

立法會
Legislative Council

LC Paper No. CB(2)2977/03-04
(These minutes have been
seen by the Administration)

Ref : CB2/PL/WS

Panel on Welfare Services

Minutes of meeting
held on Monday, 20 October 2003 at 10:45 am
in Conference Room A of the Legislative Council Building

- Members present** : Hon CHAN Yuen-han, JP (Chairman)
Dr Hon LAW Chi-kwong, JP (Deputy Chairman)
Dr Hon David CHU Yu-lin, JP
Hon Fred LI Wah-ming, JP
Hon LEUNG Yiu-chung
Dr Hon YEUNG Sum
Hon CHOY So-yuk
Hon LI Fung-ying, JP
Hon Henry WU King-cheong, BBS, JP
Hon Michael MAK Kwok-fung
Hon Albert CHAN Wai-yip
Hon WONG Sing-chi
- Members absent** : Hon Cyd HO Sau-lan
Hon LEE Cheuk-yan
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Hon Frederick FUNG Kin-kee
- Member attending** : Hon Andrew CHENG Kar-foo

Public Officers attending : Mrs Carrie LAM, JP
Director of Social Welfare

Mrs Kathy NG
Assistant Director of Social Welfare (Elderly)

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

Deputations by invitation : Item III

A group of elders living in Tseung Kwan O District

Ms LAM Oi-kwan
Liaison Person

Mr LIU Kam-chun
Liaison Person

Mr LI Cheuk-yin
Social Work Assistant

The Hong Kong Council of Social Service

Ms Carmen NG
Chief Officer (Elderly Service)

Mr Timothy MA
Member, Specialized Committee on Elderly Service

Association for the Rights of the Elderly

Dr LI Ping-wai
Chairperson

Clerk in attendance : Miss Mary SO
Senior Assistant Secretary (2) 8

I. Confirmation of minutes
(LC Paper No. CB(2)72/03-04)

The minutes of meeting held on 9 October 2003 were confirmed.

II. Items for discussion at the next meeting
(Appendix V to LC Paper No. CB(2)11/03-04)

2. The Deputy Chairman suggested the Chairman to liaise with the Administration after the meeting on the items for discussion at the next regular meeting scheduled for 10 November 2003. Members agreed.

III. Central waiting list for subsidised long term care services for the elderly
(LC Paper Nos. CB(2)2752/02-03(01) and CB(2)116/03-04(01) to (03))

3. At the invitation of the Deputy Chairman, Director of Social Welfare (DSW) briefed members on the objectives of the central waiting list (CWL) for subsidised long term care (LTC) services and the actions taken in response to views and concerns during the consultation process, details of which were set out in the Administration's paper (LC Paper No. CB(2)2752/02-03(01)). DSW further said that no decision had been made to implement the CWL on 1 November 2003. The Administration however hoped that the new arrangement could come into operation within this year.

(Post meeting note : CWL was launched with effect from 28 November 2003.)

4. The Deputy Chairman then invited deputations to give their views on the CWL for subsidised LTC services.

A group of elders living in Tseung Kwan O district

5. Mr LIU Kam-chun and Ms LAM Oi-kwan presented the views of a group of elders living in Tseung Kwan O district as set out in their submission (LC Paper No. CB(2)116/03-04(01)). Specifically, they were worried that the assessors would not understand their needs, and that once they chose to receive community care services, they might have to wait for long period for residential care services if their health deteriorated. They urged the Administration to adopt the following -

- (a) Social Welfare Department (SWD) should clearly explain the new policy to all elders to allay their concerns before implementation;
- (b) A review on the CWL for subsidised LTC services should be conducted six months after implementation;
- (c) Information on supply and demand of different types of community care services should be made available to all elders; and
- (d) Elders should have the right to determine which types of LTC services they should receive.

(The Chairman joined the meeting at this juncture.)

