

Hong Kong Shared Good Values Sustainable Healthcare Conference
“Co-creating a Healthy Community for Hong Kong’s Ageing Population”

Executive Summary

Hong Kong Shared Good Values (hereafter “HKSGV”) organised the **Hong Kong Shared Good Values Sustainable Healthcare Conference - “Co-Creating a Healthy Community for Hong Kong’s Ageing Population”** on 26 October 2018 (Friday) at Caritas Institute of Higher Education (CIHE). This conference was part of HKSGV’s 2018 key healthcare initiative, centering on private-public partnerships, urban design guidelines and community participation that are crucial to sustainable healthcare development in Hong Kong. Over 150 representatives from the medical field, academia, social service providers, community groups and the government joined the event.

Professor Sophia Chan Siu-chee, JP, Secretary for Food and Health was the Guest of Honour of the Conference. She highlighted the three current healthcare initiatives the government is currently pushing for – setting up of District Health Centre in Kwai Tsing, strengthening of Chinese medicine work and ban of e-cigarettes and heat-not-burn cigarettes – and appealed for public support. Wofoo Social Enterprises President and HKSGV Co-chairman Dr Joseph Lee, GBS, OSTJ, JP, called for business, government and community leaders to walk with HKSGV to do good for the society in the area of sustainable healthcare. Hospital Authority Chairman and event steering committee Chairman, Professor John Leong Chi-yan, SBS, JP, highlighted that “Shared Care” through Public Private Partnership Programmes is necessary to deal with expanding healthcare demand. Through sharing the responsibility of caring for those in need among different healthcare service providers, patients can be provided with more choices on top of those from the public healthcare system. Doctors can also more likely establish longer-term patient-doctor relationships to achieve continuous and holistic care. Dr Law Chun Bon, geriatrician and Board Member of Kwai Tsing Safe Community and Healthy City Association, shared with us his Kwai Tsing experience. Meanwhile, Mr Stephen Wong, Deputy Executive Director and Head of Public Policy Institute at Our Hong Kong Foundation, talked about gerontechnology in Hong Kong.

In the afternoon session, there were panel discussions on three selected topics related to “Co-Creating a Healthy Community for Hong Kong’s Ageing Population”. The first panel took the point of view of medical practitioners. It discussed the topic “Sustainable Primary Health Care for the Hong Kong’s Ageing Population”. The second panel looked at addressing ageing needs through the view of urban planners and users. It discussed the topic “Co-creating Urban Design Guidelines for Active Ageing in Hong Kong”. Panel three “Facilitating Factors to Unleash Cross-sector Social Capital and Innovation” was steered by social service providers, corporate representatives and Chinese medical experts.

Dr Lam Ching Choi, BBS, JP, the Chairman of Elderly Commission, mentioned in the concluding remarks that a “disruption” was necessary if Hong Kong wanted quality and sustainable healthcare services. He emphasised collaboration among medical practitioners, the private sector, non-governmental organizations (NGOs), the government, patients and all citizens.

Photo description:

Photo 1)



(From left to right): Mr Stephen Wong, Deputy Executive Director and Head of Public Policy Institute, Our Hong Kong Foundation; Dr David Harilela, HKSGV Co-chairman; Prof John Leong Chi-yan, SBS, JP, Chairman of Hospital Authority; Prof Sophia Chan Siu-chee, JP, Secretary for Food and Health; Dr Joseph Lee, GBS, OStJ, President of Wofoo Social Enterprises and HKSGV Co-chairman; Mr Andrew Lam, SBS, JP, HKSGV Co-chairman and Dr Law Chun Bon, Board Member, Kwai Tsing Safe Community and Healthy City Association, Geriatrician, joined hands to call for co-creating a healthy community for Hong Kong's ageing population.

Photo 2)



(Front row, fifth right) Dr Lam Ching Choi, BBS, JP, Chairman of Elderly Commission; (Front row, fourth right) Dr Joseph Lee, GBS, OStJ, President of Wofoo Social Enterprises and HKSGV Co-chairman; (Front row, fifth left) Prof Eric Chan, Dean, School of Health Sciences, Caritas Institute of Higher Education in Hong Kong; (Front row, third right) Mr Joel Chan, President, The Hong Kong Institute of Urban Design; (Front row, third left) Mr Joe Sham, Assistant Director, Hong Kong Sheng Kung Hui Welfare Council, cheered for more cross-sectorial collaboration in the healthcare field for Hong Kong.

