

Chapter XII : Food Safety and Environmental Hygiene

12.1 At the Chairman's invitation, Dr E K YEOH, the Secretary for Health, Welfare and Food (SHWF), briefed members on the main initiatives of the programmes under the Policy Area: Food and Environmental Hygiene (Appendix V-11).

Prevention of Severe Acute Respiratory Syndrome

12.2 Ms Emily LAU referred to the recent outbreak of Severe Acute Respiratory Syndrome (SARS) in the community and enquired about the financial provision available under the programme areas of food safety and environmental hygiene to prevent the spread of the disease. SHWF advised that while no provision had been made for the prevention of this particular new viral infection, the Administration would be seeking the approval of the Finance Committee for a funding of \$200 million to strengthen infection control/treatment and public health education as well as to formulate contingency measures to combat SARS. The Director of Health (D of Health) advised that under the 2003-04 Estimate, about \$150 million had been earmarked for the laboratory service relating to surveillance of communicable diseases.

12.3 Ms Emily LAU expressed dissatisfaction at the slow response of the Administration in dealing with SARS. She stressed the need for emergency measures during this critical time and for the Administration to apprise the public on what had been done to curb the outbreak or else it would be seen to have failed its duties. SHWF rebutted Ms LAU's criticism and pointed out that as Hong Kong was facing a serious challenge, concerted efforts and constructive exchanges of ideas between the Legislature and the Executive were essential to meet the challenge. He considered Ms LAU's criticism provocative and not conducive to solving the problem. He stressed that the Administration was critically assessing the latest development to see what should be done. At this juncture, the Chairman reminded SHWF to speak to the Chair. Mr Andrew CHENG said that members' criticisms were made with good intentions as what the Administration had done did not appear to meet with public expectation. The Chairman remarked that members would appreciate the extreme pressure which the Administration was being subject to in dealing with the outbreak of SARS.

12.4 As regards the disease, D of Health advised that the Department of Health (DH) was investigating the nature of the virus and conducting analysis on its findings. SHWF explained that the virus associated with SARS, which was

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referred to as "Severe Acute Respiratory Syndrome" (SARS) by the World Health Organization (WHO) or SRS in Hong Kong, was transmitted by respiratory droplets. While the nature of the virus had yet to be determined given the different findings of the University of Hong Kong and the Chinese University of Hong Kong which were being coordinated by WHO, the virus was known to spread quickly in a crowded and enclosed environment. Those who were most prone to the disease were health care professionals/workers and family members of the infected patients. While the wearing of mask would help, it was not foolproof because the virus could still enter into the body if one had rubbed his eyes and nose after touching a mask or an object contaminated by the virus. It was also not known whether a person who had recovered from the disease was still a carrier of the virus. As the disease was new and was spreading very fast, no precautionary measures could have been taken beforehand. The Administration had been adopting crisis management and identifying ways to contain the spread of the disease. The Chief Executive had been meeting with Bureau Secretaries and a more comprehensive package of measures taking into account the latest development would be announced within the next two days.

12.5 Mr Tommy CHEUNG expressed support for the Administration, particularly for the staff of the Hospital Authority, in combating the disease. He urged that the public should join forces to fight against the disease. Noting that the disease appeared to be originated from the Pearl River Delta Region, Mr CHEUNG considered it necessary for the Administration to set up a liaison group with the Mainland authorities in preventing the spread of the disease. SHWF confirmed that there was an established channel through which Hong Kong and the Mainland health authorities could exchange information. In fact, the Ministry of Health in Beijing had been in close contact with Hong Kong health officials on measures to contain the spread of SARS in Guangdong. D of Health supplemented that with the support of WHO, an information exchange system on specific communicable diseases between Hong Kong and Guangdong had already been put in place before the handover in 1997. As the Guangdong Provincial Government was facing the same threat posed by SARS, Hong Kong would step up cooperation with the Mainland in the investigation and prevention of the spread of the disease through sharing of information. Meanwhile, the Administration would keep WHO abreast of the latest development.

12.6 Ms Emily LAU enquired about the measures to be adopted by the catering industry to ensure food safety and environmental hygiene. The Director of Food and Environmental Hygiene (DFEH) explained that the Food and

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Environmental Hygiene Department (FEHD) had been working closely with the trade. Guidelines on food safety and environmental hygiene had been issued to the catering industry reminding them of the need to keep their kitchens clean and well ventilated. Employees who were sick should be asked to seek medical attention and should not be allowed to go to work. DFEH added that he had discussed with Mr Tommy CHEUNG, Member returned from the functional constituency of catering, on 24 March 2003 and concluded that the wearing of mask by members of the industry should be on a voluntary rather than a mandatory basis taking into account the different nature of restaurant duties. It was noted that Mr CHEUNG had issued a notice to the industry on the same day advising restaurateurs to allow their staff to wear masks if this would not interfere with the general business operation. FEHD would hold another meeting with members of the catering industry on 28 March 2003 to further discuss the issue and other measures to prevent the spread of the disease.

