

Minutes of the 10<sup>th</sup> Meeting of  
the Social Services Committee (2016-2017) of  
the Tuen Mun District Council

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Date: 11 July 2017 (Tuesday)

Time: 9:30 a.m.

Venue: Tuen Mun District Council (TMDC) Conference Room

<u>Present</u>		<u>Time of Arrival</u>	<u>Time of Departure</u>
Ms SO Ka-man (Chairman)	TMDC Member	9:30 a.m.	End of meeting
Mr TSANG Hin-hong (Vice-chairman)	TMDC Member	9:30 a.m.	End of meeting
Mr LEUNG Kin-man, BBS, MH, JP	TMDC Chairman	9:30 a.m.	End of meeting
Mr SO Shiu-shing	TMDC Member	9:30 a.m.	End of meeting
Mr TO Shek-yuen, MH	TMDC Member	9:30 a.m.	11:16 a.m.
Ms KONG Fung-yi	TMDC Member	9:30 a.m.	End of meeting
Mr CHAN Yau-hoi, BBS, MH, JP	TMDC Member	9:30 a.m.	End of meeting
Ms WONG Lai-sheung, Catherine	TMDC Member	9:30 a.m.	End of meeting
Ms HO Hang-mui	TMDC Member	9:30 a.m.	End of meeting
Ms CHING Chi-hung	TMDC Member	9:30 a.m.	End of meeting
Ms LUNG Shui-hing, MH	TMDC Member	9:30 a.m.	End of meeting
Mr CHAN Man-wah, MH	TMDC Member	9:34 a.m.	End of meeting
Mr CHEUNG Hang-fai	TMDC Member	9:30 a.m.	End of meeting
Ms CHU Shun-nga, Beatrice	TMDC Member	9:30 a.m.	End of meeting
Mr KAM Man-fung	TMDC Member	9:39 a.m.	End of meeting
Mr MO Shing-fung	TMDC Member	9:30 a.m.	End of meeting
Mr YIP Man-pan	TMDC Member	9:30 a.m.	End of meeting
Mr YEUNG Chi-hang	TMDC Member	9:30 a.m.	End of meeting
Mr YAN Siu-nam	TMDC Member	9:30 a.m.	End of meeting
Mr TAM Chun-yin	TMDC Member	9:30 a.m.	End of meeting
Ms NG Dip-pui	Co-opted Member	9:38 a.m.	10:58 a.m.
Mr CHU Wai-ming	Co-opted Member	9:30 a.m.	12:37 p.m.
Ms TSANG Ka-lai	Co-opted Member	10:15 a.m.	End of meeting
Mr CHAN Ho-ting	Co-opted Member	9:30 a.m.	11:42 a.m.
Ms LAI Ka-man	Co-opted Member	9:30 a.m.	End of meeting
Mr SO Wai-luen	Co-opted Member	9:30 a.m.	11:15 a.m.
Ms HO Chui-wan, Ida (Secretary)	Executive Officer (District Council)1, Tuen Mun District Office, Home Affairs Department		

By Invitation

Dr Tony KO	Cluster Chief Executive, New Territories West Cluster, Hospital Authority
Mr K M YIU	Cluster Manager (Public Affairs & Donation Management), New Territories West Cluster, Hospital Authority

In Attendance

Mr CHAU Ka-nin, Eric	Senior Liaison Officer (2), Tuen Mun District Office, Home Affairs Department
Mr LEUNG Cheuk-fai	Senior School Development Officer (Tuen Mun)1, Education Bureau
Mrs NG NG Lai-chun	Assistant District Social Welfare Officer (Tuen Mun)2, Social Welfare Department
Mr LEE Wai-ming	Neighbourhood Police Coordinator, Police Community Relations Office (Tuen Mun District), Hong Kong Police Force

Absent with Apologies

Mr TSUI Fan, MH	TMDC Member
Mr YU Tai-wai	Co-opted Member
Mr TSANG Hing-chung	Co-opted Member

**I. Opening Remarks**

The Chairman welcomed all present to the 10<sup>th</sup> meeting of the Social Services Committee (“SSC”).

2. The Chairman reminded Members that any Member who was aware of a personal interest in a discussion item should declare the interest before the discussion. The Chairman would, in accordance with Order 39(12) of the Tuen Mun District Council (“TMDC”) Standing Orders, decide whether the Member who had declared an interest might speak or vote on the matter, might remain in the meeting as an observer, or should withdraw from the meeting. All cases of declaration of interests would be recorded in the minutes of the meeting.

3. As regards the arrangement of agenda items, the Chairman suggested the item (III)(A), which was the New Territories West Cluster 2017-18 Annual Plan to be reported by the representatives of the Hospital Authority (“HA”), be brought forward because the HA representatives had to leave earlier due to other commitments. Members agreed with the above arrangement.

