

立法會
Legislative Council

LC Paper No. CB(2)1970/16-17
(These minutes have been
seen by the Administration)

Ref : CB2/PL/WS

Panel on Welfare Services

Minutes of meeting
held on Monday, 13 March 2017, at 10:15 am
in Conference Room 3 of the Legislative Council Complex

Members present : Hon SHIU Ka-chun (Chairman)
Hon KWONG Chun-yu (Deputy Chairman)
Hon LEUNG Yiu-chung
Hon CHAN Hak-kan, BBS, JP
Hon LEUNG Kwok-hung
Hon CHAN Chi-chuen
Dr Hon Fernando CHEUNG Chiu-hung
Hon POON Siu-ping, BBS, MH
Hon Alvin YEUNG
Hon Andrew WAN Siu-kin
Hon CHU Hoi-dick
Dr Hon Junius HO Kwan-yiu, JP
Hon YUNG Hoi-yan
Dr Hon Pierre CHAN
Hon HUI Chi-fung
Dr Hon LAU Siu-lai

Members absent : Hon Michael TIEN Puk-sun, BBS, JP
Hon LEUNG Che-cheung, BBS, MH, JP
Dr Hon KWOK Ka-ki
Hon KWOK Wai-keung
Hon Nathan LAW Kwun-chung

[According to the Judgment of the Court of First Instance of the High Court on 14 July 2017, LEUNG Kwok-hung, Nathan LAW Kwun-chung, YIU Chung-yim and LAU Siu-lai have been disqualified from assuming the office of a member of the Legislative Council, and have vacated the same since 12 October 2016, and are not entitled to act as a member of the Legislative Council.]

**Public Officers : Items IV & V
attending**

Mr Donald CHEN, JP
Deputy Secretary for Labour and Welfare (Welfare) 2
Labour and Welfare Bureau

Item IV

Ms Maria LAU
Assistant Director (Social Security)
Social Welfare Department

Mr Esmond LEE Chung-sin, JP
Head, Working Family and Student Financial
Assistance Agency

Mr Raymond HO Kam-biu
Assistant Commissioner (Development)
Labour Department

Items V & VI

Miss Annie TAM, GBS, JP
Permanent Secretary for Labour and Welfare
Labour and Welfare Bureau

Item V

Mr David LEUNG, JP
Commissioner for Rehabilitation
Labour and Welfare Bureau

Miss Cecilla LI
Deputy Director of Social Welfare (Administration)
Social Welfare Department

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

Dr Christina MAW
Chief Manager (Primary and Community Services)
Hospital Authority

Items VI & VII

Mr LAM Ka-tai, JP
Deputy Director of Social Welfare (Services)
Social Welfare Department

Item VI

Ms PANG Kit-ling
Assistant Director of Social Welfare (Elderly)
Social Welfare Department

Ms Lilian CHEUNG Jick-man
Chief Social Work Officer (Elderly)1
Social Welfare Department

Item VII

Ms Carol YIP, JP
Director of Social Welfare
Social Welfare Department

Mr KOK Che-leung
Assistant Director (Subventions)
Social Welfare Department

Mr Kenneth CHENG
Principal Assistant Secretary for Labour and Welfare
(Welfare) 1
Labour and Welfare Bureau

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

Staff in attendance : Ms Catherina YU
Senior Council Secretary (2) 4

Miss Alison HUI
Legislative Assistant (2) 4

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I. Information paper(s) issued since the last meeting

[LC Paper No. CB(2)879/16-17(01)]

Members noted that a referral memo and an extract from the Public Accounts Committee Report No. 67 concerning the provision of long-term care services for the elderly had been issued since the last meeting.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)931/16-17(01) to (02)]

2. Members noted that the Administration had proposed to discuss at the next meeting scheduled for 10 April 2017 the following items:

(a) Estate-based social welfare services planning; and

(b) Progress of implementation of after-school care and support services.

3. The Chairman suggested that the Panel should also discuss "Review of the role and staff establishment of Integrated Family Service Centres of the Social Welfare Department" at the next meeting. Members agreed.

4. Mr LEUNG Yiu-chung said that following the visit to private residential care homes for persons with disabilities ("RCHDs") on 6 March 2017, the Panel should discuss issues relating to quality of RCHDs at a future meeting. The Chairman said that the Administration might be invited to brief members in the 2016-2017 session on the progress and new measures of quality enhancement of RCHDs.

III. Matters arising from the special meeting on 4 March 2017

[LC Paper No. CB(2)931/16-17(03)]

5. The Chairman said that Dr Fernando CHEUNG had moved a motion under agenda item I "Support measures for low-income households not living in public housing and not receiving Comprehensive Social Security Assistance" of the special meeting on 4 March 2017. Members agreed at the special meeting that the motion should be dealt with at this meeting.

6. Dr Fernando CHEUNG briefed members on the following motion:

"非綜援、非公屋的低收入人士生活困苦，本委員會對關愛基金取消'N無'人士津貼表示遺憾，並促請政府立即將'N無'人士津貼恆常化，恢復發放此津貼，以解'N無'人士生活上的燃眉之急。"

(Translation)

"In view of the hardship of livelihood of low-income persons not receiving Comprehensive Social Security Assistance and not living in public housing, this Panel regrets that the Community Care Fund has abolished the allowance for the 'N have-nots', and urges the Government to immediately regularize and reinstate the allowance for the 'N have-nots', so as to enable them to meet imminent needs in their livelihood."

7. The Chairman put the motion to vote. He said that while a member abstained from voting on the motion, the other members present were in favour of the motion. He declared that the motion was carried.

