

立法會
Legislative Council

LC Paper No. CB(2)772/00-01

(These minutes have been
seen by the Administration)

Ref : CB2/PL/WS

LegCo Panel on Welfare Services

**Minutes of meeting
held on Monday, 8 January 2001 at 10:45 am
in Conference Room A of the Legislative Council Building**

Members Present : Hon LAW Chi-kwong, JP (Chairman)
Hon CHAN Yuen-han (Deputy Chairman)
Hon David CHU Yu-lin
Hon Cyd HO Sau-lan
Hon LEE Cheuk-yan
Hon Fred LI Wah-ming, JP
Hon CHEUNG Man-kwong
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Dr Hon YEUNG Sum
Hon CHOY So-yuk
Hon LI Fung-ying, JP
Hon Henry WU King-cheong, BBS
Hon Michael MAK Kwok-fung
Hon WONG Sing-chi
Hon Frederick FUNG Kin-kee

Public Officers Attending : Item III

Mrs Carrie LAM, JP
Director of Social Welfare

Dr FUNG Hong
Deputy Director (Hospital Planning and Development)
Hospital Authority

Mr Stephen PANG

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Commissioner for Rehabilitation

Miss Ophelia CHAN
Assistant Director of Social Welfare
(Rehabilitation & Medical Social Services)

Item IV

Mrs Carrie LAM, JP
Director of Social Welfare

Mr HO Wing-him, JP
Deputy Secretary for Health and Welfare 2

Ms Annette LEE
Principal Assistant Secretary for Health and Welfare (Elderly Services) 1

Mrs Eliza LEUNG
Assistant Director of Social Welfare (Elderly)

Clerk in Attendance : Ms Doris CHAN
Chief Assistant Secretary (2) 4

Staff in Attendance : Miss Mary SO
Senior Assistant Secretary (2) 8

I. Confirmation of minutes of meeting on 11 December 2000
(LC Paper No. CB(2)576/00-01)

The minutes of the meeting on 11 December 2000 were confirmed.

II. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)578/00-01(01) and (02))

2. Members agreed to discuss the following items at the next regular meetings to be held on 12 February and 12 March 2001 -

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12 February 2001

- Information technology development in social welfare sector;
- Policy/procedures for allocating new social welfare services; and
- Supplementary provisions for social security allowance.

12 March 2001

- Review of family services;
- Proposed amendments to the Adoption Ordinance; and
- Assistance to families in distress.

3. Members further agreed that the progress report on the implementation of the Enhanced Productivity Programme in social welfare sector, proposed to be discussed in February 2001, could be dealt with in the form of an information paper, and that the issue of services for young night drifters should be discussed after the announcement of the 2001-02 Budget by the Financial Secretary in March 2001. The Chairman undertook to liaise with the Administration on the timing for discussing the issue of services for young night drifters, as well as other items on the list of the outstanding items to be considered (Paper No. CB(2)578/00-01(01)) which still did not have any tentative dates set for discussion. Regarding item 7 on the list of the outstanding items to be considered, i.e. review of the provision of services and support for people with disabilities proposed by Miss CHAN Yuen-han, the Chairman said that as the scope of the subject was very wide, it would be necessary to narrow it down to a more specified area to facilitate better discussion.

III. Conversion of Lai Chi Kok Hospital to a temporary long stay care home
(LC Paper No. CB(2)578/00-01(03))

4. At the invitation of the Chairman, Director of Social Welfare (DSW) briefed members on the Administration's paper which detailed its plans to develop two purpose-built rehabilitation complexes at the Lai King Headland and the ex-staff quarters site of the Castle Peak Hospital, and provide, on a temporary basis, 400 long stay care (LSC) places at the Lai Chi Kok Hospital (LCKH) pending completion of the two rehabilitation complexes.

5. In particular, DSW said that the Administration intended to seek the Finance Committee (FC)'s approval of the Lotteries Fund allocation for the two projects in view of their recurrent implications, which was estimated at \$56 million and \$85

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million respectively, on 23 February 2001. She explained that this followed the convention that FC's approval for allocation from the Lotteries Fund was necessary where the recurrent expenditure of a capital work project exceeded \$10 million. She also said that unlike Government-funded proposals which were first presented to the Public Works Subcommittee, the established practice was for Lotteries Fund project to go straight to FC.

