

# LCQ20: Statistical information on residential care homes for the elderly

Following is a question by the Dr Hon Fernando Cheung and a written reply by the Acting Secretary for Labour and Welfare, Mr Caspar Tsui, in the Legislative Council today (July 4):

Question:

Some members of the public have pointed out that when formulating service quality standards (e.g. the area of floor space per resident and manpower ratios) for places for the elderly, the Government often give a lot of weight to the views of the operators of non-subsidised residential care homes for the elderly (RCHEs). As the operators have claimed that the implementation of the reform proposals put forward by community groups will lead to waves of closures of RCHEs, the Government has brushed aside such proposals. In this connection, will the Government inform this Council of the following information on the provision of places for the elderly (to set out in tables):

- (1) the following information on non-subsidised places for the elderly in each of the past 10 financial years: (i) number of homes (and among which the number of those participated in the Enhanced Bought Place Scheme (EBPS)), (ii) number of places (and among which the number of those provided by homes participated in EBPS), (iii) number of residents (and among which the number of recipients of Comprehensive Social Security Assistance), (iv) vacancy rate of places, and (v) the area of floor space per resident;
- (2) the respective numbers of non-subsidised RCHEs opened and closed down in each of the past 10 financial years, and the number of places involved (and among which the number of those provided by homes participated in EBPS);
- (3) the following information on subsidised places in each of the past 10 financial years: (i) the number of persons waiting, (ii) average waiting time, (iii) the number of elderly persons who passed away while waiting for those places and (iv) the number of applications withdrawn;
- (4) the respective numbers of elderly persons in each of the past 10 financial years who expressed willingness and unwillingness to choose EA1 and EA2 places under EBPS when being assessed under the Standardised Care Need Assessment Mechanism for Elderly Services, and their reasons; and
- (5) the following information respectively on (i) the scheme to encourage developers to provide RCHE premises in new private developments, (ii) the Pilot Residential Care Services Scheme in Guangdong and (iii) the Special Scheme on Privately Owned Sites for Welfare Uses, in each financial year since their implementation: number of places provided, vacancy rate and average waiting time of these places, as well as the area of floor space per resident and manpower ratios of the homes concerned?

Reply:

President,

My reply to the Member's question is as follows:

(1) Information on the number of homes providing non-subsidised residential care services for the elderly and the number of non-subsidised places from 2008-09 to 2017-18 is at Annex 1.

The number of recipients of Comprehensive Social Security Assistance (CSSA) who are aged 60 or above and reside at non-subsidised homes from 2008-09 to 2017-18 is as follows:

Year	Number of CSSA recipients aged 60 or above residing at non-subsidised homes (Note)
2008-09	24 330
2009-10	24 920
2010-11	25 179
2011-12	24 902
2012-13	24 688
2013-14	25 705
2014-15	25 004
2015-16	24 340
2016-17	24 434
2017-18	24 607

Note: These are the numbers of recipients as at end-March in the year concerned. The Social Welfare Department (SWD) does not have figures on the number of CSSA recipients residing at different types of non-subsidised homes. The above figures include the number of recipients residing at non-subsidised residential care homes for the elderly (RCHEs) and residents residing at non-subsidised residential care homes for persons with disabilities.

SWD has not systematically compiled information on the number of residents receiving non-subsidised residential care services for the elderly, vacancy rate of places and the area of floor space per resident. As at end-March 2018, the average occupancy rate of private RCHEs participating in the Enhanced Bought Place Scheme (EBPS) and those not participating in that scheme was 91 per cent and 83 per cent respectively. At present, different types of RCHEs are providing non-subsidised places, including subvented, contract, self-financing and private RCHEs. The area of floor space per resident of these RCHEs generally ranges from a minimum of 6.5 square metres to a maximum of 24.8 square metres.

(2) Regarding RCHEs providing non-subsidised places, information on the number of homes opened and closed down from 2008-09 to 2017-18 and the number

of places involved is at Annex 2.

(3) The average waiting time for various types of subsidised residential care places for the elderly from 2008-09 to 2017-18 is at Annex 3.

