

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1045/17-18  
(These minutes have been  
seen by the Administration)

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**Panel on Welfare Services**

**Minutes of meeting**  
**held on Monday, 11 December 2017, at 10:00 am**  
**in Conference Room 3 of the Legislative Council Complex**

- Members present** : Hon SHIU Ka-chun (Chairman)  
Hon KWONG Chun-yu (Deputy Chairman)  
Hon LEUNG Yiu-chung  
Hon Michael TIEN Puk-sun, BBS, JP  
Hon CHAN Chi-chuen  
Dr Hon KWOK Ka-ki  
Hon KWOK Wai-keung, JP  
Dr Hon Fernando CHEUNG Chiu-hung  
Hon POON Siu-ping, BBS, MH  
Hon Alvin YEUNG  
Hon Andrew WAN Siu-kin  
Hon CHU Hoi-dick  
Hon Wilson OR Chong-shing, MH  
Hon YUNG Hoi-yan  
Dr Hon Pierre CHAN  
Hon LUK Chung-hung
- Members absent** : Hon Mrs Regina IP LAU Suk-yee, GBS, JP  
Hon LEUNG Che-cheung, SBS, MH, JP  
Dr Hon Helena WONG Pik-wan  
Dr Hon Junius HO Kwan-yiu, JP

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

Mr Caspar TSUI, JP  
Under Secretary for Labour and Welfare  
Labour and Welfare Bureau

Items III & IV

Miss Stella CHANG  
Principal Assistant Secretary for Labour and Welfare  
(Welfare) 3  
Labour and Welfare Bureau

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

Item III

Mr Kenneth WOO  
Chief Executive Officer (Subventions/Planning)  
Social Welfare Department

Items IV & V

Dr LAW Chi-kwong, GBS, JP  
Secretary for Labour and Welfare  
Labour and Welfare Bureau

Item IV

Mr Chris FUNG  
Principal Assistant Secretary for Food and Health  
(Health) 3  
Food and Health Bureau

Dr Linda YU  
Chief Manager (Integrated Care Programs)  
Hospital Authority

Item V

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

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

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

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

Miss Alison HUI  
Legislative Assistant (2) 4

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Action

**I. Information paper(s) issued since the last meeting**  
[LC Paper No. CB(2)375/17-18(01)]

Members noted that a letter dated 16 November 2017 from Mr Michael TIEN requesting the Panel and the Panel on Housing ("HG Panel") to hold a joint meeting to discuss tenancy control had been issued since last meeting. In response to the Chairman's invitation of views on Mr TIEN's request, members agreed on holding a joint meeting with HG Panel. Dr Fernando CHEUNG suggested that public views should be received on the subject matter at the joint meeting. The Chairman said that subject to the view of the Chairman of HG Panel, the Panel might consider discussing the subject matter at a Panel meeting and invite members of HG Panel to join the discussion. Mr LEUNG Yiu-chung suggested that the Panel should hold a special meeting to receive public views on the subject matter if a joint meeting with HG Panel would not be held. Dr KWOK Ka-ki said that the Panel should consider holding a special meeting to receive public views on rent allowance under the Comprehensive Social Security Assistance ("CSSA") Scheme and the abolition of the "One-off living subsidy for low-income households not

living in public housing and not receiving CSSA" Programme of the Community Care Fund if a joint meeting with HG Panel would not be held.

*(Post-meeting note: The HG Panel has agreed that a joint meeting of the HG Panel and the Panel should be held on 4 June 2018 to meet with the Administration and deputations/individuals on tenancy control measures.)*

## **II. Items for discussion at the next meeting**

[LC Paper Nos. CB(2)452/17-18(01) to (02)]

2. Members noted that the Administration had proposed to discuss at the next meeting scheduled for 8 January 2018 the following items:

- (a) Progress of implementation of the Special Scheme on Privately Owned Sites for Welfare Uses ("Special Scheme"); and
- (b) New initiatives on setting up funds to provide enhanced care and support for the elderly and persons with disabilities.

3. Dr Fernando CHEUNG said that the Panel should receive public views on the Hong Kong Rehabilitation Programme Plan ("RPP") in the near future so that the Administration could take into account deputations' views in formulating the new RPP. Sharing a similar view, Dr KWOK Ka-ki said that public views on the problems of the existing RPP and the way forward for the new RPP should be received. Members agreed that public views should be received on RPP at a future Panel meeting.

## **III. Setting up a new contract residential care home for the elderly in the retail and welfare block of the public rental housing development at Hang Tai Road, Ma On Shan (Yan On Estate Extension)**

[LC Paper Nos. CB(2)452/17-18(04) to (05)]

4. At the invitation of the Chairman, Under Secretary for Labour and Welfare ("USLW") and Assistant Director (Elderly) ("AD(Elderly)") briefed members on the Administration's proposal to construct a contract residential care home for the elderly ("RCHE") in the public rental housing ("PRH") development of the Hong Kong Housing Authority ("HKHA") at Hang Tai Road, Ma On Shan (Yan On Estate Extension)

("the Project") with the financial provision to be met from the Lotteries Fund ("LF"). USLW said that to increase the supply of residential care places for the elderly, the Social Welfare Department ("SWD") had earmarked sites in 27 development projects for the construction of new contract RCHEs, contract RCHEs with Day Care Units for the Elderly ("DCUs") and Day Care Centres for the Elderly ("DEs") ("the 27 sites") and the proposed contract RCHE was under one of these projects. The Special Scheme was launched to encourage social welfare organizations to provide or increase on their own sites, through expansion, redevelopment or new development, the necessary welfare facilities including those for elderly persons. If all the projects under the Special Scheme could be implemented smoothly, about 7 000 additional residential care places for the elderly would be provided.

