

Speech by CS at THE ONE International and THE ONE HK Award Gala Dinner (English only)

Following is the speech by the Chief Secretary for Administration, Mr Matthew Cheung Kin-chung, at THE ONE International and THE ONE HK Award Gala Dinner this evening (May 16):

Mr Ian Riseley (Rotary International President), Dr David Harilela (Founder and Global Founder of THE ONE Humanitarian Award), Mr H W Fung (Chairman of THE ONE Hong Kong Humanitarian Award), distinguished guests, ladies and gentlemen,

Good evening. I have the greatest pleasure to attend the award ceremony this year and celebrate the achievements of our invisible heroes!

Thanks to THE ONE International Award and THE ONE Hong Kong Award, we can identify and honour the dedication of unsung heroes to humanity and the betterment of mankind with their selflessness. Such recognition will also go hand in hand with financial support to further their humanitarian work and at the same time make their good work known to the world, thereby inspiring others to take part in charitable work – in short, to pass on the torch of "love".

We are often exposed to sad and tragic news every day and may forget the goodness of mankind. But we do not have to look far for shining examples. This year's finalists of THE ONE International Award and THE ONE Hong Kong Award joining us here this evening showcase the highest level of goodness, kindness and compassion of mankind. They empower the underprivileged with education, serve the homeless and the challenged and create a sense of belonging for the forgotten. Notwithstanding their different profiles, they share a common attribute – they put others before them and dedicate their life to helping the needy unconditionally. Every drop in the ocean counts. It is these ordinary acts that have the greatest potential to exhibit the glory of humanity.

The spirit of the awards echoes well with the current-term Government's vision of building a caring, cohesive and inclusive society. We are committed to providing sufficient resources to enhance the livelihood of our people, especially the disadvantaged and grassroots. The estimated recurrent expenditure of the Government on social welfare for 2018-19 is \$79.8 billion, representing a 55 per cent leap as compared to the figure just five years ago. In other words, for every \$100 the Government spends, \$19.6 goes to social welfare, just after education which has always topped the list.

Poverty alleviation is one of the Hong Kong Special Administrative Region Government's policy priorities. Among other measures, the Government

introduced the Low-income Working Family Allowance Scheme in May 2016. Far from being a "welfare" measure, it is more of a "workfare" to enable and empower people capable of working to achieve self-reliance and, in the long run, enhance the overall upward social mobility of our next generation. Tapping into our experience gained, we have, since April 1, 2018, renamed the Scheme to Working Family Allowance Scheme and brought into effect significant enhancements to the Scheme, including relaxing the working hour and income requirements as well as increasing the rates of allowances. We hope that the much-enhanced Scheme would benefit a larger pool of working households with better support.

We are mindful that Government's sole effort is far from enough to address changing needs and thorny issues in the community. We believe that cross-sector collaboration is a good solution. We also find it most encouraging and touching that numerous social leaders stand ready to lend us support. To this end, we have in place a Community Investment and Inclusion Fund which provides funding for the implementation of diversified social capital development projects. By leveraging the edges of different sectors, these projects serve to develop mutual help networks for the community, especially among the less privileged, in order to enhance their capacity in general and boost their resilience in the face of adversities. Since its establishment in 2002, about \$500 million has been approved to implement over 350 projects, establishing more than 2 100 mutual help networks. To further its well-received objectives, the Government injected an additional \$300 million into the Fund last year.

Another innovative initiative is the Partnership Fund for the Disadvantaged. The Fund was established in 2005 to promote tripartite partnership among the welfare sector, the business community and the Government to help the disadvantaged. In 2015, we created a dedicated portion under the Fund to encourage the business sector to work with schools and organisations to implement more after-school learning and support programmes for primary and secondary school students from grassroots families to facilitate their whole-person development.

