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Panel on Welfare Services and Panel on Health Services

Report of the Joint Subcommittee on Long-term Care Policy

Purpose

This paper reports on the deliberations of the Joint Subcommittee on Long-term Care Policy ("the Joint Subcommittee") during its 12-month of work from 16 December 2016 to 15 December 2017.

Background

2. The Joint Subcommittee was jointly appointed by the Panel on Welfare Services ("WS Panel") and Panel on Health Services ("HS Panel") in November 2016 to study the long-term care ("LTC") policy and services, discuss the policy concerned with the Administration and make timely recommendations. The terms of reference and membership of the Joint Subcommittee are set out in **Appendices I and II** respectively.

3. Under the chairmanship of Dr Hon Fernando CHEUNG, the Joint Subcommittee held a total of 11 meetings. The Joint Subcommittee also received views from 170 deputations and individuals on various issues of concerns at 10 of these meetings. A list of the deputations and individuals who have given views to the Joint Subcommittee is in **Appendix III**. The Joint Subcommittee also conducted a visit to the Caritas Medical Centre for palliative care service to enable members to better understand the relevant service.

Deliberations of the Joint Subcommittee

4. The subjects covered in this report are as follows:

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Residential care services

Pilot Scheme on Residential Care Service Voucher for the Elderly

5. According to the Administration, since the first quarter of 2017, it has implemented the Pilot Scheme on Residential Care Service Voucher for the Elderly ("the RCSV Pilot Scheme") by adopting a "money-following-the-user" approach. The RCSV Pilot Scheme offers elderly persons in need of residential care services ("RCS") an additional choice and provide an incentive for residential care homes for the elderly ("RCHEs") to improve their services. A total of 3 000 service vouchers will be issued from 2017 to 2019 by phases under this Pilot Scheme.

6. Members note the deputations' great reservation about introducing RCSV given that the effectiveness of the Pilot Scheme on Community Care Service Voucher for the Elderly ("the CCSV Pilot Scheme") has not been assessed. Members express grave concerns about launching the RCSV Pilot Scheme in the absence of an assessment mechanism for it, the heavy caseload of case managers, and differentiation of the Enhanced Bought Place Scheme[1] and the RCSV Pilot Scheme. Members also share the deputations' concern that elderly persons in need of RCS are inevitably led by the nose by the market even with the adoption of the "money-following-the-user" approach. Members are also concerned about whether staff training for and monitoring of RCHEs will be enhanced and whether heavier penalty will be imposed on RCHEs which have contravened the law. In this connection, members suggest that the Administration should review the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) ("the RCHE Ordinance") as soon as possible with the participation of service users. Members also call on the Administration to ensure that elderly persons with dementia or without family support can make an informed decision on joining the

[1] The Social Welfare Department has purchased places from private homes for the elderly under the Enhanced Bought Place Scheme since 1998, with a view to upgrading the service standard of these homes through enhanced service requirements in terms of staffing and space standards. This also helps increase the supply of subsidized places so as to reduce elderly persons' waiting time for subsidized care-and-attention places.

RCSV Pilot Scheme, and can receive appropriate support services afterwards. The Administration is also requested to follow up the cases of voucher users whose health has deteriorated or when they have been admitted to hospital for a period of time.

Service quality of private residential care homes

7. According to the Administration, having consolidated the past experience and considered the views and suggestions put forward by different stakeholders, it has been progressively implementing measures to strengthen the monitoring of residential care homes ("RCHs") and enhance their service quality. These improvement measures mainly cover seven areas, namely (a) strengthening inspection strategy and inspection back-up; (b) dedicated handling and follow-up of complaints; (c) reviewing the legislation and codes of practice as well as formulating care-related guidelines; (d) enhancing monitoring and quality/skills of home operators/managers/staff; (e) stepping up law enforcement and increasing transparency; (f) enhancing support for rectification works in respect of residential care homes for persons with disabilities ("RCHDs"); and (g) strengthening district support network and increasing boarding places in special schools.

8. Members support the deputations' suggestion that the Administration should expedite the review of the RCHE Ordinance and the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) ("the RCHD Ordinance"), as well as the codes of practice for RCHEs and RCHDs. Noting that the Social Welfare Department ("SWD") has set up a working group to make concrete recommendations on amendments to the legislation and codes of practice, members request SWD to consider inviting more stakeholders from various sectors, particularly representatives of service users and employee bodies, to participate in the working group. The Administration is also requested to consider stipulating in the law that SWD will take over any RCHE whose licence has been revoked or has not been renewed.

9. Members note that SWD has been implementing the Pilot Scheme on Service Quality Group ("SQG") whereby members of an SQG conduct visits to RCHs to make suggestions on their facilities and services and collect views from residents, their relatives and staff. The Joint Subcommittee shares the deputations' concern that the arrangement for SQGs' visits to RCHs are unsatisfactory (e.g. the duration of the visits is too short and the coverage of the checklist for an SQG's visit is too

narrow). In this connection, SWD is requested to increase the transparency of the SQG Scheme as well as the warning records and inspection outcome of private RCHs. Members also request SWD to consider inviting more stakeholders from various sectors to participate in SQGs.

Community care services

Review of Integrated Home Care Services

10. According to the Administration, it provides a range of subsidized community care services ("CCS") including, inter alia, home-based services, to support elderly persons to age in place. The home-based services include the Integrated Home Care Services (Ordinary Cases) ("IHCS(OC)"), IHCS (Frail Cases) ("IHCS(FC)") and Enhanced Home and Community Care Services ("EHCCS"). At present, these services are provided by 60 IHCS Teams and 34 EHCCS Teams in the territory. To ensure consistency in processing applications among the 60 IHCS Teams and provide suitable services for elderly persons with pressing needs as soon as possible, a supplementary information sheet with prime concerns on the social and health conditions of elderly applicants has been drawn up by SWD in collaboration with the social welfare sector for use by frontline social workers since July 2015. The Administration will proactively examine how to facilitate IHCS Teams in their assessment of the applicants' needs according to consistent standards, so as to accord priorities in provision of services for elderly persons with imminent needs. Moreover, the Administration will proactively consider plans to enhance IHCS and increase the service capacities.

