

立法會
Legislative Council

LC Paper No. CB(2)537/04-05
(These minutes have been
seen by the Administration)

Ref : CB2/PL/WS

Panel on Welfare Services

Minutes of meeting
held on Monday, 13 December 2004 at 10:45 am
in Conference Room A of the Legislative Council Building

Members present : Dr Hon Fernando CHEUNG Chiu-hung (Deputy Chairman)
Hon James TIEN Pei-chun, GBS, JP
Hon LEE Cheuk-yan
Hon Fred LI Wah-ming, JP
Hon Bernard CHAN, JP
Dr Hon YEUNG Sum
Hon TAM Yiu-chung, GBS, JP
Hon LI Fung-ying, BBS, JP
Hon Frederick FUNG Kin-kee, JP
Hon LEUNG Kwok-hung
Hon Albert Jinghan CHENG

Members absent : Hon CHAN Yuen-han, JP (Chairman)
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Hon Albert CHAN Wai-yip
Hon Alan LEONG Kah-kit, SC

Member attending : Hon WONG Kwok-hing, MH

**Public Officers : All items
attending**

Mr Paul TANG, JP
Director of Social Welfare

Items III and V

Ms Linda LAI, JP
Deputy Secretary for Health, Welfare and Food
(Family and Women)

Mr Freely CHENG
Principal Assistant Secretary for Health, Welfare and Food
(Family)

Item III

Ms Wendy CHEUNG
Assistant Secretary for Health, Welfare and Food (Family) 3

Miss Yondy LAI
Social Work Officer
(Rehabilitation and Medical Social Services) 11

Dr Jane CHAN
Consultant (Medical Services Development)
Hospital Authority

Mr CHU Ming
Executive Manager (Allied Health Services)1
Hospital Authority

Item IV

Ms Salina YAN
Deputy Secretary for Health, Welfare and Food
(Elderly Services and Social Security)

Mr Eugene FUNG
Principal Assistant Secretary for Health, Welfare and Food
(Elderly Services and Social Security) 1

Mrs Kathy NG
Assistant Director of Social Welfare (Elderly)

Dr Daisy DAI
Senior Executive Manager (Medical Service Development)
Hospital Authority

Item V

Miss Annie KONG
Assistant Secretary for Health, Welfare and Food (Family) 2

Miss Ann HON
Assistant Director of Social Welfare (Subventions)

**Deputations
by invitation** : Item III

Society for Community Organization

Mr PANG Hung-cheong
Community Organizer

Item IV

The Hong Kong Council of Social Service

Mr TIK Chi-yuen
Chairperson, Specialized Committee on Elderly Service

Ms Nancy WONG
Member, Specialized Committee on Elderly Service

Ms Carmen NG
Chief Officer, Service Development (Elderly)

Item V

The Hong Kong Council of Social Service

Ms Christine FANG
Chief Executive

Mr Cliff CHOIBusiness
Director

Hong Kong Social Workers Association

Mr LAI Wing-hoi
Vice-President

Ms LAW Suk-kwan
Director

Fight for Social Welfare Alliance

Mr Peter CHEUNG
Representative

Mr Pius YUM
Representative

Hong Kong Confederation Trade Unions Social Services
Committee

Ms LAM Ying-hing
Organizing Secretary

Mr CHENG Ching-fat
Representative

Clerk in attendance : Ms Doris CHAN
Chief Council Secretary (2) 4

Staff in attendance : Miss Mary SO
Senior Council Secretary (2) 8

As the Chairman was unable to attend the meeting, the Deputy Chairman took the chair.

I. Confirmation of minutes
(LC Paper No. CB(2)339/04-05)

2. The minutes of meeting held on 8 November 2004 were confirmed.

II. Items for discussion at the next meeting

(LC Paper Nos. CB(2)340/04-05(01) and (02))

3. Members agreed to discuss the following items at the next regular meeting scheduled for 10 January 2005 -

- (a) support and assistance for paralysed patients living in the community;
- (b) conversion of self-care hostel and home for the aged places into long term care services; and
- (c) outline research on "Social Security System in Support of Elderly in Poverty".

4. Members further agreed to defer the discussion of the Community Investment and Inclusion Fund to the regular meeting in February 2005.