Key message of all speakers & Panel Summary

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Hong Kong Shared Good Values Calls for Organisations to Do Good for Society

Dr Joseph Lee, GBS, OStJ, JP

President, Wofoo Social Enterprises and HKSGV Co-chairman

Dr Joseph Lee, President of Wofoo Social Enterprises and Co-chairman of HKSGV thinks it is essential for different stakeholders to take part and collaborate in order to create a sustainable society. He believes what he can do as a person for Hong Kong is very little, but together, the society can achieve much more. Dr Lee believes participants' presence this Conference is a hope to him that he does not walk alone, and that Hong Kong does not walk alone.

This conference was organised as a platform for different stakeholders to collaborate effectively and produce better ideas and insights to address demands coming from an ageing population. With one in three people expected to be over 65 years old by 2041, the Hong Kong government anticipates that the city will see an increasing demand for health care. While some may see this as a threat and burden to the public coffers, Dr Lee sees this as an opportunity for businesses and NGOs to collaborate, to shine, to support the Hong Kong government, and to devise innovative solutions for the city's increasingly overstretched public medical services.

As businessman and a social entrepreneur, Dr Lee and his staff have been dedicating funds and manpower to enhancing the healthcare of Hong Kong community through **Wofoo Social Enterprises and Wofoo Foundation**. His efforts include supporting "*CommunityHealth@CIHE*" - a multi-purpose programme which offers basic primary care services including professional health assessment, health consultation and drug consultation to local community in Tseung Kwan O; providing dental care for the homeless and other underprivileged individuals in collaboration with Loving Smiles Foundation Limited since 2017; and assisting a community-based healthcare research project at City University. Besides, Wofoo Social Enterprises also owns and has been running two nursing homes namely "*Grace Nursing Home*" since 1996.

Dr Lee thinks that it is important that our society promotes and live out common values such as "Respect", "Caring", "Responsible" and "Honest" in order to create a culture of "**Doing Good, Doing Well**" for Hong Kong.



Government Seeks Support for Three Healthcare Initiatives

Prof Sophia Chan Siu-chee, JP

Secretary for Food and Health, Food and Health Bureau, HKSAR Government

Prof Sophia Chan Siu-chee, JP, Secretary for Food and Health, stated three healthcare initiatives released in recent Policy Address - setting up of District Health Centre in Kwai Tsing, strengthening of Chinese medicine work and ban of e-cigarettes and heat-not-burn cigarettes - and appealed for support from stakeholders and the public.

On one hand, Hong Kong citizens have long life expectancy; on the other hand, our life expectancy also brings more challenges to our healthcare system. A prevention and community focused healthcare strategy is necessary to face the challenges. In 2018 Policy Address, the Chief Executive has actually many resources for strengthening primary healthcare in the community. The first policy is the set-up of **The District Health Centre (DHC) in Kwai Tsing**, which will be up and running in the third quarter of 2019. A steering committee was set up in November 2017 to work out a blueprint for the development of primary healthcare in Hong Kong. With that, DHC hub including headquarters and its satellite centres will be established within a community. Prof Chan explained that Kwai Tsing was chosen for the pilot test district because of the good work and existing healthcare initiatives from medical practitioners, social service providers, and medical units such as the Princess Margaret Hospital. Another reason for choosing Kwai Tsing is because it has used district funding provided from the government in area of health. Prof Chan said DHCs will be extend to the rest of 17 districts, with Kwun Tong and Eastern district are identified as the next sites because the government has already identified land for building DHCs. She said the government has the vision is to build a district health system for the community, and that the conference was very timely for discussions about all the new government initiatives.

Another upcoming policy Prof Chan mentioned is the **strengthening of the Chinese medicine work** in Hong Kong. Chinese medicine will be included as part of Hong Kong's important development of its healthcare system, and the government is going to heavily subsidy Chinese medicine services in 18 districts, and the Chinese-western medicine collaboration initiatives led by Hospital Authority so that people can pay less to enjoy Chinese medicine services. Meanwhile, a Chinese medicine hospital will be built in Tseung Kwan O for strengthen the Chinese medicine work in Hong Kong.

Last but not least, Prof Chan stated that the Government is going to **ban e-cigarettes and heat-not-burn cigarettes in Hong Kong**. She commented it is a very bold initiative and she calls for the support from different sectors of the society to push it forward into legislation.



