

立法會
Legislative Council

LC Paper No. CB(2)1703/13-14

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Panel on Welfare Services and Panel on Health Services

Joint Subcommittee on Long-term Care Policy

**Minutes of the thirteenth meeting
held on Wednesday, 26 February 2014, at 8:30 am
in Conference Room 3 of the Legislative Council Complex**

Members Present : Dr Hon Fernando CHEUNG Chiu-hung (Chairman)
Hon TANG Ka-piu (Deputy Chairman)
Hon LEUNG Yiu-chung
Hon TAM Yiu-chung, GBS, JP
Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN
Hon CHEUNG Kwok-che
Hon LEUNG Kwok-hung
Hon POON Siu-ping, BBS, MH

Members Absent : Hon Ronny TONG Ka-wah, SC
Dr Hon Helena WONG Pik-wan

Public Officers Attending : Item I

Mr Stephen SUI, JP
Commissioner for Rehabilitation
Labour and Welfare Bureau

Mr FONG Kai-leung
Assistant Director of Social Welfare (Rehabilitation &
Medical Social Services)
Social Welfare Department

Dr WL CHEUNG
Director (Cluster Services)
Hospital Authority

Dr KL CHUNG
Chief Manager (Integrated Care Programmes)
Hospital Authority

**Attendance by
invitation**

Item I

Civic Party

Miss Bonnie LEUNG
Exco Member

Caritas Hong Kong/Wellness Link – Tsuen Wan

Mr Stephen WONG
Social Work Supervisor

婦女就業致癌關注組

Miss Amy LAI Tsz-shan
Member

人手比例不符最低工資關注組

Mr WONG Kwai-sang
Member

Concord Mutual-Aid Club Alliance

Mr Johnny LI Chi-on
Chairman

精神病康復者同路人小組

Mr CHAN Kwok-shing
Member

Mr HUI Wai-chun

Mr TIK Kwok-fat

Richmond Fellowship of Hong Kong

Mr Terry WONG Chung-bao
Assistant Director

Clerk in Attendance : Mr Colin CHUI
Chief Council Secretary (2) 4

Staff in Attendance : Miss Karen LAI
Council Secretary (2) 4

Miss Maggie CHIU
Legislative Assistant (2) 4

Action

I. Mental health case management

[LC Paper Nos. CB(2)863/13-14(01) to (04), CB(2)932/13-14(01),
CB(2)954/13-14(01), CB(2)969/13-14(01), and
CB(2)974/13-14(01)]

The Joint Subcommittee deliberated (index of proceedings attached at **Annex**).

II. Item(s) for discussion at the next meeting

[LC Paper No. CB(2)272/13-14]

2. The Chairman said that the next meeting would be held on 24 March 2014.

(Post-meeting note: As advised by the Chairman after the meeting, the agenda item for the next meeting was "Financial assistance on medications and medical/rehabilitation appliances".)

III. Any other business

3. There being no other business, the meeting ended at 10:29 am.

**Proceedings of the thirteenth meeting of the
Joint Subcommittee on Long-term Care Policy
on Wednesday, 26 February 2014, at 8:30 am
in Conference Room 3 of the Legislative Council Complex**

Time marker	Speaker(s)	Subject(s)	Action required
<i>Agenda item I – Mental health case management</i>			
000126 - 002122	Chairman Administration	Opening remarks Briefing by the Administration on its existing services to support people with severe mental illness ("SMI") to re-integrate into the community [LC Paper No. CB(2)863/13-14(01) and CB(2)969/13-14(01)]	
002123 - 002549	Caritas Hong Kong/Wellness Link – Tsuen Wan Chairman	Presentation of views [LC Paper No. CB(2)863/13-14(03)] Concerns and views on the Case Management Programme on mental health that – (a) better synergy should be developed between the Hospital Authority ("HA") and the Social Welfare Department ("SWD") to improve the Case Management Programme; (b) as compared to the caseload of 50-odd cases for case managers of HA, the caseload of social workers servicing SWD was not standardized. The Administration should review the caseload of social workers servicing SWD as to whether they were required to follow up referrals of patients suffering from SMI until the patients' full recovery; (c) the Administration should consider extending the Case Management Programme to serve patients with different levels of mental illness with good planning in manpower supply; and (d) HA should introduce peer group support in the Case Management Programme.	
002550 - 002756	婦女就業致癌關注組 Chairman	Presentation of views on mental illness relating to stress at workplace.	

