

(Translation)

**Minutes of the 6th Meeting of the
Community Affairs Committee (2017) of
Kwai Tsing District Council**

Date: 12 December 2017
Time: 2:30 p.m. – 4:55 p.m.
Venue: K&T DO Conference Room

<u>Attendee</u>	<u>Time of Arrival</u> <u>(p.m.)</u>	<u>Time of Departure</u> <u>(p.m.)</u>
Mr LEUNG Tsz-wing, Dennis (Chairman)	4:18	End of Meeting
Mr LI Sai-lung (Vice-chairman)	Start of Meeting	End of Meeting
Mr CHOW Wai-hung, Rayman	2:57	4:30
Ms CHEUNG Wai-ching, Clarice	Start of Meeting	End of Meeting
Miss CHU Lai-ling	2:54	4:15
Ms KWOK Fu-yung	Start of Meeting	End of Meeting
Ms LAM Chui-ling, Nancy, MH	Start of Meeting	End of Meeting
Mr LAM Siu-fai	Start of Meeting	3:51
Ms LAU Mei-lo	Start of Meeting	End of Meeting
Mr LAW King-shing, BBS, MH	2:47	End of Meeting
Mr LEE Chi-keung, Alan, MH	Start of Meeting	3:57
Mr LEUNG Chi-shing	2:47	End of Meeting
Mr LEUNG Kam-wai	Start of Meeting	End of Meeting
Mr LEUNG Wai-man, MH	Start of Meeting	4:02
The Hon. LEUNG Yiu-chung	3:04	4:43
Miss LO Yuen-ting	Start of Meeting	End of Meeting
Mr NG Kim-sing	Start of Meeting	4:47
Mr PAU Ming-hong	Start of Meeting	End of Meeting
Mr POON Chi-shing, MH	Start of Meeting	End of Meeting
Ms TAM Wai-chun, MH	Start of Meeting	3:57
Mr TANG Shui-wah, MH	Start of Meeting	End of Meeting
Mr TSUI Hiu-kit	2:59	End of Meeting
Mr WONG Yiu-chung, MH	Start of Meeting	End of Meeting
Mr WONG Yun-tat	Start of Meeting	End of Meeting
Mr WONG Bing-kuen	3:25	End of Meeting
Ms LAI Ming-wai, Abby	2:52	3:57
Mr MAN Tsz-yan	Start of Meeting	3:57
Mr SIU Kin-fai	Start of Meeting	4:30

In Attendance

Ms CHUNG Hoi-yin, Eva	Senior Community Relations Officer (New Territories South West), Independent Commission Against Corruption
Mr HO Si-ming	Senior Property Service Manager/Kwai Chung, Housing Department
Miss LUI Chor-wan, Angela	Labour Officer (Workplace Consultation Promotion), Labour Department
Ms LUI Ka-wing	Assistant District Social Welfare Officer (Tsuen Wan/Kwai Tsing) 3, Social Welfare Department
Ms TAI Yeuk Wah, Fion	School Development Officer (Kwai Chung and Tsing Yi) 3, Education Bureau
Mr YIM Kwok-ching, Timothy	Chief Health Inspector 1, Food and Environmental Hygiene Department
Mr TAM Timothy	Project Manager, Charities, The Hong Kong Jockey Club
Ms CHAN Anita	Assistant Project Manager, Charities, The Hong Kong Jockey Club
Ms LI Yoyo	Assistant Community Relations Manager, External Affairs, The Hong Kong Jockey Club
Mr LEE Richard	Functional Manager, Chinese University of Hong Kong Jockey Club Institute of Ageing
Ms LO Regina	Project Manager, Chinese University of Hong Kong Jockey Club Institute of Ageing
Mr WONG Moses	Research Associate, Chinese University of Hong Kong Jockey Club Institute of Ageing
Dr. LOH Lai-ting, Taron	Senior Medical & Health Officer (Community Liaison)1. Department of Health
Mr LO Andy	General Manager (Administrative Services), Kwai Chung Hospital
Ms WONG Yee-lai	Patient Relations Officer, Kwai Chung Hospital
Mr TAM Kin-fai, Simon	Senior Liaison Officer (1) (Acting), Kwai Tsing District Office
Miss SO Wai-shuen, Tracy(Secretary)	Executive Officer (District Council) 3, Kwai Tsing District Office

Absent with Apologies

Mr LEE Kam-lun	(With prior notice)
Mr HUI Kei-cheung	(Without prior notice)
Mr NG Ka-chiu	(Without prior notice)
Mr NGAI Kwan-lam	(Without prior notice)
Ms LO Wai-lan	(Without prior notice)

Opening Remarks

(The Vice-chairman chaired the meeting in place of the Chairman temporarily.)

