

## LCQ18: Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment

Following is a question by the Hon Shiu Ka-chun and a written reply by the Secretary for Labour and Welfare, Dr Law Chi-kwong, in the Legislative Council today (March 20):

Question:

In December 2017, the Social Welfare Department (SWD) launched a three-year Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment (the Pilot Scheme) to provide, on a co-payment basis, home care and support services to the elderly persons on the waiting list for the Integrated Home Care Services (IHCS) (Ordinary Cases). The Pilot Scheme offers 4 000 service places. SWD has commissioned a consultant to formulate a standardised assessment tool for use by the IHCS teams to conduct assessments on elderly persons, with a view to identifying elderly persons eligible for taking part in the Pilot Scheme. In this connection, will the Government inform this Council:

- (1) of the reasons for limiting the number of service places for the Pilot Scheme at 4 000;
- (2) as SWD has commissioned a consultant to conduct a review on the effectiveness of the Pilot Scheme, of (i) the number, name list and qualifications of the members in the consultant team responsible for such task, (ii) the consultant fees involved, and (iii) the timetable for the review and whether the review will include public engagement activities;
- (3) regarding the Pilot Scheme, of (i) the cumulative total amount of expenditure to date and the details of the various expenditure items, (ii) the expenditures for the previous and the current financial years, and (iii) the estimated expenditure for the next financial year; the cumulative total amount of funds allocated to date to service providers taking part in the Pilot Scheme, as well as the average cost per service session for each item of the services provided under the Pilot Scheme;
- (4) of the details of the assessment tool, including the criteria adopted and a list of the items in the tool (with the whole assessment tool attached);
- (5) of (i) the number of runs and (ii) the dates of the training programme on the use of the assessment tool conducted by SWD for members of the IHCS teams;
- (6) of the respective numbers of elderly persons, since the introduction of the Pilot Scheme, who have (i) applied for joining the Scheme, (ii) undergone assessment, (iii) been assessed as being eligible for joining the Scheme,

(iv) used the services provided under the Scheme (with a breakdown by the co-payment category to which they belonged), and (v) withdrawn from the Scheme, together with a tabulated breakdown by District Council district; the respective numbers of persons currently on the waiting lists for the various items of the services provided under the Scheme;

(7) of a breakdown of the number of elderly persons who have withdrawn from the Pilot Scheme by the reasons for withdrawal as set out in Table 1;

Table 1

Reason for withdrawal	Number of persons
(i) No suitable service providers/service packages	
(ii) Expiry of the service period	
(iii) To be/Having been admitted to subsidised community care services or subsidised/private residential care services, or to receive/receiving such services	
(iv) Deceased	
(v) Having carers such as family members or domestic helpers	
(vi) Others (including hospitalisation and having left Hong Kong)	
Total:	

(8) in respect of each item of services provided under the Pilot Scheme, of (i) the number of elderly persons who are currently using the service, (ii) the percentage of such number in the total number of users of the various services under the Pilot Scheme, (iii) the average monthly number of users for the service, and (iv) the number of user-times to date for the service (set out in Table 2);

Table 2

Service item	(i)	(ii)	(iii)	(iv)
a. Escort service (for going out/medical appointments)				
b. Meal service (meal delivery)				
c. Personal care				
d. Simple nursing care				
e. Physical exercise				
f. Home-making				
g. Home safety assessment and health management				

h. Purchase and delivery of daily necessities				
i. Other services (e.g. support for carers)				
Total user-times:				

(9) of (i) the average waiting time for the various items of services provided under the Pilot Scheme and (ii) the average time per person for which they are used; and

(10) of the criteria adopted by SWD for setting the charges for meal service and other services provided under the Pilot Scheme at \$54 per meal and \$131 per hour respectively?

Reply:

President,

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

(1) The Government launched the Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment (the Pilot Scheme) in December 2017 to provide further assessments for elderly persons waitlisting for Integrated Home Care Services (Ordinary Cases) (IHCS(OC)) throughout the territory, and offer additional service quota for those elderly persons assessed to be of mild impairment. At the planning stage of the Pilot Scheme, the Social Welfare Department (SWD) set the number of service quota under the Pilot Scheme at 4 000 by making reference to the number of elderly persons waitlisting for IHCS(OC) at the time.

