

立法會
Legislative Council

LC Paper No. CB(2)1019/09-10(02)

Ref : CB2/PS/1/09

**Subcommittee on Residential and Community Care Services for Persons with
Disabilities and the Elderly under the Panel on Welfare Services**

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 5 March 2010**

Provision of subsidised residential care places and community care services

Purpose

This paper gives a brief account of past discussions of the Panel on Welfare Services (the Panel), the Subcommittee on Elderly Services and the Subcommittee on Poverty Alleviation on the provision of additional subsidised residential care places and community care services.

Background

2. Residential care homes for the elderly (RCHEs) and residential care homes for persons with disabilities (RCHDs) in Hong Kong are run by both the private sector and non-governmental organisations (NGOs).

3. At present, the Government is providing about 26 000 subsidised places in RCHEs, serving about 45% of all elders staying in RCHEs throughout the territory. There are three different types of subsidised places, namely, places provided in subvented RCHEs run by NGOs, places in contract RCHEs, and places in private RCHEs participating in the Enhanced Bought Place Scheme (EBPS).

4. Given that subsidised residential care places are in huge demand, since November 2003, access to subsidised RCHE places is subject to care need assessments under the Standardised Care Need Assessment Mechanism (SCANAM). However, there is no means-test for subsidised residential care places. Eligible elders will be put on the Central Waiting List (CWL), for subsidised care and attention (C&A) places and nursing home (NH) places.

5. Similarly, in order to identify PWDs with genuine need for residential services and to match them with appropriate types of services, a Standardised Assessment Tool for Residential Services for People with Disabilities was implemented with effect from 1 January 2005. All applicants for subvented residential services for PWDs must be assessed by the Tool to ascertain their residential services needs before they are put on CWL or admitted to their required service units.

6. According to the Administration, various kinds of subsidised residential care services are provided to those who cannot live independently or cannot be adequately cared for by their families. These services include –

- (a) Hostel for Severely Mentally Handicapped Persons;
- (b) Hostel for Moderately Mentally Handicapped Persons;
- (c) Supported Hostel;
- (d) Care and Attention Homes for Severely Disabled Persons;
- (e) Hostel for Severely Physically Handicapped Persons;
- (f) Long Stay Care Home;
- (g) Halfway House;
- (h) Care and Attention Home for the Aged Blind;
- (i) Small Group Home for Mildly Mentally Handicapped Children/Integrated Small Group Home;
- (j) Residential Special Child Care Centre; and
- (k) Integrated Vocational Training Centre (Residential Service).

There are three types of RCHDs, namely subvented RCHDs, self-financed RCHDs operated by NGOs and private homes.

Deliberations by members

Residential care services for the elderly

7. The Subcommittee on Elderly Services had discussed residential care services for the elderly at its meetings on 22 January, 19 February and 11 April 2008. Members were advised that as at end-October 2007, the overall average waiting time for a subsidised C&A place was about 21 months (the waiting time for a subsidised

C&A place in a private RCHE participating in EBPS was about 10 months, and that for a subsidised C&A place in a subvented/contract RCHE was about 32 months). The average waiting time for a subsidised NH place was about 42 months. Members expressed grave concern about the long waiting time for subsidised residential care services. They considered the waitlisting situation of subsidised residential care services unacceptable.

8. The Administration advised that subsidised residential care places for the elderly were meant for those who had long-term care (LTC) needs but could not be adequately taken care of at home. To meet the demand for subsidised residential care places, the Social Welfare Department (SWD) had been increasing the supply of subsidised residential care places from about 16 000 in 1997 to about 26 000 in 2007. In 2007-2008, the Government would provide an additional 743 subsidised residential care places (including 212 places in three new contract homes and 531 places purchased from private RCHEs under EBPS). In 2008-2009, an additional 107 subsidised residential care places would be provided in the new contract homes. Furthermore, the 2008-2009 Budget had earmarked \$29.8 million for the provision of an additional 278 subsidised residential care places. Another \$40 million would be deployed to upgrade 760 infirmary places in 19 RCHEs to provide infirmary care to medically stable elders. In addition, under the conversion programme launched since 2005, more C&A places providing continuum of care up to nursing level of care would be created to better meet the LTC needs of elders.

