

**Legislative Council**

**Panel on Welfare Services Meeting on 14 May 2001**

**Development of Integrated Care Services for Elders**

**PURPOSE**

This paper sets out the Government's long-term strategy on the development of integrated care facilities and services for elders.

**INTRODUCTION**

2. The Government has commissioned the Centre on Ageing of the University of Hong Kong to review the provision of community care and support services for elders living in the community, with a view to improving service integration, cost-efficiency and accessibility to elders. We briefed Members of the consultancy study at the meeting of the Welfare Panel on 10 January 2000. At the Elderly Commission meeting held on 19 October 2000, members generally endorsed the direction of development as proposed by the consultants, and asked the Administration to map out a strategy for implementation in the light of the study's findings and recommendations.

**CONSULTANTS' FINDINGS AND RECOMMENDATIONS**

3. Major findings and recommendations of the consultants are summarized below :

- (a) the current arrangement of providing services to elders through day care centres (DEs), multi-service centers (MEs) and social centers (SEs) is not very cost-effective and does not allow much flexibility to respond to the changing needs of elders;
- (b) MEs should be amalgamated with DEs to form district elderly community centres (DECCs) from which a wide range of services, including day care, home care, educational, developmental and outreaching services should be provided;

- (c) SEs should move away from directly organizing recreation and leisure activities. Instead, they should be transformed into neighbourhood elderly centers (NECs) with the major role of ensuring that such needs of the elders are met. In addition, they should take on a range of functions including educational and developmental projects;
- (d) residential care homes for the elderly (RCHEs) should be encouraged to incorporate a DE component;
- (e) the current planning standards for DEs and MEs (i.e. one centre for 17,000 elders aged 65 and above) and SEs (i.e. one centre for 2,000 elders aged 65 and above) should be retained in the planning for new districts. However, in developed areas where there is already an established network of centres, additional resources can be considered where justified for allocation to existing service units to meet identified additional demand instead of setting up new centres;
- (f) new Funding and Service Agreements should be developed to place greater emphasis on output and outcome rather than input control;
- (g) community resources in particular the young olds and the neighbourhood network should be mobilized and developed; and
- (h) implementation of the recommendations should adopt a bottom-up approach and those who are ready should be allowed to change first.

## **THE ADMINISTRATION'S RESPONSE**

### **Policy Background**

4. In regard to care for older persons, Hong Kong is facing two significant demographic and socio-economic changes in the coming decades. First, the population will enter a period of rapid ageing as from 2011, lasting well into the middle of the century. The demand for long term care services and other elderly services and programmes will increase rapidly.

5. The socio-economic status of the older persons will also be changing significantly. Older persons of this generation, with the exception of a small minority, are dependent on family for financial support. They received limited formal education when young and expect to be respected by the younger generation in a traditional way. The socio-economic characteristics of the older persons of the next generation will be more heterogenous. About 40% of current employees enjoy job-related pension/provident fund when they retire. Together with the maturing of the MPF in 20-30 years, a higher proportion of older persons will possess independent means. With more than 50% of them having completed secondary or tertiary education, and having worked in a modernized and dynamic cosmopolitan city, many of them will possess very different outlook from this generation's older persons. They will be more independent, proactive and hold different expectations on the younger generation. The approach in providing services to them will be very different from that of today.

### **Broad Direction in Service Development**

6. With a burgeoning elderly population, a priority area of work in care for older persons is to promote healthy and active ageing. This will help to enhance the quality of life of the older persons and reduce the health and long term care cost borne by society.

7. In this regard, the higher education achievement and more proactive attitude of the older persons to come will present opportunities and, perhaps, even demand a completely different approach in providing services/programmes to the healthy older persons. Many of them will make arrangements for their post-retirement life. Instead of being passive service recipients, they should be mobilized as volunteers and help plan and organize programmes and activities for their more passive peers.

8. As regards long term care for the frail elders, we agree with the consultants that the current community care infrastructure is fragmented, and sometimes even irrational. We should develop over time a care infrastructure which can facilitate provision of comprehensive and integrated long term care services tailor-made to suit individual needs.

## **Policy Objectives**

9. Deriving from the above background and general direction of service development, we propose that the policy objectives of our future work in care for older persons should comprise :

- (a) to encourage and enable older persons to assume greater responsibilities in service planning and programme implementation;
- (b) to facilitate development of self-financing services and programmes for older persons of independent means and to encourage mixed mode of service provision to cater for different needs and provide wider choice for older persons of different socio-economic characteristics;
- (c) to provide long term care services in a holistic manner to cater for the various needs of the frail older, including their medical and health, psycho-social and personal care needs;
- (d) to eliminate service barriers arising from service fragmentation and to minimize, as far as possible, administrative procedures required of an older person to obtain different care services; and
- (e) to put in place a planning and care service infrastructure that is responsive to the changing needs of older persons, and facilitate flexible use of manpower and resources.