Expediting commencement of service of contract residential care homes for the elderly

5. Mr POON Siu-ping said that while the construction works for the Retail and Welfare Block in which the proposed contract RCHE would be situated were scheduled for completion by the fourth quarter of 2021, the Administration aimed to award the contract for the operation of the proposed contract RCHE in around the fourth quarter of 2022 to the first quarter of 2023. He asked whether the Administration could speed up the process of awarding the service contract. Noting that it would take a few years for the proposed contract RCHE to commence service after the construction works had been completed, Mr CHAN Chi-chuen asked whether such a service commencement lead time was a norm for all new RCHE projects and whether the lead time for the proposed RCHE could be shortened. AD(Elderly) responded that the tendering exercise for selection of the operator for the proposed contract RCHE could only commence after the issuance of the Occupation Permit. The Administration would try to compress the relevant procedures and hoped to award the contract for the operation of the proposed contract RCHE earlier than the original target date so that the RCHE concerned could commence service in 2023.

6. Dr Fernando CHEUNG said that it was impossible for the Administration to meet the demand for subsidized RCHE places fully with such a long service commencement lead time for new RCHEs. Although members had urged the Administration many times to carry out the tendering exercise for selecting suitable operator for new RCHEs earlier, the relevant procedures would only commence after the completion of the relevant construction works. He urged the Administration to review the

time frame for carrying out tendering exercise for selection of operators for new RCHEs.

### Increasing provision of residential care places for the elderly

7. In response to the Chairman's enquiry about the provision of residential care services for the elderly in Shatin before the proposed contract RCHE commenced operation in 2023, USLW said that in addition to the Project, three other sites in Shatin had been earmarked for the construction of contract RCHEs and contract RCHEs with DCUs and DEs. These projects would provide 350 additional residential care places for the elderly. AD(Elderly) said that in addition to projects in the 27 sites, some 40 projects under the Special Scheme were at different stages of development. The Administration would speed up the progress of the projects under the Special Scheme as far as practicable. This apart, the Pilot Scheme on Residential Care Service Voucher for the Elderly would provide a total of 3 000 vouchers from 2017 to 2019 by phases, thereby shortening the waiting time for residential care places for the elderly.

8. Dr KWOK Ka-ki said that according to the Administration, there were 37 855 elderly persons on the waiting list for subsidized residential care places as at end-September 2017 and the estimated number of residential care places for the elderly to be provided in the 27 sites were only 2 405 places. In view of the serious shortfall of such places, the Administration should build more storeys for the proposed contract RCHE. The selected operator should be involved in designing the proposed contract RCHE to avoid the need for changing the fitting-out after the relevant works had been completed. USLW responded that the Administration would study setting up RCHEs on higher levels of buildings. He further said that the Development and Housing Committee ("DHC") of Sha Tin District Council had been consulted on the Project. AD(Elderly) supplemented that the Town Planning Board had examined the proposal of incorporating welfare facilities in the PRH development. The welfare facilities including the proposed contract RCHE would occupy about 30% of the total gross floor area of the Retail and Welfare Block. Noting that the plot ratio of the Retail and Welfare Block was about 0.5, Dr KWOK Ka-ki opined that the Administration should increase the plot ratio so as to provide more residential care places for the elderly. AD(Elderly) responded that there were statutory restrictions on the height above the ground level where an RCHE or a residential care home for persons with disabilities should be situated. Dr KWOK Ka-ki urged the Administration to review the relevant provisions with a view to relaxing the restrictions.

9. Given the long waiting time for residential care places for the elderly, Dr KWOK Ka-ki asked whether the Administration had information on the number of elderly persons who had passed away in a year while waiting for admission to RCHEs. USLW responded that he did not have such information on hand.

10. In the light of the large number of waitlistees for residential care places for the elderly and the growing demand for such places arising from an ageing population, Mr LUK Chung-hung said that the Administration should increase the supply of these places. The Transport and Housing Bureau should allocate some areas in new PRH estates for provision of subsidized RCHE places. He asked whether the Administration had set any timetable for shortening the waiting time for subsidized RCHE places and had any plan to enhance the monitoring and service quality of RCHEs participating in the Enhanced Bought Place Scheme ("EBPS"). USLW responded that a multi-pronged approach was adopted to increase the supply of residential care places for the elderly. The Administration would endeavour to secure suitable sites, including vacant school premises, for provision of these places. Additional residential care places for the elderly would also be provided under the Special Scheme. AD(Elderly) supplemented that the Labour and Welfare Bureau ("LWB") had started discussing with relevant government departments the recommendation of the Elderly Services Programme Plan ("ESPP") to reinstate the population-based planning ratio for various types of elderly services in the Hong Kong Planning Standards and Guidelines. The Administration had implemented measures to continuously strengthen the monitoring of RCHEs, including those participating in EBPS, and enhance their service quality. Service quality training programmes for staff of private RCHEs had been launched and managers of RCHEs would also be required to complete a dedicated training programme on the management of homes. In addition to inspections to RCHEs by SWD, members of the Service Quality Group ("SQG") paid visits to RCHEs participating in the SQG Scheme and provided feedback to the home operators on their service delivery. The Administration would soon launch a programme to subsidize private RCHEs to obtain accreditation so as to enhance the quality of RCHEs. Mr LUK Chung-hung took the view that the Administration should set a target time for shortening the waiting time for residential care places for the elderly and measure its performance against the target.