6. DSW further drew to members' attention that on this occasion she was proposing to seek FC funding approval before detailed plans for the projects had been completed. She explained that the reason for the fast-track approach was to enable the Administration to proceed with the development of these two projects as soon as possible. Upon obtaining FC's approval of these two projects on 23 February 2001, the Administration would immediately proceed with inviting non-government organisations (NGOs) to submit proposals for future operation of the two complexes. Early selection of the future operators would ensure that the users could work closely with the Architectural Services Department (ASD) in the detailed design. DSW pointed out that, being the service providers, NGOs should be in the best position to decide how the complexes should be fitted out to suit its operational needs as well as the needs of users. It was therefore considered better to have their input from the outset so that such input could be incorporated by ASD in its course of drawing up the detailed construction plans of the two new complexes. If the selection process for the NGOs to manage the new complexes could not be commenced shortly, it would not be possible for the two new complexes to meet their target commissioning dates in 2004. Under these circumstances, DSW hoped that members would give their support to the Administration's early submission to FC to develop these two projects in a fast-track manner.

7. Mr Henry WU expressed support for the Administration's plans as set out in its paper to the Panel. Mr WU noted that a grant of \$2,180,000 had been obtained from the Lotteries Fund to finance the procurement of furniture and equipment for the 400 temporary LSC places at LCKH, whereas the cost for procuring the same for the two new rehabilitation complexes was estimated at a total of \$16,540,000, i.e. \$6,820,000 and \$9,720,000 for the new facility at the Lai King Headland site and the ex-staff quarters site of the Castle Peak Hospital respectively. As the money to be spent on the procurement of furniture and equipment for the temporary LSC places at LCKH and the two rehabilitation complexes came to about \$5,450 (i.e. \$2,180,000÷400 places) and \$20,675 (i.e. \$16,540,000 ÷ 800 places) per place respectively, Mr WU enquired whether the furniture and equipment for the temporary LSC places at LCKH was under-provided.

8. DSW replied in the negative. She explained that the reason why the money needed to procure furniture and equipment for the temporary LSC places at LCKH was less than that required for the two new rehabilitation complexes was because the former, being a psychiatric hospital, was already provided with the basic hospital

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furniture and equipment, whereas the latter were new facilities. To facilitate the transition of LCKH into LSC places, a provision of \$6,820,000 for the Hospital Authority (HA) was therefore needed for HA to transform the hospital environment of LCKH into a home-like one for the social rehabilitation of chronic mental patients and to purchase additional equipment for rehabilitation purposes. DSW further said that given the temporary nature of the LSC places at LCKH, every effort would be made to ensure that the furniture and equipment contained therein could be transferred to the two new rehabilitation complexes upon their commissioning in 2004 as far as possible or for use by other rehabilitative service units.

9. Responding to Mr CHEUNG Man-kwong's enquiry as to whether consideration would be given to making the temporary LSC places at LCKH a permanent arrangement, DSW said that the Administration had considered the suggestion and concluded that the layout of LCKH, which was spread over an extensive area with about 20 single or two-storeyed buildings scattered over a terraced slope, was not entirely suitable for operating a rehabilitation centre. Moreover, the buildings at LCKH could not be torn down because they had been declared as antiquities. Under these circumstances, the LCKH site would be returned to the Government Property Agency (GPA) upon the opening of the two rehabilitation complexes at the Lai King Headland site and the ex-staff quarters site of the Castle Peak Hospital in 2004.

10. Mr CHEUNG Man-kwong pointed out that despite its shortcomings, LCKH was nevertheless considered suitable for operating LSC facilities, albeit on a temporary basis. He urged the Administration to re-consider making LSC places at LCKH a permanent arrangement by carrying out some renovation works to overcome the existing physical constraints for providing rehabilitation services for chronic mental patients, having regard to the fact that there were 1 378 applicants on the waiting list for LSC places, as stated in paragraph 4 of the Administration's paper.

