborate better. We look forward to more projects with AIC to better serve the community's growing caregiving and mental health needs."

Arthur Ling
Chief Executive
Fei Yue Community Services

accessible care model. These achievements fill me with hope for the future of mental health care in Singapore.

Bettering the Present

Reflecting on my experience conceptualising and rolling out the CMH Masterplan in 2012, I am proud to have, alongside my dedicated team, turned this ambitious vision into a reality. The Masterplan has significantly improved access to mental health care, expanded services among various social care partners, and enhanced integrated care in the community. It has also increased our capacity to support those living with dementia, a crucial aspect of mental health care.

"It is a humbling journey as we support our clients and families in their mental health recovery — to bear witness to their trials and celebrate their resilience in bouncing back from adversity. All this is made possible by the many partnerships formed in the community and health institutions, including polyclinics and hospitals."

Samuel Ng
Founder and Chief Executive Officer
Montfort Care

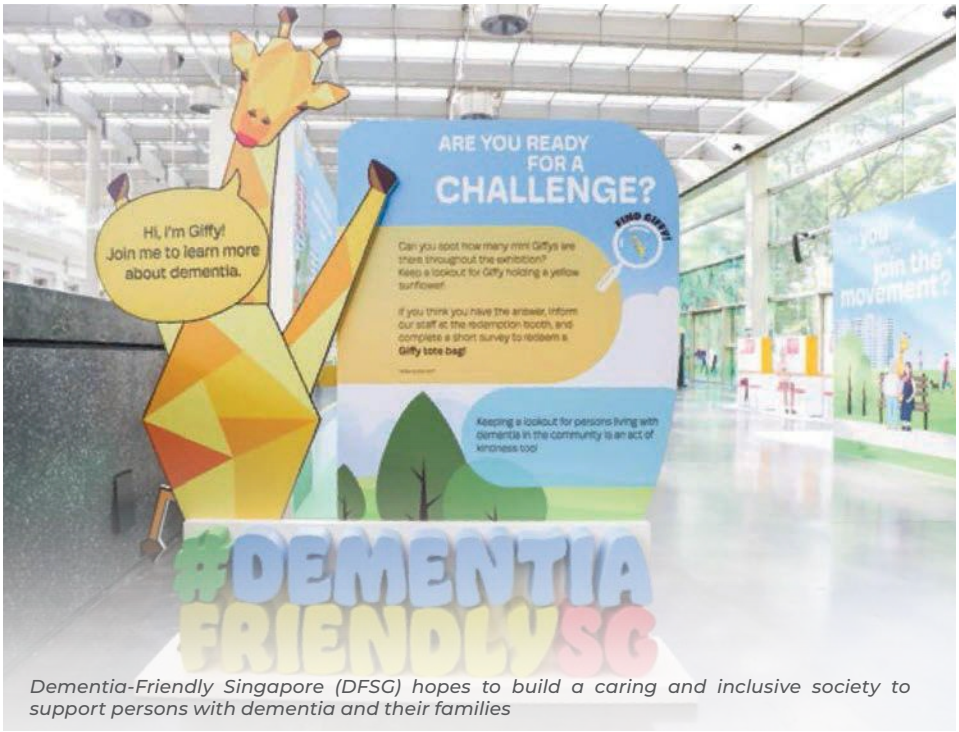
With the CMH Masterplan as our guide, we built an integrated network with a multi-stakeholder approach supporting our clients' needs.

One of our key achievements in making access to mental health care more seamless is onboarding over 450 general practitioners and 20 polyclinics to diagnose and manage over 47,000 clients with mental health conditions. I am deeply grateful to my team for their tireless efforts in approaching these clinics and making closer-to-home mental health support a reality for the people of Singapore.

Charting a Path to Inclusivity

By Sairam Azad, Senior Assistant Director, Caregiving and Community Mental Health Division (CCMHD), Agency for Integrated Care

I marked my one-year milestone in AIC recently. As part of the CCMHD team, I am awed by the inspiring work the division has done to fortify Singapore's community mental health ecosystem.



Dementia-Friendly Singapore (DFSG) hopes to build a caring and inclusive society to support persons with dementia and their families

One of my earliest projects at AIC was the DFSG movement — a massive effort to develop Dementia-Friendly Communities (DFCs) around our nation. DFCs are caring and inclusive societies that embrace and assist

People Living With Dementia (PWDs) and their caregivers, helping them feel respected, valued, and confident about living well in the community. Currently, there are 16 DFCs in Singapore, with many more neighbourhoods earmarked for this initiative.

We also work with partner agencies, known as Dementia-Friendly Partners (DFPs), to enhance support by setting up Go-to Points (GTPs). GTPs are "safe return" points for PWDs who may appear lost and unable to find their caregiver or way home. An example is Frasers Mall, where staff at GTPs are trained to help reunite PWDs with their caregivers.

Another memorable involvement for me was the Community Outreach Teams (CREST) and Active Ageing Centres (AACs) partnership, also known as CREST-AAC. AACs are community nodal points for seniors, which makes them perfect locations for running cognitive stimulation activities. Through the partnership, we supported the seniors identified with issues to receive care and support from the AAC that is nearest to them.

Over 70 Community Outreach Teams (CREST) across Singapore provide mental and emotional support

Personally, working on CREST-AAC was a rewarding experience and involved collaborating with other divisions to plan workflows, referral pathways, resources, and pairing rationales. After developing the programme criteria, we gained acknowledgement from the Dementia Policy Workgroup to bring this partnership to fruition. We also worked with various service providers to implement the plan and track progress.

Reflecting on our long, arduous journey to where we are today and the meticulous planning that has gone into the CMH Masterplan, I am encouraged to know that what we do will make a real difference in many people's lives!

Securing Our Future

Mental wellness is fundamental to good health, which is why we must sustain our efforts and seek to improve them where possible. The mental well-being of its people is paramount to a strong and healthy nation and is just as important, if not more, as physical vitality. This is reflected in AIC's mission of developing a vibrant care community that enables our people to live well and age gracefully.

"Since the start of the CMH Masterplan, NHGP has been privileged to be endowed with this opportunity to enhance our mental health services to our patients. With like-minded co-workers, we have since established a multi-disciplinary team and developed workflows to pilot and scale up our services rapidly."

Dr Winnie Soon
Programme Director
Health and Mind Service
National Healthcare Group Polyclinics

I have enjoyed working with our various partners and stakeholders to improve service quality and am excited for the next chapter of community mental health!

Did You Know?

With the government's National Mental Health and Well-Being Strategy announced on 5 October 2023, AIC has plans to strengthen the mental health ecosystem by implementing standardised assessment tools and building the quality of service through competency frameworks to streamline the sector and uplift baseline competencies.

Another project in the pipeline is implementing a Tier-Care approach to standardise service delivery based on the severity of needs.

A mental health microsite will be launched in 2024 to promote public awareness and outline available services in the community. The microsite includes a wayfinding tool which enables users to find community services and polyclinics located near them to support their needs.

Over 70 CREST teams are building awareness, providing early identification, basic emotional support and service linkages. They have touched the lives of more than 860,000 residents and supported over 50,000 clients.

Over 100,000 frontline staff of government agencies and community partners have been trained to identify and respond to persons with mental health conditions.

Over 680 Dementia Go-To Points, 8 Caregiver Support Networks, and 16 Dementia-Friendly Communities have been established in Singapore.

Faezah Binte Shaikh Kadir, Primary and Community Care Development Division (PCDD)

From Nurse to Navigator

By Faezah Binte Shaikh Kadir, Senior Assistant Director, Primary and Community Care Development Division (PCDD), Agency for Integrated Care

For over 20 years, I was a hospital nurse. I spent my days rushing down the corridor of my wards, attending to call bells, serving medication, or assisting doctors on their rounds.

Suddenly, I found myself sitting more than standing.

The shift was apparent and took some getting used to when I joined AIC. Instead of being at the frontline, I was now at the command centre, taking on a different type of "action". I was working on the Aged Care Transition Programme (ACTION), a pilot programme aimed at standardising care assessment in the Community Care sector.