The Acting Chairman welcomed Members and representatives of government departments to the 6th meeting of the Community Affairs Committee (2017) of Kwai Tsing District Council (K&T DC).

2. The Committee unanimously endorsed the application of absence by Mr LEE Kam-lun.

Confirmation of Minutes of the 5th Meeting of the Community Affairs Committee (2017) held on 10 October 2017

(CAC Paper No. 68/D/2017(tabled at the meeting))

3. The Acting Chairman said that the Secretariat had received proposed amendments to the above minutes from Kwai Chung Hospital (KCH) before the meeting. Details were listed in the above paper.

4. Ms LAU Mei-lo moved a motion to confirm the minutes. The motion was seconded by Mr PAU Ming-hong and Mr POON Chi-shing. The Committee endorsed the minutes unanimously.

Introduction of/Consultation Papers

Jockey Club Age-friendly City Project

(Proposed by the Hong Kong Jockey Club)

(CAC Paper No. 53/I/2017)

5. Ms LO Regina, Mr WONG Moses and Mr TAM Timothy introduced the paper.

6. Mr LEE Chi-keung, Alan put forth opinions as follows:

- (i) Benches were suggested to be added in shopping malls.
- (ii) The paper of the Hong Kong Jockey Club (HKJC) Age-friendly City Project (the Project) did not mention the issue of employment of the elderly. He also noted some employers were reluctant to employ the

elderly given the difficulty to buy employees' compensation insurance. He hoped that improvement measures could be explored.

7. The Acting Chairman said that the K&T DC had allocated funds to construct facilities such as rain shelters, for use by the elderly. However, there were often difficulties in carrying out the works due to underground power and water supply facilities. He enquired whether HKJC could allocate additional resources and coordinate with other departments so that additional relevant facilities could be constructed.

8. Mr TAM Timothy gave a consolidated response as follows:

- (i) The funding provided by HKJC to Kwai Tsing District for the implementation of the Project was an annual amount of \$500,000 over three years. A majority part of the funds would be used to promote culture and experiment new service models. The amount was insufficient for addition of ancillary facilities, but the use of funds for minor household repair works could be considered.
- (ii) Funds could be used to hold talks on employment, expos or training workshops, with a view to facilitating the employment of the elderly. Such activities had been held in other districts, with remarkable results.
- (iii) The Kwai Tsing Action Scheme (the Scheme) mainly focused on the district. Macro issues like Government policies and employees' compensation insurance were not within the scope of consideration for the time being. However, at the district level, employers could be encouraged to employ middle-aged and elderly people.

9. Ms LO Regina responded that the Scheme being discussed included a proposal to construct barrier-free facilities such as benches, which would be listed in the Scheme after the meeting. In respect of the issue of employment, the Chinese University of Hong Kong (CUHK) would record Members' opinions and work with non-governmental organisations (NGOs) to research on the feasibility of including the issue of employment of the elderly into the district Project.

10. Mr LEUNG Wai-man said that the execution of the Project would be weakened if no representatives of Housing Department (HD) participated in it. He enquired why

HKJC did not invite HD to participate.

11. Mr LAM Siu-fai said that the funding of \$500,000 was relatively limited. It was insufficient for the construction of facilities, while the forms of promotional activities funded were invariable. He hoped that HKJC could provide information of activities held in other districts for reference.

12. Mr TAM Timothy gave a consolidated response as follows:

- (i) CUHK had conducted research and collected the opinions of the elderly in the district before making the proposed action scheme. The three-year Scheme would be led by K&T DC, with an aim to promote the elderly and age-friendliness in the district. In the future, K&TDC would join hands with NGOs and government departments to promote the Scheme.
- (ii) The funding provided by HKJC for the Project could be an opportunity for everyone to make innovative efforts to promote the culture of elderly and age-friendliness.
- (iii) Examples of district Project which had been held in other districts included:
 - (a) Housing: volunteers or professionals were arranged to carry out minor household alterations at the houses of the elderly, e.g., installing handrails or non-slip floor tiles
 - (b) Employment of the elderly: training workshops
 - (c) Health services: carer support, onsite health service, etc.
- (iv) The theme and scope of the district Project could be determined based on the proposals of Members and NGOs.