9. As regards the waitlisting situation, the Administration advised that there was no means-test for subsidised residential care places, and the average waiting time for a subsidised C&A place in private RCHEs participating in EBPS was about 10 months. As the pre-application care need assessment under SCNAM was only introduced in November 2003, not all elders currently on CWL had undergone the required assessment. The eligibility of some of them for subsidised residential care places had yet to be assessed and confirmed.

10. The Administration further advised that some of the elders on CWL were staying in non-subsidised residential care places while waiting for subsidised places. Some who were staying at home while waiting for subsidised residential care places were also receiving subsidised home-based community care services or day care services. According to the Administration, of the 6 294 elders on CWL waiting for the subsidised NH places, 10% were receiving subsidised home-based community care or day care services, 4% were staying in residential care places, and about 50% were on CSSA and staying in private RCHEs.

11. Notwithstanding the provision of additional subsidised residential care places, members considered that the measures put in place by the Administration were inadequate to meet the strong demand for subsidised residential care places arising from the ageing population. While recognising that most elders did not object to ageing in the community, some members pointed out that there were practical difficulties for those elders with LTC needs to be taken care of at home due to various reasons. For instance, some elders were left unattended if their family members had

to work during daytime. Although the average waiting time for a subsidised C&A place in private RCHEs participating in EBPS was only about 10 months, members noted with concern that some elders preferred to wait for a subsidised C&A place in a subvented/contract RCHE which was currently about 32 months. They considered that the waitlisting situation was primarily due to the worry about the quality of life in private RCHEs. The Administration should take this into account and examine critically the reasons why elders preferred to wait for subsidised RCHE places.

12. Members considered that it was the Government's responsibility to provide adequate residential care places for those elders who had LTC needs. In this regard, the Subcommittee on Elderly Services strongly urged the Administration to draw up a specific timetable and long-term plan to increase the number of and shorten the waiting time for subsidised residential care places. The Administration should make a pledge for the allocation of subsidised residential care places. To target subsidised residential care services at elders most in need, some members considered that the Administration should spell out the specific impairment level under which elders would be classified as having imminent LTC needs for admission to subsidised RCHEs.

13. The Administration stressed that it fully recognised the huge demand for subsidised residential care services for the elderly as a result of the ageing population. It would continue to bid for additional resources to increase the supply of subsidised RCHEs. However, increasing continuously the supply of residential care places alone would not be sufficient to meet the growing needs due to a number of contributing factors, and the Administration would encourage a balanced mix of public and private elderly care services to widen the choices for quality self-financing and private residential care places providing different services. As there were many factors affecting the number of elders on CWL, the Administration was unable to give a pledge on the waiting time for the allocation of subsidised residential care places. Nevertheless, it would monitor the waitlisting situation closely. It would also consider the long-term planning of the provision of residential care services for the elderly in consultation with the Elderly Commission (EC).

14. The Administration pointed out that elders with LTC needs did not necessarily age in RCHEs. SWD was in parallel providing a range of subsidised community care and support services to facilitate elders to age in the community. The Administration further pointed out that taking into account the non-subsidised residential care places for the elderly, there were some 74 500 RCHE places in Hong Kong. At present, about 57 000 elders were staying in subsidised or non-subsidised places in RCHEs. Notwithstanding the some 20 000 surplus places in private RCHEs, some elders preferred to wait for subsidised places. The Administration would work with EC to explore how to promote further development of quality self-financing/private residential care services in meeting the LTC needs of elderly.

15. Noting that the Administration had yet to consult EC on the long-term planning of elderly services, members expressed dissatisfaction at the lack of a long-term planning and the slow progress made as EC had discussed the subject matter for

almost 10 years. The Administration explained that EC had been focusing on promotion of active ageing in the past two years and had only started to focus on the review of residential care services for the elderly in late 2007; EC would need some time to study the subject in view of the complexity of issues involved.