**II. Absence from Meeting**

4. The Chairman said a leave application had been received from Mr TSUI Fan, who was absent from the meeting due to sickness.

(Post-meeting note: Mr TSUI Fan submitted a medical certificate on 13 July 2017. Pursuant to Order 42(1) of the TMDC Standing Orders, the SSC accepted his application for leave of absence.)

5. The Secretary reported that no application for leave of absence had been received from other Members.

**III. Confirmation of Minutes of Last Meeting**

6. As Members proposed no amendments to the minutes, the Chairman announced that the minutes of the 9<sup>th</sup> meeting of the SSC (2016-2017) were confirmed.

**IV. Reporting Items**

**(A) New Territories West Cluster 2017-18 Annual Plan**  
**(SSC Paper No. 39/2017)**

7. The Chairman welcomed Dr Tony KO, Cluster Chief Executive, and Mr K M YIU, Cluster Manager (Public Affairs & Donation Management), of the New Territories West Cluster (“NTWC”) of the HA to the meeting.
8. Dr Tony KO of the HA gave a PowerPoint presentation (Annex 1) to introduce the above plan to Members.
9. Members’ comments and enquiries are summarised as follows:
- (i) A Member held the view that medical blunders happened from time to time at Tuen Mun Hospital because its manpower had never kept pace with the development of hardware. The Member suggested the HA set up a clinic next to Tuen Mun Hospital to help divert non-urgent cases from the Accident and Emergency (“A&E”) Department;
  - (ii) A Member said that according to the data provided by the Planning Department (“PlanD”), Tuen Mun had a population of 550 000, and when calculated on the standard of 5.5 beds per thousand population, there was a shortfall of more than 1 400 hospital beds in Tuen Mun. The Member urged the HA to make improvements as soon as possible;
  - (iii) A Member asked about the shortage of manpower (including specialists and healthcare professionals) and the demand for services (the shortfall in hospital beds and data on queues for specialist outpatient services) in the NTWC of the HA. The Member also enquired whether there were any plans to solve the understaffing problem;
  - (iv) A Member noted that while the HA had provided 75 200 additional places for general outpatient services over the previous five years, there was still a shortfall of two general outpatient clinics (“GOPC”) when calculated on the planning standard and the demographic proportion for Tuen Mun. The Member enquired whether the HA had any development plans;
  - (v) A Member enquired about the effectiveness of the General Outpatient Clinic Public-Private Partnership Programme (“GOPC Partnership Programme”);
  - (vi) A Member asked whether the workload of healthcare professionals had reduced after the A&E charge increase. In the Member’s view, the HA should not discourage patients from seeking medical assistance by raising the charge;

- (vii) A Member held the view that Tuen Mun Hospital should be expanded;
- (viii) A Member noted that earlier on, a hospital had promptly quarantined a patient with symptoms of Japanese encephalitis in Tsuen Wan. The Member hoped the HA would maintain high efficiency in handling such cases;
- (ix) A Member cited some patients participating in the GOPC Partnership Programme as saying that they did not prefer going to private clinics for follow-up consultations, because the courses of drugs prescribed by private clinics was shorter when compared with that prescribed by public hospitals. For this reason, the Member considered that the GOPC Partnership Programme was not much help in diverting patients from public hospitals, and therefore urged the HA to relay this to private clinics;
- (x) Noting that there were usually more people queuing for A&E services at Tuen Mun Hospital during the early evening and holidays, a Member suggested general outpatient services be provided on holidays to reduce the public's demand for A&E services; and
- (xi) A Member asked how long it usually took to go through the dispensing procedure at a hospital, as some patients had indicated that the queuing time at a dispensary was long.

10. Dr Tony KO of the HA responded that a steering committee of the Food and Health Bureau had reviewed the long-term staffing plan for the healthcare system of Hong Kong. For the NTWC, while there was a shortage of healthcare professionals due to difficulties in recruitment, the overall number of staff had increased by about 5% to 6% net (about 500 to 600 people) on average each year to meet the ever-growing demand for services. As at May 2017, there had been 38 private doctors and about 3 300 patients in Tuen Mun participating in the GOPC Partnership Programme, which was close to the authority's estimation. The authority would further extend the GOPC Partnership Programme and encourage participation by more private doctors and eligible patients. In determining the courses of drugs, private doctors would consider whether the patients were suffering episodic diseases or chronic diseases. Yet, the authority would pay attention to the situation described by the Member and seek to understand whether it was because of specific reasons that private doctors prescribed relatively short courses of drugs. The

authority expected that patients participating in the GOPC Partnership Programme could attend around 10 follow-up consultations per year, whereas the current data showed that each patient attended seven follow-up consultations on average.