13. Mr LAM Siu-fai said that the issues related to the employment of the elderly and the facilities for the elderly raised at the meeting had been discussed by K&TDC years before. However, it was difficult to initiate changes in practice due to the need for coordination among departments. He opined HKJC should facilitate inter-departmental

cooperation in addition to providing funds.

14. Mr WONG Yun-tat put forth opinions as follows:

- (i) The Project proposed to solve the various problems which the elderly faced, however, the funding of \$500,000 was insufficient. HKJC should increase resources to help the elderly in the district more effectively.
- (ii) Kwai Tsing Health Centre would be completed in two years. HKJC should liaise with the Food and Health Bureau (FHB) closely to provide the centre with data for the purpose of understanding the needs in the district.
- (iii) HKJC should consider opening betting premises to NGOs for the purpose of holding activities when no betting activities were held.

15. Mr TAM Timothy gave a consolidated response as follows:

- (i) He understood that some problems had been in existence for years and could not be solved within a short time. He hoped that the Project could provide an opportunity for committees and working groups of K&TDC to focus its efforts related to the elderly and age-friendliness, with the funds provided by HKJC and the support of CUHK in the next three years.
- (ii) The baseline research in 18 districts had been completed in full. HKJC and CUHK would conduct overall assessment and analysis at a later stage to understand the needs of the elderly throughout Hong Kong.
- (iii) The proposal on premise usage would be further studied.

16. The Hon. LEUNG Yiu-chung enquired whether the purpose of the Project was to educate the public collectively on the attitude to the elderly or to serve the elderly directly. The former was to increase the number of volunteers, e.g., working with youth groups to provide the elderly with household cleaning and escorting services. While the latter focused on health and home care services, or the provision of funds for the

purchase of supplies. Given the limited resources, he suggested that the former should be adopted to increase the influence of the Project.

17. Mr TAM Timothy responded that HKJC would consider the proposal of the Member and would, through the Secretariat of K&T DC, invite groups in the district to apply for funding under the Project. In addition to NGOs which provided elderly services, organisations which provided youth services etc. could also be included. The team of CUHK would also liaise with NGOs. Discussion on details of the district Project will be held by then.

18. Mr LEE Chi-keung, Alan put forth opinions as follows:

- (i) The purpose of the Project was to provide the elderly with convenience in their daily life. The amount of \$500,000 as start-up funds was sufficient. K&T DC promoted age-friendliness by allocating only \$300,000 for age-friendly community activities.
- (ii) The funds should not be used for holding activities such as food and drink receptions or carnivals, or for constructing additional facilities, but shall be used according to the eight domains of improvement in the life of the elderly put forth by the World Health Organisation.
- (iii) Centres for the elderly usually provided services such as household cleaning. The funds of the Project could be used for non-routine activities and services.

19. Mr TAM Timothy responded that he would record the Member's proposal and make corresponding modifications to the Project. He would also invite NGOs to raise relevant proposals when applying for funds for the Project.

20. Mr WONG Yiu-chung nominated Mr LEE Chi-keung, Alan to join the assessment panel (the Panel) of the Project. The nomination was seconded by Ms LAM Chui-ling, Nancy.

21. Mr LAW King-shing nominated Miss CHU Lai-ling to join the Panel. The nomination was seconded by Ms LAU Mei-lo.

22. Ms LAM Chui-ling, Nancy nominated Ms TAM Wai-chun to join the Panel. The nomination was seconded by Ms KWOK Fu-yung and Ms LAI Ming-wai, Abby.

23. Mr LEE Chi-keung, Alan, Miss CHU Lai-ling and Ms TAM Wai-chun accepted the nominations.

24. The Acting Chairman said that as there were no other nominations, the Committee approved the appointment of Mr LEE Chi-keung, Alan, Miss CHU Lai-ling and Ms TAM Wai-chun as members of the Panel.

