

Minutes of the 5th Meeting of
the Social Services Committee (2018-2019) of
the Tuen Mun District Council

Date: 10 July 2018 (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 TO Sheck-yuen, MH	TMDC Member	9:30 a.m.	10:52 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.	10:30 a.m.
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
Mr TSUI Fan, MH	TMDC Member	9:30 a.m.	11:02 a.m.
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	9:30 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	12:06 p.m.	End of meeting
Mr MO Shing-fung	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	9:31 a.m.	11:55 a.m.
Mr YU Tai-wai, MH	Co-opted Member	9:34 a.m.	10:31 a.m.
Mr CHU Wai-ming	Co-opted Member	9:30 a.m.	12:39 p.m.
Ms TSANG Ka-lai	Co-opted Member	9:43 a.m.	12:03 p.m.
Mr IP Chun-yuen	Co-opted Member	9:30 a.m.	End of meeting
Mr CHAN Pak-sum	Co-opted Member	9:30 a.m.	End of meeting
Mr WONG Chi-chun	Co-opted Member	9:30 a.m.	End of meeting
Ms HO Chui-wan, Ida (Secretary)	Executive Officer (District Council)1, Tuen Mun District Office, Home Affairs Department		

By Invitation

Dr Simon TANG	Cluster Chief Executive, New Territories West Cluster, Hospital Authority
Dr Steve CHAN	Cluster General Manager (Administrative Services), New Territories West Cluster, Hospital Authority
Mr K M YIU	Cluster Manager (Public Affairs & Donation Management), New Territories West Cluster, Hospital Authority
Mr LEUNG Yiu-hong	Chief Engineer/Health Sector, Electrical and Mechanical Services Department
Mr CHOW Wai-yip, Stanley	Senior Engineer/Health/NTW, Electrical and Mechanical Services Department
Dr LOH Lai-ting, Taron	Senior Medical & Health Officer (Community Liaison)1, Department of Health
Mr Timothy TAM	Project Manager, Charities, Charities Department, The Hong Kong Jockey Club
Ms Sarah CHAN	Administration Assistant, Charities Department, The Hong Kong Jockey Club
Mr Matthew TSOI	Senior Community Relations Officer, External Affairs Department, The Hong Kong Jockey Club
Ms Charmaine LEUNG	Assistant Manager, Asia-Pacific Institute of Ageing Studies, Lingnan University

In Attendance

Mr CHAU Ka-nin, Eric	Senior Liaison Officer (2), Tuen Mun District Office, Home Affairs Department
Mr LAM Man-kwong	Senior School Development Officer (Tuen Mun)3, Education Bureau
Miss LAI PO-yi, Yondy	Assistant District Social Welfare Officer (Tuen Mun)2, Social Welfare Department
Mr CHAN Ming-yin	Neighbourhood Police Coordinator, Police Community Relations Office (Tuen Mun District), Hong Kong Police Force

Absent with Apologies

Mr SO Shiu-shing	TMDC Member
Mr TSANG Hing-chung	Co-opted Member

I. Opening Remarks

The Chairman welcomed all present to the 5th meeting of the Social Services Committee (“SSC”). On behalf of the SSC, she would like to express gratitude to Mrs NG NG Lai-chun, the former Assistant District Social Welfare Officer (Tuen Mun) of the Social Welfare Department (“SWD”) for her past contributions to the SSC and to welcome Mrs NG’s successor, Miss Yondy LAI.

2. The Chairman reminded Members that Members who were aware of their personal interests in any matters discussed at the meeting should declare the interests before the discussion. The Chairman would, in accordance with Order 39(12) of the Tuen Mun District Council Standing Orders, decide whether the Members who had declared interests might speak or vote on the matters, might remain at the meeting as observers, or should withdraw from the meeting. All cases of declaration of interests would be recorded in the minutes of the meeting.

3. The Chairman said that since the representatives of the Hospital Authority (“HA”) had other commitments afterwards, they hoped to advance the discussions on agenda item II(A) “Hospital Authority New Territories West Cluster 2018-19 Annual Plan”, item II(B) “Request for the Provision of Free Wi-Fi Services and Additional Wi-Fi Hotspots in the Wards of Tuen Mun Hospital”, item II(D) “Request for Improvement to the Problem of Unevenly Distributed Medical Resources Received by the New Territories West Cluster” and item II(E) “Concerns Over the Breakdown of the Air-conditioning System of the Main Block and the Rehabilitation Block of Tuen Mun Hospital”. Members agreed to this arrangement.

II. Absence from Meeting

4. The Secretary reported that a notification for leave of absence had been received from Mr SO Shiu-shing.

III. Confirmation of Minutes of Last Meeting

5. As Members proposed no amendments to the minutes, the Chairman announced that the minutes of the 4th meeting of the SSC (2018-2019) were confirmed.

IV. Discussion Items**(A) Hospital Authority New Territories West Cluster 2018-19 Annual Plan**
(SSC Paper No. 34/2018)

6. The Chairman welcomed Dr Simon TANG, Cluster Chief Executive, Dr Steve CHAN, Cluster General Manager (Administrative Services), and Mr K M YIU, Cluster Manager (Public Affairs & Donation Management), of the New Territories West Cluster of the HA to the meeting.

7. Dr Simon TANG of the HA said that he had taken up the post of Cluster Chief Executive of the New Territories West Cluster of the HA since April 2018. He hoped to continue to maintain good communication with the District Council (“DC”) and to provide quality medical services to New Territories West residents. Then, with the aid of a PowerPoint presentation (Annex 1)*, he briefed Members on the New Territories West Cluster 2018-19 Annual Plan.

*Only available in Chinese version.