11. Dr Tony KO of the HA further said Tin Shui Wai Hospital currently provided eight hours of A&E services per day, and the authority expected that the hospital could extend the services to 12 hours per day after its operation got on track. Preliminary data revealed that after the commissioning of Tin Shui Wai Hospital, the numbers of Triage Category IV (semi-urgent) and Triage Category V (non-urgent) patients at the A&E Department of Tuen Mun Hospital had dropped. He expected that the burden on Tuen Mun Hospital could be eased in the long run. In response to a Member's suggestion of setting up a GOPC next to the A&E Department of Tuen Mun Hospital, he said the department responsible for the matter concerned would consider the idea. Besides, as the higher A&E charge had been in effect for only a short period of time, there was insufficient data to evaluate its effectiveness. Tuen Mun Hospital were short of hospital beds and the authority would consider if there was any space available for expansion, but for the time being, it would first actively plan and expand Tin Shui Wai Hospital to meet the long-term demand for services.

12. Dr Tony KO of the HA added that over the previous year, the authority had been striving to enhance the supply of various services, and more than 100 hospital beds had been added to the NTWC in the year of 2016-17 as service demand in the cluster kept growing amid the ageing of the Tuen Mun population. Moreover, with more places for specialist outpatient services, the current queuing times for specialist outpatient services in the NTWC roughly matched the HA overall averages. For general outpatient services, the authority would allocate the additional outpatient clinic places to, among others, evening and holiday services, and it was also actively seeking suitable places for clinics. In response to a Member's enquiry about the dispensing arrangements at hospitals, he said the authority had developed a mobile application to provide information for patients' reference, so as to facilitate their early arrangements.

13. Members' comments and enquiries in another round of discussion are summarised as follows:

- (i) A Member suggested the HA hire overseas doctors and provide short-term training to alleviate the shortage of healthcare manpower;
- (ii) A Member suggested a roof structure be built over the car park of Tuen Mun

Hospital for expansion purposes and consideration be given to using the laundry for medical purposes;

- (iii) A Member suggested 24-hour general outpatient services be launched and private doctors be encouraged to provide services at mid-night to ease the demand for A&E services;
- (iv) A Member said medical services were in great demand, as evidenced by the long queuing times for a number of specialty services. The Member urged the HA to make improvements without delay;
- (v) Opining that the resources invested by the HA in the NTWC failed to match the population growth, a Member asked whether the authority had any plans to expand Tin Shui Wai Hospital;
- (vi) A Member held the view that the HA should devise staffing measures for each hospital cluster to ensure there would be a certain number of medical graduates serving in the NTWC;
- (vii) A Member urged the HA to encourage more private doctors in Tuen Mun to join the GOPC Partnership Programme;
- (viii) A Member asked how many ophthalmologists the HA would recruit in the current year;
- (ix) A Member enquired about the usage of the elderly health care vouchers in Tuen Mun; and
- (x) A Member urged the HA to provide a timeline for addressing the shortage of medical resources in Tuen Mun.

14. Dr Tony KO of the HA responded that the laundry in Tuen Mun Hospital had originally been operated by the Correctional Services Department, and the department had returned the laundry to the HA for management this April. The authority had to consider not only the utilisation of space but also whether the premises were suitable for housing the facilities of various buildings in the hospital. It would also actively explore the feasibility of converting the laundry and the car park into medical facilities. As regards the queuing times for specialist outpatient services, the authority had a triage system in place to give priority in treatment to

urgent patients, and it hoped that with more manpower, the queuing times would reduce. Generally speaking, it took nearly 10 years for a medical graduate to become a specialist, so the shortage of specialists could not be resolved immediately even though the places for medical undergraduates had been increased. Despite this, the authority would continue to hire doctors with limited registration to help provide services. On staffing deployment, the head office would deploy newly recruited doctors in the light of the service demand in each cluster, while each cluster might also hire supporting staff on its own.

15. Dr Tony KO of the HA further said the authority would actively extend the GOPC Partnership Programme by, for example, using different platforms (e.g. the Hong Kong Medical Association and the New Territories West Private Practitioners' Network) to encourage private doctors' participation. This year the NTWC had hired an ophthalmologist to fill a vacancy. Besides, no information about elderly health care vouchers could be provided as they were neither launched nor subject to regulation by the HA. He added that the authority estimated the demand for services each year to formulate the work plans for each cluster and the entire HA, and it would also review the relevant circumstances from time to time to meet the need of the public.

16. The Chairman said that besides Yan Tin Estate, which would be occupied shortly, several public housing projects in Area 54 and San Hing Road would be completed one after another in the coming decade. She asked if the HA had any plans to provide more GOPCs in Area 54.

17. Dr Tony KO of the HA responded that the head office would seek to know from related government departments the future plans for various districts and whether land had been earmarked for the authority to develop medical facilities. Yet, the hospital had no information about Area 54 at the moment. The authority would keep in close contact with the PlanD in a bid to launch an expansion plan as soon as possible.