11. Mr CHAN Chi-chuen said that in the light of the ageing population, there would be a growing demand for residential care places for the

elderly. The shortfall of such places would become more serious if the Administration did not project the demand for such places. He called on the Administration to project such a demand and draw up a timetable as well as a provision plan to meet the demand. Dr Pierre CHAN urged the Administration to speed up the provision of residential care places for the elderly. USLW reiterated that the Administration would make its best efforts to increase the provision of residential care places for the elderly. It would also study how manpower resources could be released for strengthening elderly services in view of the ageing population and the suggestion of setting a target time for reducing the waiting time for residential care places for the elderly.

12. Mr Alvin YEUNG said that to his understanding, residents of Yan On Estate did not have dissenting views on the construction of the proposed contract RCHE. This reflected that members of the public generally had no strong views on the provision of RCHEs in the community. The Administration should therefore capitalize on the opportunity and construct RCHEs with more places. USLW responded that as the community appreciated the great demand for RCHEs, local residents had become more receptive to setting up RCHEs in the community. It was worth noting that apart from facilities for elderly services, other welfare facilities would be provided under the Project. The Administration would consider providing more places in other new contract RCHEs in PRH developments as far as practicable.

#### Reviewing the ratio of subsidized to non-subsidized residential care places

13. Dr Fernando CHEUNG said that since public money was used in constructing new RCHEs, members had repeatedly requested the Administration to increase the ratio of subsidized to non-subsidized places in contract RCHEs, so that more places could be allocated to elderly persons who could not afford non-subsidized places. However, the ratio of 6:4 was still adopted for the proposed contract RCHE. The Chairman said that since there were inadequate sites for construction of RCHEs, the Administration should provide more subsidized residential care places for the elderly when a suitable site was secured for such a purpose. AD(Elderly) responded that some contract RCHEs provided subsidized and non-subsidized places at a ratio of 7:3 or 8:2. While a 6:4 ratio of subsidized to non-subsidized places was suggested for the proposed contract RCHE, the Administration would review the ratio taking into account the supply of and demand for residential care places for the elderly in the vicinity. Dr Fernando CHEUNG opined that providing non-subsidized places in contract RCHEs would prolong the waiting time



of elderly persons who could not afford non-subsidized places. As public money should be used in helping the needy, there should not be any non-subsidized places in contract RCHEs. He called on the Administration to review the ratio of subsidized to non-subsidized places in contract RCHEs and the waiting time for subsidized RCHE places.

Supply of residential respite care places

14. Noting that only one designated residential respite care place for the elderly would be included in the subsidized places for the elderly of each of the projects listed in Annex 2 to the Administration's paper (LC Paper No. CB(2)452/17-18(04)), the Chairman took the view that the Administration should increase the supply of such residential respite care places so as to achieve its objective of "ageing in place as the core, institutional care as backup" and strengthen the support for carers. USLW responded that in view of the great demand for residential care places for the elderly, priority should be accorded to providing more residential care places for the elderly rather than residential respite care places for the elderly if there was room for increasing places in RCHEs. AD(Elderly) supplemented that designated residential respite care places for the elderly were reserved for residential respite care purpose and would not be allocated to elderly persons who were on the Central Waiting List for Subsidised Long Term Care Services ("CWL") waiting for residential care places for the elderly for permanent placement. Given the large number of waitlistees on CWL, the Administration could not reserve too many residential respite care places for the elderly in RCHEs. That said, casual vacancies of subsidized residential care places for the elderly would be used for providing residential respite service for the elderly. The Administration was studying measures to increase the provision of residential respite care places for the elderly and would brief members on these measures at an appropriate time.

Retail facilities in and air quality of the proposed contract residential care homes for the elderly

15. Expressing concern that the retail facilities in the Retail and Welfare Block might affect residents of the proposed contract RCHE, Dr Fernando CHEUNG asked whether the Administration had given any consideration to the types of these facilities. He also enquired about the proportion of these facilities in the Retail and Welfare Block. AD(Elderly) responded that there would be an elevator exclusively for use by the RCHE concerned. The welfare facilities and retail facilities would each take up around 30% of the total gross floor area of the Retail and Welfare Block.

Information on the retail facilities to be provided in the Retail and Welfare Block was not yet available.

16. Noting that there would be two car parks near the proposed contract RCHE, Dr Fernando CHEUNG was concerned about the air quality in the vicinity. Since a footbridge would be built between the proposed contract RCHE and the domestic blocks of the subsidized sales flat development, he enquired about the public transport arrangements for residents of the proposed contract RCHE. AD(Elderly) responded that the proposed contract RCHE would be designed in such a way that the dormitories would be facing away from the source of possible noise or air pollution.

On-cost and recurrent funding requirement for the proposed contract residential care home for the elderly

17. Mr POON Siu-ping enquired about the reasons for setting the on-cost charged by HKHA at 12.5% of the construction cost of the proposed contract RCHE and whether the on-cost could be adjusted. AD(Elderly) responded that the on-cost was set at 12.5% of the construction cost of an RCHE in accordance with the arrangement agreed by the Treasury years ago for projects entrusted to HKHA in PRH developments.