12.7 Given the dire consequence in the event of infection of members of the catering industry, Mr Andrew CHENG asked if statistics or survey had been conducted to find out whether they had been contracted with SARS. He stressed the need for critical measures during this critical situation and consideration should be given to performing body check on restaurant staff, if necessary, to ensure safety. DFEH said that the information on SARS was very limited as this was a new disease. The available information revealed that the disease was not transmitted through food consumption but contact with respiratory droplets and contaminated objects. In this connection, restaurateurs had been reminded to maintain cleanliness of their kitchens and to ensure that food items were covered to prevent contamination. As regards body check on members of the catering industry, SHWF said that this might not be able to detect the virus. While appreciating the concern about the health of members of the catering industry, Mr Tommy CHEUNG pointed out that the disease was not only affecting the catering industry but the society at large. Hence, any measures applicable to the catering industry should also apply to the community as a whole. D of Health confirmed that guidelines on measures to contain the spread of the disease had been issued to various trades, including the education, transport and rehabilitation sectors.

12.8 Ms Emily LAU enquired if the same scale of attention and resources which the Administration had directed to publicize the National Security (Legislative Provisions) Bill would be provided for the prevention of SARS. Mr Andrew CHENG echoed that under the present circumstances where public health was at stake, personal safety should prevail over national safety. This was

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however not the case judging from the fact that the current publicity programmes on national safety were more appealing, in particular to the younger generation, than those on the prevention of SARS. He considered it necessary for DH to have specific programmes targeting at the younger generation in an attempt to enhance their awareness on the prevention of the disease. New strategy should also be formulated to promote public awareness on the prevention of contagious diseases such as avian flu, dengue fever and other unknown viral infections.

12.9 D of Health took the opportunity to explain the publicity work which had been carried out by the Administration. Since the outbreak of SARS in Hong Kong on 10 March 2003, the Administration had been keeping abreast of the ever changing development. More information about the disease had then come to light. As a result, more measures targeting at containing the spread of the disease had been identified. Both the Government and the public were determined to meet the challenge brought about by the disease. Comments from the public regarding the publicity programmes on prevention of the disease had also suggested that more should be done to target at the younger generation. To this end, a series of new programmes would be produced and released through the media. These programmes would cater for different age groups and sectors of the community, in particular school children and domestic helpers. In addition, separate guidelines to traders would be issued and uploaded onto the Internet. Apart from leaflets, posters and Announcements of Public Interest on television, radio and buses, advertisements and press releases would also be placed in newspapers to alert readers of the latest development with a view to enhancing public vigilance. SHWF would also make daily announcement on the latest development of the situation. It was hoped that the public would appreciate the efforts which the Administration had put in combating the disease. Mr Tommy CHEUNG suggested that the publicity programmes should seek to clarify the wrong impression that those wearing masks were infected with the disease. Guidelines on the proper use and disposal of masks should also be included. SHWF confirmed that the issues raised by Mr CHEUNG would form part of the publicity programme.

Food safety

12.10 Ms Cyd HO expressed concern that food safety would be compromised as a result of the across-the-board reduction of 1.8% public expenditure. By way of illustration, the provision for food surveillance would likely be focused on inspection of chickens to prevent avian flu rather than

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vegetables and other food items due to competing priorities for funding. The end result was that public health would not be adequately safeguarded. She opined that sufficient funding should be provided for necessary services, particularly those affecting public health and food safety, and that cooperation be sought from the Mainland in ensuring food safety. SHWF said that while departments were encouraged to improve the cost effectiveness of their services through restructuring and re-organization, sufficient funding would be allocated to ensure that the quality of services to the public would not be compromised. On the decrease in number of inspections for vegetables from the Mainland, DFEH explained that this was due to the use of larger trucks for delivery, hence a reduction in the number of inspections.