11. DSW responded that it was not possible to turn the temporary LSC places at LCKH into a permanent arrangement, as the Administration had only set aside funding for the annual operating costs of 800 LSC places at the two new rehabilitation complexes. She pointed out that although there were 1 378 applicants on the waiting list for LSC places, the actual number of applicants waiting for LSC places in the community should be about 524 as the former figure already included 854 chronically-ill persons who were at present receiving care in various public psychiatric hospitals. DSW further said that a number of community-based programmes for mentally-ill persons would be introduced by HA and the Social Welfare Department (SWD) in the coming two years. Should the respective working groups set up by HA and SWD conclude that more LSC places were needed after the launching of the aforesaid community-based programmes, SWD would endeavour to bid for more resources to provide for additional LSC places either through the development of a purpose-built complex or retaining LCKH as a LSC home. DSW added that the

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former arrangement would be preferred, as the scattered layout of LCKH was not conducive to a smooth and effective operation of rehabilitation services.

12. Mr Michael MAK enquired about the Government's policy in the provision of rehabilitation services for discharged mental patients, having regard to the fact that the operation of the temporary LSC places at LCKH would be subvented by SWD, with HA taking up the management work, while that the management of the two new rehabilitation complexes at the Lai King Headland and the ex-staff quarters site of the Castle Peak Hospital would be entrusted to NGOs to be selected through an open process.

13. DSW responded that the Government's policy in the provision of rehabilitation services for discharged mentally-ill persons was clearly set out in the 1995 White Paper on Rehabilitation which stated, amongst others, that appropriate rehabilitation services, support and assistance should be provided for these people. It was aimed at reducing the adverse effect of disability on their lives, thereby enabling them to play a constructive role in society. To achieve this aim, if a mentally-ill person was considered well enough for discharge from a public psychiatric hospital, arrangements would be made to admit him/her to a LSC home, halfway house, hostel, or sheltered workshop, so as to facilitate his/her re-integration into the community as far as possible. The question of duplication of rehabilitation services provided by HA and SWD therefore did not come into play. The reason for inviting HA to establish 400 temporary LSC places at its LCKH was to facilitate earlier provision of rehabilitation services to the chronic mentally-ill persons who were now staying at public psychiatric hospitals while waiting for LSC places. Such a phenomenon of chronic mentally-ill persons being "detained" in hospitals was due to the fact that the planning and implementation of a rehabilitation facility could not always be kept on schedule to meet the demand for the services. Nevertheless, DSW assured members that SWD would continue to work closely with HA to ensure that chronic mentally-ill persons would be provided with the most suitable rehabilitation services, support and assistance, so that they could develop their potential and participate fully in the community.

14. Mr MAK remarked that it was regrettable that the provision of rehabilitation facilities for discharged mental patients, such as halfway houses and sheltered workshops, had often been delayed due to strong public resistance to having such facilities in their public housing estates and private developments. In this connection, Mr MAK enquired about the actions to be taken by the Administration to overcome the problem.

15. DSW responded that the Administration would step up its efforts on educating the public to accept the discharged mental patients as ordinary people, which in turn should help to reduce their resistance to having such rehabilitation facilities as halfway houses and sheltered workshops in their vicinities. To achieve such public undertaking

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however required joint efforts. In order to overcome difficulties in incorporating such facilities in public housing estates and private developments due to local resistance, a decision had therefore been made to secure the two sites at the Lai King Headland and the ex-staff quarters of the Castle Peak Hospital to develop two rehabilitation complexes for the chronic and ex-mentally ill persons. DSW further said that the Administration had secured funds for the provision of 200 halfway house places, and locations had been identified for such. The Administration would closely liaise with the relevant District Councils and local committees to lobby their support for having halfway houses in their districts.

16. As the management work of the temporary LSC places at LCKH would be taken up by HA, Mr MAK further enquired about the arrangements for the HA staff who would be transferred to work thereat and whether consideration would be given to drawing up a set of formal procedures to deal with such staff transfer.