18. Opining that the estimated recurrent funding requirement ("RFR") of \$15.428 million for the proposed contract RCHE was too high, Dr Pierre CHAN enquired about the basis for the estimate. He also asked whether RFR would be funded by LF or charged to the Government's recurrent expenditure account. AD(Elderly) responded that RFR was estimated on the basis of notional planning of operating 60 subsidized places for the proposed contract RCHE. RFR was estimated according to the prevailing cost levels and the operational costs of existing contract RCHEs. The items covered by RFR included personal emoluments (e.g. salaries for social workers, frontline staff, nurses, occupational therapists ("OT") and physiotherapists ("PT")), other charges (e.g. food and electricity expenses), rates and government rent, management and maintenance fees, etc. Adjustments to RFR for the proposed contract RCHE would be made nearer the time, if necessary. Dr Pierre CHAN said that as the Administration would subsidize 60 places in the proposed contract RCHE, the recurrent expenditures would be very high.

**IV. Community care support for persons suffering from dementia and their carers**

[LC Paper Nos. CB(2)452/17-18(06) to (07)]

19. At the invitation of the Chairman, USLW briefed members on the community care support provided by the Administration for persons with dementia and their carers.

Assessment on dementia population

20. Mr LUK Chung-hung said that as symptoms of dementia were not obvious at its early stage, persons suffering from dementia might not receive appropriate treatment at their early stage of illness. Noting that some community organizations had launched programmes to test and assess whether elderly persons had symptoms of dementia, he enquired whether the Administration would consider subsidizing these programmes or conducting territory-wide census on the dementia population to promote awareness of dementia and facilitate early detection as well as early treatment. Chief Manager (Integrated Care Programs) ("CM(ICP)", Hospital Authority ("HA")), responded that apart from cognitive impairment, many patients with dementia also had functional impairments. As such, territory-wide census was not suitable for persons with dementia. Enhancing public knowledge and understanding of dementia would be useful in facilitating early detection and treatment.

21. Dr KWOK Ka-ki said that studies in relation to dementia in some overseas places showed that one out of 10 elderly persons aged 65 or above suffered from dementia. Based on the elderly population in Hong Kong, it was estimated that around 116 000 elderly persons suffered from dementia and around 4% (i.e. around 4 000) of them were below 65 years old. He said that the conditions of persons with dementia could be improved if they were provided with suitable support services. To this end, the Administration should conduct surveys on the number of persons with dementia.

22. USLW responded that according to a survey conducted by The Chinese University of Hong Kong ("CUHK"), there were around 130 000 persons with dementia in Hong Kong. The Administration would continue to review services for persons with dementia in general and the specific topic of early onset of ageing of persons with disabilities would also be examined in the formulation of a new RPP.

23. Noting that SWD would adopt an updated assessment tool under the Standardised Care Need Assessment Mechanism for Elderly Services for better discernment of the impairment of elderly persons with dementia, Mr POON Siu-ping enquired about the timing for implementing the new assessment tool. AD(Elderly) responded that the design of the new assessment tool would be completed in April 2018 and the new assessment tool was expected to be rolled out in the financial year of 2018-2019.

#### Enhancing support for elderly persons with dementia and their carers

24. Mr POON Siu-ping expressed concern that the Administration might import labour for providing enhanced care for demented elderly persons and enhanced support for their carers. He enquired whether the Administration had assessed the multi-disciplinary manpower resources required for the provision of these services and had drawn up any manpower plan in this regard. Mr Wilson OR enquired about the deployment of additional resources for provision of services for elderly persons with dementia. AD(Elderly) responded that the Administration had no plan to import labour for providing services for elderly persons with dementia. More resources would be allocated to DEs/DCUs, district elderly community centres ("DECCs"), neighbourhood elderly centres, integrated home care services teams and enhanced home and community care services teams to increase manpower, arrange activities for service users and conduct training programmes for their employees and carers of elderly persons with dementia.

25. Noting that there were only around 28 000 patients with dementia receiving treatment from HA, Dr KWOK Ka-ki enquired about the number of demented persons who were not provided with any services by the Administration and how it would assist these persons. AD(Elderly) responded that additional resources had been allocated to DECCs since 2014-2015 for strengthening services for elderly persons with dementia. According to some DECCs, some of their services were provided primarily for elderly persons with early symptoms of dementia and carers of demented elderly persons. The Administration did not have the statistics on the number of persons with dementia who were not provided with any services by the Administration but would obtain from service providers information on the number of elderly persons who had early symptoms of dementia and were receiving their services. Dr KWOK Ka-ki said that it was estimated that there would be 200 000 to 300 000 persons with dementia in 2030. It was the Administration's responsibility to identify persons who had early symptoms of dementia and provide

them with necessary assistance. USLW responded that in the light of the growing demand for dementia services because of an ageing population, various measures and pilot schemes had been implemented to support persons with dementia. Additional resources would be allocated to strengthen services for elderly persons with dementia and their carers. Public education activities would be launched to enhance public understanding of dementia.