Discussion Items

Concern over Osteoporosis in Women

(Proposed by Mr. WONG Yun-tat)

(CAC Paper No. 54, 54a/D/2017)

25. Mr WONG Yun-tat introduced the paper.

26. Mr LAM Siu-fai put forth opinions as follows:

- (i) Osteoporosis was very common among women in Hong Kong. The public's awareness of this health issue had been enhanced, but the support provided by the government remained quite insufficient. Additional resources should be allocated to provide women with examinations.
- (ii) The government should make reference to examination programmes launched in the past, e.g., the Colorectal Cancer Screening Pilot Programme, and work with private clinics.

27. Mr LEUNG Kam-wai said that the health awareness of members of the public had been improved through the education implemented by the Department of Health (DH), but many of them did not undergo examinations due to financial constraint. The Family Planning Association of Hong Kong (FPAHK) was currently arranging examinations for women aged above 65. He hoped that DH could expand the coverage to women aged 40 or above, so that patients with osteoporosis could receive treatment early. DH could also consider working with the Community Care Fund to provide temporary subsidy and, in the longer term, make such examinations to be a standing

policy.

28. The Hon. LEUNG Yiu-chung opined that prevention was better than cure, and that publicity, education and examination were equally essential. He noted some advertisements, which were not made by the Government, were related to the issue of osteoporosis, and he believed that their contents were less credible. The Government should enhance publicity.

29. Dr. LOH Lai-ting, Taron gave a consolidated response as follows:

- (i) Osteoporosis was a chronic metabolic disease of bones. When bone loss was faster than bone growth, the density of bone would be reduced. As a result, bones became fragile, and the risk of fracture would increase. The risk of osteoporosis increased with age. People at high risk included the elderly, underweight persons, persons of small bone structure, persons with a family history of such disease, women in premature menopause and patients with chronic diseases.
- (ii) DH had been on an on-going basis providing the public and various target groups with health education through different channels including health talks, individual counselling, distribution of pamphlets, website, etc.. The aim was to promote healthy diets and lifestyles in order to prevent osteoporosis. As the Family Health Service of DH had integrated important information about the prevention of osteoporosis into health talks of different themes, the number of relevant talks could not be listed separately.
- (iii) The Elderly Health Centres under DH held regular talks on osteoporosis. The number of sessions and number of participants were listed in CAC Paper No. 54a/D/2017.
- (iv) All Woman Health Centres and Maternal and Child Health Centres under DH provided related health services, including health education, assessment and counselling. Where necessary, screening would be conducted, follow-up consultations would be arranged, or referrals would be made for further treatment.

- (v) Individuals at high risk were advised to consult family doctors to assess the need for testing such as dual-energy X-ray absorptiometry (DEXA) examination, so as to diagnose whether there was osteoporosis. The woman health service of DH provided a variety of services according to the health needs of women. Currently DEXA examination was not provided.

30. Mr WONG Yun-tat said that health education was helpful but it was not sufficient to enable women to understand their own physical conditions. He hoped that DH could seek more resources and take the colorectal cancer screening programme as reference. It could begin with providing elderly persons with an osteoporosis screening programme free of charge or at a low cost and then expand to cover women aged 40 or above. The programme would enable persons in need to receive appropriate treatment or adjust their lifestyle as early as possible.

31. Mr LEE Chi-keung, Alan said that the results of publicity and educational efforts were not effective. People would care only after health problems were identified. He suggested that the Government should include testing programmes for various diseases into the standing policy. He said that the Signature Project Scheme of K&T DC could also include services related to osteoporosis. He hoped that the district health centre to be established would also include testing of diseases such as hypertension, diabetes, hyperlipidemia (commonly known as “three highs” collectively), osteoporosis and cataract.

32. Mr LAM Siu-fai said that middle-aged women often knew they had osteoporosis only after they fell. He hoped that DH could provide testing service to enable women to improve their physical conditions as early as possible. This would also reduce medical expenses of the Government.

33. Ms CHEUNG Wai-ching, Clarice said that where resources permitted, she hoped that in addition to testing for grass-root women aged 40 or above, women of other classes could also be covered.

34. The Hon. LEUNG Yiu-chung put forth opinions and enquiries as follows:

- (i) He enquired whether DH could provide statistics on women aged between 40 and 65 who had osteoporosis. He hoped to find out the

prevalence and severity of this disease in Hong Kong. A testing programme would be more justified if the problem was prevalent.

- (ii) Effectiveness of talks was limited as they could only be attended by a small number of residents. He enquired whether there was better method of publicity to promote health information.