17. Deputy Director, Hospital Authority (DDHA) responded that HA staff who would be transferred to work at the temporary LSC places at LCKH would retain their HA staff status, i.e. their existing terms and conditions of employment would not be affected as a result of the transfer, and they would be re-deployed to work in other HA hospitals after the closure of the temporary the LSC places at LCKH. DDHA further said that as the management and operation of the temporary LSC places at LCKH would be governed by a Funding and Service Agreement (FSA) to be signed between SWD and HA, HA planned to recruit outsiders to fill most of the jobs at the temporary LSC places at LCKH. The remaining posts to be filled by staff deployed from HA would be mainly psychiatric nurses. In order to ensure clear delineation of accountability and facilitate the management of the LSC places according to SWD's subvention provision and requirements, a subsidiary company would also be set up by HA as provided for under the Hospital Authority Ordinance. Responding to Mr MAK's second question, DDHA said that he did not see a need for drawing up a set of formal procedures to deal with the transfer of HA staff to work at the LSC places at LCKH for the time being, as such staff transfer was only a temporary arrangement.

18. Miss CHAN Yuen-han expressed support for the Administration's plans as set out in its paper to the Panel. Noting that a sum of \$2,180,000 would be spent to procure furniture and equipment for the LSC places at LCKH which however would only be in use for three to four years, Miss CHAN hoped that these new furniture and equipment could be transferred for use in the two new rehabilitation complexes to avoid wasting of resources. As most employees of the temporary LSC places at LCKH would be hired from outside, Miss CHAN enquired about the employment terms for these employees.

19. Responding to Miss CHAN's first question, DSW said that every effort would be made to ensure that all furniture and equipment at the temporary LSC places could be reused in the two new rehabilitation complexes or other similar facilities as far as

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possible. As regards the employment terms for the newly recruited staff of the temporary LSC places at LCKH, DDHA said that HA would closely adhere to the conditions laid down in the FSA, the terms adopted by SWD for hiring contract staff and the relevant labour legislation, including stipulation on severance payment. He further said that although staff working at the temporary LSC places at LCKH could not be automatically transferred to work at the two new rehabilitation complexes because the latter would be operated by NGOs, it was hoped that their working experience gained at the temporary LSC places should give them an edge over other candidates in securing jobs at the two new rehabilitation complexes.

20. Miss Cyd HO noted that the plan envisaged that NGOs interested to operate the complexes would need to provide input to the fitting out of the complex. In this connection, Miss HO enquired whether NGOs were aware of such requirement as it was questionable whether they had the capability to do so.

21. The Chairman said that if an NGO considered itself able to manage a rehabilitation complex, it should have the capability to come up with ideas on how the complex should be fitted out to suit its operational needs as well as the needs of the users. DSW also said that there was no cause for concern that NGOs did not have the capability to come up with proposals on how a facility should be fitted out, as it was the established practice for NGOs, which had been selected to manage a certain facility, to put forward their ideas on how the facility should be fitted out for incorporation by ASD in the final construction and design of the facility so as to avoid alterations later on. DSW added that not only were eligible NGOs capable of giving ideas on how a facility should be fitted out, some of them also had the experience in developing a facility from scratch, i.e. found an architect and constructed a facility on its own.

22. Mr Henry WU enquired whether consideration would be given to adding more storeys to the planned 7-storeyed and 9-storeyed building at the Lai King Headland site and the ex-staff quarters site of the Castle Peak Hospital respectively, having regard to the acute shortfall in rehabilitation services. DSW responded that the planned development of the two buildings at the Lai King Headland site and the ex-staff quarters site of the Castle Peak Hospital had already achieved the maximum plot ratio of the respective site set down by GPA. In reply to Mr WU's further enquiry about the total floor areas of the two new complexes, DSW agreed to provide the information after the meeting.

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23. Mr WONG Sing-chi enquired about the arrangements for the patients now receiving care at LCKH and the arrangements for the residents at the temporary LSC places at LCKH when these places would be closed down upon the commissioning of the new facilities at the Lai King Headland and the ex-staff quarters site of the Castle Peak Hospital in 2004. Mr WONG further enquired about the operational arrangements to ensure a smooth transition of these temporary LSC places to the new facilities.

