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Panel on Health Services

Updated background brief prepared by the Legislative Council Secretariat for the meeting on 25 April 2017

Mental health policy and services

Purpose

This paper gives a brief account and summarizes the concerns of members of the Panel on Health Services ("the HS Panel"), the Panel on Welfare Services ("the WS Panel") and the former and current Joint Subcommittees on Long-term Care Policy appointed by the two Panels in the Fifth and Sixth Legislative Council ("LegCo") respectively on issues relating to mental health policy and services.

Background

2. The Government aims to promote mental health through a service delivery model that covers prevention, early identification, medical treatment and rehabilitation services. The Food and Health Bureau ("FHB") assumes the overall responsibility for co-ordinating the various multi-disciplinary and cross-sectoral services to persons with mental health needs through working closely with the Labour and Welfare Bureau ("LWB"), Hospital Authority ("HA"), Department of Health ("DH"), Social Welfare Department ("SWD") and other relevant government departments.

3. HA is currently providing around 230 000 patients with mental health needs each year with a spectrum of mental health services, including inpatient, outpatient, ambulatory and community outreach services, through a multi-disciplinary approach that involves professionals such as psychiatrists, psychiatric nurses, clinical psychologists, medical social workers ("MSWs") and

occupational therapists. As at 31 December 2016, HA has 3 607 beds for psychiatric care and 680 beds for mentally handicapped care. In line with the international trend to focus on community and ambulatory services in the treatment of mental illness, HA has rolled out the Case Management Programme for patients with severe mental illness since April 2010. CMP currently covers all 18 districts across the territory, under which case managers (including psychiatric nurses, occupational therapists and registered social workers, etc.) work closely with other service providers in providing intensive, continuous and personalized support for patients with severe mental illness. To strengthen the intensive support and long-term care for high-risk mentally ill patients residing in the community, HA has set up Intensive Care Teams in all seven hospital clusters since 2011-2012 in order to provide rapid response for emergency referrals in the community. This apart, a 24-hour psychiatric advisory hotline, namely Mental Health Direct, has been established since January 2012 to strengthen support for ex-mentally ill patients and carers. The hotline is operated by psychiatric nurses for the provision of professional advice on mental health issues, arrangement of timely referrals, and following up the conditions of rehabilitated ex-mentally ill patients as well as those patients with mental illness who failed to show up for scheduled consultations.

4. Since October 2010, SWD has set up Integrated Community Centres for Mental Wellness ("ICCMWs") providing one-stop and district-based community support services ranging from prevention to risk management for discharged mental patients, persons with suspected mental health problems, their family members and carers and residents living in the districts concerned. According to the Funding and Service Agreements ("FSA") of ICCMWs, the essential staffing requirements of ICCMWs include occupational therapists, qualified nurses (psychiatry) and at least two registered social workers having at least three years of experience in mental health service. There are currently 24 ICCMWs across the territory operated by 11 subvented non-governmental organizations ("NGOs"). This apart, the Parents/Relatives Resource Centres for Ex-mentally Ill Persons operated by NGOs under the subvention of SWD provide families and relatives of ex-mentally ill persons with emotional support and advice, in order to enhance their acceptance of their relatives with mental illness, and strengthen their resources and ability to take care of the ex-mentally ill persons at home.

5. Building on the work of the Working Group on Mental Health Services which was set up in 2006, the current term Government set up a Review Committee on Mental Health ("the Review Committee") in May 2013 to review the existing mental health policy with a view to mapping out the future direction for development of mental health services in Hong Kong. In addition, the Review Committee is tasked to consider means and measures to strengthen the

provision of mental health services in Hong Kong having regard to changing needs of the community and resource availability.

Deliberations by members

6. The HS Panel and the WS Panel discussed issues relating to mental health policy and services at a number of meetings between 2007 and 2017. The former and current Joint Subcommittees on Long term-care Policy have also discussed issues relating to care services for people with dementia and mental health case management. The two Panels and the two Joint Subcommittees have received views from deputations on various issues of concern. The deliberations and concerns of members are summarized below.

Long-term development on mental health services

7. Members were of the view that the existing mental health services fell far short of meeting the needs of mentally ill persons and ex-mentally ill persons due to the lack of a comprehensive policy on mental health. At the meeting of the HS Panel on 22 November 2007, a motion was passed urging the Administration to expeditiously come up with a comprehensive long-term mental health policy to address patients' needs and guide the development of mental health services in a co-ordinated, cost-effective and sustainable manner.