8. Members made different comments and enquiries on the HA’s briefing, which are summarised as follows:

- (i) A Member expressed support for the work of the New Territories West Cluster and urged the HA to complete the extension works of the Operating Theatre Block of Tuen Mun Hospital as soon as possible;
- (ii) A Member reckoned that the accident and emergency (A&E) department of Tuen Mun Hospital was not spacious so she asked how that site could accommodate 22 additional beds. She also enquired whether the HA would consider providing evening consultation services or 24-hour general out-patient services at Tuen Mun Wu Hong Clinic and Yan Oi General Out-Patient Clinic so as to ease the public demand for the A&E services of Tuen Mun Hospital;
- (iii) A Member asked whether the HA had reduced the number of beds of other medical services in Tuen Mun Hospital in exchange for 22 additional beds. The Member also enquired about the average waiting time at the A&E department of that hospital and whether there were ways to shorten the waiting time;

- (iv) A Member pointed out that during the influenza peak season, the occupancy rate of beds in Tuen Mun Hospital had been relatively high and additional beds had been placed in wards and corridors. The Member asked the HA whether there were ways to increase the number of beds without affecting the patients' hospital environment;
- (v) A Member said that it was very difficult to get through to the telephone appointment hotlines of the general out-patient clinics and asked whether the HA could simplify the booking procedures;
- (vi) A Member opined that the medications prescribed by Tuen Mun Hospital were worse than other hospitals and some patients needed to make purchase on their own. Separately, the Member suggested increasing the number of ophthalmologists of that hospital;
- (vii) A Member said that some patients had requested doctors to provide medical certificates but had been rejected, and as a result, the patients could not provide the relevant certificates when applying for assistance (e.g. Comprehensive Social Security Assistance ("CSSA") or disability allowance);
- (viii) A Member pointed out that members of the public could not realise any improvement in medical services and asked if the HA had regularly reviewed whether the objectives of the work plan had been achieved;
- (ix) A Member enquired about the number of doctors which had still fallen short in Tuen Mun Hospital and opined that the HA should break the situation of "doctors harbour each other" and hire overseas doctors. Separately, the Member pointed out that the community health centre would only be set up in Kwai Fong district currently and suggested enhancing the promotion of health education in the community;
- (x) A Member pointed out that the TMDC had discussed on a number of occasions about the situation where the New Territories West Cluster had persistently received less per capita medical resources than other clusters. The HA had said that when distributing resources in future, it would take

into account the population proportion of the district. The Member thus asked the authority whether there was any progress on the work in this aspect;

- (xi) A Member reckoned that the net increase in the number of staff of the New Territories West Cluster was only about 3% to 4% in the past few years and it was insufficient to cope with the growth in the number of patients. Separately, the Member asked whether the extension works of the Operating Theatre Block of Tuen Mun Hospital could be completed in 2021 and whether patients had to wait for as long as 24 months or more for joint surgery follow-up consultations;
- (xii) A Member was concerned that after Tin Shui Wai Hospital started providing 24-hour services, the HA would transfer the healthcare professionals of Tuen Mun Hospital to that hospital and thus worsen the problem of manpower shortage in Tuen Mun Hospital. Therefore, the Member wanted to know the manpower arrangement after Tin Shui Wai Hospital started providing 24-hour services;
- (xiii) A Member pointed out that the 2018-19 Budget had mentioned that three hospitals, including Tuen Mun Hospital, would be redeveloped. The Member asked the HA whether it would relocate the laundry of that hospital to Butterfly Beach to make room for the provision of more medical services;
- (xiv) A Member asked about the circumstances under which the HA would provide cardiopulmonary resuscitation and first aid training to security staff in the hospitals; whether the HA had any plans to provide palliative care services to terminally-ill patients, whether it would provide more resources to non-governmental organisations participating in the pilot Dementia Community Support Scheme and whether it would offer incentives to encourage healthcare graduates to work in the New Territories West Cluster;
- (xv) A Member opined that there was a manpower shortage in medical social workers and asked whether there would be more rehabilitation buses to support the elderly or patients with impaired mobility. The Member also

suggested enhancing promotion so that more members of the public would know about this service; and

- (xvi) A Member reckoned that the medical services in Tuen Mun district were not up to public expectation. In this regard, some patients with chronic illnesses had reflected to him that they had been granted medical waivers for only one month so he asked the HA whether the duration of the relevant waiver could be extended.

9. Dr Simon TANG of the HA responded to Members' comments and enquiries, which are summarised as follows:

- (i) The authority understood the demands of New Territories West residents and in both of the past two years, the funding received by the New Territories West Cluster had increased by over 8%. Among them, around \$6.7 billion had been received by the cluster in 2015-16 and the amount had increased to over \$8 billion approximately in 2018-19. The relevant funding had constituted about 14% of the HA's overall funding allocation;
- (ii) The general out-patient clinics had served around 860,000 people each year. In 2018-19, the authority would add 16 500 consultation quotas to the general out-patient clinics under the New Territories West Cluster;
- (iii) The authority had recently enhanced the voice response system of the general out-patient clinic telephone appointment hotlines and had increased the number of hotlines from 800 to 875 to make it easier for the elderly to make telephone appointment;
- (iv) After Tin Shui Wai Hospital had come into operation, the numbers of persons seeking consultation in the A&E departments of Tuen Mun Hospital and Pok Oi Hospital had both decreased. The number of persons seeking consultation in the A&E department of Tuen Mun Hospital had reduced by around 15% and the waiting time for Category 3 (urgent) and Category 4 (semi-urgent) cases had also shortened. Despite the drop in the number of persons seeking consultation in Tuen Mun Hospital, the number of Category 1 to Category 3 (i.e. critical, emergency and urgent) cases had increased. Since priority was accorded to

Category 1 to Category 3 cases and other emergency situations, the waiting time for Category 4 cases would be longer;

- (v) During the influenza peak season in winter, the occupancy rates of beds in various hospitals would be very high. Therefore, the authority would not arrange for the hospitals to carry out refurbishment works in winter so as to open up medical wards to meet patients' needs as far as possible;
- (vi) The authority planned to add 22 beds in the paediatric department of Tuen Mun Hospital instead of A&E department this year;
- (vii) The medications provided by the clusters had been listed in the Drug Formulary so there was not a situation where Tuen Mun Hospital provided medications of poorer quality;
- (viii) There had been a total of 779 doctors in the New Territories West Cluster in 2015-16 and the number had increased to 836 in 2017-18. This year, the New Territories West Cluster would hire 66 doctors more;
- (ix) The authority had endeavoured to recruit doctors who could practise in Hong Kong and whether to issue licenses to overseas doctors was subject to the decision of the Medical Council of Hong Kong ("MCHK");
- (x) In addition to recruiting medical graduates, the authority had also, through Special Retired and Rehire Scheme and part-time employment scheme respectively, hired retired doctors, nurses, allied health professionals and support staff to return to their posts, and employed healthcare professionals from the private sector on a part-time basis;
- (xi) The extension works of the Operating Theatre Block of Tuen Mun Hospital was estimated to be completed by mid-2020 and to come into full operation in 2021 at the latest;
- (xii) The authority planned to build a community health centre in Tuen Mun Area 29 to strengthen the services of general out-patient clinic, nurse clinic, allied health, smoking cessation and so on. The above plan was estimated to be completed in 2023-24;