11. Members share the deputations' concern about the increasingly long waiting time for IHCS(OC) because the number of IHCS Teams and the amount of resources allocated to IHCS(OC) have not increased for the past 20 years despite a growing population in the same period of time. IHCS users and many people who cannot help themselves have been admitted to private RCHs as they have not received appropriate and timely subsidized home-based services under the existing mechanism. Members also share the deputations' concerns about inadequacies in the existing arrangement for the meal delivery and personal care services during weekdays, weekends and holidays, inadequate resources to deliver IHCS and the Administration's reluctance to address the aforesaid problems. Members also call on the Administration to consider using the aforesaid supplementary information sheet to collect information on

the number of IHCS applications rejected by the frontline social workers and the corresponding reasons.

12. Members note that applicants for IHCS (OC) are not required to go through the Standardised Care Need Assessment Mechanism for Elderly Services ("SCNAMES") under SWD while applicants for IHCS (FC) or EHCCS are required to be assessed by SCNAMES to be of moderate or severe level of impairment. Members suggest that all IHCS applicants should be required to go through SCNAMES. The Administration is also requested to enhance the support for elderly persons with mild level of impairment.

13. Members point out that under the policy objective of "ageing in place", the Administration has implemented numerous programmes, e.g. IHCS, EHCCS, Home Care Service for Persons with Severe Disabilities, Integrated Support Service for Persons with Severe Physical Disabilities and the CCSV Pilot Scheme. Members consider that arising from the problems of service mismatch and duplication in these programmes, the provision of such services is far from adequate. Members therefore call on the Administration to consider conducting a comprehensive review of the LTC policy. The Administration is also requested to consider examining the effectiveness of IHCS in preventing service users from health deterioration.

Support for persons with dementia and their family members

14. Members note with concern that Hong Kong's demented population is estimated to be 110 000 at present and 330 000 by the year of 2039. Members express grave concern that the Administration has not yet set up a dedicated government department to formulate and implement the policies on persons with dementia and their carers. Members therefore strongly urge the Administration to do so expeditiously. Members are also gravely concerned about the prolonged waiting time of elderly persons for diagnosis of and treatment for dementia, as well as the shortage of manpower for providing such diagnosis and treatment and support for their carers. Members therefore suggest that the Administration should allocate additional recurrent funding to increase the manpower of and training for occupational therapists, nurses, social workers and clinical psychologists. The Administration is also requested to provide additional resources for various kinds of subsidized CCS and strengthen home-based services for diagnosis, support and treatment for persons with dementia. Members

also call on the Administration to enhance support for carers of these persons, such as increasing non-means-tested allowance for carers, providing psychological support and training for carers, as well as additional respite service for persons with dementia.

15. The Administration has advised that according to the mental health review report published by the Food and Health Bureau ("FHB") in April 2017, the Administration's mental health policy should strive to comprehensively cater for the needs of the general public (including persons with mental health needs such as those with dementia as well as their carers). A standing advisory committee on mental health (with the participation of relevant bureaux/departments) will be set up to follow up on the recommendations of the mental health review report (including recommendations relating to dementia services) as well as to monitor the development of the mental health services (including dementia services) in Hong Kong in response to the changing needs of society. The Administration has implemented various measures to increase manpower supply for the welfare sector and strengthen their professional skills. In the long run, the Administration has completed the first territory-wide "Strategic Review on Healthcare Manpower Planning and Professional Development" ("the Strategic Review"), which aims to formulate recommendations on ways to meet the projected demand for healthcare manpower and foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulation, including nurses, physiotherapists and occupational therapists, etc. FHB will take forward the recommendations in the report of the Strategic Review upon consultation with stakeholders.

16. The Administration has further advised that a two-year pilot scheme named "Dementia Community Support Scheme", which was launched in February 2017, adopts the medical-social collaboration model to provide support services through 20 District Elderly Community Centres for elderly persons with mild or moderate dementia and their carers at community level. The Hospital Authority ("HA") provides services for elderly patients (including those suffering from dementia) residing at RCHEs through its community geriatric assessment teams and psychogeriatric outreach teams. Regarding support for carers, services provided under the Dementia Community Support Scheme, which include training and support services for the carers, such as stress management, knowledge of taking care of elderly persons with dementia, counselling services and formation of carer support groups, are provided with a view to alleviating carers' burden. The Administration also

provides respite service for elderly persons, including those with dementia, to allow their carers to take a short break when necessary, thus relieving the carers' stress. Besides, SWD has launched a Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families to provide carers of elderly persons from low-income families with a living allowance to help supplement their living expenses so that elderly persons in need of LTC services (including those with dementia) can, with their carers' help, receive proper care and remain living in a familiar community. Phase II of the Pilot Scheme was launched in October 2016 and would be implemented for two years until September 2018. SWD has commissioned the Sau Po Centre on Ageing of the University of Hong Kong to conduct an evaluation on, inter alia, Phase II of the Pilot Scheme, with a view to assisting the Administration in working out the way forward for it.

Dental care for the elderly and persons with disabilities

17. According to the Administration, it has launched a series of initiatives to provide low-income elderly persons with special needs to receive dental care support services, including the Outreach Dental Care Programme for the Elderly and the Community Care Fund ("CCF") Elderly Dental Assistance Programme. Besides, eligible elderly persons may also use Elderly Health Care Vouchers ("EHV") for private dental services. The Comprehensive Social Security Assistance ("CSSA") Scheme provides a dental grant for its recipients who are aged 60 or above to pay for dental treatments services (including extraction, dentures, crowns, bridges, scaling and polishing, fillings and root canal treatment).

18. The Administration has also advised that persons with disabilities who have financial difficulties are also eligible for the aforesaid dental grant under the CSSA Scheme. The dental clinic operated by the Hong Kong St. John Ambulance also provides free and comprehensive dental services for persons with intellectual disabilities ("ID") and other patients with special needs. The Department of Health has been conducting a special oral health promotion programme named the "Dandelion Oral Care Action" for children with ID. Students with ID and/or physical disabilities (such as cerebral palsy), who are studying in special schools participating in the School Dental Care Service ("SDCS"), are allowed to continue to enjoy the dental services under SDCS irrespective of their grades in which they are studying until they reach the age of 18. If necessary, SDCS will refer these students to designated public hospitals

for further dental treatment under sedation or general anesthesia. A four-year Pilot Project on Dental Service for Patients with Intellectual Disabilities ("the Pilot Project on Dental Service") has been launched since August 2013 whereby adult patients with ID and with economic difficulties will be subsidized to receive check-up, dental treatment and oral health education in the dental clinic participating in the Pilot Project. The Administration is currently evaluating the operation of the Pilot Project on Dental Service.

