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Panel on Welfare Services

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

Provision of subsidized 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 Elderly ("the Subcommittee") on the provision of subsidized residential care places for the elderly.

Background

2. At present, there are about 76 000 residential care services ("RCS") places in Hong Kong (including about 26 000 subsidized places), serving about 61 000 elders. Subsidized residential care places are provided in subvented residential care homes for the elderly ("RCHEs") run by non-governmental organizations, contract RCHEs and private RCHEs participating in the Enhanced Bought Place Scheme ("EBPS") as well as self-financing nursing homes ("NHs") under the Nursing Home Place Purchase Scheme ("NHPPS"). The provision of subsidized places by service type, the number of elders on the waiting lists and average waiting time as at the end of April 2012 are set out in **Appendix I**.

3. Given that subsidized residential care places are in huge demand, access to subsidized RCHE places since November 2003 is subject to care need assessments under the Standardised Care Need Assessment Mechanism for Elderly Services ("SCNAMES"). However, there is no means test for subsidized residential care places. Eligible elders will be put on the Central Waiting List ("CWL") for subsidized care and attention ("C&A") places and NH places.

Deliberations by members

4. The Panel and the Subcommittee discussed issues relating to residential care services for the elderly at a number of meetings. Major concerns of members are summarized in the following paragraphs.

Supply of subsidized residential care places

5. Regarding the planned provision of RCS up to 2017-2018, i.e. the tenure of the current Government, the Administration advised that it had secured resources for about 1 700 additional RCS places which would commence operation from 2012-2013 to 2014-2015. These additional places comprised subsidized and non-subsidized places in six new contract RCHEs, NH places, C&A places with continuum of care ("COC") converted from subvented RCHEs which did not have a long-term element and EA1 places (i.e. places with higher standard of staffing and space provision) under EBPS. The Administration had also earmarked sites in 11 development projects for the construction of new contract RCHEs and would continue to identify suitable sites for this purpose.

6. On the provision of NH places, the Administration advised that the proportion of NH places in contract RCHEs had been increased gradually from about 70% on average in 2010 to 90% in 2012 as places were upgraded upon contract extension or re-tendering, bringing about an additional 310 NH places to come on stream from 2012-2013 to 2014-2015. The Administration would continue to purchase suitable NH places from self-financing NHs under NHPPS in the coming years.

7. Members, however, noted that the actual number of additional subsidized 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.

8. Members were concerned about the slow progress of the conversion of subvented RCHEs places to C&A places with COC. According to the Administration, the conversion programme was effective in increasing the supply of C&A places with COC. While funding was available for the conversion works, the works would only be carried out in RCHEs when there was a certain number of places vacated as a result of natural wastage to avoid disturbance to existing residents.

Waitlisting situation

9. In the light of an ageing population, members expressed grave concern about the long waiting time for and the long-term planning on the provision of subsidized 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 Government's 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 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.

10. 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 waitlistee. It was worth noting that there was no means test for subsidized 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.

Allocation mechanism for residential care services

11. When the Panel discussed the provision of residential care services for elderly couple, members noted that preference for a specific location was a factor which had prolonged the waiting time for subsidized RCHEs. Members also noted that elderly couples applying for RCHEs might be placed in different homes according to their impairment levels as assessed under SCNAMES. They were of the view that the Administration should give due consideration to the wish of some RCS applicants for residing in the same RCHE with their spouse. Members called on the Administration to review the existing allocation mechanism for RCS with a view to providing some flexibility to allow an elderly couple to stay in the same RCHE with appropriate care level, even though they were assessed of different impairment levels.

12. The Administration advised that under the existing mechanism, elders would only be allocated with residential care places which offered service at the appropriate care levels according to their impairment level. Priority admission to RCHEs for frail elders could be arranged having regard to the recommendations of their case workers (i.e. social workers responsible for the cases) and provided that the applicants had no specific preference for particular locations or RCHEs. Such arrangement was to ensure that the process was fair to other applicants on CWL.

13. Members pointed out that in the light of an ageing population, the Administration should plan ahead to ensure an adequate supply of subsidized RCHEs to meet the increasing demand, including the supply of RCS places specifically designed for group applicants.