16. Taking into consideration the lead time required to implement changes to the present arrangements on the provision and allocation of residential care places for the elderly, members urged the Administration to put in place interim measures to shorten the waiting time of the elderly currently on CWL waiting for various types of subsidised residential care places. In view of an inadequate supply of subsidised RCHE places and the waitlisting situation, some members suggested that the Administration should categorise RCHEs in accordance with their quality and fees and introduce a means-tested mechanism for the allocation of subsidised residential care places. Reference could be made to the mechanism for allocation of public rental housing units and Home Ownership Scheme flats. To increase the supply of residential care places, the Administration should designate land use for the construction of purpose-built RCHE premises, relax the building requirements for operating RCHEs and convert vacant Government properties for the purpose. Furthermore, consideration could be given to increasing the number of purchased places in private RCHEs under EBPS.

17. The Administration assured members that EC had decided to conduct a further study on the recommendations of the former Commissioner on Poverty (CoP) regarding the waitlisting situation of subsidised residential care services, and to explore the following –

- (a) how to target subsidised residential care services at elders most in need; and
- (b) how to promote further development of quality self-financing/private residential care services and encourage shared responsibilities among individuals, their families and the society in meeting the LTC needs of the elderly.

Apart from taking into account CoP's recommendations and the Administration's overall objective of encouraging "ageing in the community", the study would look into the LTC needs of elders and the soon-to-be-old, i.e. those aged 45 or above, and project the future demand for RCHE places.

18. At its meeting on 6 April 2009, the Subcommittee on Poverty Alleviation was briefed on the measures to enhance residential care services for the elderly as announced in the 2009-2010 Budget. Members were advised that SWD would purchase an additional 500 subsidised places through EBPS and provide 150 additional subsidised places in two newly built contract RCHEs. Members were also advised that the consultancy study led by EC on residential care services for the elderly, which was originally scheduled for completion in the first quarter of 2009, was expected to be completed by the second quarter of 2009 due to unforeseeable

difficulties encountered by the consultant in conducting face-to-face interviews with the elders.

19. In the light of the ageing population, members expressed grave concern about the waitlisting situation of and the long-term planning on the provision of subsidised residential care places for the elderly. The Administration advised that to meet the growing care needs of elders, the Government had been increasing the supply of subsidised residential care places through the construction of contract RCHEs, which provided both C&A and NH places. The C&A places in contract homes were required to provide a continuum of care so that elders could continue to stay in the same home when their health deteriorated to a level that required nursing care. The Government would continue to identify suitable sites for the construction of new contract RCHEs and explore with existing contract RCHEs to convert some of the C&A places into NH places so as to shorten the waiting time for NH places. The Administration further advised that while SWD had from time to time liaised with relevant departments to identify suitable sites for the construction of new contract RCHEs or convert vacant government premises/school sites into RCHEs, most of the vacant sites were available for temporary use only and were not suitable for development of RCHEs. Moreover, as stipulated under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459), no part of an RCHE should be situated at a height more than 24 metres above the ground floor owing to fire safety considerations. This imposed restrictions on site selection and the capacity of RCHEs.

Consultancy Study on Residential Care Services for the Elderly

20. At its meeting on 11 January 2010, the Panel was briefed on the findings and recommendations of the consultancy study initiated by EC on the long-term planning for subsidised residential care services for the elderly. The Panel noted that EC had commissioned The University of Hong Kong to examine the following –

- (a) how to target subsidised residential care services at elders most in need;
- (b) how to promote further development of quality self-financing/private residential care services; and
- (c) how to encourage shared responsibilities among individuals, their families and society in meeting the LTC needs of the elderly.

21. The Panel also noted that the consultant had released the study report in December 2009 and made three recommendations for EC's consideration –

- (a) to consider putting in place a proper means-test mechanism to target subsidised residential care services at elders who had genuine financial need;

- (b) to consider the introduction of a mandatory trial period for community care services for those who offered a "dual option" under SCANAM (i.e. either residential or community care services); and
- (c) to consider expanding the scope and coverage of community care services with the participation of social enterprises and the private sector which should be the prerequisite for the introduction of any voucher scheme for LTC services.

22. While raising no objection to the policy direction of "ageing in place" and the introduction of a means-test mechanism to shorten the waiting time for subsidised residential care services, members took the view that the criteria for assessing the financial means of CWL applicants should not be too stringent to ensure that the limited public resources would be allocated to those elderly most in need of LTC services. Members also agreed with the consultant's recommendations that the introduction of a mandatory trial period of requiring "dual option" holders to use community care services before choosing residential care services should be taken forward until the community care services were enhanced to such an extent that they became a viable alternative to residential care. The Panel held a special meeting on 6 February 2010 to receive views from 24 organisations on the recommendations of the consultancy study.