19. Members are gravely concerned about the Administration's slow action in addressing the long-standing problem of shortage of dentists and its reluctance to allocate more financial resources to enhance the provision of dental care services for elderly persons and persons with disabilities. Members share the deputations' view that the Administration should consider earmarking $1 billion for development of special dental care service to provide, by making reference to SDCS, annual check-ups for persons with disabilities and elderly persons, and provision of dental care services in elderly health centres and vehicles equipped with dental care facilities. Members also share the deputations' concerns about inadequacies in the annual amount of EHV and in the supply of dental care services in RCHEs (in particular private ones) as well as the complicated procedure and long waiting time for processing an application for a dental grant under the CSSA Scheme. Members also support the deputations' suggestion that the local dentistry programme (provided by the University of Hong Kong) should include special care dentistry. The Administration is also requested to regularize the Pilot Project on Dental Service but not by introducing a means-tested assistance programme under CCF.

Community support services for patients with mental illness and ex-mentally ill persons

20. According to the Administration, HA currently provides a spectrum of medical services for around 240 000 patients with mental health needs a year, including inpatient, specialist outpatient, day hospital and community support services. Among these patients, about 49 000 have been diagnosed as having severe mental illness ("SMI") (e.g. schizophrenia). International trend shows that in the treatment of patients with mental illness, there has been an increasing focus on community and ambulatory care support. HA has therefore allocated more resources in recent years to enhance community psychiatric services, so as to enable patients in a relatively stable condition to receive

treatment and support in the community. Moreover, HA has launched a number of initiatives to facilitate the recovery of patients with mental illness and their re-integration into society. SWD and non-governmental organizations provide community support and other welfare services for ex-mentally ill persons and their families. To provide support for carers of persons with mental health problems, the Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities was launched in 2016 to provide a monthly living allowance of $2,000 for eligible carers of persons with disabilities to alleviate their financial burden.

21. The Administration has also advised that to enhance the support for people with mental health needs, it will allocate additional resources to HA in the 2017-2018 financial year to employ additional staff and further enhance psychiatric services in the community, including the conduct of a comprehensive review of the service planning for community psychiatric services and the staffing arrangements for case managers, and the hire of additional peer support workers. It will also continue to monitor the existing service quality and ensure that adequate services can be provided for patients with mental illness under the premise of protecting safety of the public and patients. Furthermore, the Administration will further increase the number of social workers and supporting staff at the Integrated Community Centres for Mental Wellness ("ICCMWs") in the 2017-2018 financial year, including 24 social workers and 72 welfare workers, so that more in-depth support can be given to ICCMWs, in order to facilitate ex-mentally ill persons to re-integrate into the community. In addition, SWD has been conducting an evaluation on the Pilot Project on Peer Support Service in Community Psychiatric Service Units ("the Pilot Project on Peer Supporters"), and will regularize that Service. Consideration will be given to possible areas of enhancement upon the completion of the Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities.

22. Members share the deputations' view that the Administration's services and measures are far from adequate in the following areas: (a) respective case management services under HA and SWD; (b) the support of the Pilot Project on Peer Supporters; (c) the short-term RCS for discharged mental patients in need of such services; (d) support for carers of persons with mental health problems (particularly children and adolescents aged under 18 who are the major carers of their family members with mental health problems); and (e) subsidies for self-help groups. The waiting time for child and adolescent psychiatric services

at HA for assessment and treatment was unduly long. It is difficult for ex-mentally ill persons to secure employment which is vital for their successful integration into society. A high threshold has been set for the Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities, which can only benefit a maximum of 2 000 eligible carers of persons with disabilities.

23. Members call on the Administration to forecast the demand for and supply of mental health services and relevant support services, and earmark adequate land, financial and manpower resources for the long-term development of these services. They urge the Administration to provide a comprehensive planning of mental health services, and request the standing advisory committee on mental health to take into account stakeholders' views when it makes any recommendations in this regard. Specifically, the Administration is requested to enhance the medical-social collaboration and the interface between the provision of respective case management services under HA and SWD to ensure that mental patients will be referred to CCS upon their discharge from hospitals. Members also urge the Administration to consider re-introducing public psychiatric specialist evening outpatient service to enable mental patients who have to work during daytime to schedule their consultations in the evening. The Administration is also requested to enhance the support for ex-mentally ill persons, in particular those who have once suffered from SMI and/or are singletons. Members also urge the Administration to take steps to address the needs of carers of persons with mental health problems (particularly those aged under 18 who are the major carers of their family members with mental health problems).

Ageing of persons with intellectual disabilities or other types of disabilities

24. According to the Administration, owing to advancement in medical technology and on-going improvement in socio-economic conditions, persons with disabilities have a longer average life expectancy than in the past. In addition, rehabilitation service organizations serving persons with ID notice that their service users suffer from various chronic illnesses and related functional impairments earlier than ordinary people of the same age. The service needs of aged persons with other types of disabilities also become different due to changes in their physical well-being. To strengthen the support for ageing users of rehabilitation services, the Administration has in recent years adopted a multi-pronged approach to implement, in collaboration with rehabilitation service

organizations, various enhancement measures to strengthen medical services and improve rehabilitation services for persons with disabilities as well as enhance support for their carers. The Labour and Welfare Bureau will, in collaboration with relevant government departments and organizations, monitor the implementation of the above measures, and examine issues relating to the ageing of persons with disabilities when formulating a new Hong Kong Rehabilitation Programme Plan ("HKRPP").

