

Minutes of the 8th Meeting of
the Social Services Committee (2018-2019) of
the Tuen Mun District Council

Date: 15 January 2019 (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 Sheck-yuen, MH	TMDC Member	9:30 a.m.	9:45 a.m.
Ms KONG Fung-yi	TMDC Member	9:32 a.m.	End of meeting
Mr CHAN Yau-hoi, BBS, MH, JP	TMDC Member	9:32 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
Mr TSUI Fan, MH	TMDC Member	9:32 a.m.	11:04 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	9:32 a.m.	End of meeting
Ms CHU Shun-nga, Beatrice	TMDC Member	9:30 a.m.	End of meeting
Mr MO Shing-fung	TMDC Member	9:30 a.m.	End of meeting
Mr YEUNG Chi-hang	TMDC Member	9:32 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
Mr YU Tai-wai, MH	Co-opted Member	9:48 a.m.	End of meeting
Mr CHU Wai-ming	Co-opted Member	9:30 a.m.	End of meeting
Ms TSANG Ka-lai	Co-opted Member	9:48 a.m.	11:30 a.m.
Mr IP Chun-yuen	Co-opted Member	9:30 a.m.	End of meeting
Mr CHAN Pak-sum	Co-opted Member	9:34 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 Gladys KWAN	Service Director (Quality & Safety), New Territories West Cluster, Hospital Authority
Mr K M YIU	Cluster Manager (Public Affairs & Donation Management), New Territories West Cluster, Hospital Authority
Ms Cecilia HUI	Assistant Hospital Manager (Public Affairs & Donation Management), New Territories West Cluster, Hospital Authority
Dr LOH Lai-ting, Taron	Senior Medical & Health Officer (Community Liaison)1, Department of Health

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 LEE Wai-ming	Neighbourhood Police Coordinator, Police Community Relations Office (Tuen Mun District), Hong Kong Police Force

Absent with Apologies

Mr KAM Man-fung	TMDC Member
Ms NG Dip-pui	Co-opted Member
Mr TSANG Hing-chung	Co-opted Member
Mr WONG Chi-chun	Co-opted Member

I. Opening Remarks

The Chairman welcomed all present to the 8th meeting of the Social Services Committee (“SSC”).

2. The Chairman reminded 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 representative of the Department of Health (“DH”) had other commitments afterwards, she hoped to advance the discussions on agenda item III(E) “Request for Full Subsidy of Annual Influenza Vaccination for All Hong Kong Citizens” and item III(G) “Request for Increase in Health Care Voucher Amount”. Members agreed to this arrangement.

II. Absence from Meeting

4. The Secretary reported that no applications for leave of absence had been received from Members.

III. Confirmation of Minutes of Last Meeting

5. As Members proposed no amendments to the minutes, the Chairman announced that the minutes of the 7th meeting of the SSC (2018-2019) were confirmed.

IV. Discussion Items

**(A) Request for Full Subsidy of Annual Influenza Vaccination for All Hong Kong Citizens
(SSC Paper No. 5/2019)
(Written Response of the Department of Health)**

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

7. The first proposer of the paper welcomed the following government

measures. First, from 2018 onwards, the eligibility groups for receiving free seasonal influenza vaccination (“SIV”) under the Government Vaccination Programme (“GVP”) had been extended to people aged 50 or above. Second, in 2017, the Government arranged for Primary Six students to receive SIV. She reckoned that the Government should subsidise all Hong Kong citizens to receive SIV in the long run.

8. Members’ comments on the captioned matter are summarised as follows:

- (i) A Member opined that prevention was better than cure. The more citizens received SIV, the more effective the vaccination would be in disease prevention;
- (ii) A Member suggested that the DH step up publicity on the GVP since members of the public were unaware of the importance of receiving SIV and the injection details; and
- (iii) A Member pointed out that some parents of the students who had received free SIV in 2017 had told her that they would arrange for their children to receive SIV again at their own expense. However, since some of the students were from grassroots families, she hoped that the Government would subsidise them.

