

Minutes of the 9th Meeting of
the Social Services Committee (2016-2017) of
the Tuen Mun District Council

Date: 9 May 2017 (Tuesday)

Time: 9:31 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	9:33 a.m.	End of meeting
Mr TO Shek-yuen, MH	TMDC Member	9:33 a.m.	11:02 a.m.
Ms KONG Fung-yi	TMDC Member	9:30 a.m.	End of meeting
Mr CHAN Yau-hoi, BBS, MH, JP	TMDC Member	9:30 a.m.	End of meeting
Ms WONG Lai-sheung, Catherine	TMDC Member	9:30 a.m.	End of meeting
Ms HO Hang-mui	TMDC Member	9:34 a.m.	End of meeting
Mr TSUI Fan, MH	TMDC Member	9:30 a.m.	End of meeting
Ms CHING Chi-hung	TMDC Member	9:35 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
Mr CHEUNG Hang-fai	TMDC Member	9:30 a.m.	End of meeting
Ms CHU Shun-nga, Beatrice	TMDC Member	9:30 a.m.	End of meeting
Mr KAM Man-fung	TMDC Member	9:35 a.m.	End of meeting
Mr MO Shing-fung	TMDC Member	10:53 a.m.	End of meeting
Mr YIP Man-pan	TMDC Member	9:30 a.m.	End of meeting
Mr YEUNG Chi-hang	TMDC Member	9:30 a.m.	End of meeting
Mr YAN Siu-nam	TMDC Member	9:30 a.m.	End of meeting
Mr TAM Chun-yin	TMDC Member	9:30 a.m.	End of meeting
Ms NG Dip-pui	Co-opted Member	9:30 a.m.	10:51 a.m.
Mr YU Tai-wai	Co-opted Member	9:32 a.m.	12:02 p.m.
Mr CHU Wai-ming	Co-opted Member	9:30 a.m.	End of meeting
Mr TSANG Hing-chung	Co-opted Member	9:30 a.m.	11:40 a.m.
Ms LAI Ka-man	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 H W LIU Chief Manager (Financial Planning and Revenue Management),
Hospital Authority

Ms Magdalene CHAN Senior Manager (Operation and Cluster Service),
Hospital Authority

Dr T W AU YEUNG Service Director (Primary and Community Health Care),
New Territories West Cluster, Hospital Authority

Ms SIU Kin-heung Assistant District Social Welfare Officer (Tuen Mun)1,
Social Welfare Department

Ms LEE Pui-see, Patricia Senior Executive Officer (Healthcare Planning and Development
Office)2, Food and Health Bureau

Dr LOH Lai-ting, Taron Senior Medical and Health Officer (Community Liaison)1,
Department of Health

Mr LEE Chak-man Executive Member, Working Group for Committee on the
Promotion of Civil Education Co-operation Scheme, Tuen Mun
Civic Education Committee

In Attendance

Mr CHAU Ka-nin, Eric Senior Liaison Officer (2), Tuen Mun District Office,
Home Affairs Department

Mr LEUNG Cheuk-fai Senior School Development Officer (Tuen Mun)1,
Education Bureau

Mrs NG NG Lai-chun Assistant District Social Welfare Officer (Tuen Mun)2,
Social Welfare Department

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

Mr Vincent CHEUNG Senior Community Relations Officer, Independent Commission
Against Corruption

Absent with Apologies

Ms TSANG Ka-lai Co-opted Member

Mr CHAN Ho-ting Co-opted Member

Mr SO Wai-luen Co-opted Member

I. Opening Remarks

The Chairman welcomed all present to the 9th meeting of the Social Services Committee (“SSC”).

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

II. Absence from Meeting

3. The Secretariat had received Ms TSANG Ka-lai’s notification about her absence from the meeting due to other commitments.

III. Confirmation of Minutes of the 8th Meeting Held on 14 March 2017

4. The above minutes were unanimously confirmed by the SSC.

IV. Matters Arising

(A) Air-conditioning Systems Should be Included in Standard Teaching Facilities

(SSC Paper No. 10/2017)

(Paragraphs 20-24 of Minutes of Previous Meeting)

5. The Chairman said that at the previous meeting, the SSC had decided after discussion to take the matter forward at the current meeting. It had also requested the representative of the Education Bureau (“EDB”) to relay Members’ views to the relevant parties and report back to Members at the current meeting. She would like the EDB representative to report on the progress.

6. Mr LEUNG Cheuk-fai of the EDB responded that the bureau had, in accordance with the current policy, installed air-conditioning systems in schools and facilities most in need of air-conditioning, which included noise-affected classrooms, libraries and other special rooms, and schools for students with special needs. Huge public resources would be entailed if air-conditioning systems were further installed in all classrooms and special rooms of all aided schools. The bureau had to be prudent in considering the prioritisation of uses of public resources. The bureau would continue to review the current policy from time to time and assisted

schools in improving their campus facilities subject to the availability of resources.

7. A Member asked whether electricity charges for air-conditioning were covered in the bureau's funding to schools, as the burden on student parents would increase if schools passed the electricity costs on to them.

