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Paper for the Panel on Welfare Services

Report of the Subcommittee on Elderly Services

Purpose

This paper reports on the deliberations of the Subcommittee on Elderly Services (the Subcommittee).

The Subcommittee

2. Members of the Panel on Welfare Services (the Panel) were concerned that, despite the ageing population and the problem of elderly in poverty, the 2007-2008 Policy Address and the Policy Agenda had not set out concrete measures for enhancing services for the elderly. In order to monitor closely the progress of the implementation of services for the elderly as well as other related initiatives, the Panel agreed at the meeting on 11 October 2007 that a Subcommittee should be appointed to study issues relating to elderly services.

3. The terms of reference and membership of the Subcommittee are set out in **Appendices I and II** respectively.

4. Under the chairmanship of Hon Frederick FUNG Kin-kee, the Subcommittee has held seven meetings, including five meetings with the Administration, and met with 10 organizations between December 2007 and June 2008. A list of the organizations which have given views to the Subcommittee is in **Appendix III**.

Deliberations of the Subcommittee

5. The Subcommittee has examined the financial assistance, residential care services and the community care and support services for the elderly, and has taken into consideration the views of the public, service users and non-governmental organizations (NGOs) providing elderly services. The Subcommittee's deliberations is summarized in the following paragraphs.

Financial assistance for the needy elderly

6. According to the Administration, as at mid 2007, 89% of the elders aged 70 or above (i.e. 570 090) and 78% of those aged 65 or above (i.e. 683 947) were receiving public financial assistance either in the form of the means-tested Comprehensive Social Security Assistance (CSSA), the largely non-means tested Old Age Allowance (OAA) or the totally non-means-tested Disability Allowance.

Needy elders not on CSSA

7. Some members have pointed out that according to a recent study conducted by the Hong Kong Council of Social Service, one-third of the elderly population are living in poverty. Noting that some poor elders are relying on OAA to make ends meet, the Subcommittee has expressed grave concern about the financial hardship faced by those poor elders who are not on CSSA. To provide greater financial assistance to these needy elders not on CSSA, members strongly urge the Administration to consider increasing the monthly OAA payment rates to \$1,000 immediately. Some members have also suggested that a new form of income support on top of OAA should be provided for the needy elders not on CSSA.

8. The Administration has advised that OAA is a cash allowance for eligible elders of 65 or above to meet their special needs arising from old age. OAA is a non-contributory and largely non-means-tested scheme funded by general revenue, which is by no means an income support for the elderly to meet their basic needs. Needy elders may apply for assistance under the CSSA Scheme where higher standard rates, supplements and special grants are available to cater for the special needs of the elderly. Noting that some poor elders are relying on OAA for a living, the Administration is considering actively views on how to provide more targeted assistance and support for elders in financial hardship. While the Administration attaches great importance to providing assistance to the elderly in need, the issue which has to be resolved is how additional assistance can be provided to the elderly in need without further increasing the burden of the OAA Scheme on public finance in the long run. The Administration stresses that in the light of an ageing population, it will need to consider carefully the resource implications of the long-term planning of elderly services. The Labour and Welfare Bureau will conduct in-depth studies on how to improve the OAA Scheme, and is open minded on the various options and would seek views from various sectors of the community. A sustainable and affordable option for the community can be worked out by the end of 2008.

9. While members do not object to the Administration conducting a study on how to improve the OAA Scheme, they urge the Administration to expedite

the completion of the review and not to introduce a means-tested mechanism. Some members take the view that the Administration should take the opportunity to study why needy elders do not apply for CSSA, but have relied on OAA for a living. To provide genuine assistance for the elderly in need, some members strongly urge the Administration to study the feasibility of introducing a universal retirement protection scheme without further delay. They also urge the Administration to come up with a concrete timetable for publishing the findings of the Central Policy Unit (CPU)'s study on the financial sustainability of the existing three pillars of retirement protection.