- (xiii) The authority would study the feasibility of redeveloping Tuen Mun Hospital in the second 10-year Hospital Development Plan and it planned to build a service support centre in North Lantau. If the plan was confirmed, the laundry of Tuen Mun Hospital could be converted for medical purposes;
- (xiv) The New Territories West Cluster had formulated a Clinical Services Plan which mapped out the service directions of paediatric department, geriatric department, community health, palliative care service and so on. It would also seek resources for implementation through the Annual Plan;
- (xv) The authority would conduct review and examine whether the services had been up to expectation regularly;
- (xvi) After receiving joint surgeries, patients generally did not need to wait for 24 months for follow-up consultations. Members who had found similar cases might refer them to the authority for follow-ups;
- (xvii) There were many visitors in hospitals. If the security guards and other front-line staff had first aid knowledge, they could apply first aid treatment to the visitors in need before the arrival of the healthcare professionals;
- (xviii) A total of 41 elderly service centres in the community had joined the pilot Dementia Community Support Scheme. Nurses would conduct checks for elderly people participating in the scheme to assess whether they had symptoms of early- or middle-stage dementia. Since this was a pilot scheme, the authority would evaluate the effectiveness of the scheme later;
- (xix) When a patient requested for a medical report, the healthcare professional would write the report in regard to the type of organisation which would review that medical report. As different organisations needed different information, the healthcare professional might not be able to provide the relevant report immediately during the consultation. Regarding the time needed to complete the report, coordination could be made after

discussing with the departments.

10. Dr Steve CHAN of the HA added that healthcare professionals would assess the conditions of patients ready for discharge and would, where necessary, refer them to use rehabilitation buses or use non-emergency ambulances to transport patients to leave the hospital or to attend follow-up consultations. In addition, the authority would also cooperate with Easy-Access Transport Services Limited to provide transport service and would promote the aforesaid service in hospitals and A&E departments.

11. Miss Yondy LAI of the SWD responded that the department would increase the manpower of medical social workers in 2018-19 and would maintain close contact with the HA to review the manpower arrangement in view of service development.

12. Members made the following comments and enquiries on the responses from the HA and the SWD:

- (i) A Member said that some patients had only requested doctors to specify their illnesses on the medical certificates but had still been rejected by the doctors. Also, He pointed out that the success rate for the patients to obtain medical certificates from Serene House, Castle Peak Hospital was high but that from the orthopaedic department was low. He opined that the HA should standardise the criteria of issuing medical certificates and provide the certificates in view of the patients' needs so as to avoid the situation where the patients could not apply for social assistance because they could not provide the relevant certificates;
- (ii) A Member remarked that the HA had mentioned last year that it would conduct review on medical services and study the feasibility of taking into account factors such as population structure, age distribution and incidence rate of different districts when arranging resources allocation. Therefore, the Member asked whether the HA could provide the latest information regarding the above review;
- (iii) A Member said that in Tuen Mun Hospital, a number of orthopaedic doctors had left their posts recently and some elective surgeries could not be conducted as a result. Therefore, the Member asked whether the HA

had arranged to fill the relevant vacancies. Separately, the Member suggested launching a mobile app for the public to make appointment for general out-patient services;

- (iv) A Member asked whether the HA had hired additional ophthalmologists for Tuen Mun Hospital and pointed out that the liver disease medications prescribed by that hospital were very different from those prescribed by Queen Mary Hospital; and
- (v) A Member asked about the current number of vacancies of doctors in Tuen Mun Hospital and whether the HA was determined to break the monopoly caused by the MCHK in regard to issuing licenses to overseas doctors.

13. Dr Simon TANG of the HA responded to Members' comments and enquiries, which are summarised as follows:

- (i) A medical certificate was no different from a sick leave certificate but a medical report would detail a patient's situation. Before writing a medical report, the doctor needed to refer to the chart board to gain an understanding on the patient's condition. If the patient needed medical proofs to apply for CSSA or to make insurance claims, a medical certificate would be inadequate to meet the relevant need and thus the doctor would suggest the patient apply for a medical report. In view of Members' comments, he would gain an understanding from the orthopaedic department on the relevant situation. He also said that patients could seek assistance from the Patient Relations Officer in the hospital if necessary;
- (ii) He would reflect to the authority about the proposal to design a mobile app for the public to make appointment for general out-patient services;
- (iii) The Government had established a steering committee to review the services of the HA. That committee had finished a review report and the authority had accordingly formulated 124 follow-up actions which had been set out in the Annual Plan;
- (iv) The authority had already filled the vacancies of the doctors who had left

their posts in Tuen Mun Hospital last year and the relevant surgeries and clinical services had not been affected. Also, the authority would increase the manpower of the ophthalmic department in July this year;

- (v) When formulating the Annual Plan each year, the authority would strengthen the establishment of doctors. It had planned to recruit 66 doctors this year, and as at July this year, the authority had already employed 66 doctors. Regarding the number of ophthalmic doctors, he would provide supplementary information after the meeting.

HA

14. A Member pointed out that the earlier enquiry made by the other Member was about the number of doctors which had still fallen short in Tuen Mun Hospital, not the HA's recruitment situation under the new Annual Plan.

15. Dr Simon TANG of the HA responded that the statistics of newly added services were in general compiled on a cluster basis. Regarding the data of Tuen Mun Hospital, he could provide such information after the meeting.

