

LEGCO PANEL ON WELFARE SERVICES

Subcommittee on Elderly Services

Long-term Care Services for the Elderly

Purpose

This paper sets out the Government's policy in providing elderly care services under the welfare portfolio, outlines the various related elderly care services and initiatives that the Government has introduced over the years, and updates Members on a research to be steered by the Elderly Commission (EC) on the long-term planning for residential care services for the elderly.

Policy on Elderly Care

2. Hong Kong has an ageing population. As of end-2007, there were 880 300 people aged 65 or above, accounting for 12.7% of the total population. The number is projected to rise to 2 261 000 by 2036. The latest life expectancy rate in Hong Kong is 79.4 and 85.5 for male and female respectively.

3. Experience of developed economies shows that about 5% to 10% of the older population will require some form of long-term care (LTC) services. This is also the case in Hong Kong. With a rapidly ageing population, the demand for LTC services has been increasing despite favourable factors such as growing health awareness and emphasis on active and healthy ageing. The Government is keenly aware of the situation and has been looking into ways to respond to this challenge.

4. "Ageing in the community" is an underlying principle of the Government's elderly policy. This is also in line with most elders' wish

as they cherish the support from their families and the sense of belonging that a familiar community offers. In fact, it is internationally recognized that “ageing in the community” can enhance elders’ quality of life and that elders with LTC needs do not necessarily have to be cared for in residential care homes for the elderly (RCHEs).

5. To facilitate elders who have LTC needs to stay in the community, we provide them with a wide range of subsidised home-based or centre-based community care services. For elders who have LTC needs and cannot be adequately taken care of at their living places, the Government provides them with subsidised residential care services.

Services and Initiatives to Facilitate “Ageing in the Community”

6. As stated above, “ageing in the community” can enhance elders’ quality of life. To facilitate elders to age in the community, the Government has over the years introduced a wide range of services to meet the multifarious needs of elders and enhance the support for carers. Relevant initiatives include:

- (a) provision of **centre-based day care services** to elders who have LTC needs and cannot be taken care of by family members during daytime. There are at present 54 Day Care Centres / Units for the Elderly. They provide a range of care services for the elderly, from personal care, nursing care, rehabilitation exercise, meals to transportation between the elders’ homes and the Centres/Units. There are currently 2 800 elders using our day care services;
- (b) introduction of **Enhanced Home and Community Care Services (EHCCS)** in April 2001 to provide a tailor-made individualized package of home-based services to meet the needs of frail elders. Services provided under EHCCS include personal care, nursing care, rehabilitation exercise, environmental risk assessment and home modifications, home-making and meal delivery. In April 2003, we upgraded 138 subvented home help teams to 60 **Integrated Home Care Services (IHCS)** Teams to

provide a continuum of care and support services to frail and non-frail elders living at home. These home-based service teams are now serving more than 20 000 elders;

- (c) starting from April 2003, upgrading of all of the Multi-service Centres for the Elderly and 110 Social Centres for the Elderly to **District Elderly Community Centres (DECCs) and Neighbourhood Elderly Centres (NECs)** respectively to enhance their roles and functions in providing elderly services in an integrated approach. DECCs and NECs are now serving more than 180 000 elders in the community; and
- (d) strengthening of **support to carers** by offering them information, training and counselling services, helping them with the formation of mutual-assistance groups, setting up resource corners, and giving demonstration and loan of rehabilitation equipment through the elderly centres. To further assist family members who take care of elders at home, we launched a **District-based Trial Scheme on Carer Training** in October 2007 in Eastern and Wanchai, Wong Tai Sin and Sai Kung, and Kowloon City and Yau Tsim Mong. Under the Scheme, 11 DECCs were each provided with seed money of \$50,000 to run carer training programmes and provide “carer” services in collaboration with community organizations. We expect that 660 individuals will be trained in the first year.

7. Looking ahead, the Government has earmarked more resources to assist elders to age in the community and strengthen support to carers. These include:

- (a) additional recurrent funding of \$20 million to increase the service capacity of **IHCS**. With the new resources, an additional 1 500 cases can be served;
- (b) additional recurrent funding of \$12 million to provide 160 additional **day care** places;
- (c) additional recurrent funding of \$38 million to the elderly centres

to strengthen their manpower provision so that they can **outreach to more hidden and vulnerable elders** and provide assistance to those who are in need. In addition, the 2008-09 Budget has further earmarked additional recurrent funding of \$18 million to enable DECCs to recruit staff to **strengthen their counselling and referral services and processing of applications for subsidised LTC services**;

- (d) an allocation of \$96 million to implement an **Integrated Discharge Support Programme for Elderly Patients** to provide integrated support to elderly dischargees as well as training and support to their carers. The first pilot of the Programme has commenced operation in Kwun Tong in March 2008, with the second pilot scheduled for commencement in Kwai Tsing later in August. We expect that 3,000 elderly patients and 1,000 carers will be served under each pilot in a year; and
- (e) one-off funding of \$200 million to **help needy elderly people improve their homes** in the next five years. The scheme targets at elders without family support, who live in dilapidated homes with poor fittings and lack financial means to improve their home conditions. We expect that 40 000 elders will benefit from this new initiative.