10. In response to a similar concern raised by the Panel earlier on regarding the progress of CPU's study, the Administration has advised that two studies on "Household Survey on the Financial Disposition and Retirement Planning of Current and Future Generations of Older Person" and "Sustainability of the Three Pillars of Retirement Protection in Hong Kong" have been conducted as part of the research plan formulated by the Expert Panel appointed by CPU. CPU received the preliminary findings of the first study and the second study in 2007 and 2008 respectively. The Expert Panel will deliberate on the findings of the two studies, and submit a report to the Head of CPU, who will submit his considered views to the Chief Executive in due course.

11. Pointing out that some elders prefer to live outside Hong Kong, especially in the Mainland, due to family reasons or a lower cost of living, some members take the view that the Administration should consider relaxing the permissible annual absence from Hong Kong. The Administration has advised that the annual permissible limit of absence for OAA has been relaxed from 180 to 240 days since 1 October 2005. This measure allows the recipients to spend more time to travel or visit their relatives and friends outside Hong Kong or take up short-term residence, while on the other hand ensures that public funds are spent on Hong Kong residents who regard Hong Kong as a place of permanent residence. Further relaxation would also give rise to difficulties in administrating and monitoring the OAA Scheme.

12. The Subcommittee maintains the view that contrary to the Administration's policy intention, OAA has in fact become a form of income support for those poor elders who are not on CSSA due to various reasons. The Subcommittee strongly urges the Administration to formulate concrete measures to assist these elderly expeditiously.

13. The Administration has subsequently announced in February 2008 that to share the fruits of the economic prosperity with the OAA recipients, it proposes to provide each of them with a one-off grant of \$3,000. The additional amount will be disbursed to the OAA recipients in mid 2008.

Elderly on CSSA

14. Members have been advised that apart from the standard rates, the CSSA Scheme also provides supplements and special grants to help different categories of recipients, in particularly the elderly, meet their needs. Elderly are eligible for special grants to cover the costs of glasses, dentures, removal expenses, fares to and from hospital/clinic, medically-recommended diet and appliances. In the 2008-2009 Budget, the Administration has proposed to provide one additional month of CSSA standard rate payments for CSSA recipients.

15. Some members have pointed out that some needy elders are ineligible for applying for CSSA simply because of the requirement for elders to apply for CSSA on a household basis. Under this requirement, elders cannot apply for CSSA on an individual basis if their family members decline to make the statement on non-provision of financial support or provide documents to prove that their income is unable to support their parents even though they are living together. The Subcommittee holds the view that the Administration should allow the elderly to apply for CSSA on an individual basis. Alternatively, the applicants should be allowed to make self-declaration of lacking family support.

16. The Administration has explained that the rationale for requiring persons, including elderly, who are living with family members to apply for CSSA on a household basis is to encourage family members to support each other and prevent the avoidance of the duty of care for the elders by resorting to CSSA. This is also in line with the policy objective that non-contributory financial assistance funded by general revenue should be provided to those most in need. The Administration has further explained that to assess the appropriate level of financial assistance that should be provided in each CSSA application, family members who reside under the same roof with the applicant are required to make a declaration of financial assistance provided to the applicant. The proposal of allowing elderly CSSA applicants to make self-declaration of lacking family support and holding them legally liable for the declaration may create difficulty for illiterate elderly CSSA applicants. In addition, exemption from the one-household requirement would be allowed where justified.

17. Members are dissatisfied at the Administration's reluctance to relax the requirement. They point out that although the official record shows that not many elders have applied for exemption from the one-household requirement, the number of applications does not reflect the extent of the problem accurately as some needy elders have decided not to apply for CSSA upon learning the need for their children who are living together to provide a statement on non-provision of financial support. Some elders have moved out of their families in order to become eligible for CSSA. Some members have

expressed reservation about the one-household requirement having regard to the fact that financial support from family members is not necessarily confined to those living together.

18. The Chairman has written to the Chief Secretary for Administration (CS) urging the Administration to review and relax the requirement for elders to apply for CSSA on a household basis. In his reply, CS has reiterated the Administration's stance on the one-household requirement.

Residential care services for the elderly

19. The Subcommittee notes that as at 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 26.4% or 2 261 000 by 2036. The latest life expectancy rate in Hong Kong is 79.4 and 85.5 for male and female respectively. The 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. Since November 2003, access to subsidized residential care places is subject to care need assessments under the Standardised Care Need Assessment Mechanism (SCNAM).