Over the years, the Fund has approved a total of about \$580 million to deliver more than 1 100 projects, benefiting over 1 million people in need. On top of the \$800 million already set aside for the Fund, the Government will inject another \$400 million into the Fund in 2018-19 to support more projects beneficial to the disadvantaged. I strongly encourage everyone here to show your serving heart and innovative ideas to make good use of these funds with a view to making Hong Kong an inclusive society for all.

On this encouraging note, may I take this opportunity to pay my warmest tribute to Rotary International District 3450 for offering the meaningful awards. Please also join me to give a round of applause to the generous donors who have made these possible. No less important, I am most grateful to have the opportunity to salute all the heroes for their extraordinary and sterling contribution through ordinary acts and look forward to seeing more people joining their league for the betterment of our city.

Thank you.

Secretary for Justice outlines new trends in handling cross-border commercial disputes (with photo)

The Secretary for Justice, Ms Teresa Cheng, SC, today (May 18) outlined new trends in the development of cross-border commercial dispute resolution amid the growth of commercial activities among countries and the popularity of international arbitration and mediation. Among the key trends highlighted were those relating to the mediation of investment disputes, online dispute resolution and the establishment of a dispute resolution centre specially designed for the Belt and Road Initiative.

She made the remarks when delivering a speech at the Seminar on the Trend of Cross-border Commercial Dispute Resolution and the Belt and Road Initiative, which is one of the events of Mediation Week 2018.

Ms Cheng said that under the framework of the Mainland and Hong Kong Closer Economic Partnership Arrangement, the Hong Kong Special Administrative Region Government signed an Investment Agreement with the Ministry of Commerce in June 2017. It provides for an "investment dispute mediation mechanism" as a way to settle disputes. The mechanism can effectively promote the use of mediation in solving various types of cross-border disputes. Hong Kong will actively promote the development of investment and cross-border mediation.

"Innovative technology has greatly helped the development of dispute resolution services. I believe the establishment of a safe, reliable and credible platform to provide enterprises in various economies along the Belt and Road with convenient and cost-effective online dispute resolution will become a new trend," Ms Cheng said, adding that Hong Kong is establishing an online dispute resolution platform, eBRAM.hk.

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She added, "A fair and effective dispute resolution mechanism is all the more important in the process of implementing the Belt and Road Initiative."

Ms Cheng pointed out that it is of utmost importance to establish a set of dispute resolution rules that are specifically designed for the Belt and Road Initiative, with recognition and compatibility for different cultures. The Department of Justice (DoJ) will assist interested people in Hong Kong to establish a unique, fair and impartial and internationally recognised dispute resolution centre for the Belt and Road Initiative to provide dispute resolution services for state-owned enterprises and small and medium-sized

enterprises of various countries.

The Seminar on the Trend of Cross-border Commercial Dispute Resolution and the Belt and Road Initiative was organised by the DoJ and co-organised by the Hong Kong Mediation Centre and the Mainland-Hong Kong Joint Mediation Center as part of Mediation Week 2018.

The theme of Mediation Week 2018 is "Mediate First – Exploring New Horizons". It seeks to look ahead to future developments including online dispute resolution and the use of mediation in resolving international commercial disputes.

The highlight of Mediation Week is the Mediation Conference 2018 to be held on May 18. Over 20 leading international and local experts and practitioners will gather and share their views and experiences on the latest global developments of mediation. The Conference will explore the recent developments of mediation in Hong Kong and overseas, how mediation may contribute to resolving disputes arising from the Belt and Road and Guangdong-Hong Kong-Macao Bay Area development initiatives, online dispute resolution, and the use of mediation in resolving international commercial disputes.

For more details of the activities of Mediation Week 2018, please visit www.doj.gov.hk/mediatefirst/eng/programme2018.html.



[CEDD commends contractors with outstanding safety performance \(with photos\)](#)

The Civil Engineering and Development Department (CEDD) today (May 16) held the 9th CEDD Construction Site Safety Award Presentation Ceremony to

commend contractors of 14 contracts with outstanding safety performance at their construction sites (see the Annex for the list of awardees).