IV. Additional provision for recipients of social security payments, Low-income Working Family Allowance and Work Incentive Transport Subsidy

[LC Paper Nos. CB(2)931/16-17(04) to (05)]

8. At the invitation of the Chairman, Deputy Secretary for Labour and Welfare (Welfare) 2 ("DS(W)2") briefed members on the Administration's initiative to provide a one-off extra payment to recipients of social security payments, Low-income Working Family Allowance ("LIFA") and Work Incentive Transport Subsidy ("WITS").

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Inadequacy of existing social security system

9. Dr Fernando CHEUNG said that the standard rates and the maximum rates of the rent allowance ("MRA") under the Comprehensive Social Security Assistance ("CSSA") Scheme had all along been insufficient for recipients to meet their basic needs and rental expenses. Instead of conducting a comprehensive review of the CSSA Scheme, the Administration had provided a one-off extra payment for social security recipients for 10 years in a row starting from the 2007-2008 financial year. He took the view that the Administration should not rely on the provision of one-off extra payments to address the inadequacy of CSSA and MRA. As the Administration had not conducted any review of the CSSA Scheme since its last review on basic needs in 1996, the current CSSA Scheme was outdated. He enquired about the timetable for conducting a comprehensive review of the CSSA Scheme and setting the subsistence level afresh.

10. DS(W)2 responded that the introduction of one-off measures did not necessarily mean that there were inadequacies in the existing social security system. The recommendation to provide a one-off extra payment to recipients of social security payments, LIFA and WITS was made by the Financial Secretary ("FS") taking into account the economic situation in a financial year. On the other hand, CSSA allowances would be adjusted on an annual basis according to the established mechanism and the cumulative increase in CSSA standard rates in the last few years was more than 30%. When comparing the average CSSA payments with the 25% non-CSSA households with the lowest expenditure, the former was higher in all household sizes. Against this background, the Administration had no plan at this stage to review the CSSA standard rates. The Administration, however, would conduct a comprehensive policy review of the LIFA Scheme in mid-2017 and introduce enhancements to the Old Age Living Allowance as announced in the 2017 Policy Address.

Assistance for needy groups

11. Mr LEUNG Yiu-chung enquired about the reasons for reviewing the LIFA Scheme but not the CSSA Scheme, the basis of determining the types of relief measures and the objectives of providing one-off extra payment to recipients of social security payments, LIFA and WITS. DS(W)2 responded that the introduction of one-off measures in the 2017-2018 Budgets aimed to, inter alia, share the fruits of economic development with members of the public and stimulate domestic demand. Apart from the provision of one-off extra payment, FS had proposed in his 2017-2018 Budget to implement other measures to boost the economy, which included providing support for small and medium enterprises and reducing tax. The LIFA Scheme was a new scheme. The Administration had undertaken to conduct a comprehensive

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policy review of the LIFA Scheme one year after its implementation.

12. Mr LEUNG Yiu-chung said that relief measures should also be implemented for low-income households who were neither public housing tenants nor CSSA recipients (hereunder referred to as the "N have-nots") as they were among the neediest groups. Dr LAU Siu-lai said that according to the Chairperson of the Community Care Fund ("CCF") Task Force, the CCF's One-off Living Subsidy Programme for the N have-nots ("the One-off Living Subsidy Programme") provided one-off cash subsidy for the N have-nots who could not benefit from the short-term relief measures introduced by the Budget. By the same token, the Administration should continue the One-off Living Subsidy Programme as the N have-nots were unable to benefit from any of the one-off measures announced in the 2017-2018 Budget. Mr CHAN Chi-chuen said that the Administration should have a radical change to its concept about one-off measures. In his view, the introduction of one-off measures was an attempt of the Administration to avoid increasing social security assistance and other types of financial assistance. As there were still many needy people not being covered by the assistance schemes launched by the Administration or CCF, the Administration should face up to the problem and provide financial assistance for them.

13. DS(W)2 responded that poverty statistics had shown that quite a number of families were living below the poverty line although their family members were working full-time. The Administration considered that priority should be accorded to assisting low-income working families living below the poverty line.

14. Dr LAU Siu-lai said that many of the N have-nots were in great financial hardship and were unable to meet the working hour requirements under the LIFA Scheme. The Administration should launch assistance programmes to relieve their financial burden before the completion of the review of the LIFA Scheme. DS(W)2 responded that the Administration would continue to engage the stakeholders to collect their views on the design of the Scheme, and whether a lower working hour threshold should be set under the LIFA Scheme. All these views would be carefully considered in the upcoming comprehensive policy review of the LIFA Scheme.

15. Mr LEUNG Kwok-hung said that there was a substantial cut of 11% in CSSA standard rates in 1999 and no review of the CSSA Scheme had been conducted since 1996. He opined that stimulating domestic demand by waiving rates would bring about a higher inflation rate, making the living of the underprivileged more difficult. Instead of waiving the rates, the Administration should use the revenue generated from them for providing financial assistance for the needy, given that the Administration's policy

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direction should be helping the poor rather than the rich. DS(W)2 responded that FS had earmarked \$30 billion for providing support for the elderly and the disadvantaged.

16. The Deputy Chairman said that many of the Administration's policies did not cover families living in sub-divided flats and the government officers would not be able to understand their hardship unless they met with these families personally. He urged the Administration to pay frequent visits to these families. He further said that the LIFA application form was too complicated for many applicants and because of that, some of them did not want to apply for LIFA. Moreover, many low-income earners were not eligible for LIFA as they had to take care of their family members and could not work long hours. Given that many needy groups had been excluded from CCF's assistance programmes, the Administration should strive to provide assistance for them. DS(W)2 responded that the Administration had contact with representatives from low-income groups, including tenants of sub-divided flats on many occasions and would enhance the communication with them. To assist needy people who were not on CSSA and could not meet the working hour requirements under the LIFA Scheme, the Administration would study whether the working hour threshold should be relaxed under the policy review of the LIFA Scheme. CCF would continue to provide assistance to people facing economic difficulties, in particular those who fell outside the existing welfare system.

