



香港兒科基金

The Hong Kong Paediatric Foundation

**Submission to the Legco Welfare Panel on 14th February 2008
on “The Comprehensive Child Development Service (CCDS)”**

The Hong Kong Paediatric Foundation through its submission to the Welfare Panel on 12th April 2007 made ten recommendations (which is attached with the current submission for reference). However we regret that, despite the very elegant and reassuring response from the SAR Government Representative during the session, none of these has come out with measurable deliverables. It seems all recommendations were still roaming in the outer space without definite destinations. With the re-distribution of duty between the Food and Health Bureau and the Welfare and Labour Bureau of the SAR Government, we are NOW confronting with even more bewilderments and confusions than before with our concerns as listed below:

- 1) We really do not know whether the Steering Committee is still physically viable and functionally active in overseeing the CCDS because we understand that there were few meetings for the Steering Committee ever since.
- 2) We are extremely concerned about coordination of work between our colleagues at frontline level since these are mainly professionals from the Department of Health, the Hospital Authority, social workers, clinical psychologists and others. We just wonder how the seamless coordination and communications are being implemented. Which is the central coordinating body for this function?
- 3) We recalled the promise made at the CCDS Evaluation session by the then Food, Health and Welfare Bureaus Representative in April 2007 at the Welfare Panel to consider speeding up the pace of extension of CCDS services in view of good results and full support in the community. However the promises are still reverberating within our surroundings YET there were total standstill in progress with virtually no extension of other high risks areas such as Ma On Shan, Yau-Tsim-Wong, Wong Tai Sin, just to cite some examples.

- 4) We worry that the previous roll-out plan for CCDS services seemed not to have been on the track as planned. Do we have any concrete roll-out plans at this point in time and space and would CCDS be extended to all districts at the Hong Kong SAR by 2012 as originally planned and promised?
- 5) We understand that most of the funding for CCDS goes to salary of the medical, health and professional staff and there seems to be no funding allocated for special training of the CCDS staff. Are there any additional funding directly from the Bureau (not from the routine individual departmental expenditure as such budgets are already very tight) to support special training of CCDS staff (as their work is pioneering without previous local experience and knowledge, and thus these new skills need to be learnt on the platform of traditional hospital practice for professionals such as paediatrician, midwife, psychiatric nurse, psychiatrist and others)
- 6) There appears to be insufficient manpower in midwifery, child psychiatrists, psychologists and community nurses to effectively run the CCDS Services.
- 7) We need input of Clinical Psychologists to do counselling at the MCHC for improving maternal-infant bonding at high-risk families which is crucial to reduced incidence of child abuse and so on.
- 8) We need a better follow up system and not just to close cases for defaulters since these defaulters are the ones mostly needed counseling.

We at the Hong Kong Paediatric Foundation have high expectation on the CCDS Services and sincerely hope that the SAR Government would be serious about its target, goal, implementation, accountability and outcome measures on the Project with consistent and persistent effort and dedication. We also hope that the SAR Government would closely work with the NGO's, professional societies and professional individuals to implement CCDS as a good prototype in proactively promoting growth and development of Hong Kong Children. Ultimately we hope CCDS can be a pride for Hong Kong and provides gateway for attainment of our mission "Healthy Children for Healthy World". To achieve these, we look forward to fruitful progress reports from our SAR Government for interim surveillance.

Thank you for your attention. Once again our appreciation for a very effective Project attempted!

A handwritten signature in black ink, appearing to read 'Chan Chok-wan', written in a cursive style.

Dr. CHAN Chok-wan
Chairman of the Hong Kong Paediatric Foundation
For and on behalf of the Foundation Board
14th February 2008

Encl. HK Paediatric Foundation Submission on 14th April 2007

The Hong Kong Paediatric Foundation
Submission to the Panel on Welfare Services of the Legislative Council
on “The Comprehensive Child Development Service (CCDS)”
by Dr. CHAN Chok-wan, 12th April 2007

The Hong Kong Paediatric Foundation is a charitable organization wholly owned by the Hong Kong Paediatric Society for advancement of knowledge of paediatrics, betterment of child health services, provision of public health education and promotion of child advocacy in Hong Kong. It was established in 1994 by a special resolution of the Annual General Meeting of the Hong Kong Paediatric Society. It is made up by professionals from transdisciplinary areas and intersectoral domains consisting of paediatricians, health professionals, lawyers, business executives, accountants, industrialists and others all dedicated to the child health in Hong Kong.