The number of persons waiting for subsidised residential care places for the elderly and the number of persons who passed away or withdrew applications while waiting for these places from 2008-09 to 2017-18 is as follows:

Year	Number of persons waiting for subsidised residential care places for the elderly	Number of persons who passed away while waiting for service	Number of persons who withdrew applications while waiting for service
2008-09	24 168	4 372	2 256
2009-10	25 815	4 573	2 419
2010-11	26 751	4 844	2 540
2011-12	27 888	4 797	2 473
2012-13	28 818	5 146	2 778
2013-14	29 435	5 262	2 182
2014-15	31 349	5 675	2 199
2015-16	33 368	5 774	2 243
2016-17	35 931	6 027	2 172
2017-18	37 911	6 611	2 191

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(4) The number of persons who were waiting for subsidised care-and-attention (C&A) places and, amongst them, the number of persons who expressed willingness to accept subsidised places under EBPS from 2008-09 to 2017-18 is as follows:

Year	Number of persons waiting for subsidised C&A places (1)	Amongst (1), number of persons who expressed willingness to accept subsidised places under EBPS (2)
2008-09	17 948	1 264
2009-10	19 556	1 313
2010-11	20 342	1 119
2011-12	21 432	1 205
2012-13	22 546	1 313
2013-14	23 216	1 196

2014-15	25 304	1 490
2015-16	27 365	1 611
2016-17	29 672	1 745
2017-18	31 358	1 753

SWD does not have information on elderly persons' reasons for expressing willingness to accept subsidised places under EBPS, or the number of persons who expressed unwillingness to accept such places and their reasons.

(5) The Government launched the Scheme to Encourage Provision of Residential Care Home for the Elderly Premises in New Private Developments in July 2003. Under the scheme, eligible RCHE premises proposed will be exempted from payment of premium under different types of land transactions including lease modifications, land exchange and private treaty grants, on the condition that the developers are willing to accept incorporation of certain lease conditions. Since the launch of the scheme, the Lands Department (LandsD) has approved one application. The developer concerned signed a land exchange agreement with LandsD in December 2012 for the development of a 290-place RCHE. The developer is carrying out construction and fitting works of the RCHE.

SWD has since June 2014 implemented the Pilot Residential Care Services Scheme in Guangdong (the pilot scheme), whereby the Government purchases places from two RCHEs respectively located in Yantian, Shenzhen and Zhaoqing and operated by Hong Kong non-governmental organisations (NGOs), to enable elderly persons waiting for subsidised C&A places in Hong Kong to choose to reside therein. While the pilot scheme can provide 400 places, the actual number of places to be purchased each year depends on the number of participants under the pilot scheme. As at end-March 2018, a total of 180 elderly persons participated in the pilot scheme. On the premise of ensuring the service quality as well as meeting the requirements and performance standards as stipulated in the service agreements signed with SWD, the two RCHEs participating in the pilot scheme have the flexibility to arrange suitable staffing. While SWD does not have information on the staffing ratio and area of floor space per resident of the two RCHEs, the two RCHEs have acquired accreditation under the Residential Aged Care Accreditation Scheme managed by the Hong Kong Association of Gerontology, and the accreditation scheme has been accredited by the Hong Kong Accreditation Service.

The Government launched the Special Scheme on Privately Owned Sites for Welfare Uses in September 2013 to encourage NGOs to better utilise their own sites and provide or increase, through expansion, redevelopment or new development, those welfare facilities considered by the Government as being in acute demand, in particular to increase elderly and rehabilitation service places. As at end-May 2018, a project involving residential care services for the elderly was completed and commenced services in 2017-18. The project offers 120 C&A places providing continuum of care (including subsidised and non-subsidised places). On the premise of ensuring the service quality as well as meeting the service output requirements and performance standards as

stipulated in the Funding and Service Agreements, the NGO concerned has the flexibility to deploy the subventions and arrange suitable staffing in operating the RCHE.