“Share Care” through Public Private Partnership Programme is Necessary to Deal with Rising Healthcare Demand

***Prof John Leong Chi-yan, SBS, JP
Chairman, Hospital Authority***

Prof John Leong Chi-yan, Chairman of Hospital Authority, expressed that many patients are so attached to Hospital Authority (HA) that they do not want to go to visit private doctors. They need to be convinced to join the Public Private Partnership Programmes in order to receive healthcare service in the private sector and to explore and receive services from different healthcare providers.

Despite the fact that HA has 75,000 members and staff, and HK\$75 billion financial support from the government, Prof Leong said that HA still does not have enough service to meet rising demands. Therefore, the Public-Private Partnership (PPP) initiatives were launched in 2008. Under the PPP programme, several disease-specific initiatives were promoted, including the “Cataract Surgeries Programme” to encourage patients in the public sector to receive surgery in the private sector; the “Haemodialysis PPP Programme” to subsidise end-stage renal disease patients to receive haemodialysis outside public hospitals; the “Radi Collaboration” to subsidise selected groups to receive radiological investigation services at designated private service providers; the “Colon Assessment PPP Programme” to provide subsidies to eligible patients to receive related services from private specialists; the “Infirmity Service PPP Programme”, which collaborates with non-governmental organization (NGO) to enhance the choices of infirmity care services for applicants on the Central Infirmity Waiting List; and the “Patient Empowerment Programme” to further educate and enhance patients’ knowledge and ability in self-management of chronic diseases.

Apart from these specific PPP programmes, Prof Leong also mentioned the “General Outpatient Clinic (GOPC) PPP Programme” which was launched in 2014 in Tin Shui Wai to provide choices to patients for receiving primary care services from the private sector. Initially, GOPC PPP programme patients resisted the referral from HA to the private healthcare providers because they had the hard feeling of being “second-class citizen” with their referrals being treated as less important than the existing patients of the private sector. Eventually, the programme successfully convinced over 40,000 patients to transfer, which effectively reduced the heavy workload of HA. With this positive result in the pilot test, the programme will be rolled out to all 18 districts in the year 2018/19.

Prof Leong appeals for non-healthcare private sectors to join the initiative of promoting “Shared Care Programme” which provide patients with choices other than those from the public healthcare system and establish longer-term patient-doctor relationships to achieve continuous and holistic care. He thinks it will be a new beginning for primary healthcare development in Hong Kong if the non-healthcare private sector can come and join the government in providing healthcare services.



What Medico-social Collaboration Can Offer – A Healthcare Practitioner’s View (Keynote Speech)

Dr Law Chun Bon

Board member of Kwai Tsing Safe Community and Healthy City Association, Geriatrician

Dr Law explained Kwai Tsing District was chosen to host the first District Health Centre (DHC) because it was the only district that utilized the 100 million district funding – earmarked in the 2013 policy address for each district - for healthcare. A three-year programme named **“The Signature Project”** began in 2015, with major projects including dental care service, ophthalmic healthcare services, seasonal influenza vaccination and outreach service. Dr Law highlighted seven things we can learn from the Kwai Tsing experience.

The seven approaches learnt from Kwai Tsing experience are 1) it is possible to reduce hospital care by community approach; 2) nursing and allied health – healthcare provided by certified health officers who are not doctor, nurses, or dentists - input is effective; 3) bottom-up approach is better than top-down approach; 4) informing local network of friends and neighbourhood is important for active ageing; 5) estate-based service is important; 6) co-location between healthcare service and social service can develop partnership and bring synergy for better health management; 7) medical-social collaboration is essential in the community.

Dr Law Chun Bon thinks elderly with ill-health needs more than medical treatment. “If institutionalisation is to be avoided and the **“Ageing in place”** policy of the government is to be fulfilled, then basic care, support, maintenance rehabilitation and psychosocial support at the community are required. They are best provided by medico-social collaboration programmes as the Hong Kong healthcare system. A heavily hospital-based approach is not appropriate in providing such services.”

In conclusion, Dr Law suggested seven key enablers, which are essential to co-creating a healthy community. The key enablers are 1) government commitment; 2) incentive to drive collaboration and innovation; 3) organized primary care with nursing and allied health; 4) community engagement; 5) structured disease management; 6) co-locate healthcare and social service; and 7) structured interface with hospital service.



Gerontechnology in Hong Kong (Keynote Speech)

Mr. Stephen Wong

Deputy Executive Director and Head of Public Policy Institute, Our Hong Kong Foundation

Hong Kong is exploring many ways to address the challenges brought about by an ageing population. **Gerontechnology** (樂齡科技), the application of assistive and age-enabling technologies to enhance the well-being of our senior citizens and to relieve the pressure of their caregivers, is one method to meet the growing demand for elderly care.