20. The Subcommittee also notes that as at end October 2007, there were 722 residential care homes for the elderly (RCHEs) operated by private operators and non-governmental organizations (NGOs). Together, they were providing 71 879 RCHE places, equivalent to about 8.2% of the 874 000 elderly population aged 65 or above in Hong Kong. Of these places, 25 829 (35.9%) were subsidized places. About 85% of the elders residing in RCHEs were receiving Government subsidy either in the form of subsidized residential care places (24 200) or CSSA (24 500). Members also note that during the same period, there were about 23 634 elders on the Central Waiting List for Subsidized Long Term Care Services (CWL), waiting for subsidized care and attention (C&A) places and nursing home (NH) places. The overall average waiting time for a subsidized C&A place is about 21 months (the waiting time for a subsidized C&A place in a private RCHE participating in the Enhanced Bought Place Scheme (EBPS) is about 10 months, and that for a subsidized C&A place in a subvented/contract RCHE about 32 months). The average waiting time for a subsidized NH place is about 42 months.

Long-term planning for residential care services for the elderly

21. Members express grave concern about the long waiting time for subsidized residential care services. Although the number of subsidized residential care places has increased by 60% from 16 000 in 1997 to about 26 000 in 2007, the average waiting time for a C&A place in a subvented/contract RCHE and a NH place stands at about 32 months and 42

months respectively. They consider the current waitlisting situation of subsidized residential care services unacceptable.

22. The Administration has advised that subsidized residential care places for the elderly are meant for those who have LTC needs but cannot be adequately taken care of at home. To meet the demand for subsidized residential care places, the Social Welfare Department (SWD) has been increasing the supply of subsidized residential care places from about 16 000 in 1997 to about 26 000 in 2007. In 2007-2008, the Government will provide an additional 743 subsidized residential care places (including 212 places in three new contract homes and 531 places purchased from private RCHEs under EBPS). In 2008-2009, an additional 107 subsidized residential care places will be provided in the new contract homes. Furthermore, the 2008-2009 Budget has earmarked \$29.8 million for the provision of an additional 278 subsidized residential care places. Another \$40 million will be deployed to upgrade 760 infirmary places in 19 RCHEs to provide infirmary care to medically stable elders. In addition, under the conversion programme launched since 2005, more C&A places providing continuum of care up to nursing level of care will be created to better meet the LTC needs of elders.

23. As regards the waitlisting situation, the Administration has advised that there is no means-test for subsidized residential care places, and the average waiting time for a subsidized C&A place in private RCHEs participating in EBPS is about 10 months. As the pre-application care need assessment under SCNAM has been introduced only in November 2003, not all elders currently on CWL have undergone the required assessment. The eligibility of some of them for subsidized residential care places has yet to be assessed and confirmed. As at end February 2008, 10 661 elders had applied for subsidized residential care services before the introduction of SCNAM and had subsequently undergone the care need assessment. Among them, 10 337 (97.3%) were assessed to be eligible for subsidized residential care services, 17 (0.2%) eligible for subsidized community care services, and 267 (2.5%) not eligible.

24. The Administration has further advised that some of the elders on CWL are staying in non-subsidized residential care places while waiting for subsidized places. Some of those staying at home while waiting for subsidized residential care places are also receiving subsidized home-based community care services or day care services. According to the Administration, of the 6 294 elders on CWL waiting for the subsidized NH places, 10% are receiving subsidized home-based community care or day care services, 4% are staying in residential care places, and about 50% are on CSSA and staying in private RCHEs.

25. Notwithstanding the provision of additional subsidized residential care places, members express reservations about the effectiveness of the measures put in place by the Administration to meet the strong demand for subsidized

residential care places arising from the ageing population. While recognizing that most elders do not object to ageing in the community, some members point out that there are practical difficulties for those elders with LTC needs to be taken care of at home due to various reasons. For instance, some elders are left unattended if their family members have to work during daytime. Although the average waiting time for a subsidized C&A place in private RCHEs participating in EBPS is only about 10 months, members note with concern that some elders prefer to wait for a subsidized C&A place in a subvented/contract RCHE which is currently about 32 months. They consider that the waitlisting situation is primarily caused by the worry about the quality of life in private RCHEs. The Subcommittee strongly urges the Administration to examine critically the reasons why elders prefer to wait for subsidized RCHE places and take immediate actions to resolve the problem.