18. Members' comments in another round of discussion are summarised as follows:

- (i) A Member reckoned that the HA should take the initiative to ask the PlanD for suitable land for setting up GOPCs;
- (ii) A Member opined that the HA's annual plan merely gave a brief introduction on how to use resources but did not explain how to address the shortage of



resources in the next few years;

- (iii) A Member noted that many sites in Tuen Mun were “open space” but the Leisure and Cultural Services Department had no resources to build recreational facilities on these sites. Therefore, the Member suggested the HA liaise with the PlanD to rezone suitable “open space” for “government, institution and community” use, so as to facilitate the building of GOPCs;
- (iv) A Member reckoned that the HA might consider using vacant school premises to build GOPCs;
- (v) A Member suggested the HA strive for the prompt building of a GOPC in Area 29, as application for changes to land planning was time-consuming; and
- (vi) A Member said that the District Lands Office, Tuen Mun, had been requested at an earlier meeting of the Environment, Hygiene and District Development Committee to allocate land in Area 29 to the Housing Department (“HD”) as soon as possible for public housing development, but the HA would set about building GOPCs only after the HD completed the public housing projects in 2023 or 2024.

19. Dr Tony KO of the HA responded that the authority always maintained active communication with the PlanD, in order that due regard was given to sites for medical services when new communities were developed and that the planning for Area 29 could be launched as soon as possible. As a community facility, a GOPC should be close to residential areas, so the authority hoped that GOPCs would be provided in other suitable places even after a GOPC was built in Area 29 in the future. On staffing arrangements, the authority would still be active in staff recruitment despite the fact that the cluster had hired several doctors with limited registration in the previous several years. He pointed out that in planning its services, the authority would take a comprehensive planning approach in which software, hardware, manpower and other support would be taken into account altogether, and such planning often required time and support from various parties.

20. The Chairman concluded by saying that Members were very concerned about the shortages of healthcare manpower and the software and hardware support for medical facilities. In view of the rapid growth and ageing of Tuen Mun’s population, she hoped the HA could make greater efforts to extend the GOPC

Secretariat

Partnership Programme and recruit overseas doctors in a bid to ease the staff shortage. She said the SSC would issue a letter to the PlanD expressing the pressing need for suitable land in Tuen Mun for building GOPCs, in the hope that the department would consider providing suitable land in Area 54 and unleashing land resources through changes to land planning. Moreover, the SSC would also issue a letter to the HA urging the authority to increase manpower and auxiliary facilities and consider making use of the laundry and car park of Tuen Mun Hospital for expansion.

(Post-meeting note: The two letters mentioned above were issued on 21 August 2017.)

## **V. Discussion Items**

### **(A) Request HA to Extend Scope of GOPC Partnership Programme in Tuen Mun District**

**(SSC Paper No. 36/2017)**

**(Written Response of HA)**

21. A proposer of the paper said that to ease the burden on the public healthcare system, the HA had been implementing the GOPC Partnership Programme since the early years under which patients with such chronic diseases as hypertension, diabetes and hyperlipidemia were diverted to private clinics. In view of this, she had discussed the matters concerned with seasoned members of the authority and listened to their opinions. She suggested the authority extend the scope of the GOPC Partnership Programme so that people with chronic medical diseases (including children) would be covered by financial assistance. In addition, she suggested the authority enhance the number of and the training for family doctors to reduce the demand for specialists.

22. Members' comments are summarised as follows:

- (i) A Member said some diabetes patients had told her that medicines prescribed by private clinics had used to be more effective than those prescribed by public hospitals, but after the patients had joined the GOPC Partnership Programme, they received the same medicines at private clinics as they did at public hospitals. She hoped the HA would look at the above issue;
- (ii) A Member noted that there had been about 6 000 places under the GOPC Partnership Programme in its infancy, whereas there were currently some 3 300 people in Tuen Mun participating in the programme. In her view, there was still room for improvement;

- (iii) A Member reckoned that in Tuen Mun, not only were there not enough private doctors participating in the GOPC Partnership Programme, but they were also concentrated in certain areas;
- (iv) A Member said some patients had noted that with longer courses of medication, drugs prescribed by public hospitals were usually enough for patients to take until the next follow-up consultations, but drugs prescribed by private clinics participating in the GOPC Partnership Programme had shorter courses of medication. She urged the HA to look at the above issue; and
- (v) A Member suggested the HA simplify the procedure for participation in the GOPC Partnership Programme and consider holding its briefing sessions on holidays so that elderly people could attend them together with their families to understand the details of the GOPC Partnership Programme.