Mr Stephen Wong, Deputy Executive Director and Head of Public Policy Institute of Our Hong Kong Foundation, shared some examples of using gerontechnology for elderly care in **living** (住), **healthcare** (醫), **food** (食) and **transport** (行). For example, electrically powered wheelchair in innovative design with remote-control and easy movements allows the elderly feels like they're sitting on a piece of furniture, and exoskeleton robotic hand assists with stroke rehabilitation can helps patients relearn and regain hand mobility through therapeutic exercises. Meanwhile, "aesthetic" meals are developed to increase the appeal of pureed meals and elevate the elderly's enthusiasm for food. These gerontechnology designs can back up the government's approach of "Ageing in place".

Mr Wong said the gerontechnology ecosystem in Hong Kong can be divided into four main product development stages: 1) Applied Research Stage; 2) Prototype Stage; 3) Enhancement Stage; and 4) Market Stage from both the product developer's and consumer's perspective. However, the development and application of Gerontechnology in Hong Kong is facing a total of 24 gaps and difficulties, involving different stakeholders across various stages of the ecosystem posing challenges to its development. These gaps are identified and grouped into five key categories, including a) lack of public awareness; b) insufficient funding for local start-ups; c) insufficient collaboration among different stakeholders; d) difficulties in product localisation; and e) lack of a testing platform for gerontechnology products.

Mr Wong concluded that a joint effort in developing a coherent vision shared among the industry, policymakers, businesses and investors, caregivers and users, and professionals should be of the highest priority if Hong Kong is to overcome the five key categories and make the most out of a budding gerontechnology ecosystem.



Disruption is Needed if Hong Kong Wants Quality and Sustainable Healthcare Services

Dr. Lam Ching Choi, BBS, JP

Chairman, Elderly Commission

Dr Lam Ching Choi, the Chairman of Elderly Commission, gave concluding remarks at the Conference. Despite the fact that Hong Kong people have the highest life expectancy in the world, Dr Lam emphasizes that we must not overlook the fact that Hong Kong also has the highest hospital death rate for elderly aged over 65 in the world. “Longevity is not equal to wellness. Our healthcare services are heavily hospital-based, and literally we are pushing the elderly to die in hospitals.”

In order to build a sustainable healthcare system, Dr Lam advocated the notion of **“disruption”**. Firstly, he suggested that we should **“disrupt the boundary”** among Hospital Authority and different stakeholders in the healthcare system to bring leverage effect and release social capital. Secondly, since the current healthcare system is “over-relying” on the medical sector, Dr Lam suggested that we should **“disrupt the structure”** of the existing healthcare culture, which means we should strengthen primary healthcare services, and alert as well as educate citizens to take responsibility of managing their own health.

To conclude, Dr Lam emphasized collaboration between medical practitioners, the private sector, NGOs, the government, patients and all citizens. It is hope that by disrupting and changing the healthcare landscape, Hong Kong citizens can reduce long-term healthcare needs put on public services and live healthier in the future.

Panel Discussion

Topic A: Sustainable Primary Health Care for the Hong Kong's Ageing Population



Moderator:

Prof. Eric Chan

Dean, School of Health Sciences, Caritas Institute of Higher Education in Hong Kong

Speakers:

Dr. Alvin CY Chan

Honorary Clinical Associate Professor in Family Medicine, Chinese University of Hong Kong

Prof. Hon. Joseph Lee

Dean & Professor of the School of Nursing & Health Studies, Open University of Hong Kong

Long waiting time is the “norm” for health services in Hong Kong. As the population further ages, this situation will worsen. This panel explored issues relating to primary healthcare, the newly established District Health Centre in Kwai Tsing, and a community-first and user-centred mentality in addressing ageing challenges.

Led by Prof Eric Chan, this panel discussed primary healthcare issues and stimulated audiences to think of ways to sustainable primary healthcare. Current health services available for the elderly were revisited in this session, including the use of healthcare vouchers and what kind of research should be conducted in order to study how effectively the vouchers are currently addressing healthcare issues in Hong Kong. The pros and cons of the recently introduced government initiative - District Health Centre (DHC) - was also another initiative that was explored.

Prof Chan explained that primary health care is made up of three main pillars: empowered people and communities; multi-sectoral policies and actions; and primary care and essential public health functions which act as the core of integrated health services. This includes a spectrum of services from prevention to management of chronic health conditions and palliative care.