23. Members also took a strong view that the promotion of "ageing in place" and the provision of additional subsidised RCHE places were not mutually exclusive. They strongly urged the Administration to increase the provision of subsidised RCHE places having regard to the ever-growing demand from an ageing population and the public impression that subvented RCHEs were better than private RCHEs.

24. EC advised that it agreed in principle with the policy options put forward by the consultant. However, in view of the consultant's recommendation to further develop community care services, EC decided to conduct a more in-depth study on possible service enhancement, including a more flexible and diverse mode of service delivery, e.g. by involving private or social enterprises as service providers, with a view to further encouraging elders to age in place and thus avoid premature and unnecessary institutionalisation. The Administration also advised that it had yet to form a position on the consultant's findings and recommendations.

Community care services for the elderly

25. The Subcommittee on Elderly Services had discussed community care services for the elderly at its meeting on 6 May 2008. Members were advised that to facilitate elders to age in the community, a wide range of services were provided to meet the multifarious needs of elders and enhance the support for carers. These included the following –

- (a) home-based services were provided through the 60 Integrated Home Care Service Teams operated by subvented NGOs. Elders were provided with meal delivery, household cleaning and escort services. Elders who used the services did not have to go through SCNAM;
- (b) home-based community care services were provided for elders with LTC needs including personal care, nursing care, physiotherapy, meal delivery, household cleaning and escort;
- (c) centre-based day care services were provided by subsidised day care centres/units for elders who have LTC needs; and
- (d) elders ageing at home and required care during the temporary absence of their carers (e.g. carers taking a break) might receive respite care at subvented RCHEs (for those staying overnight) or at day care centres/units (for those not staying overnight).

26. The Administration further advised that a number of new initiatives had been introduced in recent years to support elders ageing in the community. The launch of the District-based Scheme on Carer Training in October 2007 aimed to enhance carers' capability through training so as to alleviate their stress resulting from caring for the elders. This apart, in the 2007-2008 Budget, the Government had earmarked \$96 million for implementing a three-year Integrated Discharge Support Trial Programme for the Elderly Patients with the collaboration with the Hospital Authority, with the aim of enhancing the support to elderly hospital discharges and their carers so as to help them stay in the community.

27. Members were also advised that the 2008-2009 Policy Address had earmarked an one-off funding of \$200 million for launching a five-year Home Environment Improvement Scheme for the Elderly to help elders without family support, living in dilapidated homes and lacking financial means to improve their home conditions.

28. While the Subcommittee on Elderly Services welcomed the initiatives being implemented by the Administration to facilitate elders to age in the community, members considered that the number of elders using the service was on the low side as compared with the size of the elderly population. Some members also expressed concern about the service quality, especially the meal delivery services, in the light of recent rising food prices. These members considered that the Administration should allocate more resources to further enhance the community care and support services and to monitor the quality of these services.

29. Members took the view that the provision of community care and support services for the elderly was by no means a substitute for the provision of RCHE places for elders with LTC needs as the older population would require some form of LTC services eventually. In view of the ageing population, the demand for residential care places would be increasing. Members remained of the view that it was the Government's responsibility to formulate a long-term planning for the provision of

residential care services for the elderly, to shorten the waiting time for subsidised RCHE places, and to speed up the provision of adequate RCHE places to meet the huge demand.

30. At the meetings on 11 January and 6 February 2010 when members were briefed on the Consultancy Study initiated by EC, the Administration advised that it would work with EC to examine how home care services for the elderly could be strengthened through a more flexible and diverse mode of service delivery, thereby encouraging social enterprises and the private market to develop related services.

Residential care services for PWDs

31. The inadequacy of subsidised RCHD places to meet the needs of PWDs had been high on the Panel's agenda. Members took the view that the Administration should set out the pledge of providing subsidised residential places to eligible PWDs so as to shorten the waiting time.