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002757 - 003050	人手比例不符最低 工資關注組 Chairman	Presentation of views on mental illness relating to stress at workplace [LC Paper No. CB(2)932/13-14(01)]	
003051 - 003333	精神病康復者同路 人小組 Chairman	Presentation of views – (a) as compared to overseas countries, the caseload of case managers in Hong Kong was too heavy; and (b) the role of case managers should be broadened to perform the role of coordinator for one-stop service ranging from medication, emotional counselling to arranging job placements and education opportunities.	
003334 - 003626	Civic Party Chairman	Presentation of views [LC Paper No. CB(2) 954/13-14(01)] Concerns about the acute shortage of psychiatrists and the long waiting time (more than 100 weeks) for new cases of medical appointment. The Administration was urged to – (a) increase resources for community psychiatric services and extend the service hours of psychiatric out-patient services; (b) strengthen the staff capacity for community psychiatric services and enhance the training of related staff; (c) identify permanent sites for the Integrated Community Centres for Mental Wellness ("ICCMWs") in all districts; (d) set a quota for the employment of persons with disabilities (including ex-mentally ill persons) by public organizations; and (e) enhance public education on mental health.	
003627 - 003852	Concord Mutual-Aid Club Alliance Chairman	Concerns about the lack of support for ICCMWs to provide full-range service for patients with SMI as well as ex-mentally ill persons in the community.	
003853 - 004327	Mr HUI Wai-chun Chairman	Views that the existing mental health services were not effective in facilitating discharged patients reintegrate into society; and urging the Administration to –	

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		<p>(a) develop yardsticks to evaluate the effectiveness of the Case Management Programme;</p> <p>(b) strengthen support for ICCMWs for handling case referrals from the Personalized Care Programme ("PCP") under the Case Management Programme of HA system;</p> <p>(c) develop guidelines regarding referral of cases by case managers of PCP to ICCMWs, and vice versa; and</p> <p>(d) instead of immediate hospitalization, a wider range of community care and support services should be provided for patients suffering from SMI but with stabilized conditions.</p>	
004328 - 004737	Mr TIK Kwok-fat Chairman	Urging the Administration to reintegrate the existing services provided by community psychiatric nurses of HA; medical social workers; and social workers servicing ICCMWs.	
004738 - 005138	Richmond Fellowship of Hong Kong Chairman	<p>Presentation of views [LC Paper No. CB(2) 974/13-14(01)]</p> <p>As a non-governmental organization ("NGO") operating ICCMWs at the Eastern and Wong Tai Sin districts, the deputation expressing concern about the Case Management Programme as follows –</p> <p>(a) meetings were held on a regular basis to review the collaboration between HA and ICCMWs in the Wong Tai Sin district, but it was not the case of the Eastern district; and</p> <p>(b) having considered the huge number of patients with SMI referred by PCP to ICCMWs for follow-up, the Administration should set a caseload benchmark for social workers servicing ICCMWs and increase resources for ICCMWs in terms of manpower and identification of permanent sites.</p>	
005139 - 010937	Chairman Administration	<p>Summing up of deputations' views by the Chairman on the referral mechanism between PCP and ICCMWs; role and caseload of case managers; shortage of manpower, and peer group support.</p> <p>Response of the Administration to deputations' views that –</p>	