12.11 Ms Cyd HO was not convinced of the Administration's response. Given the many past food incidents, there was a need for additional funding to step up research and surveillance as well as cooperation with the Mainland on food safety. However, the funding allocated to the programme area on food safety and public health by the Health, Welfare and Food Bureau would be reduced from \$27 million in 2001-02 to \$20 million in 2003-04. She cautioned that the Administration would be seen to fail its duties in the event of outbreak of diseases resulting from inadequate food control. In response, SHWF stressed the need for cooperation between the Executive and the Legislature, adding that he would not agree nor accept that there was any failure on the part of the Administration in discharging its duties. Besides, accusation would not help to resolve any problem. He further pointed out that Hong Kong's health indices were among the best in the world. DFEH also clarified that the provision for the programme area on food safety and public health had in fact been increased from \$365.6 million in 2001-02 to \$406.7 million in 2003-04. The reduction referred to by Ms HO was a result of the savings from re-organization of work as well as outsourcing of services under the programme area on environmental hygiene and related services.

12.12 Noting that the Administration was discussing with the Mainland authorities on possible vaccination of Mainland chickens, Mr Tommy CHEUNG enquired about the time table on when such vaccination would take place. The Permanent Secretary for Health, Welfare and Food said that a time table had yet to be worked out as discussion was still underway. The Administration would report the latest development to the Panel on Food Safety and Environmental Hygiene in due course.

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12.13 Mr WONG Yung-kan enquired about the number of oyster farmers to be affected by the Shenzhen Western Corridor Project as well as the number and amount of claims for ex gratia payment involved. The Director of Agriculture, Fisheries and Conservation advised that the exact number of affected oyster farmers would not be made available until implementation details of the project had been worked out.

Market management and hawker control

12.14 Mr Fred LI considered the provision of \$990 million under the 2003-04 Estimate and staff count of 2 945 in the Hawker Control Team for market management and hawker control excessive, particularly at a time of budget deficit. Cost-saving measures should be adopted given that the number of unlicensed hawkers had been reduced. DFEH explained that apart from enforcement against unlicensed hawkers, the Hawker Control Team was also responsible for control of licensed hawkers to ensure compliance with licence conditions. He however agreed to the need to improve effectiveness to achieve savings. In this connection, FEHD had developed measures to restructure the Hawker Control Team and conducted pilot schemes in some districts. Full implementation of the revised structure would reduce annual expenditure on hawker control by about 10%. Subject to the success of the second voluntary retirement scheme, the new structure would be brought into effect by phases. As to whether consideration would be given to outsourcing hawker control to the private sector, DFEH said that this might not be appropriate since hawker control involved law enforcement duties.

Health and Health Services Research Fund

12.15 Mr LEUNG Fu-wah sought elaboration on the one-off grant of \$10 million for the Health and Health Services Research Fund. SHWF explained that the Fund was not intended for clinical research but meant for research on the delivery of hospital and health services, aiming at identifying a more cost-effective health care system.

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13.1 Dr E K YEOH, the Secretary for Health, Welfare and Food (SHWF), highlighted major initiatives on health and welfare in the coming year (Appendix V-11).

Health

Combat against Severe Acute Respiratory Syndrome

13.2 Dr David CHU opined that the Administration had been too passive in combating the Severe Acute Respiratory Syndrome (SARS). He called for more proactive measures such as the provision of face masks to all members of the public and the involvement of the entire civil service in the fight against the disease.

13.3 Mr SIN Chung-kai supported the adoption of a scientific and rational approach to deal with the virus outbreak but stressed the need for the Administration to be sufficiently responsive to public concern. Noting that the Administration would put up a proposal for a new commitment of \$200 million to fight against SARS, he urged the Administration to put the funding to effective use.

13.4 In response, SHWF assured members that appropriate measures were being taken to combat SARS and the Administration was mindful of the need to address the community's concerns and expectation. He also reported that progress had been made in acquiring more information about the nature and possible means of transmission of the virus. Some 85% to 90% of the patients had responded well to the new medication. Other breakthroughs included using the antibodies developed and donated by patients who had recovered from the disease to treat those who were not responding to anti-viral medicines. SHWF also informed members that a series of contingency measures were being worked out, the details of which would be announced in due course.

13.5 On members' concern about re-deployment of resources to deal with the SARS problem, SHWF assured members that the Administration and the Hospital Authority (HA) would make sure that sufficient resources were available to deal with the SARS outbreak without adversely affecting other health services. He highlighted that staff from HA, the Department of Health (DH), the Food and Environmental Hygiene Department as well as research staff at the two universities were working very hard to tackle the SARS problem from all fronts. Public publicity and education efforts would be stepped up to inform the public

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about the disease and preventive measures to allay their anxiety. While highlighting that the battle against SARS was currently the Government's top priority, SHWF said that the Chief Executive would provide the steer in mapping out an overall strategy on how to contain the spread of the virus. He also called upon the legislature and all sectors of the society to join efforts with the Government in the fight against the disease.