9. Dr Taron LOH of the DH responded to Members’ comments:

- (i) She pointed out that receiving SIV could effectively prevent seasonal influenza and its complications so the DH strongly encouraged citizens to receive SIV;
- (ii) The Scientific Committee on Vaccine Preventable Diseases (“SCVPD”) under the Centre for Health Protection of the DH regularly reviewed local epidemiological data, the latest scientific evidence and overseas experiences. It also studied recommendations on priority groups for influenza vaccination;
- (iii) In 2018-2019, the Vaccination Subsidy Scheme (“VSS”) and the GVP already covered priority groups for influenza vaccination recommended by the SCVPD, including pregnant women, elderly people, long-stay residents of institutions, people aged 50 or above and people with chronic

medical problems. This year, the eligible groups would be extended to people aged between 50 and 64 and about 1.8 million people were involved;

- (iv) To increase the SIV uptake rate among primary school children, the DH introduced the School Outreach Vaccination Pilot Programme in the academic year 2018-2019 to provide free outreach vaccination service to participating primary schools. As at December 2018, over 180 primary schools had participated in the pilot programme. In addition, the DH rolled out the Enhanced VSS Outreach Vaccination for other primary schools, kindergartens and child care centres to further enhance vaccination coverage among young children and primary school students;
- (v) When reviewing the target recipients of the VSS and providing subsidy to different groups, the Government would take into consideration factors such as the needs of people at high risk, costs of vaccines, injection fees and financial capability. From time to time, the Government would review the subsidy amount and target recipients to further improve the scheme;
- (vi) She said that the department had done a lot on publicity and education to encourage eligible people, including people aged 50 or above, elderly people and schoolchildren, to receive SIV. Through press releases, new TV Announcements in the Public Interest, radio Announcements in the Public Interest and expert interviews, the department encouraged vaccination among people aged between 50 and 64;
- (vii) The elderly health centres (“EHC”) under the DH would arrange for elderly people, whether EHC members or not, to receive SIV. The EHCs would also promote the importance of receiving SIV and introduce injection details through talks, briefing sessions and elderly organisations. In addition, the department had distributed flyers and posters to the Housing Department, the Housing Authority, elderly centres and hospitals in a bid to spread information to the public; and
- (viii) To increase SIV coverage among schoolchildren, the DH had stepped up publicity on the School Outreach Vaccination Pilot Programme and the

Enhanced VSS Outreach Vaccination. The department had also held talks at its Maternal and Child Health Centres and Student Health Service Centres to promote SIV uptake among children.

10. A Member said that as more and more people received SIV, its effectiveness would increase. She hoped that the Government would continue to subsidise students to receive SIV and allocate more resources to expand the eligible groups under the GVP. Separately, a Member reckoned that receiving SIV could reduce the chance of hospitalisation caused by seasonal influenza. She asked whether the DH would consider providing subsidy in stages to boost vaccination coverage among the public if resources were currently inadequate to subsidise all citizens to receive SIV.

11. Dr Taron LOH of the DH replied that as at 9 December 2018, the department had administered over 850 000 doses of SIV to the public and the number had increased by more than 50% compared with the same period last year. When determining the eligible groups of the VSS, the Government had to consider factors such as the costs of vaccines, injection fees and financial capability. She added that the number of SIV recipients under the VSS and the GVP had increased over the past few years. Also, the department had provided extra manpower, purchased additional SIV doses and increased the subsidy amount. The DH would continue to monitor the vaccination situation, costs of the vaccines, injection fees and financial situation, conduct review and consider further enhancements to the schemes.

12. The Chairman concluded that although the DH had conducted promotional activities through different channels, many people remained unaware of the importance of receiving SIV and the details of the VSS. She asked the DH representative to relay Members' proposal to the department in a bid to enhance the VSS and step up publicity efforts.

DH

(B) Request for Increase in Health Care Voucher Amount

(SSC Paper No. 7/2019)

(Written Response of the DH)

13. The first proposer of the paper said that despite the high charges of private clinics, elderly people were only allotted an annual voucher amount of \$2,000 under the Elderly Health Care Voucher ("EHCV") Scheme. Although the DH

provided an additional \$1,000 worth of vouchers to elderly people on a one-off basis in 2018, the amount could merely cover a couple of consultations in private clinics or one dental treatment. After using up the vouchers, elderly people would seek consultation in public clinics or hospitals and in turn place greater pressure on the public healthcare system. Therefore, she suggested that the DH increase the annual voucher amount to \$3,000 to divert elderly people to private clinics and alleviate the burden on the public healthcare system.