8. Noting that all government offices were equipped with air-conditioning, a Member did not understand why the bureau refused to install air-conditioning systems in all schools and to count air-conditioning systems among standard facilities. He suggested the SSC write to the EDB urging the bureau to be empathetic with schools and students and adopt Members' ideas on improvement to school facilities. Furthermore, he said education was the most effective solution to inter-generational poverty, adding that generally speaking, students of private schools with better facilities came from well-off families; therefore, if the bureau insisted on not putting in resources to upgrade the facilities of aided schools, the gap in term of the learning environment would only be widened and the gap between the rich and the poor could hardly be narrowed.

9. Mr LEUNG Cheuk-fai of the EDB responded that if the bureau installed an air-conditioning system in a school, the bureau would be responsible for its repair and maintenance and bear the electricity cost.

10. Members' comments and enquiries in the second round of discussion are summarised as follows:

- (i) A Member held the view that even if a school installed air-conditioning systems on its own, the bureau should also provide more resources for the school to meet the electricity cost, so that the burden on the school could be eased and students could have a better learning environment;
- (ii) A Member pointed out that if a school suffered from noise, the EDB would install air-conditioning in the affected classrooms, and the school would raise funds on its own to install air-conditioning systems in other classrooms not affected by the noise as well as its hall and library to avoid the air-conditioning being exclusive to specific students; and
- (iii) A Member noted that a school spent about \$220,000 a year on air-conditioning maintenance and electricity and there were over 600 primary and secondary schools in Hong Kong, so the total spending was about \$100 million or so. As the Chief Executive designate had said earlier that an

additional \$5 billion recurrent funding would be allocated for education, the EDB might consider using this funding if it agreed to install air-conditioning systems in schools to enhance education quality.

11. The Chairman concluded by saying that to provide the next generation with a good learning environment, the EDB should count air-conditioning systems among standard facilities and subsidise schools' costs relating to their air-conditioning systems. She said that while the SSC would write to the EDB expressing Members' views, she would also like the EDB representative to relay their views to the bureau.

Secretariat
and EDB

(Post-meeting note: The above letter was issued on 22 June 2017.)

V. Discussion Items

(A) Funding Scheme for Women's Development (SSC Paper No. 23/2017)

12. The Chairman said the Women's Commission had earlier written to the TMDC Chairman indicating that the Funding Scheme for Women's Development would be rerun in the year 2017-2018, under which a fund of \$53,000 would be allocated to each of the 18 districts to subsidise the women's development promotion activities to be organised by them. With the consent of the TMDC Chairman, the matter concerned was passed to the SSC to follow-up. If Members agreed that the fund be accepted, the SSC might follow the previous arrangement by which the fund would be passed to the Working Group on Community Care for further action. The Chairman added that in each of the previous five years, the SSC had used to accept the fund and assign the above working group to join women's organisations or non-governmental organisations ("NGOs") in organising activities.

13. A Member supported passing the above plan to the Working Group on Community Care for follow-up. As Members had no objection, the SSC decided to assign the Working Group on Community Care to handle the fund allocated under the Funding Scheme for Women's Development for the year 2017-2018.

(B) Issue of 6 000 Elderly Persons Passing Away while Waiting for Subvented Residential Care Places (SSC Paper No. 24/2017) (Written Response of Social Welfare Department)

14. A proposer of the paper said recent years had seen an acute shortage of residential care places for the elderly as revealed by the data as at 31 December

2016, which showed that there had been more than 40 000 elderly people waiting for about 32 000 subvented residential places and over 6 000 elderly people had passed away while waiting. In his view, the Scheme on Community Care Service Voucher for the Elderly (“CCSV Scheme”) and the Scheme on Residential Care Service Voucher for the Elderly (“RCSV Scheme”) launched by the Government would lead to marketisation of elderly services and fee hikes in the private market, so the Government should focus resources on increasing the supply of public residential places for the elderly in the long run.

15. Members’ comments are summarised as follows:

- (i) A Member noted that the use of the campus site of the Church of Christ in China Kei Leung Primary School (“Kei Leung School”) in Leung King Estate had been changed in early years and the site had been handed over to the Social Welfare Department (“SWD”) for use as a residential care home for the elderly (“RCHE”), but no headway had been made on the project since the above campus was vacant 10 years before. She hoped the department could launch the above project as soon as possible;
- (ii) A Member pointed out that while there were more than one million elderly people in Hong Kong, the department would provide only about 9 100 residential places in the coming year, which utterly failed to keep pace with population ageing; therefore, the Government should find land for RCHEs and day care centres for the elderly (“DCCEs”);
- (iii) A Member said the elderly felt confused about the different types of government-launched service vouchers, such as the Health Care Voucher (“HCV”) of the Department of Health (“DH”);
- (iv) A Member suggested that besides using vacant school campuses, the Government might also expressly require in land sale conditions that developers should designate some areas for construction of RCHEs;
- (v) A Member reckoned that the Government should not marketise elderly services, because the quality of private RCHEs was inferior to that of public elderly homes;
- (vi) A Member suggested consideration be given to incorporating elderly services in residential development projects by designating the lower and higher floors of buildings for RCHEs and residential units respectively; and

(vii) A Member suggested the department disclose information about quality elderly homes so that the public could choose suitable elderly services.