13.6 On the effectiveness of wearing face masks as a precautionary measures, SHWF considered that this might not be necessary for everyone at all times, unless the persons concerned had a respiratory or febrile illness or were in close contact with SARS patients such as health care personnel and the patient's family members. He also stressed the importance of the correct use of masks and that wearing masks were no substitute for good personal hygiene.

13.7 Dr TANG Siu-tong opined that in the light of increased cross-border traffic, more resources should be allocated for promoting co-operation between Hong Kong and the Mainland, especially the Pearl River Delta and the Guangdong authorities, on health matters and infection control. In reply, the Director of Health (D of Health) advised that with the support of the World Health Organization, there were on-going and regular exchanges of information on specific infectious diseases between Hong Kong and the Pearl River Delta. The SARS incident nevertheless highlighted a further need for co-operation in laboratory research for the surveillance of infections.

13.8 Regarding the liaison between Hong Kong and the Guangdong authorities in this regard, SHWF explained that the health care system of the Mainland and that of Hong Kong were different. Hong Kong operated a large public health system with publicly funded research and comprehensive computerization of data. Information on the spread of disease was therefore more readily available in Hong Kong to support an efficient infection control system. Notwithstanding the difference in systems, the Guangdong authorities were sharing its available data with Hong Kong, and had briefed DH on the findings of their investigation of the outbreak. SHWF further reported that a meeting had already been scheduled for the sharing of experience and knowledge of SARS among Hong Kong, the Guangdong authorities and other countries in a bid to combat SARS more effectively.

13.9 Mr LEE Cheuk-yan considered that the outbreak of SARS in Hong Kong had illustrated the utmost importance of an efficient public health system underpinned by professional health care personnel and medical research. He

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enquired whether the Administration would consider shelving its plan to cut HA's resources. Mr LEE was particularly concerned about HA's ongoing arrangements to contract out its services for the purpose of saving costs. In his view, the outsourcing of services had resulted in the exploitation of cheap labour, such that some cleansing staff employed by HA's contractor currently received a monthly pay of scarcely over \$4,000. In this regard, Mr LEE urged HA to cease contracting out its cleansing service in order that a high standard in cleansing could be maintained and properly monitored.

13.10 On resources for HA, the Director (Professional Services & Medical Development), Hospital Authority (Director (PSMD)/HA) stated that sufficient staff and resources would be deployed as necessary to tackle SARS. SHWF assured members that while the reduction in funding to HA was made in the face of the current budgetary deficits, the implications on the well-being of the community would be carefully weighed before making any service cut. As to the contracting out of HA's cleansing service, Director (PSMD)/HA clarified that whether or not cleansing service was to be outsourced was to be decided by individual hospital clusters. SHWF added that the Administration had taken steps to ensure that cleansing staff were paid a reasonable wage. Regardless of whether cleansing service was provided in-house or outsourced, sufficient training would be provided to the frontline workers to ensure their safety and the quality of service during this critical period.

Hospital services for New Territories West

13.11 Mr Albert HO expressed concern about the under-provision of resources for the New Territories West (NTW) hospital cluster, as reflected by long waiting time and relatively low ratios of doctors and hospital beds to population. In response, Director (PSMD)/HA said that this was the first year that resources were allocated on the basis of cluster population profiles. She and SHWF made the following points regarding resources allocation :

- (a) The progress in deployment of healthcare personnel according to population profile would very much hinge on the readiness of the necessary facilities. In the case of NTW, the situation would improve in the following year with the completion of the redevelopment of Pok Oi Hospital.

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- (b) As NTW was a relatively newly developed region, it might take some time before the facilities in the region could be brought to a level commensurate with that of other developed districts.
- (c) Some patients from NTW suffering from more serious illnesses were receiving treatment in hospital clusters outside NTW. This factor of cross-cluster operation had to be taken into account in assessing the resources allocated to individual hospital clusters. Another consideration was the need to allocate more resources to certain clusters where the teaching hospitals were located.

13.12 In this connection, Director (PSMD)/HA advised that the analysis of population profiles would be provided to different hospital clusters for the purpose of standardizing the provision of service in the long run. While noting Mr Albert HO's concern for further consideration, SHWF said that at present, NTW residents could be assured of sufficient accident and emergency (A&E) services. As to non-emergency service, they could avail themselves of the service from other hospital clusters where necessary.