As a family doctor, Dr Alvin Lee expressed his views on DHC. He hopes DHC can provide support and care for chronic patients in the community, look into ways to support newly diagnosed chronic patients, facilitate communication and collaborate among other existing medical services centres, encourage primary care doctors to take a bigger role in providing healthcare, and prevent duplication of healthcare services among existing government units.

Meanwhile, Prof Joseph Lee outlined some fundamental principles of primary healthcare, including equitable distribution, community participation, inter-sectoral collaboration and appropriate technology. He highlighted two pressing issues caused by the ageing population: long-term care for the ageing citizens with non-communicable diseases and demand for high quality health care. In order to effectively promote primary healthcare services for an ageing population society, Dr Lee pointed out that we should also consider issues such as people's financial status, gender-specific needs, empowering citizens' to take responsibility for their own health, collaboration between organisations and the development of gerontechnology.

Panel Discussion

Topic B: Co-creating Urban Design Guidelines for Active Ageing in Hong Kong



Moderators:

Mr. Laurence Liauw, MHKIUD

Director, SPADA and Spada Health Concepts

Mr. Barry Wilson, MHKIUD, MHKILA, HKRLA, CMLI, MCUIDSRC.

Founding Director, Barry Wilson Project Initiatives

Speakers:

Mr. Joel Chan, MHKIUD

President, The Hong Kong Institute of Urban Design

Ms. Vivien W. L. Mak

Director, P&T Architects and Engineers Limited

This session sought major stakeholders' opinions, established an on-going dialogue, and generated a clear framework for the undertaking ideas that aim to improve Hong Kong's physical urban environment to facilitate "active ageing". Two guiding principles identified in this panel included building "inclusive" environment and building environments that facilitate "active ageing".

Earlier in June 2018, the Hong Kong Institute of Urban Design (HKIUD) organised an international conference which initiated in-depth discussions among international experts, experienced policymakers and development leaders on the major deficiencies our urban environment entails when it comes to address needs of a rapidly aging society. This session is an extension of HKIUD's June initiative, where it asked participants questions relating to urban environment improvement based on survey findings that HKIUD collected in June. The objective of these questions was to identify the major areas that Hong Kong should tackle first when preparing and improving our physical urban environment for the aged.

When participants were asked “What do you consider to be most important for elderly to be happy and well”, most respondents thought staying active for better health and accessibility to different places in the community are most important. Regarding response to the question “What makes an elderly-friendly urban environment”, most participants thought that inclusiveness in urban planning was essential since the elderly needs more opportunities to integrate into the society.

In order to verify the importance of urban design to addressing ageing needs in the community, HKIUD also raised four more online questions during the session. Over 40 participants completed the online questionnaire. The polling results are the foundation on which HKIUD will develop urban design guidelines for Hong Kong’s ageing population in the coming year. Below are the results:

Question 1a) “Are you aware of the importance of urban design in active ageing?”

- Over 90 percent of the audience were aware of the importance of urban design in active ageing. Among the 90 percent, 60 percent thought urban design is very important for active ageing.

Question 1b) “Are you aware of the importance of urban design in health care?”

- Nearly 90 percent of the audience thought that urban design is important in healthcare. Among the 90 percent, over 40 percent of the audience thought it is very important

Question 2) “Should health and wellness form a significant motivation of urban design guidelines in active ageing?”

- Over 90 percent of the audience thought health and wellness should be a major guiding principle (significant motivation) of urban design guidelines in active ageing.

Question 3) “Who should be involved in formulating the urban design guidelines?”

- Respondents thought the top three parties that should be involved in formulating urban design guidelines should be 1) public developers; 2) government departments; and 3) healthcare sector players.

Question 4) “How could you be involved in formulating the urban design guidelines?”

- The top three methods respondents thought would best facilitate their involvement in the formulating the urban design guidelines are 1) engagement workshop in the initial stage; 2) online survey; 3) engagement workshop in the final stage.

Findings from the HKSGV Sustainable Healthcare Conference and previous HKIUD events will be used to drive discussion on potential pilot projects with various government departments and the establishment of urban design guidelines for a better urban environment conducive to active ageing in Hong Kong.

