立法會 Legislative Council

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(These minutes have been seen by

the Administration)

Subcommittee to Study the Subject of Combating Poverty

Minutes of meeting held on Tuesday, 22 March 2005 at 4:30 pm in the Chamber of the Legislative Council Building

Members: Hon Frederick FUNG Kin-kee, JP (Chairman)

present Hon James TIEN Pei-chun, GBS, JP (Deputy Chairman)

Hon Albert HO Chun-yan Hon LEE Cheuk-yan

Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP

Hon LEUNG Yiu-chung Hon Emily LAU Wai-hing, JP Hon Andrew CHENG Kar-foo Hon TAM Yiu-chung, GBS, JP Hon Abraham SHEK Lai-him, JP Hon LI Fung-ying, BBS, JP Hon Alan LEONG Kah-kit, SC Hon LEUNG Kwok-hung

Dr Hon Fernando CHEUNG Chiu-hung

Hon Ronny TONG Ka-wah, SC Hon Albert Jinghan CHENG

Members : Hon Fred LI Wah-ming, JP

absent Hon Margaret NG

Hon CHAN Yuen-han, JP Hon LAU Chin-shek, JP Hon WONG Kwok-hing, MH

Hon KWONG Chi-kin

Public officers: Ms Linda LAI

attending Deputy Secretary (Family and Women)

Health. Welfare and Food Bureau

Mr Freely CHENG Principal Assistant Secretary (Family) Health, Welfare and Food Bureau

Dr Shirley LEUNG Principal Medical and Health Officer (Family Health Service) Department of Health

Ms Edna WONG

Assistant Secretary to the Commission on Poverty

Clerk in : Mrs Constance LI

attendance Chief Council Secretary (2)5

Staff in : Miss Betty MA

attendance Senior Council Secretary (2)1

Ms Anna CHEUNG Legislative Assistant (2)5

Action

I. Follow-up to suggestions on the work plan of the Subcommittee [LC Paper Nos. CB(2)583/04-05(01), CB(2)1097/04-05(01) and CB(2)1132/04-05(01]

Ways to take forward deputations' suggestions on the Subcommittee's work plan

The Chairman said that at the meeting on 23 February 2005, some members and deputations had made suggestions on the work plan of the Subcommittee. To facilitate members' discussion on how to take forward these suggestions, the Legislative Council (LegCo) Secretariat had prepared a discussion paper (LC Paper CB(2) 1097/04-05(01)) and a summary of views and suggestions made by deputations (LC Paper No. CB(2) 1132/04-05(01)). The Chairman further said that most of the suggestions made by the deputations had already been covered by the work plan of the Subcommittee.

2. <u>Mr LEE Cheuk-yan</u> said that the Subcommittee could make reference to the relevant views and suggestions of deputations and overseas experience when specific topics were discussed. <u>Members</u> agreed.

- 3. <u>The Chairman</u> said that the Subcommittee endorsed at the last meeting the proposed research outlines on "Poverty combating strategies in selected places". The research report would be available for the Subcommittee's consideration at the meeting in May 2005. <u>The Chairman</u> further said that some deputations attending the last meeting had also informed the Subcommittee that they were conducting researches on the anti-poverty measures in some overseas places and they would be prepared to present their findings to the Subcommittee in May 2005.
- 4. <u>Members</u> did not raise objection to the proposal in paragraph 7 of the paper. <u>Members</u> agreed that there was no need to form working groups under the Subcommittee to study specific topics. <u>The Chairman</u> added that the working group set up in December 2004 to draw up the work plan of the Subcommittee would be dissolved. <u>Members</u> agreed.