14. Members' comments on the captioned matter are summarised as follows:
- (i) A Member reckoned that an annual voucher amount of \$2,000 was inadequate to meet elderly people's medical needs. She suggested expanding the scope of the EHCV Scheme and increasing the voucher amount. Also, she asked the DH to conduct a review of the utilisation of vouchers and brief the SSC on the result;
 - (ii) A Member opined that the Government should listen to public views instead of making policies arbitrarily, and pointed out that the DH should not focus on cost control only since elderly people's health was the top priority;
 - (iii) A Member said that the SSC had earlier suggested that the DH step up monitoring on the utilisation of vouchers to protect elderly people from being overcharged. He hoped that the DH would perform its gatekeeping duties to the best endeavour; and
 - (iv) A Member supported increasing the voucher amount since elderly people were prone to illness.
15. Dr Taron LOH of the DH responded to Members' comments:
- (i) Since the launch of the EHCV Scheme in 2009, the Government had rolled out a series of enhancement measures, including progressively increasing the voucher amount from \$250 at the beginning to \$2,000 at the moment, lowering the eligibility age from 70 to 65 in 2017, raising the accumulation limit of vouchers from \$4,000 to \$5,000 in 2018, and providing an additional \$1,000 worth of vouchers to elderly people on a one-off basis. About 1.2 million elderly people benefited from the measures;

- (ii) In recent years, the number of voucher users and the relevant financial commitment had increased substantially. Between December 2016 and December 2018, the number of elderly people who had used vouchers increased by more than 80%, from 650 000 to 1.19 million. When considering whether to further increase the voucher amount, the Government had to prudently assess the long-term financial implications and the capacity of public finance. The DH would continue to monitor the utilisation of vouchers to roll out more enhancement measures if appropriate;
- (iii) The DH was conducting a comprehensive review of the EHCV Scheme with the Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong. When further information was available, the department would pass it to Members for reference and listen to Members' views; and
- (iv) The DH would step up monitoring work to reduce the abusive use of vouchers.

16. Members' further comments on the captioned matter are summarised as follows:

- (i) A Member reckoned that providing public healthcare services to elderly people cost no less than increasing voucher amount;
- (ii) A Member said that the Caring and Sharing Scheme, which distributed \$4,000 to eligible citizens, had incurred an administration fee of over \$300 million. She opined that it would be better for the Government to spend the sum on improving public healthcare services. Also, since many elderly people spent vouchers on glasses, she suggested that the DH step up regulation to prevent shop operators from overcharging; and
- (iii) A Member opined that the financial commitment arisen from increasing the voucher amount was inevitable in coping with ageing population and more expenses of this kind would be incurred.

17. Dr Taron LOH of the DH thanked Members for their comments and she

would relay them to relevant service units and policy bureau.

V. Matters Arising

(A) Request the Hospital Authority to Notify the Tuen Mun District Council on Major Incidents and Update the Number of Vacancies of Healthcare Staff on a Regular Basis

(SSC Paper No. 46/2018)

(Paragraphs 12-24 of the Minutes of the 6th Meeting of SSC (2018-2019))

(Paragraphs 69-75 of the Minutes of the 7th Meeting of SSC (2018-2019))

18. The Chairman welcomed Dr Gladys KWAN, Service Director (Quality & Safety), Mr K M YIU, Cluster Manager (Public Affairs & Donation Management), and Ms Cecilia HUI, Assistant Hospital Manager (Public Affairs & Donation Management), of the New Territories West Cluster of the Hospital Authority (“HA”) to the meeting.

19. The Chairman said that at the previous meeting, the SSC had asked the HA to report on figures of manpower and medical incidents to the TMDC on a regular basis. She asked the HA representatives to respond in this regard.

20. Dr Gladys KWAN of the HA gave a PowerPoint presentation (Annex 1) to brief Members on figures of sentinel events and serious untoward events.

21. A Member reckoned that the number of medical incidents and the expected number of healthcare professionals in Tuen Mun Hospital were not indicated in the figures provided by the HA. From the HA Annual Report 2017-2018, there was a total of 836 doctors in the New Territories West Cluster, i.e. 12 more compared to 2016-2017. She doubted whether it was enough to merely employ 12 more doctors in the cluster after Tin Shui Wai Hospital came into operation. Also, she said she had to gain an understanding of the staff establishment of Tuen Mun Hospital before assessing whether there were sufficient healthcare professionals.