16. Ms SIU Kin-heung of the SWD responded that the department had earmarked 19 development projects for provision of some 2 100 elderly residential care places, and it would also provide about 7 000 elderly residential service places under the Special Scheme on Privately Owned Sites for Welfare Uses (“Special Scheme”). Furthermore, only self-financing homes, contract homes and NGOs would be allowed to provide services in the first phase of the RCSV Scheme in order to ensure service quality, while the scheme would be extended to cover EA1 private homes in the second phase to provide suitable services for the elderly.

17. Ms SIU Kin-heung of the SWD said the department was discussing with relevant departments the development plan for the campus of Kei Leung School in a bid to confirm the details and start the project as soon as possible. If there were any other vacant school campuses, the SWD would be glad to consider whether they were suitable for welfare facility development. It was an existing requirement of the SWD that private developers should include elderly facilities in their development projects (e.g. the DCCE to be built at Wu On Street in Area 44).

18. Ms SIU Kin-heung of the SWD further said the department had been implementing a standardised assessment mechanism since 2003, under which suitable community and residential care services were arranged for elderly people in need according to their impairment levels. Moreover, 1 000 places were provided under the SWD-launched Navigation Scheme for Young Persons in Care Services, which encouraged the youth to join the elderly and rehabilitation care services. As at March 2017, 569 young people had completed training and joined the elderly and rehabilitation care services sector.

19. Ms SIU Kin-heung of the SWD added that the department could provide elderly people waiting for residential care places with community care and support services that covered meal delivery and personal care, such as the Integrated Home Care Services (“IHCS”), the Enhanced Home and Community Care Services and DCCEs, in accordance with their needs. Besides, the service quality group and licensing team of the department conducted surprise inspections of elderly homes to monitor their service quality.

20. Members’ comments and enquiries in the second round of discussion are

summarised as follows:

- (i) A Member said data from the Census and Statistics Department (“C&SD”) showed that the elderly would make up a very large proportion of the overall population of Hong Kong in 2035. However, the construction of elderly homes utterly failed to keep pace with population ageing, and the service quality of subvented elderly homes was usually better than private elderly homes; therefore, the shortage of residential places in subvented elderly homes was more acute;
- (ii) A Member pointed out that recruitment difficulties and manpower shortage occurred among private elderly homes as the remuneration of their workers was relatively poor, the working hours were long and the daily work involved obnoxious duties. The Member therefore suggested the department review the services of private elderly homes from a structural and policy perspective;
- (iii) A Member asked if the department had any backup plan if the Special Scheme failed to provide 7 000 elderly residential service places on schedule;
- (iv) A Member enquired about the current number of elderly people eligible for subvented residential care places;
- (v) A Member said that during visits to private elderly homes in outlying areas, it had been found that their service quality varied greatly and some homes tied elderly people to wheelchairs to prevent them from wandering off. The Member opined that the department’s inspections were ineffective in rooting out such a practice;
- (vi) A Member reckoned that more subvented residential care places should be created without delay; and
- (vii) A Member enquired about home-based services.

21. Ms SIU Kin-heung of the SWD responded that the department paid serious attention to the service quality of private RCHEs and would do its best to ensure their compliance with the SWD’s requirements. The IHCS Teams were formed through restructuring of the former Home Help Teams, and there were currently some 61 IHCS Teams in total providing home-based care services for the elderly. The department would keep monitoring the demand for community services. It would also work hard with relevant organisations to realise the provision of the 7

000 elderly residential service places specified in the Special Scheme. As at February 2017, there had been some 29 549 people waiting for Care and Attention Homes for the Elderly and the waiting time had been about 37 months, while there had been some 6 201 people waiting for places at Nursing Homes and the waiting time were about 23 months.

22. Ms SIU Kin-heung of the SWD further said the department required that elderly homes should strictly observe the SWD's guidelines before imposing restraints on elderly people, and the staff of the elderly homes should regularly check the conditions of the elderly. If Members found any deficiencies in the services of individual elderly homes, they might contact the department for follow-up. In addition, all the inspections arranged by the department were unannounced.

23. The Chairman concluded by saying that as population ageing became an increasingly serious problem, there was huge demand for residential care places for the elderly and DCCEs in society. She hoped the alteration to the campus site of Kei Leung School could be completed as soon as possible so that it could come into service to provide more residential places. Besides, as Members expressed the view that there was a big gap between the quality of subvented elderly homes and private elderly homes, the department should step up regulation, provide more community care services and review the related policies. She would like the SWD representative to relay Members' views to the department.

SWD

(C) Opposing Substantial Increase in Accident and Emergency Service Charges

(SSC Paper No. 25/2017)

(Written Response of Hospital Authority)

24. The Chairman welcomed Dr H W LIU, Chief Manager (Financial Planning and Revenue Management), Ms Magdalene CHAN, Senior Manager (Operation and Cluster Service), and Dr T W AU YEUNG, Service Director (Primary and Community Health Care), New Territories West Cluster, of the Hospital Authority ("HA") to the meeting.

25. Dr H W LIU of the HA gave a PowerPoint presentation (Annex 1) to briefly introduce to Members the HA's review of service charges and recommendations.