Speaking at the ceremony, the Director of Civil Engineering and Development, Mr Lam Sai-hung, said that the CEDD has all along attached paramount importance to the safety of construction sites in order to provide a safe working environment for construction workers and to ensure the safety of people near construction sites, and to eventually attain the goal of zero site accidents.

Mr Lam called on contractors and works supervisory teams to stay vigilant on site safety and explore the use of technologies such as adopting building information modelling technology to enhance site safety.

The CEDD Construction Site Safety Award Scheme was launched in 2009 and at present comprises the Construction Site Safety Award and the Innovation Award for Site Safety. The Construction Site Safety Award aims at encouraging contractors to enhance the culture and standard of safety at construction sites and to maintain good management of site safety, while the Innovation Award for Site Safety aims at encouraging contractors to adopt innovative ideas and technologies to improve the working environment and procedures to enhance site safety.



LCQ22: Healthy Cities Projects

Following is a question by the Dr Hon Elizabeth Quat and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 16):

Question:

The Government is currently planning for the Stage Two development of the Electronic Health Record Sharing System (eHRSS), including initiating further data standardisation exercises on existing and new data categories (such as Chinese medicine (CM) information, personal life-style habits as well as care and treatment plan) to facilitate data sharing, as well as enhancing patient's choice over the scope of data sharing and facilitating patient access to eHRSS. On the other hand, the World Health Organization (WHO) launched the "Healthy Cities" programme in 1986 to engage the international community in improving health services and living conditions through the collaborative efforts of the public, private, voluntary and community sectors. WHO also advocates the inclusion of health as a factor to consider by governments around the world in their policy-making process. The first Healthy Cities project in Hong Kong was launched in 1997. Such projects are now being rolled out at District Council district level. Regarding the role of eHRSS in Healthy Cities projects, will the Government inform this Council:

(1) given that inter-sectoral action and community participation are essential in taking forward Healthy Cities projects, whether the Government will designate social workers and teachers as two categories of persons authorised to view and share patients' electronic health records; if so, of the details; if not, the reasons for that;

(2) given that the Report of the Working Party on Primary Health Care entitled Health for All, The Way Ahead published in 1990 recommended the establishment of a Primary Health Care Authority by the Government to monitor the delivery of primary health care services, whether the Government will, upon making reference to the experience of the governments of the United Kingdom and Australia in establishing the Clinical Commissioning Groups and Primary Health Networks respectively, study the establishment of such an Authority with a view to coordinating inter-sectoral collaborations and enhancing the efficiency in providing medical services; if so, of the details; if not, the reasons for that;

(3) whether it will analyse eHRSS data to grasp the medical needs and characteristics of each district, thereby assisting in the planning for the provision of the medical services required in various districts and formulating performance indicators; if so, of the details; if not, the reasons for that;

(4) whether it will, for the purpose of conducting health needs assessment, collect relevant data from the Hospital Authority, relevant policy bureaux

and departments (including the Education Bureau, Department of Health, Census and Statistics Department and Social Welfare Department), non-governmental organisations and university departments offering programmes on public health; if so, of the details; if not, the reasons for that;

(5) whether it will plan for the prevention, screening, diagnoses and treatments as well as palliative treatment of diseases that are common among city-dwellers (such as mental illness, diabetes mellitus and cardio-cerebral-vascular diseases) and pain-causing illnesses, and make use of the three analysis tools (cost-effectiveness analysis, cost-utility analysis and cost-benefit analysis) to assess the impact of such efforts on the medical services to be provided in various districts and the effectiveness that can be achieved; if so, of the details; if not, the reasons for that;