Panel Discussion

Topic C: Facilitating Factors to Unleash Cross-sector Social Capital and Innovation



Moderator:

Mr. Joe Sham Ka Hung, RSW, MSocSc, MA

Assistant Director, Hong Kong Sheng Kung Hui Welfare Council

Speakers:

Ms. Gloria Chan Wai Fong

Retired Nurse

Ms. Judy Chan

Assistant General Manager – Corporate Affairs at The Hong Kong and China Gas Company Limited

Ms. Alta Cheung

Social Worker

Mr. Cheung Chun Hoi MCM, BCM, Bsc, HKRCMP

Lecturer, Hong Kong Baptist University

Nurturing collaborative relationships among stakeholders is one of the essential elements in building an ageing community that sustains. Fostering these connections requires game-changers and advocates to understand how an age-friendly city would benefit both senior citizens and the greater community. Promoting age-friendliness in the community is not just “the right thing to do”. This common goal also provides the society with an opportunity to explore and identify new social capital, to understand the process of value creation, and to familiarise with the potential drivers behind collaboration among different stakeholders.

In this session, some locally developed programmes are examined to explore how an age-friendly community can be built from bottom-up approach by cross-sector social collaboration, which can cater for both mental and physical needs of the elderly and help them develop a sense of belonging to integrate into their living area. During the panel discussion, a three-year project called “**Home with Love (樓住愛)**” was introduced by Ms Alta Cheung to participants. Through the cross-sectoral collaboration of the "Medical, School, Social, Welfare and Business" sectors, the project aimed to train volunteers to become the "Building Chief" (樓長) to serve the

community and the elderly in the housing estates in Wong Tai Sin since November 2016. Different activities were organised by Building Chiefs to connect different community resources and groups to targeted elderly in order to build a comprehensive "Elderly Community Support Network".

Ms Judy Chan meanwhile introduced **"Chef Anchor (煮播)"** - a project which engaged the "first corporate dementia volunteer team". This project consists of three innovation elements: a new service model which serves through cooking; new volunteering style which involves drawing the strengths (cooking techniques) of the elderly without offering direct help to them; and new collaboration model involving the crossover between an NGO and Towngas instead of traditional cooking institute, which can promote the message of cooking safely and fun to the elderly. This programme was also further promoted to 1.9 million Towngas customers in Hong Kong through pamphlet promotion.

Ms Gloria Chan shared a scheme called **"Good neighbor network: Elderly Mutual Help Community Development Project (織福計劃)"** with the participants. The scheme was planned by the elderly to localise the concept of "time bank". Under this scheme, elders living in Tseung Kwan O District were encouraged to save their time by participating in the volunteer service and then exchange the time saved for corresponding care services, recreational activities or physical objects when necessary.

Mr Cheung Chun Hoi introduced an **innovative Chinese Medicine teaching method** developed by Hong Kong Baptist University's School of Chinese Medicine. The "university-social-medical industry's co-construction" model is adopted to promote traditional Chinese medicine by developing long-term relationships between elderly patients and the Chinese medical students. It is hoped that this model can provide clinical support for the Chinese medicine industry, promote knowledge transfer from the Chinese medical field to the society and develop a social care network for the elderly.

After the sharing of speakers, participants were also asked to fill in an online questionnaire. Here are the results:

Question 1) The active participation of different stakeholders is an essential element in building a sustainable and healthy community. What do you think is the most important factor in promoting community participation in different sectors?

- 39% of attendees believe that the most important elements in promoting community participation in different sectors are: shared commitment and sense of belonging.

Question 2) How do you think the government can promote the establishment of social capital?

- 33% of the attendees believed that the government could release resources, provide incentives for different sectors, and promote the implementation of collaborative programs, to promote the establishment of social capital.

Most respondents also thought that we should grow social capital, establish a platform for social cohesion, and release resources to encourage the community to share in two ways.

First, we can establish a multi-interactive communication platform to facilitate discussion and networking between different sectors on issues of common interest. Participants believed that when different stakeholders have a sense of shared responsibility, they can contribute to the aggregation of everyone for community building. To promote a shared sense of responsibility and social partnership, it is recommended that the government establish a communication platform between the government, the business sector and different stakeholders to strengthen mutual communication and understanding, to actively promote awareness of social responsibility, and to promote co-operation for the long-term and sustainable development of society.

Second, we can solicit support from the government to secure resources, help gather social capital, and implement programs. The collaboration of different sectors allows cross-sector professions to discuss appropriate proposals for tackling social issues. If the government can provide resources for the setting up of such schemes, give impetus to their implementation, and further assist the community to use different resources to promote the upgrade of the schemes, it will help to facilitate and maximize the power of social capital.

- The End -