One-off extra payment to recipients of Low-income Working Family Allowance

17. Mr POON Siu-ping enquired about the basis of estimating the expenditure for the one-off extra payment for recipients of LIFA and whether families which applied for LIFA before passage of the Appropriation Bill 2017 ("the Bill") would be eligible for the one-off extra payment. DS(W)2 responded that it was estimated that about 35 000 households in receipt of LIFA would benefit from the one-off extra payment. Recipients of LIFA whose applications were made from the beginning of six calendar months immediately before the month in which the Bill was passed to the date of passage of the Bill (i.e. the Applicable Period) would be eligible for the extra payment. Head, Working Family and Student Financial Assistance Agency said that the extra payment was equal to the average monthly amount payable to LIFA recipients in their most recently approved LIFA applications. The extra payment would therefore vary from case to case, depending on the family composition, income and working hours of the applicants. Based on past payments of LIFA, the average monthly amount ranged from \$300 to \$5,800. Mr POON Siu-ping was concerned that the estimated expenditure of \$73 million for the extra payment of LIFA might not be sufficient if a large

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number of LIFA applications were received during the Applicable Period.

V. Review of Disability Allowance and the system for processing applications thereof

[LC Paper Nos. CB(2)931/16-17(06) to (07) and CB(2)510/16-17(01)]

18. At the invitation of the Chairman, Permanent Secretary for Labour and Welfare ("PS(LW)") briefed members on the progress of implementation of the recommendations of the Inter-departmental Working Group on Review of the Disability Allowance ("the Working Group") under the Labour and Welfare Bureau ("LWB"), in particular that of the recommendation relating to the amendments to the Medical Assessment Form ("MAF").

Proposed amendments to Medical Assessment Form

19. Noting that the Administration had proposed to remove the six conditions (i.e. organic brain syndrome, mental retardation, psychosis, neurosis, personality disorder and any other conditions resulting in total mental disablement) (hereunder referred to as "the Six Conditions") from Part I(B) of the existing MAF (Annex 2 to the Administration's paper (LC Paper No. CB(2)931/16-17(06)), Mr Alvin YEUNG expressed concern that persons suffering from any of the Six Conditions would be excluded from the Disability Allowance ("DA"), which countered the policy intent of DA. He enquired about the rationale of the proposed removal. PS(LW) responded that the Administration had no intention to change the policy intention of or to tighten the existing eligibility criteria for DA. For a person to be eligible for DA, he/she must be severely disabled and as a result, needed substantial help from others to cope with daily life. Where an applicant's physical/mental impairments or other medical conditions had fallen into any of the seven categories contained in Part (I) of the existing MAF (i.e. (i) loss of functions of two limbs; (ii) loss of functions of both hands or all fingers and both thumbs; (iii) loss of functions of both feet; (iv) total loss of sight; (v) total paralysis (quadriplegia); (vi) paraplegia; and (vii) illness, injury or deformity resulting in being bedridden) (hereunder referred to as "the Seven Categories"), the applicant would be regarded as severely disabled within the meaning of DA. Where an applicant's physical/mental impairments or other medical conditions had not fallen into any of the Seven Categories, a doctor would assess whether the applicant required substantial help from others to perform any of the four activities in daily living set out in the Checklist for Medical Assessment ("the Checklist") of the existing MAF. She said that the Six Conditions were included in the existing MAF as examples for doctors' reference, but some doctors considered that as the Six Conditions were by no means exhaustive, their inclusion in MAF might not be necessary. However, noting the concerns

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about the removal of the Six Conditions raised by some deputations and individuals attending the Panel meeting on 3 May 2016, the Administration might discuss with doctors whether to retain reference to these conditions in the form of examples under Part (II)(a)(viii) of the MAF proposed by the Working Group (Annex 3 to the Administration's paper) for doctors' reference.

20. Mr LEUNG Yiu-chung said that interests of current DA recipients should not be adversely affected by the review of DA. According to the Hospital Authority ("HA"), many doctors of HA had all along requested the Administration to remove "the work in the original occupation and perform any other kind of work for which he/she is suited" ("the work-related criterion") from the Checklist as they found it difficult to assess a DA applicant's ability to "work in the original occupation and perform any other kind of work for which he/she is suited" because it involved social and environmental considerations. In his view, the work-related criterion should be removed if doctors had difficulties in making such an assessment. PS(LW) responded that the Administration had proposed removing the work-related criterion but some stakeholders who had attended the Panel meeting on 13 February and 3 May 2016 had requested the Administration to retain it in MAF. The Administration would remove the work-related criterion if members had no strong view against the removal. Chief Manager (Primary and Community Services) of HA ("CM(P&CS)) supplemented that many doctors had, on various occasions, expressed their difficulties in performing DA medical assessment, in particular making assessment based on the work-related criterion as it was beyond the professional judgement of doctors and the social as well as environmental context of applicants needed to be included. Hence, HA in general supported the removal of the work-related criterion under the existing MAF.