(2) SWD commissioned the Sau Po Centre on Ageing of The University of Hong Kong (Sau Po Centre) to evaluate the effectiveness of the Pilot Scheme in February 2018. The consultation team is led by Professor Terry Lum, Head of the Department of Social Work and Social Administration of The University of Hong Kong. Other major members of the consultation team include the Director of Sau Po Centre and two other Assistant Professors, as well as several researchers. The total cost of the consultancy study is about \$1.4 million.

The consultation team will conduct focus groups and interviews with the Approved Service Providers (ASPs), service users and their carers to collect their views on the Pilot Scheme during the evaluation process. The evaluation is expected to be completed by end-2019.

(3) The Community Care Fund provided a funding of \$383 million to cover the expenditure involved in the Pilot Scheme. In the one-year period from the launch of the Pilot Scheme in December 2017 to December 2018, the total subsidy disbursed under the Pilot Scheme was about \$22.26 million, which included subsidies for services provided to the participants, subsidies for staffing provided to ASPs, and subsidies for other service operation, etc. In addition, about \$0.91 million was spent on administration costs, including the cost for the evaluation. SWD does not have information on the average

cost for each item of the services provided.

(4) SWD commissioned Sau Po Centre to design a simple and standardised assessment tool to identify elderly persons with mild impairment and analyse their service needs, so as to provide them with suitable home care and support services. The accredited assessors of the Pilot Scheme have been using the assessment tool to conduct comprehensive assessments on such aspects of the elderly persons as their cognition/communication, mood/psychosocial well-being, functional status, health conditions, disease diagnoses, nutritional issues and procedures/treatments, etc. The assessment tool was designed with reference to the assessment tool of the internationally recognised InterRAI Check-Up. Due to copyright regulations, the assessment tool of the Pilot Scheme will only be provided to trained assessors for the purpose of conducting assessments.

(5) SWD and Sau Po Centre have so far conducted five rounds of training programmes for assessors, with the dates as follows:

- (i) December 28, 2017 and December 29, 2017;
- (ii) January 11, 2018 and January 12, 2018;
- (iii) January 30, 2018 and January 31, 2018;
- (iv) February 6, 2018 and February 7, 2018; and
- (v) January 17, 2019 and January 24, 2019.

(6) to (9) As at end-December 2018, a total of 2 691 elderly persons waitlisting for IHCS(OC) were assessed upon being invited to join the Pilot Scheme, out of which 2 412 elderly persons were eligible and had applied to join the Pilot Scheme. Among them, 1 567 elderly persons had received the services and the subsidy payments, and their breakdowns by co-payment categories and service types are as follows:

Co-payment Category (Note 1)	No. of Persons	Service Type	No. of Persons
I	693	Home Services	994 (63.4 per cent)
II	715		
III	79	Meal Services	343 (21.9 per cent)
IV	73		
V	7	Home and Meal Services	230 (14.7 per cent)
Total	1 567	Total	1 567

Note 1: The five co-payment rates for meal services are set at 20 per cent, 30 per cent, 35 per cent, 40 per cent and 45 per cent of the service values, whereas the five co-payment rates for home services are set at 0 per cent, 9 per cent, 15 per cent, 21 per cent and 27 per cent of the service values.

In addition, as at end-December 2018, a total of 43 elderly persons left

the Pilot Scheme and their breakdown by reasons for termination of services is as follows:

Reasons for Termination of Services	No. of Persons
Passing away	17
Admitted to residential care services	5
Admitted to subvented community care services	2
Withdrawn from services (Note 2)	19
Total	43

Note 2: SWD does not have information on the service users' reasons for withdrawing from the services.

Through the 55 IHCS teams of the 24 non-governmental organisations operating IHCS(OC), the Pilot Scheme provides elderly persons receiving services under the Pilot Scheme with the necessary home care and support services as soon as possible. At present, elderly persons do not have to wait for the relevant services.

SWD does not have the breakdowns of the statistics of the Pilot Scheme by District Council districts, and the information on the average usage time per case, the average number of user-times per month of the services, etc.