26. Mr CHAN Chi-chuen said that some overseas places had allocated a lot of resources to domestic helpers so that they could spend more time with the elderly persons with dementia. In addition to providing basic care for the elderly persons concerned, the domestic helpers would stroll and chat with them. He asked whether training would be provided for domestic helpers in Hong Kong to provide intensive care for persons with dementia. USLW responded that to ensure that needy carers would receive appropriate support, the Administration would allocate additional resources to all subvented elderly centres and home care services teams in the territory to enhance outreaching services for supporting needy carers. In response to Mr CHAN Chi-chuen's enquiry about whether the time carers spent with service users had increased following the provision of additional resources, AD(Elderly) said that such information was not available. Mr CHAN Chi-chuen said that carers should be given sufficient time to apply their skills and indicators on the time they should spend with service users should be established. AD(Elderly) said that the Administration would take into account Mr CHAN's views in designing relevant services.

27. In response to Mr LUK Chung-hung's enquiry about the disbursement of Dementia Supplement ("DS"), AD(Elderly) said that DS would be provided for subvented RCHEs with eligible elderly residents. Doctors of HA would make assessments on the eligibility for DS in these RCHEs and SWD would allocate DS to subvented RCHEs based on the number of eligible cases as confirmed by HA. RCHEs which had received DS were required to inform SWD of the professional staff they had employed and the services they had provided for demented elderly persons.

28. In response to Mr LUK Chung-hung's suggestion of promoting the use of technology in the provision of dementia services, AD(Elderly) said that elderly centres participating in SWD's Improvement Programme of Elderly Centres, which was funded by the LF, were provided with subsidy for enhancing their physical setting, including the purchase of furniture and equipment which could help support elderly persons with dementia and cognitive impairment. An Innovation and Technology Fund for

Application in Elderly and Rehabilitation Care ("ITF") would be set up to subsidize elderly and rehabilitation service units to try and procure technology products. The Administration would brief members on the implementation plan of ITF at the Panel meeting scheduled for 8 January 2018.

29. Expressing concern that some persons suffering from dementia were unable to take care of their oral hygiene and it was difficult for them to find suitable dental services in the market, Mr CHAN Chi-chuen said that the Administration should provide them with more dental services and take steps to help them prevent dental diseases. CM(ICP) responded that while there was no specific dental health services for persons with dementia, doctors of HA would examine the overall health conditions including personal hygiene of patients during consultations. Carers would be advised to pay attention to the personal hygiene of the patients and arrange the patients to receive dental services in the community, if necessary.

30. Dr Fernando CHEUNG said that the Joint Subcommittee on Long-term Care Policy had met with deputations and the Administration to discuss support for persons with dementia and their family members at its meeting on 28 March 2017. The Administration's response to some concerns raised at that meeting about support for persons with early onset of dementia, respite services and the Dementia Community Support Scheme ("the DCS Scheme") remained outstanding. According to the CUHK's Research Registry on Early Onset Dementia in Chinese Population, some 3 000 persons who were aged below 60 suffered from dementia in 2016. These persons were regarded as having early onset of dementia. Expressing concern that there was very little support for persons with early onset of dementia and their carers, he said that services for patients with dementia should be provided according to their needs but not their age. Mr Wilson OR said that given that the number of persons with dementia was increasing and there was a trend of early onset of dementia, the Administration should implement comprehensive measures to address the problems. USLW responded that the Administration would continue to review services for persons with dementia in general and the specific topic of early onset of ageing of persons with disabilities would also be examined in the formulation of a new RPP.

31. In response to Dr Pierre CHAN's enquiry about the number of persons with dementia who were below 60 years old, USLW said that the required information was not available. Dr Pierre CHAN enquired about the number of patients with dementia who were below 60 years old and

HA

were receiving treatment from HA's psychiatric departments. CM(ICP) responded that among the 12 000 patients with dementia who were being followed up by HA's psychiatric departments, about 500 of them were aged below 60. Dr Pierre CHAN said that as the Administration had set the eligible age for dementia services at 60 or above, persons with dementia who did not meet the age requirement were unable to receive the required services. Given that only around 500 patients with dementia aged below 60 years old were receiving HA's treatment, he considered that providing dementia services for these patients would not impose a great burden on the Administration. He urged the Administration to relax the age limit for dementia services and include persons with dementia who were below 60 years old in its service provision plans. At the Chairman's request, CM(ICP) undertook to provide a breakdown of the age distribution of the 500 odd patients mentioned in this paragraph.

#### Provision of respite places

32. Dr Fernando CHEUNG said that since information on vacancies of respite places published on the relevant websites was not up-to-date, carers of elderly persons had to ring round and check with DEs/DCUs the availability of respite places. He called on the Administration to make improvements in this regard. USLW responded that to facilitate elderly persons and their carers to check the information on respite service, SWD planned to set up a real-time vacancy enquiry system for designated residential respite service. SWD was also exploring ways to increase respite places.

33. Mr Wilson OR opined that the Administration should consider providing respite places in SWD's elderly centres and Elderly Health Centres of the Health Department. AD(Elderly) responded that SWD had been providing additional designated residential respite places in new contract homes when they commenced service and in existing contract homes when their contracts were extended/renewed. There were currently 164 designated day respite places and SWD would continue to designate additional day respite places in newly established subvented DEs/DCUs.