We at the Hong Kong Paediatric Foundation applaud the Hong Kong SAR Government headed by Dr. York Chow, Secretary for Health, Welfare and Food in launching the Comprehensive Child Development Service (CCDS) for intensive surveillance of child health and early development. With the dedicated effort of the government officials, administrators, service-providers, professionals and NGO's, we are very pleased to witness convincing success of the project in achieving its vision, mission, deliverables and outcomes results. This indeed sets a good prototype for combined effort between all key stakeholders for a good vision and we look forward to continual effort of all parties concerned to finally bring maximal benefit to our children in the community.

Having said that, our Foundation has the following concerns about the further implementation of the Project as follows:

1) We have concern that services implementation being limited by the initial scope of design of CCDS Components. As the initial design of component one responsible by HA is mainly focused on "Identification and support of at-risk pregnant women and family" starting at the antenatal period, there were opinions from DH/HWBW that only the cases identified during antenatal period should be recruited. However, there is a definite need for referral and care of infants and children identified during postnatal period and as paediatrician, it would be rather uncomfortable if this does not include postnatal cases (not recruited into our program during pregnancy) of similar at risk groups (substance abuse, maternal mental illness, teenage pregnancy, other risk groups) into our service just due to retrain of the initial design. We have followed up

the above at-risk cases identified both antenatal and postnatal (referred by social workers, MCHC staff, paediatric colleagues, etc) currently but there are voices of disagreement about that.

2) Assessment, monitoring and Follow-up of those children of high-risk families need enthusiasms (commitment), clinical expertise and good experience which are not easy to acquire through guidelines. The current achievements in outcome from the high-risk families actually are not easy and require intensive work of very competent physicians. Hence support on seeing and following high-risk children in MCHC and community settings would be very important. There are opinions on reducing paediatric consultation sessions in MCHC or shifting of follow-up duties to MCHC MO instead. We regard such notion as being retrogressive and outdated because we strongly believe that paediatricians, being specialized in child health, are the best professionals to provide optimum and quality care for our children. Moreover we are adequately supplied with such expertise in Hong Kong.

3) Cases referred by pre-school teachers for developmental and physical problems to MCHC could be considered to be assessed by visiting paediatrician in MCHC, who could actually save up client's time, encourage more referrals and mild problems could be handled and counseled directly.

4) Many of these families are at risk of domestic violence or child abuse. Staff in CCDS should have practical experience in child protection.

5) Many of the families were referred after the delivery of the babies, which should not affect their eligibilities to be recruited into the programme.

6) There are different programme offered at different hospital clusters (Hospital Authority) with diversifying targets, which might be confusing to the other service providers or service recipients.

7) There should be clearer division of labour between the Department of Health (DH) and the Hospital Authority (HA). To us, the former should be on surveillance and early identification while the latter for management, follow-up and prevention of complications. The roles of paediatricians from HA and those from the DH are overlapping and ambiguous. This should be clearly delineated.

- 8) There is no specific mechanism to keep track of the defaulters from the programme who might be more vulnerable than those engaged by the programme.
- 9) There exists a vacuum period during the kindergarten era, i.e. the period between CCDS (which is up to 5 years) and the Student Health Service (which starts at around 6 to 7-year old). A mechanism should be established to bridge up this gap to ensure seamless and effective service delivery.
- 10) We need to have clear outcome measures to ensure effectiveness, efficacy and clear monitor of success of this project prospectively.

Thank you for your attention. Once again our appreciation for a very effective Project achieved!



Dr. CHAN Chok-wan
Chairman of the Hong Kong Paediatric Foundation
For and on behalf of the Foundation Board
12th April 2007