

**For discussion
on 13 July 2010**

**LEGISLATIVE COUNCIL
PANEL ON WELFARE SERVICES**

**Subcommittee on Residential and Community Care Services
for Persons with Disabilities and the Elderly**

**Progress of Implementation of the New Initiatives in Community Care and
Support Services for Persons with Disabilities**

Purpose

This paper briefs Members on the progress of implementing the new initiatives in community care and support services for persons with disabilities (PWDs).

Background

2. As set out in the Hong Kong Rehabilitation Programme Plan 2007, the policy objectives of the Government for the provision of community care and support services for PWDs are to make available support to PWDs according to their needs, enable them to continue living independently at home and prepare them for full integration into the community. These services also aim at strengthening the caring capacity of their family members/carers so as to provide a better quality of life for PWDs and their family members/carers. To enhance community care and support for PWDs, the Social Welfare Department (SWD) will -

- (a) introduce a Pilot Scheme on Home Care Service for Persons with Severe Disabilities; and
- (b) expand the service model of the Integrated Community Centre for Mental Wellness (ICCMW) across the territory in 2010-11.

3. We briefed the LegCo Panel on Welfare Services and this Subcommittee on these two initiatives at the Panel meeting on 8 March 2010 and the Subcommittee's meeting on 31 May 2010. The progress of implementation of these two initiatives is set out in the ensuing paragraphs.

Pilot Scheme on Home Care Service for Persons with Severe Disabilities (the Scheme)

The Scheme

4. As announced by the Financial Secretary in his 2010-11 Budget Speech, the Government has earmarked \$163 million under the Lotteries Fund (LF) to implement the Scheme on a three-year pilot basis. Under this pilot scheme, persons with severe disabilities who are living in the community and on the waiting lists for subvented residential care service of Hostel for Severely Mentally Handicapped Persons (HSMH), Hostel for Severely Physically Handicapped Persons (HSPH) and Care and Attention Home for Severely Disabled Persons (C&A/SD) will be provided with a package of home-based support services to meet their care and training needs, including personal care and escort service, occupational therapist (OT)/physiotherapist (PT) rehabilitation training service and nursing care service according to their assessed needs.

5. A monthly fee comparable to the prevailing fee scale of the centre-based Day Care Service for Persons with Severe Disabilities at \$988 per month will be charged for a full package of services comprising about 76 hours of personal care and escort service, two visits by an OT/PT and one visit by a nurse under the Scheme. For service users who do not require a full package of service, they can choose to receive the services on an hourly basis. In line with the prevailing fee scale of the community support services and District Support Centres for Persons with Disabilities, an hourly rate of \$33 for personal care and escort service, and \$42 and \$51 per visit respectively for nursing care and OT/PT rehabilitation training service will be charged.

6. The Scheme will be tested out in Tuen Mun and Kwun Tong which have the largest numbers of persons with severe disabilities waiting for such services. Upon the full operation of the Scheme, we expect that a total of about 540 persons with severe disabilities will be served. The Scheme will commence in the fourth quarter of 2010-11 and those who are on the waiting lists of HSMH, HSPH and C&A/SD residential services in Tuen Mun and Kwun Tong will be covered.

Present Position

7. To draw up the implementation details of the Scheme, SWD has consulted relevant non-governmental organisations (NGOs), parents' associations and stakeholders during March and June 2010. While they generally supported the Scheme, there were suggestions for expanding the Scheme to cover other districts and persons with severe disabilities not on the waiting list for subvented residential services. In this regard, SWD will conduct a mid-term review to keep track of progress and refine the operational details as appropriate after the launching of the Scheme. An overall review of the Scheme will be conducted before the expiry of the pilot period to assess its long-term feasibility in terms of the fee level, amount of subsidies, the number and scope of beneficiaries, as well as the overall service quality and performance of the NGO operators.

Integrated Community Centre for Mental Wellness

8. The Government is keenly aware of the needs of persons with mental health problems and their families/carers, and keeps under regular review the provision of community support services in response to changing demand. Since 2001, SWD has launched a number of new initiatives to enhance community support services for persons with mental health problems as well as their families/carers with a view to helping them improve their social adjustment capabilities for early and better re-integration into the community. These services aim to meet various needs of the ex-mentally ill persons at different stages of their rehabilitation. At present, service users receive various community support services from different rehabilitation agencies and service units operated by NGOs.