23. Dr Tony KO of the HA responded that the authority had been actively promoting the development of family medicine, hoping that family doctors could help divert patients when specialist outpatient services were overloaded. For patients (especially the elderly ones) whose diseases involved multiple specialities, if they sought medical assistance from family doctors, they could not only enjoy more cost-benefits but also receive more comprehensive care. He further explained that clinically-stable GOPC patients having hypertension and/or diabetes (with or without hyperlipidemia), most of whom being adults and elderly people, were invited to join the programme. The GOPC Partnership Programme took time to implement as it was complicated and required the cooperation of private doctors. Yet, the authority would actively explore the extension of its coverage.

24. Dr Tony KO of the HA further said there were currently some 3 300 patients in Tuen Mun participating in the GOPC Partnership Programme, which was closed to the authority's estimation. As at May 2017, there had been 38 private doctors in Tuen Mun and a total of 26 private doctors in Yuen Long and Tin Shui Wai participating in the GOPC Partnership Programme. The authority was aware that in Tuen Mun, the distribution of private doctors participating in the GOPC Partnership Programme was uneven, so it would actively encourage private doctors in different areas to join the programme. With regard to treatment for diabetes, the authority had launched a risk factor assessment and management programme for diabetes patients. The results of the programme were satisfactory, with improvement seen

among many diabetes patients who had long received general outpatient services. Moreover, the authority would regularly check whether medicines prescribed by hospitals and clinics were adequate and appropriate to ensure that diabetes patients received proper medical treatment.

25. The Chairman would like the HA representatives to relay Members' views to the authority. HA

**(B) Request for Additional Resources to Support Persons with Mood Disorder**

**(SSC Paper No. 37/2017)**

**(Written Responses of SWD and HA)**

26. A proposer of the paper said that according to the report of a population survey on mental health released by the Government in 2014, 13.3% of people in Hong Kong had suffered from "general mental illness". The current specialist-to-population ratio was 1:20 000, which was far below the standard ratio of 1:10 000 recommended by the World Health Organization. In view of this, she suggested the authority provide more support for psychiatric patients by hiring more clinical psychologists and social workers while strengthening the training for psychiatric healthcare professionals.

27. Members' comments and enquiries are summarised as follows:

- (i) A Member remarked that the services of the two Integrated Community Centres for Mental Wellness ("ICCMW") in Tuen Mun were not wide enough, and suggested the Government allocate more resources to schools so that they could hire professionals to provide emotional support for students;
- (ii) A Member thanked the Social Welfare Department ("SWD") for offering prompt assistance in a recent case where the Member sought the department's assistance for a patient with mood disorders;
- (iii) A Member hoped the SWD would give a brief introduction to its existing support services at the community level;
- (iv) A Member believed that many mood disorder patients living alone or their families might fail to be aware of their problems in a timely manner and hence, missed the prime opportunity for treatment. The Member therefore suggested the SWD devoted more resources to long-term follow-up services;

- (v) A Member asked whether members of the public could, apart from reporting to the Police, contact the SWD for follow-up if they came across cases involving psychiatric patients on the street;
- (vi) A Member suggested the Education Bureau (“EDB”) and the SWD put in more resources to strengthen education about mental health in a bid to reduce discrimination; and
- (vii) A Member held the view that more resources should be allocated to schools so that they could hire psychologists to handle the emotional problems of students or school staff.

28. Mrs NG NG Lai-chun of the SWD responded that the department set great store by mental health services and provided appropriate support for people with mental health problems through different services including Medical Social Services and ICCMWs. On Medical Social Services, the department would review the demand for the services from time to time and step up the services of medical social workers stationed at psychiatric hospitals and specialist outpatient clinics. Since ICCMWs came into service in October 2010, the department had allocated additional resources to the centres in the years 2010-11 to 2015-16 and the year 2017-18 to further strengthen their social worker and supporting manpower. The resources the department currently invested in ICCMWs had increased by 2.3 times when compared with their infancy in October 2010.

29. Mrs NG NG Lai-chun of the SWD further said that besides conducting policy reviews, the department had also set up a district working group on mental health in Tuen Mun, which was chaired by a Social Welfare Officer of the department and Dr CHEUNG Fuk-chi, Eric, Hospital Chief Executive of Castle Peak Hospital and Siu Lam Hospital, to explore ways to enhance the quality of mental health support in the district. Social workers of ICCMWs, medical social workers and case managers of the HA always worked closely together in a bid to further smooth the medical consultation processes for patients. The SWD’s District Co-ordinating Committees on Rehabilitation Services had been organising promotional activities, and the Labour and Welfare Bureau also co-organised the annual Mental Health Month with ICCMWs to promote the message of social inclusion through community education.