13.13 Mr Albert HO remained concerned about the need to shorten the waiting time. He remarked that where non-urgent attendances were concerned, the average waiting time for A&E services in NTW was over three hours; while patients' waiting time for first appointment at specialist departments could be as long as 20 weeks. In response, SHWF agreed to look into the waiting time for A&E services in NTW. As regards the waiting time for appointments at specialist departments, HA was already taking appropriate diversion measures to ensure that patients with more serious conditions could receive treatment early.

13.14 Dr TANG Siu-tong expressed grave concern about the adequacy of hospital beds in NTW and said that NTW was too far away for its residents to seek medical service from other hospital clusters conveniently. He therefore enquired if the number of beds in NTW could be increased to cater for the population growth. In reply, SHWF said that upon completion of the redevelopment of Pok Oi Hospital, there would be an increase of 600 beds. More beds would also be available following the expansion of the Tuen Mun Hospital. Meanwhile, the Administration would continue to ensure the provision of sufficient A&E services for NTW residents while making use of cross-cluster operation for the effective provision of non-emergency services.

Reduction in hospital beds

13.15 Noting HA's plan to reduce general beds of hospitals in 2003-04, Ms Cyd HO enquired about the criteria for determining which hospital cluster would be subject to the cut, and whether the plan would take into consideration the current uneven distribution of hospital beds in different clusters. In reply, Director (PSMD)/HA advised that the number of general beds to be reduced in different hospital clusters would be worked out with reference to the size of the population served. However, HA had not finalized the number of general beds to be reduced in 2003-04 at the hospital level.

13.16 Ms Cyd HO was concerned that the reduction in beds would affect the service provided by individual hospital clusters, such as their capacity to handle crisis situations such as the outbreak of SARS. She therefore asked whether the resources relieved as a result of the reduction of beds would be channeled to other services such as day surgery, day care service, community nursing and outreach programmes with a view to ensuring that patients who could not receive in-patient service could still be properly taken care of. In reply, Director (PSMD)/HA pointed out that the reduction in general beds would not have an adverse impact on patients because with the advances in medical technologies such as minimal access surgeries and new medications, the duration of hospitalization could be shortened. Moreover, the international trend had been to focus on the development of ambulatory and community care programmes and to replace, where appropriate, in-patient treatment by ambulatory and out-patients services.

Manpower resources

13.17 Ms LI Fung-ying noticed that a large number of posts in DH would be deleted after the transfer of certain services currently provided by DH to HA. At the same time, some existing posts in HA would also be cut. She expressed concern about the adequacy of HA's manpower resources to cope with the additional services, especially under critical circumstances such as when Hong Kong was attacked by unprecedented viral infections like SARS. She also expressed concern about the supply of medical personnel in the longer term in the light of the downsizing of HA.

13.18 In response, Director (PSMD)/HA informed members that additional funding had been allocated to HA for the recruitment of staff to man the new services. SHWF supplemented that most of the HA posts to be deleted

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were management posts. The number of professional staff such as medical officers and nurses would in fact be increased.

13.19 Dr LAW Chi-kwong noted that the Administration had yet to work out the arrangements for about 300 civil servants presently working in the 59 General Out-patient Clinics scheduled to be transferred to HA in July 2003. Addressing his concern about the redeployment of these staff, SHWF confirmed that they would be redeployed within the department for the provision of new services, notably in the area of preventive care, which DH had been strengthening in the past few years.

13.20 Noting that there were some 500 senior staff in HA at the pay scale equivalent to the directorate rank in the civil service during the years 2001-02 to 2003-04, Ms Emily LAU opined that the senior establishment of HA was disproportionately high when compared to that of the civil service. She also cast doubt on the justification for so many directorate posts in HA and requested information on the number of HA staff at the pay scale equivalent to non-directorate ranks in the civil service over the same period. In response, Director (PSMD)/HA agreed to provide the information after the meeting. She explained that most of HA's directorate staff were clinical consultants. As many management functions had been devolved to individual hospital clusters, more clinical consultants were required to head and manage the hospital clusters. The number of management staff at the directorate rank on the other hand had dropped over the years from 73 in 1998 to the present level of around 60.

Other areas of expenditure

13.21 Dr LAW Chi-kwong enquired about the balance of HA's reserves by the end of the 2002-03 financial year after financing the deficit in 2002-03. In reply, Director (PSMD)/HA estimated that the amount would be in the region of \$600 million but the exact figure would only be available after the accounts for the financial year had been finalized.