21. In response to Mr LEUNG Yiu-chung's enquiry on the impact of removing the work-related criterion on DA medical assessment by doctors, PS(LW) said that the work-related criterion was one of the activities in daily living set out in Part (II) of the Checklist. Under the existing arrangement, an applicant would be eligible for DA if he/she satisfied any one, but not all, of these daily living criteria. Doctors had not suggested deleting the remaining three criteria. The Administration only proposed some textual amendments to the remaining criteria for easier comprehension.

22. Dr Fernando CHEUNG said that doctors had been using the criteria in Schedule 1 to the Employees' Compensation Ordinance (Cap. 282) since 1973, which in his view was outdated, to certify whether a person was severely disabled. In the "Direct Investigation Report on Granting of Disability Allowance and Processing of Appeals by Social Welfare Department" published by the Ombudsman in October 2009, the Ombudsman recommended

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that the reference to "100% loss of earning capacity" ("the Reference") should be removed from the eligibility criteria for DA as the Reference was quite irrelevant. He said that the Reference was misleading as the employment status of applicants was not a relevant factor for approving DA applications. The removal of the Reference would ensure that doctors would make medical assessment for DA without regard to applicants' employment status. PS(LW) clarified that the Working Group also agreed that the Reference should be removed from MAF as the eligibility for DA was based on whether the applicant, as a result of his/her severe disability, would need substantial help from others to cope with daily life, regardless of whether the person was engaged in a paid job. Although Social Welfare Department ("SWD")'s Working Group on Review of the Mechanism for Implementing the DA Scheme ("SWDWG") had once recommended including the Reference in MAF as a footnote, the Working Group had eventually proposed to remove the Reference from the revised MAF and the proposed removal was clearly reflected in the MAF proposed by the Working Group (Annex 3 to the Administration's paper).

23. While supporting the Administration's proposal to remove the Reference, Dr Fernando CHEUNG expressed objection to its proposals to remove the Six Conditions and the work-related criterion as the proposals would tighten the eligibility criteria for DA. Persons with intellectual disabilities, persons with mental illness, patients suffering from dementia, etc. would be assessed whether they could perform any of the activities in daily living mentioned in Part (II)(a) of the revised MAF (which was a reference in the Checklist of the existing MAF) if the Six Conditions were removed. The removal of the Six Conditions might result in these patients becoming ineligible for DA. The removal of the work-related criterion would render those who met this criterion but not any of the other remaining activities in daily living no longer eligible for DA. Ms YUNG Hoi-yan said that removing the Six Conditions from MAF would mean that persons suffering from these conditions would not be regarded as severely disabled in the context of DA and hence would not be eligible for DA. She took the view that the Six Conditions should be retained in the revised MAF.

24. PS(LW) responded that having regard to the policy intent of DA and doctors' difficulties in assessing work-related capacity of DA applicants, the Working Group recommended that the work-related criterion should also be removed from MAF. At the suggestion of the former Panel Chairman, the Administration had further explained its proposed removal of the work-related criterion to different political parties and individual Panel members. Most members did not object to the Working Group's proposal to remove the work-related criterion from MAF. Given that the eligibility for DA was not related to whether the person was engaged in a paid job, it would not be

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logically nor operationally desirable if the Reference were to be removed while the work-related criterion were to be retained. She further clarified that as the Six Conditions were outside the Seven Categories specified in Part (I)(A) of the existing MAF, even if an applicant fulfilled one of the Six Conditions, doctors were still required to assess his/her ability to perform the daily living activities prescribed in the Checklist.

25. Ms YUNG Hoi-yan said that the Six Conditions provided a clearer basis for DA assessments and should be retained. The number of persons eligible for DA should not be reduced as a result of adopting the revised MAF. CM(P&CS) responded that previous discussions reflected that it would be more suitable for assessment of disability under DA to be made on a functional basis rather than disease basis. Some doctors also pointed out that listing the Six Conditions in MAF could be misleading, as the list of mental and physical conditions could not be exhaustive. HA was willing to discuss with the Administration and explore how members' concerns in this regard could be addressed. PS(LW) added that doctors could indicate DA applicants' mental disability, if any, in the blank space under Part (II)(a) of the MAF proposed by the Working Group. The proposed amendments to MAF would not render those who were currently eligible for DA ineligible.

26. Dr Pierre CHAN said that doctors tended to be lenient and would exercise discretion in making medical assessments of DA. The removal of the Six Conditions made it easier for him to make medical assessments of mental disabilities of a DA applicant and the MAF proposed by the Working Group would allow him to exercise discretion with fewer restrictions.

27. While appreciating that doctors might have difficulties in making assessments based on the work-related criterion, Dr Fernando CHEUNG considered that physiotherapists, occupational therapists and social workers could also be engaged in conducting such assessments. He reiterated his objection to the Administration's proposals to remove the work-related criterion and the Six Conditions.

Medical assessments for Disability Allowance

28. Dr Pierre CHAN said that given the large number of patients attending outpatient clinics, the consultation time per patient would only be about five minutes. It was therefore impractical for a doctor to complete MAF in such a short period of time. Some DA applicants would feel aggrieved if the doctors' assessments did not measure up to their expectations. These patients might have an impression that doctors and social workers were passing the responsibilities to one and other. They might lodge complaints against the social workers or the doctors concerned and doctors and social workers were

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often put in a confrontational position. In this connection, he requested the Administration to provide a breakdown of the number of complaints against doctors and social workers arising from applications for DA received by SWD and HA respectively in the past five years. Deputy Director of Social Welfare (Administration) ("DDSW(A)") responded that in 2015-2016, the Social Security Appeal Board received 43 complaints about social security allowances which included complaints about DA. She undertook to look into whether the required information was available. In response to Mr LEUNG Kwok-hung's enquiry about the number of approved and rejected DA applications, DDSW(A) said that as at end-January 2016, there were around 22 000 and 119 000 approved cases for Higher DA and Normal DA respectively. She undertook to look into the rejection rate for DA applications. PS(LW) supplemented that doctors and social workers had clear division of responsibilities: the former were responsible for conducting medical assessments for applicants of DA based on MAF while the latter were responsible for determining their eligibility for DA based on other eligibility criteria such as residence requirement.