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24. DSW responded that subject to doctors' assessment, some of the existing 400 patients staying at LCKH would be transferred to other public psychiatric hospitals while others would continue to reside at LCKH for rehabilitation when it was converted into a LSC home in March 2001. She further said that admission to the temporary LSC places at LCKH would be in two phases. Phase I admission scheduled for March 2001 would accept 200 applicants on SWD's waiting list for LSC places and who were currently staying in LCKH. It would be followed by a gradual process of admission of patients from SWD's Central Waiting List, many of whom required rehabilitation in a LSC setting. The admission process was scheduled to be completed by August 2001. As regards the arrangements for the residents at the temporary LSC places at LCKH upon the commissioning of the two new complexes in 2004, DSW said that the Administration would decide on whether these residents should be transferred to the new facility at the Lai King Headland or the ex-staff quarters site of the Castle Peak Hospital in light of the works progress as well as the condition of the residents and the wish of their family members. On the operational arrangements to ensure a smooth transition of these temporary LSC places to the new facilities, DSW said that the NGOs which had been selected to manage the new facilities would normally be given funding three to four months in advance of the commissioning dates of the new facilities so as to enable them to hire key staff to undertake the necessary preparation work. Moreover, these new staff would be required to observe the operation of the temporary places at LCKH for several months to gain a good understanding of how a LSC home should be run.

25. Mr WONG Sing-chi enquired whether the NGOs concerned were required to take in the 400 residents staying at the temporary LSC places at LCKH or whether they had the autonomy to take in any applicants for LSC places. Mr WONG further expressed concern about duplication of resources, having regard to the fact that a team of staff would be recruited by the NGOs concerned several months ahead of the commissioning of the two new rehabilitation complexes. DSW responded that admission to LSC places was based on SWD's Central Waiting List and there was no discretion on the part of the NGOs operating the facility. As to Mr WONG's concern about duplication of resources, DSW said that this was inevitable under the circumstances but the commissioning resources would be kept to a minimum.

26. The Chairman suggested two options to provide continuation of care for residents of the temporary LSC places at LCKH when they had to be transferred to the two new rehabilitation complexes. The first option was not to entrust the management of the temporary LSC places at LCKH to HA if an NGO could be found before April 2001 to run these temporary places, and this NGO should be retained to run one or both of the new rehabilitation complexes later on. The second option was to entrust the management of the temporary LSC places at LCKH to HA as proposed, but that HA should contract out most of the operation of the temporary places to an NGO.

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Such an NGO should in turn be retained to run one or both of the new rehabilitation complexes later on.

27. DSW responded that the Administration had considered the first option suggested by the Chairman and concluded that it could not be practically pursued for the following reasons. Firstly, the layout and terrain of LCKH as described earlier made it not suitable for operating a standard rehabilitation centre and hence its operation as LSC places would pose problems for a newcomer NGO. Secondly, it was against the principle of fair and open competition if an NGO selected to operate the temporary LSC places at LCKH would automatically be entrusted with the management and operation of one or both of the new rehabilitation complexes. Moreover, it was difficult to justify why an NGO entrusted with the management and operation of a LSC home comprising 400 places should automatically be given the opportunity to manage and operate a much larger and more complex rehabilitation facility. Thirdly, if the management and operation of LCKH were to be transferred from HA to an NGO, the change in user would necessitate certain legislative requirements to be complied with which was quite time-consuming. DSW further said that the Administration had briefed the Rehabilitation Advisory Committee of the proposed arrangement and no objection was raised.

28. In respect of the second option suggested by the Chairman, DDHA responded that HA had not considered it as if the bulk of the jobs at the temporary LSC places at LCKH were to be contracted out to an NGO, several months' time would be needed for the selection to complete. This would defeat the Administration's aim for these temporary places to commence operation in March 2001.

29. Mrs Sophie LEUNG hoped that ASD would invite views from outside experts and professionals in designing the two new projects, so that these projects could aptly meet the changing requirements for rehabilitation services.