5. The Chairman advised that a special meeting of the Panel would be held on 20 January 2005 from 8:30 am to 9:30 am to discuss the policy initiatives of the Health, Welfare and Food Bureau in respect of welfare services.

6. Mr James TIEN said that the Panel should avoid convening a special meeting to discuss an item which could not be discussed at a regular meeting due to lack of time. Special meetings should only be convened for discussion of urgent matters as far as possible.

III. Third Progress Report on the Trust Fund for Severe Acute Respiratory Syndrome

(LC Paper No. CB(2)153/04-05(01))

7. Deputy Secretary for Health, Welfare and Food (Family and Women) (DSHWF(FW)) introduced the above Administration's paper which set out the up-to-date position of the administration of the Trust Fund for Severe Acute Respiratory Syndrome (SARS).

8. Mr WONG Kwok-hing asked whether consideration would be given to raising the ceiling of \$500,000 for special ex-gratia financial assistance for recovered SARS/"suspected" SARS patients, and that of the monthly assistance ceilings of \$1,000 for dietary supplements and \$750 for transportation for the same group of patients.

9. DSHWF(FW) responded that the Administration had no plan to raise the ceiling of special ex-gratia financial assistance for recovered SARS/"suspected" SARS patients. DSHWF(FW) pointed out that the amount of special ex-gratia financial assistance received by over 90% of the successful applicants in the recovered/"suspected" SARS category was much less than the \$500,000 ceiling. Most of them received around \$130,000 or even less, which demonstrated that their needs should be able to be met by the \$500,000 ceiling. DSHWF(FW) further said that support for recovered/"suspected" SARS patients would be further strengthened by a new measure to be introduced by the Hospital Authority (HA) shortly to provide long-term free medical care to all these patients for problems relating to SARS.

10. As regards Mr WONG's second suggestion, DSHWF(FW) said that the Administration also had no plan to raise the ceilings for dietary supplements and transportation for recovered/"suspected" SARS patients at this stage. DSHWF(FW) pointed out that the provision of monthly assistance for dietary supplements and transportation and the setting of the ceilings for such assistance at \$1,000 and \$500 respectively were made by the Committee on Trust Fund for SARS after considering the actual claims made by the first 220 applicants. The actual claims made by the applicants varied widely and an analysis was made in June 2004 which revealed that the ceilings should be able to satisfy the needs of most patients. However, in response to the requests made by some of the patients, the Committee on Trust Fund for SARS had recently decided to raise the monthly ceiling for transportation to \$750 under special justifiable circumstances. The Administration would continue to monitor to see whether the present monthly assistance ceiling of \$750 was adequate to meet the patient's expenditure for travelling to and from hospitals/clinics.

11. Mr WONG Kwok-hing urged that re-consideration be given to raising the monthly assistance ceiling of \$1,000 for dietary supplements, as some Chinese medicine was very expensive. To help recovered/"suspected" SARS patients reduce their financial burden for travelling to and from hospitals/clinics, Mr WONG said that arrangements should be made for these patients to seek medical assistance at a hospital/clinic most convenient to them. Ms LI Fung-ying also said that HA should strive to arrange patients to visit hospitals/clinics nearby their place of residence and preferably to receive all treatments in one hospital/clinic.

12. DSHWF(FW) reiterated that the Committee on Trust Fund for SARS had no plan to raise the ceiling of monthly assistance for dietary supplement at this stage. This, however, should not deprive recovered/"suspected" SARS patients from getting adequate medical care. Apart from the provision of medical and rehabilitation care provided by HA, these patients were allowed to seek private

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medical services for treatment or rehabilitation. Moreover, it should be pointed out that dietary supplements were only supplementary in nature and could not replace proper medical care. At the request of the Mr WONG Kwok-hing, DSHWF(FW) undertook to provide information on the number of patients whose monthly claims for dietary supplements exceeded the \$1,000 ceiling after the meeting.

13. Consultant (Medical Services Development), HA said that arrangement had been made for recovered/"suspected" SARS patients to visit hospitals/clinics nearby where they lived as far as practicable on a voluntary basis. i.e. patients could turn down such an arrangement if they preferred to be treated by doctors who had all along been treating them. Consultant (Medical Services Development), HA further said that not all cases were suitable for transferring to another hospital/clinic in order to be near to where the patients concerned lived. For instance, it would be better for patients with more complications to be followed up by doctors who were familiar with their conditions. As regards arranging patients to receive all treatments in one hospital/clinic, Consultant (Medical Services Development), HA, said that this had been done as far as practicable.