25. Members support the deputations' suggestion that care, support and assessment services for persons with disabilities should be provided according to the needs of recipients, instead of their age. Otherwise persons with disabilities and symptoms of early onset of ageing will not be able to receive elderly care support and services as appropriate. The Administration is requested to consider the suggestion in its formulation of HKRPP. Members also share the deputations' concern that the Census and Statistics Department has all along failed to provide accurate population statistics on persons with ID in Hong Kong. Members are also concerned about inadequacies in the provision of case management services (e.g. some recipients of Disability Allowance ("DA") with Down Syndrome, whose disabling condition is irreversible, are required to attend periodic case review for assessing their eligibility for DA) and residential respite service for persons with ID. In this connection, the Administration is requested to enhance the provision of case management services, strengthen medical-social collaboration and improve the collection of statistics on persons with ID. Noting that a working group will be set up under the Rehabilitation Advisory Committee ("RAC") to follow up the formulation of the new HKRPP, members call on the Administration to appoint persons with ID and their parents to the working group in order to collate their views on service provision for such persons.

Support for carers of elderly persons and of persons with disabilities

26. According to the Administration, "Ageing in place as the core, institutional care as back-up" is its elderly care policy. To enable elderly persons to age in a familiar environment, the Administration has all along been providing them with various types of support and care services at community level. The Administration has also been enhancing carers' capability to take care of elderly persons and relieving their stress through provision of information, resources and training, thereby supporting elderly persons to age in the community. The

Administration is also committed to providing support for carers of persons with disabilities. Through the provision of a wide range of community care and support services, it can assist persons with disabilities in developing their physical, mental and social capabilities to the fullest possible extent, thereby promoting their integration into the community; and strengthen the carers' capacity and relieve their burden, with a view to enhancing the quality of life for persons with disabilities and their carers.

27. Members share the deputations' concern about the problems in the implementation of the Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families and the Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities under CCF ("the two Pilot Schemes"). The problems include high thresholds, inadequate number of places provided and complicated application procedures (e.g. a participating carer is required to complete and submit a three-page form on a monthly basis to repeatedly provide, among others, information on how the carer takes care of the elderly person or person with disabilities). Members also share the deputations' concern about inadequacies in the provision of residential respite service, temporary day care service, emergency placement service and temporary elder-sitting service, as well as case management services for elderly persons and persons with disabilities. Members are also concerned that some information on respite service for persons with disabilities currently available online for public access is not accurate as it is not timely updated by relevant service providers. Members call on the Administration to address the problems of the two Pilot Schemes. In this connection, they suggest that the aforesaid requirement of information provision should be abolished to streamline the application procedures. The Administration is also requested to increase the provision of the aforesaid services and take steps to enhance the transparency and accuracy of the provision of online information on respite service. Members urge the Administration to regularize the two Pilot Schemes.

Policy on subsidizing chronic patients for purchasing expensive drugs

28. According to the Administration, it is the Government's public healthcare policy to ensure that no one is denied adequate medical treatment through lack of means. Since the implementation of the HA Drug Formulary ("HADF") in 2005, the safety net of the Samaritan Fund ("SF") has been in place to subsidize needy and eligible patients for their

expenses on self-financed drugs. The financial assessment criteria of SF are formulated under the principle of targeted subsidy, and patients will be given a full or partial subsidy for meeting drug expenses, depending on their households' affordability. HA takes into account the patients' annual disposable household financial resources ("ADFR") and estimates their drug expenses in the coming year in assessing their affordability and determining their level of contribution to drug expenses. With the implementation of the CCF Medical Assistance Programme in August 2011, the prevailing SF mechanism (including the above financial assessment criteria) has been adopted for the Programme.

29. The Administration has also advised that in 2012, the financial assessment criteria were further relaxed with a deductible allowance for calculating patients' disposable capital and simplified tiers of patient contribution ratio. Patients' maximum contribution ratio for drug expenses was also reduced from 30% to 20% of their ADFR. The introduction of deductible allowance helps protect the family savings and disposable capital from being depleted for drug expenses and thus helping maintain the patients' and their family's living standard. With effect from mid-June 2017, the definition of "household" in the financial assessment has also been refined to include only the patient and his/her core family members living under the same roof, which include patient's spouse, children, parents and dependent siblings. Through all the above measures, more HA patients become eligible for financial assistance to purchase specific self-financed drugs under CCF and SF. HA will engage a consultant to conduct a review of the financial assessment criteria of drug subsidies programmes under CCF and SF ("the Review on Financial Assessment Criteria"), and make necessary enhancement if appropriate so as to benefit more needy patients. HA aims to complete the Review in early 2018.

30. Members share the deputations' concerns about the low transparency, inefficiency and lack of patients' participation in the introduction of new drugs into HADF. Members are also concerned about inadequacies in the use of drugs for treatment of rare diseases such as Tuberous Sclerosis Complex ("TSC") and Spinal Muscular Atrophy. Members are particularly concerned that some patients in need of expensive drugs claim to be denied adequate medical treatment due to lack of means, which runs counter to the Government's public healthcare policy. Members are also gravely concerned about the stringent financial assessment criteria for drug subsidies programmes under CCF and SF, in particular the inclusion of the patient and his/her spouse,

children, parents and dependent siblings in the definition of "household" in the financial assessment, as well as the inclusion of pension and provident fund in the monthly household gross income.

31. Members support the deputations' suggestions that the Administration should (a) utilize ultra-expensive drugs for treatment of patients with uncommon disorders such as TSC; (b) lower the high thresholds and expedite the vetting process of applications for drug subsidies; (c) ensure that no one is denied adequate medical treatment due to lack of means; and (d) maintain close liaison among the Administration, HA and stakeholders on operation of the financial assistance mechanism. The Administration and HA are also requested to strengthen their efforts in discussing with relevant pharmaceutical companies to lower the price of drugs, in particular ultra-expensive drugs. Members also call on the Administration and HA to expedite the extension of drug subsidies programmes to more new drugs and relax the eligibility criteria of these programmes in order to benefit more needy patients. The Administration and HA are also requested to expedite the Review of Financial Assessment Criteria and require the consultant to be engaged by HA to take into account the views of deputations and stakeholders.

<u>The issue of prohibiting chronic patients from carrying compressed oxygen cylinders to travel on public transport</u>

32. The Joint Subcommittee notes that according to the outcome of a study conducted by the Hong Kong Occupational Therapy Association in September 2017, there are about 6 300 patients who require oxygen therapy (as at June 2017) in Hong Kong who may need to carry compressed oxygen cylinders for self-medical use when travelling. Members are gravely concerned that such patients carrying these cylinders are prohibited from access to some public transport services.