The Call for Consistency

Transitioning from patient care to working at AIC has brought me new perspectives and enriched my experience. This is especially true since my work involved implementing interRAI, a suite of assessments that helps Intermediate and Long-Term Care (ILTC) partners gain a holistic picture of a patient's health and well-being needs.

The tool, interRAI, is vital to standardising care assessments to improve the quality of care. It is also an information bank that helps all stakeholders design care plans and make informed clinical decisions based on a shared database.

The benefits of interRAI include comprehensive patient assessments, improved care planning, better coordination among care providers, and enhanced patient outcomes. Adopting this tool would pave the way for a more efficient and effective Community Care system.

Only the Best

AIC aims to achieve the best health outcomes for patients, and we have never wavered from that objective. In 2010, we started working with the Ministry of Health (MOH) and other service providers on standardising care assessments under the banner of the National Care Assessment Framework (NCAF).

As part of NCAF, we knew that having a standardised assessment consortium meant harmonising patient information and enabling all care partners to tap into a single source of truth. To do this, interRAI consolidated data from various providers to facilitate transparent and seamless information flow across care settings, ensuring better continuity of care.

With the rollout of interRAI, a performance indicator would be developed from a standard set of client information to allow cross-comparison and learning for care partners. Using the interRAI assessment framework also helps care partners identify areas for improvement to drive better patient transitions and service delivery.

Briefing on the use of interRAI assessment with representatives from nursing homes

Ready, Set, Go!

To drive the strategy forward, a two-year National Care Assessment Steering Committee was appointed to lead and support several workgroups. These workgroups included representatives from AIC, MOH, SG Enable, hospitals, chronic sick facilities, nursing homes, and home care providers.

The committee's role was to ensure that all stakeholders were involved in the process and that their perspectives were considered in the development and implementation of interRAI. An academic advisor facilitated the evaluation studies, while AIC provided secretariat support.

With the steering committee appointed, the ACTION pilot was ready to go 'live' in two phases. In phase one, the programme would guide the development of a screener tool to improve patient right-siting in alignment with social needs. In phase two, the committee would oversee the implementation of care assessment tools for planning care and monitoring patient outcomes in selected ILTC institutions. For the second phase, interRAI was implemented for three years at Changi General Hospital and Khoo Teck Puat Hospital to facilitate service matching and discharge planning.

Our healthcare partners, who welcomed the pilot, reported that they found the tool easy to administer in an acute healthcare setting. Staff unanimously found the tool more comprehensive than their current programmes and were eager to adopt interRAI to improve care delivery. Eventually, we extended the pilot to three home care institutions and four nursing homes. The feedback garnered was also positive, with many finding the tool helpful. It was a small win for the team, and a step forward for bigger things to come!

Into the Community

In April 2018, we reviewed the need for a standardised assessment tool for the Community Care sector. In collaboration with MOH, a Care Assessment Workgroup was formed, which consisted of representatives from AIC, MOH and our service providers. The workgroup examined the needs of the sector and immediately set to work on developing an approach to standardising care assessment.

A study trip to interRAI's headquarters in New Zealand was organised to understand how other countries use interRAI at a national level. The trip's lessons proved pivotal and paved the way for implementing interRAI as Singapore's standardised assessment instrument.

At that juncture, the team had taken nine years to conceptualise the administration and two years to implement interRAI in the Community Care sector. After the study trip, preparation work for the sector's adoption of the tool started almost immediately.

Our preparation was in full swing, with the workgroup steadily engaging IT solutions and training providers to support the eventual rollout. Unexpectedly, the COVID-19 pandemic made us pause our efforts and shift gears instead to support the healthcare system, which was under sudden and tremendous pressure.

This unforeseen challenge tested our adaptability and resilience, but we focused on supporting our healthcare partners first. From 2020 to 2021, we suspended our division's business-as-usual work and instead, engaged General Practitioner clinics, helping them with staffing and operational needs, such as having adequate supplies of personal protective equipment.

After riding out the pandemic and with the healthcare sector back on track, we heaved a sigh of relief and resumed our work for interRAI's national implementation. Once again, we re-established networks with our providers to steer the course towards better care assessments.

Fast-forward to 2024 where we are now the midst of preparing the roll-out of interRAI for the sector!

Despite the momentary setback, we persevered and are now on the brink of a major milestone. For my team and I, seeing this project through to completion is a testament of our resilience and dedication to the heart of care.

Our work continues as we tirelessly plan for interRAI's national implementation, partnering with various stakeholders to steer the course together. We conducted engagements with nursing homes, formed a Community of Practice to help us understand their challenges, and at the same time, worked on launching interRAI sector-wide training.

Coming Together is a Beginning

My teammates and I are excited about the future possibilities ahead as we understand the importance of interRAI for our clients and the sector. I have learnt that teamwork, trust, and staying the course are essential in this journey. A challenging project can be made possible with resilient team members who are passionate about their work. To see success, we must believe in the change we want to effect!

Did You Know?

More than 1,300 interRAI care assessors have been trained to date. Over 75 nursing homes and 220 Active Ageing Centres are planned to onboard interRAI progressively from Q3 FY24 onwards, and subsequently across centre-based and home care services.

A single interRAI IT system allows access to clients' records at the point of care. Assessments provided over time are shared across providers to enhance understanding of client's progress and facilitate care continuity. The same client will no longer need to repeat his/her medical history to multiple care providers.

Minister for Health Ong Ye Kung launched the Age Well SG initiative in 2023 to reinforce the need to improve care coordination for seniors and enable a seamless care journey. interRAI will be the enabler to support the key shift towards a single system for coordination of services across clients.

Maisie Tok, Primary and Community Care Development Division (PCDD)

A Force of Primary Importance

By Maisie Tok, Deputy Director, Primary and Community Care Development Division (PCDD), Agency for Integrated Care

"Courage is what it takes to stand up and speak; courage is also what it takes to sit down and listen." — Winston Churchill

When I was a Medical Social Worker at an acute hospital, I witnessed how challenging it was to have a loved one with care needs. Most noticeable was the "sandwiched generation" — people who had both aged parents and young children to care for. They often struggled to balance their caregiving responsibilities with their own needs and work commitments.

In my heart, I wondered if more could be done upstream to help them.

Then, in 2011, an opportunity came about at AIC to implement a new national programme called the Community Health Assist Scheme (CHAS). I leapt at it.

With a working knowledge of our subsidised healthcare system, I was excited about CHAS's impact. Essentially, the scheme is a financial lever enabling Singaporeans to access subsidised primary care at General Practitioner (GP) clinics, bringing residents greater convenience and more affordable care.

In addition, with a large part of the primary care workforce congregating in the private sector, CHAS would make GP clinics an integral part of the health ecosystem and, hopefully, ease the load on polyclinics.

Sitting Down and Listening

While my previous scope of direct patient care differed significantly from my new role in implementing a national scheme for the sector, following some foundational principles certainly helped.

First, we must understand our clients and partners; second, guide them; and third, walk our talk.

As the team leader of the GP workstream at AIC, my most pressing task at the beginning was to gain the trust of and build a strong working relationship with the GPs. To do so, I established an engagement team and assigned each GP a dedicated AIC account manager. This allowed us to be proactive and provide one-to-one handholding support. We also spent much time visiting GP clinics to understand their processes and challenges, identify systemic and operational issues, and discuss ways to address them.

My role gave me great satisfaction, as I knew that we were working to implement solutions to improve the lives of GPs, their clinic staff and residents, who would receive quality care.

Standing Up and Speaking Up

Private primary care is a relatively large and heterogeneous sector. At the point of writing, there are around 1,800 clinics in Singapore.

Because of this, we needed to establish ways to obtain representative feedback to advocate for GPs and support the Ministry of Health (MOH) in developing policies and plans. So, in addition to building one-to-one working relationships with GPs on the ground, we established the National GP Advisory Panel (NGPAP), co-chaired by Prof Chee Yam Cheng and Dr Tham Tat Yean.

The panel's membership was varied to ensure that different voices would be heard. We had a good mix of solo practitioners, small, medium and large medical group practices, as well as CHAS and non-CHAS family medicine clinics.