14. Ms LI Fung-ying said that although the Trust Fund for SARS was supposedly set up to provide financial assistance to SARS victims on compassionate ground, the granting of special ex-gratia payments to the surviving family members of the deceased SARS patients was sometimes at variance with the nature of the Scheme. Ms LI pointed out that the Committee on Trust Fund for SARS placed too much emphasis on whether the applicants had been relying on the deceased for financial support and ignored the actual situation of the families of the deceased. For instance, although the deceased SARS patients had not contributed towards their families in monetary term before their death, the fact that they had helped to take care of the young children in the families should be recognised. Another case was that surviving parents of the deceased SARS patient were refused ex-gratia payment because the deceased had not supported them financially before his/her death. The Chairman raised similar concern.

15. DSHWF(FW) responded that as the Committee on Trust Fund for SARS was managing a public fund, it needed to draw up guidelines for approving applications having regard to the broad criteria endorsed by the Finance Committee as detailed in Annex C of the Administration's paper. Despite such criteria, the Committee was mindful that there might well be deserving cases which did not fully meet the stipulated criteria. Having regard to the ex-gratia nature of the Scheme, the Committee would take into account all relevant circumstances of the case and exercise discretion as appropriate in areas where the Committee was given such authority. The membership of the Committee comprised people all from outside the Government.

16. Ms LI Fung-ying asked, if what the Administration mentioned in paragraph 15 above was true, whether the Committee on Trust Fund for SARS would re-consider those cases which had previously been rejected on the ground that the deceased had not contributed financially to the applicants.

17. Assistant Secretary for Health, Welfare and Food (ASHWF) responded that for cases whereby the applicant did not receive financial contributions from the deceased as such but had to incur additional expenditure as a result of the death of the deceased, for instance, the need to hire domestic helper to look after children, the Committee on Trust Fund for SARS would consider each such application afresh if such new information was now available and might consider granting special ex-gratia payment to the applicant after taking into account all the circumstances of individual cases.

18. The Chairman urged that economic loss should not be the sole determining factor for granting special ex-gratia payments to families of the deceased.

19. DSHWF(FW) responded that although the extent to which the families had relied on the deceased for financial support was an important factor in granting special ex-gratia payment, it was not the sole determining factor. The Committee on Trust Fund for SARS would take into account all the relevant circumstances of the case and exercise discretion as appropriate in areas where the Committee was given such authority.

20. Mr James TIEN asked HA how it defined a recovered/"suspected" SARS patient had fully recuperated from the longer-term effects attributable to SARS. Mr TIEN said that some recovered/"suspected" SARS patients claimed they still suffered some form of bodily dysfunction despite the fact they were certified by HA to be fit enough to resume leading a normal life. As a result, this group of patients had to resort to seek financial assistance and/or support from other charitable funds set up to help SARS victims and non-governmental organisations (NGOs).

21. Consultant (Medical Services Development), HA responded that a recovered/"suspected" SARS patient had to undergo a very comprehensive evidence-based medical assessment involving multi-disciplines to ascertain whether he/she no longer suffered from the longer-term effects attributable to SARS. Consultant (Medical Services Development), HA, however, pointed out regardless of how objective the medical assessment was, there would always be some patients who disagreed with the assessment based on their own subjective perception. Consultant (Medical Services Development), HA further said that in order to better help recovered/"suspected" SARS patients to resume a normal life, efforts had been and would continue to be made by HA to refer/introduce these

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patients to those services and activities organised by NGOs to help this group of patients to overcome their disabilities and/or to re-join the society.

22. Mr LEE Cheuk-yan noted from footnote 4 of the Administration's paper that as at June 2004, more than 71.5% of the successful applicants in the recovered/"suspected" SARS category had obtained reimbursement from the Trust Fund for SARS for more than 80% of their claimed medical expenses, and asked why this was the case.