Visits by the Subcommittee

- 5. <u>The Chairman</u> referred members to paragraph 6 of the paper [LC Paper No. CB(2) 1097/04-05(01)] and invited members' views on Dr Fernando CHEUNG's suggestion of conducting visits to obtain first-hand information on the problem of poverty.
- 6. <u>Ms Emily LAU</u> asked about details of Dr CHEUNG's suggestion. <u>Dr Fernando CHEUNG</u> said that the Commission on Poverty (CoP) chaired by the Financial Secretary (FS) had conducted a visit to Tin Shui Wai to gauge the views of the district organisations on the problem of poverty. As most members of the Subcommittee were not members of CoP, he suggested that the Subcommittee should consider conducting visits to districts which had the greatest problems of poverty to obtain first-hand information on the subject.
- 7. Mrs Selina CHOW suggested to adopt a problem-based approach for conducting visits to districts, i.e. the Subcommittee should first identify the specific problems to be looked into and then visit those districts which had such problems.
- 8. <u>Mr Ronny TONG</u> considered that the Subcommittee should not overlap its work with CoP. <u>Mr TONG</u> asked the Chairman, who was also a member of CoP, whether he found CoP's recent visit to Tin Shui Wai useful.
- 9. <u>The Chairman</u> informed members that CoP visited Tin Shi Wai on 7 March 2005. During the visit, CoP members were briefed on the Intensive Employment Assistance Project organised by a local non-governmental organisation (NGO), and also met about 100 community representatives at an open forum to exchange views on ways to tackle the poverty problem. <u>The Chairman</u> said that visits to districts would enable members to have a better understanding of the different problems of poverty in different districts.

- 10. <u>Ms LI Fung-ying</u> said that she would prefer a more focused approach in conducting visits to districts, and there should be sufficient time for members to discuss with the NGOs and target groups in the districts.
- 11. <u>The Chairman</u> concluded that the Subcommittee would consider whether visits to districts should be conducted when specific topics were discussed.
- 12. On the suggestion of conducting visits to overseas countries, <u>Mr James TIEN</u> said that he did not find it necessary to conduct overseas visits at the moment because the poverty problems of Hong Kong were different from those in overseas countries. <u>Mr TIEN</u> added that conducting overseas visits would have financial implications.
- 13. <u>Dr Fernando CHEUNG</u> explained that some overseas countries had implemented successful strategies to alleviate poverty. These places included Ireland, India, the Mainland, Singapore and Taiwan. He considered that the Subcommittee could consider conducting visits to these places to obtain first-hand information on their successful experience. Nevertheless, he shared Mr James TIEN's view that the Subcommittee should also consider the financial implications of conducting overseas visits.
- 14. <u>The Chairman</u> said that the LegCo Commission had approved an allocation of \$55,000 for each Member's Overseas Duty Visits Account for the 2004-08 term. <u>The Chairman</u> further said that as the Subcommittee would discuss the research report on "Poverty combating strategies in selected places" at the meeting in May 2005, members might wish to defer the decision on whether overseas visits should be conducted after studying the report. <u>Members</u> agreed.

II. Date of next meeting and items for discussion

[LC Paper Nos. CB(2) 1097/04-05(02) and (03) and CB(2) 1132/04-05(02)]

Discussion items for future meetings

- 15. <u>Ms Emily LAU</u> suggested that the Subcommittee should include the social security schemes for retirement protection for discussion at future meetings, and that the Research and Library Services Division of LegCo Secretariat should be requested to conduct research study on the retirement protection schemes in other countries/places. <u>Dr Fernando CHEUNG</u> added that to his knowledge, over 50 NGOs were jointly studying the retirement protection schemes in other places, and the findings would be available in June 2005.
- 16. The Chairman said that the subject of retirement protection schemes could be discussed under the topics of "Adequacy of the existing social security systems" or "Assistance to the elderly". The Research and Library Services Division would be requested to conduct a research study on the retirement protection schemes in overseas places. Members agreed.

17. Referring to Mr Ronny TONG's letter which was tabled at the meeting, <u>the Chairman</u> said that assistance to rehabilitated offenders would be studied under the topic of "Working poverty". <u>Mr Ronny TONG</u> agreed.

(*Post-meeting note*: Mr Ronny TONG's letter dated 25 February 2005 was circulated to members vide LC Paper No. CB(2)1148/04-05 dated 23 March 2005.)

Date of future meetings

- 18. <u>Members</u> agreed that the Subcommittee would hold meetings on 28 April, 19 May and 23 June 2005.
- 19. <u>Members</u> also agreed to the proposed items for discussion at the meetings of April and May 2005 as listed in LC Paper No. CB(2) 1097/04-05(03).