32. At the Panel meeting on 9 July 2007 when members discussed RPP which set out the strategic directions and key suggestions in each programme area of rehabilitation services, members generally expressed disappointment at the absence of concrete implementation details about the RPP recommendations. They requested the Administration to map out concrete measures to enhance the rehabilitation services for PWDs, including residential care services. The Administration advised that in accordance with the 2007 Rehabilitation Programme Plan (RPP), the Government has adopted a three-pronged approach to encourage participation from different sectors in providing diversified residential care services for PWDs, viz –

- (a) regulating RCHDs through a statutory licensing scheme, so as to ensure their service quality on one hand and help the market develop residential care homes of different types and operational modes on the other;
- (b) supporting NGOs to develop self-financing homes; and
- (c) continuing to steadily increase the number of subsidised residential care home places.

It would continue its efforts to bid for more resources to increase the supply of subvented residential places for PWDs. However, the provision of additional RCHDs would depend on the availability of suitable sites/premises.

33. Members generally considered that notwithstanding the difficulty of identifying suitable sites for new RCHDs, the Administration should come up with a plan on the target number of additional residential places for PWDs to be provided each year. To address the shortage of suitable premises, the Administration should include the provision of residential services for PWDs in its town planning.

34. The Administration explained that attempts had been made by SWD to turn vacant premises in public housing estates into residential homes for PWDs, but such proposals were often met with local opposition. As such, SWD had to look for idle properties, such as unused schools and staff quarters, located in the remote areas for constructing homes for PWDs.

35. According to the supplementary information on the 2007 RPP provided by the Administration after the meeting, an additional funding of \$3.3 million would be made available in 2007-2008 for providing 490 additional residential places. In parallel, the Administration would bid for more resources and identifying suitable venues for additional residential places for 2008-2009, and had liaised with the relevant authorities in town planning and housing to strive for suitable medium-term and long-term venues for hostels and rehabilitation facilities for PWDs. The Administration would also continue to support the development of self-financing RCHDs operated by NGOs, including assisting NGOs to identify suitable sites/premises and apply for funding for alteration and renovation.

36. At its meeting on 12 November 2007, when the Panel was consulted on the proposals of setting up two new Integrated Rehabilitation Services Centres (IRSCs) for PWDs, members noted that the average waiting time for Hostel for Severely Mentally Handicapped Persons in 2006-2007 was as long as 83 months. The Panel held a strong view that the waiting time for RCHD places was unacceptable. In the absence of a regulatory framework, the quality of the private RCHDs varied greatly, and therefore PWDs preferred to wait for subsidised residential care places. Members urged the Administration to provide more subvented residential care services for PWDs, set specific targets to shorten the waiting time for such services and expedite the introduction of a licensing scheme for RCHDs. Some members suggested that consideration should be given to converting vacant Government premises and schools into subvented RCHDs and buying places from private RCHDs.

37. The Administration advised that it was aware of the problem and had accorded priority to the provision of new subvented residential care places for PWDs. However, the provision of additional RCHDs would also depend on the availability of suitable premises. On some occasions, the proposed projects could not be proceeded with right away on account of objection by the local communities. The Administration further advised that it would consider buying places from private RCHDs after the introduction of the licensing scheme.

38. In the light of members' grave concern about the long waiting time for subvented RCHD places, the Panel decided to write to the Chief Secretary for Administration (CS) and the Financial Secretary (FS) requesting the Administration to formulate a long-term plan and set specific targets for the provision of residential care services for PWDs, and to allocate additional resources for the purpose. In his reply, CS advised that the Administration adopted a three-pronged approach, as set out in the newly published 2007 RPP, to expedite the waiting time for residential services and day services for PWDs. An additional \$33 million had been allocated for providing

490 additional residential places in 2007-2008 and SWD was actively identifying suitable premises for such places, including vacant schools.

39. When the Panel was consulted on 11 May 2009 on the proposals of setting up two new IRSCs, members noted that the average waiting time for Hostel for Severely Physically Handicapped Persons in 2008 was as long as 106.8 months. Given that only 490 subvented residential care places would be provided in 2010 through the two new IRSCs and 181 residential care places would be provided through other projects in the coming two years, the Panel held a strong view that the provision of subvented residential care services for PWDs should be expedited to shorten the average waiting time to a reasonable time frame.