33. According to the Administration, compressed oxygen is a dangerous goods regulated under the Dangerous Goods Ordinance (Cap. 295) ("DGO"). In general, pursuant to regulation 74 of the Dangerous Goods (General) Regulations (Cap. 295B), a licence is not required for the storage or conveyance of compressed oxygen not exceeding two cylinders. Notwithstanding that, the Public Bus Services Regulations (Cap. 230A) ("PBSR") have stipulated additional restrictions on carrying dangerous goods when boarding a bus. Regulation 14A of PBSR stipulates that no substance or article to which DGO applies (i.e.

including compressed oxygen), regardless of the quantity involved, shall be brought onto any bus. Thus, passengers carrying cylinders containing compressed oxygen for self-medical use are currently not allowed to travel on a franchised bus.

34. Members note that the Administration proposes to amend the legislation to allow access to franchised buses for persons carrying compressed oxygen cylinders for self-medical use. The Transport and Housing Bureau has been liaising closely with the Fire Services Department ("FSD"), HA and franchised bus operators to formulate a proposal that can allow the carriage of oxygen cylinders for medical use and at the same time protect the safety of passengers. The implementation details under consideration include: whether a limit should be imposed on the total number of oxygen cylinders for medical use to be allowed on a bus; how the limit requirement could be executed; the rights and obligations of bus captains and persons carrying the oxygen cylinders for medical use; as well as ensuring that the safety of passengers is still well-protected when the proposal is implemented. On the specific arrangements, the Administration is considering that persons carrying oxygen cylinders for self-medical use should inform the bus captains that he/she is carrying oxygen cylinders for self-medical use, and the number of such cylinders when boarding the bus. If the total number of oxygen cylinders for medical use on board the bus exceeds a specified limit, the bus captain could refuse that person to board the bus. Such a cap could allow access to franchised bus services for patients requiring oxygen therapy while ensuring passenger safety. Having consulted FSD and the Electrical and Mechanical Services Department and made reference to the relevant provisions of DGO, the Administration initially proposes to cap the total number of oxygen cylinders for self-medical use to be allowed on a bus at any one time at two. Subject to the progress of the discussion with stakeholders on the specific arrangements, it is expected that the legislative proposal could be introduced to the Legislative Council ("LegCo") in the 2017-2018 legislative session. While amending the legislation, the Administration will also provide guidelines to franchised bus operators on the actual operation of allowing access to franchised bus services for persons carrying oxygen cylinders for self-medical use.

35. The Administration has further advised that regarding other public transport carriers (such as taxi, public light bus, ferry and tram), there is no similar strict control on passengers carrying oxygen cylinders under their respective statutory provisions. For MTR, a passenger who needs

to carry an oxygen cylinder for self-medical use while riding MTR could seek assistance from MTR staff. The Government policy is to allow access to public transport services for patients requiring oxygen therapy on the premise that safety will not be compromised. As such, when formulating the proposal to enable patients carrying oxygen cylinders for medical use to travel on franchised buses, the Administration will also liaise with other public transport service operators on the respective legislative provisions applicable to them, and provide appropriate assistance or guidelines to further facilitate the use of other public transport services by patients who need to use oxygen cylinders.

36. Notwithstanding the Administration's explanation, members are concerned about the Administration's initial thought of allowing a maximum of two oxygen cylinders to be carried on a bus at any one time. They call on the Administration to consider relaxing the above proposed restriction given that a patient going outside may need to carry two oxygen cylinders for self-medical use. The Administration is requested to introduce the relevant legislative proposal to LegCo as early as possible. Stressing that smoking should not be allowed in the proximity of persons carrying compressed oxygen cylinders in order to protect public safety, members urge the Administration to take stringent enforcement actions against smoking at the statutory no-smoking areas, particularly when there are such persons at such areas.

Hospice services

37. Members note that palliative care service in Hong Kong is mainly provided by HA led by palliative care specialists, under the specialties of Medicine and Oncology. Starting from the 2015-2016 financial year, SWD has allocated additional resources to all new contract RCHEs commencing service for the provision of end-of-life care services, including the increase of corresponding manpower resources. In addition, SWD has progressively been adjusting the subsidy amount for existing contract RCHEs, upon contract extension or commencement of new contracts, for the provision of end-of-life care services. According to the Administration, Hong Kong is facing a rapidly ageing population and rising prevalence of chronic disease. In this context, the Administration recognizes the need to drive the development of services for the elderly as well as to strengthen palliative care service for persons facing terminal illness.

38. Members share the deputations' concerns about the absence of a comprehensive policy on and the inadequate provision of end-of-life care services. Members are also concerned about the lack of social-medical collaboration in this regard and varied quality of service provided by funeral parlours. Noting a deputation's concern that the farewell room at Queen Mary Hospital is too small to pay respect to the deceased, members urge HA to address the problem and enhance the provision of farewell services by public hospitals. The Administration is requested to formulate a comprehensive policy on end-of-life care services and provide a timetable for the introduction of end-of-life care services by subvented and private RCHEs.

39. Members also share the deputations' concern about the reluctance of public doctors in certifying their patients' advance directives[2] ("ADs") or recognizing those ADs signed outside HA. As a related issue, members are gravely concerned about the Administration's advice that it is not feasible for FSD to implement the Guidelines on Do-Not-Attempt Cardiopulmonary Resuscitation ("DNACPR").

40. According to the Administration, as the validity of ADs have already been recognized by common law, they should be respected no matter they are signed in or outside HA. That said, public doctors will advise HA patients with ADs signed outside HA to also sign ADs in HA in order to avoid ambiguity and facilitate the work of HA clinical teams involved. An AD form and the Guidance for HA Clinicians on Advance Directives in Adults are available to help HA clinical teams handle issues relating to ADs as and when appropriate. The Administration has further advised that according to legal advice, there appears to be a conflict between the implementation of the DNACPR Guidelines and the statutory obligation of FSD officers under section 7(d) of the Fire Services Ordinance (Cap. 95) which mandates initiation of life-sustaining measures. If the above conflict can be resolved, FSD is open to implement the DNACPR Guidelines. With an aim to forming a long-term development direction of healthcare services in response to the challenges of an ageing population, including services for palliative care, FHB commissioned in 2015 the Chinese University of Hong Kong to conduct a three-year research study on the quality of healthcare for the ageing. As part of the study, the research team will analyse the implementation of ADs and provide recommendations with a focus on the

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[2] An advance directive for health care is a statement, usually in writing, in which a person indicates when mentally competent the form of health care he/she would like to have in a future time when he/she is no longer competent.

legislative and relevant ethical and cultural issues. The Administration will examine the findings and recommendations of the study and will gauge views of relevant stakeholders when charting the way forward.