30. Mrs NG NG Lai-chun of the SWD added that caseworkers often came across different challenges such as having to obtain the consent of patients or the assistance of their families before handling their cases. Yet, they would try to cooperate with

different professionals like social workers, nurses and case managers in offering joint support to patients. The department had organised sharing sessions and training courses on the emotional support for students and their mental health. Following the talk held in the previous year where Prof YIP Kam-shing, a former professor of the Hong Kong Polytechnic University, had been invited to speak on the preliminary identification of youth suicide and intervention approaches, this year the department had invited parents and therapists from Potential Development Association Limited to share their experience in taking care of students with attention deficit and hyperactivity, and Ms WONG Pui-yi, Principal of Semple Memorial Secondary School to talk about school support. The department would continue to estimate service demand in districts and consider further organising related activities. In addition, ICCMWs would join different stakeholders in communities in organising community education activities on mental health so as to strengthen the local communities' knowledge about mental health.

31. Dr Tony KO of the HA responded that the authority always worked closely with the SWD in supporting patients with mood disorders. Family medicine doctors might help take care of patients with relatively mild conditions, while psychiatrists took care of patients with severe conditions. The authority had put in more resources to provide more places for new cases of child and adolescent psychiatry, and it had also held the Castle Peak Hospital opening day to let the public know more about psychiatric illnesses with a view to reducing labelling and discrimination. Furthermore, the Institute of Mental Health established in Castle Peak Hospital would organise courses and workshops for different institutions and professionals to enhance participants' knowledge about the needs of psychiatric patients.

32. Members' comments in another round of discussion are summarised as follows:

- (i) A Member said the EDB had issued a circular to all schools on 7 July this year announcing that mental health had been included among the support programmes, and funds ranging from \$350,000 to \$600,000, depending on circumstances, would be provided in the year 2017-2018 for schools to offer support services;
- (ii) A Member said that when family members of psychiatric patients realised problems, they usually did not know the access to ICCMWs but instead sought assistance from Integrated Family Service Centres ("IFSC") only. He knew there had been some psychiatric patients whose cases had been

classified as general family disputes after the patients had sought assistance from IFSCs, and the cases had later culminated in domestic violence incidents. He wondered if the social workers of the centres had the expertise to identify psychiatric patients. Therefore, he suggested the SWD strengthen the training for frontline staff to enhance their knowledge about psychiatric illnesses and mood disorders;

- (iii) A Member commented that the existing support was far from adequate, since educational psychologists visited schools once a month only. The Member urged the SWD to invest more resources in this regard; and
- (iv) A Member said many patients having suffered from work injuries had chronic diseases and hence depression, but the queuing time for medical consultation for depression was very long. In view of this, the Member suggested the SWD devote more resources to the support for patients with work injuries.

33. Mrs NG NG Lai-chun of the SWD responded that she would relay Members' views to ICCMWs and IFSCs. Besides, the department received cases of work injuries from time to time. If necessary, the department might help refer the cases to clinical psychologists or seek assistance from funds so as to support patients with work injuries.

34. The Chairman would like the representatives of the SWD and the HA to relay Members' views to the department and the authority respectively.

SWD  
HA

**(C) Request for Strengthening Support for Deaf or Partially Hearing Persons and Their Families**  
**(SSC Paper No. 38/2017)**  
**(Consolidated Response of SWD and Labour Department)**

35. A proposer of the paper said that according to data from the Census and Statistics Department, the number of hearing-impaired people had climbed from about 90 000 in 2007 to about 155 000 in 2013 and the current number was even higher. For hearing-impaired people, sign language was one of the ways for their communication, but sign bilingualism in teaching was not yet popular in Hong Kong. According to the results of a regional assessment conducted by the Centre for Sign Linguistics and Deaf Studies of the Chinese University of Hong Kong from in 2007 to 2010, 42.9% of hearing-impaired children in mainstream schools had severe language delay (i.e. a hearing-impaired child aged six having the language

ability of a mere two-year-old hearing child). The study had also revealed that the use of sign language in the teaching process could boost the development of hearing-impaired children's language ability.

36. A proposer of the paper added that while Tuen Mun had a population of over 500 000, there were only two institutions offering services to hearing-impaired people in the district and their families, and there were merely 50 or so qualified people providing professional services on the List of Sign Language Interpreters in Hong Kong. In view of this, she put forward the following suggestions to the relevant departments: making greater efforts to promote the services offered by the Central Registry for Rehabilitation ("CRR"), putting in more resources to organise training courses on sign language and train sign language interpreters; deploying more social workers with knowledge about sign language to schools to help hearing-impaired students; launching baby sign language training classes; rendering support to help hearing-impaired graduates to get employment; providing psychological counselling talks for hearing parents; launching initiatives to subsidise extra curriculum activities; and strengthening the dissemination of information about hearing-impaired people to let the public know more about them, so as to foster social inclusion.

37. Mrs NG NG Lai-chun of the SWD responded that the department provided support services for hearing-impaired people mainly through non-governmental organisations ("NGO") including two Multi-service Centres for the Hearing Impaired Persons, one of which was located at Tuen Mun, and four social and recreational centres for the hearing-impaired. The service centre in Tuen Mun had recently expanded its services, and the department expected the support for hearing-impaired people in the district could be strengthened after the service expansion. All the above six centres offered professional sign language interpretation services and training to serve people who needed to use sign language, and they would organise different activities for participation by the hearing parents of children with hearing-impairment.