26. The Subcommittee also notes that as at end February 2008, 16 981 and 6 213 elders were waitlisted for subsidized C&A and NH places respectively. In 2007-2008, 2 303 and 1 539 of these elders had passed away. Members consider that it is the Government's responsibility to provide adequate residential care places for those elders who have LTC needs. In this regard, the Subcommittee strongly urges the Administration to draw up a specific timetable and long-term plan to increase the number of and shorten the waiting time for subsidized residential care places. The Administration should make a pledge for the allocation of subsidized residential care places. To target subsidized residential care services at elders most in need, some members consider that the Administration should spell out the specific impairment level under which elders would be classified as having imminent LTC needs for admission to subsidized RCHEs.

27. The Administration has stressed that it fully recognizes the huge demand for subsidized residential care services for the elderly as a result of the ageing population. It will continue to bid for additional resources to increase the supply of subsidized RCHEs. However, increasing continuously the supply of residential care places alone will not be sufficient to meet the growing needs due to a number of contributing factors, and the Administration will encourage a balanced mix of public and private elderly care services to widen the choice for quality self-financing and private residential care places providing different services. As there are many factors affecting the number of elders on CWL, the Administration is unable to give a pledge on the waiting time for the allocation of subsidized residential care places. Nevertheless, it will monitor the waitlisting situation closely, and will consider the long-term planning of the provision of residential care services for the elderly in consultation with the Elderly Commission (EC).

28. The Administration has pointed out that elders with LTC needs do not necessarily age in RCHEs. SWD is in parallel providing a range of subsidized community care and support services to facilitate elders to age in the

community. The Administration has further pointed out that taking into account the non-subsidized residential care places for the elderly, there are some 74 500 RCHE places in Hong Kong. At present, about 57 000 elders are staying in subsidized or non-subsidized places in RCHEs. Notwithstanding the some 20 000 surplus places in private RCHEs, some elders prefer to wait for subsidized places. The Administration will work with EC to explore how to promote further the development of quality self-financing/private residential care services in meeting the LTC needs of elderly.

29. Noting that the Administration has yet to consult EC on the long-term planning of elderly services, members express dissatisfaction at the lack of a long-term planning and the slow progress made as EC has discussed the subject matter for almost 10 years. The Administration has explained that EC has been focusing on promotion of active ageing in the past two years, and has only started to focus on the review of residential care services for the elderly in late 2007. EC will need some time to study the subject in view of the complexity of issues involved.

30. Taking into consideration the lead time required to implement changes to the present arrangements on the provision and allocation of residential care places for the elderly, members take the view that the Administration should put in place interim measures to shorten the waiting time of the elderly currently on CWL waiting for various types of subsidized residential care places. In view of an inadequate supply of subsidized RCHE places and the waitlisting situation, some members suggest that the Administration should categorize RCHEs in accordance with their quality and fees and introduce a means-tested mechanism for the allocation of subsidized residential care places. Reference can be made to the mechanism for allocation of public rental housing units and Home Ownership Scheme flats. To increase the supply of residential care places, the Administration should designate land use for the construction of purpose-built RCHE premises, relax the building requirements for operating RCHEs and convert vacant Government properties for the purpose. Furthermore, consideration can be given to increasing the number of purchased places in private RCHEs under EBPS.

31. The Administration has assured members that EC has decided to conduct a further study on the recommendations of the former Commission on Poverty (CoP) regarding the waitlisting situation of subsidized residential care services, and to explore the following aspects –

- (a) how to target subsidized 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.

Apart from taking into account CoP's recommendations and the Administration's overall objective of encouraging "ageing in the community", the study will look into the LTC needs of elders and the soon-to-be-old, i.e. those aged 45 or above, and project the future demand for RCHE places. According to the Administration, the study is expected to be completed by the first quarter of 2009.