35. Dr. LOH Lai-ting, Taron gave a consolidated response as follows:

- (i) The conditions of osteoporosis varied from person to person. With aging, bone loss would become obvious. Relevant statistics were not available for the time being.
- (ii) DH had always been concerned about osteoporosis, and it had also provided health education and publicity for various target groups. In addition to holding talks, assessments and counselling were also provided, while health information was published through various media including online information and the provision of health education resources at health centres and Maternal and Child Health Centres for reference.
- (iii) She would relay Members' opinions to DH management.

Motion: “The Kwai Tsing District Council Requests the Department of Health to carry out Osteoporosis Check-up for Women Aged 40 or above, Hold Talks Regularly and Conduct Publicity Activities.”

(Proposed by Mr. WONG Yun-tat; seconded by Mr. LEUNG Kam-wai)

36. The Acting Chairman put the motion to the vote. The result was 24 votes for, 0 votes against, 0 abstention. The Committee endorsed the motion.

Communication and Co-ordination mechanism between Kwai Chung Hospital and Patients' families

(Proposed by Mr. WONG Yun-tat)

(CAC Paper No. 55, 55a/D/2017)

37. Mr WONG Yun-tat introduced the paper.

38. The Hon. LEUNG Yiu-chung put forth opinions as follows:

- (i) In the past, he could often express his opinions to the Medical Superintendent or the senior management of Kwai Chung Hospital (KCH). However, now despite repeated requests, the hospital failed to send representatives to meet with Members or the families of patients, or only sent representatives of low ranks who were unable to make any decision. The meetings did not achieve any practical result.
- (ii) Patients were unable to reflect their needs to the hospital because they did not know the channels for expressing opinions.
- (iii) He hoped that KCH could send senior staff members to hold regular meetings with Members and patient groups and set a timetable.

39. Mr LO Kwok-chuen gave a consolidated response as follows:

- (i) KCH would continue to follow up the Member's proposal on improving communication mechanism and was ready to hear residents' opinions so as to improve its service quality.
- (ii) Before this DC meeting, some family members of patients sitting in the meeting reflected that they did not know the channels for expressing opinions. KCH would enhance the publicity of the existing channels and refer them to join mutual help organisations and groups, thereby enabling the hospital to gather opinions from different parties.
- (iii) KCH would follow up the proposal on holding meetings regularly. He said that meetings could clear up misunderstanding and solve problems. Just before this DC meeting, he had communicated with some family members of patients on arrangements such as medication and facilities, and solved some doubts on the spot.
- (iv) He would further discuss with the management on methods to improve the communication mechanism.

40. The Hon. LEUNG Yiu-chung put forth opinions as follows:

- (i) Mr LO Kwok-chuen mentioned in his response that he received residents' opinions before this DC meeting. However, those opinions had been raised long ago but regrettably, they were not addressed. He said that the purpose of arranging meetings was to explain to patients' families why the opinions were not accepted, so as to avoid misunderstanding.
- (ii) He said again he hoped that meetings could be held regularly.
- (iii) He hoped that the Medical Superintendent could attend the meetings in person, so as to make responses or practicable decisions immediately. If the meetings were attended by representatives only, a favourable outcome would not be obtained. It would waste time and delay the tackling of issues.

41. Mr WONG Yun-tat put forth opinions and enquiries as follows:

- (i) He enquired whether the hospital could allow arranging meetings with patient groups separately, without the need to discuss openly at DC meetings information which might involve the privacy of patients.
- (ii) Residents had reflected the following opinions to Members:
 - (a) The visiting hours of KCH were 3:30 p.m. to 5:30 p.m., which was not sufficient. It was proposed the addition of later hours on usual days and morning hours on weekends as visiting hours, so that family members of patients could visit patients and provide them with emotional support after work.
 - (b) The hospital had told Members that its staff members would accompany patients on walking or stretching. However, due to manpower shortage, patients could only stay in their wards.
 - (c) Patients had reflected to Members that the night shift was short of manpower. Patients who lacked self-care ability were unable to clean their excretion in a timely manner. He hoped that the

hospital could increase manpower to improve the condition.

- (d) He enquired whether the hospital could adjust the dosage of injections to reduce side effects, and what the proportions of the dosage in the first generation and second generation of injections were.
 - (e) He hoped that the hospital could open the snack shop and the staff canteen to the family members of patients, so as to reduce inconvenience of eating out and returning to the hospital.
- (iii) He hoped that the hospital could follow up the above proposals actively and arrange meetings to achieve effective communication.