22. Dr Gladys KWAN of the HA replied that since the HA’s policy was to conduct analysis and make improvements by reviewing all sentinel and serious untoward events, the figures concerning Tuen Mun Hospital could not be

provided. She understood Members' concern about the shortage of healthcare professionals. The HA had actively recruited doctors and retired healthcare professionals to boost manpower. The New Territories West Cluster would continue to discuss manpower arrangement with the headquarters and the HA would conduct assessment before launching each service to ensure service safety.

23. The Chairman said that the HA representative had already explained why the relevant figures could not be provided. She asked Members whether to carry over this agenda item or send a letter to the HA to convey Members' views.

24. Members' comments on the Chairman's enquiry and the HA representative's response are summarised as follows:

- (i) A Member pointed out that since the population of the New Territories West was growing, the manpower shortage of healthcare professionals in the New Territories West Cluster would have a great impact. Therefore, the Government should allocate more resources to the HA;
- (ii) A Member reiterated that the HA should give an account of the figures of medical incidents and manpower in Tuen Mun Hospital. Otherwise, Members would be unable to assess whether there were sufficient healthcare professionals. She reckoned that the HA should provide the relevant figures in writing; and
- (iii) A Member enquired about the wastage of the healthcare professionals of the New Territories West Cluster in 2018.

25. Dr Gladys KWAN of the HA replied that in 2017-2018, the wastage rate of doctors in the New Territories West Cluster was 5.4% and that of nurses was 4.8%, lower than the HA's overall wastage rates (i.e. 5.7% and 5.4%). She could provide figures concerning the wastage of other allied healthcare professionals and administrative staff after the meeting.

26. A Member doubted whether the HA had misunderstood the enquiry in the paper. He pointed out that the HA would release the details of sentinel and serious untoward events to the media and the figures about which the SSC enquired were already disclosed. He could not understand why the HA could not provide the relevant information.

27. The Chairman said that this item was discussed for the third time. She believed that instead of misunderstanding the enquiry in the paper, the HA representative could not provide the figures because of the HA's policy. The Chairman said that the SSC would write to the HA to request for the figures which had not been provided at that meeting. In addition, she asked whether the HA would report to the SSC on a regular basis (e.g. every quarter or every six months). Secretariat

[Post-meeting note: The letter was sent on 12 February 2019.]

28. Dr Gladys KWAN of the HA said that she understood Members' request. She would provide as much supplementary information as possible after the meeting and discuss with the headquarters before giving the SSC a written response. HA

29. The Chairman concluded that at an earlier TMDC meeting, the Director of Planning had said that the population of Tuen Mun would increase by over 100 000 in the following ten years. In this regard, the SSC hoped that the HA could start preparation early and provide additional manpower and complementary facilities to Tuen Mun Hospital.

VI. Discussion Items (Cont'd)

(C) Cooperation Scheme of Civic Education with 18 District Councils 2019 -2020 **(SSC Paper No. 1/2019)**

30. The Chairman said that the Committee on the Promotion of Civic Education ("CPCE") had earlier written to the TMDC Chairman that in 2019-2020, it would again allocate \$200,000 to each of the 18 districts to subsidise civic education promotional activities. With the approval of the TMDC Chairman, the matter was passed to the SSC for follow-up actions. She asked Members to consider whether to accept the funding and whether to follow past arrangement to co-organise activities with the Tuen Mun District Civic Education Committee ("TMDCEC")

31. As Members had no objection, the SSC decided to participate in the above scheme and co-organise activities with the TMDCEC. The Chairman asked the

Secretariat to invite the TMDCEC to co-organise activities and draft a proposal. Since the proposal had to be submitted to the CPCE for vetting by 29 March 2019, the Chairman asked the Secretariat to send SSC Members the proposal via email upon receipt. Members should put forward their views on the proposal by 22 March 2019. Otherwise, the proposal would be submitted to the CPCE for consideration by the deadline of 29 March 2019.

Secretariat

[Post-meeting note: On 15 January 2019, the Secretariat invited the TMDCEC to co-organise activities. The Chairman of the TMDCEC accepted the SSC's invitation on the same day.]

32. A Member who was also the Chairman of the TMDCEC thanked the SSC for its support. He said that the TMDCEC would, as in the past, organise civic education activities for Tuen Mun District.

