

立法會 *Legislative Council*

LC Paper No. CB(2)1383/19-20

Ref : CB2/PS/1/16

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 the 2019-2020 session of the Legislative Council.

Background

2. The Joint Subcommittee was jointly appointed by the Panel on Welfare Services and Panel on Health Services 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 Joint Subcommittee has completed its initial 12-month period of work in December 2017¹ and subsequently reactivated its work on 26 March 2020. 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 four meetings from April to June 2020. The Joint Subcommittee has received views from deputations at one of these meetings. A list of the deputations which have given views to the

¹ Details of the Joint Subcommittee on Long-term Care Policy's deliberations during its 12-month period of work from 16 December 2016 to 15 December 2017 are available in the report of the Joint Subcommittee submitted to the Panel on Welfare Services and Panel on Health Services on 7 February 2018 (Annex I to LC Paper No. CB(2)852/17-18).

Joint Subcommittee is in **Appendix III**.

Deliberations of the Joint Subcommittee during the 2019-2020 session

4. The Joint Subcommittee has focused its deliberations on the following areas:

- (a) LTC services, including daytime, home-based and residential care services, being affected by the Coronavirus Disease 2019 ("COVID-19") epidemic;
- (b) amendments to the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) ("RCHE Ordinance") and the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) ("RCHD Ordinance");
- (c) application of gerontechnology in elderly care services; and
- (d) provision of health care vouchers for persons with disabilities ("PWDs").

Long-term care services being affected by the Coronavirus Disease 2019 epidemic

5. Noting that the suspension of various welfare services during the COVID-19 epidemic has affected the rehabilitation progress of service users, some members have requested the Administration to provide extra services to make up for the lag in service provision for users who have been affected.

6. According to the Administration, service needs of the affected users will be reassessed. Paramedical staff such as physiotherapists and occupational therapists will revise the training programmes for service users according to their conditions. Make-up classes will be provided in summer for children who are using pre-school rehabilitation services and will proceed to receive primary education in September 2020.

7. Some members take the view that the provision of some services such as bathing and home cleaning services for elderly persons and PWDs should continue during the COVID-19 epidemic, and policy

directions or standards for the provision of LTC services during the COVID-19 epidemic should be established. According to the Administration, essential services (including personal care services) have all along been provided during the COVID-19 epidemic, though service frequency and intensity might have been adjusted having regard to the epidemic situation.

8. Some members consider that the Administration should draw up guidelines on the provision of sufficient personal protective equipment ("PPE") for frontline staff and on the use of PPE for various types of LTC services as early as possible and make public these guidelines. The Administration has advised that the Centre for Health Protection of the Department of Health has issued guidelines for residential care homes ("RCHs") and home-based service units for the prevention of COVID-19 having regard to inputs from the Social Welfare Department ("SWD"). RCHs and home-based service units are required to refer to these guidelines and take appropriate measures to reduce the risk of infection and spreading of COVID-19. The Joint Subcommittee has urged the Administration to formulate guidelines to encourage LTC service providers to use video conferencing for communication amid the epidemic as far as possible, so as to maintain the provision of information, counselling and training services as well as the relationship with service users or their family members.

Amendments to the Residential Care Homes (Elderly Persons) Ordinance and the Residential Care Homes (Persons with Disabilities) Ordinance

9. Members were briefed on the progress of implementing the proposed amendments to the RCHE Ordinance and the RCHD Ordinance put forward by the Working Group on the Review of Ordinances and Codes of Practice for Residential Care Homes ("the Working Group") which was set up by SWD in 2017. Relevant deputations were invited to give views on the issue.

Statutory minimum area of floor space per resident in residential care homes

10. Members note that the Working Group has recommended increasing the statutory minimum area of floor space per resident from 6.5m² to 9.5m² in high care level RCHs and from 6.5m² to 8m² in medium and low care level RCHs. Considering that the proposed increase in the statutory minimum area of floor space per resident in

RCHs is inadequate in improving the living conditions of RCH residents, some members have urged the Administration to further increase the statutory minimum area of floor space per resident in RCHs.