Hong Kong Council of Social Service (HKCSS)

6. Ms Carmen NG and Mr Timothy MA presented the views of HKCSS as set out in its submission (LC Paper No. CB(2)116/03-04(02)). Specifically, HKCSS welcomed the following actions taken by SWD to ameliorate the CWL process i.e. for elders who were assessed to be suitable for either residential or community care services and chose to receive community care services, they or their carers or case workers might seek to re-activate their residential care option at a future point. Once re-activated, these elders would be called for admission to residential care services when vacancies arose in accordance with their original application dates subject to valid assessment results. HKCSS shared the Administration's view that elders should be encouraged to age in place, which was also the wish of most elders. HKCSS hoped that the Administration could step up its effort to promote community care services and maintain their steady supply so as to allay the concerns of both elders and their carers. HKCSS however differed from the Administration's view in doing away of a compulsory requirement of medical examination, including chest X-ray, of the elders prior to admission to a residential care home for the elderly (RCHE), as infectious diseases such as pneumonia were common amongst elders. The welfare sector was of the view that one way to completely do away with pre-admission medical examination was to allow home operators to have access to the clinical management system of the Hospital Authority (HA).

Association for the Rights of the Elderly

7. Dr LI Ping-wai presented the views of the Association for the Rights of the Elderly as set out in its submission (LC Paper No. CB(2)116/03-04(03)). Notably, the Association was supportive of the arrangement to ascertain elders' care needs before registering them on the CWL for allocation of or waitlisting for

the appropriate LTC services. The Association however hoped that the Administration would not press ahead with this arrangement until all corresponding measures were in place. For instance, the existing integrated home care services in respect of ordinary cases should be strengthened to meet the anticipated upsurge in demand for such services after the implementation of the CWL for all subsidised LTC services.

Discussion

8. Ms LI Fung-ying noted from paragraph 9 of the Administration's paper that RCHE residents who had received hospital treatment for a continuous period of two months and without a definite date of discharge in the foreseeable future, and those RCHE residents who had been away from Hong Kong for a continuous period of one month and without a definite date of return in the near future would be temporarily discharged from the RCHE. The purpose of this arrangement was to optimise the use of vacancies subsidised by the Government to benefit elders still awaiting residential placement. Ms LI said that although such an arrangement was worthy of support, she nevertheless had concern that elders temporarily discharged would have to wait for some time to readmit to their original RCHEs after they were discharged from hospitals or returned to Hong Kong. As one of the objectives of the CWL was to encourage elders to age in place, which was also the wish of many elders, Ms LI expressed concern that assessors would tend to overlook the needs of the elders for residential care service. In the light of this, Ms LI asked whether the views of the family members or carers of the elders would be taken into consideration when assessing the LTC needs of the elders.

9. DSW responded that temporarily discharged elders would be accorded priority for readmission to their original RCHEs once vacancies were available and that the RCHE operators would take into account the circumstances of each case and exercise flexibility where appropriate to assist the elders upon discharge or return to Hong Kong. DSW further said that even if the elders could not be readmitted to their original RCHEs in the first instance, arrangements would be made for them to live in other subvented homes on a temporary basis until vacancies in their original RCHEs had come up. As regards whether the views of the family members or carers of the elders would be taken into consideration when assessing the LTC needs of the elders, DSW replied in the positive as a case management had been and would continue to be adopted by case workers.

10. Dr YEUNG Sum asked the following questions -

- (a) Whether the waiting time for admission to RCHEs would lengthen, in view of the growing ageing population; and

- (b) What measures would be given to improve support services for carers in order to enable elders to age in place.

11. DSW responded that the average waiting time for admission to subsidised RCHEs operated by non-governmental organisations (NGOs) was 29 months, whereas that for admission to bought place scheme and enhanced bought place scheme homes operated by private sector was nine months. The average waiting time for subvented places was therefore about 22 months. DSW however pointed out that the average rejection rate for residential care service was 35%. Hence, the need to implement a CWL for all subsidised LTC services to better match elders with the appropriate services. DSW further said that although she did not have the exact figure in hand at the meeting, the average waiting time for admission to subsidised RCHEs had been on the decline since the latter half of 2001 and was continuing. This was attributable to a series of re-engineering exercise of community support services for elders, such as the upgrading of Home Help Teams to Integrated Home Care Services Teams to take care of frail elders and the upgrading of Multi-services Centres for the Elderly to District Elderly Community Centres. The fact that the Housing Department had agreed to provide housing assistance to those elders on the waiting lists for self-care hostels and homes for the aged, which SWD had ceased to accept applications for waitlisting as from 1 January 2003, had also helped to shorten the queue for admission to subsidised RCHEs.

