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**Panel on Welfare Services**

**Background brief prepared by the Legislative Council Secretariat  
for the meeting on 12 March 2012**

**Residential care places for frail elders**

**Purpose**

This paper gives a brief account of past discussions of the Panel on Welfare Services ("the Panel") and its Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly ("the Subcommittee") on the allocation and eligibility of subsidised residential care places for frail elders.

**Background**

2. Given that subsidised residential care places are in huge demand, since November 2003, access to subsidised RCHE places is subject to care need assessments under the Standardised Care Need Assessment Mechanism for Elderly Services ("SCANAMES"). However, there is no means-test for subsidised residential care places. Eligible elders will be put on the Central Waiting List ("CWL"), for subsidised long-term care services.

3. According to the Administration, various types of residential care homes are set up to meet different care needs of elders. Residential care services include –

- (a) *hostel for the elderly*: provides communal living accommodation, programme activities and round the clock staff support for elders who are capable of self-care;

- (b) *home for the aged*: provides residential care, meals and a limited degree of assistance in activities of daily living for elders who are unable to live independently in the community yet are not dependent on assistance with personal or nursing care, and are assessed to be of no or mild impairment level under SCANAMES;
- (c) *care and attention ("C&A") home*: provides residential care, meals, personal care and limited nursing care for elders who suffer from poor health or physical/mild mental disabilities with deficiency in activities of daily living but are mentally suitable for communal living, and are assessed to be of moderate impairment level under SCANAMES; and
- (d) *nursing home ("NH")*: provides regular basic medical and nursing care, and social support for elders who suffer from poor health or physical/mental disabilities with deficiency in activities of daily living but are mentally suitable for communal living, and are assessed to be of severe impairment level under SCANAMES. A Nursing Home aims to provide residential care for elders who, as a result of deterioration in their health condition, cannot adequately be taken care of in C&A Homes yet do not require the intensive medical and nursing care provided in infirmaries.

### **Deliberations by members**

4. While the Panel has not discussed the subject of provision of residential care services for frail elders, members have raised concerns about the implementation of SCNAMES and discussed from time to time the waitlisting situation of subsidised residential care services for these elders.

### **Service matching and prioritisation**

5. Members were concerned whether an elder, who was considered suitable for a particular type of service after undergoing SCNAMES, would be denied of the service because of the tight provision of such service. Concern was also raised as to whether the assessment tool was used to suppress the demand on the provision of elderly services. Members also expressed concern about the provision of services if the assessment results showed that two types of services were suitable for the applicant.

6. The Administration explained that the service matching and the provision of services for the elderly were two separate issues. SCNAMES was not used to suppress demand for elderly services but to provide an objective and scientific framework to ascertain the elders' eligibility for elderly services. Members were assured that the service matching aimed to provide the elders with the most suitable type of services according to the assessment results, and that elders would not be denied of the service on account of a tight provision of such service was tight. Members were also advised that the Administration was fully aware of the increasing demand for elderly services, particularly residential care services for the elderly. To this end, the Administration had been closely monitoring the adequacy of the provision of elderly services and had put in significant resources over the past years to improve the waitlisting situation.

7. The Administration advised that elders who were on CWL would be encouraged to try the enhanced home and community care services. Should they agree to try the new services, their applications for subsidised residential care homes would be suspended for the time being. They would however have the flexibility to re-activate their applications for subsidised residential care homes if they so wished and their original dates of application would be recognised. The Administration further advised that if two options were found to be suitable for the elderly, say, home care service and residential care service, the elderly would most likely be encouraged to use the former. Nevertheless, the wish of the elderly would always be respected.

8. Some members held the view that it was meaningless to carry out an assessment to ascertain the elders' eligibility for elderly services if the provision of such services lagged far behind the demand. These members considered that the Administration should give a pledge for eligible elders to be provided with the needed services within a specified period of time.

#### Review of the assessment tool

9. Some members and deputations had repeatedly urged the Administration to review SCNAMES expeditiously with a view to improving the assessment mechanism when the subject of provision of subsidised residential care services for elders who had long-term care needs was discussed. Members were advised that the applicants' impairment level was assessed according to their abilities in activities of daily living, physical functioning, communication, memory, behaviour and emotion, as well as their health conditions. A review of the assessment criteria would be conducted if such a need arose.

### Provision of subsidised residential care places for frail elders

10. Members took note that in view of the relatively long waiting time for subsidised NH places and the limited supply of places to cater for the needs of frail elders requiring nursing care in the private market, the Government decided to focus its effort on increasing the provision of NH places and long-term care places offering a continuum of care. Members were advised that the Administration had introduced the following new initiatives -

- (a) increasing the proportion of NH places in existing contract residential care homes for the elderly ("RCHEs") from 50% on average to 90% upon contract renewal or re-tendering;
- (b) purchasing vacant NH places from self-financing homes; and
- (c) making full use of the space in existing subvented RCHEs to provide more long-term care places with continuum of care under the conversion programme<sup>1</sup>.

11. While welcoming the initiatives to increase the provision of residential care places, members stressed the need to set specific targets for admission to and shortening the waiting time for various types of residential care places, in particular for the provision of NH places for a specified percentage of the elderly population. Members called on the Administration to project the demand for long-term care places for the elderly population so as to better plan for the additional number of residential care places to be provided in the coming years.

12. The Administration drew members' attention to the different types of government subsidy/subsidised services received by many elders on CWL for subsidised residential care places. These subsidy and subsidised services provided elders with the necessary support and help relieve the burden and stress of their carers. As at February 2010, of the 6 300 elders waiting for subsidised NH places, 700 were receiving subsidised community care services; 170 were staying in subvented RCHEs; 2 800 were staying in private/self-financing RCHEs and receiving Comprehensive Social Security Assistance ("CSSA"); and some 200, being CSSA recipients, stayed at home and had not used any subsidised community care services.

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<sup>1</sup> Social Welfare Department launched a conversion programme in June 2005 to convert, in phases, residential care places in 75 subvented RCHEs which did not have long-term care element to long-term care places providing continuum of care. As such, elders can continue to stay in the same subvented RCHE when their health deteriorates and need not switch to another RCHE which can provide a higher level of nursing care.

**Relevant papers**

13. A list of relevant papers on the Legislative Council website is in the **Appendix**.

Council Business Division 2  
Legislative Council Secretariat  
6 March 2012

## Appendix

### Relevant papers on residential care places for frail elders

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Welfare Services	14 December 2009 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	11 January 2010 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	6 February 2010 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly	27 April 2010 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly	6 October 2010 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>

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