Initiatives to Enhance Subsidised Residential Care Services

8. For elders who have LTC needs and cannot be adequately taken care of at homes, the Government provides them with subsidised residential care services. In view of the growing demand, we have increased the number of subsidised residential care places from about 16 000 in 1997 to about 26 000 in 2007, representing a rise of about 60%. Taking into account the non-subsidised residential care places for the elderly, there are 74 486 places in Hong Kong. At present, 57 142 elders are staying in subsidised or non-subsidised places in RCHEs.

9. In addition to increasing the supply of subsidised residential care places, various initiatives have been launched over the last decade with a

view to targeting subsidised residential care services at elders with genuine care needs, upgrading the quality of RCHEs, improving the cost-efficiency of subsidized RCHE services, and promoting further development of quality self-financing/private residential care services. In consultation with the EC, we have –

- (a) implemented the **Enhanced Bought Place Scheme (EBPS)** in 1998 to encourage private RCHEs to improve the quality of care. Once a private RCHE participates in the EBPS, the same enhanced standards (e.g. staffing and bed spacing requirements) would apply to the entire home regardless of the percentage of places purchased by the Government in that home. At present, there are 129 private RCHEs (out of a total of 583) participating in the EBPS, providing a total of 6 636 EBPS places. The introduction of EBPS represented an important step forward in enhancing the quality of private RCHEs;
- (b) introduced since November 2000 the **Standardised Care Need Assessment Mechanism for Elderly Services (SCNAM(ES))**, which adopts an internationally recognised tool to assess the care needs of elders. This standardised tool administered by accredited assessors takes into account the impairment level, the availability of carer and psychological support, as well as the environmental and health factors of the elders. With the implementation of the Central Waiting List (CWL) in November 2003, SCNAM(ES) has been extended to cover assessments of all new applications for LTC services. Since the introduction of SCNAM(ES), the Social Welfare Department (SWD) has conducted assessment for 112 409 elders;
- (c) since early 2001, opened up **purpose-built RCHE premises** for competitive bidding to enhance cost-efficiency. So far, 12 homes have been contracted out, providing a total of 957 subsidized places and 805 non-subsidized places at both care-and-attention (C&A) and nursing levels. The provision of subsidised and non-subsidised places in the same premises can promote the development of self-financing residential care services and provide more choices for elders with different needs.

Moreover, the C&A places in these contract homes are required to provide **continuum of care (COC)** i.e. providing care up to nursing level to better cater for the LTC needs of elders;

- (d) completed the **licensing of all private RCHEs** in Hong Kong in March 2001, and since then, uploaded information of all elderly homes onto SWD's website to enhance consumer knowledge;
- (e) ceased the admission of elders into the waiting list for **Self-care Hostels (S/C) and Homes for the Aged (H/A)** from 1 January 2003. This helps to target subsidised residential care services only at elders with LTC needs and encourage elders without LTC needs to remain in the community;
- (f) launched a **conversion programme** in June 2005 to convert S/C and H/A places and some C&A places without COC into C&A places providing COC. The conversion programme involves 75 elderly homes, 58 of which have started the conversion works;
- (g) introduced a new arrangement in December 2005 to make public on SWD's **website information** of RCHEs which have been prosecuted under the Residential Care Homes (Elderly Persons) Ordinance, (Cap. 459) (the Ordinance); and
- (h) from mid-2007, increased the frequency of routine **inspections** to RCHEs with more non-compliance records. Also, inspections will be extended to non-office hours, Sundays and public holidays, focusing on high-risk items such as staffing, drug management and application of physical restraint, etc.

10. Looking ahead, we will make use of the \$29.8 million earmarked in the 2008-09 Budget to provide an additional 278 **subsidised residential care places**. Also, we will deploy \$40 million to upgrade 760 **infirmary places** in 19 RCHEs to provide infirmary care. The upgrading exercise aims at improving the quality of life of medically stable elders who require infirmary care.

