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Panel on Welfare Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 10 July 2012**

Provision of subsidised residential care places for the elderly

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 on the provision of subsidised residential care places for the elderly.

Background

2. According to the Administration, it is providing about 26 000 subsidised places in residential care homes for the elderly ("RCHEs"), serving about 44% of all elders staying in RCHEs throughout the territory. The subsidised places are provided in subvented RCHEs run by non-governmental organisations ("NGOs"), contract RCHEs and private RCHEs participating in the Enhanced Bought Place Scheme ("EBPS").

3. 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. However, there is no means-test for subsidised residential care places. Eligible elders will be put on the Central Waiting List ("CWL") for subsidised care and attention ("C&A") places and nursing home ("NH") places.

Deliberations by members

New initiatives to increase the provision of subsidised residential care places for the elderly

4. At the meetings of the Panel on 22 October and 14 December 2009, members were briefed on the policy initiatives of the Labour and Welfare Bureau for 2009-2010. Members were advised 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. The Administration had introduced the following new initiatives -

- (a) increasing the proportion of NH places in existing contract 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.

5. Members also noted that the Administration would, in parallel, continue to increase the provision of subsidised places through the development of new contract RCHEs. Five new contract homes would open in the next three years from 2010 onwards. In addition, about 1 000 residential care places for the elderly would be provided upon completion of the 12 development projects under planning.

6. Members, however, noted that the actual number of additional subsidised NH places to be provided would depend on the response of the service operators. Some members pointed out that the response of service operators would indeed hinge on the purchasing price for NH places. In response to members' concern about the purchasing price for NH places from self-financing RCHEs, the Administration advised that this would be determined taking into account the manpower provision, rental, operating costs, etc. of individual homes. Consultation with the stakeholders on the introduction of this new purchase scheme would be carried out, and the details had yet to be finalised.

Waitlisting situation

7. In the light of the ageing population, members expressed grave concern

about the waitlisting situation of and the long-term planning on the provision of subsidised residential care places for the elderly. Members considered that it was the Government's responsibility to provide adequate residential care places for those elders who had long-term care needs. While welcoming the initiatives under the 2009-2010 Policy Address 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 the provision of NH places. Members strongly 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.

8. In the view of the Administration, it would not be pragmatic to set a target time for admission to subvented/contract RCHEs as the demand would change due to various factors, such as the availability of suitable sites and the preference of individual waitlistees. It was worth noting that there was no means-test for subsidised residential care places. All eligible applicants, including those whose families were financially capable of paying fees for higher quality private RCHEs, would be put on CWL.

9. At its meeting on 14 December 2009, the Panel noted that the Administration planned to purchase about 500 additional places under EBPS from private RCHEs, and to launch a pilot scheme to provide RCHEs with visiting pharmacist services so as to strengthen the elderly care services. Members were advised that the waiting time for a subsidised place in private RCHEs participating in EBPS was about seven months, but some elders preferred waiting for places in designated RCHEs.

10. The Administration had from time to time drawn 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 helped relieve the burden and stress of their carers. As a matter of fact, not all elders needed to reside in RCHEs and many elders preferred to age at home. For those elders who stayed at home, 56% of them were receiving home-based community care services.

11. While recognising that most elders did not object to ageing in the community, members pointed out that there were practical difficulties for those elders with long-term care needs to be taken care of at home due to various reasons. For instance, some elders were left unattended if their family members had to work during daytime. Although the average waiting time for a subsidised C&A place in private RCHEs participating in EBPS was about 10 months, members noted with concern that some elders preferred to wait for a

subsidised C&A place in a subvented/contract RCHE which was currently about 32 months. They considered that the waitlisting situation was primarily due to the worry about the quality of life in private RCHEs. The Administration should take this into account and examine critically the reasons why elders preferred to wait for subsidised RCHE places.

Service standards and quality of RCHEs

12. The service standards and quality of private RCHEs had been a subject of concern of the Panel. Noting from the sporadic media reports about elder abuse cases in private RCHEs, members expressed grave concern about the service quality of private homes. Some members suggested that the Administration should purchase more places from private RCHEs with a view to improving the service quality of these homes.

13. The Administration advised members that it attached great importance to the proper care of elders residing in RCHEs. Specifically, it had put in place a licensing system to regulate RCHEs under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) and its Regulations, complemented by the Code of Practice issued by the Director of Social Welfare, as well as other supporting measures to upkeep the quality of RCHEs. The Administration further advised that service standards of RCHEs were stipulated in the funding and service agreements/service agreements signed between the Social Welfare Department ("SWD") and service operators of subvented/contract RCHEs. Staff of SWD's Licensing Office of Residential Care Homes for the Elderly would make regular and unannounced inspections to each RCHE on average seven times annually.

14. The Administration shared the view of members that purchasing EBPS places from private RCHEs helped improve the service quality. The Administration pointed out that private homes participating in EBPS places were categorised into EA1 and EA2 homes, the former having higher spatial and staffing requirements. Nonetheless, when SWD purchased a certain percentage of residential care places in a private RCHE, the home had to apply the EBPS requirements, which were higher than the licensing requirements, to all places including the remaining non-EBPS places. As at end of 2009, of 573 private RCHEs, there were 129 homes participating in EBPS.

15. At its meeting on 21 October 2011 when the Panel was briefed on the new initiatives under the 2011-2012 Policy Address, members were advised that the Administration would increase the number of bought places under EBPS and upgrade EA2 homes to EA1 level as and when they could meet the higher requirements and increase the supply of EA1 places, i.e. having higher spatial and staffing requirements.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
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Appendix

Relevant papers on provision of subsidised residential care places for the elderly

Committee	Date of meeting	Paper
Panel on Welfare Services	22 October 2009 (Item I)	Agenda Minutes
Panel on Welfare Services	14 December 2009 (Item IV)	Agenda Minutes CB(2)1005/09-10(01)
Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly	-	Report
Panel on Welfare Services	21 October 2011 (Item I)	Agenda Minutes