NGPAP played a critical role by providing practical guidance in creating national health schemes covering funding, capability development, and service delivery structures.

The most notable contribution was the recommendation paper for Primary Care Transformation submitted to MOH. The paper consolidated years of observation and innovation and laid some fundamental principles for implementing Healthier SG.

We continued to engage a wider group of GPs through GP Townhalls so that they could be updated with the latest primary care developments and provide their views.

A dedicated portal, Primary Care Pages, was set up as a one-stop resource hub to keep GPs updated with the latest information relevant to their practice such as updates on national schemes.

Strength in Unity

"It is not in numbers, but in unity, that our great strength lies." — Thomas Paine

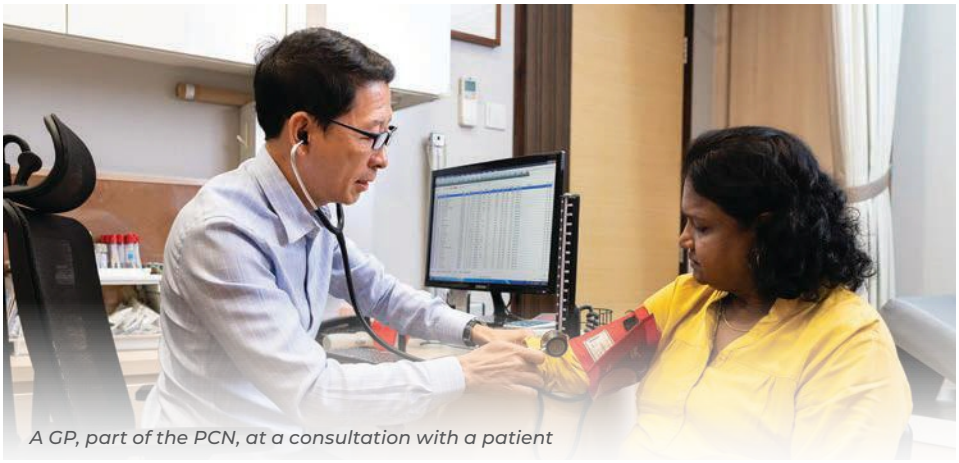
The introduction of the Primary Care Network (PCN) scheme united the GPs to play a more prominent role in caring for patients with chronic conditions.

In 2012, we supported the ground-up pilot of PCN, aimed to harness the strengths of GPs and help them play a more prominent role in caring for people with chronic conditions. PCN established a local adaptation of the "Patient Medical Home" model, providing

comprehensive and accessible care in the private primary care setting.

The pilot showed promising outcomes under the visionary leadership of AIC's management, Dr Jason Cheah and Dr Wong Kirk Chuan, and the first PCN leader Dr Tham Tat Yean. Nurse Sister Marine Chioh was integral in establishing the first PCN care team as well.

In 2018, we were proud to support the wider adoption of the scheme by establishing 10 PCNs — five were GP-led, two were corporate-led, and three were cluster-led.



A GP, part of the PCN, at a consultation with a patient

A nurse, part of the PCN, doing Diabetic Retinal Photography eye screening

Weathering Storms Together

At the onset of the COVID-19 pandemic, I was heartened by how quickly GPs participated in response efforts such as performing diagnostic tests at their clinics.

Given their daily patient load, it was not easy. Many GPs had to augment their clinic's physical layout to create separate areas to triage potentially infected patients. Due to space constraints, some clinics had to seek their Town Council's approval to set up a segregated area.

To ensure they could perform their tasks safely, we collaborated with the Health Promotion Board (HPB) and MOH to mask-fit GPs and their clinic staff and ensure their clinics were well-stocked with masks and other personal protective equipment.

When vaccinations became available, GPs again responded positively, stepping up to take on the additional workload, from managing appointment bookings and explaining the vaccine to patients, to minimising vaccine wastage. GP leaders also set up WhatsApp group chats with participating clinics to share clinical guidance and provide logistical support for ad-hoc vaccination cases.

The Way Forward

In 2022, as Singapore recovered from the pandemic, all hands from MOH, AIC and GP leaders were on deck to develop Healthier SG, a national initiative focused on preventive healthcare.

Though the fight against the pandemic understandably left us weathered, the team strengthened our resolve as we knew we had to ride the momentum and move forward with Healthier SG as quickly as possible.

We worked on building internal capabilities to support the set-up of a centralised team to process Healthier SG applications and issue enrolment agreements. At the same time, GPs and PCN care teams underwent training to upskill themselves to administer Healthier SG care protocols. MOH supported our efforts with a new tranche of funding that would allow the PCNs greater operational flexibility to provide the needed services.

Overcoming the pandemic and launching Healthier SG are two major testimonials of how our partnership with GPs has strengthened over the past decade.

I am proud of the achievements our collective efforts have brought about. I am also genuinely grateful to our GP community stakeholders for enriching my journey in primary care. As we continue to evolve our healthcare system, I look forward with great anticipation to more seamless transitions across care settings becoming a reality for all Singaporeans!

Did You Know?

More than 2.3 million Singaporeans have signed up as CHAS cardholders. CHAS enables all Singapore Citizens, including Pioneer Generation and Merdeka Generation cardholders, to receive subsidies for affordable medical and dental care at participating medical and dental clinics. With the launch of Healthier SG, enrolled CHAS cardholders will now have access to selected chronic medications at subsidised prices at GP clinics.

To further enable care within the community, care protocols in preventive care and chronic disease management have been introduced, with plans to also cover areas such as mental health, frailty and end-of-life care. PCN will be trained and equipped to support the clinics in providing effective preventive care and chronic disease management in the community.

Trust

From left to right: Felicia Tan and Ron Wee, Finance and Procurement Division (FPD)

Dollars and Sense

By Ron Wee, Manager, Finance and Procurement Division (FPD), Agency for Integrated Care

It's been an enriching 10 years since I started my career with AIC in November 2014. As an Accounts Executive in the Finance and Procurement Division (FPD), I was primarily in charge of accounts receivables — processing invoices, managing receipts, and ensuring timely payments to our clients.

I quickly realised that my role required meticulousness, astute attention to detail, and a relentless commitment to accuracy. To ensure that no payment fell through the cracks, I decided to develop a systematic approach in handling the workload, implementing spreadsheets and automated reminders. Thinking back, I am thankful to be given the trust to test my processes and create new solutions that improved the Division's efficiency and accuracy.

Within a few months, my efforts in setting up a processing system started to bear fruit: I operated more efficiently and could clear most of the backlogged items. In stepping up to the challenge, I gained a deep understanding of the organisation's financial operations as well. I did not know it then, but this would serve me well as my career journey with AIC continued to unfold.

A Transformative Time

By January 2015, AIC had grown significantly larger, and FPD set up a new Business Partner department, of which we became the pioneers. On top of our accounting tasks, we started engaging Business Divisions to ensure financial considerations were integrated into their strategic decisions and action plans.

My role shifted from an "accounting person" to a "bridge" between accounting and the business. To engage my non-finance trained colleagues, I began using charts and graphs to illustrate financial concepts and numbers, helping them develop a financial perspective by understanding how different data points could relate to their proposals.

In 2018, with the integration of the Pioneer Generation Office (now Silver Generation Office) into AIC, FPD was further reorganised into three specialist departments: Financial Management, Financial Planning & Analysis, and Finance Business Partner, allowing AIC to effectively manage both the increasing volume of transactions and complexities of its finance operations.

As I thoroughly enjoyed making sense of numbers to our non-finance colleagues, I remained a Business Partner. This role was a game-changer. I was no longer running numbers but analysing them, identifying trends, and distilling insights that helped make informed business decisions. I found myself thriving on budgeting, forecasting, and variance analyses.

My reports became critical parts of strategic meetings, and I learned to present data in a way that was accessible to non-financial managers. My work was challenging but, for the most part, satisfying, as I enjoyed helping others see the macro picture of our work through data storytelling.

By mid-2020, the COVID-19 pandemic had fundamentally changed the way we worked. AIC, like most organisations at the time, was adapting to the new normal. We had already embarked on a paperless initiative in 2015, so the biggest shift for Business Partners like myself was getting used to working from home and having virtual calls instead of in-person meetings.