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		<p>(a) launched by HA in April 2010 in three districts initially, the Case Management Programme would be extended to all 18 districts in 2014-2015 to provide intensive and personalized support to persons suffering from SMI but with stabilized conditions in the community;</p> <p>(b) HA had been committed to provide multi-disciplinary and cross-sectoral services to address the needs of persons with mental health problems at different stages of illness and recovery. A case would be activated according to patients' risks and medical history, and when there was a need for cross-sectoral follow-up and continuous therapy. Patients would be referred to other community psychiatric services and short-term support according to their stage of recovery;</p> <p>(c) under the existing mechanism, Case Conference was an important platform for gathering inputs from different disciplines, including healthcare professionals and medical social workers. Patients would be referred by case managers of PCP to ICCMWs for follow-up according to the assessment conducted at the Case Conference; and there were referrals by ICCMWs to PCP as well. The Administration had developed guidelines on the referral procedures and would review the related guidelines as well as the operation of case conference for improvement as appropriate;</p> <p>(d) the Administration noted the manpower shortage of case managers. The recruitment of an additional 60 case managers for the Programme would be completed by 2015-2016;</p> <p>(e) the median waiting time for psychiatric out-patient services was five weeks, and the longest time was about eight to nine months. With a triage system in place, the waiting time for patients suffering from SMI was not long;</p> <p>(f) launched in October 2010, ICCMWs provided one-stop services for a wide range</p>	

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		<p>of users, including discharged mental patients, their families/carers, and persons with potential mental illness in the community. The caseload of social workers servicing ICCMWs ranged from 36 to 43 cases, depending on the complexity of cases. As committed in the 2014 Policy Address, the Administration would strengthen the manpower of ICCMWs to dovetail with the service extension of the Case Management Programme;</p> <p>(g) among the 24 ICCMWs, 11 were operating in permanent sites; seven was under renovation/redevelopment, of which four would commence service in 2014-2015; one had a permanent site identified with public consultation in progress; and five had not yet identified permanent sites but renting premises in commercial buildings;</p> <p>(h) a three-tier collaboration platform was instituted by HA and SWD to facilitate cross-sectoral communication at the central, district and service delivery levels; and</p> <p>(i) the Administration had been collaborating with tertiary institutions on training programmes to increase the manpower supply of psychiatric nurses and other paramedical staff, and strengthen their professional skills. In the longer term, the Review Committee on Mental Health would review the existing mental health policy and map out future policy direction including manpower planning.</p>	
010938 - 011709	Mr CHEUNG Kwok-che Administration Chairman	<p>Concerns of Mr CHEUNG Kwok-che that –</p> <p>(a) the Administration should review the heavy caseload of social workers at ICCMWs given that they had to follow up a huge number of referrals from HA;</p> <p>(b) the Administration should broaden the role of case managers to meet users' specific needs; and</p> <p>(c) the welfare and healthcare sectors should join hands to promote public awareness and understanding of mental health and reduce stigma against persons with mental health problems.</p>	

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		<p>Reply of the Administration that –</p> <ul style="list-style-type: none"> (a) it was mindful of the caseload of social workers of ICCMWs, and would provide additional support depending on the complexity of individual cases; (b) the Case Management Programme was one of the community psychiatric services to provide intensive, continuous and personalized support to patients suffering from SMI. HA had commissioned the University of Hong Kong ("HKU") to conduct an evaluative study on the effectiveness of the Programme; and (c) the Review Committee on Mental Health would map out the future policy direction of community support for persons with mental illness. 	
011710 - 012253	Prof Joseph LEE Administration Chairman	<p>Views of Prof Joseph LEE that the ineffectiveness of the Case Management Programme was attributed to manpower shortage. He urged the Administration to –</p> <ul style="list-style-type: none"> (a) take into account the increase of new cases for its recruitment of case managers in the coming years; (b) review the interface between PCP of HA and ICCMWs to enhance collaboration between the healthcare and welfare sector; and (c) consider modifying the statutory roles of healthcare professionals as stipulated in laws relating to mental health with a view to broadening the role of case managers. <p>Reply of the Administration that the recruitment of 60 additional case managers up to 2015-2016 was made on the basis of the existing service demand. HA had developed a five-year mental health service plan which had set a new service direction for HA to move towards the provision of a person-centred service based on effective treatment and recovery of individual patients. It would also review the related manpower supply annually to ensure accurate projection of necessary manpower.</p>	