8. At subsequent meetings, members continued to express dissatisfaction with the Administration's failure to provide a blueprint for the long-term development of mental health services. They expressed deep concern about the lack of close collaboration among the various government departments for service delivery and called for the setting up of a dedicated mental health council or commission. They urged the Review Committee to develop a comprehensive mental health policy addressing issues such as fragmentation of the services provided by the health and welfare sectors, shortfall of medical and allied health professionals in the psychiatric stream in both public and private healthcare sectors, and inadequate community support for discharged mental patients and their carers. Some members urged the Administration to expedite its feasibility study on statutory community treatment order to require discharged mental patients who met specified criteria to accept medication and therapy, counselling, treatment and supervision outside the hospital setting, and empower medical superintendents to detain mental patients in hospitals to receive treatments where appropriate.

9. The Administration advised that the Review Committee had adopted a life-course approach to the review and focused its initial efforts on examining

adult mental health issues. Two expert groups had been formed under the Review Committee to respectively study dementia care and mental health services for children and adolescents in parallel. The review conducted by the Review Committee would be along the directions of promoting public awareness and understanding of mental health; reducing the prevalence of mental illness through early identification of persons suspected to have mental problems and timely intervention for those at risk; and providing quality and accessible mental health services for persons with mental illness based on an evidence-based approach and having regard to the special needs of different age groups. The Review Committee had looked into the applicability and practicability of introducing community treatment order in Hong Kong having regard to overseas experiences and local circumstances. In its view, the introduction of community treatment order in Hong Kong was not appropriate at this moment.

10. The Administration further advised that as announced by the Chief Executive in the 2017 Policy Address, a standing advisory committee would be set up to review and follow up the development of mental health services in light of the recommendations of the Review Committee.

Medical-social collaboration

11. Members expressed concern about measures taken by HA to forge closer collaboration with various government departments and other service providers in providing seamless support services for persons with mental health problems. The Administration advised that HA and SWD had instituted a three-tier collaboration platform in 2010 to facilitate cross-sectoral communication at the central, district and service delivery levels. At the central level, the HA Head Office and SWD Headquarters as well as NGOs would regularly discuss the interface of their service strategies through established channels. At the district level, HA's chiefs of psychiatry services and SWD's District Social Welfare Officers liaised regularly with service providers in the district and relevant government agencies to coordinate community support services. At the service delivery level, HA's case managers maintained close contact with other service providers, including ICCMWs, for discussion and coordination on matters such as case referral and arrangements for rehabilitation services.

12. The Administration further advised that HA, SWD and major NGOs operating community mental health services had set up a task group in 2014 to review the existing service model. The Service Framework of Personalised Care for Adults with Severe Mental Illness in Hong Kong developed by the task group was published in July 2016. The Service Framework sought to articulate a clear delineation of roles of different service providers so as to help

eliminating service gaps and enabling service providers to better respond to the needs of patients and families. As a next step, the task group was drawing up a standardized needs-risks-strength assessment framework and exploring the establishment of a mechanism for timely patient information sharing among HA, SWD and NGOs.

Mental health case management

Case Management Programme of HA

13. Members noted that about 17 000 patients with severe mental illness were being taken care of by the 300-odd case managers under the Case Management Programme of HA. It was aimed that case managers would establish a close service relationship with the targeted patients and arrange for the delivery of appropriate services based on patients' needs, and at the same time monitor the progress of recovery and make prompt arrangements for the patients to receive treatment when there was sign of relapse of mental illness. However, each case manager had to take care of about 40 to 60 patients on average. They urged HA to review the case manager to patient ratio under the Case Management Programme in order to strengthen the personalized and intensive support provided for patients with severe mental illness residing in the community. They also called on HA to improve the manpower supply of case managers, social workers and paramedical staff to meet future service needs.

14. HA advised that the number of cases handled by each case manager varied from time to time and the caseload was determined by a number of factors including the needs, risks and strengths of each patient and the experience of case managers. The average ratio of case manager to patients with severe mental illness was about 1:47, comparing to the initial planning of 1:50. Separately, HA had introduced a peer support element into the Case Management Programme since 2015-2016 to enhance community support for patients through the recruitment of 10 peer support workers who had rehabilitated from past mental illness to assist case managers in supporting patients in the recovery process through experience sharing. In 2017-2018, the Administration would allocate additional resources to HA to provide better support to patients under the Case Management Programme through recruiting five additional peer support workers and reviewing the service model of the community psychiatric services and the manpower of case managers.