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## [Hong Kong Customs combats sale of memory cards with infringing music files \(with photo\)](#)

Hong Kong Customs yesterday (July 3) conducted an operation to combat the sale of memory cards with infringing music files. A total of 5 668 memory cards loaded with suspected infringing music files and a batch of song list booklets with an estimated market value of about \$280,000 were seized. Four persons were arrested.

Customs earlier received information alleging the sale of memory cards loaded with suspected infringing music files at fixed hawker pitches in Sham Shui Po. After investigation, Customs officers conducted an operation yesterday and seized the batch of memory cards and the song list booklets at three fixed hawker pitches on Apliu Street.

During the operation, one male shop owner and three female salespersons, aged between 32 and 70, were arrested.

Investigation is ongoing and the arrested persons have been released on bail pending further investigation.

Customs will continue to step up patrols to curb any form of infringing activity.

Under the Copyright Ordinance, any person who possesses an infringing copy of a copyright work with a view to selling it commits an offence. The maximum penalty upon conviction is a fine of \$50,000 per infringing copy and imprisonment for four years.

Members of the public may report any suspected infringing activities to the Customs 24-hour hotline 2545 6182 or dedicated crime-reporting email account ([crimereport@customs.gov.hk](mailto:crimereport@customs.gov.hk)).



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## LCQ17: Elderly Services Programme Plan

Following is a question by the Hon Chan Kin-por and a written reply by the Acting Secretary for Labour and Welfare, Mr Caspar Tsui, in the Legislative Council today (July 4):

Question:

In June last year, the Government released the Elderly Services Programme Plan (ESPP) formulated by the Elderly Commission. In this connection, will the Government inform this Council:

(1) as ESPP has made it a primary strategy to achieve "ageing in place" and reduce institutionalisation rate through significantly strengthening community care services (CCS), and put forward a number of recommendations in this respect (e.g. enhancing Integrated Home Care Service (IHCS) and reviewing the funding modes of IHCS and Enhanced Home and Community Care Service), of the follow-up actions taken by the Government on such recommendations (including the specific measures to be implemented);

(2) as ESPP has pointed out that in order to actualise the principles and strategic directions set out in ESPP, it is necessary to forge the partnership among the pivotal players in the interface between welfare, healthcare and housing, whether the Government will consider setting up an inter-departmental task force to coordinate the relevant work;

(3) as ESPP has put forward a number of recommendations to strengthen the financial sustainability of elderly services, how the Government follow up such recommendations; whether it has assessed the annual recurrent expenditure involved in implementing the recommendations set out in ESPP;

(4) as ESPP has come up with indicative planning ratios for the year 2026 of 21.4 subsidised residential care services places and 14.8 subsidised CCS places for every 1 000 elderly persons aged 65 or above, whether the Government will adopt such indicative planning ratios; if not, of the reasons for that; and

(5) of the progress of the work of the Government on the other recommendations set out in ESPP; whether the Government has drawn up an implementation timetable for the various recommendations?

Reply:

President,

My reply to the Member's question is as follows:

(1) The Government's elderly care policy is "ageing in place as the core, institutional care as back-up". The Government has all along been supporting elderly persons to age in place through various community care and support services. With reference to the strategic direction proposed by the Elderly Services Programme Plan (ESPP) of achieving "ageing in place" and reducing institutionalisation rate through a significant strengthening of community care services, the "2017 Policy Agenda" announced a series of new initiatives to enhance community care and support services. These initiatives include providing an additional 1 000 vouchers (bringing the total to 6 000) under the Second Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly in 2018-19 to support ageing in place for elderly persons with moderate or severe impairment; enhancing dementia care and support at the community level; and enhancing outreaching services for supporting those needy carers living in the community who are looking after frail elderly persons.

In addition, the Government has secured funding from the Community Care Fund to implement pilot schemes to take forward two ESPP recommendations on strengthening support for elderly persons with mild impairment and strengthening support for elderly persons discharged from hospitals. The Government launched the Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment in December 2017 to provide them with appropriate home care and support services. The pilot scheme is expected to provide around 4 000 service places within three years. The Government also launched the Pilot Scheme on Support for Elderly Persons Discharged from Public Hospitals After Treatment in February 2018 to provide elderly persons in need of transitional care and support with suitable services, including transitional residential care and/or community care and support services. It is expected that the pilot scheme will provide support for at least 3 200 elderly persons within three years.