23. ASHWF explained that the figures mentioned in footnote 4 of the Administration's paper referred to money reimbursed to the eligible recovered/"suspected" SARS patients who sought private medical care. Under the existing arrangement, where the successful applicants chose to use private services, the Trust Fund for SARS would only reimburse according to the rates of similar services charged by HA. ASHWF further said that although the Trust Fund would not reimburse the successful applicants in full for their private medical expenses, this would not deprive them of adequate medical care as this group of patients primarily received treatment or rehabilitation services provided by HA which were reimbursed in full by the Trust Fund. Moreover, this group of patients would be entitled to medical care provided by HA free of charge for all SARS-related illnesses throughout their lives.

24. Noting from footnote 4 of the Administration's paper that 28% of the 455 cases approved with assistance for dietary supplements as at June 2004 failed to have their claims fully reimbursed by the Trust Fund for SARS, Mr LEE Cheuk-yan asked for a breakdown of the amount applied for by this group of patients which had exceeded the \$1,000 ceiling for dietary supplements. DSHWF(FW) undertook to provide the requested information after the meeting.

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25. The Chairman sought members' views on allowing representatives from the Society for Community Organization (SOCO) to give their views on the operation of the Trust Fund for SARS in spite of the short notice as SOCO had all along been following the matter closely. Members agreed.

(Representatives from SOCO joined the meeting at this juncture)

26. Mr PANG Hung-cheong of SOCO said that -

- (a) although the nature of the Trust Fund for SARS was ex-gratia, its eligibility criteria were more stringent than that for the Comprehensive Social Security Assistance;
- (b) if the nature of the Trust Fund was ex-gratia, whether the affected families had been relying on the deceased for financial support or

whether the deceased had supported the affected families financially should not be an important factor in considering applications;

- (c) as the full impact of SARS on the recovered/"suspected" SARS patients was still not completely known, special ex-gratia financial assistance to this group should not be capped at \$500,000 for each patient;
- (d) the scope of the Trust Fund should also cover families of the deceased "suspected" SARS patients;
- (e) an unconditional ex-gratia grant, say, in the region of \$30,000 to \$50,000, should be given to each recovered/"suspected" SARS patient to indemnify them for the trauma and expenses incurred from contracting SARS;
- (f) beneficiaries of the Trust Fund should not be required to make reimbursement to the Trust Fund if they succeeded in obtaining common law damages by pursuing civil claims against any party such as HA, the Government or private hospitals; and
- (g) hitherto, the Administration had failed to respond to a list of suggestions raised by SOCO about the Trust Fund in the past year and urged that this be done expeditiously.

27. DSHWF(FW) reiterated the reasons for setting criteria for granting special ex-gratia financial assistance to SARS victims given in paragraph 15 above. DSHWF(FW) further reiterated that whether affected families had been relying on the deceased for financial support or whether the deceased had supported the affected families financially would not be the sole factor in considering applications. Examples given in paragraph 17 above were cases in point. DSHWF(FW) clarified that the Administration had responded to the issues raised by SOCO concerning the Trust Fund in the past, which was provided in Annex A to the Administration's paper. DSHWF(FW) undertook to liaise with SOCO after the meeting to understand which issues the Administration had not yet addressed.

28. Mr PANG Hung-cheong requested members to hold a joint meeting with the Panel on Health Services to discuss with the Administration on the follow-up actions taken by the Government after the SARS outbreak. Mr LEUNG Kwok-hung expressed support. Due to time constraint, Mr LEE Cheuk-yan suggested to defer the decision of holding such a joint meeting to the next meeting. Mr James TIEN concurred.

IV. Provision of infirm care for elders in a non-hospital setting
(LC Paper Nos. CB(2)340/04-05(03) and 408/04-05(01))

29. Assistant Director of Social Welfare (Elderly) (ADSW(Elderly)) briefed members on SWD's initiative to start a trial scheme to provide subsidised infirm care services for medically stable infirm elders in a non-hospital setting through a powerpoint presentation, details of which were set out in the Administration's paper (LC Paper No. CB(2)340/04-05(03)). At the request of Mr WONG Kwok-hing, ADSW(Elderly) agreed to provide the powerpoint presentation materials to members after the meeting.

30. Mr TIK Chi-yuen of the Hong Kong Council of Social Service (HKCSS) presented the views of HKCSS on the trial scheme, details of which were set in the submission (LC Paper No. CB(2)408/0405(01)).