42. Mr POON Chi-shing said that all the responses made by the representatives of KCH were the same, that they would relay Members' opinions to the Medical Superintendent. This showed that their attendance at the meetings could not solve any problem. No favourable outcomes would be obtained unless the meetings were attended by the Medical Superintendent.

43. Mr CHOW Wai-hung, Rayman put forth opinions and enquiries as follows:

- (i) KCH had in place a mechanism which allowed patients to take time off and go home before returning to the hospital for treatment. However, after leaving the hospital, some patients refused to return, and their family members turned to the hospital for assistance but failed to receive any. Eventually, these patients did not make follow-up consultations or take medicine, and their conditions also affected the mood of their family members.
- (ii) He enquired whether the hospital could establish a mechanism to assist in arranging patients to return to the hospital at the request of patients' families.
- (iii) The above circumstance was not a single case. He hoped that the hospital could address the problem.

44. Mr LO Kwok-chuen responded that he would reflect to the hospital the Member's request for the attendance by the Medical Superintendent at meetings, and would respond to Mr WONG Yun-tat's enquiries after the meeting.

45. Ms WONG Yee-lai gave a consolidated response as follows:

- (i) According to the wish of the family members of patients, KCH would allow patients to apply for leave. The hospital should respect the will of the patients, and had no rights to force patients to return to hospital. At the request of the family members of a patient, the staff would provide guidance for them to persuade the patient and would also remind them to monitor the mental condition of the patient.
- (ii) If the patient was in good condition, the hospital would consider allowing the patient to choose receiving treatment at his/her discretion. If the mental condition of the patient was unstable, and might jeopardise himself/ herself or others, the family members should call the police for help. If a patient was proved to be on leave after attending the Accident and Emergency Department, he/she would be admitted to KCH directly for treatment. However, there had been cases where the patient behaved normally after ambulance arrival and refused to go to the hospital. It was difficult to provide support in such circumstances.
- (iii) In the event of an emergency, support might be sought from the police. However, the police also needed to respect the rights of a patient, and they were not allowed to take a patient to the hospital with force if the patient was in a good mental state.

46. Mr CHOW Wai-hung, Rayman briefly introduced a relevant case, where an elderly patient with schizophrenia was taken to hospital after wielding a knife as he misperceived that his wife was unfaithful. After receiving treatment, his condition improved, and he begged his family members to let him apply for leave and go home. The patient refused to return to the hospital afterwards, and no longer had any serious misbehaviour. However, his daughter-in-law turned to Members for help, claiming that the patient placed her baby on his belly without surrounding the baby with his arms or using any safety measures, which posed danger to the safety of the baby. His daughter-in-law was concerned about the safety of the baby, but she was afraid that

raising her opinion would irritate the patient and she later had postnatal depression, while his husband also had schizophrenia. He asked how family members should deal with such circumstances.

47. Ms WONG Yee-lai responded that the hospital had an outreach team, which might help follow up the case put forth by the Member.

48. The Acting Chairman said that Mr CHOW Wai-hung, Rayman could provide Ms WONG Yee-lai with the information of the relevant case so that KCH could follow up.

(The meeting was then chaired by the Chairman.)

Request for the Attendance of the Water Supplies Department to Explain the Causes of the Contamination of Drinking Water Incident on 19 November

(Proposed by Mr. LEUNG Chi-shing, Mr. WONG Yun-tat, Mr. LEUNG Kam-wai, Mr. WONG Bing-kuen, Mr. HUI Kei-cheung, The Hon. LEUNG Yiu-chung, Mr. CHOW Wai-hung, Rayman, Mr. NG Kim-sing and Mr. LAM Siu-fai)

(CAC Paper No. 56, 56a/D/2017)

49. Mr LEUNG Chi-shing introduced the paper.

50. Mr CHOW Wai-hung, Rayman enquired whether the Water Supplies Department (WSD) had submitted any written response.

51. The Secretary responded that WSD's response had been included in CAC Paper No. 56a/D/2017, and that WSD indicated that Members' questions could not be answered as the investigation report of the incident had not yet been completed. If such issue would be discussed again at the next meeting, WSD would send representatives to the meeting.

52. Mr NG Kim-sing said that after the incident of contamination of fresh water on 19 November, another similar incident had occurred recently. Members understood that the front line staff of WSD was under great pressure, but the WSD should send representatives to the meeting. He said that a motion of reprimand would be raised at the next meeting, as how WSD handled the issue was unacceptable.