On the other hand, with reference to the relevant recommendation of the ESPP, the Social Welfare Department (SWD) is reviewing the catchment areas and funding modes of the Integrated Home Care Services (Frail Cases) and Enhanced Home and Community Care Services, and will make recommendations on the future direction of these two services and initiate discussions with

social welfare organisations.

(2) As set out in the ESPP, since population ageing touches on a wide array of complex and multi-faceted issues, it is necessary to promote and facilitate effective interfacing and collaboration amongst diverse sectors, organisations and stakeholders to achieve the principles and strategic directions of the ESPP. The Government is committed to forging more effective partnership among welfare, healthcare and housing sectors through various channels and platforms.

The Government launched the Dementia Community Support Scheme in February 2017 to provide cross-sectoral and multi-disciplinary support services for patients with mild or moderate dementia and their carers at the community level through a medical-social collaboration model. Separately, SWD has all along been communicating and co-ordinating with the relevant government departments (including Planning Department (PlanD), Lands Department, Housing Department, etc.) to reserve sites for the provision of more elderly services facilities. For instance, SWD has reserved sites in 30 development projects for the construction of new contract homes and day care centres/units for the elderly.

The Elderly Commission will continue to serve as a platform facilitating coordination among bureaux, departments and organisations concerned, and regularly review the progress of the relevant policies.

(3) The ESPP proposed that a more forward looking approach should be adopted in public expenditure on elderly services in response to the changing socio-economic profile of the elderly population and in promoting a more equitable sharing of financing long-term care (LTC) in the current population and across generations. The ESPP suggested the Government to consider co-payment for services commensurate with affordability, exploring measures to facilitate non-governmental organisations to provide self-financing services and exploring alternative LTC financing options.

On the other hand, in the 2017-18 Budget, the Financial Secretary has earmarked \$30 billion to strengthen elderly services and rehabilitation services for persons with disabilities. The Government has allocated around \$2.9 billion out of the earmarked provision for implementing initiatives to strengthen elderly services and rehabilitation services. These initiatives include taking forward a series of measures to strengthen the monitoring of residential care homes for the elderly and enhance their service quality; organising territory-wide public education activities to enhance public understanding of dementia; setting up the \$1 billion Innovation and Technology Fund for Application in Elderly and Rehabilitation Care to subsidise elderly and rehabilitation service units to try out and procure/rent technology products; and providing speech therapy services for elderly service units. The Government will, having regard to the practical circumstances and needs, further strengthen elderly services with the earmarked funding of \$30 billion.

(4) The ESPP recommended the reinstatement of population-based planning



ratios for elderly services facilities in the Hong Kong Planning Standards and Guidelines (HKPSG) to allow better forward planning of the relevant department(s) in reserving sites and premises.

According to the projections in the ESPP, the indicative planning ratios for subsidised long term care services in 2026 are 21.4 subsidised residential care places and 14.8 subsidised community care places per 1 000 elderly persons aged 65 or above. In addition, the ESPP recommended that there should be one District Elderly Community Centre in each new residential area with a population reaching 170 000. Where appropriate, there should be one Neighbourhood Elderly Centre in each new and redeveloped public rental housing estate and one in private housing areas with a population of 15 000 to 20 000 in new residential areas. To follow up on the recommendations concerned, the "2017 Policy Agenda" sets out that the Government plans to reinstate the population-based planning ratios for elderly services in the HKPSG. The Labour and Welfare Bureau and SWD have commenced discussions with the Development Bureau and PlanD in this regard, including the drawing up of specific amendments to the HKPSG. After the HKPSG has been amended, we will review and update the relevant planning ratios at suitable junctures, to ensure that the planning of facilities could meet the service demand.

(5) Four strategic directions and 20 short, medium to long term recommendations on the future development of elderly services were made in the ESPP. Among them, the follow-up of the short term recommendations will commence within two years after the completion of the ESPP, while that of the medium to long term recommendations will generally commence within three to five years following the completion. The Government has accepted in principle the strategic directions and recommendations in the ESPP, and has commenced the follow-up actions, to make arrangements for the implementation of the recommendations.