32. Members remain of the view that it is the Government's responsibility to ensure that subsidized RCHE places should be allocated to the eligible elderly with LTC needs on CWL within a reasonable time. No elderly should be deprived of the right to stay in RCHEs simply because of lacking adequate RCHE places.

Quality and monitoring of RCHEs

33. Members take the view that the quality of RCHEs directly affects the quality of life of elders staying in RCHEs. The Administration has advised that it is mindful that the quality of care in RCHEs, in particular private RCHEs, is a cause of concern to the public. It is committed to enhancing the quality of RCHEs. A three-pronged approach is adopted to enhance the quality of RCHEs, namely licensing control, capacity building, and monitoring and enforcement.

34. Members are advised that the Residential Care Homes (Elderly Persons) 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. The licensing requirements cover aspects such as health, sanitation, staffing, safety, location, design, structure, equipment, fire precautions and space. All RCHEs have to obtain a licence. In addition to licensing control, subvented RCHEs and contract homes are required to meet various output and service quality requirements as set out in the respective agreements with SWD. Private homes participating in EBPS are required to meet staffing and spacing requirements which are higher than licensing standards as set out in the respective agreements with SWD.

35. On capacity building, 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 residing in RCHEs, including drug storage and

management, infection control, food quality, meal arrangements, good practices in handling food brought to elderly residents from outside RCHEs, feeding techniques for elders with swallowing problems, bathing skills and arrangements, manpower requirements, and nursing and personal care. SWD will add on new requirements and update the Code from time to time as appropriate.

36. As regards the monitoring and enforcement aspect, the Administration has stressed that SWD's Licensing Office of Residential Care Homes for the Elderly (LORCHE) will make regular inspections to each RCHE no less than seven times annually; it will also conduct unannounced inspections on RCHEs to ensure compliance of the licensing requirements. Advisory or warning letters will be issued and prosecution actions will be taken as appropriate. Monitoring of RCHEs has been stepped up through conducting more surprise visits to the private homes, following up closely on the complaints against RCHEs, publicizing information about the homes breaching the licensing requirements, and increasing the penalties for repeated non-compliance with licensing requirements.

37. Given that many elders are currently living in private RCHEs, the Subcommittee takes the view that actions should be taken to upgrade the service quality of private RCHEs. To this end, the Administration should increase the number of EBPS places as the service quality standards developed and implemented in subvented RCHEs will apply to the entire private homes once they participate in EBPS. Some deputations have, however, pointed out that it will be difficult for private RCHEs to upgrade the entire home to meet fully the EBPS requirements if only a small portion of places are bought from them.

38. The Administration has advised it will endeavour to enhance the quality of private RCHEs. It agrees that purchasing places from private RCHEs would help enhance the quality of private RCHEs as EBPS places have to meet higher licensing requirements in terms of the bed spacing and manpower provisions. When SWD purchases a certain percentage of residential care places in a private RCHE, the RCHE has to apply the EBPS requirements to all the remaining non-EBPS places. A specified number of places will be bought from each private home in order to ensure that more private homes can participate in EBPS.

39. Some deputations have also told the Subcommittee that the service quality in private RCHEs is affected adversely due to a shortage of nurses in the welfare sector. The Administration has advised that to alleviate the problem, SWD, with the assistance of the Hospital Authority, launched two classes of a two-year full-time training programme in 2006 to train Enrolled Nurses for the welfare sector. The third class has commenced in December 2007, while two more classes will be launched in 2008 and 2009. These five

classes together will provide a total of 550 training places. Graduates are required to work in the sector for at least two years after graduation, as the tuition fees are subsidized by the Government.

40. There were media reports that some 40 private RCHEs intend to deduct the additional one month's CSSA payments and the one-off grant of OAA to be provided in the current financial year for subsidizing home fees before obtaining the consent of the residents concerned. This has aroused grave concern amongst members about the monitoring of private RCHEs. Pointing out that some private RCHEs have free access to the bank deposits of some of their elderly residents who pay the home fees with their CSSA payments, members strongly urge the Administration to look into and monitor the alleged malpractice of private RCHEs.