HA

16. The Chairman thanked the HA representatives for attending the meeting to brief the Members but she reckoned that there was still a gap between the HA's resources allocation arrangement and Tuen Mun residents' needs and expectations. She asked the HA representatives to help relay Members' views, including refining the arrangement for applying for a medical report expeditiously, providing evening consultation services at Tuen Mun Wu Hong Clinic and Yan Oi General Out-Patient Clinic, and designing a mobile app for the public to make appointment for general out-patient services.

(B) Request for the Provision of Free Wi-Fi Services and Additional Wi-Fi Hotspots in the Wards of Tuen Mun Hospital
(SSC Paper No. 35/2018)
(Written response of HA)

17. The first proposer of the paper opined that the HA's written response had not responded to the questions in the paper adequately. She asked the authority to explain why the progress on Tuen Mun Hospital's provision of Wi-Fi services was so slow.

18. Dr Steve CHAN of the HA responded that Wi-Fi.HK was one of the

programmes under Digital 21 Strategy, which had been implemented by the Office of the Government Chief Information Officer (“OGCIO”). The role of the HA was to complement the Government on the implementation of the above programme. For instance, the HA would suggest suitable locations in the hospital to the Government and let the service contractor decide on their own whether to join the programme. Contractors participating in the programme should be responsible for the installation, daily operation and maintenance of the equipment. Currently, Wi-Fi services were available at locations with higher visitor flow in Tuen Mun Hospital such as the A&E department, pharmacy and canteen. In April this year, the OGCIO had rolled out a new round of Wi-Fi.HK programme. The authority would continue to complement with the Government’s plan and timetable.

19. A Member enquired about the timetable for the expansion of the programme and hoped that Wi-Fi services could be provided in the wards as soon as possible. Separately, a Member said that a patient staying in Tuen Mun Hospital had reflected to her that the lack of Wi-Fi services had caused him great inconvenience. While it was understood that it was not the HA’s main work to provide Wi-Fi services, she hoped that the authority could be considerate about the patients’ needs. She also pointed out that Wi-Fi services had been available in the wards of other hospitals and reckoned that it would not be too difficult for the authority to implement the programme.

20. Dr Steve CHAN of the HA thanked Members for their comments and clarified that Wi-Fi services had not been provided in the wards of any hospitals currently. He expressed understanding towards the patients’ needs and said that he would reflect to the authority and the OGCIO about including the wards in the service scope of the next round of the programme.

21. A Member said that as long as medical equipment was not affected, she supported the hospital to provide more Wi-Fi hotspots. Nonetheless, she pointed out that signals had been unstable at some locations in Tuen Mun Hospital where Wi-Fi services had been provided and asked whether the authority had conducted tests.

22. Dr Steve CHAN of the HA responded that, according to the tender requirement of the OGCIO, the speed of the Wi-Fi services provided by the

service contractor should be no less than 5MB (downloading) and 1MB (uploading) per minute. The information technology department of the New Territories West Cluster had conducted on-site tests in this regard and confirmed that the speed of the Wi-Fi services in Tuen Mun Hospital had fulfilled the tender requirement.

23. The Chairman urged the HA to consider Members' suggestions proactively and report to the SSC when a further timetable was available.

(D) Request for Improvement to the Problem of Unevenly Distributed Medical Resources Received by the New Territories West Cluster (SSC Paper No. 37/2018)
(Written response of HA)

24. The first proposer of the paper said that the New Territories West Cluster had to serve more than 1.1 million residents currently but it received the least amount of per capita resources among the seven clusters. Its amount of per capita resources had been about 43% less than the Hong Kong West Cluster. This showed the severity of the problem of unevenly distributed medical resources. He continued that among all clusters, the New Territories West Cluster had the highest healthcare professionals-to-patients ratio, occupancy rate of beds and number of persons seeking consultation in the A&E department. Given the rapid population growth in the district, the problem of unevenly distributed medical resources would continue to worsen. The time-limited funding of \$300 million provided by the Government earlier was only a drop in the bucket and could not help to alleviate the strain on medical resources. In this regard, he requested the HA to re-formulate the resources allocation arrangement and adopt a population-based model of resources allocation to solve the problem of unevenly distributed medical resources thoroughly. He said that the 20 Members who had submitted this paper were all very concerned about the medical services in Tuen Mun. Therefore, they asked the authority to provide additional funding to the New Territories West Cluster and to expand Tuen Mun Hospital as soon as possible.

25. Members made different comments on this matter, which are summarised as follows:

- (i) A Member opined that New Territories West had the largest population among the clusters. Even the resources it received had constituted about

14% of the HA's overall resources, the amount received per capita was still lower than other clusters. She pointed out that there were many grassroots in New Territories West and it needed more resources than other districts so she urged the HA to re-evaluate the resources allocation arrangement;

- (ii) A Member said that the TMDC had been concerned about this matter for many years. Even though the resources received by New Territories West had increased, it could not keep up with the growth in medical demands caused by ageing population in the district;
- (iii) A Member opined that the Government should provide more resources to the HA to make it easier for the authority to provide better medical services to the residents of Tuen Mun district; and
- (iv) A Member reckoned that in addition to population, the HA should also consider different factors when allocating resources. Moreover, the Member pointed out that since there was no private hospital in Tuen Mun district, the residents in the district were more reliant on public medical services.

26. Dr Simon TANG of the HA responded that when formulating financial budgets, the clusters would consider different factors including age structure of the population, local features (e.g. whether private medical services were available), past usage rates and expected usage rate. Given the situation of New Territories West, the HA had provided more resources to the New Territories West Cluster over the past few years. In addition, the authority understood that manpower arrangement was equally important so it had endeavoured to recruit doctors available in the market.

27. A Member pointed out that the HA had conducted studies on the ratio of resources to capacity of services in 2012-13 and 2014-15 respectively and the results showed that the gap between the two was less than 0.5%. Subsequently in 2016, the authority had conducted another study using the refined model and factors such as population and cases had also been taken into account. That study should have been completed in the third quarter of 2017. He asked whether the result of the relevant study was different from that of 2014-15.