III. Measures to alleviate poverty as proposed in the 2005 Policy Address [LC Paper No. CB(2) 1132/04-05(03)]

- 20. With the aid of powerpoint, <u>Principal Medical and Health Officer (Family Health Service)</u>/ <u>Department of Health (DH)</u> (PMHO(FHS)) briefed members on the contents of the Head Start Programme (HSP) and the pilot arrangements which were detailed in the Administration's paper. She said that a pilot HSP would be launched in Sham Shui Po in July 2005. The Administration would refine the contents and operation of the HSP, in the light of the feedback and experience gathered from the pilot run in Sham Shui Po. The Administration expected to roll out HSP in other selected communities in the last quarter of 2005-06. Subject to a review of the outcome of HSP, the Administration might extend HSP to other communities in phases in the second year of the pilot programme.
- 21. <u>PMHO(FHS)</u> said that an evaluation would be conducted to assess the effective functioning of the multi-disciplinary HSP service interface model. The Administration would closely monitor the referral statistics and demand for various services.

(*Post-meeting note*: The powerpoint presentation materials were circulated to members vide LC Paper No. CB(2)1148/04-05 dated 23 March 2005.)

Head Start Programme

Resources allocated for the Head Start Programme

22. <u>Dr Fernando CHEUNG</u> noted that \$10 million had been earmarked for the implementation of HSP. He asked about the details of the allocation of resources to the different units responsible for implementation.

- 23. <u>Principal Assistant Secretary for Heath, Welfare and Food (Family)</u> (PAS(F)) responded that \$10 million had been set aside for the implementation of pilot HSP in four selected communities, i.e. Sham Shui Po, Tin Shui Wai, Tseung Kwan O and Tuen Mun.
- 24. <u>Mr LEUNG Yiu-chung</u> sought further information on the resources and manpower allocated to various units for the implementation of the pilot HSP, and the estimated number of people who would benefit from the programme.
- 25. <u>PMHO(FHS)</u> responded that most part of the resources would be allocated for identification and management of mothers with postnatal depression. It was estimated that an additional 2.5 doctors, three nurses and some supporting staff would be deployed to Maternal and Child Health Centres (MCHCs) for the launch of pilot HSP in Sham Shui Po. <u>PMHO(FHS)</u> further said that the Administration did not have ready information on the estimated number of people who would benefit from the pilot HSP.

Consultation with stakeholders

- 26. <u>Dr Fernando CHEUNG</u> said that MCHCs had not been consulted on the HSP, and the NGOs only became aware of the programme after the Chief Executive delivered his Policy Address in January 2005. <u>Dr CHEUNG</u> further said that according to the information provided by the Administration, the HSP seemed to focus on mothers with postnatal depression and healthy development of children. He could not see how the proposed measures under HSP would help reduce inter-generational poverty as promised in the Chief Executive's Policy Address.
- 27. PAS(F) responded that the pilot HSP aimed to augment the existing service in MCHCs to ensure early identification of the various needs of children and their families. The extra resources would therefore be allocated to Department of Health (DH) and Hospital Authority (HA). DH would, in collaboration with the Social Welfare Department (SWD), develop an assessment tool for MCHC staff to facilitate the early identification of children and their families with social service needs. The Administration had been discussing with the Integrated Family Service Centres (IFSCs) of SWD and NGOs the mode of operation on following up the cases referred by MCHCs.
- 28. The Chairman informed members that a subcommittee had been formed under the Sham Shui Po District Council (SSPDC) to study the problem of poverty. Regarding the launch of pilot HSP, the four IFSCs in Sham Shui Po had expressed grave concern about the possible upsurge in workload as they had to follow up on the referrals from the MCHCs. While the NGOs in the district were willing to help provide the necessary services to cases identified under the HSP, they did not know how they could take part in the programme. The Chairman added that

representatives of over 30 NGOs in the district held a meeting in the morning of 22 March 2005 to discuss the details of the pilot HSP, but they were disappointed that no representative from the Administration attended the meeting.

- 29. <u>Ms Emily LAU</u> considered that the Administration should discuss with NGOs the implementation details of the pilot HSP. She added that the Subcommittee might consider inviting the NGOs to give views on the programme, if the Administration had not done so.
- 30. <u>PAS(F)</u> said that the Administration had briefed SSPDC on the latest development and details of the programme at the meeting held in the previous week. The Administration would refine the contents and operation of HSP in consultation with the organisations concerned. <u>Deputy Secretary for Health, Welfare and Food (Family and Woman)</u> (DS(FW)) added that staff of SWD and DH had been in discussion with the frontline staff of MCHC, the HA hospital community medical team and IFSCs since February 2005. The Administration had also discussed with NGOs concerned the launch of the pilot programme.