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012254 - 012827	Mr POON Siu-ping Administration Chairman	<p>Views/enquiries of Mr POON Siu-ping that –</p> <p>(a) workload of case managers in Hong Kong was too heavy as compared to those in overseas countries;</p> <p>(b) the rationale for setting the service quota at 17 000 for the Case Management Programme, given that there were over 195 000 persons with mental health problems receiving treatment and support from HA; and</p> <p>(c) whether the Administration had developed any objective criteria for evaluating the effectiveness of the Programme.</p> <p>Reply of the Administration that –</p> <p>(a) it was unrealistic to compare the workload in Hong Kong with overseas countries. The caseload of 1:50 was a planning reference, caseload of each case manager would vary according to the complexity of cases, and the Administration would review the manpower supply every year to ensure adequate manpower support;</p> <p>(b) the 17 000 service quotas were set for patients with SMI who had been assessed with multiple needs for personalized and continuous support. The assessment was based on the patients' risks and needs such as their clinical medical history; family support; and social support. The Administration would keep in view service demand and increase the quotas when necessary; and</p> <p>(c) preliminary criteria had been developed to assess the effectiveness of the Case Management Programme, including patients' rate of committing suicide, frequency of urgent hospitalization; patients' overall physical and mental condition; and ways to solve family problems. In addition to the study undertaken by HKU, HA and SWD would conduct a review of the Programme two or three years after its full implementation. The Administration would provide further information about the review for the Joint Subcommittee's reference when appropriate.</p>	

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012828 - 013401	Mr LEUNG Yiu-chung Administration Chairman	<p>Views of Mr LEUNG Yiu-chung that case managers should provide all-encompassing services for case subjects and their families to facilitate full recovery of patients. His further view that the median figure on waiting time for out-patient service could not reflect the full picture in terms of service quality and duration of consultation.</p> <p>Reply of the Administration on the commitments of HA to meet the specific needs of service users and review the manpower supply for the smooth implementation of the Case Management Programme.</p>	
013402 - 014145	Deputy Chairman Administration Chairman	<p>Views and enquiries of the Deputy Chairman that –</p> <p>(a) instead of risk management, HA should develop a more proactive approach to serve the needs of patients with mental illness. As expressed by users and recommended in the study undertaken by HKU, the role of case managers should be broadened to cover emotional counselling and employment assistance through which they could develop mutual trust with service users and help them better re-integrate into the community;</p> <p>(b) given the various practices of collaboration between PCP and ICCMWs at different clusters, more communication channels should be developed to allow front-line service teams of HA and ICCMWs to exchange views on the needs of patients and the follow-up therapy;</p> <p>(c) given that consultation service for patients with mental health problems was not allowed to be provided in some commercial premises according to the relevant tenancy agreement, whether those ICCMWs located in rented commercial premises could provide the related services; and</p> <p>(d) the service boundaries of those ICCMWs having temporary sites in the rented commercial premises.</p> <p>Reply of the Administration that –</p> <p>(a) the responsibilities of case managers had already covered medication as well as</p>	