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## [Company director fined for default on Labour Tribunal awards](#)

Hang Cheong Engineering International Company Limited and its director were prosecuted by the Labour Department (LD) for defaulting on the sums awarded by the Labour Tribunal (LT) as required by the Employment Ordinance (EO). The company earlier pleaded guilty at Eastern Magistrates' Courts and was fined \$100,000. The director also pleaded guilty today (July 4) and was fined \$90,000. The company and director were ordered by the court to pay a sum of about \$233,000 to three employees.

The company failed to pay three employees the awarded sums of about \$233,000 in total within 14 days after the dates set out by the terms of the LT awards in accordance with the EO. The director concerned was convicted for

his consent, connivance or neglect in the above offences.

"The ruling helps disseminate a strong message to all employers and responsible officers of companies that they have to pay the awarded sums according to the terms of the awards of the LT or the Minor Employment Claims Adjudication Board. The LD will not tolerate these offences and will continue to make dedicated efforts in enforcing the EO and safeguarding employees' statutory rights," an LD spokesman said.

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## **LCQ5: Medical services provided to persons in custody by Correctional Services Department**

Following is a question by the Hon Leung Yiu-chung and a reply by the Secretary for Security, Mr John Lee, in the Legislative Council today (July 4):

Question:

It has been reported that a person in custody (PIC) lodged a judicial review in 2016 against the decision of the Correctional Services Department (CSD) to refuse to arrange for him to receive Chinese medicine (CM) diagnosis and treatment, but he died of illness before the case was tried. Last month, the Coroner's Court held an inquest into the cause of death of that PIC and the jury recommended that the authorities consider providing CM diagnoses and treatments for PIC. In this connection, will the Government inform this Council:

- (1) of the respective numbers of applications from PICs for receiving CM diagnoses and treatments which were received, approved and rejected by the authorities in each of the past 10 years, and the criteria adopted for deciding whether to approve such applications;
- (2) given that the Chinese Medicine Ordinance has put in place a regulatory regime for CM and established the professional status and standards of CM practitioners, whether the authorities will allow PICs to choose to receive CM diagnoses and treatments; if so, of the details; if not, the reasons for that; and
- (3) given that the aforesaid PIC had requested to receive CM diagnosis and treatment in addition to western medicine diagnosis and treatment, but CSD requested that PIC to prove that a combination of Chinese and western medicine diagnoses and treatments would not create an adverse effect, whether the authorities will offer PIC medical advice and support according to the medical needs of individual PICs, and ensure that they can safely receive CM

diagnoses and treatments or a combination of Chinese and western medicine diagnoses and treatments; if so, of the details; if not, the reasons for that?

Reply:

President,

The Correctional Services Department (CSD) is committed to providing a secure, safe, humane, decent and healthy custodial environment for persons in custody (PICs). As far as the health of PICs is concerned, CSD ensures that necessary and appropriate medical services are provided to all PICs in accordance with the Prison Rules (Cap 234A of the Laws of Hong Kong).

According to Rule 143(a) of the Prison Rules, the "Medical Officer shall have the medical charge and shall be responsible for the treatment when sick of all the prisoners in a prison". Rule 144 of the Prison Rules also stipulates the Medical Officer's duty to prisoners, including seeing every day PICs who complain of illness and reporting in writing to the Superintendent of the correctional institution their fitness or otherwise for labour; making daily visits to the sick in the hospital of a correctional institutional; making examinations of newly admitted PICs etc. The Medical Officer shall also frequently examine the washing-places, baths and other provision for purposes of cleanliness and sanitation to ensure the efficient working thereof, and report all defects to the Superintendent.

Every correctional institution has a hospital or sick bay where medical services are provided to PICs by Medical Officers seconded from the Department of Health (DH) and correctional staff with professional nursing qualifications. PICs who require specialist treatment, intensive care or surgery will receive treatment in public hospitals. Moreover, medical specialists from the Hospital Authority (HA) and DH will visit correctional institutions on a regular basis to provide PICs with specialist consultation and treatment.