Separately, a Member pointed out that the authority had not reported the result to the DC upon the completion of the above study. He reckoned that the authority had not attached importance to the problem of inadequate medical resources in New Territories West, or else the New Territories West Cluster would not have received the least amount of per capita medical resources among the clusters over the years. In addition, he opined that the Government had continuously increased the places of nursing students for many years and this should be helpful in alleviating the shortage of healthcare professionals.

28. Dr Simon TANG of the HA responded that resources received and services provided by the New Territories West Cluster had increased each year. He explained that some services such as organ transplant surgeries would generally be provided in Queen Mary Hospital. That hospital would carry out organ transplant surgeries for all needy members of the public so it would receive more resources but the relevant arrangement did not entail that that cluster received more per capita resources than other clusters. In view of the strain on the manpower of nurses, the authority would not only carry out recruitment exercise proactively, but also set up nurse clinics to ease doctors' pressure.

29. The Chairman said that it was Members' expectation that the authority could give the SSC a detailed report on the study results and provide substantial data as well as comparative information of other clusters so that they could gain a further understanding about the resources allocation arrangement.

30. Dr Simon TANG of the HA said that he would reflect the relevant requests to the authority.

31. Members made different comments on the response of the HA representatives:

- (i) A Member asked the HA to provide the study report after the meeting for Members' reference and pointed out that Castle Peak Hospital and Siu Lam Hospital in Tuen Mun also served members of the public across the territory so there should not be a big difference between the per capita resources received by the New Territories West Cluster and those received by other clusters;
- (ii) A Member opined that the service demand for Tuen Mun Hospital had

already exceeded its capacity and the population of Tuen Mun was still growing continuously so the Member reckoned that the HA should provide more resources to the New Territories West Cluster;

- (iii) A Member pointed out that according to the HA's Annual Report, the recurrent expenses of the New Territories West Cluster had increased by 9.2% in 2017. She opined that an increase in 9.2% in the expenses of the cluster was too small as Tin Shui Wai Hospital had come into operation; and
- (iv) A Member said that the refined model adopted in the study report had included the data of case mixes and cross-cluster flow of patients. If the HA could provide the relevant data, the Member believed that Members could gain a further understanding whether there was a problem of inadequately distributed medical resources in the New Territories West Cluster.

32. Dr Simon TANG of the HA thanked Members for their comments and said that in view of the continuous population growth in New Territories West, the authority would formulate different measures to increase service supply. He understood that Members were concerned about the resources allocation arrangement. He would relay Members' views to the authority to bargain for more resources and give an account of the latest resources allocation arrangement.

33. The Chairman concluded that the SSC had been waiting for the relevant study results for a long time. She urged the HA representatives to relay Members' views to the authority and give an account of the details of the study results as soon as possible.

(E) Concerns Over the Breakdown of the Air-conditioning System of the Main Block and the Rehabilitation Block of Tuen Mun Hospital (SSC Paper No. 38/2018)
(Written response of HA)

34. The Chairman welcomed Mr LEUNG Yiu-hong, Chief Engineer/Health Sector, and Mr Stanley CHOW, Senior Engineer/Health/NTW of the Electrical and Mechanical Services Department ("EMSD") to the meeting.

35. The first proposer of the paper said that the situation of unstable electricity supply had occurred in Tuen Mun Hospital two years ago and its wards, A&E department and radiology department had been affected. In February this year, power failure had occurred in that hospital again and the operation of the lighting system, air-conditioning facilities and some medical equipment in the hospital had been hindered. Its air-conditioning system had malfunctioned again in May this year and as a result, the temperature in the hospital had risen to as high as 32 degree Celsius. He pointed out that germs would grow rapidly under high temperature, thus increasing the chance of infection of patients or visitors. Due to the availability of backup electricity, the circumstances of the above two incidents had not worsened. The proposer opined that the HA's written response was to shift the responsibility to the EMSD and he asked the HA and the EMSD to replace the obsolete facilities in the hospital as soon as possible to prevent the recurrence of similar situations.

36. Members made different comments and enquiries on this matter, which are summarised as follows:

- (i) A Member enquired about the reason for the power failure and the date of the latest replacement of air-conditioning system in Tuen Mun Hospital;
- (ii) A Member asked whether the EMSD had enough manpower to cope with the maintenance work of Government departments and opined that power failure in medical institutions would have serious impacts and asked whether there was a mechanism to deal with similar incidents;
- (iii) A Member asked the EMSD whether there were ways to prevent the recurrence of similar power failure incidents, whether it would conduct regular checks, whether it had enough repair parts, and how frequently it would replace the air-conditioning system comprehensively;
- (iv) A Member reckoned that air-conditioning facilities could improve indoor air circulation and the malfunctioning of air-conditioning system might cause discomfort. The Member urged the HA and the EMSD to replace the air-conditioning system in Tuen Mun Hospital as soon as possible and provide a timetable; and

- (v) A Member pointed out that Tuen Mun Hospital had operated for 28 years and reckoned that the HA should not arrange for replacement only after the air-conditioning system had broken down and should allocate more resources to carry out regular maintenance. Separately, the Member asked the EMSD whether it had a performance pledge in regard to providing maintenance service.

37. Dr Steve CHAN of the HA thanked Members for their comments. He said that the authority had been very concerned about the above incident and explained that the EMSD was responsible for the maintenance of the electricity and air-conditioning facilities in Tuen Mun Hospital. After measuring the temperature at various locations in the hospital that day, the authority had confirmed that the temperature in the wards had not exceeded the standard. Also, after gaining an understanding from the healthcare professionals, the authority had learnt that that member of the public had fainted in the hospital that day due to reasons other than high temperature. In this regard, the authority had arranged to allocate funding separately to replace the air-conditioning system in Tuen Mun Hospital and had asked the EMSD to expedite the relevant work.