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		<p>patients' family support and social needs. That said, the Administration would incorporate views of different stakeholders (including patients, their families and NGOs) for the review of the Case Management Programme;</p> <p>(b) in the past six months, HA and SWD were working on a Service Manual on Mental Health Case Management for HA, SWD and other NGOs to align the practices adopted by service providers of the Case Management Programme in different districts; and</p> <p>(c) currently nine ICCMWs were renting commercial premises, four as back-up offices and five as integrated service centres. Pending the availability of permanent sites, the five ICCMWs at rented commercial premises were serving the following districts: Tseung Kwan O (South), Tsuen Wan, North, Mongkok, and Eastern. The Administration would assist ICCMWs in renting new sites if services for patients were not allowed in the rented premises.</p>	
014146 - 014811	Chairman Administration	<p>Views and enquiries of the Chairman that –</p> <p>(a) the 17 000 service places provided under the Case Management Programme were inadequate to meet the demand from 45 000 patients suffering from SMI in the community;</p> <p>(b) any consistent mechanism established regarding referrals made by PCP under the HA system to ICCMWs for follow-up, and vice versa; and</p> <p>(c) any platform developed to facilitate communication among ICCMWs, case managers of PCP, and service users; and any way to enhance collaboration between HA and SWD to address the needs of patients with SMI at different stages of their recovery.</p> <p>Reply of the Administration that –</p> <p>(a) ICCMW was not the service unit designated to follow up all cases of patients with SMI handled by PCP of the HA system. Referrals to ICCMWs would only be made according to the needs of individual patients;</p>	

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		<p>(b) the Administration would explore how to revamp the existing three-tier communication platform to gauge the views of ex-mentally ill patients on such services; and</p> <p>(c) case management was a seamless collaboration between healthcare and welfare professionals for offering continuous therapy and services according to the patients' medical history and specific needs.</p>	
014812 - 015615	Mr CHEUNG Kwok-che Administration Chairman	<p>Views/enquiries of Mr CHEUNG Kwok-che that –</p> <p>(a) case managers of HA should play a holistic role to coordinate the services for patients suffering from SMI. However, it seemed that case managers of HA focused mainly on patients' medication compliance and referred the patients to ICCMWs when a wider scope of services was requested; and</p> <p>(b) given that duties of social workers of ICCMWs included visiting patients' family members, whether working hours of such duties were counted according to the Funding and Service Agreements with service operators of ICCMWs.</p> <p>Response of the Administration that –</p> <p>(a) the Case Management Programme aimed to provide coordinated care to patients with SMI based on needs and risk assessment. Under the Programme, cases of less complexity were handled by case managers with inputs from social workers on medical social issues. For a more complex case, a Case Conference would be conducted during which an assessment would be made by multi-disciplinary professionals according to patients' needs; and</p> <p>(b) outreach services were counted as working hours of social workers servicing ICCMWs. SWD would look into the issues raised by Mr CHEUNG regarding the duties of visiting patients' family members.</p> <p><i>[Post-meeting note: Subsequent to the meeting, the Administration has advised that outreaching</i></p>	

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		service to family members/carers of clients with mental health problems/suspected mental health problems are counted in the output standard of the Funding and Service Agreement on ICCMW.]	
015616 - 015928	Chairman Administration	<p>Enquiry of the Chairman and reply of the Administration that a draft of the Service Manual on Mental Health Case Management would be completed in one to two months. After consulting the views of staff of HA and ICCMWs, the Administration would finalize the Manual by the end of 2014.</p> <p>Advice of the Chairman that HA, the Labour and Welfare Bureau and SWD should join hands to initiate a review of the Case Management Programme. Specifically, he urged the Administration to –</p> <ul style="list-style-type: none"> (a) improve the manpower supply of case managers, social workers and paramedical staff to meet future service needs; (b) review the case manager to patient ratio to strengthen support for SMI patients; (c) promote public awareness and understanding of mental health; (d) gauge views of different stakeholders and the public regarding the Service Manual on Mental Health Case Management; and (e) identify permanent sites for ICCMWs in all districts for the provision of full-fledged service as soon as possible. 	
<i>Agenda item II – Item(s) for discussion at the next meeting</i>			
015929 - 015939	Chairman	Date of the next meeting Closing remarks	