(6) whether it will facilitate the role of CM in Healthy Cities projects, including (i) extensively applying the medical concept and treatment method of "preventive treatment of disease" as adopted by Chinese medicine practitioners, (ii) instilling the knowledge of philosophies on health as adopted by Chinese medicine practitioners in patients seeking consultations at District Health Centres so as to enhance their capabilities to manage their own health, (iii) popularising Chinese medical services so that chronically ill and terminally ill patients can access such services more easily, (iv) applying the "emotional health theory" as adopted by Chinese medicine practitioners to soothe the emotion of mentally ill patients and the mental stress suffered by their family members, and (v) stepping up the training on community health and family medicine for Chinese medicine practitioners so as to promote integrated Chinese-Western medicine; if so, of the timetable and other details; if not, the reasons for that;

(7) whether it will, at the institutional level, enhance the capabilities and participation of members of the public in managing their own health, so as to solve the existing problems caused by a lack of participation by patients as well as a relatively low level of health ownership and literacy among them; if so, of the details; if not, the reasons for that; and

(8) whether it will formulate a standing mechanism for conducting opinion surveys and consultations for the purpose of understanding the public's health concerns and encouraging them to participate in formulating the relevant policies and measures in order to perfect the implementation of the Healthy Cities projects; if so, of the details; if not, the reasons for that?

Reply:

President,

My reply to the question raised by Dr Hon Elizabeth Quat is as follows:

The purpose of setting up the Electronic Health Record Sharing System (eHRSS) is chiefly to provide a territory-wide information infrastructure which enables authorised healthcare providers in the public and private sectors, with a patient's informed consent, to view and share his/her electronic health records (eHRs) under the "need-to-know" and "patient-under-

care" principles in the course of provision of healthcare services, so as to promote public-private collaboration, facilitate continuity of care, and enhance the quality and effectiveness of healthcare services. Having regard to the purpose of setting up the eHRSS and the vision mentioned above, and the fact that the eHRSS contains a large quantity of patient records and that eHRs need to be handled with clinical expertise, we do not have plans to extend the categories of persons who can view and share eHRs to include non-healthcare professionals at this stage. On the other hand, to facilitate patients to more proactively manage their health and to tie in with the development of primary healthcare, we are studying the setting up of a Patient Portal to enable patients to access some of their health records on the eHRSS, receive health information, perform registration and other account setting functions, etc. Subject to the outcome of the study, the various functions of the Patient Portal are expected to be rolled out in phases in the coming years.

The Chief Executive has announced in her 2017 Policy Address that a pilot district health centre (DHC) with a brand new operation mode will be set up in Kwai Tsing District to strengthen primary healthcare services, through which we aim to encourage the public to take precautionary measures against diseases, enhance their capability in self-care and home care, and reduce the demand for hospitalisation. The DHC will help strengthen medical-social collaboration and care co-ordination through maintaining a clinical and multi-disciplinary service network.

The DHC in Kwai Tsing District is expected to commence services in the third quarter of 2019. With the experience gained from the pilot scheme, we will progressively set up DHCs in other districts. We have also established a Steering Committee on Primary Healthcare Development (the Steering Committee) to comprehensively review the existing planning of primary healthcare services and draw up a development blueprint. The Steering Committee will review the efficiency and effectiveness of the software and hardware for the delivery of primary healthcare services (including the framework for the delivery of services) and make recommendations.

The Steering Committee will also explore the use of big data in devising strategies which best fit the healthcare needs of the community. Currently, the Steering Committee is deliberating on the operation mode of the DHC to be set up in Kwai Tsing District, including the establishment of an electronic platform by drawing reference from the eHRSS to facilitate the provision of primary healthcare services by the DHC and the service providers of its network, as well as the use of the data collected via the platform for service planning and evaluation. As a territory-wide eHR sharing platform, the eHRSS does not only realise the concept of "records follow the patient" which facilitates the provision of continuous care for patients by different public and private healthcare providers, but also contains eHRs which can be used for research and statistical purposes from the perspectives of public health or safety. We will consider how to put in place a mechanism in this regard when a critical mass of information that is meaningful for research and statistical purposes has been accumulated in the eHRSS.