53. Mr LEUNG Chi-shing said that the reason for the absence of WSD from the meeting was inadequate, for WSD had posted an article online on the day of the incident,

stating that the incident was due to the emission of volatile gas to another tank. He raised this discussion item because he wished to know about the course of the incident, and he hoped that WSD could provide an explanation with illustration.

54. The Chairman said that the issue would be discussed at the next meeting in the presence of representatives of WSD

55. Mr WONG Bing-kuen said he hoped that the Secretariat would notify Members of the attendance of government departments before the meeting so that Members could be prepared.

56. The Secretary responded that the Member's opinion would be reflected to the Secretariat.

Discussion on the Emergency Response Measures at the Princess Margaret Hospital after the Contamination of Drinking Water Incident on 19 November

(Proposed by Mr. LEUNG Chi-shing, Mr. WONG Yun-tat, Mr. LEUNG Kam-wai, Mr. WONG Bing-kuen, Mr. HUI Kei-cheung, The Hon. LEUNG Yiu-chung, Mr. CHOW Wai-hung, Rayman, Mr. NG Kim-sing and Mr. LAM Siu-fai)
(CAC Paper No. 57, 57a/D/2017)

57. The Chairman said that the issue would be discussed at the next meeting.

Information Papers

Report on Environmental Hygiene Services

(Proposed by the Food and Environmental Hygiene Department)
(CAC Paper No. 58/I/2017)

58. Mr POON Chi-shing enquired whether the Food and Environmental Hygiene Department (FEHD) could provide any updated information on the issue of refuse collection at estates mentioned at the last meeting.

59. Mr YIM Kwok-ching, Timothy responded that FEHD and HD held a meeting after the last committee meeting to exchange opinions and study methods on improving the handling of large household wastes. FEHD would monitor any pileup of waste closely, and work with HD to establish a mechanism of notification, hoping to solve the problem as soon as possible.

60. Mr POON Chi-shing said that there had been no improvement in the refuse collection at estates. He enquired whether FEHD could increase the number of refuse collection vehicles (RCVs) and grab lorries.

61. Mr YIM Kwok-ching, Timothy responded that services were provided based on provisions in the existing contract, and would adjust resources flexibly according to different circumstances. Upon the renewal of the contract, FEHD would strengthen the requirements of RCVs based on actual situation.

62. The Chairman made consolidated enquiries as follows:

- (i) He enquired how FEHD supervise the performance of contractor.
- (ii) He enquired when a RCV was fully loaded, how the refuse at the next refuse collection point (RCP) would be dealt with. He also said that if the sequence of refuse collection remained unchanged every time, it would tend to result in pileup of refuse at the downstream locations on the route.
- (iii) He enquired whether a “rotation” mechanism could be established. For example, the sequence of refuse collection originally began with location A, and the next operation could begin with location B.

63. Mr YIM Kwok-ching, Timothy responded that RCVs collected refuse along the established routes, and the routes would be adjusted depending on the actual situation. FEHD had front line staff to supervise the operation of collection routes, and would liaise with HD closely to handle refuse properly.

64. The Chairman enquired whether FEHD could provide information on the routes of RCVs, so that Members could help supervising the contractor’s work.

65. Mr YIM Kwok-ching, Timothy said that the route schedules could be circulated to Members through the Secretariat.

FEHD

66. Mr WONG Bing-kuen said that with the existing contract to be expired at the end of 2018, the preparation of tender documents should have been started. He hoped that FEHD could increase the number of RCVs. In addition, he hoped that FEHD could set out the locations of the 5 hygiene black spots and temporary RCPs mentioned in

CAC Paper No. 61/I/2017.

67. The Hon. LEUNG Yiu-chung said that besides the failure to remove refuse completely, RCVs often had the problem of lost trips. He enquired whether there was any mechanism to deal with lost trips.

68. Mr YIM Kwok-ching, Timothy gave a consolidated response as follows:

- (i) FEHD would strengthen the service requirements on RCVs based on actual situation in the next tender.
- (ii) The hygiene black spots mentioned in CAC Paper No. 61/I/2017 included Shek Yam Road, Kwai Fong Circuit, Tai Ha Street, Kwong Fai Circuit and Chung Mei Lo Uk Village.
- (iii) RCPs mainly collected household refuse, temporary spots within RCPs would be set up to collect large household wastes.
- (iv) If the contractor was found to be non-complying with the contract, FEHD would penalise the contractor by issuing a default notice.