(D) Enquiry about Full Occupation of Beds in Paediatric Department of Tuen Mun Hospital and its Response Mechanism

(SSC Paper No. 2/2019)

(Written Response of the HA)

33. The first proposer of the paper said that the occupancy rate of paediatric beds of Tuen Mun Hospital had been very high in December 2018 and on 10 December, the occupancy rate had been as high as 113%. He asked whether the situation had been caused by the influenza surge or overloading of Tuen Mun Hospital. He also hoped that the HA could give a response regarding the occupancy of paediatric beds and manpower conditions in Tuen Mun Hospital as well as whether solutions were available. In addition, since the population of Tuen Mun would continue to grow substantially, he asked whether the HA would consider increasing the number of paediatric beds when redeveloping Tuen Mun Hospital.

34. Dr Gladys KWAN of the HA replied that in view of the increasing number of families moving into the New Territories West and the growing child population in Tuen Mun District, the HA was very concerned about the development of the paediatric department of Tuen Mun Hospital and its utilisation of beds. In 2018-2019, there were 92 additional beds in the New Territories West Cluster and 22 of them were paediatric beds. In light of the winter influenza surge, the HA adopted a range of improvement measures. For

instance, it arranged for teams to monitor the utilisation of different specialist services to divert cases when necessary. More upper respiratory tract infection tests were carried out to facilitate diagnosis and treatment by frontline healthcare professionals. As a result, patients might be discharged earlier and the turnover rate of beds could be increased. Also, daytime service of the paediatric department was boost to allow children to receive assessment during the day and subsequently reduce the chance of hospitalisation. She said that the New Territories West Cluster would continue to discuss service planning with the headquarters in a bid to provide effective service to residents in the New Territories West.

35. A Member said that apart from Tuen Mun Hospital, only Pok Oi Hospital was equipped with a paediatric department in the New Territories West Cluster. He was concerned that the high demand of beds during the influenza surge might lead to higher risks of cross-infection. He suggested that the HA divert paediatric beds, instead of concentrating them in Tuen Mun Hospital. In addition, he asked whether there were neonatal beds among the 22 paediatric beds newly added in 2018-2019.

36. Dr Gladys KWAN of the HA replied that Tin Shui Wai Hospital was currently not equipped with a paediatric department. Cases would be handled by Tuen Mun Hospital centrally for easier coordination. Regarding the distribution of the 22 paediatric beds newly added in Tuen Mun Hospital in 2018-2019, she would provide more details after the meeting.

37. The Chairman asked the HA representative to relay Members' views and provide supplementary information about the distribution of the new paediatric beds in Tuen Mun Hospital after the meeting.

HA

(E) Request for Addition of Chair Beds for Carers in Paediatric Wards of Tuen Mun Hospital
(SSC Paper No. 3/2019)
(Written Response of the HA)

38. The first proposer of the paper said he understood that the seasonal influenza had substantially increased the demand for public healthcare services. However, when the demand reduced, chair beds should be provided in paediatric wards of Tuen Mun Hospital for patients' parents to rest. In addition, he

suggested that the HA should plan the provision of beds and other facilities more effectively when redeveloping Tuen Mun Hospital. As Hong Kong Children's Hospital had come into operation earlier, he suggested that the SSC conduct a visit to learn more about ways to enhance the paediatric wards of Tuen Mun Hospital.

39. The Chairman said that the Secretariat had earlier asked the HA to arrange for the SSC to visit Hong Kong Children's Hospital. She would provide more details about the activity during the "any other business" session.

40. A Member said that the hospital should try to cater for the needs of patients' parents as long as operation was not affected.

41. Dr Gladys KWAN of the HA thanked Members for their comments. She understood that it was difficult for parents to take care of sick children. If the condition of the wards allowed, healthcare professionals would strive to coordinate the arrangement. She hoped that the hospital environment for children could be enhanced through different measures in the long run.

42. A Member welcomed the HA's positive response. She said that as children were the future pillars of society, the HA should make parents trust that their children would be properly cared for in hospitals. In addition, when she visited friends in Tuen Mun Hospital recently, she found that the plastic chairs next to the beds had been removed and the beds were placed closer to each other. Even elderly visitors could only stand next to the beds.