## **The Care Infrastructure**

10. We agree with the consultants that we should in future plan and build integrated care facilities. Not only is it desirable for us to integrate DEs with MEs (i.e. the DECC concept), we should also integrate elderly homes with DE/MEs. Serving a larger client base, the integrated facilities can enjoy economy of scale and be provided with more nursing, allied health, and even medical resources to enhance their capability in serving frail older persons of different needs.

11. The integrated care facilities should provide a full range of care and support services, including residential care (if there is a residential component in the facility), home-based care, centre-based day care, respite,

carer support and education, and should be adequately supported by appropriate medical and health services. Such a facility will be able to provide at one-stop all the services and support required by a family which looks after a frail elder at home.

12. Integration of a day care unit in elderly homes has two other advantages. It will improve accessibility to day care services and reduce the commuting requirements necessitated by the limited number of DEs in each district. It will also facilitate extension of service hours of the day services. Similarly, the requirement of elderly homes to provide respite and carer support services will also improve accessibility to these services.

13. To achieve facility integration as described above throughout the territory will require imagination from our planners, co-operation of existing service operators, and understanding of older persons where existing facilities and clients are involved. We envisage the District Social Welfare Officers (DSWOs) will play an active role in service planning and development, as they should be more attuned to the needs of older persons in the district. By working with existing service operators, they could also identify the existing service gaps, and the practical opportunities on the ground to achieve facility and service integration. The District Co-ordinating Committee on Elderly Services, chaired by a DSWO and attended by departmental district representatives, service operators and service users, could be given the responsibility of district-based planning for integration of facilities and services. This initiative is in line with the Social Welfare Department's attempt to enhance the role of the district officers through a proposed re-organization, which is the subject of a separate paper to be discussed by the Members at the same Panel meeting. The expanded functions of the DSWO envisaged under the re-organization are described at Annex A.

14. With successful implementation of the district planning mechanism, we do not have to adhere to planning ratios for facilities rigidly. We should take into account the needs and specific characteristics of elders in the district and the local circumstances in the planning of care facilities and services. While encouraging integrated care facilities to operate flexibly, we should also ensure :

- (a) maximum continuity in service boundary to avoid involuntary client transfer between operators;
- (b) integration of service boundary to avoid confusion and facilitate

co-ordination; and

- (c) users' choice between different service operators within the district to introduce an element of competition.

Eventually, we envisage that each district in Hong Kong will have a network of integrated care facilities that are provided with nursing, allied health and personal care resources to offer long term care to the frail elders in a flexible manner.

### **A New Concept in Services for the Healthy Elders**

15. We endorse in general the consultants' NEC concept, in particular:

- (a) these new centres should move away from direct service provision where possible and facilitate access to services provided in the community. However, we believe the transition will be gradual as many elders will still treasure the direct leisure and recreational activities now available in the centres;
- (b) the new centres should take on greater responsibilities in promoting healthy and active ageing and in satisfying the psycho-social needs of older persons, rather than concentrating on provision of recreational programmes; and
- (c) we should engage the older persons in the operation of these centres.

16. To achieve (a) above, the NECs should establish linkage and co-operative relationship with government departments, non-government organizations, and private sector service providers. They can serve as information centres on community resources to improve older persons' accessibility to services, public and privately provided.

17. In relation to (b) above, we agree with the consultants that these centres should in future take on or strengthen the following functions :

- (i) promotion of life-long learning;
- (ii) health education and promotion, in particular promotion of a healthy lifestyle;
- (iii) networking and outreaching to give support to vulnerable elders in the community, including the frail elders living alone;
- (iv) training and mobilizing older volunteers to serve the community; and
- (v) to address the psycho-social needs of older persons. Other than the above functions, NECs should provide counseling service to elders in need of psychological support. In this regard, NECs should explore the benefits of co-locating with elder health centers as necessary.

As regards (c) above, we believe it is one of the most effective ways to continue to empower the elders.

### **Interface Between Medical and Health and Long Term Care Service**

18. Other than providing an integrated long term care service, we agree with the consultants that we should examine how to improve the interface between medical and health and direct welfare services for the older persons. Although it might not be possible to co-locate medical and health services with the integrated care facilities, we should encourage the latter to form strategic alliances with medical and health service providers to ensure the long term care clients are receiving medical and health services in an efficient and cost effective manner.