40. The Administration assured members that it had endeavoured to increase the number of and shorten the waiting time for residential care places for PWDs. Notably, it would continue to liaise with other authorities in town planning to strive for suitable long-term venues for RCHDs as well as study the viability of turning vacant premises into RCHDs. The Panel decided to write to the Secretary for Education and the Government Property Administrator to enlist their support in identifying suitable vacant premises for conversion into RCHDs.

Introduction of a statutory licensing system for RCHDs

41. The Panel has been following up closely on the quality of services in private RCHDs, in particular the maltreatment of residents by unqualified staff in private homes. Members took the view that the poor quality of some private RCHDs had led to the waitlisting situation of subsidised RCHD places. To enhance the service quality, members strongly urged the Administration to consider introducing legislation and setting up a licensing system to regulate the operation of private homes.

42. As the licensing scheme would apply to all subvented homes, self-financing homes operated by NGOs as well as private homes, the Administration advised that it would need to consider the appropriate licensing requirements, taking into account the special circumstances of these homes. Given that it took time to prepare for the licensing legislation, the Administration had introduced a Voluntary Registration Scheme as an interim measure to enhance their service quality.

43. The Panel was updated on the progress of introduction of the licensing scheme on 11 June 2007, 8 May 2008, and 12 January and 25 February 2009. Members were advised that to speed up the process of legislative work, the Administration was taking parallel action to examine the legal and related issues pertaining to the licensing regime. The Administration stressed that it aimed to introduce a Residential Care Homes (Persons with Disabilities) Bill to the Legislative Council (LegCo) in the 2008-2009 session. The Panel was subsequently advised that the Administration would postpone the introduction of the Bill to LegCo to the 2009-2010 session given that the Bill would comprise a large number of provisions and entail consequential amendments to other ordinances, thereby necessitating the deliberation of related policy issues.

Community care services for PWDs

44. Regarding rehabilitation services, currently, the service centres which provided day training service include Early Education and Training Centres, Special Child Care Centres, Integrated Programme in Kindergarten-cum-Child Care Centre, Training and Activity Centres for Ex-mentally Ill Persons, Day Activity Centres, Sheltered Workshops, Integrated Vocational Rehabilitation Services Centres and Integrated Vocational Training Centres etc. In addition, Care and Attention Homes for the Severely Disabled Persons and Community Rehabilitation Day Centres also provided "Day Care Service for Severely Disabled Persons" through a series of day care services, including personal care and nursing service, social skill and rehabilitation services, for severely disabled persons aged between 15 and 59. This service would later be provided in the 16 District Community Support Centres.

Initiatives under the 2009-2010 Policy Address

45. Members noted that a number of initiatives in respect of the provision of additional subsidised residential care places for the elderly were announced in the Chief Executive's Policy Address 2009-2010. At the Panel meeting on 14 December 2009 when members discussed the details of the initiatives, the Administration advised that it would adopt a novel multi-pronged approach to accelerate the provision of subsidised NH places and places with continuum of care as follows –

- (a) increasing the proportion of NH places (from 50% on average to 90%) in existing contract RCHEs;
- (b) purchasing vacant NH places from self-financing RCHEs; and
- (c) making full use of the space in existing subvented RCHEs to provide more LTC places with continuum of care under the conversion programme.

The details would be made available after the Financial Secretary had announced his forthcoming Budget.

46. The Administration also advised that it would continue to increase the supply of subsidised residential care places through the development of new contract RCHEs. Five new contract homes would commence service in the next three years, providing a total of 308 subsidised places (of which 277 were NH places) and 205 non-subsidised places. In addition, about 1 000 residential care places for the elderly would be provided upon completion of the 12 development projects for the construction of new contract RCHEs in the long run.

47. Regarding residential care services for PWDs, members noted that the Administration had over the past three years provided 517 additional subsidised places in RCHDs. It expected to provide 671 additional places in the coming two years,

including the setting up of two IRSCs in Kwai Chung and Ho Man Tin, providing a total of 490 residential care places. In addition, it had earmarked sites for the construction of new RCHDs in another six development projects in the longer run.