31. Ms LI Fung-ying asked the following questions -

- (a) whether priority for providing the about 140-150 infirm care places for elders under the trial scheme could be accorded to the 30% of the applicants on the Central Infirm Care Waiting List (CIWL) who were presently staying in the community as referred to in paragraph 5 of the Administration's paper; and
- (b) what was the reason(s) for selecting operators of the trial scheme through tender and not confining the selection to those NGOs which already had ample experience in providing infirm care for elders in residential care homes for the elderly (RCHEs).

32. DSHWF (Elderly Services and Social Security) (DSHWF(ES)) responded that one of the reasons for carrying out the pilot scheme was to ensure that placing medically stable infirm elders in a non-hospital setting was workable, having regard to the frail condition of these elders. DSHWF(ES) further said that since the private sector was an important player in the provision of residential care services for the elderly, there was no reason to exclude private operators of licensed RCHEs in the open tender exercise for the selection of operators to provide infirm care services for medically stable infirm elders in a non-hospital setting. Moreover, it was recommended by the Director of Audit in his Report No. 38 that competitive bidding in selecting operators for subsidised residential care services for the elderly should be adopted as far as practicable. DSHWF(ES) added that price was not the determining factor for selecting the operators. The track record and ability of the bidders to provide quality service had important bearing as well.

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33. Director of Social Welfare (DSW) supplemented that it was not appropriate to confine the operators of the trial scheme to subvented RCHEs which had experience in running infirmary units (IUs) or were receiving infirmary care supplement from SWD, as the concept of the trial scheme was to bring forward the new idea of providing infirmary care services in a welfare setting and not merely to increase the capacity of IUs or increase the number of IUs. Unlike subvented homes which were subject to SWD's regulation, the infirmary care services to be provided under the trial scheme would be subject to the Department of Health's regulation under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165). For instance, premises for operating the infirmary care services in a non-hospital setting should be registrable under Cap. 165 and capable of complying with the essential facilities requirements for the purpose of providing the services.

34. DSW further said that another consideration for opening up the operations of the trial scheme to the private sector was to enable more applicants on the CIWL who were staying in the community to receive infirmary care. Subvented homes running IUs only admitted their own residents or eligible elders transferred from other subvented homes and private homes participating in the Enhanced Bought Place Scheme into their IUs. It was only recently that NGOs operating IUs had indicated willingness to consider admitting more elders on the CIWL to fill the vacancies in their IUs. DSW also said that although the long-term goal was to enable more of the medically stable infirm elders, including those who were at present receiving infirmary services in hospitals, to be taken care of in a welfare setting so as to enhance continuum of care for the elderly, this had to be treaded with care and in phases having regard to the actual circumstances.

35. Due to time constraint, members agreed to continue discussion on the matter at the next meeting. Members further agreed to extend the meeting time of the next meeting to 2:00 pm, having regard to the addition of two more items to the agenda, namely, follow-up to the third progress report on the Trust Fund for SARS and further discussion on the provision of infirmary care for elders in a non-hospital setting.

36. Mr LEE Cheuk-yan requested the Administration to provide more details of the tender exercise before the next meeting, including the criteria used in selecting operators to run the trial scheme, justification(s) for inviting private home operators to participate in the exercise, and the reason(s) for setting the unit subsidy for each subsidised infirmary bed in a non-hospital setting as around \$11,000. DSW agreed.

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V. Funding for welfare services in 2005-06

(LC Paper Nos. CB(2)340/04-05(04) and CB(2)394/04-05(01))

37. The Chairman invited deputations to give their views on the funding for welfare services in 2005-06.

38. Representatives from HKCSS, Hong Kong Social Workers Association, Fight for Social Welfare Alliance and Hong Kong Confederation Trade Unions Social Services Committee expressed opposition to the Administration's plan to apply an across-the-board 1% savings for the subvented NGOs. These deputations pointed out that with the more than 10% cutback implemented during the past five years, the welfare sector would not be able to absorb any further cut in funding without adversely affecting their services. These deputations also strongly urged the Administration not to impose reduction cut on the recurrent expenditure of the welfare sector beyond 2005-06.

