

立法會
Legislative Council

LC Paper No. CB(2)1911/11-12
(These minutes have been
seen by the Administration)

Ref : CB2/PL/WS

Panel on Welfare Services

Minutes of meeting
held on Monday, 13 February 2012, at 10:45 am
in Conference Room 3 of the Legislative Council Complex

Members present : Hon CHEUNG Kwok-che (Chairman)
Hon WONG Sing-chi (Deputy Chairman)
Hon LEE Cheuk-yan
Hon CHAN Kam-lam, SBS, JP
Hon LEUNG Yiu-chung
Hon TAM Yiu-chung, GBS, JP
Hon LI Fung-ying, SBS, JP
Hon Frederick FUNG Kin-kee, SBS, JP
Hon Ronny TONG Ka-wah, SC
Hon Paul CHAN Mo-po, MH, JP
Dr Hon LEUNG Ka-lau
Hon IP Wai-ming, MH
Dr Hon PAN Pey-chyou
Dr Hon Samson TAM Wai-ho, JP
Hon Alan LEONG Kah-kit, SC

Members absent : Hon Albert HO Chun-yan
Hon WONG Kwok-kin, BBS
Hon LEUNG Kwok-hung

Public Officers attending : Item IV

Ms Wendy LEUNG
Principal Assistant Secretary for Labour and Welfare
(Welfare)1
Labour and Welfare Bureau

Dr Shirley LEUNG
Assistant Director of Health (Family and Elderly Health
Services)
Department of Health

Dr Tony KO
Chief Manager (Patient Safety and Risk Management)
Hospital Authority

Ms Caran WONG
Assistant Director of Social Welfare (Family & Child
Welfare)
Social Welfare Department

Item V

Ms Irene YOUNG Bick-kwan, JP
Deputy Secretary for Labour and Welfare (Welfare) 2
Labour and Welfare Bureau

Mrs Angelina CHEUNG FUNG Wing-ping
Principal Assistant Secretary for Labour and Welfare
(Welfare) 3
Labour and Welfare Bureau

Mr Patrick NIP Tak-kuen, JP
Director of Social Welfare
Social Welfare Department

Miss Cecilla LI
Assistant Director of Social Welfare (Elderly)
Social Welfare Department

**Clerk in
attendance** : Miss Betty MA
Chief Council Secretary (2) 4

**Staff in
attendance** : Ms Candice LAM
Senior Council Secretary (2) 4

Miss Karen LAI
Council Secretary (2) 4

Miss Maggie CHIU
Legislative Assistant (2) 4

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I. Confirmation of minutes

[LC Paper No. CB(2)973/11-12]

The minutes of the meeting held on 12 December 2011 were confirmed.

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

2. Members noted that no paper was issued since the last meeting.

III. Items for discussion at the next meeting

[LC Paper Nos. CB(2)974/11-12(01) to (02)]

3. Members agreed to discuss the following items proposed by the Administration at the next meeting to be held on 12 March 2012 at 10:45 am -

(a) Work progress of the Family Council; and

(b) Guangdong Scheme.

4. Mr LEE Cheuk-yan noted with concern that during a recent incident of social workers being alleged to be assaulted that occurred at the Tuen Mun Children and Juvenile Home ("TMCJH") in January 2012, it was reported that the TMCJH management was reluctant to report the case to the Police. He had also received complaints from relevant social workers staff associations about the practices and operation of TMCJH, and the personal safety of staff members at work. In view of the above, Mr LEE suggested that the Panel should conduct a visit to TMCJH to better understand its operation, including the practices and procedures for safeguarding the personal safety of staff at work. To facilitate better understanding of the concern of staff in TMCJH, Mr LEUNG Yiu-chung suggested that representatives of relevant staff associations should be invited to join the visit, and members might consider the need to follow up

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Clerk the matter at a future meeting after the visit. Members agreed. The Chairman said that members would be informed of the visit arrangement in due course.