38. Mr LEUNG Yiu-hong of the EMSD responded that the air-conditioning system of the Main Block and the Rehabilitation Block of Tuen Mun Hospital had in general operated normally between late May and early June this year, and there had been no systemic breakdown. The department had inspected and measured the temperature at various locations of that hospital and confirmed that due to different reasons, the temperature had been relatively high in some areas such as the lobby on the G/F of the Main Block, the corridors outside the wards on some floors and the lift lobbies on the upper floors of the Rehabilitation Block. Among them, there were skylights in the lobby on the G/F of the Main Block and the lift lobbies of the Rehabilitation Block so the temperature would increase when the sites were exposed to direct sunlight during midday. Regarding the corridors outside the wards on some floors, the temperature rose because of the glass design on both sides and over-warming at sunset. The department had adopted different measures to maintain indoor temperature at a suitable level, including covering the skylights with curtains, adjusting the temperature of the air-conditioners, replacing the water-side system and putting heat-insulating films on the glass. He said that the HA had allocated additional resources to replace the facilities of Tuen Mun Hospital, including water-side

system, split air-conditioners, air handling units and central chiller plant. The department had commenced the relevant works progressively.

39. A Member said that Tuen Mun Hospital had a high visitor flow and needed to serve a large number of members of the public. Since the weather would get hotter, the Member hoped that the HA and the EMSD could speed up the replacement of the air-conditioning facilities of that hospital.

40. Dr Steve CHAN of the HA responded that the authority would complement the EMSD to expedite the replacement of the facilities and the HA had estimated that over \$40 million would be spent on replacing ageing parts in next two years. The EMSD had also completed some simple works in the past two months.

41. Mr LEUNG Yiu-hong of the EMSD added that the department would continue to closely monitor the operation of the air-conditioning system of Tuen Mun Hospital to ensure the temperature was suitable. The department would also strive to speed up the tendering procedure so as to finish the works as soon as possible.

42. The Chairman thanked the representatives of the HA and the EMSD for attending the meeting and asked them to relay Members' views to the relevant authorities respectively.

V. Matters Arising

(A) Request the Education Bureau to Amend the Service Agreement with the Harrow International School

(SSC Paper No. 5/2018)

(Paragraphs 48-63 of the Minutes of the 2nd Meeting, paragraphs 15-19 of the Minutes of the 3rd Meeting and paragraphs 29-39 of the Minutes of the 4th Meeting of SSC (2018-2019))

(Written response of Education Bureau)

43. The Chairman said that at the last meeting, the SSC had proposed that the Education Bureau ("EDB"), in the negotiation for the service agreement with Harrow International School Hong Kong ("Harrow HK"), request the school to open up more facilities for use by Tuen Mun residents at affordable prices and suggest its students to commute to and from the school by school buses. She

asked the EDB to provide supplementary information regarding the progress on the relevant arrangements.

44. Mr LAM Man-kwong of the EDB responded that the bureau's written response had provided information on Harrow HK lending facilities in three years (2014-2017). The school had all along determined the hiring charges on the principle of cost recovery to cover the costs of cleaning, security, maintenance and wear and tear and the charges had been listed on the school website. Every year, the bureau would review the audited account of Harrow HK and no inappropriateness had been found regarding the practice of determining the hiring charges on the principle of cost recovery. The bureau would continue to request Harrow HK to seriously review and consider opening up more school facilities for public use. In addition, the bureau had held a meeting with the Police, the Transport Department ("TD") and Harrow HK in April this year and the TD had, at that time, suggested that the school use a new method to compile statistics on vehicles. Harrow HK had promised to engage a consultancy to conduct a traffic impact assessment and to consult the TD on the new assessment method with a view to reaching a consensus. The bureau would, in view of the result and recommendations of the assessment report, consider including the requirement of requesting the students to commute to and from the school by school buses in the service agreement.

45. A Member found the EDB's written response still not substantial enough and pointed out that since March this year, the TD had repeated multiple times that only by making it mandatory for Harrow HK students to commute by school buses could the problem of traffic congestion at Castle Peak Road be solved effectively. She reckoned that the department was the competent authority in the aspect of traffic and transport. She could not understand why the EDB had still allowed Harrow HK to waste time to engage the consultancy to conduct the traffic assessment before considering including the relevant requirement in the service agreement.

46. Mr LAM Man-kwong of the EDB responded that if personal privacy was involved in the information of the hirers of facilities of Harrow HK, the bureau might not be able to disclose it directly. He hoped that Members could understand that the hirers had not expected their information to be disclosed when hiring the venue. He would enquire the relevant sections before giving a reply.

In addition, he said that the bureau had never disregarded the TD's view. He also pointed out that the department had negotiated with Harrow HK at the meeting in April this year and agreed to adopt the new assessment method. Harrow HK and the TD would continue the discussion on the assessment method and conduct the traffic impact assessment after reaching a consensus.

47. Members made different comments and enquiries on the EDB's response:
- (i) A Member reckoned that Harrow HK was the root of the problem of traffic congestion at Castle Peak Road and doubted why the EDB had allowed Harrow HK to engage the consultancy to conduct the assessment on its own. She pointed out that this matter would have a profound impact on the traffic in Tuen Mun district so the SSC should continue the discussion until the bureau had provided a solution;
 - (ii) A Member opined that if the hirers had hired the facilities of Harrow HK on an individual basis, the EDB did not need to disclose the relevant information but it should provide the record of hirers made on an organisation basis;
 - (iii) A Member reckoned that allowing Harrow HK to engage the consultancy to conduct the traffic assessment on its own was only letting the school procrastinate. The Member asked the EDB whether it agreed to make it mandatory for Harrow HK students to commute to and from the school by school buses, why it had not adopted the TD's proposal and whether the bureau had required Harrow HK to submit the traffic assessment report by a specific time; and
 - (iv) A Member remarked that She had communicated with the TD on a number of occasions and the department had said that it had made it clear to the EDB that only by making it mandatory for Harrow HK students to commute by school buses could the problem of traffic congestion at Castle Peak Road be solved effectively. Nonetheless, the EDB had said that the TD had agreed to let Harrow HK engage the consultancy to conduct traffic assessment on its own and She thus doubted whether the EDB wanted to shift the responsibility to the TD.

48. Mr LAM Man-kwong of the EDB responded that at the meeting in April

this year, the parties had found out that the TD and Harrow HK had adopted different methods of compiling statistics on vehicles. Therefore, Harrow HK had needed to engage the consultancy to re-evaluate the number of vehicles using a method agreed by both parties, so as to see whether the situation of traffic congestion at Castle Peak Road was related to Harrow HK students. If the result of the report indicated that the two were related, the bureau would consider including suitable requirements in the service agreement with Harrow HK to alleviate the relevant situation.