Admin

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(Post meeting note: The Administration's response was issued to members vide LC Paper No. CB(2)1534/16-17(01) on 31 May 2017.)

29. Mr LEUNG Kwok-hung opined that given the ambiguous meaning of the qualifying criteria for DA, doctors might have different interpretations, thereby resulting in inconsistent assessments of DA applications. He took the view that a mechanism should be in place to randomly check DA applications which were rejected by doctors to ensure that the rejections were not due to misjudgment. He further said that the policy objective of DA should be to assist as many persons with disabilities as possible. The design of MAF should be improved for meeting this objective. PS(LW) responded that having regard to the Ombudsman's views, SWDWG recommended amending the design and contents of MAF to improve the record and classification of information to facilitate doctors' reference. A doctor would be required to tick one or more of the qualifying criteria against which the patient was considered suffering from severe disability; or confirm that none of the qualifying criteria was met if the patient was considered not suffering from severe disability. The Working Group had taken on board the recommendation and proposed some refinements to MAF.

30. Dr LAU Siu-lai said that to facilitate doctors to make medical assessments for applicants of DA, they should be provided with training on how MAF should be completed and the design of MAF should be simplified. Dr Junius HO took the view that information such as eligibility criteria for DA, the amount of comprehensive social security assistance and/or social security allowance a disabled applicant was currently receiving might be helpful to

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doctors in making assessments for applicants of DA. The Administration should consider providing such information for doctors. CM(P&CS) said that under the existing MAF, doctors had to make assessments on body impairment and functional disabilities under different categories of criteria. HA had consulted doctors of different specialties and representatives of different clusters of HA. According to these representatives, assessing whether an applicant was eligible for DA on the basis of his/her functionality would be more in line with the related international development. HA had provided training and internal guidelines on completing MAF for newly recruited doctors. She further said that HA doctors would carry out medical assessment of DA applicants according to MAF and not based on the applicants' financial status.

31. Dr LAU Siu-lai opined that as physical disabilities and functional disabilities were two different concepts, these two categories of disabilities should be explicitly mentioned in MAF. Persons suffering from either categories of disabilities should be eligible for DA. The Administration should also relax the degree of physical disabilities for receiving DA. PS(LW) responded that the MAF proposed by the Working Group had taken into account views from parties concerned, including frontline doctors and the Ombudsman. In particular, doctors considered the MAF proposed by the Working Group acceptable. DA was non-contributory and non-means-tested. Eligible recipients should therefore be those who met the definition of "severe disability" within the meaning of DA. According to the findings of the consultancy study commissioned by LWB on the practices outside Hong Kong on financial assistance for persons with disabilities, non-contributory and non-means-tested financial assistance for persons with disabilities was rather uncommon in the majority of the places under study.

Motions

32. Dr Fernando CHEUNG moved the following two motions:

Motion 1

"本委員會認同申訴專員在2009年就'社會福利署如何審批傷殘津貼及處理上訴個案'的主動調查報告建議，應刪除傷殘津貼申領準則'喪失100%謀生能力'的提述；但反對政府將醫療評估表格上(I)殘疾性質/程度(B)項刪除，因為這可能會令智障人士、精神病患者、認知障礙患者等喪失領取傷殘津貼的資格。本委員會認為該(B)項應予保留。"

(Translation)

"This Panel agrees to the recommendation made by the Ombudsman in its Direct Investigation Report on 'Granting of Disability Allowance ("DA") and processing of appeals by the Social Welfare Department' in 2009 that the reference to '100% loss of earning capacity' should be deleted from the eligibility criteria for DA; but objects to the Government's removal of Item (B) of (I) Nature/Degree of disability from the Medical Assessment Form, as persons with intellectual disabilities, persons with mental illness, dementia patients, etc. may become ineligible for DA as a result. This Panel is of the view that Item (B) should be retained."

33. The Chairman put the motion to vote. He said that while two members abstained from voting on the motion, the other members present were in favour of the motion. He declared that the motion was carried.

Motion 2

"本委員會認同不能'從事原有的職業及擔任其適合的任何其他種類的工作'是符合領取傷殘津貼的考慮條件之一。因此，政府不應刪除醫療評估表格上有關的提述。"

(Translation)

"This Panel agrees that the incapability of 'working in the original occupation and performing any other kind of work for which he/she is suited' is one of the eligibility criteria to be considered for the Disability Allowance. Therefore, the Government should not delete such reference from the Medical Assessment Form."

34. The Chairman put the motion to vote. He said that while three members abstained from voting on the motion, the other members present were in favour of the motion. He declared that the motion was carried.

Receiving deputations' views on disability allowance

35. Dr Fernando CHEUNG suggested that deputations should be invited to a Panel meeting to give views on the review of DA. Members raised no objection to the suggestion.

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VI. Implementation of Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment

[LC Paper No. CB(2)931/16-17(08)]

36. At the invitation of the Chairman, PS(LW) briefed members on the Administration's plan to invite CCF to consider funding a new pilot scheme to provide home care and support services for elderly persons with mild impairment ("the Pilot Scheme").