### **Feedback from the Elderly Commission**

19. In the meeting of the Elderly Commission held on 24 April 2001, we have put forth our proposal on long-term strategy on the development of integrated care facilities and services for elders. We received very positive feedback and comments from members. The gist of the Commission's deliberations is summarized as follows:

- (a) service planning should be guided by district characteristics and needs of the elders;
- (b) in district-based planning, the roles and responsibilities of DSWOs should be enhanced. They have to maintain close liaison with various stakeholders in the district including the service users;
- (c) interface between medical and welfare sectors should be further strengthened especially in the care for frail elders;
- (d) the new concept, functions and design of NEC should be tried out;
- (e) senior volunteers which are valuable assets of society should be given more opportunities and greater responsibilities in running the centres and in programme implementation; and
- (f) the Department should explore more new sites for piloting integrated mode of services and exercise service rationalization in existing areas.

### **Pilot Project**

20. We find the above ideas encouraging as they are consistent with our thinking in launching care and support services through an integrated care facility. Along this line, we propose to commission some pilot projects in such mode this year. We agree with the consultants' observation that the best idea of integration may come from the service agencies and frontline workers when they are ready. Hence, a bottom-up rather than a top-down approach is preferred when taking the initiative forward. In commissioning the new projects, service operators would be invited to submit proposals on the provision of integrated services. They are encouraged to take into account the service gaps in the district, employ flexible and innovative service operation mode which can best meet the multifarious needs of the elders, as well as rationalize their existing services to avoid duplication and to make optimal use of resources. Three of the projects which are planned for commissioning are detailed at Annex B as illustrations. The DSWOs will conduct district consultation on these pilot projects.

21. Where there is already an established network of centres in the vicinity and with justified additional demand, we are prepared to consider re-provisioning certain service units or recommending the incumbent service provider(s) to set up a service sub-base. We would encourage service operators to exercise autonomy and flexibility and re-engineer their existing services to meet the new demands and to take up expanded functions. Allocation of additional resources will be considered on a case by case basis. In green field situations, we intend to provide additional resources as necessary for new facilities including more space to enable them to take up a larger scope of services. We have earmarked a total of \$140 million in 2001-02 for expanding and improving home and community care for elders and we plan to use some of these earmarked resources to implement this new initiative.

22. To take forward the broad policy objectives, we believe that partnership among various stakeholders will be a crucial key to success. We will continue to consider views of service users in service planning; encourage strategic alliances among service operators and promote cooperation between medical and welfare sectors with the aims to foster collaboration, maximize resources and provide cost-effective services in a well-coordinated manner.

### **ADVICE SOUGHT**

23. Members are invited to give their views on the Administration's proposed strategy on provision of integrated care facilities for the frail elders and the new concept in providing services for the healthy elders in the light of the findings and recommendations of the consultancy study.

**Health and Welfare Bureau/  
Social Welfare Department  
May 2001**

**Annex A**

**Expanded Functions of District Social Welfare Officers (DSWOs)**

- (i) To pool together views from various stakeholders in the district on service planning and delivery, etc.;
- (ii) To come up with proposals on service re-engineering and rationalization, based on their understanding of local situations and taking into account the overall service direction, to ensure a service mix that could best meet the needs of older persons in the district;
- (iii) To assist the Social Welfare Department Headquarters over identification of sites and the planning of new facilities; and
- (iv) To co-ordinate service agencies in the district to formulate district strategic plans including the launching of new initiatives and formulating measures to meet service gaps.

**Annex B**

**Pilot Projects**

<b>Project</b>	<b>Proposal</b>
Tung Chung Areas 30 & 31  (392m <sup>2</sup> Internal Floor Area (IFA) for the ME portion)	Integrated services comprising of day nursery, integrated team for youths, family service centre and ME. The service operator is required to provide a 20-place DE within the premises available and to try out the NEC concept. And as a value-added proposal, this integrated DE cum ME could be developed into a DECC providing an integrated and comprehensive package of home-based and center-based services.
Lok Wah Estate  (484m <sup>2</sup> IFA)	A vacated children and youth centre. The site will be used to set up a 60-place DE. The service operator is required to form alliance with a ME, and as value-added services, the integrated DE cum ME could be developed into a DECC.
San Po Kong Blackdown Barracks  (203m <sup>2</sup> IFA)	The premises in Blackdown Barracks will be used to re-provision an existing SE at Choi Hung Estate to rationalize the provision of SE services in the area. We will invite MEs in the district to incorporate a 20-place DE within its premises and decant part of its functions to a sub-base to be set up in the vacated space in Choi Hung. As value-added services, the service operator is encouraged to develop the integrated DE cum ME and its sub-base into a DECC.