Still Growing, Still Learning

Today, as I reflect on my decade-long journey with AIC, I am proud of our many achievements, but two things stand out — how far AIC has come as Singapore's national care aggregator and my journey to being the finance professional I am today.

From crunching numbers as an Accounts Executive to becoming a financial strategist responsible for shaping the organisation's future, my journey is a testament to the power of dedication, the importance of adaptability, and the possibilities that come with a passion for finance. It has been a rewarding time with the organisation, and I continue to enjoy tackling the challenges that come with each new endeavour. In many ways, my personal growth mirrors AIC's own development, as we evolved into our role today as the lead agency caring for our nation's seniors.

Looking ahead, I am excited for the future, as the financial landscape is constantly evolving. I am committed to staying ahead of the curve and embracing new technologies that will drive AIC's success!

Growing with Governance

By Felicia Tan, Manager, Finance and Procurement Division (FPD), Agency for Integrated Care

I once accompanied our former CEO, Mr Tan Kwang Cheak (or KC, as he is better known to us), on site visits to AIC Links across Singapore. AIC Links are one-stop resource centres for care needs that are located

island-wide within the community, improving access for those seeking more information on their care needs.

In interacting with colleagues whom we admittedly do not get to meet often, KC was able to put them at ease almost immediately. He was informal and sincere, and the conversations he had with them were heartfelt. It was clear that he was genuinely empathetic about the challenges they faced on the ground and I could see morale rising and spirits lifting as he spoke.

This remains one of my fondest and most memorable encounters in my seven years with AIC because it solidified the significance of our collective work — how each and every AIC employee plays a part in advancing care, and how we are united by one vision.

Perhaps it is because I work in the Finance and Procurement Division (FPD). Unlike frontliners, I do not interact with the seniors and caregivers whose lives we seek to impact. Instead, I stand at a different frontline — the frontline of good governance.

Governance on the Ground

I joined FPD in 2017 and have had the opportunity to serve as a Procurement Business Partner before applying my financial savvy as a Finance Business Partner. This has given me a holistic view of governance's multi-faceted purpose.

Being in a procurement role gave me a strong foundation in administering good governance and compliance. I was involved in managing risk, promoting transparency, and optimising costs. Switching to finance meant working with various Business Divisions to achieve strategic alignment, sound financial stewardship, and compliance with our organisation's business ethics.

My transition to finance business partnering happened in 2018 when the Pioneer Generation Office (now Silver Generation Office, or SGO) was being integrated into AIC. During that period, I was tasked with engaging colleagues from various SGO satellite offices to tackle procurement and finance-related consolidation projects.

I clearly remember my team's concerted efforts to support SGO during that period of change management. It was an arduous process, and we provided resources, offered training, and extended assistance to help them adopt AIC's finance processes and systems as seamlessly as possible. It was a good challenge and, needless to say, we all felt a deep sense of achievement when SGO was fully onboarded.

Building Trust from Within

As Finance Business Partners, we are committed to achieving robust governance through close collaboration with stakeholders across all levels of the organisation.

We know how important it is for decision-makers to be equipped with accurate, timely information as this, in turn, guides their strategies and resource allocation efforts, so we prioritise transparency and accountability. We ensure that our workflows are continuously enhanced for efficiency and that our financial reporting systems remain robust and responsive to the organisation's evolving needs. Most meaningfully to me, we also champion a culture of continuous improvement within AIC, offering colleagues learning opportunities to enhance their financial literacy, for example.

I have grown immensely, as a person and professional, during my time with AIC. One of the greatest lessons I have learnt is that good governance is built on trust and collaboration.

Governance principles and processes keep us grounded, but they also give us wings to take AIC to even greater heights — as a trustworthy, well-run organisation at the heart of care.

Did You Know?

AIC's Purchase Order cycle has been reduced to as short as 2 days (or up to 10 days overall), with a healthy compliance rate of 97%, thanks to support from purchasing Divisions.

Leveraging data analysis, the FPD team identified commonly purchased items/services and proactively established more than 15 term deals, streamlining the procurement process.

The integration of the SourceSage digital platform and Purchasing Card have revolutionised the procurement process, particularly in handling small value purchases, optimising sourcing, approval, invoicing, and payment procedures. This means a faster time-to-market for AIC services, and better care for our seniors.

From left to right: Joyce Tan and Ng Jing Hao, Risk Management and Compliance Department (RMCD)

Pitstop Precision

Co-authored by Ng Jing Hao, Manager, and Joyce Tan, Assistant Manager, Risk Management and Compliance Department (RMCD), Agency for Integrated Care

Writing an article is certainly not something we do everyday at the Risk Management and Compliance Department (RMCD), where dashboards are our bread and charts/colours/indicators are our butter.

"Huh, so boring," you might say, but try telling that to Formula 1 (F1) race car drivers, whose dashboard provides essential information such as speed, fuel level, and engine temperature, and keeps them safe at 350km per hour!

Similarly, our risk management dashboard gives AIC stakeholders a clear view of our operations, progress, and associated risks so that they can better navigate the road ahead. This transparency is crucial in our collective journey towards success.

As indispensable as an F1 car dashboard is, so are its rear-view mirrors and front windscreen. Our department's past, present, and future are equally important to consider as we traverse the road ahead and progress to our desired destination.

When we look back, we don't just see the past; we see a wealth of lessons, achievements, and challenges. The retrospective view helps us appreciate how far we have come and equips us with the knowledge and experience to ride into the future with confidence. And by keeping our gaze forward and looking ahead, we can sidestep roadblocks, steady our speed, and stay the course towards the finish line.

Traversing New Terrain

AIC has grown over the past 15 years and with it, so have our roles and responsibilities. Our once-straightforward approach of reviewing hard-copy invoices, for example, has become unsustainable as the volume of grants administered by AIC has increased multi-fold.

AIC manages

46

grant schemes

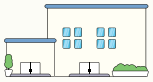
FY2023

For Sector

42

to build capability, increase capacity and promote care integration

Grants given to
219 organisations



Community Care Organisations (CCOs)

Primary Care Providers

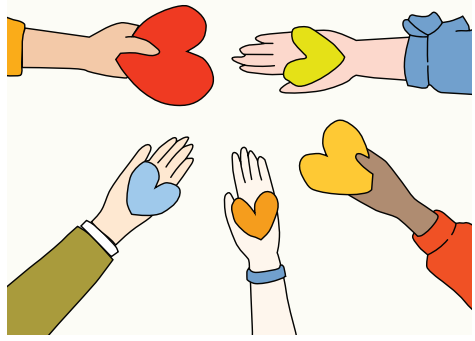
Regional Health Systems (RHSes)

For Individuals

4

in the form of financial assistance

Helped
more than 100,000
individuals



To resolve this, our team proposed new audit methodologies and switched gears to more efficient ways of fund disbursement.

We worked closely with our funders to refine our new approach while prioritising precision and accuracy. It was imperative that we continue to secure grant funding and safeguard against potential discrepancies even as we sought greater internal efficiency.

With our new methodology in place, we looked to simplifying funding rules. We eliminated some administrative burdens by shifting from using actual costs to standardised rates, for example. This simple move bolstered our stakeholders' confidence and showcased AIC's commitment to, and capabilities in, improving workflows and processes without compromising accountability.

A Fork in the Road

As a department that handles many grants, we are constantly looking for new and innovative ways to streamline our grant processes and build greater efficiency into grant administration.

When COVID-19 hit, process regeneration emerged as a critical imperative for us. We could have been reactive and solved problems as they arose but we saw this as an opportunity to recalibrate and improve our grant approval process.

Embracing a proactive stance, we enacted robust business continuity planning measures to safeguard our daily operations from interruption while we collaborated virtually with colleagues and stakeholders. We also seized the opportunity to fully digitalise any remaining manual processes and enhanced our responsiveness with digital communication channels.

The pandemic lasted longer than any of us could have imagined and left indelible marks on the Community Care sector. By closely working together like an F1 driver and their pit crew, we were able to navigate the twists and turns while keeping our processes lean and efficient.