Service targets

37. Given that many demented persons were below 60, Dr Fernando CHEUNG opined that the Administration should consider relaxing the age requirements for them to participate in the Pilot Scheme. Taking the view that some non-elderly persons suffering from mild impairment had similar needs for home care services ("HCS") as elderly persons with mild impairment, Mr Alvin YEUNG asked whether a certain number of service places under the Pilot Scheme would be allocated to them. PS(LW) responded that as the Pilot Scheme was designed for elderly persons, the age requirements should be kept at 60 or above. The Administration would consider members' views in planning for services for persons with disabilities in the light of the experience gained from the Pilot Scheme.

38. In response to Dr Fernando CHEUNG's enquiry about whether the service targets of the Pilot Scheme would overlap with the waitlistees for the Integrated Home Care Services (Ordinary Cases) ("IHCS(OC)", PS(LW) said that some elderly persons waiting for IHCS(OC) might be eligible for the Pilot Scheme.

39. Mr POON Siu-ping opined that the service places to be provided under the Pilot Scheme would be inadequate to meet the service demand. He enquired whether all services places would be provided by phases or at one go when the Pilot Scheme was launched. PS(LW) responded that all the 4 000 places would be open for application when the Pilot Scheme was launched.

Assessment criteria for identifying eligible applicants for the Pilot Scheme

40. Noting that SWD would commission a consultant to design an assessment tool for identifying elderly persons with mild impairment, Mr POON Siu-ping enquired whether the consultant would be required to include some basic criteria in the assessment. Deputy Director of Social Welfare (Services) ("DDSW(S)") responded that an assessment tool namely

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Minimum Data Set-Home Care ("MDS-HC") was adopted to identify elderly persons with moderate or severe impairment. Although MDS-HC could indicate whether elderly applicants had mild impairment, the scope of assessment was too wide and the time required for a complete assessment was rather long. As such, SWD would require the consultant to design and launch a simple and standardized assessment tool for identifying elderly persons with mild impairment and their service needs. The consultant should incorporate indicators in the new assessment tool when making recommendations for services or clinical assessments for elderly persons.

Service types and service values

41. Noting that the highest value of services under the Pilot Scheme was \$2,500 per month whereas the unit cost per IHCS case per month was \$1,924, Mr LEUNG Yiu-chung enquired about the reasons for a higher service value under the Pilot Scheme. PS(LW) responded that when compared with IHCS(OC), the types of services to be provided under the Pilot Scheme would be more comprehensive. In addition to HCS, the Pilot Scheme would incorporate the case management approach which had not been taken in the provision of IHCS(OC). Under the case management approach, service providers would be required to arrange for eligible elderly persons to receive services for preventing functional deterioration according to their physical health conditions. She referred members to the co-payment categories for the Pilot Scheme set out in Annex A to the Administration's paper (LC Paper No. CB(2)931/16-17(08)) and said that the fees per meal under Category I, Category II and Category III of co-payment were about the same as those under IHCS(OC).

42. Dr Fernando CHEUNG said that compared with IHCS(OC), the means test requirement under the Pilot Scheme was more stringent with higher service fees. He requested the Administration to provide information on the Pilot Scheme in the form of a table setting out the number of meals covered under different values for meal service as well as the types and number of sessions of home services covered under different values for home services. PS(LW) undertook to do so.

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43. In response to Dr LAU Siu-lai's enquiry about the differences in services under different service values, PS(LW) said that the service values would vary according to the number of meals or home service hours provided. Eligible elderly persons could choose the service packages based on their needs.

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Capacity of service providers

44. Mr LEUNG Yiu-chung said that according to the Administration, 24 non-governmental organizations ("NGOs") involving a total of 60 IHCS Teams were delivering IHCS(OC) and these IHCS Teams would be invited to provide services under the Pilot Scheme. Given that no review had been conducted on the IHCS Teams since 2003 and there were around 4 000 waitlistees for IHCS(OC), the Administration should set indicators for measuring whether these IHCS Teams could cope with the service demand arising from the Pilot Scheme. In his view, the Administration should provide 4 000 additional IHCS(OC) places direct to accommodate the service needs of elderly persons who were on the waiting list for IHCS(OC) instead of launching the Pilot Scheme. PS(LW) responded that the Pilot Scheme was targeted at elderly persons who were assessed to be of mild impairment under the new assessment tool while elderly users of IHCS(OC) were not required to go through care need assessment.

45. Dr Fernando CHEUNG said that being recipients of Lump Sum Grant ("LSG") subvention, the 24 NGOs might not afford to offer competitive salary to attract new entrants for the Pilot Scheme. He hoped that service providers of the Pilot Scheme would be provided with additional resources for hiring more staff. Dr LAU Siu-lai and Mr LEUNG Kwok-hung asked whether the Administration would request service providers to recruit additional manpower for implementing the Pilot Scheme.

46. PS(LW) responded that service providers would be required to meet the staffing provision as specified by the Administration. The Administration would invite CCF to consider providing funding for the Pilot Scheme, which was estimated to be around \$380 million including, among others, service providers' staff costs. Mr LEUNG Yiu-chung said that the Administration should monitor whether service providers would engage additional manpower for the Pilot Scheme.

47. Mr LEUNG Kwok-hung said that the existing 60 IHCS Teams were already overloaded. He was therefore concerned that they would not be able to manage the Pilot Scheme and might have difficulties in recruiting suitable staff even with additional resources. The Administration should therefore extend the invitation for participating in the Pilot Scheme beyond the 24 NGOs and increase the number of IHCS Teams. PS(LW) responded that since the 24 NGOs were experienced in the provision of meal and home care services, it was expected that they would require less time in preparing for the implementation of the Pilot Scheme and have more flexibility in staff recruitment. Subject to the evaluation results of the Pilot Scheme, the Administration would consider enlarging the pool of service providers if the

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Pilot Scheme was to be regularized.