12. As regards support services for carers of the elderly, Assistant Director of Social Welfare (ADSW) said that the enhanced home care services were found to be effective in alleviating the burden of carers as revealed in the recent survey findings. ADSW further said that operators of subsidised day care centres for the elderly were required to provide carer support services, and to carry out a survey periodically to gauge the effectiveness of these services. Since 1 April 2003, Integrated Home Care Services Teams had stepped up efforts on providing support to carers. ADSW added that all home operators, including operators of new contract homes arranged through competitive bidding, were required to help family members or carers of their residents to organise a group to see that their elders were receiving quality services.

13. Dr YEUNG Sum hoped that the number of subsidised residential care places could increase in proportion to the rise in the number of elderly population. Dr YEUNG welcomed the Administration's efforts in strengthening home- and centre-based services for elders to enable them to age in a familiar environment, and urged that more resources be put in these areas. Dr YEUNG further said that the Administration should allow those elders, who had carers to take care of them, to receive home and community care services.

14. DSW responded that she could not give any undertaking to Dr YEUNG's requests mentioned in paragraph 13 above, as funding to SWD was allocated on a year-to-year basis. Nevertheless, she undertook to convey Dr YEUNG's views to the Secretary for Health, Welfare and Food for consideration. Principal Assistant Secretary for Health, Welfare and Food assured members that the fact that an elder had a carer would not deny him/her of the opportunity to receive community care services if it was assessed that such services were suitable to his/her needs.

15. Noting that some home operators still insisted on asking elders to undergo a chest X-ray for admission, Dr LAW Chi-kwong wondered whether this could be done away with if the elders had done the same within one year. Dr LAW further said that it remained unclear how priority could be accorded to temporarily discharged elders upon discharge from hospital or return to Hong Kong, and urged SWD to work out the implementation details with the home operators. Given the large number of elders in Hong Kong, Dr LAW suggested that SWD should, through the trained staff of NGOs, explain to all elders about the CWL arrangements so as to allay their concerns.

16. DSW clarified that the Administration did not oppose to elders undergoing chest X-ray for admission to RCHEs, but was of the view that it should not be made compulsory unless there was medical ground for doing so. The discharge summary from HA should provide a sound basis to assess whether a chest X-ray was needed. DSW noted Dr LAW's concern about the temporary discharge arrangement, and would see to it that elders temporarily discharged would be readmitted to their original homes as far as possible. As to apprising all elders of the CWL arrangements, DSW said that this could be done, including enlisting assistance of the welfare sector.

17. Mr WONG Sing-chi noted from the submission of the Association for the Rights of the Elderly that there were still vacancies in the Integrated Home Care Services, and asked why this was the case. Mr WONG also noted that from the same submission that it recommended the Administration to better utilise its resources in providing home and community care services, and asked Dr LI Ping-wai what the Association had in mind.

18. Dr LI Ping-wai pointed out that at present Integrated Home Care Services in respect of ordinary cases had reached its full capacity, whereas that in respect of frail cases still had spare capacity. In the light of this, Dr LI was of the view that consideration should be given to deploying additional resources for the Enhanced Home and Community Care Services to be used on the Integrated Home Care Services Teams so that they could serve more users under the ordinary case category.

19. DSW responded that the reason why there were about 850 vacancies in the Integrated Home Care Services was because many elders and/or carers did not have much confidence in such services. More work would be done to address such situation. Another reason was that in the past 12 months, additional places had been added to the Integrated Home Care Services as well as the Enhanced Home and Community Care Services. Nevertheless, as the Integrated Home Care Services Teams were tasked to serve both users falling under the ordinary and frail categories, SWD staff would follow up with the service providers why they did not fully utilise their resources to help those elders belonging to the ordinary case. DSW further clarified that no decision had yet been made to expand the Enhanced Home and Community Care Services.

20. Referring to the concern raised by a group of elders from Tseung Kwan O district that the assessors would not understand their needs, Mr Michael MAK asked about the type of training which would be provided to these assessors.

21. ADSW responded that the assessors were mainly health care professionals such as nurses, and social workers. About 1 300 people had been accredited as assessors. They would all be required to attend a five-day course to learn how to assess elders' needs. After completion of the course, they would need to pass a written examination and a practical test of interviewing an elder before becoming an accredited assessor.

22. Mr Albert CHAN expressed concern that unlike residential care services, it was very difficult to tell whether the home and community care services provided to elders were adequate. DSW assured members that much progress in this regard had been made. She referred members to an information paper prepared by the Administration entitled "Effectiveness of enhanced home and community care services in achieving ageing in place for elders living in the community" provided to the Panel in June 2003.

23. There being no other business, the meeting ended at 12:05 pm.