26. A proposer of the paper said data provided in the HA's response showed that attendance at accident and emergency ("A&E") departments had climbed from 2.1 million in 2005 to 2.2 million in recent years, representing an increase of only 100

000 people over more than 10 years. The annual attendance grew with the population ageing as expected. He wondered why the HA could not cope with the rising attendance despite the year-by-year increases in its manpower. He further pointed out that patients in many non-urgent cases chose to go to A&E departments because they were unable to make bookings for out-patient appointments amid the current shortage of public general out-patient (“GOP”) services. He suggested the HA put the hike in the A&E service charge on hold and consider providing more 24-hour GOP services and diverting non-urgent patients at A&E departments to out-patient clinics by reference to the practices adopted by Queen Elizabeth Hospital and Prince of Wales Hospital, in a bid to reduce A&E attendance.

27. Members’ comments are summarised as follows:

- (i) A Member believed that some people who felt sick at midnight went to A&E departments for medical assistance only because they had no other choices. The Member suggested the HA provide 24-hour GOP services and raise the quotas for out-patient services and evening out-patient services;
- (ii) A Member believed the A&E service charge hike would have a knock-on effect, leading to fee increases at private clinics;
- (iii) A Member reckoned that the Government should allocate more resources to the HA and put the A&E service charge hike on hold;
- (iv) Noting that A&E attendance rose significantly on every consecutive public holiday and at midnight, a Member suggested the HA raise the quotas for GOP services during the above periods of time;
- (v) A Member disapproved of the HA raising the charge on the grounds of the rising A&E attendance, opining that it should figure out why the attendance increased;
- (vi) A Member found the 80% increase in the A&E service charge unacceptable and suggested recipients of the Comprehensive Social Security Assistance (“CSSA”) and adults in need be granted exemptions;
- (vii) A Member believed that the charge hike would not help bring down A&E attendance; and
- (viii) A Member suggested speeding up the implementation of the public-private

partnership programmes in healthcare (“PPP programmes”).

28. Dr H W LIU of the HA responded that since the HA’s introduction of the A&E service charge in 2002, the number of non-critical patients (i.e. cases triaged as Category IV and V) had dropped, but they still accounted for two-third of the overall utilisation. He said a rise in the number of these patients would have impact on the waiting time for patients in more urgent clinical conditions. The HA hoped that by narrowing differences in charges with private out-patient services, some non-urgent patients could be diverted to the private market, so that manpower at A&E departments could be spared to strengthen efforts to rescue patients in critical conditions, such as arranging for patients with acute ischaemic stroke to receive the intravenous thrombolytic therapy within critical hours.

29. Dr H W LIU of the HA continued to say that the HA had taken different administrative measures, such as providing special honorarium for medical staff who worked overtime during holidays, to strengthen hospital manpower at A&E departments during holidays. However, due to the shortage of medical graduates in recent years, it was expected that the situation could be eased only after 2018. Given the limited manpower resources, it was more effective to deploy more medical staff to A&E departments than to launch 24-hour GOP services. The HA expected that the quota for GOP services could be increased by 20 000 to 40 000 in the coming two years, and subject to the availability of manpower and financial resources, the quotas for GOP consultations could be further increased in the coming few years.

30. Besides, Dr T W AU YEUNG of the HA said that over the previous five years, a total of more than 72 000 places had been added to the quota for GOP services and 16 new family medicine specialists had been hired in the New Territories West Cluster (“NTWC”). It was always the NTWC’s hope that both primary healthcare in the community and A&E services could be enhanced at the same time. He would relay to the HA headquarters Members’ view that strengthening primary healthcare services in districts could help divert A&E patients.

31. Members’ comments and enquiries in the second round of discussion are summarised as follows:

- (i) A Member reiterated that the A&E service charge hike should be shelved;
- (ii) A Member reckoned that the Government should arrange proper support facilities in view of the continuous expansion of the population;

- (iii) A Member opined that the HA had not given any response to the question of whether evening out-patient services could be launched at the three GOP clinics in the district;
- (iv) A Member suggested the HA consider providing out-patient services on weekends or cooperating with private clinics to provide financial assistance for people who sought medical consultation on holidays;
- (v) A Member asked whether the HA would consider pegging the increase in the charge to triage categories or the time of requests for medical assistance so that, for example, the higher charge would apply only to patients of Categories III to IV;
- (vi) A Member pointed out that since the HA's introduction of the A&E service charge in 2003, attendance had dropped initially but rebounded gradually afterwards. Therefore, the Member would like to know how the HA could ensure a decline in A&E attendance after the charge adjustment;

(Post-meeting note: The HA indicated that the three GOP clinics in the district currently provided services on Saturday mornings.)
- (vii) A Member asked whether the HA could streamline the procedure for medical fee waiver, opining that the A&E service charge hike would affect low-income people with genuine needs; and
- (viii) A Member suggested the HA undertake an open tendering exercise, inviting private clinics to operate near public hospitals to divert patients away from A&E departments.

32. Dr T W AU YEUNG of the HA responded that New Territories West had a huge grassroots population and the population ageing problem it faced was the most serious, but there was no private hospital in the region. In view of this, the resources allocated to the NTWC had been increased at higher rates than those to other clusters over the previous years, in the hope that medical services in the region could be improved. He understood that New Territories West needed more resources to cope with the future demand for services, so the NTWC would continue to ask for resources from and bring its needs to the attention of the HA headquarters.