Service provided under the Head Start Programme

- 31. <u>Dr Fernando CHEUNG</u> said that as the families identified under the HSP would be referred to the IFSCs for follow up, the Administration should monitor the number of referrals and the demand for various services to ensure that there would be sufficient resources to assist these families. <u>Dr CHEUNG</u> pointed out that early identification of children and families for timely social service intervention were already being carried out by relevant social service agencies, and IFSCs would provide assistance to families with problems irrespective of whether HSP would be launched. He was concerned that IFSCs might be overloaded after the implementation of HSP. <u>Dr CHEUNG</u> said that in some overseas countries, a case manager system was adopted to ensure adequate follow-up service was provided to each referral case. He suggested that the Administration should consider conducting longitudinal studies to evaluate the effectiveness of the programme. <u>Dr CHEUNG</u> stressed that he could not see how HSP was related to alleviating the problem of poverty.
- 32. <u>PAS(F)</u> said that overseas experience and researches showed that the early years of children was of great importance to their future development. Currently, MCHCs provided service to over 90% of newborn babies, and these centres could serve as a convenient platform to identify children and their families who required further attention. Through early identification of such families, appropriate professional services could be made available to them in a timely manner. For those children and families which did not have apparent needs for social service, they could learn about the various services under HSP and seek assistance when they had such a need.

- 33. <u>DS(FW)</u> added that HSP aimed to ensure early identification of the various needs of children and their families, so that appropriate services could be made available to them in a timely manner. <u>DS(FW)</u> said that in some cases, the MCHCs might only need to make referrals for the children or the families to receive appropriate social or medical services. The HSP would enable early services to be provided to meet the developmental needs of pre-school children in a coordinated way, and this would foster their healthy development and get away from poverty.
- 34. <u>DS(FW)</u> further said that while longitudinal studies could provide useful data to evaluate the effectiveness of HSP, such studies would take a long time lasting for 10 to 20 years and also require control groups for comparative studies. It would be difficult for Hong Kong, being a densely populated city with people of high mobility, to identify control groups for comparative studies. <u>DS(FW)</u> added that the Administration would further discuss with experts how to conduct longitudinal studies, if necessary.
- 35. Mr LEE Cheuk-yan said that he welcomed measures to ensure early identification of the various needs of children and their families. However, he did not see how HSP could help solve the problem of poverty. He was concerned that if no additional resources were allocated to IFSCs, they could not cope with the referrals or provide adequate assistance to the identified children and their families. Mr LEE believed that the Government should already have known the needs and problems of children coming from poor families. For example, for children whose parents were new arrivals, the parents were currently not eligible for Comprehensive Social Security Assistance (CSSA) under the seven-year residency rule. He considered that the Administration should draw up a package of measures to address the needs of the children in poverty instead of focusing on early identification of needs.
- 36. <u>DS(FW)</u> said that the objective of the HSP was to identify the problems and needs of the children and their families, in order that necessary services could be provided to them in a timely and cost-effective manner. <u>DS(FW)</u> said that the Administration would consider whether additional resources would be required to address specific problems identified after the launch of HSP.
- 37. <u>Ms LI Fung-ying</u> said that child health service was being provided in MCHCs, and the services proposed for the HSP were nothing new. She asked whether there were new services under the pilot HSP.
- 38. <u>PAS(F)</u> responded that the pilot HSP would comprise the following four additional components
 - (a) early identification and management of mothers with postnatal depression;
 - (b) early identification of children and families for social service intervention;