Clerk 5. Mr LEE Cheuk-yan asked about the timing for discussing the implementation progress of the public transport fare concession scheme for the elderly and persons with disabilities. The Chairman advised that the Administration had indicated its intention to brief the Panel on the subject in the second/third quarter of 2012. He instructed the Clerk to follow up with the Administration as to whether the proposed timing for discussion of the item could be further advanced.

6. Mr Ronny TONG referred members to his letter dated 13 February 2012 requesting the Panel to discuss the mechanism for allocation of subsidised residential care places for elderly couple with different long-term care needs arising from a recent case of application for subsidised residential care services by an elderly couple. The Chairman advised that the subject would be discussed by the Panel as early as practicable.

IV. Comprehensive Child Development Service

[LC Paper Nos. CB(2)974/11-12(03) to (04)]

7. Principal Assistant Secretary for Labour and Welfare (Welfare)1 ("PAS(W)1") briefed members on the implementation of the Comprehensive Child Development Service ("CCDS") and the Administration's plan to extend its coverage to all 18 districts by 2012-2013, as detailed in the Administration's paper.

8. Expressing support for the Administration's plan to extend the coverage of CCDS to all 18 districts, Mr CHAN Kam-lam was concerned about the collaboration among different service units in implementing the extended CCDS, and in particular whether adequate funding was allocated to each district for providing specific services, including identification of needy children and their families, on-going monitoring and follow-up services.

9. PAS(W)1 pointed out that CCDS aimed to identify and meet, at an early stage, the varied health and social needs of children and their families so that appropriate services could be made available to them. Formal referral mechanisms had been set up amongst relevant service units for

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prompt referrals of needy children and their families to the appropriate health and/or social services. PAS(W)1 advised that the annual recurrent resources for CCDS was \$43 million. The Administration had since 2011-2012 allocated additional recurrent resources of \$48 million per annum to the Department of Health ("DH"), Social Welfare Department ("SWD") and Hospital Authority ("HA") to strengthen their manpower for the extension of CCDS. The Administration would closely monitor the implementation of the extended CCDS and would seek additional resources if necessary.

10. Mr LEE Cheuk-yan was supportive of CCDS. He was, however, concerned about the provision of adequate and appropriate follow-up services for needy children and their families after they had been identified with such needs.

11. PAS(W)1 responded that CCDS aimed to provide proactive and early identification of needy children and their families so that they may be referred to a wide range of follow-up services including paediatric and psychiatric services, parenting programme, family planning education, counselling services, etc. Assistant Director of Health (Family and Elderly Health Services) ("ADH") supplemented that the Administration was mindful of the importance of early identification of and provision of appropriate follow-up services for needy children and their families. Under CCDS, paediatricians, psychiatrists and psychiatric nurses would visit Maternal and Child Health Centres ("MCHCs") regularly or on an ad-hoc basis to provide consultation services for needy children and their families. Social workers would also proactively reach out to vulnerable families and conduct groups and programmes at MCHCs as needed. This would help reduce stigmatisation on service users and enhance the accessibility of various health and social services.

12. Having regard to the increasing number of Mainland women giving birth in Hong Kong, Mr LEE Cheuk-yan asked whether babies born to Mainland women with Hong Kong husbands and their Mainland mothers were eligible for services under CCDS. ADH replied in the affirmative.

13. Ms LI Fung-ying noted with concern that the capacity of MCHCs, especially those in the Northwest New Territories ("NT"), had been overstretched as a result of an influx of Mainland women giving birth in the territory and the corresponding increase in demand for services at MCHCs. Ms LI enquired about the impact on the capacity and services of MCHCs. In her view, the Administration should accord priority for allocating

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additional resources to MCHCs in Northwest NT and put in place immediate measures to alleviate the workload of frontline staff and improve the services of MCHCs.