To tackle major non-communicable diseases (such as cardiovascular

diseases, diabetes mellitus and pain) and common behavioural risk factors (i.e. harms caused by unhealthy diets, lack of physical activities, smoking and drinking) currently threatening the health of Hong Kong people, we will look into the relevant scientific evidence and statistics, implement measures on disease prevention, screening and identification in a systematic manner, and evaluate the anticipated effectiveness of such measures. DHCs can also play a proactive role in public education and disease prevention. When considering the scope of services to be provided by the DHC in Kwai Tsing District, the Steering Committee took into account data from multiple sources, including the Hospital Authority's (HA) statistics on chronically ill patients, the Population Health Survey of the Department of Health, the Thematic Household Survey of the Census and Statistics Department, and a large-scale household survey under the "FAMILY: A Jockey Club Initiative for a Harmonious Society" jointly implemented by the Hong Kong Jockey Club and the School of Public Health of the University of Hong Kong. The Steering Committee opined that the DHC in Kwai Tsing District should direct resources to the treatment of the most prevalent chronic diseases that consume substantial medical resources and explore how to manage their conditions through risk management and early intervention, thereby reducing the unwarranted use of hospital services.

On promoting the development of Chinese medicine (CM), the Government is actively examining the future development needs of the CM sector, so that the widely accepted traditional CM can play a more active role in promoting public health.

To gather experience regarding the integrated Chinese-Western medicine (ICWM) and the operation of CM in-patient services, the Government commissioned the HA to launch the ICWM Pilot Programme (the Pilot Programme) in September 2014. Phase II of the Pilot Programme commenced in December 2015. Under the Pilot Programme, ICWM treatment covering in-patient services and CM out-patient follow-up services for in-patients of three selected disease areas (namely stroke care, low back pain care and cancer palliative care) is provided in seven hospitals of the HA. Phase III of the Pilot Programme commenced in April 2018 and extended to cover a new disease area on shoulder and neck pain care. In addition, the HA provides training on community health and family medicine for Chinese medicine practitioners (CMPs) employed by the Chinese Medicine Centres for Training and Research operated under a tripartite collaboration model. Such training includes:

(i) Pre-service training for CMP trainees: It enables the trainees to understand the roles of various medical professions in community health, covering an introduction to medical professional services, site visits and sharing sessions; and

(ii) Commissioned training: It includes courses in "community psychiatry", "holistic health" and "integrative rehabilitation", so as to enhance CMPs' understanding of community health and family medicine. The collaborating institutions include the Centre on Behavioral Health, and the Department of Family Medicine and Primary Care of the University of Hong Kong; and the Department of Rehabilitation Sciences of the Hong Kong Polytechnic University.

The Government has endeavoured to understand the needs of community through District Councils (DCs). To further the implementation of the Healthy Cities Projects, various departments have sent their representatives to DC meetings to listen to community views, brief the DCs on the Government's policies and plans, and respond to district needs and problems.

SCS visits North District (with photos)

The Secretary for the Civil Service, Mr Joshua Law, today (May 16) visited North District, where he toured Fanling Families Clinic and a community services centre. He also met with members of the North District Council (NDC) to learn more about the district's development and needs.

Accompanied by the Chairman of the NDC, Mr So Sai-chi, and the District Officer (North), Mr Chong Wing-wun, Mr Law met with NDC members and exchanged views on matters of their concern.

Mr Law then went to Fanling Families Clinic to learn more about its facilities and services. The clinic came into operation in 2016. In addition to offering regular clinic services, it also provides clinical psychology and dietetic services for civil servants and eligible persons.

Finally, Mr Law visited the Hong Kong Women Development Association Limited Rita Liu Multi-Services Centre and chatted with trainees attending classes. He noted that the Centre provides a wide variety of services such as professional programmes and interest classes for local residents, in addition to assisting in organising various retraining courses.