Forging Ahead as One

RMCD was officially formed by merging the Grants Management Office and the Governance and Risk Department in 2023, a move that capitalised on the synergy between grants and governance. The merger is a testament to our leadership's confidence in our ability to apply the same rigour we have for grant governance to AIC's overall enterprise risk management and we take this responsibility very seriously.

The newly minted department feels like a natural evolution since both teams shared common work areas, such as audit and risk management. While we might be one of the "youngest" departments in AIC, the milestone merger has spurred a flurry of learning and idea exchanges as we unite our innovation efforts.

Since joining AIC, we have travelled over many terrains, in a journey marked by constant adaptation and transformation. From ensuring the prudent use of public funds to embracing audit methodologies and technology to improve the way we work, we have continuously committed ourselves to the highest levels of integrity and excellence. Now that our mandate has expanded beyond assessing and mitigating grant risks, we look forward to tackling new areas of work and building up our risk management skillset.

At RMCD, mitigating risk is our bread and butter. It is helpful to acknowledge that risks and uncertainty are joined at the hip and inseparable. While risk can be quantified and managed, uncertainty is more nebulous and often uncomfortable.

Yet, only in uncertainty can we find new and unexpected opportunities.

Given the strength our team has demonstrated throughout these years, we are confident that we will be able to embrace the uncertainties ahead positively and seize opportunities when they come.

Here's to staying focused and driving on, knowing that we can look back again with satisfaction at the distance we have covered!

Did You Know?

Beyond dashboards, AIC continues to leverage technology in enhancing grants governance, with robotic process automation, data analytics, and visualisation tools introduced over the years.

To further strengthen efforts, AIC is working to bring sector grants onto the OurSG Grants (OSG) portal. Beyond being a one-stop hub for community and social grants, OSG touts a powerful feature — integration with GovTech's Fraud Detection Platform, which allows agencies to share information on errant grant applicants or recipients.

Cathryn Chong, Human Resource Division (HRD)

Painting a Culture Canvas

By Cathryn Chong, Senior Manager, Human Resource Division (HRD), Agency for Integrated Care

I joined AIC 15 days before it was officially incorporated.

As employee number 32, I had the privilege of being part of a pioneering team that predates today's Human Resource Division.

Back then, we were so small that everyone knew one another. Today, that is less common, as our workforce has expanded in tandem with AIC's growth.

We started out with very little, but our "kampong spirit" (sense of community and solidarity) was strong in our formative years. Over the years, as we expanded, we continued to increase our engagement and internal branding efforts to maintain our sense of togetherness. Today, a distinct staff pass indicating a new joiner's name facilitates a fresh face's first "hello".

To cultivate a sense of belonging, we designed a bespoke onboarding programme to welcome new colleagues.

Initially named Zest Fiesta, it was a modest onboarding event with various team-building activities. This has since evolved into our much-loved AICanvas, a signature three-month programme that gives new colleagues the opportunity to reimagine their careers in community care through a series of curated experiences and dialogues with organisation leaders.

Fifteen years ago, we started with a blank canvas. Over time, as new colleagues assimilated into the organisation, they added their unique colours and brushstrokes, creating what I see as a beautiful, vibrant mural of life.

New employees in a dialogue session with CEO during AICanvas in 2024

Doubling Down on Engagement

A new colleague's first touchpoint at AIC is important as it determines their impression of the organisation.

Year after year, we introduce new ways to enable, empower, and energise our team members at work. One thing that has stayed the same throughout my time at AIC is the management's open-door policy. In their efforts to stay connected with all staff, they have routinely emphasised that all levels of the workforce are free to approach them with their needs.

In the early years, I remember we started 'Tea Sessions with the Chief', where Division Chiefs would meet their staff for chats over tea (or any beverage of choice) or to participate in a simple activity. The purpose was to build stronger bonds between leaders and their teams.

Fast-forward to today, our engagement efforts have scaled up to include efforts such as cross-division team-building and management town halls.

As our corporate identity grew, innovation continued to be a top priority. We formed corporate project teams to explore innovations for organisation-wide use and are constantly looking for ways to achieve greater efficiency and productivity.

Lifelong Learning

The common reverb that "one has to unlearn, relearn and refresh" holds true at AIC as we strive to be relevant in what we do. I am proud that our leaders have walked the talk and provided opportunities for staff upskilling. This goes beyond our signature leadership development programmes like AICornerstone, AICompass and AICatalyst.

Our first CEO, Dr Jason Cheah, advocated for everyone to pick up reading. He would share his favourite titles, pick a few for his senior management team to read, and then have them share the learnings with their teams. We even had a library where you could reserve a book through email and have it delivered to your desk within the day!

Today, learning at AIC has extended beyond book reading and classroom learning to experiential and other modes. Annually, we organise an Innovation & Learning Fiesta, a week-long event featuring talks, workshops and resources for all staff.

Additionally, our management has always urged us to take ownership of our careers. We were encouraged to explore learning and growth opportunities so that we could forge a meaningful career at AIC while building a vibrant Community Care sector.

I have embraced this mindset wholeheartedly. In my 15 years with AIC, I regularly received opportunities to attend training courses, workshops, and conferences. As the role of the Human Resource Division evolved and grew, I kept my skillsets current through certifications and upskilling.

I am thankful to AIC for developing me to become a trusted Human Resource Business Partner, working collaboratively with business units to co-create people solutions, and adding value to our core business.

AIC's signature leadership programmes to grow its leaders

A Fresh Set of Values

Over the years, AIC went through various transformations.

P.R.I.Z.E was our first set of core values, which stood for Professionalism, Respect, Innovation, Zest, and Empathy. It was later rebranded as P.R.I.Z.E.D Team to encapsulate our inclusivity efforts.

These foundational values guided AIC in our earlier years. In 2023, we felt it was timely to explore values relevant to our aspirations for the rapidly changing Community Care sector.

We wanted values that would resonate and inspire our people, whether they are frontliners or leaders as we establish ourselves as the Heart of Care.

After a series of discovery sessions with colleagues, “Purpose, Care and Trust” was chosen as AIC’s new set of guiding values. This was unveiled at our 14th anniversary celebration last year and marked a new beginning for a more connected #OneAICFamily.

Values that Propel

Whenever I feel fatigued, AIC's purpose reminds me of my work’s impact and keeps me going. Our core value of “Purpose” aligns everything we do with our shared mission and guides us towards our vision of building a vibrant care community where people can live well and age gracefully. Our collective purpose makes collaborating with our teams and partners meaningful and encourages us to give our best.

“Care” is the essence of our business. It encapsulates empathy and compassion, which is how we treat each other and our clients. More importantly, while dedicating our service to others, we must also care for ourselves, such as allocating time to rest and recharge.

As a Human Resource Business Partner, my role has evolved progressively from a transactional to a strategic impetus over the years. “Trust” means upholding integrity and empowerment and building relationships by always doing the right thing.

My partnering Divisions’ Chiefs have included me in business discussions when advice is needed on workforce matters. Trust is built over time, and teams that have trust in each other’s capabilities are teams that go the distance.

As employees of AIC, we are ambassadors of our Core Values “Purpose”, “Care” and “Trust”. More importantly, these values are chosen to remind us of our collective purpose, and inspire us as an organisation.

I have always been, and continue to be, excited to share about AIC, especially during career fairs or public outreach programmes.

I feel incredibly privileged to work in an organisation whose people are always ready to go the extra mile to care for our seniors and clients. Our people makes me proud to be part of AIC, and I am grateful to serve alongside colleagues who are truly making a difference in Singapore’s Community Care landscape.

Did You Know?

Leadership and people development has always been at the top of AIC's priorities. A robust development framework, built upon the 4E Leadership Development Model, was put in place in 2019 to equip our leaders with the right Education, Experience, Engagement and Exposure at key career milestones.

In FY2023, we implemented a corporate-wide 360-Degree Leadership Feedback exercise as well as new talent and leadership initiatives and programmes.

More than 350 AIC leaders have participated in at least one experiential developmental activity in FY2023.