Based on the information provided by CSD and the Food and Health Bureau, my consolidated reply to the three specific questions raised by the Hon Leung Yiu-chung is as follows:

Medical Officers of DH of correctional institutions are responsible for providing medical services to PICs. According to Rule 143 of the Prison Rules, the Medical Officer shall have the medical charge and shall be responsible for the treatment when sick of all the prisoners in a prison. Therefore, the Medical Officer of a correctional institution assumes full responsibility of the treatment of all PICs when sick. He must make professional judgment and assumes responsibility for his judgment, including legal responsibilities. Thus, when considered necessary, he will refer sick PICs to receive medical services under Hong Kong's public healthcare system, including accident and emergency services, specialist out-patient and in-patient services provided by HA, as well as medical examination and treatment provided by specialist clinics under DH. This is to fulfil the Medical

Officer's professional duties and legal responsibilities as stipulated by the Prison Rules. At present, Chinese medicine services are not part of the regular services of HA and DH. Medical Officers of DH of correctional institutions will not refer PICs to receive private medical services, including Chinese medicine services.

All along, appropriate medical services are provided in correctional institutions to take care of the health of PICs. However, if individual PICs prefer to receive treatment other than western medicine treatment and make such requests, CSD will consider them on a case-by-case basis, taking into account the professional advice of the Medical Officer of the correctional institution. Since the Medical Officer has a statutory duty for the health and the treatment of PICs when sick in accordance with Rule 143 of the Prison Rules, when handling PICs' applications for receiving Chinese medicine treatment besides western medicine treatment, he has to consider various factors cautiously and fully, including whether the applied-for treatment is necessary, whether its efficacy and safety is medically-proven, and whether it would conflict with the western medicine treatment the PIC is receiving and thus affect his health etc. For example, if a PIC has a common cold or flu, as the medical treatment provided by the institution is already safe and effective, the Medical Officer of the institutional will not recommend the PIC to receive Chinese medicine treatment. Take another example. When considering an application for Chinese medicine treatment by a PIC with a certain chronic illness, the Medical Officer of the institution must first understand the conditions of the patient and the efficacy of the treatment received. Then he must also understand whether the applied-for medicine for treatment is safe, whether it would conflict with other medicine, particularly the medicine prescribed under western medicine treatment, whether the applied-for medicine would produce any side effects and what they are, and the treatment for such side effects etc. The Medical Officer must also consider whether the Chinese medical practitioner treating the PIC is willing to be on call. The above are only some examples to illustrate the statutory and legal duties of the Medical Officer of the correctional institution. The Medical Officer must carefully and cautiously consider whether to allow a PIC to receive treatment other than western medicine treatment, as it concerns the health and life of the PIC.

Based on records, CSD has received application by one PIC to receive Chinese medicine diagnoses and take Chinese medicine in the past 10 years. Based on the professional advice of the Medical Officer and relevant legal advice, CSD approved Chinese medical practitioners to diagnose the PIC in the correctional institution. After diagnoses, the PIC applied to take Chinese medicine. In considering that application, the Medical Officer of the correctional institution considered the abovementioned factors carefully, and requested more detailed information for follow-up. After careful considerations by the Medical Officer and CSD, the application by the PIC to take Chinese medicine was not approved. Nevertheless, the Medical Officer of the correctional institution continued to provide suitable western medicine treatment to him all along.

In June this year, the Coroner's Court held a death inquest in relation

to that PIC. The jury concluded unanimously that the death was a "natural death" and put forward an additional recommendation. They recommended the authorities to consider providing Chinese medicine services as an option for prisoners in prison hospitals. CSD is examining the jury's recommendation and liaising with DH and HA for this purpose. They must also carefully consider the aforementioned laws and responsibilities, as well as other relevant complex issues.

The Government and HA are conducting a study on the positioning of Chinese medicine in the local healthcare system. The Security Bureau and CSD will monitor the result of this study and whether there are matters requiring follow-up.

Thank you, President.