(10) The prices for each meal and each hour of home services under the Pilot Scheme are set with reference to the permitted ceiling prices in respect of the relevant services recognised by SWD under the Pilot Scheme on Community Care Service Voucher for the Elderly.

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## SDEV speaks to the media

Following is the transcript of remarks at a media session by the Secretary for Development, Mr Michael Wong, after the Legislative Council meeting this morning (March 20):

Reporter: How do you respond to criticism that you are misleading public by making the estimate of \$624 billion not using MOD (money-of-the-day) and not calculating interest rates?

Secretary for Development: The figures are open for everyone to see. Actually, as I said over radio interviews this morning, if I tell you something is worth \$10,000 after 10 years, it may not mean much. But if I say, it equates to \$3,000 now, then it means something. That's what we do.

For the MOD (money-of-the-day), if you listen to some of the experts yesterday, before we have a detailed payment schedule, it is actually impossible to work out the MOD figures. Another point, which is also important, is that basically we are looking at future inflation. If you look at inflation, it would not just affect cost and expenditure, it would also affect revenue and income. If our past experience is of any guide, actually the increase in the value of land in the past is usually quicker than the rise in inflation. But if we assume both are the same, our conclusion is still true. Our conclusion is that the cost arising from the 1 000-hectares reclamation of Kau Yi Chau and the related transport infrastructure projects would not deplete our public coffers. And my last point is this, if you look at our public expenditure and our ability to pay, this year, if you look at the Budget, our total public expenditure already exceeds \$600 billion. In a few years' time, it will reach \$800 billion. So if you look at our ability to pay for public infrastructure, it's also increasing. So, we think it is very meaningful to talk about issues in real terms.

(Please also refer to the Chinese portion of the transcript.)

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## **CHP investigates hand, foot and mouth disease outbreak in kindergarten-cum-child care centre in Yuen Long**

The Centre for Health Protection (CHP) of the Department of Health is today (March 20) investigating an outbreak of hand, foot and mouth disease (HFMD) in a kindergarten-cum-child care centre (KG/CCC) in Yuen Long, and again urged the public, schools and institutions to maintain strict hand, personal and environmental hygiene.

The 21 affected children, 17 boys and four girls aged 2 to 5, as well as one staff member, have developed oral ulcers, rash and vesicles over hands or feet, and fever since February 19. All of them sought medical attention but none required hospitalisation. All patients are in a stable condition.

The stool specimen of an affected child tested positive for Cocksackie virus A6 upon laboratory testing.

Officers of the CHP have conducted a site visit to the school and advised the management on necessary infection control and preventive measures. The school has been put under medical surveillance. Investigations are ongoing.

"HFMD is common in children while adult cases may also appear. It is usually caused by enteroviruses (EVs) such as Cocksackie virus and EV71. It is

clinically characterised by maculopapular rashes or vesicular lesions occurring on the palms, soles and other parts of the body such as the buttocks and thighs. Vesicular lesions and ulcers may also be found in the oral cavity. Sometimes patients present mainly with painful ulcers at the back of the mouth, namely herpangina, without rash on the hands or feet," a spokesman for the CHP said.

"HFMD occurs throughout the year. While the disease activity is usually higher from May to July, a smaller peak may also occur from October to December. As young children are more susceptible, parents should stay alert to their health. Institutional outbreaks may occur where HFMD can easily spread among young children with close contact," the spokesman added.

To prevent HFMD, members of the public, and especially the management of institutions, should take heed of the following preventive measures:

- Maintain good air circulation;
- Wash hands before meals and after going to the toilet or handling diapers or other stool-soiled materials;
- Keep hands clean and wash hands properly, especially when they are dirtied by respiratory secretions, such as after sneezing;
- Cover the nose and mouth while sneezing or coughing and dispose of nasal and oral discharges properly;
- Regularly clean and disinfect frequently touched surfaces such as furniture, toys and commonly shared items with 1:99 diluted household bleach (mixing one part of bleach containing 5.25 per cent sodium hypochlorite with 99 parts of water), leave for 15 to 30 minutes, and then rinse with water and keep dry. For metallic surfaces, disinfect with 70 per cent alcohol;
- Use absorbent disposable towels to wipe away obvious contaminants such as respiratory secretions, vomitus or excreta, and then disinfect the surface and neighbouring areas with 1:49 diluted household bleach (mixing one part of bleach containing 5.25 per cent sodium hypochlorite with 49 parts of water), leave for 15 to 30 minutes and then rinse with water and keep dry. For metallic surfaces, disinfect with 70 per cent alcohol;
- Children who are ill should be kept out of school until their fever and rash have subsided and all the vesicles have dried and crusted;
- Avoid going to overcrowded places; and
- Parents should maintain close communication with schools to let them know the latest situation of the sick children.

The public may visit the CHP's page on [HFMD and EV71 infection](#) and [Public Health Advice for Play Facilities](#) for more information.

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## **HKMA welcomes a Hong Kong bank launching remote onboarding service for opening Mainland bank accounts**

The following is issued on behalf of the Hong Kong Monetary Authority:

A Hong Kong bank announced today (March 20) the launch of a pilot scheme for Hong Kong residents to open Mainland personal bank accounts in the Greater Bay Area remotely. Hong Kong residents may complete the Mainland account opening procedure by attestation in one of the Hong Kong branches under the same banking group. The Hong Kong Monetary Authority (HKMA) welcomes this development.

The Chief Executive of the HKMA, Mr Norman Chan, said, "To support the Guangdong-Hong Kong-Macao Greater Bay Area development, the HKMA has been proactively studying different financial facilitation measures with the Mainland authorities. As more and more Hong Kong residents work and reside in the Mainland cities of the Greater Bay Area, we attach great importance to their convenient access to financial and banking services in the region. To tackle the difficulties in making mobile payment in the Mainland, we have discussed with the Mainland authorities to provide the necessary policy headroom. Since last year, Hong Kong e-wallet operators have launched cross-boundary payment services on a pilot basis, and their coverage has been expanding gradually. We believe that the new service launched today will further facilitate Hong Kong residents to open Mainland bank accounts and access Mainland banking services. As the next step, we will explore with the Mainland authorities room for further simplifying the account opening process and documentation. In future, we will continue to work with the Mainland authorities to proactively study and implement other financial measures in support of the Greater Bay Area development."

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## **Issue of Code of Practice chapter in relation to Financial Institutions (Resolution) (Loss-absorbing Capacity Requirements – Banking Sector) Rules**

The following is issued on behalf of the Hong Kong Monetary Authority:

The Hong Kong Monetary Authority today (March 20) issued in relation to



the Financial Institutions (Resolution) (Loss-absorbing Capacity Requirements – Banking Sector) Rules ("LAC Rules") a chapter of a code of practice ("LAC CoP") under section 196 of the Financial Institutions (Resolution) Ordinance ("FIRO").

The LAC Rules, which came into operation on December 14, 2018, give certain discretionary powers to the Monetary Authority ("MA") as resolution authority for the banking sector. The LAC CoP provides guidance on how the MA intends to exercise those powers, including the power to classify authorized institutions and certain of their group companies as "resolution entities" or "material subsidiaries". Those entities will then be required to maintain minimum levels of loss-absorbing capacity (LAC). In particular, the LAC CoP sets out the MA's planning assumption that where the total consolidated assets of a Hong Kong incorporated authorized institution exceed HK\$300 billion, LAC requirements should be imposed.

The Chief Executive of the Hong Kong Monetary Authority, Mr Norman Chan said "Requiring authorized institutions in Hong Kong to maintain sufficient loss-absorbing capacity resources is a crucial step towards ensuring that should they fail in the future, they can be resolved in an orderly way that avoids disruption to financial stability while minimising the risk to public funds."

A draft of the LAC CoP was issued for consultation last year (the consultation period ran from October 19, 2018 to December 3, 2018). A total of seven submissions were received. The Hong Kong Monetary Authority has carefully reviewed all comments, and reflected them in the final version of the LAC CoP where appropriate.

The LAC CoP can be downloaded from the [Hong Kong Monetary Authority's website](#).