#### Dementia Community Support Scheme

34. Mr LUK Chung-hung said that many community groups expressed concern that dedicated services for persons suffering from dementia were not available and the support for their carers was not specific enough. He suggested that the Administration should consider setting up district care centres dedicated for persons with dementia and conducting carer training

programmes on skills in caring for these persons. He further said that persons who had early onset of dementia could not participate in the DCS Scheme as its age requirement was set at 60. To enable patients with dementia who were aged below 60 to receive necessary support services, the Administration should delink dementia services from elderly services. AD(Elderly) responded that 18 service units were currently providing dedicated services for demented elderly persons under the Pilot Scheme on Community Care Service Voucher for the Elderly. As dementia was more commonly found in elderly persons, target participants of the DCS Scheme were elderly persons aged 60 or above. The DCS Scheme was a two-year pilot scheme and the Administration would continue to monitor the service requirements after the completion of the pilot period.

35. Dr Fernando CHEUNG expressed concern about the short service period for participants of the DCS Scheme, which was seven months for persons with mild dementia and nine months for those with moderate dementia. Participants of the DCS Scheme were required to use other services provided by elderly centres when the service period had ended. Given that most of the services provided by elderly centres were not designated for persons with dementia, these services might not be useful in improving the conditions of persons with dementia. Given the great demand for dementia services and the fact that many families of persons with dementia could not afford self-financing services, he considered that the Administration should provide dedicated services for persons with dementia. Principle Assistant Secretary for Food and Health (Health)3 ("PAS(Health)3") said that it had been the Government's intention to encourage elderly persons with dementia to have interactions with other users of DECCs and continue to use other services provided by DECCs after the service period. According to the feedback of some DECCs, a number of participants in the DCS Scheme had continued to use other services provided by DECCs after the service period. In addition to providing support services for elderly persons with dementia, training was also provided for their carers under the DCS Scheme. In response to the Chairman's enquiry about the policies on providing dementia services for participants of the DCS Scheme after the service period, AD(Elderly) said that in order to foster a dementia-friendly environment for elderly persons with dementia, DECCs would organize activities, some of which were related to dementia care, for participants of the DCS Scheme after the service period.

36. Dr Fernando CHEUNG expressed concern that no social worker was deployed to the DCS Scheme. Dr KWOK Ka-ki also enquired about the deployment of medical professionals and social welfare staff to DECCs.



PAS(Health)3 responded that under the DCS Scheme, each participating DECC was provided with funding resources for hiring additional staff, including at least 1.5 healthcare professionals (including Advanced Practice Nurse ("APN") and OTI/PTI) and one social welfare staff to provide support services for elderly persons with dementia and their carers. DECCs had the flexibility to decide the grades of the additional social welfare staff to be employed according to their actual operational needs. AD(Elderly) supplemented that DECCs were required to use the funding resources to hire at least 1.5 APN and OT/PT, as well as one social welfare staff to provide services under the DCS Scheme. All the 20 DECCs participating in the DCS Scheme had used the funding resources to employ additional social workers and each had formed a team comprising APN, OT/PT and social worker to provide support for the DCS Scheme. APNs of HA, backed up by medical teams including doctors, also provided support for the DCS Scheme. Mr Wilson OR said that as the DCS Scheme adopted a medical-social collaboration model, SWD and HA should ensure good collaboration in its implementation.

#### Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low-income Families

37. Mr Alvin YEUNG and Mr Wilson OR expressed concern that in respect of some families of elderly doubletons where the elderly persons had taken up the role of carers of their spouse with dementia, these carers might not meet the requirement of providing the records of hours of care giving under the Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low-income Families ("Pilot Scheme on Carers Allowance"). Mr Alvin YEUNG said that even if they met these criteria, they might not be able to provide the Records of Hours of Care-giving as required under the Pilot Scheme on Carers Allowance. He enquired whether the Administration would improve the Scheme so that these families could benefit. Mr Wilson OR said that given the considerable number of families of elderly doubletons, the Administration should be flexible in handling applications from these families and the amount of living allowance should be increased. He enquired whether the Administration would review the Pilot Scheme on Carers Allowance and if so, the relevant arrangements. The Deputy Chairman opined that the amount of living allowance under the Pilot Scheme on Carers Allowance was too small to attract carers to stay home and take care of elderly persons. He asked whether the Administration would review the amount of living allowance.

38. USLW responded that the Administration would review the amount of allowance, the target beneficiaries, etc. upon completion of the two-year pilot period of the Scheme to enhance support for carers. The University of Hong Kong was commissioned to evaluate the Scheme and the Panel would be briefed on the outcome of the evaluation. Noting that ESPP had recommended that the Administration should explore the feasibility of providing subsidies for families with limited financial capability for hiring foreign domestic helpers to provide care support for their frail elderly persons at home, Mr Alvin YEUNG hoped that the Administration would not attempt to solve the problem by encouraging elderly persons to hire foreign domestic helpers.

39. In the light of the limited quota for the Pilot Scheme on Carers Allowance, the Deputy Chairman was concerned that some eligible carers might not be able to benefit. He enquired about the number of waitlistees for the Scheme. AD(Elderly) responded that the Scheme targeted at elderly persons who were on CWL. The Administration had invited all eligible elderly persons to apply for the living allowance under the Scheme. The number of applications assessed to be eligible had not exceeded the quota for the Scheme and all eligible applicants had been provided with the living allowance. In the event that eligible applications received had outnumbered the quota, the Administration would consider increasing the quota, subject to availability of resources. At the Deputy Chairman's request, AD(Elderly) undertook to provide information on the number of unsuccessful applications for the Scheme.