33. Dr H W LIU of the HA further said the PPP programmes would be extended to all the 18 districts in Hong Kong in the coming two years. In response to a Member's proposal to peg the increase in the charge to the time of requests for medical consultation, he explained that this might lead to delays in medical attention because some patients might not seek medical assistance immediately in order to save money. Despite the gradual rebound of A&E attendance after the HA's introduction of the A&E service charge in 2003, the numbers of Categories IV and V patients did not go up again, showing that the charge adjustment was effective in reducing non-urgent cases at A&E departments. With regard to streamlining the procedure for medical fee waiver, the HA would adjust the thresholds for approval and introduce a longer waiver period (e.g. one year) for chronic patients. Moreover, the HA planned to waive all the medical fees for eligible Old Age Living Allowance recipients aged 75 or above from next year onwards.

(Post-meeting note: The HA indicated that eligible persons meant elderly singletons with assets not exceeding \$144,000 or elderly couples with assets not exceeding \$218,000.)

34. The Chairman thanked the HA representatives for attending the meeting. She said Members had doubts as to whether the A&E service charge hike could help reduce attendance and suggested the HA enhance medical facilities in Tuen Mun by, for example, launching evening GOP services, building a private hospital, setting up out-patient clinics near A&E departments to divert patients, and providing GOP services on holidays. The Chairman also said the SSC would write to the Food and Health Bureau ("FHB") and the HA expressing Members' views. Secretariat

(Post-meeting note: Two letters were issued as mentioned above on 22 June 2017.)

(D) Request for Purchasing Additional Rehabuses
(SSC Paper No. 26/2017)
(Consolidated Response of Labour and Welfare Bureau and Transport Department)

35. A proposer of the paper said the Rehabus service was very inadequate, as evidenced by the fact that in the previous year there had been over 7 000 cases of unsuccessful dial-a-ride bookings for the Rehabus service and some people in need had to make a booking several months to one year in advance. There were currently more than 320 000 disabled people in Hong Kong, hence an urgency to increase Rehabuses. In view of this, she hoped the Labour and Welfare Bureau ("LWB") would consider the following requests: allocating more resources for

Rehabus purchase; conducting a full review of the demand for Rehabuses in order to work out the goal and timeframe for improvement; strengthening the regulation of unlicensed rehabilitation buses; and purchasing more wheelchair accessible transport. Moreover, she suggested that when the relevant department examined and approved the applications for renewal of the licences of these green minibuses, it should require green minibuses operating via hospitals to be equipped with low-floors to facilitate the picking-up and dropping-off of disabled people. Besides, the Government might consider providing financial assistance for taxi owners to encourage them to buy wheelchair user-friendly taxis.

36. Members' comments are summarised as follows:

- (i) A Member reckoned that the Transport Department ("TD") should send representatives to the meeting as Rehabuses were managed by the department;
- (ii) A Member said there were over 320 000 disabled people but only 156 Rehabuses in Hong Kong, hence very limited carrying capacity. The Member hoped the department could purchase more Rehabuses;
- (iii) A Member pointed out that the Rehabus service was currently operated by the Hong Kong Society for Rehabilitation ("HKSR"). The Member suggested the department bring in competition by inviting other organisations to provide the service;
- (iv) A Member hoped the SWD could provide assistance for the disabled;
- (v) A Member remarked that the recruitment requirements for Rehabus drivers set by the HKSR were harsh (including six days' work a week, 11 hours' work a day, and three or more years' experience of a driving licence) but their monthly salary was just \$15,000. The Member reckoned that the organisation should provide better remuneration for drivers and only by this could its recruitment difficulties be resolved; and
- (vi) A Member noted that the Rehabus service of the LWB and the TD had recently come in for fierce criticism from the Office of The Ombudsman, who accused the two departments of being insincere in implementing the Rehabilitation Programme Plan drawn up in 2007.

37. The Chairman said the Rehabus service was closely related to the SWD, so she would like the SWD representative to relay Members' views to the relevant department. She added that the SSC would write to the LWB and the TD expressing Members' views.

(Post-meeting note: Two letters were issued as mentioned above on 22 June 2017.)

(E) Request for Strengthening Support for Persons Suffering from Dementia and their Family Members
(SSC Paper No. 27/2017)
(Written Response of SWD)

38. The Chairman welcomed Ms Patricia LEE, Senior Executive Officer (Healthcare Planning and Development Office)² of the FHB, to the meeting.

39. A proposer of the paper said that at the moment the Government compiled no statistics for annual changes in the number of dementia patients. According to the unofficial statistics of the Hong Kong Council of Social Service, there were around 100 000 dementia patients in Hong Kong. As it was forecast that there would be more than 100 000 dementia patients in Tuen Mun by 2024, she requested the relevant departments to publish the statistics for annual changes in the number of dementia patients in New Territories West (including the hidden elderly). Moreover, she hoped the FHB would consider the following requests: strengthening the professional healthcare training for the staff of various types of elderly homes, setting up an information hotline for public enquiries about dementia, providing financial assistance for dementia patients, setting up a resources centre for dementia patients to provide support and training for the families and carers of dementia patients, and providing community-based shuttle bus and carer services to carry dementia patients between their homes and day care centres.