30. In conclusion, the Chairman said that members had no objection to the Administration's early submission of the proposal to FC on 23 February 2001 to enable it to develop the two new rehabilitation complexes in a fast-track manner.

IV. Standardised Care Need Assessment Mechanism
(LC Paper No. CB(2)578/00-01(04))

31. Assistant Director of Social Welfare (Elderly) (ADSW) took members through the Administration's paper which detailed the implementation of the Standardised Care Need Assessment Mechanism for Elderly Services (the Mechanism).

32. Mr Frederick FUNG expressed support for the Mechanism. Noting that the Working Group on Standardised Care Need Assessment Mechanism for Elderly

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Services (the Working Group) only comprised representatives from HA, NGOs, the Hong Kong Council of Social Service (HKCSS) and SWD at working level, Mr FUNG enquired whether consideration would be given to inviting user-representatives and representatives from concern groups on the elderly to join the Working Group so as to enhance its transparency and accountability.

33. ADSW pointed out that representatives from many concern groups on the elderly were members of HKCSS, and since HKCSS was a member of the Working Group, it should be able to reflect the representative views of the concern groups. She further said that it was the Administration's intention to include user-representatives in the Working Group, as well as in the Regional Appeal Committees and the Central Appeal Board to be set up shortly, in light of the operational experience in drawing up protocols on implementation.

34. Mr LEE Cheuk-yan referred members to the service matching decision making tree set out in Appendix to the Administration's paper, and raised the following questions -

- (a) Whether the provision of elderly services was a factor in making service matching decision;
- (b) Whether there was a mechanism to allow an elderly person who had been admitted to, say, a community support services unit to be re-assessed for other types of service, say, care-and-attention home if he/she health problems had worsened; and
- (c) If the assessment results showed that two types of services were suitable for an applicant, one of which being the service the applicant had registered for, whether the applicant still had a say in opting for the service he/she registered for.

35. Responding to Mr LEE's first question, Deputy Secretary for Health and Welfare (DSHW) said that the service matching and the provision of services for the elderly were two separate issues. He assured members that if an elderly person was considered suitable for a particular type of service after undergoing the standardised care need assessment, he/she would not be denied of such a service because the provision for such a service was tight. DSHW further said that the residential care places provided by the public and private sectors were generally able to cope with demand. The reason why quite a number of people were on SWD's waiting list for Government-funded residential care homes was because the quality of private residential care home was very varied. To shorten the waiting time for Government-funded residential care home places, more resources would be put in to buy more residential care home places from the private sector. DSHW however pointed out that many elderly people preferred to live at home rather than entering a residential care home. They only reluctantly entered a residential care home because their family

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members did not have time to take care of them or they lived alone. The Administration hoped that with the enhanced home and community care services to be introduced in March 2001, more elderly people could continue to live at home and this in turn should help to shorten the waiting time for residential care service by those in need.

36. Regarding Mr LEE's second question, ADSW said that the objective of the Mechanism did not stop at finding a service which could match the need of the elderly. After an elderly person had been assessed for admission to a particular type of service, the service provider would draw up an individual care plan for the person concerned according to the assessment results and related information. Under the Mechanism, the service provider had the responsibility to monitor the health condition of the elderly persons under its care. If the health condition of an elderly person was found to have changed, provision had been made under the Mechanism for the individual concerned to undergo another assessment, which would focus on ascertaining whether the type of service he/she was currently receiving was still appropriate or that other type of service should be provided. As to Mr LEE's third question, ADSW said that the wish of the elderly was always respected. She conceded that if two options were found to be suitable for the elderly person, say, home care service and residential care service, the elderly person would most likely be encouraged to use the former. However, she assured members if the elderly person insisted on a residential care service, arrangement would be made for his/her admission to a residential care home.

37. Mr LEE further enquired about the actions which would be taken by SWD if the wishes of the elderly person and his/her family members were in conflict. ADSW responded that SWD staff and other concerned parties would try to help to reconcile the differences between the two parties. However, should all such efforts fail, the wish of the elderly person would prevail over that of his/her family members.