The ICCMW

9. To provide one-stop, integrated and accessible community health support services to discharged mental patients, persons with suspected mental health problems, their families and carers and residents living in the district, SWD set up the first ICCMW in Tin Shui Wai in March 2009. In light of the successful operational experience of the ICCMW, SWD will expand the service mode of ICCMW to all the 18 districts and strengthen the manpower of these centres in 2010-11 to provide comprehensive and accessible services and to dovetail with the Hospital Authority's (HA) "Case Management Programme" to provide timely support for patients with severe mental illness living in the

community. In this regard, SWD will consolidate existing resources of community support services at an annual funding allocation of about \$65 million, together with an additional annual provision of about \$70 million, i.e. a total of \$135 million, to revamp the existing community support services, including Community Mental Health Intervention Project, Community Mental Health Link, Community Mental Health Care Services, Community Rehabilitation Day Services and Training and Activity Centres for Ex-mentally Ill Persons, and set up ICCMWs in all the 18 districts in 2010-11.

10. To prepare for the setting up of the ICCMWs, SWD is working together with concerned NGO operators and stakeholders to finalise the operational logistics. While the service boundaries of the ICCMWs have been demarcated (details at **Annex A**), SWD is now drawing up the service output indicators in consultation with the operating NGOs. For better collaboration among the stakeholders at operational level, a Task Group comprising representatives from SWD, operating NGOs, HA, Integrated Family Service Centres and Medical Social Services Units has been formed to realign the work flow of referrals to ICCMWs and among these service units. To strengthen ICCMWs' capability in handling persons with mental health problems, HA will assist in providing relevant training to staff of ICCMWs. Having put in place the co-operation mechanism and logistical arrangements, ICCMWs are expected to commence service in October 2010.

The Case Management Programme (CMP)

11. In line with the international trend of shifting the focus of the treatment of mental illness from inpatient care to community and ambulatory services, we seek to enhance the support services to patients in community settings to achieve better treatment outcome and facilitate their recovery and re-integration into the community. For patients with severe mental illness, those in stabilised conditions may be discharged from hospitals to continue their treatment and rehabilitation in the community, subject to risk assessment by a multi-disciplinary team of healthcare personnel comprising psychiatrists, psychiatric nurses, clinical psychologists, occupational therapists and medical social workers.

12. To facilitate the provision of intensive, continuous and personalised support to patients with severe mental illness who reside in the community, HA has launched the CMP for persons with severe mental illness. Each patient covered by CMP has a designated case manager. The case manager will

establish a close service relationship with the patient and develop an individual care plan having regard to the patient's needs and risk profile. The case manager will maintain contact with the patient throughout the recovery journey, coordinate and arrange for the delivery of appropriate services to the patient. He/she will at the same time monitor the progress of recovery and make prompt arrangements for the patient to receive treatment if there is a sign of relapse. In discharging his/her functions, the case manager will work closely with various service providers, particularly the ICCMWs.

13. The CMP has been launched as pilots in Kwai Tsing, Kwun Tong and Yuen Long districts where relatively more patients with severe mental illness reside. The target is to serve 5 000 patients within the year. Around 80 to 100 additional psychiatric nurses and allied health professionals with experience in mental health services will be recruited in the year to serve as case managers. They will be provided with structured training on case management through intensive classroom teaching, workshops and practicum with supervision. It is estimated that the pilot CMP will cost \$78 million in 2010-11. Subject to the evaluation of the pilot programme, HA will roll it out to other districts in the coming years.

Enhanced Communication Mechanism Amongst Concerned Parties

14. To dovetail with HA's CMP, close collaboration and communication between the medical and welfare sectors is necessary. To this end, a two-level collaboration and co-ordination platform at the headquarters and district levels has been set up to develop strategies and enhance co-ordination in handling issues related to mental health services.

15. At the headquarters level, a Central Coordinating Group (CCG), co-chaired by SWD and HA and comprising representatives of the medical and welfare sectors, including the ICCMW operators, has been formed early this year to oversee collaboration strategies arising from the implementation of the ICCMW service. The Terms of Reference of the CCG is at **Annex B**.

16. With a view to enhancing cross-sectoral and cross-service collaboration at district level for effective delivery of CMP and ICCMW services, District Task Groups (DTGs) have been set up in Kwun Tong, Kwai Tsing and Yuen Long, to be followed by other SWD districts later this year. The DTGs, co-chaired by the respective District Social Welfare Officers and HA's cluster heads of psychiatric services and comprising representatives of

ICCMW and concerned government departments, e.g. the Police and the Housing Department, are tasked to develop strategies and resolve operational issues in respective districts. The Terms of Reference of the DTG is at **Annex C**.