13.22 Dr LAW Chi-kwong recalled that the introduction of new drugs had been cited as a major cause for the increase in HA's estimated expenditures. However, he noted that there was a decrease of some \$100 million in HA's projected drug expenditure for 2003-04 as compared to that for 2002-03. Dr LAW was keen to ensure that the reduction in projected expenditure would not result in an under-supply of drugs to patients. Addressing Dr LAW's concerns, Director (PSMD)/HA advised that HA had made active efforts to negotiate for the

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best price with drug suppliers. This had resulted in effective cost control and a lower drug expenditure was therefore projected for 2003-04. Moreover, the use of new medical technologies, which would reduce a patient's need for further treatment and hospitalization, would also help lower costs.

13.23 Mr LEUNG Fu-wah and Dr LAW Chi-kwong noted a substantial increase in the number of DH staff and cost involved in providing secretariat support to various statutory boards and councils from 1998-99 to 2003-04. They enquired about the statutory boards and councils served as well as the reasons for the increase in resources. In reply, D of Health advised that the increase was largely attributable to the need to deploy more staff and resources for the regulation of Chinese medicine.

Welfare

Social Security

13.24 Mr LEE Cheuk-yan expressed grave concern about the effect of the impending downward adjustment of the payments under the Comprehensive Social Security Assistance (CSSA) Scheme on the services provided in homes for the elderly. He enquired whether the Social Welfare Department (SWD) had discussed the matter with operators of homes for the elderly with a view to minimizing the impact.

13.25 In response, the Director of Social Welfare (DSW) said that the standard rates of CSSA for non able-bodied recipients including the elderly would be adjusted downwards by 11.1% in two phases over two years. The first 6% would take effect from October 2003 and the remainder from October 2004. She pointed out that the average payment to CSSA elders residing in private houses was \$5,800 a month. As the operating cost for these home places had been reduced due to the deflation over the past few years, there should be room for fee reduction for these home places. Where necessary, DSW could exercise discretion to top up the monthly fees for some elders, or arrange them to move to other elderly homes. As such, elderly persons should not be seriously affected by the downward adjustment of CSSA payments. DSW added that the rates of Old Age Allowance would remain frozen at their current levels until inflation in subsequent years caught up.

13.26 Mr LEE Cheuk-yan was concerned that the downward adjustment in CSSA rates might lead to salary cut in elderly homes, hence affecting the services

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to the elderly. DSW said that it would be inappropriate for the Administration to intervene in the operation of private elderly homes. There were currently over 40 000 private elderly home places in the market, but only 60% of them were occupied. With this competition in the market, it was not envisaged that service accessibility to the elderly would be adversely affected. Nevertheless, she undertook to convey Mr LEE's concern in her regular meetings with the private elderly homes associations.

13.27 Dr LAW Chi-kwong requested more details of the new rates for special grants under the CSSA Scheme for further discussion at the Panel on Welfare Services. DSW said that the new standard rates payments and related information had been released on 25 February 2003 together with the press releases on CSSA rates adjustment, and she was prepared to discuss the subject with Members. As regards special grants under CSSA, DSW said that rent allowance and flat-rate grant for school-related expenses were the two main items that would be adjusted. The latter would be adjusted downward by 7.7%, but the new rates would still be higher than the rates of grants for needy students under the Student Textbook Assistance Scheme.

13.28 Ms LI Fung-ying enquired about the number of CSSA Scheme recipients who had secured jobs through participation in the Support for Self-reliance Scheme. DSW advised that on a cumulative basis since 1999, there had been some 17 000 CSSA recipients having secured employment under the Scheme. Of these, around 40% had successfully exited the CSSA system while the rest remained on CSSA as low earning cases. DSW also advised that some SWD staff had been redeployed to work as Job Developers as a means to strengthen the Active Employment Assistance programme to provide employable CSSA recipients with more targeted assistance upon their entry into the CSSA system, and to enhance community work requirements to help CSSA recipients build up self-esteem and develop better work habits, and to contribute to society whilst on CSSA. The Administration planned to apply in May 2003 to the Lotteries Fund Advisory Committee for \$100 million to commission more intensive employment assistance projects to assist the longer-term CSSA recipients and would-be CSSA recipients to rejoin the workforce.

13.29 In view of the grievances expressed by the social welfare sector that there had been insufficient consultation with the sector on the downward adjustment of CSSA, Ms Emily LAU enquired whether this was attributed to inadequate resources of SWD for the consultation. DSW stressed that extensive consultation with various sectors of the community, including the social welfare

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sector, the business sector, the District Councils and labour unions, on the proposal for downward adjustment of CSSA with a view to safeguarding the efficient use of public money. The decision of CSSA downward adjustment was reached after detailed analysis and careful deliberations by the Administration, taking into account views expressed by different sectors of the community and balancing all relevant factors, including fiscal and welfare considerations.