43. The Chairman asked whether the location the Member referred to was a paediatric ward since plastic chairs were always available in paediatric wards. The Member said that she was referring to other wards.

44. Dr Gladys KWAN of the HA replied that she would gain an understanding of the ward operation from Tuen Mun Hospital. She added that healthcare professionals would provide chairs to elderly visitors or visitors with disability if needed.

45. The Chairman asked the HA representative to relay Members' views and suggested that Members provide more details to the HA for follow-up actions.

(F) Enquiry about Details of Pilot Scheme on Social Work Service for Child Care Centres, Kindergartens and Kindergarten-cum-Child Care Centres

(SSC Paper No. 4/2019)

(Written Response of the Social Welfare Department)

46. The first proposer of the paper asked if social workers identified children with development needs under the three-year “Pilot Scheme on Social Work Services for Pre-primary Institutions” (“the pilot scheme”), whether government departments would provide professional support services (e.g. speech therapy).

47. Miss Yondy LAI of the Social Welfare Department (“SWD”) replied that social workers at pre-primary institutions would communicate with local service units. If the social workers identified children with special needs, they might arrange for case referral (e.g. they might contact Child Assessment Centres or the Education Bureau to arrange for relevant units to follow the cases up). As the services were provided under a pilot scheme, the department would provide guidelines to the relevant service units beforehand to facilitate their cooperation with the social workers at pre-primary institutions.

48. A Member asked about the number of teams of social workers allocated to Tuen Mun District among the 16 teams mentioned in the SWD’s response and whether the SSC would invite the social workers to brief Members on their work at the meeting. Separately, a Member asked whether the department would regularise the services and suggested stepping up promotion to parents so that they could seek assistance when necessary.

49. Miss Yondy LAI of the SWD replied that the pilot scheme was territory-wide. The department received a total of 28 proposals. After assessment, 17 non-governmental organisations (“NGO”) were selected to form 16 teams of social workers. There were 60 pre-primary institutions in Tuen Mun. At the first phase of the scheme, nine teams of social workers from ten NGOs would provide services to 23 pre-primary institutions in the district. When the department invited proposals, it was required that the NGOs approach pre-primary institutions which then had to sign a letter of intent to collaborate with the NGOs. She agreed that the department should step up promotion to parents to ensure optimum use of the services. She would invite the service

units to brief Members on the service details at an SSC meeting.

50. Since the pilot scheme had been rolled out, a Member suggested that the department send relevant information to Members for reference via email after the meeting and that the SSC invite the teams of social workers to a meeting in due course.

51. The Chairman concluded that the SSC looked forward to learning more about the pilot scheme and asked the SWD to arrange for the social workers to brief Members on the services at a meeting.

(G) Request for Relaxed Restriction on Number of Reimbursement Claims for Community Care Fund Elderly Dental Assistance Programme

(SSC Paper No. 6/2019)

(Written Response of the Food and Health Bureau)

52. The first proposer of the paper welcomed the Government's arrangements to lower the eligibility age from 70 to 65 and raise the ceiling from \$15,000 to \$15,350 under the Community Care Fund Elderly Dental Assistance Programme ("the programme"). However, he opined that it was difficult for elderly people to exhaust the subsidy on one treatment item. Since it was inflexible that elderly people could only claim the subsidy once, he suggested cancelling that restriction so that elderly people might use up the subsidy first and pay for outstanding fees at their own expense. In addition, he suggested expanding the scope of the programme to subsidise all dental services.

53. A Member reckoned that lowering the eligibility age of the programme was a commendable measure but the Government should also relax other restrictions and step up promotion so that elderly people could use the subsidy more flexibly. Separately, a Member said that dental health would affect elderly people's ability to eat and digest. If not handled properly, dental problems might lead to other illnesses and indirectly place a greater burden on the public healthcare system. Therefore, the Member supported the above proposal.

54. The Chairman said that since the Food and Health Bureau ("FHB") had not sent representatives to the meeting, she asked the Secretariat to write to the Secretariat bureau to express Members' views.

[Post-meeting note: The letter was sent on 21 February 2019.]