41. The Administration has explained that SWD has provided clear guidelines in paragraphs 8.2.3 and 8.5.2 of the Code of Practice for Residential Care Homes (Elderly Persons) in relation to holding or storing possessions or property on behalf of every resident by the home. These include -

- (a) written consent and authorization should be sought from the resident and his/her guardian/guarantor/family members/ relatives either on admission or as it becomes necessary;
- (b) home staff should refrain from withdrawing and using the bank account of residents for the purpose of payment of home fees and other charges unless a proper checking mechanism is established and maintained to prevent financial abuse or dispute; and
- (c) the home manager of a RCHE is required to establish and maintain a comprehensive system of updated records and make them readily available for inspection by LORCHE. Such records, by virtue of Section 16 of the Residential Care Homes (Elderly Persons) Regulation (Cap. 459A) and as a matter of good practice, are required to include, among others, the possessions or property stored or held on behalf of every resident by the home.

In addition, the Guardianship Board established under the Mental Health Ordinance (Cap. 136) is empowered to grant an order that a mentally incapacitated person be received into the guardianship of a suitable person, such as a registered social worker, or the Director of Social Welfare. The guardian so appointed can control and manage the property of the mentally incapacitated elderly on his/her behalf.

42. In the light of the media reports, SWD has issued a letter, together with some sample forms, to all RCHEs on 8 April 2008 to remind home operators of

the need to observe the above guidelines. To the Administration's understanding, the Elderly Services Association of Hong Kong has also issued a letter to all its members, who are private RCHE operators, and appealed to them to exercise self-discipline in this respect. These apart, SWD staff from LORCHE will make regular and unannounced inspections to each RCHE no less than seven times annually. During inspection or on receipt of complaints, the inspectors will examine the records kept by these RCHEs and may interview residents. If problems or irregularities are detected, advisory or warning letters will be issued to require the RCHEs concerned to make necessary rectifications and prosecution actions will be taken as appropriate. According to the Administration, 50 RCHEs have since 1997 been convicted of offences under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) and its subsidiary legislation.

43. Members generally consider that the existing measures lack deterrent effect against non-compliant RCHEs. In a bid to promote quality assurance and further enhance the monitoring of RCHEs, some members take the view that the Administration should adopt an independent accreditation scheme for all RCHEs. Consideration can be given to providing incentives for RCHEs to participate in the voluntary accreditation scheme developed by the Hong Kong Association of Gerontology since 2005. For instance, the Administration should give more weight to the accredited RCHEs when considering bids for contract homes or EBPS. Some deputations echo the need to enhance the participation of RCHEs in the accreditation system with a view to encouraging RCHEs to raise their service quality above the licensing requirements.

44. The Administration has pointed out that the present arrangement for RCHEs to participate in the accreditation scheme on a voluntary basis was supported by the Panel which the subject was discussed in 2004. According to the Administration, some 30 RCHEs are participating in the accreditation scheme developed by the Hong Kong Association of Gerontology. The Association will publicize on its website information about accredited RCHEs.

45. Members consider that the approach adopted by the Administration to monitor the quality of RCHEs is too lax given that enforcement actions will normally be taken only upon receipt of complaints. Even if problems or irregularities are detected, SWD will issue advisory or warning letters to require the RCHEs concerned to make rectifications. Members strongly urge the Administration to step up monitoring of RCHEs and increase the penalties for non-compliance with the licensing requirements.

Subsidy arrangement for residential care places

46. The Subcommittee notes with concern that the monthly subsidy for subvented places ranges from about \$8,000 to \$10,000, but the monthly fee of private RCHE places is set on par with the CSSA level (i.e. about \$5,000) as

the majority of residents in private RCHEs are on CSSA. This explains why private RCHEs are unable to meet the service standards of subvented homes. The Subcommittee considers that the Administration should look into the pricing policy of most private RCHEs charging a fee equivalent to the CSSA payments of the elderly residents. To allow the elderly CSSA recipients to have more choice of quality private RCHEs, the Administration should also review the existing arrangement of deducting the monthly CSSA payments for those elders staying in private RCHEs if they receive financial support from their family members to meet part of the monthly fees. Consideration should also be given to adopting the "money following the user" concept, i.e. by providing direct subsidy to the elderly to allow them to choose the types of RCHEs which best suit their own needs.