These activities were designed to help them gain deeper awareness into their personal leadership brand. The insights from these activities help harness their strengths and bridge competency gaps. This better positions them to navigate the changing healthcare landscape while continuing to enhance their leadership acumen.

Swee Bee Hong, Quality Division (QD)

Mission Possible: QI

By Swee Bee Hong, Senior Assistant Director, Quality Division (QD), Agency for Integrated Care

In 2010, I was offered an opportunity to be seconded to AIC from the Ministry of Health (MOH) for a crucial mission: To introduce and implement Quality Improvement (QI) plans for the Community Care sector. I accepted the opportunity and looked forward to the challenges ahead.

For the next two years, I was tasked to explore QI initiatives that addressed the needs of our sector partners — ensuring patient safety and delivering care in a more structured, systematic, and cost-effective manner.

"But Bee Hong, how do we start doing that? When do we start implementing initiatives?" were some of the questions my teammates asked me.

At a QI workshop, where we facilitate and work with the nursing home to come up with human-centric solutions and improve their care processes

The straightforward answer was to first engage our Community Care providers, such as nursing homes, to understand their workflows, daily challenges, and potential issues. Then, we could start advising them on implementing best practices to drive efficiency, enhance safety, and ensure sustainability. After implementation, the efficacy of our solutions must be measured and further refined, as needed, to achieve the best results.

The plan made sense on paper. The challenge was putting it into action.

No Mission Too Hard

Back then, I worked with a small but driven team. We were unfamiliar with the stakeholders we needed to work with, so we started with outreach.

Many of the nursing home leaders we engaged were aware of their teams' day-to-day challenges but might not have the time or knowledge to test solutions efficiently.

Working with them, it became clear that the concept of QI was still in its infancy, even within AIC. More training and resources were needed to introduce and subsequently, reinforce the importance of QI and its benefits to the sector. From my own experience, I knew it was mission-critical to convince stakeholders so that they would prioritise quality improvement initiatives.

It took my team some time, but we garnered the support of an early cohort of enthusiastic care partners and leaders. With their inputs, things started to pick up. Soon, we began piloting and implementing QI projects and initiatives to improve patient safety and quality of care.

We witnessed the formation of the Strategic Advisory Committee for Quality Improvement (SAC-QI), established to inculcate and promote a culture of continuous learning and improvement. With Tote Board's

generous support, we were able to quickly pilot and implement various projects with nursing homes in 2010, resulting in tangible improvements in patient safety and care quality.

In 2011, we held the inaugural Intermediate- and Long-Term Care Quality Festival to inspire and promote a culture of quality improvement across the sector. Then, in early 2012, we held a retreat, during which stakeholders gathered to discuss the Nursing Home Quality Improvement Strategy Map. That year, we also conducted the first Resident Satisfaction Survey for nursing homes. The positive results fuelled the team's desire for optimising good practices for the homes.

Two years went by in a flash. Through our efforts, the concept of QI had taken root in the sector. Riding on this momentum, QI efforts began to happen organically. By the end of 2012, with the formation of an established QI team, I returned to MOH.

My Homecoming

Fast-forward to 2020, almost a decade later, I found myself desiring to return to what I had started. I wanted to answer a personal calling: An aspiration to ensure the sustainability of quality care for the Community Care sector.

I felt reasonably confident that AIC's Quality Division would have continued to build upon the foundations my team and I laid all those years ago. Filled with equal parts excitement and nervousness, I returned to AIC. And what a pleasant welcome it was!

AIC's Quality Division is thriving, continuously engaging stakeholders to pursue clinical and process improvements. It was even more heartening to reconnect with colleagues and some of our Community Care partners who still fondly remembered our humble beginnings.

They recounted how, from 2014 to 2016, AIC continued to support nursing homes, helping them enhance their standards of care delivery to meet new regulatory requirements. In 2017, AIC worked with the homes to co-develop the Basic Safety Quality Indicators, where data collected was used for QI purposes.

With my return to the team, I started working on many projects, large and small.

One of the most memorable projects was the Quality Roadmap (2021-2026), which we developed in consultation with sector partners. The roadmap set the direction and priorities for AIC, MOH, and Community Care organisations to enhance the quality of community care for a five-year period, with the aim of constantly refining the strategies to keep up with changes in the ever-evolving Community Care sector. In 2023, I was also involved in the implementation of the Healthcare Services Act, which plays an essential role of clinical governance in delivering the best possible care.

I feel a great sense of achievement in seeing how far the Community Care sector has come and how much AIC's Quality Division

"The QI development for the sector has been tremendous in the past ten years. In the early days, not many Community Care organisations were keen to take on improvement projects, but this has changed over the years with AIC's encouragement.

AIC produced toolkits to help the sector understand the concepts of service, process and clinical quality and improvements as well as to guide organisations as they embark on their journey of improvement. AIC also facilitated many collaborative workshops focusing on clinical and process improvement. Training and guidance were provided as groups embarked on collaborative projects and learnt together to solve the same problems but with individualised solutions.

Now, organisations are sending more of their staff for training in QI tools and methodologies. The numbers of projects submitted for the quality conferences have increased and so has the quality of the projects."

Mdm Sim Teck Meh, Jenny
Formerly Executive Director
Ren Ci Learning Academy

has grown. I know our shared commitment to quality excellence will continue to add value to our colleagues who are providing care on the frontlines.

I am excited for the road ahead and ready for my next mission!

Chern Siang Jye, Sector Group

Partners for Life

By Chern Siang Jye, Assistant Chief Executive Officer, Agency for Integrated Care

When AIC was incorporated in 2009, we added a new function of Partnership with Community Care to our traditional role of referrals.

The reasons were clear: First, the number of seniors was growing and correspondingly, the needs. There was a natural limit to what we could do by optimising referrals. Without new capacity and providers, wait times would grow longer. Second, hospitals were chock-a-block and needed to discharge patients. Without new capabilities and support, Community Care partners were reluctant to take patients earlier. Families and doctors were unwilling to discharge, worried about the availability of appropriate support in the community.

Starting Up

The only two groups of early AIC staff that knew about Community Care were Loong Mun's team, who worked with Community Care partners to refer and place patients, and a small team that had crossed from the Ministry of Health (MOH) that focused on governance issues in Voluntary Welfare Organisations (VWO). This was an awkward period where the good work of the sector was cast against governance issues in the public spotlight.

The first order of work was to know our partners and services. One of our first initiatives was to pull together our knowledge and contacts to set up a website of eldercare services called the Singapore Silver Pages. These entities were our first attempt to define who AIC's partners were.

We called on providers to introduce ourselves. We did not have tools or resources to assist the sector. We asked them to be open and help us understand their challenges. Some greeted us with suspicion — were we "spies"? Would their feedback go back to the "authorities" and be seen as "complaints"? Others were welcoming, as MOH had deliberately taken a more arms-length approach towards Intermediate- and Long-Term Care (ILTC) services, no "government" person had engaged them before. They were surprised we went to them, rather than calling them (some said "summon") to our office. They were generous to share their work, constraints and challenges. The act of simply listening and acknowledging that their work was valuable and difficult, was, I think, deeply appreciated. That formed the seed of partnership.

We landed on capacity, capability and quality as AIC's near-term objectives for the sector. When AIC was asked to manage funds from the Tote Board, we had our first tools to support VWOs to try out new services and models. The Tote Board Community Healthcare Fund seeded AIC's project and fund management functions and capabilities, which have grown significantly. AIC today directs substantial funds to services, pilots and new priorities, allowing us to shape the future with the sector.

We also successfully lobbied to extend the Health Manpower Development Programme, a long-standing programme in public healthcare, to the Community Care sector. Although the amount was not large, it signalled the government's recognition of the need to invest in capability building for Community Care. Temasek Cares added support through the Dr Balaji Sadasivan Scholarship Awards, to encourage polytechnic students to join Community Care.

We also set up the AIC Learning Institute (AIC-LI), where AIC curated and organised courses for Community Care staff. The AIC-LI was run by a small team and was located on the 4th floor of MND Complex Annexe B (where IT, Innovation and Digitalisation Division currently sits). It was wonderful seeing the diverse mix of local and foreign Community Care staff come to AIC for courses, excited about upgrading, revelling about the food at Amoy Street Food Centre, and complaining about the expensive parking.