38. Mr WONG Sing-chi enquired -

- (a) Whether the accredited assessors would go to the homes of the elderly to conduct the standardised care need assessment, having regard to the fact that some elderly people found it very inconvenient to travel to the offices of the accredited assessors to take the assessment;
- (b) If an applicant being waitlisted for a particular type of service decided to change course and apply for another type of service because his/her health condition had changed in the interim, whether the person concerned could still retain his/her place on the waiting list for the original service in the event that his/her health condition had reverted to the stage when the application for the original service was submitted; and

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- (c) Whether another type of service would be provided to an elderly person even though he/she did not apply for it, i.e. he/she only applied for admission to a care-and-attention home, but the assessment results showed that nursing home was the most appropriate option.

39. Responding to Mr WONG's first question, ADSW said that whether the accredited assessors would need to go to the homes of the applicants to conduct the standardised care need assessment would depend on the level of impairment of the applicants. For example, if an applicant could tell the accredited assessor clearly about his/her home environment and provide other relevant information, there would be no need for the accredited assessor to go to the home of the applicant to conduct the assessment. However, if on the other hand that an applicant had severe impairment, the accredited assessor would of course go to the home of the applicant to conduct the assessment.

40. ADSW replied in the positive to Mr WONG's second question. As regards Mr WONG's last question, ADSW said that if the assessment results showed that the most appropriate option was a higher level of service than the one applied by the applicant, say, HA's infirmary versus nursing home, the former would be offered to the applicant. Likewise would be the case if the assessment results showed that the most appropriate option was a lower level of service than the one applied by the applicant, say, Housing for Senior Citizens Scheme inside a public housing estate versus a home for the aged. ADSW explained that the reason why HA's infirmary and the Housing for Senior Citizens Scheme operated by the Housing Department (HD) were not mentioned in the Administration's paper as part of the services available to the elders on a matched basis under the Mechanism was because they were not considered mainstream services needed by the elderly. However, both HA and HD would be willing to take in the older persons when their facilities were to be the most appropriate options.

41. Mr WONG further enquired whether the decision for the accredited assessor to go to the home of the application was made by the applicant or the accredited assessor. ADSW responded that although it would be more convenient to the applicants if the accredited assessors could go to their homes to conduct the assessments, it should be noted that in doing so, the accredited assessors would not be able to achieve the target of completing assessment of four cases per day, based on an average of 2.5 hours on each case. If the number of cases completed by the accredited assessors per day was decreased, this would inevitably prolong the waiting time of the elderly for the various services under the Mechanism.

42. Miss CHAN Yuen-han referred to paragraph 21 of the Administration's paper which stated that in November 2000, the average time taken to complete each assessment was eight days from the date of referral as opposed to over a month for doing the same task in the past, and enquired about the reason for the drastic drop in the time taken. Miss CHAN further expressed concern about the standardised

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assessment tool being used to suppress the demand on the provision of elderly services.

43. ADSW responded that the eight-days' time taken to complete an assessment case was only based on one month statistic, i.e. November 2000, and should not be taken as representative. Although she could not say with certainty whether the eight-days' time taken to complete an assessment case could be achieved at all times, she was confident that the time taken to complete such a task should not take over a month as in the past. ADSW further said that the reason why the time taken to complete a care need assessment for elderly services could be drastically reduced was due to the fact that prior to the implementation of the Mechanism, service applicants were required to be assessed by referring agents, health care professionals and service providers to confirm their eligibility and suitabilities for services whereas at present service applicants only needed to be assessed once. Moreover, SWD had no control over the time taken by referring agents, health care professionals and service providers to complete an assessment.