14. PAS(W)1 responded that, according to statistics from the Food and Health Bureau, about 10% of the service users of MCHCs were children born to Mainland mothers with Hong Kong resident fathers, and another 20% of the service users were babies born to Mainland parents. As for CCDS, she assured members that the Administration would keep in view its service demand and seek additional resources if necessary.

15. In support of the implementation of CCDS, Mr WONG Sing-chi enquired about the standard duration of a consultation session at MCHCs. To his knowledge, CCDS clients had to wait unduly long when using MCHCs. He urged the Administration to formulate measures to shorten the waiting time for services, such as the introduction of advance booking system. Mr WONG pointed out that children with symptoms of dyslexia could be identified as early as aged 0-5. He asked whether assessment for children with developmental problems would be performed at MCHCs such that these children could be identified at an early stage and provided with specialist services for further assessment and follow-up.

16. PAS(W)1 said that under CCDS, children with physical, developmental and behavioural problems would be referred to appropriate service units for assessment and follow-up. Depending on the severity of their conditions and needs, these children might be provided with follow-up services at MCHCs or referred to the Child Assessment Service ("CAS") of DH or specialist services of HA for further assessment and follow-up. As for students who had entered primary school, their service needs would be taken care of by the Student Health Service of DH.

17. As for the mode of operation of MCHCs, ADH advised that the consultation time at MCHCs would depend on individual circumstances of each case. Operational procedures had been established for identification, referral and follow-up of the needs of service users. This apart, an appointment system was in place to shorten the waiting time for visiting MCHCs. ADH further advised that depending on the severity of their conditions, children suffering from dyslexia might be identified during different stages of development. Pre-primary institutions could make use of the CCDS referral and feedback mechanism to refer children with health, developmental and behavioural problems to MCHCs for assessment and

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management. Some of the referrals were referred to CAS for further assessment.

18. Mr LEUNG Yiu-chung expressed concern about the adequacy of manpower and knowledge of the pre-primary institutions to refer children with physical, developmental or behavioural problems to MCHCs for assessment and management. PAS(W)1 responded that to support pre-primary educators to identify needy children, DH had developed a training resource pack on child development and behaviour management and conducted workshops in collaboration with the Education Bureau on physical, developmental and behavioural problems.

19. To help alleviate the workload of primary school teachers in managing individual students with physical, developmental or behavioural problems, Mr LEUNG Yiu-chung wondered if primary schools could share information of the referral and feedback mechanism for pre-primary institutions to refer children to MCHCs. PAS(W)1 said that such arrangements would involve personal data privacy issues. Consent from parents on a case-by-case basis would be necessary.

20. Noting that the additional recurrent resources of \$48 million per annum were mainly used for strengthening manpower for the extension of CCDS, Dr LEUNG Ka-lau sought more information on the number and disciplines of the professional staff concerned and the role of these professionals in the identification of and provision of services to target clients. To facilitate understanding of the effectiveness of CCDS, Dr LEUNG requested the Administration to provide information on the number of cases which were identified with varied health and social needs, the number of referrals to different service units for follow-up, the additional workload arising from following up the referrals, the waiting time for follow-up services and the evaluation results, if any, of the CCDS model.

21. PAS(W)1 responded that additional resources had been provided to DH, SWD and HA to strengthen the relevant health and social professionals, including psychiatrists, paediatricians, doctors at the MCHCs, nurses, midwives, social workers, psychologists and speech therapists. These amounted to some 70 posts. The Administration would continue to review the manpower requirement of CCDS and seek additional resources for recruitment and training of manpower for CCDS. ADH added that additional manpower was required under the CCDS model to cope with the additional workload. For instance, nurses at MCHCs

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would have to identify mothers with postnatal depression using the Edinburgh Postnatal Depression Scale and make referrals to the visiting HA psychiatric nurses at MCHCs for further assessment and counselling. Depending on the severity of the conditions and needs of the mothers and babies, they were followed up by the visiting psychiatric nurses at MCHCs or psychiatrists of HA as appropriate. Dr LEUNG Ka-lau requested the Administration to provide information to his earlier enquiry after the meeting.