In 2012, AIC partnered MOH in the first ILTC Salary Adjustment Exercise (SAE). The ILTC SAE was significant as MOH recognised the need to ensure salary competitiveness vis-à-vis public healthcare. It was a clear recognition that Community Care is part of our One Healthcare System.

With MOH, AIC persuaded providers to take part and administer the funding. However, to work out the funding needed, providers would have to share the salaries of their staff with us, so that we could fund the increases to get salaries towards the targeted levels. The majority of the sector participated. However, we could not convince some providers who were not ready to share confidential salary details with us.

As we had secured sufficient budget only for the next few years, others said they were concerned that MOH/AIC would cease funding and leave them in a lurch, after they had raised salaries and expectations of their staff. These were reminders that we could not take our relationship with the sector for granted. Even if we were genuine in offering help, without trust from the providers, AIC could not be effective.

The work seeded by our sector manpower colleagues has grown significantly with numerous Community Care Manpower Development Awards that cater to different healthcare professions and administrative staff across all levels. I remember we welcomed with anticipation the first Advanced Practice Nurse in the community, who took up a sponsorship from AIC.

As the sector's own capabilities and areas of excellence grew, AIC pivoted from being the organiser of courses for the sector to engaging training providers and Community Care Organisations themselves to offer courses under the AIC Learning Network. The ILTC SAE culminated in the 2024 announcement to mainstream the Community Care Salary Enhancement exercise — an effort of 10 years where we finally closed the salary gap by pegging Community Care salaries to the equivalent jobs in public healthcare and putting the funding permanently into subvention.

Looking back, I do not think we could have foreseen how these early efforts would have developed. It was the can-do spirit of our early colleagues that laid the foundations for the trust AIC has with our partners.

AIC created the first capacity growth in Community Care, with Touch Community Services, to set up a home care service in Jurong. We were also roped in subsequently by MOH to support three Nursing Homes — Singapore Christian Home, Bright Hill Evergreen Home and Villa Francis Home for the Aged — whose land leases were due to expire in 2012 (hence, it was called Project 2012).

Then-Minister Gan Kim Yong at MOH launched Healthcare 2020, where he included more-than-double the capacity targets for the sector. To deliver the capacity targets, MOH introduced the Build-Own-Lease (BOL) policy where the government paid for and built the infrastructure, so that providers could focus on expanding manpower and operations.

AIC sharpened our role as an enabler, helping providers to link up with MOH Holdings which built the infrastructure, planned and secured manpower through advanced hiring, explained service requirements, prepared providers for audits and helped them with IT systems. We kind of just learnt on the job.

The Community Care sector is a very different one from the days when AIC started. From the somewhat grim, dark, single-storied nursing homes, we have now modern facilities that other parts of the world come to visit and learn from. The sector continues to manage the capacity growth in its stride, serving the growing number of seniors.

MOH's announcement of the Enhanced Nursing Home Standards (ENHS) in 2014 gave us another opportunity to engage the nursing home sector. The ENHS was a step jump and nursing homes that could not meet the new standards risked losing their license. AIC's Quality Division organised teams to conduct baseline assessments and coach nursing homes on "how" to meet the ENHS. We also bought time from nurse clinicians from public healthcare to act as mentors, strengthen nursing homes capability to develop standard care protocols. All nursing homes managed to pass the ENHS in time!

One testament of AIC's trust with providers is their comfort levels in sharing their gaps and issues, so that we could bring the relevant tools and capabilities to help. This trust is because we have been careful not to act like a regulator (which is MOH's role), but as an enabler

to partner nursing homes to meet the regulator's standard. Over the years, because we had the belief that AIC can succeed only if providers succeed, providers have not shied away from sharing their challenges with us.

The Secret Sauce

When sector leaders express appreciation about AIC's partnership, the most consistent factor has been "AIC's staff and their attitude". Our staff "listened" and would "try their best to help". We did not "draw lines". Even if we could not resolve the issues, they appreciated that we had tried. I still believe our staff are AIC's most important strength for partnership.

The sector's willingness to share with AIC their insights and challenges increases our ability to articulate to MOH what the needs are and how supporting the sector could lead to win-win outcomes. After all, we are all working so that the community could become, more and more, the preferred site of care. In turn, MOH's resources increased AIC's ability to engage the sector and built trust that we had followed up on the sector's needs. This virtuous cycle continues to enable AIC and the sector to work towards the next level of challenges.

These partnerships proved critical during the COVID-19 pandemic (see 'Against All Odds' on this). Of course, we did not do everything perfectly. As AIC grew, we sometimes struggled with coordination. In our earlier years, providers would say in jest that they met three different groups of AIC staff in a day. As our work grew and bandwidth got stretched, we were sometimes inconsistent in our support. These were not the fault of individual staff but reflected the need for more structure and system, as our lines of support and touchpoints with our partners grew.

We put in mechanisms such as the AIC360-Partners Relationship Management so that we could record our engagements with providers for others to refer to before visiting a provider. We started Account

Management, so that there was a main point of contact in AIC that could see the different engagement efforts and coordinate where needed. We stepped up efforts to boost both staff as well as organisational capability to address the sector's feedback.

As the sector develops, AIC will continue to evolve on how we support the sector. We have to preserve our unique core strengths: our people, our humility to listen and learn, our neutrality within the health system and our proximity to both MOH and the sector. We should drop areas which the sector has become capable of handling. We should develop new areas that add value to the sector.

These could include developing data products that help providers benchmark their performance and enable future planning. Or, expanding AIC's local and international networks to bring new resources, ideas and motivation for our partners. Or, serving as a neutral party, to help providers come together to share resources and capabilities as the needs of our seniors grow.

Most importantly, for AIC to be effective with our partners, AIC must first be a successful organisation, united in the mission to help our sector succeed for seniors. Here's wishing AIC another wonderful 15 years of growth and evolution, in partnership with the sector!

Susan See, Silver Generation Division (SGD)

A Pioneering Path

By Susan See, Deputy Director, Silver Generation Division (SGD), Agency for Integrated Care

Two seniors had fallen at home. They laid helplessly on the floor, alone and in pain for hours, before staff of AIC's Silver Generation Office (SGO) came knocking on their doors and discovered them during our emergency food pack distribution exercise.

These were two separate but similar incidents that happened during the Circuit Breaker period in 2020. As part of Singapore's COVID-19 pandemic response, all non-essential workers were required to stay home to curb the spread of the virus. It was a necessary measure but it hit our seniors hard, particularly those who lived alone, had weak family support, or faced mobility challenges.

SGO was activated to support them. Over a period of two weeks, our teams distributed emergency food packs to over 37,000 seniors across the island. It was during this exercise that my team members found, and were able to help, the two seniors.

The Silver Shift

The Pioneer Generation Office (PGO) was established under the Ministry of Finance in 2014 to oversee the Pioneer Generation programme. I joined the team two years later, in 2016. It was my first foray into public service. Little did I know that this career move would mark the beginning of a deeply fulfilling journey dedicated to the well-being of our seniors.

My time with PGO was a transformative experience. Colleagues who joined before me often shared stories of PGO's humble beginnings — imagine a makeshift office in a storeroom of a wet market! Senior engagement was simple yet effective. With just pen and paper, volunteers and staff diligently recorded every engagement detail on physical engagement forms. Accounting for every sheet was a daily task.

It was most memorable for me when PGO hosted delegates from the United Nations. They joined us on a house visit and shared that they knew of no other country with such an intensive senior-centric, volunteer-led outreach unit. When they said that our model of care could be a case study for others, I felt a swell of pride.

After all, we were the communicators, connectors, and navigators for seniors. We addressed their concerns and needs, explained various policies that could support them, provided timely assistance, and collated feedback to work with various agencies in refining and developing the right policies.