41. Notwithstanding the Administration's advice, members call on the Administration to enhance the provision of hospice services, which is the common wish of all Hong Kong people, by taking concrete measures such as making necessary legislative amendments as soon as possible to resolve the aforesaid conflict, improving the regulation of funeral industry to address the problem of varied quality of service of funeral parlours, enhancing relevant healthcare and social welfare services as well as putting in place a coordination mechanism to strengthen medical-social collaboration.

Recommendations

42. The Joint Subcommittee recommends that the Administration should:

Residential care services

(a) ensure that elderly persons with dementia or without family support can make an informed decision on joining the RCSV Pilot Scheme, and can receive appropriate support services afterwards;

(b) follow up the cases of voucher users whose health has deteriorated or when they have been admitted to hospital for a period of time;

(c) expedite the review of the RCHE Ordinance and the RCHD Ordinance as well as relevant codes of practice;

(d) consider inviting more stakeholders from various sectors, particularly representatives of service users and employee bodies, to participate in the working group set up by SWD to make concrete recommendations on amendments to the aforesaid legislation and codes of practice;

(e) consider stipulating in the law that SWD would take over any RCHE whose licence has been revoked or has not been

renewed;

(f) increase the transparency of the SQG Scheme as well as the warning records and inspection outcome of private RCHs;

(g) consider inviting more stakeholders from various sectors to participate in SQGs;

Community care services

(h) consider using the supplementary information sheet drawn up by SWD to collect information on the number of IHCS applications rejected by the frontline social workers and the corresponding reasons ;

(i) require all IHCS applicants to go through SCNAMES;

(j) enhance the support for elderly persons with mild level of impairment;

(k) consider conducting a comprehensive review of the LTC policy;

(l) consider examining the effectiveness of IHCS in preventing service users from health deterioration;

Support for persons with dementia and their family members

(m) expeditiously set up a dedicated government department to formulate and implement policies on persons with dementia and their carers;

(n) allocate additional recurrent funding to increase the manpower of and training for occupational therapists, nurses, social workers and clinical psychologists;

(o) provide additional resources for various kinds of subsidized CCS and strengthen home-based services for diagnosis, support and treatment for persons with dementia;

(p) enhance support for carers of persons with dementia, such as increasing non-means-tested allowance for carers, providing

psychological support and training for carers, as well as additional respite services for persons with dementia;

Dental care for the elderly and persons with disabilities

(q) consider earmarking $1 billion for the development of special dental care service to provide (by making reference to SDCS) annual check-ups for persons with disabilities and elderly persons, and provision of dental care services in elderly health centres and vehicles equipped with dental care facilities;

(r) include special care dentistry in the local dentistry programme;

(s) regularize the Pilot Project on Dental Service but not by introducing a means-tested assistance programme under CCF;

Community support services for patients with mental illness and ex-mentally ill persons

(t) forecast the demand for and supply of mental health services and relevant support services, and earmark adequate land, financial and manpower resources for the long-term development of these services;

(u) provide a comprehensive planning of mental health services, and request the standing advisory committee on mental health to take into account stakeholders' views when it makes any recommendations in this regard;

(v) enhance the medical-social collaboration and the interface between the provision of respective case management services under HA and SWD to ensure that mental patients will be referred to CCS upon their discharge from hospitals;

(w) consider re-introducing public psychiatric specialist evening outpatient service to enable mental patients who have to work during daytime to schedule their consultations in the evening;

(x) enhance the support for ex-mentally ill persons, in particular those who have once suffered from SMI and/or are singletons;

(y) take steps to address the needs of carers of person with metal health problems (particularly those aged under 18 who are the major carers of their family members with metal health problems);

Ageing of persons with intellectual disabilities or other types of disabilities

(z) consider, in its formulation of HKRPP, the suggestion to provide care, support and assessment services for persons with disabilities according to the needs of recipients, instead of their age;

(aa) enhance the provision of case management services, strengthen medical-social collaboration and improve the collection of statistics on persons with ID;

(bb) appoint persons with ID and their parents to the working group set up under RAC to follow up the formulation of HKRPP in order to collate their views on service provision for such persons;

Support for carers of elderly persons and of persons with disabilities

(cc) address the problems in the implementation of the two Pilot Schemes on Living Allowance for Carers (i.e. high thresholds, inadequate number of places provided and complicated application procedures) by taking improvement measures (e.g. streamlining the application procedures by abolishing the requirement of information provision by carers) and regularize the two Pilot Schemes;

(dd) increase the provision of residential respite service, temporary day care service, emergency placement service and temporary elder-sitting service, and case management services for elderly persons and persons with disabilities;

(ee) take steps to enhance the transparency and accuracy of the provision of online information on respite service;

Policy on subsidizing chronic patients for purchasing expensive drugs

(ff) utilize ultra-expensive drugs for treatment of patients with rare diseases such as those suffered from TSC;

(gg) lower the high thresholds and expedite the vetting process of applications for drug subsidies;

(hh) ensure that no one is denied adequate medical treatment due to lack of means;

(ii) maintain close liaison among the Administration, HA and stakeholders on operation of the financial assistance mechanism;

(jj) strengthen the efforts of the Administration and HA in discussing with relevant pharmaceutical companies to lower drug prices, in particular those of ultra-expensive drugs;

(kk) expedite the extension of drug subsidies programmes to more new drugs and relax the eligibility criteria of these programmes in order to benefit more needy patients;

(ll) expedite the Review of Financial Assessment Criteria and require the consultant to be engaged by HA to take into account the views of deputations and stakeholders;

The issue of prohibiting chronic patients from carrying compressed oxygen cylinders to travel on public transport