ICCMWs subvented by SWD

15. Noting that some ICCMWs did not have permanent sites, some members asked how the Administration could help these ICCMWs find sites which could

meet the standards of SWD to facilitate their provision of full-fledged service. The Administration advised that as at January 2015, 13 out of the 24 ICCMWs were providing services in permanent sites. Suitable sites had been identified or reserved as premises for six other ICCMWs, and fitting-out/building works or district consultation were in progress. In the meantime, ICCMWs without permanent sites were currently renting commercial premises for service provision or office use with subsidy from the Administration. SWD would continue to keep in close contact with relevant government departments in order to reserve premises for ICCMW purpose at the planning stage of new development or redevelopment projects. Besides, SWD would closely monitor the availability of government property and school premises which would become vacant as a result of service re-engineering, and actively identify vacant public housing units that could be converted or renovated for providing ICCMW services.

16. Members were concerned about the caseload for each social worker in each ICCMW. Some members held the view that the Administration should allocate additional resources to individual ICCMWs if there was an increase in their caseload. There was also a view that certain output requirements stipulated in FSA for ICCMWs, such as conducting 9 000 outreaching visits per year, was not in line with the person-centred principle of mental health services. The Administration advised that since the manpower, posts and quantity as arranged by each ICCMW to handle casework vary, SWD did not specify the caseload for each caseworker (including social worker). SWD's expenditure on ICCMWs had increased over the years. The allocation to each ICCMW would vary subject to its team size and the population it served. In 2017-2018, the Administration would enhance the manpower for ICCMWs with an addition of 24 social workers and 72 welfare workers. There was a view that the establishment of each ICCMW should include medical officers and clinical psychologists to provide primary care services for service users and support for other frontline staff members therein. Some members called on the Administration to conduct a comprehensive review of the operation and service effectiveness of ICCMWs with a view to improving their services.

Psychiatric specialist outpatient services of HA

17. Members expressed grave concern over the long waiting time for public psychiatric specialist outpatient services. They urged HA to shorten the waiting time for first appointment for urgent, semi-urgent and stable cases. There was a view that HA should explore the feasibility of introducing a public-private partnership arrangement such that stable patients with common mental disorders could be managed by private medical practitioners.

18. HA advised that its target was to keep the median waiting time for first appointment at psychiatric specialist outpatient clinics ("SOPCs") for urgent cases and semi-urgent cases to within two weeks and eight weeks respectively. However, the median waiting time for those new psychiatric cases triaged as stable cases could be as long as more than one year in individual clusters, such as the New Territories East Cluster. As the majority of persons queuing up at psychiatric SOPCs were cases of common mental disorders, it would seek to enhance the capacity of the common mental disorder clinics set up at the psychiatric SOPCs. It also planned to enhance the multi-disciplinary element in the service delivery model by engaging more psychiatric nurses, clinical psychologists and allied health professionals to provide active intervention for patients with common mental disorders, such that doctors could devote more time to managing new cases. In addition, it was exploring the possibility of referring suitable and stable patients with common mental disorders to the private sector for continual medial follow-ups under the HA Public-Private Partnership Endowment Fund. It was hoped that with these measures in place, the existing bottleneck in psychiatric services could be eased and waiting time at SOPCs shortened as a result.

19. Members noted that while HA had once introduced psychiatric specialist evening outpatient service in Kwai Chung Hospital ("KCH") in 2001, it had terminated the service in 2006 because of its low utilization rate. Some members were of the view that there was a need for HA to re-consider the provision of psychiatric specialist evening outpatient service to enable mental patients who had to work during daytime to schedule their consultations in the evening. HA explained that given the current manpower constraint of HA, the introduction of psychiatric specialist evening outpatient service would unduly affect the relevant daytime services. It would review the service need in future when there was an improvement in the manpower situation. There was a suggestion that HA should give consideration to scheduling more of its daytime psychiatric outpatient consultation sessions as evening consultation sessions. In so doing, the total number of psychiatric outpatient attendances per day would be maintained at the same level on the one hand, and on the other hand the problem of low utilization of evening service could be addressed.