11. The Administration has advised that a substantial increase in the statutory minimum area of floor space per resident in RCHs will result in a reduction in the number of places in existing RCHs, thereby increasing the waiting time for admission to RCHs. The Working Group's recommendations on the statutory minimum area of floor space per resident in RCHs are made after considering the basic needs of residents, actual operation of RCHs and the impact of the increase in statutory minimum area of floor space per resident on the RCH industry and existing RCH residents.

Statutory staffing requirements of and manning ratio in residential care homes

12. Some members have called on the Administration to substantially enhance the statutory staffing requirements of and the manning ratio in RCHs, in particular the manning ratio of care workers to residents in high care level RCHs, so as to improve the quality of care for residents. These members have also considered that rehabilitation professionals, social workers, programme assistants and dispensers/pharmacists should be included in the statutory staffing requirements of RCHs.

13. The Administration has advised that the Working Group has considered it necessary to give practical consideration to the impact of the enhanced statutory minimum staffing requirements of and manning ratio in RCHs on the industry amidst its current manpower shortage. As regards the manning ratio in high care level RCHs, the Working Group has recommended that the number of hours when the manning ratio of care workers to residents is 1:20 should be extended from the existing eight hours a day to 10 hours a day during daytime.

Rehabilitation needs of residents of residential care homes

14. Criticizing that some RCHs have failed to address the rehabilitation needs of their residents, some members have urged the Administration to set clear policy direction for provision of rehabilitation services for RCH residents. According to the Administration, the Elderly Services Programme Plan which was released in 2017 has set out strategic directions for the medium and long-term planning of elderly services.

The Code of Practice for Residential Care Homes (Elderly Persons) and the Code of Practice for Residential Care Homes (Persons with Disabilities) have stipulated the types of health and care services to be provided by various types of RCHs and the types of staff required for provision of such services. In addition, SWD has launched a four-year Pilot Scheme on Multi-disciplinary Outreaching Support Teams for the Elderly in the first quarter of 2019. Under this Pilot Scheme, district-based professional teams, comprising social workers, physiotherapists, speech therapists, occupational therapists, etc., will provide outreach service for residents of private residential care homes for the elderly ("RCHes") to address their social and rehabilitation needs.

Application of gerontechnology in elderly care services

15. When receiving a briefing by the Administration on the progress in promoting the application of gerontechnology in elderly care services, members note that all subsidized RCHes and private RCHes participating in the Enhanced Bought Place Scheme may apply for the Innovation and Technology Fund for Application in Elderly and Rehabilitation Care ("I&T Fund") to procure, rent, or try out gerontechnological products.

16. Members take the view that RCHes should use gerontechnological products to help their residents enhance physical functions and maintain life skills, cognitive status and social abilities. These members have urged the Administration to impress upon applicant organizations of the I&T Fund the need to provide training for their staff on using gerontechnological products to achieve the above-mentioned objectives.

17. The Administration has advised that the major objective of establishing the I&T Fund is to enhance the quality of care for elderly persons and PWDs. Many products subsidized by the I&T Fund seek to improve the physical, social and cognitive abilities as well as life skills of service users. Applicant organizations are required to explain how the gerontechnological products will benefit service users and their staff in their applications for the I&T Fund.

18. Members have urged the Administration to draw up a holistic plan to enhance the quality of care for elderly persons and PWDs as well as the support for their carers through the application of gerontechnology. The Administration has advised that it will keep in view the application of gerontechnology in the provision of elderly and rehabilitation services.

Provision of health care vouchers for persons with disabilities

19. Considering that the financial assistance and support currently provided by the Administration are inadequate in addressing the medical needs of PWDs, members have urged the Administration to make reference to the arrangement of the Elderly Health Care Voucher Scheme and consider introducing a similar health care voucher scheme for PWDs. Members are of the view that the provision of health care vouchers for PWDs will facilitate them to receive private primary health care services in their local communities.

20. According to the Administration, it has dedicated substantial resources to providing various specific health care services and financial assistance for PWDs. Taking into account the need to ensure efficient use of resources and the fact that PWDs generally require more specialized treatments and health care services, the Administration currently has no plan to provide health care vouchers for PWDs. It will continue to provide suitable health care services and financial assistance to PWDs under the existing mechanisms.