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22. The Chairman said that members in general supported the extension of CCDS, but concern was raised on the adequacy of resources for follow-up services. The Chairman requested the Administration to provide the following information -

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- (a) a breakdown of the recurrent resources for CCDS by 18 districts and the respective distribution of resources for identification of and provision of follow-up services to needy children and their families;
- (b) a breakdown of the some 70 additional posts for implementing the extended CCDS by their professions and role; and
- (c) a breakdown of the service referrals by districts and types of follow-up services.

V. Pilot Scheme on Community Care Service Voucher for the Elderly

[LC Paper Nos. CB(2)950/11-12(01) and CB(2)974/11-12(05)]

23. Director of Social Welfare ("DSW") briefed members on the preliminary proposal of the pilot scheme on community care service ("CCS") voucher for the elderly, as detailed in the Administration's paper. DSW highlighted that the voucher scheme would be a new funding mode, whereby the Government would provide subsidy directly to the service users instead of service providers, i.e. the money follows the user principle. As the Administration would need time to test the viability of the new funding mode, it planned to launch the four-year pilot scheme in two phases. The first phase of the pilot scheme would cover elders who had been assessed by the Social Welfare Department ("SWD")'s Standardised Care Need Assessment Mechanism for Elderly Service ("SCNAMES") to have impairment at moderate level. Subject to the outcome of the first

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phase, elders with severe impairment might be included in the second phase. DSW added that SWD was preparing the implementation details of the pilot scheme. Eligible non-governmental organizations ("NGOs") and social enterprises ("SEs") would be invited to indicate interest as service providers in mid 2012. SWD aimed at launching the first phase in 2013-2014.

24. DSW stressed that while supporting the principle of ageing in the community, the Administration would continue its efforts in providing more subsidised residential care places while it increased the number of CCS places. All in all, the Government's commitment in elderly care services would not be reduced.

25. Mr TAM Yiu-chung welcomed the launch of the pilot scheme as the new funding mode would provide the users with more flexibility to choose the types of service and service providers that most suited their needs. However, the Administration had taken an unduly long time to realize the money follows the user principle as recommended by the Elderly Commission ("EC") years ago. Noting that a case management approach would be adopted for service matching, Mr TAM was concerned that such an arrangement would delay service provision for individual users as the case manager would need time to draw up a personal care plan for each elder. Mr TAM then sought clarification about the co-payment arrangement in case the actual service costs had exceeded the voucher value.

26. DSW explained that the voucher scheme was a new funding mode, and the voucher holder would have access to various services which were similar to the existing home care and day care services. As various new initiatives had been implemented in the past few years to facilitate ageing in place, the Administration considered that the market had become more diversified and more service providers should be available to cope with the service demand upon the launch of the pilot scheme. DSW advised that the voucher value for each participant of the pilot scheme would be \$5,000, and there would be a sliding scale of co-payment ranging from 10% to 50% so that the less that the user could afford, the more the Government paid. The voucher value was determined with reference to the costs of existing subsidised CCS which covered the core services necessary for the elderly to live in the community. The service users could choose to top up their payment to enjoy value added services. To facilitate the service users to choose the appropriate types of CCS under the pilot scheme, the fee charging scheme for different types of services would be highly transparent.

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DSW further advised that there would not be payment of cash to the elders. The subsidy and service usage for individual elders would be recorded in their personal voucher accounts, and necessary information technology infrastructure would be developed for the management of these accounts.

27. As regards the case management approach, DSW said that the case manager would draw up a personal care plan for each elder having regard to his care needs, and would review his health conditions and update the plan on a regular basis. In the first phase of the pilot scheme, case management would be done by the service providers. The Administration would, in the light of the operational experience in the first phase, consider inviting impartial external parties to perform the functions of case managers in the second phase.