17. The Government will continue to monitor closely the progress of the implementation of various initiatives in enhancing the community care and support services for PWDs and make suitable adjustment and refinement to ensure effective delivery of the services.

Advice Sought

18. Members are invited to note the content of this paper.

Social Welfare Department
Hospital Authority
July 2010

Service Boundaries of Individual Integrated Community Centres for Mental Wellness (ICCMWs)

SWD District	Districts to be served by Individual ICCMWs	Operating NGOs
Central, Western, Southern and Islands	Southern and Central / Western	Fu Hong Society
		Tung Wah Group of Hospitals
	Islands	New Life Psychiatric Rehabilitation Association
Eastern and Wanchai	Eastern	Richmond Fellowship of HK
	Wanchai	Baptist Oi Kwan Social Service
Kwun Tong	Kwun Tong	The Mental Health Association of Hong Kong
Wong Tai Sin and Sai Kung	Wong Tai Sin	Richmond Fellowship of Hong Kong
		The Society of Rehabilitation and Crime Prevention, Hong Kong
	Sai Kung	Christian Family Service Centre
		Stewards Ltd

SWD District	Districts to be served by Individual ICCMWs	Operating NGOs
Kowloon City and Yau Tsim Mong	Kowloon City	The Society of Rehabilitation and Crime Prevention, Hong Kong
	Yau Tsim Mong	New Life Psychiatric Rehabilitation Association
Shamshuipo	Shamshuipo	New Life Psychiatric Rehabilitation Association
Tsuen Wan and Kwai Tsing	Tsuen Wan	Caritas Hong Kong
	Kwai Tsing	New Life Psychiatric Rehabilitation Association
		Baptist Oi Kwan Social Service
Shatin	Shatin	Stewards Limited
		New Life Psychiatric Rehabilitation Association
Tai Po and North	Tai Po	Mental Health Association of Hong Kong
	North District	Caritas Hong Kong

SWD District	Districts to be served by Individual ICCMWs	Operating NGOs
Yuen Long	Yuen Long	The Society of Rehabilitation and Crime Prevention, Hong Kong
		New Life Psychiatric Rehabilitation Association
Tuen Mun	Tuen Mun	New Life Psychiatric Rehabilitation Association
		Hong Kong Sheng Kung Hui Welfare Council

**Central Coordinating Group (CCG) on
Community Mental Health Support Services**

Terms of Reference

- To implement strategies for enhancing the cross-sectoral and cross-service collaboration for effective delivery of services through the Integrated Community Centres for Mental Wellness and the “Case Management Programme” for persons with severe mental illness.
- To oversee the progress of collaboration among the stakeholders.
- To advise on the manpower requirement arising from implementation of mental health services and its related issues.

Frequency of Meeting

- The CCG will meet at least twice a year.

Membership List

Co-Chairpersons

- Director (Cluster Services), Hospital Authority (HA)
- Assistant Director of Social Welfare (Rehabilitation and Medical Social Services), Social Welfare Department (SWD)

Members

HA

- Representatives from HA clusters of New Territories West, Kowloon East and Kowloon West
- Representatives from HA Head Office

SWD

- District Social Welfare Officers or their representatives of Kwun Tong, Tsuen Wan/Kwai Tsing and Yuen Long
- Chief Social Work Officer (Rehabilitation and Medical Social Services)², SWD

Non-governmental Organisations (NGOs)

- Representatives of 3 rehabilitation NGOs

District Task Group on Community Mental Health Support Services

Terms of Reference

- To implement strategies for enhancing the cross-sectoral and cross-service collaboration for effective delivery of service by the Integrated Community Centres for Mental Wellness (ICCMWs).
- To formulate strategies for enhancing cross-sectoral and cross-service collaboration for implementation of the “Case Management Programme” for persons with severe mental illness.
- To develop strategies and approaches in handling mental health problems and assisting persons with mental health problems to re-integrate into the community, with special focus on district social circumstances.

Frequency of Meeting

- The District Task Group will meet no less than twice a year, and frequency of meeting will be increased where required.

Membership List

Co-Chairpersons

- Representative of Hospital Authority (HA)
- District Social Welfare Officer, Social Welfare Department

Members

- Representatives of the psychiatric hospitals/psychiatric specialist out-patient clinics of the respective clusters of HA serving the district
- Representatives of non-governmental organisations operating ICCMWs and other related welfare services in the district
- Representatives of other concerned government departments and organisations
- Other persons to be appointed by the Chairpersons