Monitoring of RCHEs

11. The quality of RCHEs will directly affect the quality of life of elderly residents. The Government is therefore committed to enhancing the quality of RCHEs and ensuring that their services are provided at a satisfactory level. Apart from licensing control which forms the first line of defence against non-compliance, we also help RCHEs to enhance their capability, which is another effective way of ensuring that the elderly residents will receive proper care in RCHEs.

Licensing control

12. The Ordinance (Cap. 459) and its subsidiary legislation, which came into full operation in June 1996, provide for the regulation of RCHEs through a licensing system administered by the Director of Social Welfare. At present, all RCHEs have to be licensed under the Ordinance. Those providing NH places have to obtain an additional licence from the Department of Health (DH) under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165).

13. As far as RCHEs licensed under Cap. 459 are concerned, SWD's Licensing Office of Residential Care Homes for the Elderly (LORCHE) is responsible for enforcing the Ordinance to ensure compliance with the licensing requirements. It conducts unannounced inspections on RCHEs. The average frequency of regular and unannounced inspections for each RCHE is seven times a year. Upon receipt of complaints, LORCHE will conduct inspections (on top of the regular ones) to the concerned RCHEs immediately. For substantiated complaints, LORCHE will, depending on the nature and severity of the case, give advice or warning to the RCHE, and follow through the case to ensure that corresponding improvements are made. To facilitate monitoring, RCHEs are required to establish and maintain a comprehensive system of records including residents' health record, log book of daily happenings and records of accidents and deaths. LORCHE inspectors will examine these records during inspections and will, where appropriate, require the RCHEs to make necessary rectifications. Operational experience shows that the majority of

RCHEs are receptive to LORCHE's advice and would rectify the identified problems promptly. Since 1997, LORCHE has convicted 50 RCHEs under the Ordinance and its subsidiary legislation.

14. Apart from the licensing requirements, subvented RCHEs, contract homes and private homes participating in the EBPS have to comply with higher requirements (including staffing and spacing requirements) as set out in the respective agreements with SWD.

15. For RCHEs which have also registered under Cap. 165, they are subject to the monitoring of DH as well. DH will monitor their compliance with the statutory requirements in respect of accommodation, manpower and equipment through annual and unannounced inspections.

Capability building

16. On top of the statutory licensing requirements, SWD has set out a list of requirements in the Code of Practice for Residential Care Homes (Elderly Persons) and guidelines on topical issues for RCHEs to follow. The guidelines cover key aspects relating to the quality of care for elderly residents and will be updated from time to time.

17. As elaborated in the paper submitted to the Subcommittee on Elderly Services for the meeting held on 22 January 2008, the Government has implemented various measures throughout the years to help RCHEs build capability, competence and responsibility. For example, SWD and DH compiled a drug management manual for RCHEs in 2007 to address public concerns about drug handling in RCHEs. In collaboration with the pharmacist associations, a series of talks have also been organized by SWD and DH to brief RCHEs on proper drug management.

18. In view of the shortage of nurses in the welfare sector, SWD, with the assistance of the Hospital Authority, launched a two-year full-time training programme in 2006 to train up Enrolled Nurses for the welfare sector. Three classes have been organized so far. Two more classes will be launched in 2008 and 2009. These five classes will together provide a total of 550 training places. With the tuition fees

fully subsidised by the Government, the graduates are required to work in the welfare sector for at least two consecutive years after graduation. This will help retain the graduates and alleviate the shortage of nurses in the welfare sector.

19. In addition to nurses, Health Workers (HWs) also play an important part in serving elders in RCHEs. They in fact constitute the bulk of manpower in RCHEs. In order to strengthen the skills and capability of HWs, SWD revamped the curriculum of the Health Worker Training Course in April 2006. The improvement areas include raising the entry requirement from Form 3 to Form 5, strengthening the course contents to increase the sessions on taking care of frail elders (topics include application of physical restraints and dementia care, etc.), and increasing the total training hours from 210 hours to 248 hours.

Long-term planning for residential care services for the elderly

20. Against the backdrop of an ageing population, the measure of increasing continuously the supply of subsidised residential care places alone will not be sufficient to meet elders' ever-growing LTC needs. Arising from the recommendations of the former Commission on Poverty (CoP) regarding the waitlisting situation of subsidised residential care services, EC has looked into the key issues involved and decided to conduct a further study on the subject to explore the following aspects –

- (a) how to target subsidised residential care services at elders most in need; and
- (b) how to promote further development of quality self-financing/private residential care services and encourage shared responsibilities among individuals, their families and the society in meeting the LTC needs of the elderly.

21. The study will also take into account CoP's recommendations and the Administration's overall objective of encouraging "ageing in the community".

Advice Sought

22. Members are invited to note the contents of the paper.

Labour and Welfare Bureau
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