40. Members' comments are summarised as follows:

- (i) A Member held the view that there should be a coordinating government department for policies and support measures relating to dementia patients;
- (ii) A Member reckoned that given the tendency for people to suffer from dementia at younger ages, the Government should put in more resources to provide community support for dementia patients;
- (iii) A Member suggested the Government set up a centre specialising in day care for dementia patients, as families of dementia patients were often unable to

look after them due to work;

- (iv) A Member hoped the bureau could pay regard to the needs of dementia patients when determining the allocation of resources in the future, since there was no dedicated funding for dementia-related support services under the current policies;
- (v) A Member reckoned that by providing shuttle bus services to carry dementia patients between their homes and day care centres, the Government could get a grasp of the particulars of dementia patients in Tuen Mun and build a network for the data; and
- (vi) A Member said it was difficult for dementia patients to trust strangers, and their conditions might deteriorate if they refused to attend follow-up clinic sessions because of frequent changes of carers.

41. Ms Patricia LEE of the FHB responded that the bureau had set up the Review Committee on Mental Health in 2013 to review policies and services on mental health. A review of the services for the dementia elderly, together with recommendations, was covered in the report of the review released in April this year. The public might view or download the above report on the website of the FHB's Healthcare Planning and Development Office.

42. Ms Patricia LEE of the FHB further said that according to the HA's data, the HA currently provided services for some 28 000 dementia patients, and among them, about 12 000 cases were handled by psychiatric departments while the remaining cases by different departments depending on the major diseases of the patients. In recent years, psychiatric departments in the NTWC had handled about 1 600 dementia cases per year on average. In 2012, the HA had set up the 24-hour hotline "Mental Health Direct" manned by psychiatric nurses to provide the public (including dementia patients and their carers) with professional advice on mental health and assist in arranging referral services. Besides, the HA had been providing psychiatric services for people of different ages.

43. The Chairman asked about the number of the "Mental Health Direct" hotline. Ms Patricia LEE of the FHB replied that the hotline number was 2466 7350.

44. Ms SIU Kin-heung of the SWD responded that with regard to the training required for workers who took care of people with dementia at elderly homes, the

department had been implementing the two-year Quality Improvement Project for RCHEs through the Lotteries Fund since November 2016, under which the Hong Kong Association of Gerontology was engaged to provide training for staff of all elderly homes (except subvented ones) in the form of on-site coaching, so as to boost the service quality of elderly homes. Moreover, District Elderly Community Centres (“DECCs”) would identify and help hidden elderly people in communities. Currently, vehicles purchased with funding from the Lotteries Fund were provided by DCCes, the Enhanced Home and Community Care Services Teams, the IHCS Teams and the Pilot CCSV Scheme of the department to carry patients with dementia and elderly people with disabilities between their homes and service venues.

45. Ms SIU Kin-heung of the SWD further said there were currently two centres in Tuen Mun specialising in support services for elderly people with dementia, namely Tung Wah Group of Hospitals Happy Mind Community Support Centre for the Elderly, and Yan Oi Tong (Tuen Mun) Community Care Service Voucher for the Elderly - Day Care Unit. Some day care centres would extend their services to provide care for the elderly during non-office hours. Furthermore, NGOs offering services to the elderly would, in light of their needs, work actively to let them know and trust their staff more.

46. Members’ comments and enquiries in the second round of discussion are summarised as follows:

- (i) Opining that the “Mental Health Direct” hotline was still not enough, a Member suggested the bureau consider setting up a hotline that offered dementia information;
- (ii) A Member reckoned that the bureau should step up the publicity for the “Mental Health Direct” hotline service;
- (iii) A Member said there was still not enough care for all people in need even though some day care centres would launch extended services. Thus, the Member considered it necessary to set up a dementia fund to make some non-subvented services sustainable;
- (iv) A Member enquired about the number of hidden elderly; and
- (v) A Member asked if there would be any changes in the bureau’s policies on long-term care services, such as whether support would be provided for

Action

dementia patients of different age cohorts based on their needs rather than ages.

47. Ms SIU Kin-heung of the SWD responded that the HKSR's Community Rehabilitation Network at Tai Hing Estate, Tuen Mun had formed mutual aid groups among dementia carers to provide close support for families of dementia patients. She would pass the idea of setting up a dementia fund on to the department and provide figures on hidden dementia patients after the meeting. SWD

(Post-meeting note: The SWD reported that as at 31 December 2016, there had been 413 cases of hidden and vulnerable elderly handled by DECCs and Neighbourhood Elderly Centres in Tuen Mun, among which 136 involved newly reached elderly people.)

48. Ms Patricia LEE of the FHB responded that with professional knowledge, the psychiatric nurses manning the "Mental Health Direct" hotline were able to answer the public's enquiries about mental health (including dementia). She added that the HA would continue to promote the hotline service to the public through suitable channels. Besides, she said the Mental Health Review Report recommended setting up a permanent Advisory Committee on Mental Health, which would serve as a platform for the Government to follow up on the implementation of the recommendations of the review report (including those on strengthening dementia-related services) and review the development of mental health services.