48. Members were also advised that the majority of PWDs on the waiting list for subsidised residential care places were receiving various day training, vocational rehabilitation and community support services provided by NGOs under SWD's subvention. Through the provision of rehabilitation services in accordance with individual needs, PWDs were given the necessary support and assistance which enabled them to continue to live in the community while relieving the burden on and the stress of their families or carers. As announced in the 2009-2010 Policy Address, the Administration would provide additional places for pre-school training, day training, vocational rehabilitation and residential care services, in accordance with the directions set out in the 2007 RPP to strengthen day training and vocational rehabilitation services.

49. To help the market develop more service options and increase the overall supply of subsidised residential places for PWDs, the Administration planned to introduce a pilot Bought Place Scheme as a complementary measure prior to the implementation of a statutory licensing system. The Panel was consulted on 8 February 2010 on the proposed framework of the pilot Bought Place Scheme for private RCHDs. The Panel noted that SWD proposed to draw on the experience of EBPS for private RCHEs and seek financial support from the Lotteries Fund in May 2010 for implementing a four-year pilot Bought Place Scheme for private RCHDs commencing in 2010-2011. This served to encourage operators to upgrade the service standard of these homes through enhanced requirements in staffing and space standard, help the market develop more service options for PWDs, and increase the supply of subsidised residential care places. The Panel also noted that having regard to the response of service users, the number of new homes coming on stream, the quality of places to be provided by and the response of private RCHDs, SWD would consider suitable adjustment to the number of places to be purchased. SWD would further consult the private RCHDs on their operating costs in determining the appropriate level of the contract price. The Panel will hold a special meeting on 13 March 2010 to receive views on the pilot Scheme.

Latest development

50. To enable more focused discussion on the provision of residential and community care services for PWDs and the elderly, the Panel decided at its meeting on 11 January 2010 to appoint a subcommittee to follow up on the subject. The approval of the House Committee was sought on 5 February 2010 for the Subcommittee to activate and commence work.

Relevant papers

51. A list of relevant papers is at the **Appendix**. Members are invited to access the Legislative Council website at <http://www.legco.gov.hk/> for details.

Council Business Division 2
Legislative Council Secretariat
4 March 2010

Relevant Papers/Documents

<u>Meeting</u>	<u>Meeting Date</u>	<u>Papers</u>
Panel on Welfare Services	12 November 2007	Administration's Paper LC Paper No. CB(2)254/07-08(04) Minutes of meeting LC Paper No. CB(2)521/07-08 Letter of the Panel Chairman dated 16 November 2007 and the reply from the Chief Secretary for the Administration dated 11 January 2008 LC Paper No. CB(2)863/07-08(01)
	11 May 2009	Administration's Paper LC Paper No. CB(2)1451/08-09(03) Minutes of meeting LC Paper No. CB(2)1710/08-09 Reply from the Secretary for Education to the Panel Chairman dated 5 June 2009 LC Paper No. CB(2)1862/08-09(03)
	22 October 2009	Administration's Paper LC Paper No. CB(2)6/09-10(01) Minutes of meeting LC Paper No. CB(2)379/09-10
	14 December 2009	Administration's Paper LC Paper No. CB(2)450/09-10(03) Minutes of meeting LC Paper No. CB(2)598/09-10
	11 January 2010	Administration's Paper LC Paper No. CB(2)668/09-10(03)
	6 February 2010	Administration's Paper LC Paper No. CB(2)842/09-10(01)
	8 February 2010	Administration's Paper LC Paper No. CB(2)845/09-10(03)

<u>Meeting</u>	<u>Meeting Date</u>	<u>Papers</u>
Subcommittee on Elderly Services	22 January 2008	Administration's paper LC Paper No. CB(2)835/07-08(01) Minutes of meeting LC Paper No. CB(2)1319/07-08
	19 February 2008	Administration's paper LC Paper No. CB(2)1038/07-08(01) Minutes of meeting LC Paper No. CB(2)1651/07-08
	11 April 2008	Administration's paper LC Paper No. CB(2)1493/07-08(01) Minutes of meeting LC Paper No. CB(2)2171/07-08
Subcommittee on Poverty Alleviation	6 April 2009	Administration's Paper LC Paper No. CB(2)1191/08-09(01) Minutes of meeting LC Paper No. CB(2)1496/08-09

Council Business Division 2
Legislative Council Secretariat
4 March 2010