69. The Hon. LEUNG Yiu-chung enquired that in addition to post-incident penalty, whether FEHD had any backup measures to dispose refuse.

70. Mr YIM Kwok-ching, Timothy responded that where practicable, other vehicles would be flexibly arranged to collect refuse.

71. Mr NG Kim-sing put forth opinions as follows:

- (i) There had been large-size household wastes piled up on Hing Shing Road for a long time. He urged FEHD to dispose them as soon as possible.
- (ii) The gates at the RCP were not installed properly. He hoped that FEHD could follow up on the installation and ensure that the gates would be half-closed most of the time after installation, so as to reduce nuisance of odour to residents.

72. Mr YIM Kwok-ching, Timothy gave a consolidated response as follows:

- (i) FEHD would closely monitor the situation at RCP on Hing Shing Road and would remove the refuse as soon as possible.
- (ii) FEHD would continue to communicate with related departments to follow up the status of the maintenance work.
- (iii) Generally, the gates would be lowered to a relatively low level to reduce nuisance.

73. Mr LI Sai-lung said that there had been incidents of dumping of “medicine and solution” at the RCP on Shek Yam Road. Requests to follow up the hygienic problem at this location had been made to FEHD repeatedly. Two cameras currently installed were not enough. He hoped that FEHD could install more cameras to enhance supervision.

74. Mr YIM Kwok-ching, Timothy responded that he would relay the Member’s opinions to FEHD and would monitor the hygienic condition at the RCP on Shek Yam Road closely.

75. Mr LEUNG Chi-shing said that there were also cameras managed by the Environmental Protection Department in Kwai Hing, but the result was unsatisfactory. He opined that in order to improve the situation, additional manpower should be dispatched to conduct inspections, and punishments should be enhanced.

76. The Chairman said he hoped that FEHD could strengthen law enforcement and that Members’ opinions should be relayed to FEHD, with a view to improving the environment as soon as possible.

Progress Report on Kwai Tsing District Minor Works

(Proposed by the Food and Environmental Hygiene Department)

(CAC Paper No. 59/I/2017)

77. Members noted the above paper.

Anti-rodent Campaign 2018 (First Phase)

(Proposed by the Food and Environmental Hygiene Department)

(CAC Paper No. 60/I/2017)

78. Members noted the above paper.

Anti-mosquito Campaign 2018 (First Phase)

(Proposed by the Food and Environmental Hygiene Department)

(CAC Paper No. 67/I/2017)

79. Members noted the above paper.

Kwai Tsing District 2018 Year-end Clean-up

(Proposed by the Food and Environmental Hygiene Department)

(CAC Paper No. 61/I/2017)

80. The Chairman said that residents would dump a large volume of wastes before the Lunar New Year. He hoped that FEHD and HD could cooperate and enhance the communication with the cleansing companies, so as to prevent pileup of wastes. Meanwhile, he hoped that each Member could remind residents of the proper methods to dispose wastes, with a view to maintaining a clean environment.

81. Members noted the above paper.

Chemical Waste Treatment Centre Monitoring Report

(Proposed by the Environmental Protection Department)

(CAC Paper No. 62/I/2017)

82. Members noted the above paper.

Report Items

Reports of Working Groups

Safe and Healthy Community Working Group

(CAC Paper No. 63/R/2017)

83. Members noted the report of the above Working Group.

Livelihood Affairs Working Group

(CAC Paper No. 64/R/2017)

84. Members noted the report of the above Working Group.

District Administration Development Working Group

(CAC Paper No.65/R/2017)

85. Members noted the report of the above Working Group.

Public Complaints in relation to the Community Affairs Committee received by the Secretariat of the Kwai Tsing District Council

(CAC Paper No. 66/R/2017)

86. Members noted the relevant document.

Any Other Business

87. The Chairman hoped that HD could follow up problems which arose upon the resumption of water supply after repairing of water pipes and remind management companies to adopt due follow-up procedures, thereby ensuring the quality of fresh water.

Date of Next Meeting

88. The next meeting was scheduled to be held on 13 February 2018 (Tuesday).

Kwai Tsing District Council Secretariat

February 2018