49. The Chairman thanked the department representatives for their responses and invited them to relay Members' views to the FHB and the SWD. FHB and SWD

(F) Request for Review of Utilisation of EHCVs
(SSC Paper No. 28/2017)
(Written Response of DH)

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

51. A proposer of the paper said that in a questionnaire survey conducted earlier, more than half of respondents had indicated that the Elderly Health Care Voucher ("EHCV") amounting to \$2,000 per year was not enough. Moreover, some elderly people did not know that EHCVs applied to services provided by dentists and Chinese medicine practitioners. He suggested the authority step up the publicity for the EHCV Scheme, raise the HCV amount and encourage clinics to clearly specify

their service charges.

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

- (i) A Member reckoned that the department should step up its efforts to publicise the EHCV Scheme and its application, as many elderly people still mistakenly thought that HCVs were service vouchers in paper form;
- (ii) A Member considered that it was necessary for the department to raise the EHCV amount as medical fees were high;
- (iii) A Member suggested the validity period of the EHCV Scheme be extended to three years and the maximum accumulation limit be raised;
- (iv) A Member enquired when the plan to provide EHCVs for elderly people aged 65 would be implemented; and
- (v) Noting that some private clinics would charge higher consultation fees when they received EHCVs, a Member asked whether the department would require clinics to clearly specify their fees and whether it would impose penalties for overcharging of fees.

53. Dr Taron LOH of the DH responded that the EHCV Pilot Scheme had been introduced in 2009 to provide financial assistance for elderly people aged 70 or above who used private primary healthcare services, and the pilot scheme had been changed to a permanent scheme in 2014 with the annual HCV amount for each eligible elderly person doubled to the current \$2,000 and the maximum accumulation limit set at \$4,000. In 2014, the department had lowered the face value of each HCV from \$50 to \$1 so that the elderly could use the vouchers more flexibly. While the Government planned to lower the eligibility age for the EHCV Scheme from 70 to 65 in 2017, the administrative procedures for the plan were not yet complete, and there was no exact implementation date at the moment.

54. Dr Taron LOH of the DH further said the department would continue to publicise the EHCV Scheme through different channels (including television and radio announcements and advertisement on public transport). As at March 2017, about 670 000 elderly people had used EHCVs, and according to the Hong Kong Population Projections released by the C&SD, there would be up to 1.4 million people aged 65 or above in 2020, which meant that the number of people eligible to use EHCVs would be doubled by then. In view of this, when considering whether

to increase the EHCV amount, the department had to carefully assess its long-term implications on public finance. Besides, medical needs varied from individual to individual, so there were practical difficulties in requiring all clinics to standardise their fees, but the department required that service providers under the EHCV Scheme should ensure the HCV amount charged to an elderly person did not exceed the fee for the medical services provided in the consultation, and that they should neither charge for EHCV account opening nor determine a fee based on whether or not an elderly person used HCVs in the consultation.

55. A Member suggested the department consider using graphics in EHCV promotion to help the elderly understand the information. Besides, he felt that doctors determined consultation fees based more on the time of consultation than on the diseases of patients. Therefore, he suggested the department impose regulation to make fees more transparent.

56. Dr Taron LOH of the DH responded that if a participating service provider failed to comply with the terms and conditions of the EHCV Scheme agreement, the HCV claims submitted by the service provider would not be reimbursed. If the HCV reimbursement was already made, the department would claim the amount back. For cases involving fraud or professional misconduct, the department would refer them to the Police or the relevant statutory organisations (e.g. the Medical Council of Hong Kong) for follow-up and would disqualify the service provider from participating in the EHCV Scheme. Over the previous three years, the department had received a total of some 15 complaints about suspected overcharging of fees by medical service providers participating in the scheme, two of which had been substantiated with follow-up actions taken.

57. The Chairman would like Dr Taron LOH to relay Members' views to the department. She reckoned that the department should step up the publicity for the EHCV Scheme and make the fees charged by service providers more transparent.

DH

VI. Reporting Items

(A) Tuen Mun District Welfare Office Business Plan 2017-18 **(SSC Paper No. 29/2017)**

58. Mrs NG NG Lai-chun of the SWD gave a PowerPoint presentation (Annex 2) to briefly introduce the business plan under discussion to Members.

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

(i) A Member enquired about the number of places available at the DCCE in

Yan Tin Estate;

- (ii) Noting that most people retired at the age of 60, a Member asked whether the department would still provide assistance for retired people aged below 65 if the eligibility age for the elderly CSSA was to be raised to 65;
- (iii) A Member asked whether the department had set any standards for RCHE inspection (e.g. the number of inspections) and whether surprise inspections would be conducted;
- (iv) A Member did not support the department in raising the eligibility age for the elderly CSSA to 65, opining that the asset test was sufficient to ensure no CSSA abuse; and
- (v) A Member asked whether the department had the work plan relating to the services of New Life Psychiatric Rehabilitation Association The Wellness Centre (Tuen Mun).