Psychiatric inpatient services of HA

20. Some members considered that the existing psychiatric wards of public hospitals were neither supportive nor user-friendly for mental patients. During the discussion of the redevelopment of KCH at the HS Panel meeting on 21 July 2014, members were advised that KCH would be redeveloped to provide a more integrated patient-centred service with a balance of inpatient service, ambulatory

care, community outreach services and in-reach of partner organizations. Mental health services would be delivered through a hybrid model of hospital campus and district-level Community Mental Health Centres. The redevelopment of KCH would be carried out in phases from early 2016 for completion of the whole project in 2023.

21. At the meeting on 19 January 2015 when members of the HS Panel were briefed on the health policy initiatives featured in the Chief Executive's 2015 policy address, members were advised that given the intensive care needs of patients with severe intellectual disability, HA would increase the number of psychiatric beds in the Siu Lam Hospital, with a view to clearing up cases of severe intellectual disability on the waiting list in phases in the coming three years.

Medications

22. Members were of the view that medication played an important part in controlling symptoms of mental illness. Noting that some patients would stop medication by themselves due to the side effects of the psychiatric drugs, they urged HA to increase the use of those psychiatric drugs with less disabling side effects to ensure better clinical outcomes and improve patients' quality of life.

23. HA advised that in 2014-2015, HA had repositioned all second generation oral anti-psychotic drugs (save for Clozapine due to its side effects) from Special to General drug category in the HA Drug Formulary so that all these drugs could be prescribed as first-line drugs. Apart from oral anti-psychotic drugs, HA had provided depot injection treatment to patients in need. In 2016-2017, HA's expenditure on drugs for psychiatric inpatients and outpatients amounted to $76 million and $296 million respectively as of 31 December 2016. HA had also piloted nurse clinic service to provide extended nursing care for psychiatric patients after they received treatment from doctors. The nursing care services covered, among others, medication adjustment.

Community support services to ex-mentally ill persons

24. In response to some members' call for strengthening community support to help ex-mentally ill persons to re-integrate into society, the Administration advised that SWD commenced a two-year Pilot Project on Peer Support Service in Community Psychiatric Service Units in March 2016 with funding from the Lotteries Fund. Under the Pilot Project, 11 NGOs operating ICCMWs would provide training services to equip suitable ex-mentally ill persons to serve as peer supporters, who would then offer emotional and recovery support for ex-mentally ill persons in need. As at end-December 2016, 50 full-time or

part-time peer supporters were employed by ICCMWs, half-way houses or vocational rehabilitation units to provide peer support services. SWD would evaluate the effectiveness of the Pilot Project with a view to regularizing the peer support service. This apart, SWD had implemented an Enhancing Employment of People with Disabilities through Small Enterprise Project to help persons with disabilities to secure employment, which was vital for their successful integration into society. So far, the Project had created more than 800 job opportunities for persons with disabilities, among which nearly half were taken up by ex-mentally ill persons.

Mental health services for specific population groups

Services for children and adolescents with mental health needs

25. Members were concerned about the long waiting time of the assessed cases for child and adolescent psychiatric services at HA for assessment and treatment. According to the Administration, SWD had launched a Pilot Scheme on On-site Pre-School Rehabilitation Services through the Lotteries Fund in late 2015. Multi-disciplinary service teams from NGOs operating subvented pre-school rehabilitation services would offer outreaching services to participating kindergartens and kindergarten-cum-child care centres to provide early intervention to children who were on the waiting list for SWD-subvented pre-school rehabilitation services. As announced by the Chief Executive in the 2017 Policy Address, the Pilot Scheme would be converted into a regular government subsidy programme after its conclusion to provide 7 000 service places in phases. This apart, HA would strengthen its collaboration with the welfare and the education sectors with a view to enhancing the support to parents and schools concerned. While HA would continue to strengthen its manpower for child and adolescent psychiatric services, it was exploring whether more paediatricians could be involved in the provision of secondary care services for children in need.

26. At the meeting on 18 January 2016 when members of the HS Panel were briefed on the health policy initiatives featured in the Chief Executive's 2016 policy address, members noted that based on the preliminary recommendations of the Review Committee, a two-year Student Mental Health Support Pilot Scheme had been launched in the 2016-2017 school year. A school-based multidisciplinary communication platform involving healthcare, education and social care professionals in each participating school would be set up to coordinate and provide support for children and adolescents with mental health needs in the school setting. It was estimated that this Pilot Scheme would benefit about 100 to 200 students.

Mental health services for adults

27. Members noted that there were increasing number of adults suffering from severe mental illness (such as schizophrenia) and common mental disorders (such as mood disorders and stress-related disorders). They were concerned about the effectiveness of the measures being put in place for early identification of and timely intervention for persons suspected to have mental health problems living in the community.