- (c) early referral and feedback system for pre-school children with physical, developmental and behavioural problems or those with family problems; and
- (d) early identification and holistic management of at-risk pregnant women.
- 39. Ms LI Fung-ying said that while she did not object to introducing new measures in MCHCs, many problems faced by families with problems could not be solved through early identification, and a package of complementing measures were required. She pointed out that many children were not brought to MCHCs and some of them were brought up in "single-parent" families where the mothers were still residing in the Mainland. In these cases, the fathers were rather old and had no knowledge of child-rearing. As a result, these children were slow in learning and development. Ms LI considered that such problems could only be solved by introducing changes to other policies, such as the immigration policy.
- 40. <u>DS(FW)</u> agreed that very often these families faced problems which were multi-faceted. She explained that as MCHCs provided service to over 90% of newborn babies, they would be the most convenient and effective platform to identify children and their families which might require further attention. There would be a package of measures to assist these families, e.g. MCHCs and IFSCs would jointly organise programmes and activities for the identified families. IFSC staff might also conduct home visits to provide in-depth services to these families. <u>DS(FW)</u> added that in collaboration with child care centres and kindergartens, a referral and feedback system would also be developed to enable pre-school teachers to identify and refer these children to MCHCs for assessment and further assistance in a timely manner. The Administration would extend the coverage of such networking service.
- 41. The Chairman expressed reservations that the pilot HSP could achieve the objective of reducing inter-generational poverty as pledged in the 2005 Policy Address. He pointed out that as over 90% of newborn babies were already covered by the existing MCHCs, the Administration should already have identified the various needs of these children and their families. He expressed concern that with the increase in the number of referrals under the pilot HSP, there would be a dilution of service if no additional resources were allocated for the programme. He queried how the \$10 million allocation for the pilot HSP could achieve the purpose of alleviating inter-generational poverty.
- 42. <u>DS(FW)</u> said that the HSPs in some overseas countries had proven to be successful, and it was widely recognised that the early years of children was of great importance to their future development. The Administration therefore decided to launch a pilot scheme in Hong Kong, and scientific methods would be devised to assist frontline staff to identify the needs of children at an early stage. The pilot HSP would also enable assistance to be provided to the identified children or families.

- 43. Mr LEUNG Yiu-chung commented that HSP was just another name for the service already provided in MCHCs. While he had no objection to extending or improving the existing services rendered by MCHCs, he considered that the proposed programme was more on health care services for individuals rather than a measure to reduce inter-generational poverty.
- 44. <u>DS(FW)</u> responded that alleviating poverty involved multi-dimensional efforts and not just handing out cash assistance. She explained that the objective was to provide individuals with opportunities to enhance their abilities for self-reliance. She pointed out that according to overseas experience, providing opportunities for children and youth to receive education and health development would enhance their learning abilities and future development. Therefore, early identification of children and families with special needs would enable timely provision of assistance to them to enhance their development, which would in turn reduce inter-generational poverty. She stressed that this was only one of the measures to alleviate poverty.
- 45. Mr LEUNG Kwok-hung said that he was frustrated with the Administration's response because it was selective in making reference to overseas experience when drawing up measures to alleviate poverty. He pointed out that while the Administration referred to overseas experience in launching HSP, it was unwilling to establish a poverty line although such a line had been adopted in many other countries. He queried how the Administration, in the absence of a poverty line or an assessment of the poverty situation in Hong Kong, would be able to define its target groups and provide resources to assist them. Mr LEUNG held the view that HSP would not be able to achieve the objective of reducing inter-generational poverty, given that there was a lack of resources for the units concerned to cope with the increase in demand for services after the launch of HSP.
- 46. <u>DS(FW)</u> said that while there was a reduction in resources for other areas of government services, additional resources would be allocated for social welfare services in the 2005-06 financial year. More details on the resource allocation would be provided to members at the special meetings of the Finance Committee to examine the draft Estimates of Expenditure.
- 47. Regarding the drawing up of a poverty line, <u>Assistant Secretary to CoP</u> (AS/CoP) said that as discussed at the first meeting of CoP, members were of the initial view that poverty should not be defined rigidly as one fixed figure or line based on income, and it was more important for CoP and the Government to focus on certain target groups and identify their special needs. <u>AS/CoP</u> added that the pilot HSP was an example of developing a service model to facilitate early identification of the varied needs of children and their families, using criteria other than solely income.
- 48. Mr LEUNG Kwok-hung said that developmental and behavioural problems of children were social problems which were not confined to the poor. He considered that HSP was in the wrong direction as the programme did not focus on those in poverty. As children not coming from poor families would also be covered in the

programme, it would result in a reduction in resources for assisting children from poor families. Mr LEUNG considered that Government should adopt an objective definition of poverty so that appropriate resources would be directed to the target groups.