38. Mrs NG NG Lai-chun of the SWD further said that through NGOs, the department also offered people with different disabilities (including those with hearing impairment) an array of vocational rehabilitation services such as supported employment, integrated vocational training centres and the Sunnyway - On the Job Training Programme for Young People with Disabilities. Moreover, registration with the CRR was currently made on a voluntary basis, and the department would relay to the bureau the view on strengthening the publicity for the CRR registration



service.

39. In addition, Mr LEUNG Cheuk-fai of the EDB responded to a Member's proposal to deploy more social workers with knowledge about sign language to schools, saying that where necessary, schools might use the Programme Funds for Whole School Approach to Guidance and Discipline provided by the EDB to hire or buy the services of school social workers (including those who knew sign language) to provide counselling services for hearing-impaired students.

40. Members' comments and enquiries are summarised as follows:

- (i) A Member opined that sign language was the only way for the deaf to communicate and they would feel very uncomfortable if they were forced to learn spoken language, and that basically education in Hong Kong failed to keep pace with the development of sign language education;
- (ii) A Member said some hearing-impaired people had expressed the view that the quality of sign language interpreters on the List of Sign Language Interpreters in Hong Kong was patchy, and they found it difficult to understand even the sign language interpretation during the live broadcast of Legislative Council meetings;
- (iii) A Member noted that most of the existing organisations serving hearing-impaired people were managed by hearing people, and hearing-impaired people who wished to join these organisations often faced difficulties. The Member therefore reckoned that the Government could not fully cater for the needs of hearing-impaired people by simply allocating funding to NGOs;
- (iv) A Member suggested that by reference to the practice of Australia, the Government should hire sign language interpreters directly to save the extra costs arising from recruitment through NGOs;
- (v) A Member held the view that society's support for hearing-impaired people was not enough;
- (vi) A Member said congenital deafness could affect learning ability and opined that speech therapy service should be included among the support services;
- (vii) A Member held the view that it was not enough to simply increase the

number of social workers who knew sign language and training on sign language should be provided for teachers, lest hearing-impaired students might lose their interest in learning as they were unable to understand curriculum contents;

- (viii) A Member said that in 1888, it had been stipulated in Milan that only oral language should be used as a medium of instruction; but in 2010, sign language had been re-introduced as a medium of instruction. She hoped bilingualism in teaching could gather pace and there would be more sign language activity classes in Hong Kong, so that sign language could become popular;
- (ix) A Member urged the SWD to put in more resources, opining that it was not enough for Tuen Mun to have only two service centres for hearing-impaired people;
- (x) A Member asked whether sign language was similar to oral language and varied from country to country, whether only the 50 or so people on the List of Sign Language Interpreters in Hong Kong were proficient in sign language interpretation, and whether schools had measures in place to provide more support for hearing-impaired students; and
- (xi) In response to the above enquiries, a Member said sign language varied from country to country and people who knew sign language might not necessarily be proficient in simultaneous interpretation, so the department should invest more resources in training this type of experts

41. Mrs NG NG Lai-chun of the SWD responded that there was currently no standardised sign language system in Hong Kong. She had visited the two Multi-service Centres for the Hearing Impaired Persons and the four social and recreational centres for the hearing-impaired before to understand the challenges they faced in promoting services and the support they needed. She said the department had allocated additional resources to the relevant organisations to enhance the support services for the hearing-impaired.

42. Mr LEUNG Cheuk-fai of the EDB added that there were currently two schools for children with hearing impairment, but the bureau usually took the “integrated education” approach to cater for students with special educational needs. Besides, the bureau would provide learning support grants for schools and set up a

top-up fund for purchasing hearing aids for hearing-impaired students. Schools might support students in need in the light of circumstances.

43. Members' comments and enquiries in another round of discussion are summarised as follows:

- (i) A Member held the view that teachers would fail to maintain the teaching progress if they were requested to learn sign language or other ethnic minority languages to cater for students with special needs;
- (ii) Noting that schools faced difficulties in recruiting social workers or psychologists who knew sign language, a Member reckoned that the problem could not be solved by the EDB's funding allocation to schools alone;
- (iii) A Member was of the view that while hearing-impaired people mainly used sign language to communicate, they still needed to learn Chinese. The Member suggested the relevant departments strengthen the Chinese language training for hearing-impaired people;
- (iv) A Member suggested the SWD hold more sign language courses for the public's participation; and
- (v) A Member asked how many employment consultants there were in the Selective Placement Division ("SPD") of the Labour Department ("LD"), how many hearing-impaired people it had successfully matched with suitable employers, and whether the low effectiveness of matching, if any, was due to the lack of resources.