13.30 Mr TAM Yiu-chung enquired about the details of the escort service and burial grants provided under the Portable Comprehensive Social Security Assistance for the elderly. DSW undertook to provide supplementary information after the meeting.

Family and Child Welfare

13.31 In response to Ms Cyd HO's enquiry about the assistance rendered to children from those families which had been involved in battered spouse cases, DSW shared Ms HO's view that long-term follow-up actions for these children were necessary to reduce their hidden trauma. She said that multi-disciplinary case conferences were held among the relevant professions to discuss each case and work out the welfare plans for the children concerned and their families. If necessary, SWD would provide custody services for these children so that they might temporarily retreat from their families. DSW also informed members that SWD would collaborate with NGOs to implement some pilot schemes to strengthen service for these children, and the Administration would report the progress to the Panel on Welfare Services in due course.

13.32 In response to Ms Cyd HO's enquiry about the number of children affected in battered spouse cases, DSW said that the information was not available at this stage as all data were presently contained in the case files of the 3 034 battered spouse cases, and it would be a time consuming process to collate the information from each case file. Nevertheless, action was underway to enhance the Central Information System on Battered Spouse Cases and the Child Protection Registry. The enhancement would improve the two systems to collect more specific information on child abuse cases. When the enhanced systems were implemented later this year, more detailed statistics on child abuse cases would be disseminated on a regular basis.

13.33 With the increase in the number of family violence cases over the past few years, Mr LEUNG Yiu-chung expressed concern on whether adequate resources had been allocated for the publicity campaign on "Strengthening

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Families and Combating Violence" in 2003-04. In reply, DSW said that a non-recurrent provision of \$1.9 million had been approved in 2002-03 for the campaign and another non-recurrent provision of \$0.5 million had been earmarked in 2003-04 to continue the campaign. As many publicity materials including roadside banners and pamphlets made during 2002-03 were reusable, and no large-scale TV show for the campaign would be produced in the coming year, the provision of \$0.5 million would be adequate. DSW also pointed out that if needed, more resources could be allocated for the campaign from the department's one line vote. SWD would also work closely with the Hong Kong Council of Social Service and other Integrated Family Service Centres to ensure that the resources were used in a cost-effective manner.

13.34 In addition to the computerized registry on "elder abuse" to be developed in 2003-04, Mr Frederick FUNG was concerned whether any plans and projects would be implemented to tackle elder abuse cases. In response, DSW pointed out that two pilot schemes dedicated to combat elder abuse cases were implemented by the Caritas – HK and the Haven of Hope Christian Service. Unlike child abuse, "elder abuse" was currently not clearly defined and many controversial issues had been raised during the discussions within the social welfare sector regarding the classification of elder abuse cases. DSW advised that the interim report of the research project on Elder Abuse Research and Protocol undertaken by the Hong Kong Christian Service would be finalized soon and she would report the progress to the Panel on Welfare Services when the interim report was available.

Services for the elderly

13.35 Mr TAM Yiu-chung enquired about the standard provisions of personal computers for centres for the elderly. DSW replied that on average, each Multi-service Centres for the Elderly had two computers while other elderly centres had one computer. Under the Lump Sum Grant arrangement, Non-governmental Organizations (NGOs) had flexibility in the deployment of resources and most NGOs were able to provide additional computers in their centres to meet the demand of elderly persons for related services. It would be inappropriate for SWD to set a standard provision. In response to Mr TAM's suggestion of soliciting assistance from the private sector to donate computers to centres for the elderly, DSW agreed to follow up the suggestion.

Rehabilitation and Medical Social Services

13.36 Mr WONG Sing-chi noted that with effect from 1 April 2003, medical social services in six major acute hospitals would be extended for three hours daily to 8:00pm from Monday to Friday and 3:00pm on Saturday. In view of the strong demand for night-time medical social services, Mr WONG suggested allocating additional resources to further extend the service hours of medical social workers to midnight. In reply, DSW advised that the extension of service hours of medical social services was enabled through the reallocation of resources and redeployment of duties of medical social workers, and no additional resources had been allocated for the service extension. She expressed reservation on the cost-effectiveness of further extending the service hours of medical social workers. Mr WONG Sing-chi pointed out that many cases happened in late night hours involved family violence and hence there was in fact a strong demand for medical social services during late night hours. DSW shared Mr WONG's concern but advised that family violence cases could be handled effectively by outreaching social workers and by referring them to Family Crisis Support Centre through the 24-hour hotline service (18288).