28. Mr LEE Cheuk-yan said that the Labour Party objected to the implementation of the pilot scheme as the Party saw it as a move towards privatization of subsidised CCS and asking the service users to shoulder the service cost under the co-payment arrangement and the means test mechanism. Pointing out that the monthly unit cost of subsidised day care service was \$7,500 and the existing monthly fee charges for CCS users was around \$1,000, Mr LEE Cheuk-yan was concerned that voucher holders would have to pay more and that some users would no longer be eligible for subsidised CCS for not being able to meet the means test under the pilot scheme. He queried the rationale of setting the voucher value at \$5,000 and adopting the co-payment arrangement.

29. DSW said that in anticipation of an increasing demand for CCS arising from an ageing population, the introduction of CCS voucher based on the principles of affordability and shared responsibility would help to address the varying needs of different sectors of the older population and the effective use of finite public resources. These principles had all along been adopted for subsidised CCS, and were supported by the majority of stakeholders in the study survey carried out by EC's consultant on CCS. DSW further said that the means test mechanism for CCS voucher was not something new. Similar to the means test for existing CCS, the means test for the voucher scheme would assess the household income of the service users, while their asset was not subject to means test. As regards the voucher value, DSW advised that at present, the unit cost for subsidised day care service was around \$7,500 while that for the Enhanced Home and Community Care Services ("EHCCS") was around \$3,500 per month. These amounts provided some indication of what the voucher value might

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be where the services offered were either in a mixed mode of home care and day care services or in a single mode of part-time day care services.

30. On the concern about asking private operators to provide CCS, DSW said that as explained earlier, the Administration would only invite NGOs and SEs to participate in the first phase of the pilot scheme. Subject to the outcome of the first phase, the Administration might extend the scheme to cover private operators in the second phase.

31. Expressing concern about the adequacy of the CCS provision, Mr Ronny TONG enquired about the proportion of the elderly population with long-term care needs who were being provided with subsidised CCS. Mr TONG also asked about the quality monitoring system to be put in place and whether consideration would be given to introducing a licensing system for CCS provision.

32. DSW advised that NGOs and SEs, which were more experienced in the provision of CCS to elders, would be invited to participate in the first phase of the pilot scheme. While the Administration had no plan to introduce a licensing system for CCS for the moment, SCNAMES served as an effective assessment tool to assess the change in the impairment level of individual elders after using the CCS voucher for subsidised home care and day care services. Moreover, SWD could terminate the service agreement if the service quality did not meet the agreed standards. DSW stressed that the Administration had endeavoured to increase the capacity of subsidised CCS. Furthermore, additional service places would be offered by self-financing CCS operators which could help relieve the pressure on day care provision.

33. Responding to Mr WONG Sing-chi's concern about the standards of the service providers, DSW said that eligible NGOs and SEs would be invited to submit service proposals for the pilot scheme. Experiences and performance records of the service proponents would be taken into account in the selection process.

34. Mr WONG Sing-chi sought more information on the policy direction in respect of subsidised CCS provision, in particular whether it was Government's intention to replace the conventional subvention mode for subsidised CCS with self-financing operation run by private service providers. In his view, the pilot scheme should not affect existing subsidised CCS provision, but merely complemented each other for the greater benefit of the elders. Mr WONG was particularly concerned that

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the CCS market would be monopolized by a few service operators who would charge the users at unreasonably high prices after the launch of the pilot scheme.

35. DSW reiterated that the pilot scheme aimed to try out a new funding mode, whereby the Government provided subsidy directly to the service users instead of the service providers. The new funding mode would allow the service users to have more choices of service providers and the types of services which best suited their needs, as well as provide more incentives and flexibility for service providers to offer self-financing CCS services for those who could afford to pay more to enjoy additional and non-essential services. As explained earlier, the Administration would, in the light of the experience of the first phase, consider inviting private operators to participate in the second phase. DSW assured members that in the meantime the Administration would continue to provide more subsidised CCS places and residential care places funded by the conventional financing mode to meet service demand. Notably, the EHCCS places would be increased by 1 500 and 500 in 2011-2012 and 2012-2013 respectively, whereas there were about 400 applications on the waiting lists at the moment.