(mm) consider relaxing the Administration's initial proposed restriction of allowing a maximum of two oxygen cylinders to be carried on a franchised bus at any one time;

(nn) introduce to LegCo as early as possible the legislative proposal to allow access to franchised buses for persons carrying compressed oxygen cylinders for self-medical use;

(oo) take stringent enforcement actions against smoking at the statutory no-smoking areas, particularly when there are persons carrying compressed oxygen cylinders for self-medical use at such areas;

Hospice services

(pp) formulate a comprehensive policy on end-of-life care services;

(qq) enhance the provision of farewell services by public hospitals;

(rr) provide a timetable for the introduction of end-of-life care services by subvented and private RCHEs; and

(ss) enhance the provision of hospice services by taking concrete measures such as:

(i) making necessary legislative amendments as soon as possible to resolve the conflict between the implementation of the DNACPR Guidelines and the statutory obligation of FSD officers to initiate life-sustaining measures;

(ii) improving the regulation of funeral industry to address the problem of varied quality of service of funeral parlours;

(iii) enhancing relevant healthcare and social welfare services; and

(iv) putting in place a coordination mechanism to strengthen medical-social collaboration.

Way forward

43. In view of the wide public concern on LTC policy and services, the Joint Subcommittee further recommends that the support of the WS Panel and HS Panel as well as agreement of the House Committee ("HC") be sought for the priority allocation of a debate slot to the Chairman of the

Joint Subcommittee under rule 14A(h) of the House Rules, so as to enable him to move a motion to take note of the Joint Subcommittee report at the Council meeting of 9 May 2018.

44. Members understand that the Joint Subcommittee should cease its work upon completion of the 12-month period, but consider it desirable for the Joint Subcommittee to examine the following issues:

(a) the CCSV Pilot Scheme;

(b) Elderly Services Programme Plan;

(c) severe shortage of CCS;

(d) treatment and care services for rare disease patients;

(e) care services for mentally incapacitated persons;

(f) planning standards for LTC services;

(g) euthanasia; and

(h) dental services for persons with disabilities, the elderly and chronic patients.

45. Members envisage that the Joint Subcommittee should need to continue its work for another 12 months to examine the aforesaid issues, as well as wrap up the Joint Subcommittee's deliberation of its observations and recommendations on these issues. With the endorsement of the two Panels and HC of the proposal for continuation of work of the Joint Subcommittee[3], the Joint Subcommittee is permitted to extend the period of its work for another 12 months and be put on the waiting list for re-activation when a vacant slot is available.

Council Business Division 2
Legislative Council Secretariat
7 February 2018

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[3] The Panel on Welfare Services, the Panel on Health Services and the House Committee endorsed the proposal for continuation of work of the Joint Subcommittee on Long-term Care Policy at their meetings on 13 and 20 November 2017 and 1 December 2017 respectively.

Appendix I

Panel on Welfare Services and Panel on Health Services

Joint Subcommittee on Long-term Care Policy

Terms of Reference

To study the long-term care policy and services, including home-based, community-based and residential care services for the elderly, people with disabilities and the chronically ill as well as discuss the policy concerned with the Administration and make timely recommendations.

Appendix II

Joint Subcommittee on Long-term Care Policy

Membership list *

Chairman	Dr Hon Fernando CHEUNG Chiu-hung
Deputy Chairman	Hon SHIU Ka-chun
Members	Hon LEUNG Yiu-chung Hon Tommy CHEUNG Yu-yan, GBS, JP Prof Hon Joseph LEE Kok-long, SBS, JP Hon CHAN Han-pan, JP Dr Hon Elizabeth QUAT, BBS, JP Hon Alvin YEUNG Hon CHU Hoi-dick Dr Hon Pierre CHAN Hon LUK Chung-hung Hon KWONG Chun-yu (Total : 12 members)
Clerk	Mr Colin CHUI
Legal Adviser	Miss Rachel DAI

* Changes in membership are shown in Annex to Appendix II.

Annex to Appendix II

Joint Subcommittee on Long-term Care Policy

Changes in membership

Member	**Relevant date**
Hon YUNG Hoi-yan	Up to 19 February 2017
Hon Tommy CHEUNG Yu-yan, GBS, JP	Since 24 October 2017
Dr Hon Elizabeth QUAT, BBS, JP	Since 24 October 2017
Hon CHU Hoi-dick	Since 24 October 2017
Hon LUK Chung-hung	Since 24 October 2017

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

Appendix III

Joint Subcommittee on Long-term Care Policy

List of deputations/individuals which/who have given oral representation to the Joint Subcommittee

Deputations

1. 1st Step Association
2. Adult blood cancer group
3. Alliance of Ex-mentally Ill of Hong Kong
4. Baptist Oi Kwan Social Service
5. Carer Concern Group
6. Charles K. Kao Foundation for Alzheimer's Disease
7. Chosen Parents Network
8. Chosen Power (People First Hong Kong)
9. Christian Family Service Centre
10. Christian Social Workers
11. Civic Party
12. Community Care and Nursing Home Workers General Union
13. Community Network Union
14. Concerning Home Care Service Alliance
15. Democratic Alliance for the Betterment and Progress of Hong Kong
16. Elderly Carer Concern Group
17. Elderly Carer Group
18. Elderly Carer Right Concern Group
19. Elderly Community Care Concern Group
20. Elderly Primary Health Concern Group
21. Elderly Right Concern Group@Kwai Chung Estate
22. Elderly Rights League (H.K.)
23. Elderly Welfare Concern Group
24. Elderly's Right Concerning Group @ Tin Shui Wai

25. Fu Cheong Estate Residents Service Centre
26. HKSWGU
27. Hong Kong Alliance for Rare Diseases
28. Hong Kong Alliance of Patients' Organizations Limited
29. Hong Kong Alzheimer's Disease Association
30. Hong Kong Ample Love Society Ltd.
31. Hong Kong Association Of Relatives For Mental Health
32. Hong Kong Blind Union
33. Hong Kong Christian Service, Shamshuipo Integrated Home Care Service Team
34. Hong Kong Rett Sydrome Association
35. Hong Kong Society of Palliative Medicine
36. Kwai Chung Estate Elderly's Tooth Concerning Group
37. Kwai Chung Estate の I want tooth!
38. Kwai Chung Estate's Tooth Concerning Group
39. Labour Party
40. League of Social Democrats
41. Liberal Party
42. Long term care concern group
43. Mental Health Rights Concern Group
44. Neighbourhood and Worker's Services Centre
45. Network on Community Care Service, The Hong Kong Council of Social Service
46. Network on Community Support Service, The Hong Kong Council of Social Service
47. New People's Party
48. New People's Party / Civil Force
49. Our Hong Kong Foundation
50. PNH 病人權益關注組
51. Reclaiming Social Work Movement
52. Society for Community Organization