44. Responding to Miss CHAN's concern that the standardised assessment tool was being used to suppress the demand for provision of elderly services, DSHW said that there was no question of such a situation as elders who wished to be admitted to residential care homes for the elderly or community support service units such as home help teams and day care centres for the elderly were also required to go through assessment. To emphasize his point that the standardised assessment tool was not used to suppress demand for elderly services but to provide an objective and scientific framework to ascertain the elders' eligibility for elderly services, DSHW said that there were cases where the service applicants were eventually provided with a service, the level of which was higher than the one they had registered for, e.g. admission to a nursing home rather than a care-and-attention home. DSHW further said that the Administration was well aware of the increasing demand for elderly services, particularly residential care services for the elderly. To this end, the Administration had been closely monitoring the adequacy of the provision of elderly services and significant resources had been put in over the past several years to improve such. For example, over 2 000 residential care places had been added in the current financial year and that a more intensive home and community-based care and support services for frail elderly living at home would be introduced in this coming March. DSW supplemented that elders who were currently on the waiting list for residential care services would be encouraged to try the enhanced home and community care services. Should they agree to try the new services, their applications for residential care homes would be suspended for the time being. They would however have the flexibility to re-activate their applications for residential care homes and their original dates of application would be recognised.

45. Miss CHAN was also of the view that the Regional Appeal Committees and the Central Appeal Board to be set up by the Administration to handle appeals from

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applicants and service providers should include representatives from a wide spectrum of the community. ADSW agreed to consider Miss CHAN's suggestion.

46. Mr CHEUNG Man-kwong queried about the meaningfulness of carrying out an assessment to ascertain the elders' eligibility for elderly services if the provision of elderly services lagged far behind demand. Mr CHEUNG was of the view that there should not be any waiting time for elders to receive the services they needed, and enquired whether the Administration could give a performance pledge that they could provide the needed services to the applicants within a specified time period. DSHW responded that it was very difficult to do so, as the needs for elderly services were constantly changing. A better approach would be to continue to strengthen elderly services. As a result of increased resources put in on elderly services, the waiting time for many elderly services had shortened. For examples, the waiting time for admission to residential care home had decreased from 30 months three years ago to about 18 to 20 months; and with the introduction of the enhanced home and community care services, it was envisaged there would be very little or no waiting time for home help/home care services.

47. Dr YEUNG Sum declared interest that he was an employee of the University of Hong Kong (HKU), as the standardised assessment tool under the Mechanism was developed by HKU's Centre on Ageing.

48. Mr Henry WU shared members' view that the Regional Appeal Committees and the Central Appeal Board should include representatives from a wide spectrum of the community. Mr WU then sought more information on the provision of training for accredited assessors, in particular, whether the 300 accredited assessors who had attended the training programme conducted by HKU from May 2000 to August 2000 had previous experience in assessing the elders' eligibility for elderly services.

49. ADSW reiterated that the Administration would consider inviting representatives from a wide spectrum of the community to serve on the Regional Appeal Committees and the Central Appeal Board. In reply to Mr WU's enquiry, ADSW said that the 300 accredited assessors who had attended the training programme conducted by HKU from May 2000 to August 2000 (217 from SWD, 61 from NGOs and 22 from HA) were professionals such as social workers, nurses, occupational therapists and physiotherapists who had to deal with elders and they might or might not have previous experience in assessing the elders' eligibility for elderly services. ADSW further said that the five multi-disciplinary Elderly Services Standardised Care Need Assessment Management Offices (SCNAMOs) would continue to provide training for 700 additional accredited assessors by April 2001, thus making a total of 1 000 accredited assessors. Afterwards, SCNAMOs would review the training strategies and plans. Moreover, SCNAMOs would organise briefing sessions for service providers in order to provide them with necessary knowledge on the standardised assessment tool.

Action

50. The Chairman said that as Phase 4 of the implementation of the Mechanism was scheduled to commence in August 2001, the Administration should be invited to brief the Panel again on the implementation of the Mechanism before the end of this year. The Chairman further said that the Administration should also be invited to brief members on the provision of residential care services in the next legislative session, as after the full implementation of the Mechanism, the Administration should have gathered more information to assist it in making better planning on the provision of residential care services. Members agreed.

V. Any other business

51. Miss CHAN Yuen-han enquired whether the Administration had provided a response to a request she raised at the last meeting held on 11 December 2000 regarding why some people had decided not to apply for Comprehensive Social Security Assistance after making enquiries. As the Panel had not yet received the requested information, the clerk undertook to take up the matter with the Administration.

52. There being no other business, the meeting ended at 12:40 pm.

Legislative Council Secretariat
8 February 2001