44. Mrs NG NG Lai-chun of the SWD responded that she would relay Members' views to the department. Moreover, she said there was a working group under the Council of Social Service responsible for the coordination for sign language courses to ensure the consistency of sign language courses as far as possible.

45. Mr LEUNG Cheuk-fai of the EDB added that he would relay Members' views to the bureau.

46. The Chairman said the SSC would write to the LD enquiring about the effectiveness of the SPD's job matching service. Besides, she would like the representative of the department to assist in passing on Members' views. Secretariat

(Post-meeting note: The letter mentioned above was issued on 21 August 2017. The LD gave a reply on 24 August 2017. Please refer to Annex 2 for details.)

**VI. Reporting Items (continued)**

**(B) Work Reports by Working Groups under SSC**  
**(SSC Paper No. 40/2017)**

**(i) Working Group on Medical and Rehabilitation Services**

47. Members noted the contents of the report by the above working group.

**(ii) Working Group on Community Care**

48. Members noted the contents of the report by the above working group.

**(iii) Working Group on Education and Youth Services**

49. Members noted the contents of the report by the above working group.

**(iv) Working Group on the Promotion of Healthy Diet**

50. Members noted the contents of the report by the above working group.

51. The Chairman announced that the four working group reports were endorsed.

**(C) Report by Tuen Mun District School Development Section of EDB**  
**(SSC Paper No. 41/2017)**

52. Members noted the contents of the report by EDB.

53. A Member said secondary schools in Tuen Mun had been facing difficulties in student recruitment since the year before. The Member hoped the EDB could provide coordination on the policy front to enable the schools' smooth transition.

54. Mr LEUNG Cheuk-fai of the EDB responded that there had always been coordination on school places allocation among secondary schools in Tuen Mun, and the School Development Section of the bureau would also continue to follow up on this and pay close attention to this year's school places allocation.

55. Members' comments are summarised as follows:

(i) A Member noted that many primary schools in the district had extra intake this year, and the EDB had increased the number of students from 30 to 32 for each "big class" and from 25 to 28 for each "small class". After the school places allocation procedure was completed, the bureau would conduct

counting for the schools. If the number of students in a “big class” exceeded 30, the bureau would allocate an additional \$40,000 or so to the school concerned for each extra student; whereas for a “small class”, the school concerned could receive an additional \$10,000 or so for each extra student only when the number of students exceeded 27. Opining that the above arrangements were very unfair to schools with “small classes”, she said the primary school heads association would continue to fight for more appropriate arrangements for resources allocation from the EDB;

- (ii) A Member felt that the EDB adopted a double standard for resources allocation and called for the bureau’s review;
- (iii) A Member reckoned that the resources the EDB provided for schools were public money and should thus be allocated in a fair manner;
- (iv) A Member held the view that the bureau should not differentiate “big class” and “small class” in resources allocation, as such differentiation not only ran counter to the principle of small class teaching but would also give rise to vicious competition among schools in student recruitment; and
- (v) A Member said the EDB had explained to the school heads association that Tuen Mun was not treated unfairly as the same standard for resources allocation to schools applied to other districts with extra intake arrangements. Still, she reckoned that the bureau should review this allocation mechanism, which was unfair in general.

56. Mr LEUNG Cheuk-fai of the EDB responded that he would relay the above views to the bureau. He added that schools might choose “normal class” or “small class” teaching on their own, and the bureau would provide adequate resources to cater for them. He pointed out that due to the availability of vacant classrooms, some schools needed to run additional primary one classes this academic year to meet the increased demand for school places. The bureau would allocate more resources to these schools in accordance with the numbers of additional classes, and the arrangements concerned were made based on the numbers of classes as opposed to the numbers of students. The bureau would make school places allocation arrangements based on the numbers of classrooms in schools, so there would not be vicious competition among schools.

57. A Member suggested the SSC write to the EDB requesting the bureau to give

an account of the unfair allocation of resources mentioned above.

58. The Chairman said the SSC would issue a letter to the EDB asking why the Secretariat bureau adopted a double standard in allocating additional resources to schools and requesting the bureau to respond to the argument that the arrangements concerned ran counter to the principle of small class teaching.

(Post-meeting note: The letter mentioned above was issued on 25 August 2017.)

**(D) Report by SWD**  
**(SSC Paper No. 42/2017)**

59. Members noted the contents of the report by the SWD.

**(E) Report on Crime Figures in Tuen Mun District**  
**(SSC Paper No. 43/2017)**

60. Members noted the contents of the report by the Hong Kong Police Force.

**VII. Date of Next Meeting**

61. There being no other business, the Chairman closed the meeting at 12:44 p.m. The next meeting would be held on 12 September 2017.

Tuen Mun District Council Secretariat

Date: 25 August 2017

File Ref: HAD TM DC/13/25/SSC/17