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40. Mr Michael TIEN said that according to some studies, there would be around 300 000 persons suffering from dementia in 2030. In the light of the growing number of persons with dementia, the Administration's resources alone might not be able to cope with the service demand. In addition to SWD's training courses, the Administration should capitalize on resources in the community to provide training for carers so as to increase the number of trained carers. To his understanding, the dementia care planner courses organized by some non-governmental organizations ("NGOs") were quite popular. He asked whether the Administration would consider contracting out such training courses in collaboration with NGOs and outsourcing some of its services for persons with dementia. AD(Elderly) responded that except statutory duties which were required to be discharged by SWD staff, most dementia cases were taken up by social workers of NGOs. The Administration would explore the suggestion of outsourcing with the welfare sector having regard to the manpower requirements and division of labour.

41. Mr Michael TIEN said that given the inadequate supply of residential care places for elderly persons, many elderly persons who lacked self-care ability were being taken care of by domestic helpers. The Administration should consider providing relevant training for domestic helpers who were required to take care of elderly persons with dementia. USLW responded that the Labour and Welfare Bureau was planning to implement the Pilot Scheme on Training for Foreign Domestic Helpers on Elderly Care. AD(Elderly) supplemented that the Pilot Scheme aimed at strengthening the skills of foreign domestic helpers in taking care of elderly persons, including those with dementia. The Pilot Scheme was expected to be launched in March or April 2018.

### Motion

42. Mr Michael TIEN moved the following motion:

"鑒於認知障礙症患者的需求日益上升，社會福利署("社署")所提供的480個相關人員培訓名額未必能應付所需，本委員會促請政府當局，除了社署提供培訓之外，與專業跟進認知障礙症的非政府組織合作，外判全方位認知障礙症照顧策劃師培訓課程，讓認知障礙症患者及其照顧者獲得最適切的協助。

另外，為專責照顧認知障礙症患者的外傭提供護理技巧及知識相關的基礎培訓，以完善當局致力推行居家安老的方針。"

(Translation)

"Given that the increasing demand from persons suffering from dementia may not be met by the 480 training places provided by the Social Welfare Department ("SWD") for relevant personnel, this Panel urges the Administration to, apart from the provision of training by SWD, contract out the comprehensive dementia care planner courses in collaboration with non-governmental organizations which are professionally engaged in following up dementia cases, with a view to enabling persons suffering from dementia and their carers to receive the most appropriate assistance.

In addition, basic training on nursing skills and knowledge should be provided for foreign domestic helpers who are dedicated to taking care of persons suffering from dementia, so as to perfect the ageing-in-place approach to which the authorities are committed."

43. The Chairman put the motion to vote. All members present voted for the motion. He declared that the motion was carried.

## **V. Hong Kong Rehabilitation Programme Plan**

[LC Paper No. CB(2)452/17-18(03)]

44. At the invitation of the Chairman, USLW briefed members on the guiding principles, scope of review and mode of public engagement for the formulation of a new RPP.

### Support for carers of persons with disabilities

45. Mr Michael TIEN said that carers of persons with disabilities were under enormous pressure and some of them had to take care of their disabled family members full time. Some tragedies had taken place because some carers worried that they could no longer take care of their disabled family members. Taking the view that support for persons with disabilities and their carers should be considered in tandem, he enquired whether the new RPP would also cover support for carers or even the entire family of persons with disabilities. USLW responded that in the light of the pressure faced by carers, the Administration had implemented measures to provide support for them. Commissioner for Rehabilitation ("C for R") advised that support services for carers would be one of the key areas of study under the RPP review. In response to Mr Michael TIEN's concern about whether there would be adequate resources for the provision of support services for carers of persons with disabilities, C for R said that the Administration had already launched pilot programmes to provide support for carers in recent years. The Review Working Group formed under the Rehabilitation Advisory Committee ("RAC") to undertake the formulation of the new RPP would study whether existing resources could be amalgamated. The Administration would secure additional resources through the normal procedure for providing support services for carers, subject to the review of RPP.

### Policy direction of new Rehabilitation Programme Plan

46. Dr Fernando CHEUNG said that RPP should set out the policy direction for services for persons with disabilities. However, the three guiding principles for the RPP review which were stipulated in paragraph 4 of the Administration's paper (LC Paper No. CB(2)452/17-18(03)) had no value judgment and lacked a policy direction. USLW responded that the approach of the RPP review would be similar to

that of ESPP but the scope of the former would be wider. C for R supplemented that the three guiding principles for the RPP review were underpinned by the references in the Administration's paper to the core values of the United Nations Convention on the Rights of Persons with Disabilities ("UNCRPD") (i.e. promoting respect for inherent dignity of persons with disabilities, recognizing the diversity, individual autonomy and independence of persons with disabilities, as well as the barrier-free spirit). The scope of the RPP review would cover various macro and specialized topics related to persons with disabilities. He added that community care services for persons with disabilities and support services for carers of persons with disabilities would be studied in depth, and task forces would be formed under the Review Working Group to study specialized topics under the RPP review.