47. The Administration has pointed out that the concept of "money following the user" will have far-reaching policy implications. It would be necessary for the Administration and EC to conduct an in-depth study to thoroughly look into the concerned issues before arriving at any recommendations. As regards the proposal of co-payment of RCHE fees by the CSSA elderly recipients and their families, this will have implications on the entire CSSA Scheme, especially the meaning of "income" under the Scheme. Nevertheless, EC is looking into the key issues related to the long-term planning for residential care services.

Community care and support services for the elderly

48. The Administration has advised that "ageing in the community" is an underlying principle of the Government's elderly policy. To facilitate elders to age in the community, the Administration has assured members that a wide range of services are provided to meet the multifarious needs of elders and enhance the support for carers. These include the following –

- (a) home-based services are provided through the 60 Integrated Home Care Service Teams operated by subvented NGOs. Elders are provided with meal delivery, household cleaning and escort services. Elders who use the services do not have to go through SCNAM;
- (b) home-based community care services are provided for elders with LTC needs including personal care, nursing care, physiotherapy, meal delivery, household cleaning and escort;
- (c) day care services are provided by subsidized day care centres/units for elders who have LTC needs;

- (d) elders ageing at home and require care during the temporary absence of their carers (e.g. carers taking a break) may receive respite care at subvented RCHEs (for those staying overnight) or at day care centres/units (for those not staying overnight); and
- (e) a trial scheme will be launched in the first quarter of 2008 to provide integrated discharge support services to elderly discharged from hospitals and who have difficulty in taking care of themselves.

According to the Administration, over 22 000 elders in the community are enjoying non-means-tested subsidized home-based or centre-based community care and support services.

49. The Administration has further advised that a series of measures have been put in place to strengthen the support to singleton and hidden elders and carers. The Support Teams for the Elderly attached to the District Elderly Community Centres (DECCs) mobilize volunteers to render outreaching services to vulnerable elders and provide them with care, personal assistance, counselling and support services. In the 2007-2008 Budget, a recurrent amount of \$38 million has been earmarked for DECCs and Neighbourhood Elderly Centres to increase manpower provision to enhance their outreaching efforts to singleton and hidden elders.

50. Members are also advised that the 2008-2009 Policy Address has earmarked an one-off funding of \$200 million to help improve the homes of needy elders in the next five years, with a view to enhancing domestic safety and the quality of life of elders in need.

51. While the Subcommittee welcomes the initiatives being implemented by the Administration to facilitate elders to age in the community, members consider that the number of elders using the service is on the low side as compared with the size of the elderly population. Some members also express concern about the service quality, especially the meal delivery services, in the light of recent rising food prices. These members consider that the Administration should allocate more resources to further enhance the community care and support services and to monitor the quality of these services.

52. Pointing out that the allocation of resources for DECCs is based on the Funding and Service Agreements with SWD, some DECCs located in districts with more elderly population are working under tremendous work pressure and financial problems. Some members suggest that the resources for individual DECCs should be determined in accordance with the membership size, instead of the number of projects organized.

53. Members take the view that the provision of community care and support services for the elderly is by no means a substitute for the provision of RCHE places for elders with LTC needs as the older population will require some form of LTC services eventually. In view of the ageing population, the demand for residential care places would be increasing. Members remain of the view that it is the Government's responsibility to formulate a long-term planning for the provision of residential care services for the elderly, to shorten the waiting time for subsidized RCHE places, and to speed up the provision of adequate RCHE places to meet the huge demand.

Recommendations of the Subcommittee

54. The Subcommittee recommends that the Administration should –

Financial assistance for needy elders

- (a) increase the monthly OAA payment rates to \$1,000 immediately;
- (b) provide a new form of income support on top of OAA for the needy elders not on CSSA;
- (c) provide a concrete timetable for publishing the findings of the CPU's study on the financial sustainability of the existing three pillars of retirement protection;
- (d) relax the permissible annual absence from Hong Kong for OAA;
- (e) review and relax the policy of requiring CSSA applicants, especially the elderly applicants, to apply for CSSA on a household basis;