21. In response to members' enquiry about day care services provided by the Administration for PWDs, the Administration has advised that SWD will set up two new Rehabilitation Service Centres to implement a pilot scheme on community care services. These two new centres will integrate the provision of day care and home care services with a view to providing better support for persons with severe disabilities.

Recommendations

22. The Joint Subcommittee recommends that the Administration should:

Long-term care services being affected by the Coronavirus Disease 2019 epidemic

(Paragraphs 5 - 8)

- (a) provide extra services to make up for the lag in service provision for LTC service users who have been affected by service suspension during the COVID-19 epidemic;

- (b) establish policy directions or standards for the provision of LTC services during the COVID-19 epidemic;
- (c) draw up guidelines on the provision of sufficient PPE for frontline staff and on the use of PPE for various types of LTC services as early as possible and make public these guidelines;
- (d) formulate guidelines to encourage LTC service providers to use video conferencing for communication amid the epidemic as far as possible, so as to maintain the provision of information, counselling and training services as well as the relationship with service users or their family members;

Amendments to the Residential Care Homes (Elderly Persons) Ordinance and the Residential Care Homes (Persons with Disabilities) Ordinance
(Paragraphs 9 - 14)

- (e) further increase the statutory minimum area of floor space per resident of RCHs;
- (f) substantially enhance the statutory staffing requirements of and the manning ratio in RCHs, in particular the manning ratio of care workers to residents in high care level RCHs;
- (g) include rehabilitation professionals, social workers, programme assistants and dispensers/pharmacists in the statutory staffing requirements of RCHs;
- (h) set clear policy direction for provision of rehabilitation services for RCH residents;

Application of gerontechnology in elderly care services
(Paragraphs 15 - 18)

- (i) impress upon applicant organizations of the I&T Fund the need to provide training for their staff on using gerontechnological products to help service users enhance physical functions and maintain life skills, cognitive status and social abilities;
- (j) draw up a holistic plan to enhance the quality of care for

elderly persons and PWDs as well as the support for their carers through the application of gerontechnology; and

Provision of health care vouchers for persons with disabilities
(Paragraphs 19 - 21)

- (k) make reference to the arrangement of the Elderly Health Care Voucher Scheme and consider introducing a similar health care voucher scheme for PWDs.

Advice sought

- 23. Members are invited to note the work of the Joint Subcommittee.

Council Business Division 2
Legislative Council Secretariat
17 July 2020

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.

Joint Subcommittee on Long-term Care Policy

Membership list

Chairman	Dr Hon Fernando CHEUNG Chiu-hung
Members	Hon LEUNG Yiu-chung Hon Tommy CHEUNG Yu-yan, GBS, JP Prof Hon Joseph LEE Kok-long, SBS, JP Hon CHAN Han-pan, BBS, JP Hon Elizabeth QUAT, BBS, JP Hon CHU Hoi-dick Hon SHIU Ka-chun Hon LUK Chung-hung, JP Hon KWONG Chun-yu (Total : 10 members)
Clerk	Ms Wendy JAN
Legal Adviser	Miss Rachel DAI

Joint Subcommittee on Long-term Care Policy

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

1. 安老服務倡導聯盟
2. Concerning Home Care Service Alliance
3. The Association of Parents of The Severely Mentally Handicapped
4. The Hong Kong Joint Council of Parents of the Mentally Handicapped
5. The Forthright Caucus
6. St. James' Settlement Rehabilitation Service (Diversity & Autonomy)
7. St. James' Settlement Rehabilitation Service Family Club
8. Hong Kong Pharmaceutical Care Foundation
9. Hong Kong Registered Dispenser Society

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

1. Office of Dr Hon Fernando CHEUNG Chiu-hung
2. 1st Step Association
3. Hong Kong Neuro-Muscular Disease Association
4. Hong Kong Public Doctors' Association
5. The Forthright Caucus
6. 永別劍橋康橋工作小組