36. To assess the effectiveness of the pilot scheme, Ms LI Fung-ying sought more information on the service details and capacity of the scheme. Ms LI also asked about the incentives in place to attract more service operators to join the CCS market, and the impact of the voucher scheme on the existing service providers and service provision. Noting that elders with severe impairment were to be included in the second phase, Ms LI enquired why a lower priority was accorded to these elders whose care needs were most pressing and the interim arrangement for providing CCS to these elders.

37. DSW advised that to ensure smooth implementation of the scheme, the Administration would start with elders with moderate impairment, whose care needs were less complicated, in the first phase. While it planned to include elders with severe impairment in the second phase, these elders were provided with EHCCS, if needed. On the service capacity of the pilot scheme, DSW said that the Administration had not set a prescribed quota, and the number of elders participating in the pilot scheme would depend on the number of elders who had been assessed to have impairment at moderate level or above in the selected districts. The Administration would consult the prospective service providers and work out the implementation details. Notwithstanding that it would be for individual

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service providers to decide whether to join the pilot scheme in the light of their own circumstances including manpower and resources considerations, the Administration would invite proposals from NGOs and SEs which were experienced in the provision of self-financing CCS to elders.

38. Mr LEUNG Yiu-chung expressed grave concern about the service quality of the pilot scheme and whether the service users would have to pay more in order to receive quality CCS after the launch of the pilot scheme. In his view, the pilot scheme should aim to provide additional CCS places in order to shorten the current waiting time for subsidised CCS.

39. DSW said that when setting the voucher value at \$5,000, the Administration had made reference to existing service provision as well as the unit cost for subsidised day care and home care services. As the services under the pilot scheme were similar to the existing CCS, the service cost and standards should be comparable to those of existing ones. It was noteworthy that under the pilot scheme, individual CCS users could switch to another service provider if they were dissatisfied with the service provision. DSW further said that the new financing mode of the pilot scheme would encourage more service operators to join the market. The Administration would consider extending the scheme if the pilot scheme was proven successful.

[To allow sufficient time for discussion, the Chairman directed that the meeting be extended for 15 minutes beyond the appointed time.]

40. Expressing concern that the voucher value of \$5,000 was far below the unit cost for subsidised day care service of around \$7,500 per month, Mr Frederick FUNG asked whether the co-payment arrangement would be applicable to service users who were Comprehensive Social Security Assistance ("CSSA") recipients.

41. DSW explained that the unit cost for subsidised day care service was around \$7,500 per month, while that for EHCCS was around \$3,500 per month. The voucher value was set for either a mixed service mode under which the users could receive both home care and day care services, or a single service mode offering only part-time day care services. The Administration would take note of Mr Frederick FUNG's concern in working out the details of the pilot scheme.

42. Dr LEUNG Ka-lau queried why the Administration set the voucher value at \$5,000 per month if the unit cost of subsidised day care service

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was \$7,500 per month. Given voucher holders could choose to receive day care services only, Dr LEUNG considered that the voucher value should be increased to a level on par with the unit cost for subsidised day care service.

43. DSW said that it was noteworthy that existing users of elderly day care centres/units had to pay to a monthly fee in the region of \$900 to \$1,000, and could not receive home care services at the same time. In contrast, the voucher holders could choose to receive both home care and day care services under the pilot scheme. If voucher holders wished to use day care service but did not need home care service, they might choose the single service mode and use part-time day care service. Individual service users who were in need of full-time day care services could apply for conventional CCS.