39. Mr LEE Cheuk-yan said that it was incumbent upon the Health, Welfare and Food Bureau (HWFB) to maintain the quality of social welfare services. To this end, Mr LEE urged the Administration to extend the provision of the tide-over grant (TOG) to the NGOs which would cease in 2006-07. Mr LEE then proposed to move the following motion which was supported by Mr Fred LI, Mr Frederick FUNG and Ms LI Fung-ying -

“本委員會要求政府05-06年度的社會福利基本開支不作任何削減，及要求政府擱置06-09年度任何削資計劃，並延長「過渡性補貼」，以確保社會福利服務的質素及能回應市民對社會福利服務的需求。”

(Translation)

“That this Panel requests the Government not to reduce the basic expenditure for social welfare in 2005-06, and also requests the Government to abort any cost-cutting plan from 2006-07 to 2008-09, as well as extending the tide-over grant, so as to ensure the quality of social welfare services and meet the needs of the public for such services.”

40. Mr WONG Kwok-hing said that he was representing Miss CHAN Yuen-han to express her strong opposition to further reducing funding to the welfare sector.

41. Dr YEUNG Sum said that the Democratic Party opposed any further cutback on welfare funding, in view of many social problems requiring attention, such as domestic violence and family problems related to poverty and unemployment. Mr LEUNG Kwok-hung concurred. Dr YEUNG expressed support for Mr LEE's motion and further said that HWFB should consider making reference to the 0-0-X funding arrangement for the University Grants

Committee-funded institutions for the 2005-06 to 2007-08 triennium for the welfare sector.

42. Mr Frederick FUNG said that the Administration should withhold reducing funding to the welfare sector, in view of the much improved financial position of the Government due to the recovery of the economy.

43. Mr TAM Yiu-chung expressed support for the call from the welfare sector for not requiring NGOs to contribute the 1% efficiency savings of about \$62.3 million in 2005-06 and to abort any plan to reduce further funding to the sector from 2006-07 to 2008-09.

44. Mr James TIEN expressed support for not requiring NGOs in the welfare sector to contribute the 1% efficiency savings of about \$62.3 million in 2005-06. As regards the call for not reducing further funding from the welfare sector from 2006-07 to 2008-09, Mr TIEN said that he would need more information before coming to a decision.

45. Mr Fred LI pointed out that in an attempt to come up with savings, many NGOs in the welfare sector were forced to let go of their experienced social workers, which was detrimental to the development of welfare services. Ms LI Fung-ying echoed similar views.

46. DSW responded that notwithstanding the need to implement the 1% efficiency savings in 2005-06 in order to help gradually restore a balanced budget by 2008-09, it should be pointed out that no ceiling was set for social security spending. DSW further said that to better meet the needs of the community, additional resources for 2005-06 for welfare services covering further development of elderly service, additional support services for people with disabilities and to tackle family violence and family problems were being sought. On the suggestion of extending the provision of TOG, DSW hoped that NGOs would work closely with their staff to arrive at the most appropriate solution upon the cessation of TOG. Nevertheless, with due recognition of the welfare sector's concern, a survey was being conducted by SWD on the impact of the cessation of TOG and SWD would see what assistance could be provided to NGOs in need.

47. In view of the diverse views expressed by members on the funding for welfare services, the Chairman suggested and members agreed to break Mr LEE Cheuk-yan's motion into two motions as follows -

First motion

“本委員會要求政府05-06年度的社會福利基本開支不作任何削減。”

(Translation)

“That this Panel requests the Government not to reduce the basic expenditure for social welfare in 2005-06.”

Second motion

“本委員會要求政府擱置06-09年度任何削資計劃，並延長「過渡性補貼」，以確保社會福利服務的質素及能回應市民對社會福利服務的需求。”

(Translation)

“That this Panel requests the Government to abort any cost-cutting plan from 2006-07 to 2008-09, as well as extending the tide-over grant, so as to ensure the quality of social welfare services and meet the needs of the public for such services.”

48. Members present expressed unanimous support for the first motion. The second motion was supported by all members present with the exception of Mr James TIEN, who voted against it.

49. Dr YEUNG Sum suggested to seek the support of the House Committee for the House Committee Chairman to convey to the Financial Secretary the request of the Panel that the Administration should not require NGOs in the welfare sector to contribute the 1% efficiency savings in 2005-06. Members agreed.

50. There being no other business, the meeting ended at 1:14 pm.