49. A Member was dissatisfied with the EDB's response. She opined that the traffic congestion problem caused by Harrow HK had existed for many years but the EDB still had not understood the reason for the traffic congestion at Castle Peak Road. She reckoned that the bureau should conduct a site visit to the roundabout at Castle Peak Road to gain an understanding about the traffic flow and the cause of traffic congestion at that site.

50. The Chairman said that the SSC had continued the discussion on this matter on three occasions so it would not continue the discussion. She asked the Members to consider whether to pass the matter to the TMDC or the Working Group on Education and Youth Services for discussion or to establish a non-standing working group for follow-ups.

51. A Member opined that passing the matter to the working group for discussion was unhelpful for follow-ups and suggested that the matter should be elevated to the DC level for discussion. Separately, a Member reckoned that the EDB had not addressed the problem squarely and if the bureau did not improve its attitude, even following up on the matter at the DC meeting would not help to solve the problem.

52. As Members had no objection to the above proposal, the Chairman Secretariat announced that the matter would be elevated to the DC level for discussion.

[Post-meeting note: The TMDC would discuss the above matter at the 18th meeting on 11 September 2018.]

VI. Discussion Items (Continued)**(C) Request for the Inclusion of the Cervical Cancer Vaccination in the Vaccination Subsidy Scheme****(SSC Paper No. 36/2018)****(Written response of Department of Health)**

53. The Chairman welcomed Dr Taron LOH, Senior Medical & Health Officer (Community Liaison)¹ of the Department of Health (“DH”) to the meeting.

54. The first proposer of the paper said that although cervical cancer was not the commonest cancer in Hong Kong, out of all cancers, only the risks of suffering from cervical cancer could be reduced by vaccination. The Government currently provided, through the Community Care Fund (“CCF”), a financial subsidy to females aged 9 to 18 who came from grassroots families and were receiving CSSA or full grant under the School Textbook Assistance Scheme to receive cervical cancer vaccination, and those receiving half grant had to pay \$100 per injection. Since the subsidised individuals had to pass the assets test, not many females were eligible for the subsidy and thus the vaccination coverage was relatively low. She suggested the DH contact the pharmaceutical manufacturers to provide sufficient vaccines to Hong Kong and reduce the chance of price increase in vaccines due to inadequate supply so as to encourage more members of the public to receive vaccination. Moreover, she hoped that the department could include cervical cancer vaccination in the Vaccination Subsidy Scheme in phases. The measure should first subsidise women of the relevant age cohort to receive 4-valent and 9-valent vaccines injection and in a long run, vaccinate men to reduce the chance of females suffering from cervical cancer due to virus infection.

55. A Member said that in January 2018, the Women Affairs Committee which was under the political party she belonged to had requested the Government to vaccinate children of the relevant age cohort in Hong Kong against cervical cancer and list the relevant expenses as a recurrent expenditure. She hoped that the DH would consider the above proposal.

56. Dr Taron LOH of the DH responded that cervical cancer was one of the commonest cancers among women in Hong Kong and it was mainly caused by sexual contact and human papillomavirus (“HPV”) infection. According to the

proposal put forward in 2016 by Scientific Committee on Vaccine Preventable Diseases and Scientific Committee on AIDS and STI of the Centre for Health Protection (“CHP”), receiving HPV vaccination (i.e. cervical cancer vaccination) could protect women from cervical infection and suffering from cervical cancer effectively and safely. The CHP would pay close attention to the World Health Organization’s latest stance on vaccination, application of new vaccines, latest epidemiologic situation across the globe and in Hong Kong, and suggestions and experiences of health authorities of different regions. In addition, the Food and Health Bureau (“FHB”) had, through the Health and Medical Research Fund, subsidised research and development projects related to cancer, including the cost-benefit analysis for organising a population-based HPV vaccination. The Scientific Committee on Vaccine Preventable Disease would scrutinise the relevant report and the related scientific proofs and provide recommendations to the Government on organising HPV vaccination in Hong Kong. The CHP would announce the relevant recommendations when appropriate.

57. Members made different comments on the DH’s response:

- (i) A Member hoped that the DH would implement the population-based HPV vaccination as soon as possible to reduce the chance of women suffering from this illness;
- (ii) A Member hoped that the DH would provide the report on cost-benefit analysis for organising a population-based HPV vaccination for the DC’s reference and suggested that the SSC write to the FHB to reflect Members’ views; and
- (iii) A Member opined that although cervical cancer vaccination could not eradicate the chance of women suffering from cervical cancer, prevention was better than cure and it could also alleviate the medical burden on the society which had arisen from women suffering from cervical cancer.

58. Dr Taron LOH of the DH thanked Members for their comments and added that in addition to HPV infection, there were other risks factors leading to cervical cancer, for instance, having multiple sex partners, sexual intercourse at earlier age, sexually transmitted diseases, smoking or weakened immunity. Therefore, she hoped that Members could assist in spreading the relevant health messages to the public to enhance their awareness. Apart from receiving

cervical cancer vaccination, practising safer sex, using condoms, refraining from smoking and receiving cervical smear tests regularly could also prevent cervical cancer effectively. She would relay Members' views, including the request to obtain the cost-benefit analysis report, to the policy bureau and the relevant departments.

59. The Chairman said that the SSC would write to the FHB to reflect Members' views and ask the bureau to provide the DC with the report on cost-benefit analysis for organising a population-based HPV vaccination. Secretariat

[Post-meeting note: The above letter was sent on 20 August 2018.]

(F) Concerns Over the Minimum Per Capita Space and the Plot Ratio Restriction in Respect of the Residential Care Home for the Elderly (SSC Paper No. 39/2018)
(Written response of SWD)

60. The first proposer of the paper said that currently, residential care homes for the elderly ("RCHEs") in Hong Kong had generally followed the standard which had been set over 10 years ago and provided elderly residents with per capita space of around 6.5 square metres. In this regard, the Labour and Welfare Bureau ("LWB") had said that there was room to adjust the relevant standard. However, with the increasing number of elderly people waiting for RCHE places, the supply of RCHEs could not meet the demand. He suggested that while increasing the minimum per capita space of the RCHEs, the bureau take into account the impacts posed by the measure on the RCHEs and whether the supply of RCHE places would be affected.