48. In response to Dr LAU Siu-lai's enquiry about the caseload per case manager under the Pilot Scheme, DDSW(S) said that case management services would be provided by the service providers and the staff-to-case ratio would be 1:50. Dr LAU Siu-lai said that some frontline staff of the IHCS Teams had reflected that a case manager could only spend little time on each case because of heavy caseload. She considered that the staff-to-case ratio should be improved. PS(LW) responded that while NGOs providing IHCS(OC) were not required to provide case management services, some frontline staff of these NGOs would do so on their own initiative. They might be overloaded as NGOs were not provided with extra resources currently. However, service providers participating in the Pilot Scheme would be provided with additional resources for delivering case management services.

49. Mr LEUNG Yiu-chung took the view that the number of elderly persons requiring IHCS(OC) might be reduced if elderly persons with moderate or severe impairment were provided with HCS earlier. He reiterated that the Administration should evaluate the capacity of the existing IHCS Teams and increase the number of IHCS Teams to address the service demand for IHCS(OC). PS(LW) reiterated that some waitlistees for IHCS(OC) might be eligible for the Pilot Scheme and additional resources would be provided for services providers for hiring additional staff under the Pilot Scheme. DDSW(S) supplemented that elderly persons who were assessed by Standardised Care Need Assessment Mechanism for Elderly Services to be of moderate or severe level of impairment would be eligible for Enhanced Home and Community Care Services ("EHCCS"). Since 1 March 2015, the Administration had provided 1 666 additional places for EHCCS. Mr POON Siu-ping enquired whether elderly persons who were assessed to be ineligible for the Pilot Scheme would be referred to EHCCS. PS(LW) responded that these elderly persons could receive IHCS(OC) as users of IHCS(OC) were not required to undergo care need assessment.

(At 12:36 pm, the Chairman extended the meeting for 15 minutes beyond the appointed ending time to allow sufficient time for discussion.)

50. While welcoming the provision of HCS for elderly persons with mild impairment, Mr Alvin YEUNG expressed concern about the implication on participants of the Pilot Scheme and their carers if the services discontinued after the end of the pilot period. PS(LW) responded that if the evaluation results recommended that the Pilot Scheme should be enhanced or regularized, the Administration would provide recurrent funding for provision of HCS for elderly persons with mild impairment.

Planning standards and guidelines for provision of services for persons with disabilities

51. Mr Alvin YEUNG said that since the publication of the White Paper on Rehabilitation 1995 and the Hong Kong Rehabilitation Programme Plan 1998, the Administration had not drawn up similar planning indicators. He enquired whether there was a mechanism for assessing the changes in the number of persons with disabilities in order to plan for the provision of community facilities for them. PS(LW) responded that there was a view that standards and guidelines which were similar to the Hong Kong Planning Standards and Guidelines should be incorporated into the Rehabilitation Programme Plan ("RPP") for long-term planning for the provision of rehabilitation services. Upon the completion of the task of formulating the Elderly Services Programme Plan by the Elderly Commission (which was estimated to be in the second quarter of 2017), the Administration would commence work on reviewing RPP.

VII. Progress of the implementation of the Best Practice Manual in non-governmental organizations receiving Lump Sum Grant Subvention

[LC Paper Nos. CB(2)931/16-17(09) to (10)]

52. At the invitation of the Chairman, Director of Social Welfare ("DSW") briefed members on the progress of the implementation of the Best Practice Manual ("BPM") in NGOs receiving LSG subvention.

Implementation of Level One items

53. Noting that as at 31 March 2016, a considerable number of NGOs receiving LSG subvention had not yet implemented items in relation to financial management, human resources management and corporate governance under BPM, the Chairman enquired about the actions the Administration would take in this regard. DSW responded that the four different groups representing the NGO management, staff side, service users and independent members as members of the Lump Sum Grant Steering Committee ("LSGSC") had reached consensus on 14 items under BPM in April 2014. LSGSC endorsed the implementation of these consensus items from 1 July 2014. NGOs receiving LSG were required to review their existing policies and procedures with a view to meeting the requirements of BPM within three years from the start of the implementation (i.e. by 30 June 2017). NGOs should submit the first report on the progress of implementing BPM to reflect the position as at 31 March 2015, the second report on the position as at 31 March 2016 and the third report

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on the position as at 31 March 2017. The Administration's paper (LC Paper No. CB(2)931/16-17(09)) captured the progress of implementation of BPM as at 31 March 2016 and NGOs were required to submit the third report by 31 October 2017. In response to the Chairman's enquiry about the progress of implementing the Level One items (i.e. items that NGOs were required to implement) by NGOs as at 31 March 2016, DSW said that around 60% of NGOs had implemented all seven Level One items, representing a 25% increase when compared with the position as at 31 March 2015. The remaining NGOs had implemented some Level One items.

54. Given that NGOs were funded by LSG, Mr LEUNG Kwok-hung opined that they should be required to implement BPM fully. DSW responded that NGOs were making progress in implementing BPM. Some NGOs had strengthened communication with their staff members and set up working groups to discuss the implementation plan of BPM. It was expected that all NGOs would implement all Level One items by 30 June 2017.

55. Dr Pierre CHAN enquired whether punishment would be imposed on NGOs which failed to comply with BPM and the consequences in case an NGO refused to implement certain items under BPM. DSW responded that an independent committee would investigate the case and submit it to LSGSC for discussion, if necessary. SWD would take follow-up actions against the NGO concerned according to LSGSC's advice. Before the implementation of BPM, SWD had ceased providing subvention for an NGO which had serious problems in its corporate governance and service delivery.