- 49. <u>Ms Emily LAU</u> said that despite the Administration's explanation at the meeting, she still found it difficult to relate HSP with alleviation of poverty. <u>Ms LAU</u> asked about the implementation details and effectiveness of similar programmes in other countries.
- 50. <u>PMHO(FHS)</u> said that the HSP in the United States (US) had been launched for some decades. In an example of the US programme, a group of disadvantaged pregnant women were identified. They were randomised to an intervention group and a control group. Intervention consisted of intensive services through home visits until their babies were two years old. Longitudinal follow-up on these mothers were conducted up to the time when their children reached 15 years of age. These studies revealed that compared to the control group, children in the intervention group attained higher level of education and had lower delinquency rate, and their mothers also led a better life. The experience in US was proven successful, as every \$1 put into the programme had made a return of \$4. <u>PMHO(FHS)</u> added that for the pilot HSP in Hong Kong, HA would assess how far Hong Kong should follow the US model. At the moment, no provision had been made for conducting longitudinal studies.
- 51. <u>Ms Emily LAU</u> commented that the pilot HSP in Hong Kong was not the same as that launched in US, and the Administration should have highlighted the differences between the programmes in Hong Kong and in US. <u>Ms LAU</u> further said that with the limited resources for the pilot HSP in Hong Kong, not many families or children would be able to benefit from the programme. She added that if Hong Kong had no intention to follow up the cases of the identified families on a long-term basis as in US, the pilot HSP would not be able to achieve any useful purpose in alleviating poverty.
- 52. <u>DS(FW)</u> explained that the idea of HSP was brought up by a committee under DH which advised on services for children aged five and below. The HSP in Hong Kong would have a wider coverage than that in US, and MCHCs would be used as a platform for launching the programme. The contents and operation of HSP would be refined in the light of feedback and experience gained from the pilot HSP.
- 53. Mr Albert HO commented that not much could be achieved with an allocation of only \$10 million for launching the pilot HSP. Mr HO said that MCHCs were already providing services on identification of children and their families with special needs, and the issue was how to follow up the cases with special needs in a systematic manner. Mr HO said that as NGOs were facing a reduction in resources, they would have difficulties in coping with the new referrals from the pilot HSP if no additional resources were allocated to them. Mr HO considered that the so-called poverty alleviating measures were proposed in response to the comments made by the

Committee on Economic, Social and Cultural Rights that the Government should formulate anti-poverty strategies. He had doubts that such measures would be able to alleviate the problems of those in need.

- 54. <u>DS(FW)</u> stressed that the proposed HSP was a pilot scheme which was one of the many measures to alleviate the problem of poverty. Apart from the existing services provided at MCHCs, the pilot HSP would provide additional services such as early identification of mothers with postnatal depression, and early referral of children identified to have developmental or other problems for appropriate services. <u>DS(FW)</u> further said that Government was determined to alleviate the problem of poverty, and the total allocation for social services in 2005-06 financial year would increase despite the deficit budget.
- 55. Mr Albert HO said that the Subcommittee should monitor how the identified children and families were followed up under HSP and the impact of an increase of caseload on NGOs.
- 56. <u>Mr Ronny TONG</u> expressed support for the pilot HSP as it was a good start in implementing measures to alleviate poverty.
- 57. <u>Dr Fernando CHEUNG</u> said that under the existing system, children or families with problems could already be identified by MCHCs and IFSCs for follow-up service. The problem did not lie with the identification mechanism, but whether IFSCs would be able to cope with an increase of caseload if more referrals were made by MCHCs after the implementation of HSP. <u>Dr CHEUNG</u> further said that to his knowledge, the Hong Kong Council of Social Service had invited the Administration to explain the implementation details of HSP, but the responsible officers were unable to provide the details. As the social welfare sector did not have much knowledge about HSP, he would suggest that the implementation of the pilot HSP be deferred, until the Administration had further discussed with NGOs in the district how the programme should operate with the limited resources available. <u>Dr CHEUNG</u> considered that the Administration should revert to the Subcommittee on the outcome of discussion with NGOs at the next meeting in May 2005.
- 58. <u>DS(FW)</u> responded that there were on-going discussions with the NGOs on the implementation of the pilot HSP, and it took some time to develop the various assessment tools and work protocol for the implementation. She suggested to report the progress to the Subcommittee in October 2005. <u>DS(FW)</u> added that a service delivery model was being developed in consultation with relevant departments and agencies including MCHC and IFSCs in Sham Shui Po. The various assessment tools and work protocol would be fine-tuned, and the agencies concerned would be consulted.

Action

59. The Chairman said that the Administration should not launch the pilot HSP before consulting the agencies in the district. He added that to ensure that the pilot programme would achieve the objective, the Administration should attach more importance to communication with the NGOs concerned, in order to cultivate more effective partnership between the relevant departments and NGOs.

IV. Any other business

60. There being no other business, the meeting ended at 6:40 pm.

Council Business Division 2 <u>Legislative Council Secretariat</u> 10 May 2005