28. According to HA, it had provided training to social workers of SWD and schools on how to identify persons with suspected mental health problems. The Early Assessment Service for Young People with Early Psychosis programme, under which multi-disciplinary medical teams at district service centres provided referral, assessment and treatment services for patients aged between 15 and 64 for the first three critical years of illness, had reduced the time between onset of symptoms and interventions and hence, lowered the possibility of future relapse and treatment resistance. Subject to availability of resource and manpower, HA would consider extending the programme to increase the coverage of new cases with first-episode psychosis from the present level of 65% to 100% in the coming years. For persons with common mental disorders, the role of primary care in treating these patients would be further explored.

Services for persons with dementia

29. Members had long been concerned about the inadequate provision of care and support services for persons with dementia. At its meeting on 28 March 2017, the Joint Subcommittee on Long-term Care Policy set up in the Sixth LegCo passed three motions urging the Administration to set up a dedicated department to formulate and handle policies on persons with dementia and their carers; allocate additional recurrent funding to enhance subsidized community care services and home-based services for diagnosis, support and treatment for persons with dementia, and increase the manpower of and training for occupational therapists, nurses, social workers and clinical psychologists; and strengthen support for carers of persons with dementia by providing additional manpower and resources for community care services, increasing non-means-tested allowance for carers, providing psychological support and training for carers and providing additional respite services for persons with dementia. There was a view that the Standardised Care Needs Assessment for Elderly Services should be enhanced to provide for assessment of mental and cognitive conditions of elderly persons with dementia.

30. According to the Administration, a two-year pilot scheme on dementia community support services for the elderly, namely Dementia Community Support Scheme, which was steered by FHB in collaboration with HA and SWD, was launched in February 2017. Under the pilot scheme, 20 subvented District Elderly Community Centres would base on the care plans jointly formulated with HA and SWD to provide suitable care, training and support services for elderly persons with dementia at the community level. Carers would also be provided with knowledge of care, stress management training and counseling services to help reduce their stress and burden in taking care of elderly persons with dementia. It was estimated that about 2 000 elderly persons in the community would benefit from the pilot scheme.

Resources and manpower for mental health services

31. There was a view that public expenditure on mental health was far from adequate to meet the needs of the community. Question was raised as to whether there was a benchmark on the Government's expenditure on mental health in terms of a percentage of the Gross Domestic Product, and how it compared with those of other developed economies. The Administration advised that the Government's budget on mental health services provided for HA currently accounted for about 9% of its recurrent provision for HA. Separately, SWD's recurrent provision for ICCMWs had increased from $135 million upon commencement of service in 2010 to over $286 million (estimated expenditure) in 2016-2017.

32. There were concerns about the inadequacy of manpower of HA for mental health services, the high turnover of the healthcare professionals in HA in recent years and the heavy workload of MSWs working in the psychiatric stream in HA. Members urged the Administration to work out the medical, nursing and social work manpower requirements for psychiatric services. Some other members, however, pointed out that there was a net increase in the manpower of HA for the provision of mental health services in recent years. They considered that manpower mismatch was one of the underlying factors leading to the provision of mental health services fallen short of meeting the needs of persons with mental health problems.

33. According to the Administration, with an increase in the number of MSWs working in the psychiatric stream of HA in recent years, there had been a decrease in the number of cases taking care of by each MSW at any one time. HA had also deployed some clerical assistants to assist MSWs in processing applications for medical fee waiver. On the medical and nursing manpower, the Administration advised that the Steering Committee on Strategic Review on

Healthcare Manpower Planning and Professional Development was conducting a strategic review on healthcare manpower and professional development in Hong Kong. The review report was expected to be issued in the second quarter of 2017.

Public education

34. Members urged the Administration to strengthen its efforts in promoting public awareness and understanding of mental health. The Administration advised that LWB had, in collaboration with over 20 government departments and other stakeholders, organized a "Mental Health Month" every year since 1995 to enhance the public's awareness and knowledge of mental health, eradicate discrimination against mentally ill and ex-mentally ill persons and encourage the integration of ex-mentally ill persons into society. In addition, a campaign "Joyful@HK" was launched by DH in late January 2016 for three years to organize community-based and setting-specific activities with a view to increasing public engagement in promoting mental well-being, and increasing public knowledge and understanding about mental health.