Residential care services for the elderly

- (f) the Administration should make reference to the mechanism for allocation of public housing units and adopt pledges for the allocation of different types of subsidized residential care places;
- (g) consideration should be given to categorizing RCHEs in accordance with their quality and fees, and introducing a means-tested mechanism for the allocation of subsidized residential care places in addition to SCNAM so that elders can choose the types of RCHEs based on their needs and affordability;

- (h) measures should be taken to enhance the quality of services so as to encourage more elders on CWL to stay in private RCHEs, such as increasing the number of purchased places from private RCHEs under EBPS;
- (i) the Administration should review the subsidy arrangements for residential care services, including –
 - (i) the adequacy of monthly CSSA payments for elders to stay in quality private RCHEs;
 - (ii) the arrangement of deducting the CSSA payments if the elderly recipients receive financial support from their family members; and
 - (iii) the feasibility of introducing the concept of "money following the user" to enable elderly to receive residential care services of their choice;
- (j) SWD should step up monitoring of RCHEs through conducting more surprise visits to the private homes, following up closely on the complaints against RCHEs, publicizing information about the homes breaching the licensing requirements, and increasing the penalties for repeated non-compliance with licensing requirements;
- (k) measures should be taken to alleviate the shortage of nursing staff and health workers in RCHEs;
- (l) consideration should be given to adopting the accreditation scheme for RCHEs developed by the Hong Kong Association of Gerontology for all RCHEs so that elders and their families can have more information to facilitate their choice of RCHEs;
- (m) more incentives should be provided for RCHEs to participate in the voluntary accreditation scheme developed by the Hong Kong Association of Gerontology, e.g. giving more weights to the accredited RCHEs when considering bids for contract homes or EBPS;

Community care and support services for the elderly

- (n) to promote "ageing in the community", the Administration should –

- (i) allocate more resources to enhance community care services and strengthen support services for carers (such as emergency respite services, carers' subsidy) and elderly hospital dischargees; and
 - (ii) promote respect for the elderly and a shared responsibility of individuals and their families in meeting the long-term care (LTC) needs of elders;
- (o) arrangement should be made to ensure that meal delivery services are provided for elders with LTC needs during public holidays and Sundays;
- (p) the Administration should introduce a pre-admission geriatric assessment for all elders in the community to detect undiagnosed illnesses and provide timely treatment for elders having health problems, thereby alleviating their needs for residential care services; and
- (q) resources should be allocated to DECCs according to their respective membership size.

55. The Subcommittee also recommends that the Panel should follow up the above with the Administration.

Advice sought

56. Members are invited to note the deliberations and endorse the recommendations of the Subcommittee.

Council Business Division 2
Legislative Council Secretariat
10 June 2008

Panel on Welfare Services

Subcommittee on Elderly Services

Terms of reference

The Subcommittee will study issues relating to elderly services and examine possible measures to improve the provision of such services, taking into consideration the views of the public, service users and non-governmental organisations providing elderly services.

Panel on Welfare Services

Subcommittee on Elderly Services

Membership List

Chairman	Hon Frederick FUNG Kin-kee, SBS, JP
Members	Hon Albert HO Chun-yan
	Hon LEE Cheuk-yan
	Hon CHAN Yuen-han, SBS, JP
	Hon TAM Yiu-chung, GBS, JP
	Hon LI Fung-ying, BBS, JP
	Hon Alan LEONG Kah-kit, SC
	Hon LEUNG Kwok-hung
	Dr Hon Fernando CHEUNG Chiu-hung

(Total : 9 Members)

Clerk	Miss Betty MA
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Legal adviser	Mr LEE Yu-sung
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Date	30 November 2007
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Appendix III

List of the organizations which have given views to the Subcommittee on Elderly Services

1. Home of the Elderly Consultancy Ltd
2. Hong Kong Association of Gerontology
3. Monitoring Alliance on Elderly Policies
4. SME Global Alliance - Elderly Affairs Committee
5. The Against Elderly Abuse of Hong Kong
6. The Elderly Services Association of Hong Kong
7. The Hong Kong Council of Social Service
8. The Hong Kong Geriatrics Society
9. The Salvation Army Carer Association
10. 失智症照顧者聯盟

Written submissions only

1. Hong Kong Psychogeriatric Association Ltd.
2. A member of the public