(H) Request for Lower Eligibility Age for “Certificate of Old Age Living Allowance Recipients (for Medical Waivers)” and Improvement to Its Use Procedures

(SSC Paper No. 8/2019)

(Consolidated Written Response of the FHB and the HA)

55. The first proposer of the paper said that many elderly people worried that if their “Certificate of Old Age Living Allowance Recipients (for Medical Waivers)” (“the certificate”) was damaged, their medical fees could not be waived. Therefore, she asked the Government to simplify the use procedures of the certificate. In addition, she opined that there was no difference between the Higher Old Age Living Allowance (“OALA”) recipients aged 65 and those aged 75 or above in terms of financial situation. Therefore, she hoped that the FHB would lower the eligibility age for the certificate.

56. Members’ comments on the captioned matter are summarised as follows:

- (i) A Member said that many people hoped to have medical fees waived. She opined that the arrangement of medical fee waivers should align with that of the OALA. In the long run, elderly people should not be charged for consultations at public hospitals or clinics;
- (ii) A Member pointed out that some elderly people were unwilling to apply for the Comprehensive Social Security Assistance even if they had financial needs and only relied on the OALA. To them, the current charge for Accident and Emergency services at \$180 was a great burden. She reckoned that since OALA recipients had passed the SWD’s assets test, their medical fees should also be waived; and
- (iii) A Member pointed out that it was difficult for elderly people aged 65 or above to find jobs. Therefore, the eligibility requirements of medical fee waivers should not be too strict, otherwise people in need might refrain from seeking medical attention.

57. Miss Yondy LAI of the SWD replied that after implementing the new measure, the Higher OALA recipients aged 75 or above did not need to present

the certificate when seeking consultation. Other people with financial difficulties might receive one-off medical fee waivers upon assessment by medical social workers. Depending on the case, applicants who had to attend follow-up consultations frequently and had passed the assets test might receive medical fee waivers for three months or six months. She reminded eligible elderly people to inform healthcare professionals of their waiver status so as to avoid claiming medical expenses after payment.

58. The Chairman said that since the FHB had not sent representatives to the meeting, she asked the Secretariat to write to the bureau to express Members' views. Secretariat

[Post-meeting note: The letter was sent on 21 February 2019.]

VII. Reporting Items

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

(SSC Paper No. 9/2019)

(i) Working Group on Medical and Rehabilitation Services

59. The Convenor of the above working group said that together with The Wellness Centre (Tuen Mun) of the New Life Psychiatric Rehabilitation Association, the working group had jointly organised the communal activity "Happiness x Life" and produced booklets and environmentally-friendly bags to promote mental health. The working group wanted to distribute them to Members at the meeting. The Chairman agreed to the arrangement.

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

(ii) Working Group on Community Care

61. The Convenor of the above working group said that apart from organising activities, the working group had invited elderly organisations in Tuen Mun to nominate elderly people to attend the working group meeting and express their views on whether Tuen Mun was an elderly-friendly community. The working group would write to relevant government departments to relay those views afterwards.

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

(iii) Working Group on Education and Youth Services

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

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

**(B) Report by the Tuen Mun District School Development Section of the Education Bureau
(SSC Paper No. 10/2019)**

65. Members noted the contents of the relevant report by the Education Bureau.

**(C) Report by the Social Welfare Department
(SSC Paper No. 11/2019)**

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

**(D) Report on Crime Figures in the Tuen Mun District
(SSC Paper No. 12/2019)**

67. The Chairman said that since Lunar New Year was approaching, there were more burglaries in Tuen Mun. She hoped that the Police would step up patrols, especially in rural areas. Mr LEE Wai-ming of the Hong Kong Police Force noted her view.

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

VIII. Any Other Business

(A) Visit to Hong Kong Children's Hospital

69. The Chairman said that in light of Members' request to visit Hong Kong Children's Hospital, the Secretariat had contacted the HA and arranged for Members to conduct a visit on 27 February 2019 in the afternoon. The Secretariat would send an email to invite all TMDC Members, whether SSC Members or not, to join the activity. She asked Members to reserve time for the activity and she looked forward to their enthusiastic participation.

[Post-meeting note: On 17 January 2019, the Secretariat sent an email to invite all SSC and other TMDC Members to join the above activity.]

IX. Date of Next Meeting

70. There being no other business, the Chairman closed the meeting at 11:47 a.m. The next meeting would be held on 12 March 2019.

Tuen Mun District Council Secretariat

Date: 1 March 2019

File Ref: HAD TM DC/13/25/SSC/19