Review of Lump Sum Grant Subvention System

56. The Chairman said that the Lump Sum Grant Subvention System ("LSGSS") had caused a lot of problems. Pointing out that LSGSS had not been reviewed comprehensively since 2007, he urged the Administration to conduct a holistic review of LSGSS. DSW responded that the Administration had received different views and suggestions from the welfare sector on LSGSS. These views and suggestions mainly concerned provision of resources and monitoring of subvented NGOs. The social welfare sector suggested that the benchmark LSG and the contribution to Mandatory Provident Fund ("MPF") should be reviewed and monitoring of subvented NGOs should be strengthened. Currently, the benchmark LSG for each NGO was set on the basis of the mid-point salaries of civil service pay scales for the NGO concerned and the provision of a standard 6.8% of the salary at mid-point for MPF was provided for subvented NGOs to meet the contractual commitment. Given that the number of NGO staff with long years of service had been increased, the sector was concerned that many NGOs would not have sufficient funds if the benchmark LSG remained unchanged. The Administration was studying the

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views submitted by NGOs.

57. Dr Fernando CHEUNG said that LSGSS had seriously affected the ecology of the social welfare sector and undermined the sector's fundamental values. The Lump Sum Grant Independent Review Committee had recommended in 2008 that BPM should be drawn up. It had taken six years to roll out BPM, but still, some NGOs had not yet implemented all the Level One items. He wondered whether BPM was introduced for servicing NGO senior management, NGO frontline staff, service users or independent members of LSGSC. He further said that it was unacceptable not to include the item on pay policy in BPM because LSGSC had not reached consensus. It should not be up to LSGSC to decide on the items to be included in BPM.

58. DSW responded that service users were the service target. BPM was developed to provide guidelines for NGOs to enhance corporate governance, accountability, human resource policies and financial management, with a view to providing the best services for users according to the Funding and Service Agreements. The findings of the independent review of LSGSS conducted in 2008 had indicated that many service users were satisfied with the services after the implementation of LSGSS as NGOs had made improvements to enhance the diversity and flexibility of services. Dr Fernando CHEUNG opined that many items under Level One were fundamental and should be implemented without any difficulties. He queried why most of the items concerning service users were placed under Level Two (i.e. items which NGOs were only encouraged to implement) and why BPM was not enforced in a mandatory manner if service users were the service target. In his view, establishing effective communication channels and collecting views of staff and service users were basic principles of corporate governance but NGOs were not required to implement such items. He queried how service users would be satisfied with the services if NGOs were not required to collect their views.

59. DSW responded that many NGOs considered it helpful to enhance the involvement of staff and service users. The Administration hoped to move towards the direction of placing suitable Level Two items under Level One in the future. The Working Group on Implementation Details of BPM would continue to discuss the four items which had not yet been included in BPM with a view to incorporating them into BPM once consensus could be reached.

Provision of cash allowance by subvented non-governmental organizations

60. The Deputy Chairman said that according to a media report, a cash allowance amounting to \$640,000 in total was paid to two Principal Secretaries of Po Leung Kuk and the Elderly Service Director of the Hong Kong Chinese Women's Club was paid a cash allowance of \$410,000. The provision of such

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a large amount of cash allowance to the senior management of subvented NGOs had caused public's concern. In this connection, he enquired about SWD's role in monitoring the provision of cash allowance, the basis for setting the amount of cash allowance and the transparency of the usage of LSG. DSW responded that NGOs should make salary adjustment and cash allowance arrangements according to their own human resource policies as well as the terms and conditions set out in the employment contracts/agreements. A mechanism was in place for requiring NGOs to seek the support of their governing boards or management committees on provision of cash allowance to their staff and putting the relevant discussions on record. Staff of NGOs should be duly informed of relevant arrangements. At the request of Mr LEUNG Kwok-hung, the Administration undertook to provide information on salary increment for senior management staff and other staff members of NGOs receiving LSG subvention.

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(Post-meeting note: The Administration's response was issued to members vide LC Paper No. CB(2)1968/16-17(01) on 26 July 2017.)

61. Taking the view that the mechanism was not useful in avoiding the provision of excessive cash allowance for senior management of NGOs, the Deputy Chairman asked whether SWD could give views on the provision of cash allowance. Assistant Director (Subventions) supplemented that NGOs were required to submit reports on review of remunerations to SWD in October every year. SWD would require NGOs to explain and justify any changes regarding salary and cash allowance, if necessary.

62. The Chairman said that according to the media report, Po Leung Kuk and the Hong Kong Chinese Women's Club had kept separate accounts for LSG and salary/cash allowance. He was concerned that in that case, SWD would not be able to follow up irregularities, if any. DSW responded that further details had to be obtained regarding the amount and purpose of the cash allowance mentioned by the media on the two NGOs. She said that a mechanism was in place to require all subvented bodies, including NGOs, which received \$10 million or more a year from the Government, and where such amount accounted for more than 50% of their operating income, to submit reports on the number, ranking and remuneration packages (including cash allowance) of staff at the top three-tiers to the Administration on an annual basis. During a recent discussion with Members of the Legislative Council on the subject matter, SWD had undertaken to step up the transparency of the aforesaid reports. In response to Members' request, these reports would gradually be made available on SWD's website starting from March 2017.

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VIII. Any other business

63. There being no other business, the meeting ended at 1:18 pm.

Council Business Division 2
Legislative Council Secretariat
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