61. A Member pointed out that a RCHE in Tuen Mun had only put wood boards on the two sides of the beds for partition and the elderly residents had not even had enough space to put their wheelchairs. She opined that the elderly could not lead an enjoyable life in this type of RCHE so she welcomed the LWB's proposal to increase the minimum per capita space of RCHEs. She said that the elderly were entitled to a more spacious environment and she reckoned that RCHEs without sufficient financial support should stop operating.

62. Miss Yondy LAI of the SWD responded that in June 2017, the department had established the Working Group on the Review of Ordinances and Codes of

Practice for Residential Care Homes (“Working Group”) which aimed to improve the service environment of the RCHEs and enhance their service quality. To strike a balance between the demands and maintaining the sustainability of the services, the Working Group would consider residents’ basic needs, decrease in the number of RCHE places, impacts on people waiting for RCHE services and situations such as actual operation of the RCHE. The proposal related to increasing the minimum per capita space of the RCHEs was still being discussed and the department would keep an open mind to listen to different views. Regarding the situation of crowded bed space in some RCHEs as reflected by the Member, she would relay Members’ concern to the department.

63. A Member said that if increasing the minimum per capita space rendered some RCHEs unable to operate, the impact would be significant. Therefore, when implementing the relevant measure, the department should take into account the supply of RCHE places and make appropriate adjustment to the relevant standard. Separately, a Member asked whether the department would institute prosecution if the environment of a RCHE was not up to standard. She hoped that the department could deal with the situation where a RCHE was not up to standard seriously to encourage the RCHEs to provide a better residential environment to the elderly.

64. Miss Yondy LAI of the SWD responded that when considering upwardly adjusting the statutory requirement on minimum per capita space, the Working Group would consider adopting the approach of transitional arrangement to minimise the impact on the elderly residents. In addition, when planning new measures, the department would, as always, take into account the needs of the community and consult other relevant departments on, for example, the requirements on noise and air quality, to tie in with them where appropriate. Moreover, the department had established the Licensing and Regulation Branch to ensure that the RCHEs had fulfilled the statutory requirement. The department also encouraged frontline staff as well as service users and their families to report to the department on situations where RCHEs were incompliant with the standard to facilitate follow-ups by the department.

65. The Chairman thanked the SWD representative for her response and asked her to relay Members’ views to the department.

VII. Reporting Items**(A) Jockey Club Age-friendly City Project
(SSC Paper No. 40/2018)**

66. The Chairman welcomed Mr Timothy TAM, Project Manager, Charities, and Ms Sarah CHAN, Administration Assistant, of Charities Department, and Mr Matthew TSOI, Senior Community Relations Officer of External Affairs Department, of the Hong Kong Jockey Club (“HKJC”) as well as Ms Charmaine LEUNG, Assistant Manager of the Asia-Pacific Institute of Ageing Studies (“APIAS”) of Lingnan University, to the meeting.

67. The Chairman said that at the meeting on 14 November 2017, the SSC had decided to render support to the captioned project and had sent letters through the Secretariat on 18 December 2017 to invite district organisations to submit proposals. She asked the representatives from the HKJC and the APIAS of Lingnan University to brief Members on the progress of the first phase of the project.

68. Mr Timothy TAM of the HKJC said that Tuen Mun district had started carrying out the captioned project in 2017. The HKJC had commissioned the APIAS of Lingnan University to assist in conducting the baseline assessment of Tuen Mun district and would provide a total of \$1.5 million over the span of three years to subsidise non-governmental organisations in Tuen Mun district to implement suitable local projects which aimed to increase the level of age-friendliness in the district. The captioned project had so far subsidised some 80 local projects in 18 districts across the territory and over 70 000 people had benefitted from those projects directly. Then, with the aid of a PowerPoint presentation (Annex 2)*, Ms Charmaine LEUNG of the APIAS of Lingnan University briefed Members on the progress of the captioned project in Tuen Mun district.

*Only available in Chinese version.

69. A Member pointed out that the mobile app provided by one of the subsidised organisations had included the element of global positioning system. He opined that that organisation should commence work only after setting adequate guidelines and obtaining approval from the families. Besides, it had to ensure the confidentiality of the participants’ information.

70. Ms Charmaine LEUNG of the APIAS of Lingnan University responded that the app adopted by the project could be divided into two parts. The first part was informational data which could be used upon downloading. For the second part, users needed to log in to access information so confidentiality had been ensured.

71. The Chairman asked Members to give comments on the proposed scope of the second phase of the project. A Member suggested that the elements of the first phase be also used in the second phase.

72. The Chairman concluded that the proposed scope of the second phase of the Jockey Club Age-friendly City Project in Tuen Mun district included respect and social inclusion, outdoor space and architecture, and information exchange. However, if the contents of the proposals received were related to the scope of the first phase, they would also be taken into consideration.

(B) Work Reports by the Working Groups under the Social Services Committee

(SSC Paper No. 41/2018)

(i) Working Group on Medical and Rehabilitation Services

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

(ii) Working Group on Community Care

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

(iii) Working Group on Education and Youth Services

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

76. The Chairman announced that the above three working group reports were endorsed.

(C) Report by the Tuen Mun District School Development Section of the Education Bureau

(SSC Paper No. 42/2018)

77. Members noted the contents of the relevant report by the EDB.

(D) Report by the Social Welfare Department
(SSC Paper No. 43/2018)

78. Members noted the contents of the relevant report by the SWD.

(E) Report on Crime Figures in the Tuen Mun District
(SSC Paper No. 44/2018)

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

VIII. Any Other Business

80. There being no other business, the Chairman closed the meeting at 12:55 p.m. The next meeting would be held on 18 September 2018.

Tuen Mun District Council Secretariat

Date: 11 September 2018

File Ref: HAD TM DC/13/25/SSC/18