In 2018, PGO was renamed as Silver Generation Office (SGO) and joined AIC. We welcomed the move and saw how it would enable us to develop a more holistic and integrated care ecosystem that supported the full care journey of our seniors within the community. With the launch of the Merdeka Generation Package in 2019, we expanded our home engagement efforts. We ran group briefings at workplaces and hosted engagement clinics at public places such as hawker centres to reach out to working seniors. It was challenging but deeply fulfilling work.

Then came the pandemic.

Through Thick and Thin

The pandemic brought about unprecedented challenges for the senior community. The Circuit Breaker period from April to June 2020 was particularly hard on them. Many were anxious as they felt that they had no one to turn to for help with their daily activities and needs.

In addition to distributing food packs, SGO also had the critical task of issuing about 12,000 Trace Together tokens to seniors over four days.

Engagement remained crucial. We traded house visits for telephone calls to connect with seniors and help them adapt to the new normal. During this period, we reached out to 47,000 vulnerable seniors and responded to more than 3,000 requests for errands and assistance, from delivering food, face masks and medicine to purchasing or fixing home appliances. Some of our volunteers even went the extra mile to bring flowers for seniors on Mother's Day.

One of the most memorable requests we facilitated was setting up a video call for a senior to speak with her husband who resided in a nursing home. The inability to visit the nursing home due to the pandemic hit hard on this loving couple. Watching her as she wept uncontrollably when she saw her husband's face on screen was both heart-wrenching and heartwarming. These experiences were humbling and empowering at the same time and reinforced the significance of our work in the community.

Standing for Hope

Throughout my eight-year journey with PGO and AIC, I have had the privilege of working with many community partners, passionate colleagues, and volunteers who have been anchors of support for our seniors and role models of active ageing themselves. My colleague from our East Coast Satellite Office, 76-year-old Michael Poh Cheng Hock, stands out as a true beacon of inspiration.

Michael's journey has been nothing short of remarkable.

Surviving a heart attack in 1999 helped him realise that there was a lack of support for patients and their families. With the help of Tan Tock Seng Hospital's (TTSH) Cardiac Department, Michael founded the TTSH Cardiac Rehabilitation Patient Support Group, which rallies patients to share experiences and learn from one another. He is also a Committee

Member of Care Connect, which aims to create positive patient experiences and forge meaningful relationships.

To me, Michael embodies the spirit of active ageing. He stays healthy, active and leads a meaningful life, continuously striving to make a positive impact in the lives of others. With a heart full of compassion and commitment to service, he puts the needs and interests of seniors before his own. He is always learning and today, is a certified Advance Care Planning Advocacy Trainer who has been trained by the Centre for Health Activation on Healthier SG, Short Physical Performance Battery, Community Risk Screener and ComLink.

A Heart of Gold

The Silver Generation Ambassadors (SGAs) are the true heroes of our mission. Without these volunteers, all the strategies and operational processes we develop at SGO would remain just that — strategies and operational processes. 70-year-old Cynthia Wong, from the East Coast Satellite Office, was the SGA exemplary award winner for 2023.

She shared, “Volunteering involves having the heart, compassion, and time to help those in need. When seniors smile and share their inner thoughts with us, it is a deeply satisfying achievement. It enriches our life experiences.”

In reality, it is not easy to recruit and retain these volunteers. To address this, I initiated two key programmes.

The first was the Buddy Programme, which gives individuals first-hand experience of our care process as a precursor to a full-fledged volunteering journey with SGO. The programme has also allowed colleagues from public service agencies to develop a more in-depth understanding of what matters to seniors. The second initiative was the Happiness Index, a “Know Your Volunteer” exercise aimed at enhancing our volunteer retention efforts. I am glad to see that both have developed into core parts of our main programmes.

Encouraging volunteerism among university and polytechnic students has been another rewarding aspect of our work. I am grateful for my teammate Yi Ying, an alumnus of Temasek Polytechnic, who invited a group of 30 Gerontology students to join us on house visits as part of our Buddy programme. This was a key milestone in developing partnerships with Institutes of Higher Learning. In 2023, we successfully embedded volunteerism for seniors in the curriculum for university and polytechnic students.

One student recounted how he hardly spoke to his own parents and was used to communicating with them mostly through text messages. While conversing with seniors as an SGA, it dawned upon him that his parents were also getting older by the day. He is now spending more quality time with them.

It was touching to see how our programme is seeding greater awareness and empathy for seniors.

Buddy Programme with MOH

In Good Time

Looking back on the past eight years, I am filled with gratitude for the opportunities and experiences that have shaped me. From the early days with PGO to the transformative work with AIC, it has been a journey of growth, challenges, and meaningful achievements.

I hope that in the not-so-distant future, we will no longer need SGAs to engage with our seniors. Instead, we would have cultivated a way of life where it is in our national DNA that, despite our busy lives, every individual pauses and takes a moment to consider the needs of our seniors.

Everybody ages. By accepting the ageing process and understanding the changes it brings, we can transform and become a truly age-ready nation.

SGD Tanjong Pagar Satellite Office Team

Did You Know?

Since launching the Preventive Health Visits programme in April 2022, SGO has engaged more than 645,000 seniors, helping them understand and learn more about the benefits of preventive healthcare while taking the opportunity to identify the needs of seniors early.

This complements SGO-led functional screening sessions in the community, which has benefited more than 80,000 seniors nationwide.

Additionally, SGO is expanding our outreach to seniors beyond face-to-face house visits. Efforts are underway to scale tele-engagements to engage more seniors via digital means.

Close to 6,000 SGAs have joined SGO as volunteers and the number continues to increase. This includes over 1,800 students recruited through AIC's active partnerships with Institutes of Higher Learning.

More than 2,000 employees from over 90 organisations have also joined us as SGA Buddies, teaming up SGAs to conduct PHV at seniors' homes.

Over 800 volunteers have been recruited under the Silver Guardian programme. Launched in April 2024, the programme seeks to foster senior volunteerism and encourage seniors to support their peers in meaningful ways by volunteering at AACs.

The Future

Nursing home staff retrieving meals for residents via an autonomous food delivery robot

Joyful seniors engaging in a karaoke session at an Active Ageing Centre

Seniors staying fit with a workout at an Active Ageing Centre gym

Shaping Tomorrow with Purpose, Care, Trust

Dinesh Vasu Dash, Chief Executive Officer
Agency for Integrated Care

By 2026, more than 20% of our population would be aged above 65. Our seniors will have varying needs and issues, from Basic Activities of Daily Living, to managing chronic illnesses as well as social isolation.

AIC had in recent years took on leadership roles in the successful implementation of Healthier SG, Age Well SG, as well as administering CareShield Life and Long Term Care Subvention. Recognising the multi-dimensional aspects of the care ecosystem, AIC also continues to contribute to caregiving support and mental health well-being, which has increasingly become more important.

Looking forward, we will have to continue to centre our care services **A**round seniors and clients, become further **I**ntegrated and continue to be more **C**ost effective and sustainable. Together, I am confident that we will be able to build a caring and nurturing Singapore, where our seniors and clients are able to age with grace, purpose and dignity.

Thank you for being part of our first 15 years. Here's to tomorrow!

Acknowledgements

This publication chronicles the first 15 years of AIC through the stories of our people, partners, and beneficiaries. The editorial team would like to thank everyone who has made this publication possible.

Our gratitude extends to all contributors from AIC and beyond for taking the time to pen your thoughts and share your stories. We are also grateful to our partners who have enriched these stories by offering your perspectives and insights through your quotes.

Special thanks to Kwong Wai Shiu Care @ MacPherson and Ren Ci @ Ang Mo Kio for your gracious hospitality. The wonderful smiles of your staff and clients adorned across the publication bring it to life, and we are certain the photos will bring joy to all readers.

To our mentors, Chiefs Kelvin Lim, Hagen Ong and Heidi Rafman, your invaluable feedback and support were instrumental in shaping this publication.

Over the past six months, we had the privilege of being enthralled and humbled by the many anecdotes generously shared by our AIC teams and partners. Thank you for your commitment and dedication as we continue to work together towards realising our vision of a vibrant care community for all to live well and age gracefully.

Yours sincerely,
The Editorial Team

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Published in October 2024


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