Services for Offenders

13.37 Mr WONG Sing-chi considered that the operating cost of \$40,000 to \$60,000 per resident per month for correctional/residential homes for young offenders was too high, and enquired whether the Administration had any measures and plans to achieve savings and make better use of resources such as co-location of existing probation homes. In response, DSW advised that the operating cost for probation cases was largely determined by the enrolment rate of the correctional/residential homes, which in turn was affected by a number of factors including Court disposals and the length of stay for each case as ordered by the Court. The cost-effectiveness of probation homes had been under very close monitoring and various measures such as merging some probation homes and adjusting staffing provision had been carried out in the past years to achieve economy. The existing six probation homes provided some 400 places for probation services for different residents. As a long term solution to the problem of high operating cost, SWD planned to develop a training and residential complex in Tuen Mun for young offenders and juveniles through co-location of the six existing homes. Subject to the funding approval, the complex was scheduled for completion in 2006-07 and thereafter, some \$20 million annual savings could be achieved. SWD would consult the Panel on Welfare Services on the project in May 2003.

Community Development

13.38 Ms Emily LAU was concerned that the general public might not understand the meaning of "gender mainstreaming" and enquired how the Administration would implement this strategy in order to meet the needs of women. The Secretary for Health, Welfare and Food (SHWF) explained that "gender mainstreaming" referred to the mainstreaming of gender perspectives in policy formulation and service delivery. It was a new approach adopted by the Administration to integrate gender perspectives in formulating new policies and legislative proposals, in reviewing existing policies and legislation. For example, the existing Mandatory Provident Fund Scheme had excluded all unemployed persons from the Scheme and in fact, housewives formed a major group of unemployed persons. The future review of the Scheme should thus fully take into account this gender factor. As regards other measures to reduce gender stereotyping, the Administration would continue the provision of relevant training for civil servants to enhance their sensitivity towards gender issues and women's concerns. Besides, the Health, Welfare and Food Bureau had ongoing discussion with the Education and Manpower Bureau on the incorporation of gender-related issues into civic education.

Young People

13.39 Citing the two successful service centres for young night drifters (YNDs) in Tseung Kwan O and Kwun Tong, Ms Emily LAU enquired whether resources had been earmarked to extend the service to other districts. DSW advised that similar services were already available in the North, Shatin and Kwai Tsing Districts. Consultation with the respective District Councils (DCs) on extending such arrangement would be conducted as necessary. In general, she observed that most DCs welcomed the new service and were prepared to provide financial support for the service. The Leisure and Cultural Services Department (LCSD) had been providing the venues at no cost. As such, no additional resources would be required of SWD for extension of the service to other districts. Furthermore, the Lotteries Fund had supported the Youth Outreach to set up an all-night drop-in centre in Kwun Tong for three years pending its relocation to Youth Outreach's headquarters building in Shau Kei Wan under construction.

13.40 In reply to Ms Emily LAU's enquiry about the number of District Youth Outreaching Social Work Teams (DYOSCTs), DSW advised that currently, there were 16 DYOSCTs run by NGOs to address the needs of high-risk youth and tackle issues of juvenile gangs. Another 18 Integrated Children and Youth

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Services Centres, equipped with additional manpower, vehicles and mobile phones, had extended their service scope and hours to provide overnight outreaching services for YNDs. Around \$22 million had been allocated to NGOs for the provision of these services.

13.41 As regards outdoor playgrounds for YNDs to do BMX biking and skateboarding etc. during nighttime, DSW advised that SWD had identified several sites for these activities and was consulting the respective DCs and the Police on the suitability of these sites.

13.42 Ms LI Fung-ying was concerned why school social workers had not yet been provided to 49 secondary schools. DSW advised that most of these secondary schools were private post-secondary colleges preparing students for open examinations. The policy of "one social worker per secondary school" could not be readily applied to these colleges. Besides, two English School Foundations schools had not requested the provision of social workers. DSW pointed out that while "one social worker per secondary school" was a government policy, its implementation in individual schools must be complemented by the support of the school management. DSW said that in addition to school social workers, SWD had allocated resources to strengthen community-based services for young people through expediting the formation of Integrated Children and Youth Services Centres in various districts in the past two years. Students in post-secondary colleges and other young people could obtain support and assistance from these Centres.