Motions

35. At a joint meeting of the HS Panel and the WS Panel on 24 February 2017, the two Panels passed two motions urging the Administration to take various measures, some of which were mentioned in the above paragraphs, to improve the provision of mental health services. The wording of the two motions was in **Appendix I**.

Recent development

36. The Administration will brief the HS Panel on the findings of the review on mental health at its meeting on 25 April 2017.

Relevant papers

37. A list of the relevant papers on the LegCo website is in **Appendix II**.

Council Business Division 2
Legislative Council Secretariat
24 April 2017

Appendix I

Panel on Welfare Services and Panel on Health Services

Motions passed under agenda item II
"Looking into mental health services and relevant welfare issues in light of the MTR arson attack"
at the joint meeting on 24 February 2017

Motion 1

(Translation)

The two Panels extend its deepest condolences to the victims, their family members and frontline rescuers in the MTR arson attack that occurred on 10 February this year, and at the same time urges the Government to disseminate a correct message about mental illness with regard to this tragedy so as to foster in society positive attitudes instead of discrimination towards persons with mental illness.

In addition, the two Panels urge the Government to formulate a mental health policy and substantially increase resources to improve the waiting time for diagnoses and follow-up consultations, increase the provision of case management service, enhance medical-social collaboration and strengthen support for persons with mental illness and their family members.

Moved by : Dr Hon Fernando CHEUNG Chiu-hung

Motion 2

(Translation)

The two Panels expresse disappointment that the Government has procrastinated in formulating a long-term mental health policy, and requests the Government, with regard to community mental health services, to:

(1) allocate more resources to psychiatric services;

(2) increase the ratios of psychiatrists, nurses and social workers;

(3) expeditiously identify permanent sites for all Integrated Community Centres for Mental Wellness ("ICCMWs") and deploy adequate psychiatric healthcare personnel, including psychologists, for each ICCMW;

(4) re-introduce evening psychiatric consultation services;

(5) enhance post-discharge care, which includes increasing the manpower of case managers;

(6) invite people concerned across the community, including frontline healthcare personnel, patients and their family members, social workers, social welfare organizations, academics and other people who are concerned about mental health in Hong Kong, to jointly take part in the formulation and review of the overall mental health policy, thereby formulating a comprehensive mental health policy; and

(7) set up a mental health council to coordinate mental health policies.

Moved by : Dr Hon KWOK Ka-ki

Appendix II

Relevant papers on the mental health policy and services

Committee	Date of meeting	Paper
Panel on Health Services	22.11.2007 (Item I)	Agenda Minutes CB(2)1937/07-08(04)
Panel on Health Services	19.5.2008 (Item V)	Agenda Minutes
Panel on Health Services and Panel on Welfare Services	30.9.2009 (Item II)	Agenda Minutes CB(2)1495/09-10(01)
Panel on Health Services	11.5.2010 (Item IV)	Agenda Minutes CB(2)1736/09-10(01)
Panel on Health Services	14.3.2011 (Item VII)	Agenda Minutes
Panel on Health Services and Panel on Welfare Services	24.5.2011 (Item II)	Agenda Minutes
Panel on Health Services and Panel on Welfare Services	31.3.2012 (Item II)	Agenda Minutes CB(2)2698/11-12(01)
Panel on Health Services	25.2.2013 (Item I)	Agenda Minutes
Panel on Health Services	28.4.2014 (Item III)	Agenda Minutes
Panel on Health Services	16.6.2014 (Item V)	Agenda Minutes CB(2)44/14-15(01)
Panel on Health Services	21.7.2014 (Item III)	Agenda Minutes

Committee	Date of meeting	Paper
Joint Subcommittee on Long-term Care Policy	30.7.2014*	Report of the Joint Subcommittee to the Panel on Welfare Services and Panel on Health Services
Panel on Health Services	19.1.2015 (Item III)	Agenda Minutes
Panel on Welfare Services	9.11.2015 (Item VI)	Agenda Minutes
Panel on Health Services	16.11.2015 (Item V)	Agenda Minutes
Panel on Health Services	18.1.2016 (Item IV)	Agenda Minutes
Panel on Health Services	26.1.2017 (Item I)	Agenda
Panel on Welfare Services	26.1.2017 (Item I)	Agenda
Panel on Health Services and Panel on Welfare Services	24.2.2017 (Item II)	Agenda
Joint Subcommittee on Long-term Care Policy	28.3.2017 (Item I)	Agenda

* Issue date

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