14. According to the Administration, RCS was allocated on a first-come-first-served basis with reference to the date on which an applicant completed SCNAMES, i.e. the long term care ("LTC") date. RCS applicants who opted for group applications would have the same LTC date if they had undergone SCNAMES on the same day. However, if individual applicants with different LTC dates later decided to jointly submit a group application, the LTC date for the group application would be the latest of the original LTC dates of the group members. The Administration pointed out that of some 20 000 elders on CWL, more than 30% and 20% of the elders waiting for subsidized C&A and NH places respectively had turned down the offer of placement, even though the offer suited their preferences. This had suggested that some elders who applied for subsidized RCS were in fact not ready to move into RCHEs. The Administration would, however, continue to provide more subsidized RCS places, and at the same time strengthen the community care services to facilitate elders to age in place.

Service standards and quality of RCHEs

15. 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.

16. Members pointed out that notwithstanding the long waiting time for RCS, some elders preferred waiting for subvented RCHE places to admission to private RCHEs because of the substandard quality of some private RCHEs. Members considered that in addition to purchasing more places for private RCHEs, the Administration should help upgrade the living environment and service quality of private RCHEs. Some members noted with concern that some private RCHEs were alleged to improperly use the Comprehensive Social Security Assistance ("CSSA") payments of the elderly residents and enquired about the monitoring mechanism of the service quality of private RCHEs.

17. The Administration advised that of some 50 000 private RCHE places, about 7 300 were subsidized places under EBPS. There was a licensing system to regulate RCHEs under the Residential Care Home (Elderly Persons) Ordinance (Cap. 459). The Director of Social Welfare had also issued a Code

of Practice for Residential Care Homes (Elderly Persons) under section 22(1) of the Ordinance to ensure that the premises, design, staffing, operation, management, etc. of licensed RCHEs complied with the licensing requirements and that RCHEs had the necessary resources to attend to the care needs of their residents and provide a safe hygienic living environment for them. Various measures were implemented to encourage RCHEs to enhance their service quality, for instance, the Social Welfare Department ("SWD") had introduced the Pilot Scheme on Visiting Pharmacist Services for RCHEs since 2010 to enhance the drug management capabilities of RCHEs and their staff. Training was provided to RCHE staff on a regular basis to enhance their knowledge and skills in elderly care. SWD had also worked closely with the Department of Health and Hospital Authority in devising service guidelines and making case referral.

18. On the monitoring of RCHEs, the Administration explained that SWD had conducted at least seven inspections, most of them unannounced, to private RCHEs per year, and would follow up on complaint cases of embezzlement of CSSA payments of the elderly residents and rectify irregularities promptly. Names of RCHEs being convicted for misbehaviour would be made public on the SWD website. The Administration advised that to provide high quality EBPS places, additional resources had been earmarked for purchasing about 600 additional EA1 places and upgrading more than 600 EA2 places to EA1 level in 2012-2013.

Latest development

19. At its meeting on 12 November 2012, the Panel will be consulted on the Administration's proposal to seek funding from the Lotteries Fund in 2012-2013 for the construction of a contract RCHE cum day care unit and a day care centre for the elderly in Long Ping. The Administration aims to submit the proposal to the Finance Committee in the first quarter of 2013.

Relevant papers

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

**Provision of Subsidised Residential Care Places and Average Waiting Time
(as at the end April 2012)**

Types of RCS places	No. of subsidised places	Number of elders on the waiting list	Average Waiting Time (months)
NH places (including NHPPS)	2 680	6 529	36
C&A places (overall)	21 644	21 620	22
➤ Subvented/Contract /Conversion Homes places	<i>14 336</i>		<i>34</i> (Note 1)
➤ EBPS places	<i>7 308</i>		<i>8</i> (Note 2)
Self-care hostel and Home-for-the aged places	1 763	N/A	N/A
Total	26 087	28 149 (Note 3)	

Note 1 Where the elders had no preference for specific RCHEs (in terms of location or religious background, for instance), the average waiting time for subsidised C&A places in subvented/contract RCHEs was 13 months.

Note 2 Where the elders had no preference for specific RCHEs (in terms of location or religious background, for instance), the average waiting time for subsidised C&A places under EBPS was two months.

Note 3 Including over 3 000 elders who were using subsidised community care services while waiting for residential care places.

Source: Extract from the paper provided by the Labour and Welfare Bureau in July 2012 (LC Paper No. CB(2)2509/11-12(01))

Appendix II

Relevant papers on provision of subsidized 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
Panel on Welfare Services	12 March 2012 (Item V)	Agenda Minutes
Panel on Welfare Services	10 July 2012 (Item III)	Agenda Minutes

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