60. Ms SIU Kin-heung of the SWD responded that the DCCE in Yan Tin Estate would provide 60 places when it came into service in the year 2017-2018 (the date of service might be revised in light of the completion time of the housing estate). All the inspections currently conducted by the department's licensing team were unannounced in order to put elderly homes on alert. The licensing team was formed by four groups of officers from different professional fields, including social workers, nurses, firemen and architectural professionals. About seven inspections were carried out each year, and the manpower arrangements of elderly homes were among the areas for inspection. New Life Psychiatric Rehabilitation Association The Wellness Centre (Tuen Mun) was an Integrated Community Centre for Mental Wellness ("ICCMW"), and the department would allocate an additional fund of \$32 million to all ICCMWs in Hong Kong in the year 2017-2018, so that 24 social workers and 12 welfare officers could be hired to provide support for the rehabilitation services concerned.

61. In addition, Mrs NG NG Lai-chun of the SWD explained that the upward adjustment of the eligibility age for the elderly CSSA from 60 to 65 served to complement the policy of extending the retirement age to 65. The existing elderly CSSA recipients aged between 60 and 64 would not be affected before the implementation of the above policy. The department expected that the above policy could be implemented by late 2018 at the earliest. She would relay

Members' views to the relevant sections and report back to the SSC in due course.

(B) Cooperation Scheme of Civic Education with 18 District Councils 2017-2018

(SSC Paper No. 30/2017)

62. The Chairman welcomed Mr LEE Chak-man, Executive Member of the Working Group for Committee on the Promotion of Civil Education Co-operation Scheme of the Tuen Mun Civic Education Committee ("TMCEC"), to the meeting.

63. Mr LEE Chak-man of the TMCEC briefly introduced the paper.

64. A Member who was also the chairman of the TMCEC thanked the SSC for joining the TMCEC to organise the above activities. The Member also expressed gratitude to the executive members in charge of the various activities.

65. The Chairman thanked the TMCEC for its contribution to the district and Mr LEE Chak-man for attending the meeting.

(C) "All for Integrity" Tuen Mun District Project 2017/18

(SSC Paper No. 31/2017)

66. Mr Vincent CHEUNG of the Independent Commission Against Corruption ("ICAC") briefly introduced the paper.

67. Members noted the information about the ICAC activities.

(D) Work Reports by Working Groups under SSC

(SSC Paper No. 32/2017)

(i) Working Group on Medical and Rehabilitation Services

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

(ii) Working Group on Community Care

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

(iii) Working Group on Education and Youth Services

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

(iv) Working Group on the Promotion of Healthy Diet

71. The Convenor of the above working group said that the working group had held its first meeting earlier, adding that its terms of reference and work plan had

been worked out and district organisations had been invited to submit activity proposals.

72. The Chairman announced that the four reports by working groups were endorsed.

(E) Report by Tuen Mun District School Development Section of EDB
(SSC Paper No. 33/2017)

73. Noting that some primary school heads had expressed worry about the dramatic decline in enrolments in kindergartens in the year 2016-2017, a Member asked what plans the bureau had to cope with it.

74. A Member said the report revealed that the number of students promoted from primary six to secondary one had risen year by year. The Member asked whether the bureau could provide data to explain the rise. The Member also enquired where the data on “secondary seven” in the report came from, as secondary seven classes no longer existed after the education system was changed.

75. Mr LEUNG Cheuk-fai of the EDB responded that the bureau would discuss with the Tuen Mun District Primary School Heads Association how to cope with the expected decline in the number of primary one students. To meet the demand for primary one school places in the school years 2017-18 and 2018-19, for the time being the bureau would use vacant classrooms of schools in the district and build temporary classrooms, with a view to providing adequate primary one classes while stabilising the development of schools in Tuen Mun. Moreover, statistics showed that the number of students promoted from primary six to secondary one had increased, and the added students might be repeaters and cross-district and cross-boundary students. The numbers of “secondary seven” students in the report were figures in international schools.

(F) Report by SWD
(SSC Paper No. 34/2017)

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

(G) Report on Crime Figures in Tuen Mun District
(SSC Paper No. 35/2017)

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

VII. Any Other Business

(A) The 8th “Quit to Win” Smoke-free Community Campaign

78. The Chairman said the Hong Kong Council on Smoking and Health would organise the 8th “Quit to Win” Smoke-free Community Campaign and it had invited the TMDC to be a supporting organisation. At its meeting on 2 May 2017, the TMDC had agreed to act as a supporting organisation of the above campaign and pass the matter to the SSC for follow-up. Following the previous practice, the SSC might pass the matter to the Working Group on Community Care for follow-up.

79. As Members had no objection, the SSC agreed that the matter in question was passed to the Working Group on Community Care for follow-up.

(B) Jockey Club Age-friendly City Project

80. The Chairman said that at the TMDC meeting on 2 May 2017, the Hong Kong Jockey Club (“HKJC”) and Lingnan University (“LU”) had briefly introduced the Jockey Club Age-friendly City Project (“JCAFC”) to TMDC Members. She added that at that meeting, Ms CHING Chi-hung, Mr TSANG Hin-hong and she had been nominated to join the District-based Programmes Assessment Group of the JCAFC, and the TMDC had decided to pass the project to the SSC for follow-up. The HKJC and LU had started the study work in the project, and members of the District-based Programmes Assessment Group, the HKJC and LU would report back to the SSC in due course.

VIII. Date of Next Meeting

81. There being no other business, the Chairman closed the meeting at 1:34 p.m. The next meeting would be held on 11 July 2017.

Tuen Mun District Council Secretariat

Date: 27 June 2017

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