44. Mr IP Wai-ming noted with concern that under the proposed sliding scale of co-payment, the co-payment amount for the group of elders with the least financial means would be \$500 per month. The amount represented a substantial part of their monthly disposable income. Mr IP added that instead of using SCNAMES, the Administration should consider introducing another assessment tool to assess the eligibility and priority for receiving the CCS voucher.

45. DSW explained that SCNAMES was an effective and objective tool which was widely used internationally to assess the impairment level and long-term care needs of elders. Eligible elders would be put on the waiting lists for the appropriate residential care services or CCS according to the recommended options by the assessors. On the co-payment rates, DSW clarified that the financial means of the service users was assessed based on household income, and users with the least financial means would have to pay 10% of the voucher value only. The proposed income test was similar to the existing arrangement for providing subsidised home care services. DSW added that for CSSA recipients, the co-payment amount would be met by the CSSA payments.

46. The Chairman pointed out that although the Administration had advised that some additional 2 000 EHCCS places would come on stream in these two years and the number of elders on the waiting list was about 400, this had not taken into account the fact that some service operators had refused to accept new applications for the service. Referring to the services scope of the pilot scheme, the Chairman took the view that the voucher scheme should be extended to cover elders with mild impairment

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such that early intervention and assistance would help defer their further deterioration in health conditions. However, he was unable to assess whether the voucher value of \$5,000 was adequate for the users to receive the desired services as the details of service contents were yet to be promulgated. In his view, the Administration should set different voucher values based on the unit costs of specific CCS to be provided under the pilot scheme, instead of proposing one single voucher value for all users across the board. Lastly, the Chairman was concerned about the impartiality of the service operators in performing the role of case managers who had to draw up a personal plan for each service user.

47. DSW stressed that the Administration was committed to increasing subsidised CCS places funded by the conventional financing mode. This apart, the Community Care Fund would provide financial assistance to eligible needy elderly who were on the waiting list of Integrated Home Care Services (Ordinary Cases). DSW reiterated that the Administration would take into account the views of members in drawing up the details of the pilot scheme. Given that all service users were moderately impaired and had similar care needs in the first phase, this allowed the Administration to adopt a simpler design for the scheme, i.e. one single voucher value and asking the service providers to be case managers. Subject to the outcome of the first phase, the Administration would review the arrangements for the second phase.

48. Mr LEE Cheuk-yan remained of the view that the voucher value at \$5,000 per month was lower than the existing unit cost for subsidised day care service, which, in his view, would reduce the actual service provision for the users. To better understand the impact of the voucher scheme on the CCS provision, Mr LEE Cheuk-yan suggested that the Panel should receive views from the service providers, service users and other stakeholders on the pilot scheme. Mr WONG Sing-chi shared a similar concern and supported Mr LEE's suggestion for holding a special meeting of the Panel.

49. Mr LEUNG Yiu-chung was of the view that the voucher value should be at \$7,500 per month, i.e. the unit cost for subsidised day care service so that the elderly could choose the specific CCS that most suited their needs.

50. DSW said that while the pilot scheme would try out a new funding mode, this would not affect existing subsidised CCS provision funded by the conventional financing mode, which would continue to be increased.

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In short, the voucher scheme would provide more choices for service users and promote greater flexibility and diversity in the market. The Administration would take a gradual move for introducing the pilot scheme. In the first phase, it would start with a simpler scheme. Subject to the outcome and response of the first phase, more complex features would be introduced to cater for elders' diverse needs in the second phase.

51. The Chairman said that in the light of diverse views on the introduction of the pilot scheme, the Panel would hold a special meeting to receive public views on the subject. Members agreed.

(Post-meeting note: A special meeting was scheduled for 27 April 2012 from 9:30 am to 12:30 pm to receive public views on the pilot scheme.)

VI. Any other business

52. There being no other business, the meeting ended at 1:11 pm.

Council Business Division 2
Legislative Council Secretariat
11 May 2012