#### Population of persons with intellectual disability

47. Dr Fernando CHEUNG said that according to the Census and Statistics Department ("C&SD"), it was difficult to obtain an accurate number of persons with intellectual disability under the setting of a statistical survey. The results of C&SD's assessments published in 2014 indicated that the total number of persons with intellectual disability in Hong Kong was about 71 000 to some 100 000. He was of the view that in the absence of an accurate grasp of the number of persons with intellectual disability, the Administration would not be able to conduct the relevant service planning to ensure that persons with intellectual disability were provided with adequate and appropriate services. He enquired about whether the LWB would discuss with C&SD how to survey an accurate number of persons with intellectual disability. USLW responded that the Administration would try to grasp the information on persons with intellectual disability. C for R supplemented that C&SD conducted special topics report on persons with disabilities ("Special Topics Report") every five years. Given that the collection of information on persons with intellectual disability involved the need to address certain sensitive, technical and complicated issues, including ascertaining whether the respondents understood the questions and whether they were willing and able to provide the required information, C&SD had difficulties in obtaining an accurate number of these persons. During the Administration's internal discussions on the matter, C&SD considered that collating the administrative records of the users of public services (including welfare, health and educational services) for persons with intellectual disability would be useful for providing extra reference materials for service planning. C&SD had submitted a proposal in this regard. The Administration was seeking advice of the Department of

Justice and the Office of the Privacy Commissioner for Personal Data on the proposal and was working on issues relating to privacy of service users. The proposal, if implemented, would be useful in service planning for persons with intellectual disability.

48. The Deputy Chairman said that an accurate number of persons with intellectual disability was important for the RPP review in terms of planning for the provision of adequate and suitable services for persons with intellectual disability. One of the ways to identify persons with disabilities, especially the hidden ones who were in need of assistance, was through their participation in the Administration's assistance schemes. The Administration should increase the penetration of these schemes and provide more incentives to attract persons with disabilities to apply for these schemes.

49. The Chairman said that many service users had reflected that the framework of RPP was outdated and the term "support and services for persons with disabilities" was more commonly used internationally than the term "rehabilitation". They expressed concern about how the principles, objectives and framework of UNCRPD would be applicable to the RPP review and how the new RPP could address issues such as guardianship system, legal capacity, authorization and judicial rights. They were also concerned about how the new RPP could facilitate them to uphold their rights. He further said that many members of the Legislative Council and deputations had been calling for the establishment of a Commission on Persons with Disabilities to formulate and oversee implementation of policies for persons with disabilities so as to protect their welfare and rights. He hoped the Administration would consider such a request. Dr Fernando CHEUNG said that the Administration had adopted a treatment of illness approach to deal with service needs of persons with disabilities, which to him was not suitable. He considered that as using the concept of rehabilitation in relation to provision of services for persons with disabilities was outdated, RPP should be renamed.

50. C for R responded that the Government had asked RAC to uphold the spirit of UNCRPD in conducting the RPP review. Similar requirement had also been included in the invitation for consultancy service for formulating the new RPP. As to the review of the guardianship regime, LWB had set up a working group which comprised service users, representatives from parents organizations, NGO service providers, independent professionals, etc. to explore the feasibility of setting up a Special Needs Trust in Hong Kong and related guardianship matters. The

recommendations of this working group would be conveyed to the Review Working Group responsible for the RPP review. The Administration would explore the setting up of a Commission on Persons with Disabilities and consider the need of renaming RPP.

*(At 12:42 pm, the Chairman extended the meeting for 15 minutes beyond the appointed ending time of the meeting to allow sufficient time for discussion.)*

#### Participation of stakeholders in review of Rehabilitation Programme Plan

51. Considering stakeholders should be involved in the public engagement exercise for the RPP review, the Chairman and the Deputy Chairman enquired about the relevant arrangements. C for R responded that an in-depth review of the major issues and an extensive public engagement exercise would be conducted for stakeholders to have systematic and thorough discussion on the various rehabilitation service needs of persons with disabilities. The public engagement exercise included three stages and the Administration would ensure that views from service providers and members of the public would be collected at each of these stages. It was estimated that at least 60 consultation sessions would be arranged during the public engagement exercise. Views would be collated through different modes including public fora, focus group discussions and interviews with persons with disabilities, representatives from parents/carer organizations and various types of organizations of persons with disabilities. RAC would commence the first stage of public engagement exercise in the first quarter of 2018 and RAC was expected to submit a report to the Administration tentatively in end-2019. The Administration stood ready to brief the Panel on the progress of the public engagement exercise at an appropriate time.

52. The Chairman asked whether the Review Working Group had been formed and whether a consultant had been appointed to carry out the RPP review. C for R responded that the Review Working Group would be established in January 2018. As for the consultant, the Administration had invited proposals from local tertiary institutions and was in the course of finalizing the selection procedure. The Chairman said that as many persons with disabilities stressed that they were their own advocates, they and their family members should be actively involved in the RPP review. The Administration should not only appoint RAC members who were representatives of service users to the Review Working Group. Taking the view that policies and long-term service planning for persons with disabilities should be formulated by the Administration, he wondered why

RAC was asked to work on the formulation of the new RPP. Given that there was no breakthrough in the service planning for persons with disabilities in the past, he hoped that more stakeholders and new blood could be appointed to the Review Working Group so as to gauge new insights for the new RPP. C for R responded that the membership of the Review Working Group would not be identical to that of RAC. Apart from some RAC members, the Review Working Group would comprise representatives from self-help organizations of persons with disabilities, parents organizations, operators of subvented and private residential care homes, independent professionals from related sectors, and relevant government departments. Apart from the Review Working Group, some task forces would be formed to study specialized topics during the RPP review. Stakeholders with different background would be appointed to these task forces.

## **VI. Any other business**

53. There being no other business, the meeting ended at 12:49 pm.

Council Business Division 2  
Legislative Council Secretariat  
14 March 2018