53. St. James' Settlement - JCECC: Cheering @ Home End of Life Care Services
54. The Against Elderly Abuse of Hong Kong
55. The Association of Parents of the Severely Mentally Handicapped
56. The Hong Kong Council of Social Service
57. The Hong Kong Joint Council of Parents of the Mentally Handicapped
58. The Hong Kong Society for the Blind Morning Glory DAC cum Hostel
59. The Power of Tooth!
60. Togetherness Limited
61. Tuberous Sclerosis Complex Association of Hong Kong
62. United Social Service Centre
63. Working Group on Dementia Care Service, The Hong Kong Council of Social Service
64. Youth Alliance for the Disadvantaged
65. 支援年長護老者服務關注組
66. 可能喺七萬至十萬人關注組
67. 四輪社區聯會
68. 外勞專責小組
69. 正言匯社
70. 全港認知障礙症照顧者聯盟
71. 安老服務質素小組
72. 安老資訊科技小組
73. 利民社區網
74. 「改善買位計劃」專責小組
75. 爭取資助院舍聯席
76. 社區服務關注組
77. 長者牙科關注組
78. 長者長期護理關注組

79. 長者健康關注組
80. 非買位院舍
81. 香港安老服務協會
82. 香港長者活力協會
83. 香港唐氏綜合症協會家長委員會
84. 家屬關注精神健康聯席
85. 院舍安老政策
86. 馬鞍山長者權益關注組
87. 將軍澳長者民生關注會
88. 智障人士老齡化關注組
89. 朝陽家長親屬會
90. 殘疾人士及長期病患者就業關注組
91. 無障礙牙科關注組
92. 敬老權益關注組
93. 認知障礙症護老者關注小組
94. 學前弱能兒童家長會
95. 關注長者口腔健康聯席
96. 關注特殊教育權益家長大聯盟

Individuals

97. Mr Billy CHAN Shiu-yeung
98. Ms CHAN Hei-ling
99. Mr CHAN Lok-hang
100. Miss Mandy CHAN
101. Ms CHAN Pui-chi
102. Ms Marina CHAN Yuen-man
103. Ms CHEUNG Lai-man
104. Miss CHEUNG Nga-lam

105. Ms CHEUNG Ngan-yip
106. Ms Chong Kiu-yun
107. Mr Ronald CHOW Kuen-tai
108. Mr CHOY Kwong-sum
109. Mr Alan CHU Siu-lun
110. Ms Christine FANG Meng-sang
111. Ms Christine FONG Kwok Shan
112. Ms FUNG Wai-ying
113. Mr FUNG Yi-lun
114. Ms HO Bo-ching
115. Mr HO Man-keung
116. Ms HSU Kok-man
117. Mr HUI Siu-fung
118. Ms Alice ISHIGAMI LEE Fung-king
119. Ms KOT Mei-wa
120. Miss KWAN Kit-man
121. Mr LAI Ka-wai
122. Miss LAM Sin-man
123. Miss Dana LAU
124. Miss LAU Oi-lam
125. Ms LAU Shau-king
126. Ms LEE Po-chun
127. Mr LEUNG Cheong-yiu
128. Mr LEUNG Kwok-hung
129. Mr Kevin LEUNG Shu-hang
130. Ms Carol LEUNG Shuk-man
131. Mr LI Chi-on
132. Ms LI Kam-kwan
133. Ms LI Wing-sheung
134. Mr MOK Yuen-kwan
135. Mr NG Kong-fung

136. Miss NG Tan-sha
137. Mrs Emily OWEN
138. Ms Carman TAM
139. Mr TAM Wai-yip
140. Ms WAN Wai-ki
141. Mr WANG Hong-yu
142. Mr WHY
143. Mr WONG Cho-ki
144. Dr Donna WONG
145. Mr WONG Wai-kwan
146. Ms WONG Wai-lin
147. Mr Zachary WONG Wai-yin, Member of Yuen Long District Council
148. Miss YEUNG Fung-yee
149. Mr YEUNG Ka-keung
150. Mr YIP Kei-chun
151. Mr YIP Kin-keung
152. Ms YIP So-yu
153. Mr YU Kam-chung
154. 王芷欣女士
155. 伍桂麟先生
156. 何偉鈴女士
157. 何麗芬女士
158. 林珍女士
159. 胡就維先生
160. 徐世儀女士
161. 陳建國先生
162. 陳淑芬女士
163. 陳景良先生
164. 曾錫堅先生

165. 廖瑞蘭女士

166. 劉維女士

167. 鄭耀輝先生

168. 黎志珍女士

169. 盧麗萍女士

170. 蘇蟬恩小姐

List of deputations/individuals which/who have provided written views to the Joint Subcommittee

1. A member of the public
2. Carer Group
3. Carter CHENG
4. CHEST Delegation Hong Kong and Macau
5. Mr CHOW Siu-kai
6. Hong Kong Joint Council for People with Disabilities
7. Hong Kong Lung Foundation
8. Hong Kong Neuro-muscular Disease Association Limited
9. Hong Kong Occupational Therapy Association
10. Hong Kong Palliative Nursing Association
11. Hong Kong Psoriasis Patients Association
12. Hong Kong Thoracic Society
13. Mr LEUNG See-hong
14. Mr LEUNG Wing-sum
15. Pneumoconiosis Mutual Aid Association
16. Ms Tara SAM
17. The Hong Kong Association of The Pharmaceutical Industry
18. The Hong Kong Down Syndrome Association
19. Miss Ming WONG
20. 李麗明女士
21. 家長組織座談會
22. 梁盈慧女士
23. 陳偉傑
24. 劉倩萍女士