

The Legislative Council Meeting on 11 June 2014

Motion on “Formulating a comprehensive elderly care policy to deal with population ageing”

Progress Report

Purpose

At the Legislative Council meeting on 11 June 2014, the motion on “Formulating a comprehensive elderly care policy to deal with population ageing” moved by Hon TANG Ka-piu and amended by Hon Albert HO, Dr Hon Fernando CHEUNG and Hon CHEUNG Kwok-che was carried. The wording of the motion carried is at **Annex**.

2. This report sets out the Government’s follow-up actions taken in respect of the above motion.

(A) Elderly Services

3. The Government has all along been striving to improve the quality of life of the elderly through its promotion of Active Ageing, so as to promote a sense of security, belonging and worthiness among them. In addition, elderly services are provided to those in need in accordance with the policy of promoting “ageing in place as the core, institutional care as back-up”. To cope with the challenges that come along with an ageing population, we will continue to commit resources to elderly services,

implement a host of new measures to provide more suitable services to the elderly and enhance the planning of elderly services.

Active Ageing

4. To encourage lifelong learning by the elderly, we have worked with the Elderly Commission (EC) on the Elder Academy (EA) Scheme since 2007. An additional \$50 million was injected into the EA Development Foundation (EADF) in March this year so as to support EAs in providing diversified courses to the elderly continuously, thereby enabling lifelong learning.

5. We have been carrying out the Neighbourhood Active-Ageing Project (NAAP) to develop caring and support networks at the community level. A new phase of the 2014-16 NAAP was launched in June this year and funding applications are being invited.

6. Separately, to further our efforts in encouraging the elderly and eligible persons with disabilities to participate actively in community activities, and thereby help build a caring and inclusive society, we plan to extend the Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities (commonly known as the \$2 Scheme), which currently covers MTR, franchised buses and ferries, to green minibuses in phases from the first quarter of 2015, subject to funding approval by the Finance Committee of the Legislative Council.

7. We will also continue to upgrade existing Government premises, public housing estates and connecting road facilities to provide barrier-free access and related facilities. This will enable elderly persons to make use of community facilities and services conveniently, as well as facilitate their full participation in various social activities and integration into the community.

Community Care Service (CCS)

8. We will enhance the subsidised CCS in 2014-15, including the provision of some additional 230 places for day care service, as well as 1 500 new places for home-based care service from March 2015 onwards. Moreover, we have increased the funding to all subvented elderly centres for raising their standard of service and employing more social workers. Regarding day respite service for elderly persons, we will continue to designate additional day respite places in newly established subsidised Day Care Centres for the Elderly (DEs) / Day Care Units (DCUs). We will monitor the actual need of elderly persons for our various services, with a view to meeting their service needs as appropriate.

9. To promote diversified development of community care services, we have secured a funding of \$380 million from the Lotteries Fund for the implementation of the First Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly. The First Phase of the Pilot Scheme was rolled out in September 2013 in eight selected districts¹. The target service users are elderly persons with moderate level of impairment. All 1 200 vouchers for the First Phase have been issued in early April this year.

10. As for support to carers, we will regularise the District-based Trial Scheme on Carer Training launched in 2007, and provide additional resources to District Elderly Community Centres for enhancing their support services to elderly persons with dementia and their carers. In addition, the Community Care Fund (CCF) has rolled out a two-year Pilot Scheme on Living Allowance for Carers of the Elderly Persons from Low Income Families. The scheme is expected to benefit 2 000 carers during its two-year pilot period.

¹ These eight districts are Eastern, Wong Tai Sin, Kwun Tong, Sham Shui Po (which will serve elderly persons living in Sham Shui Po as well as those in Yau Tsim Mong and Kowloon City districts), Shatin, Tai Po, Tsuen Wan and Tuen Mun.

Residential Care Service (RCS)

11. For RCS, we will continue to allocate resources to increase the supply of subsidised residential care places through various channels. By adopting a multi-pronged approach, about 1 580 new places will come into operation from 2014-15 to 2016-17. In addition, the Social Welfare Department (SWD) has secured sites at 11 development projects for the purpose of building new residential care homes for the elderly (RCHEs). SWD will continue to work closely with relevant departments (such as the Lands Department, Planning Department, Housing Department and Government Property Agency) to explore the feasibility of providing elderly facilities such as contract RCHEs, contract RCHEs cum DCUs and DEs in new development projects or redevelopment projects in public housing estates or Urban Renewal Authority projects, or converting vacant premises into elderly facilities.

12. Apart from the above measures for increasing the supply of residential care places, we have tasked EC to explore, within one year, the introduction of a voucher scheme on RCS, with a view to studying the feasibility of adopting the “money-following-the-user” approach in RCS, in addition to conventional modes. While the introduction of a voucher scheme on RCS will depend on the results of EC’s study, the Government has earmarked a funding of \$800 million. If EC considers it feasible to run such a scheme on a pilot basis, we will be able to issue a total of 3 000 RCS vouchers in three phases from 2015-16 to 2017-18.

13. The motion recommends expediting the implementation of RCHE redevelopment and new development projects. In this connection, we will continue to actively take forward the Special Scheme for Privately Owned Sites for Welfare Uses (Special Scheme), thereby encouraging social welfare organisations to provide the welfare facilities in need, in particular elderly and rehabilitation facilities, through in-situ expansion or redevelopment. We are co-ordinating with relevant Government departments in examining the 60 plus preliminary proposals received.

Based on the rough estimation of the applicant organisations, if all the proposals received under the Special Scheme could be implemented smoothly, about 9 000 additional service places would be provided for the elderly, including around 7 000 places for RCS and 2 000 places for CCS. We are collaborating with applicant organisations in the pursuit of the relevant projects.

14. The Government's policy objective of elderly services is to enable our senior citizens to remain members of the community for as long as possible, and, where necessary, by making available RCS suited to their varying needs. The housing needs of the elderly should be met through the housing programme, and their social and psychosocial needs through community support services. In this regard, SWD has been converting self-care hostel and home for the aged places into care-and-attention places providing continuum of care in phases since 2005, with a view to enhancing the support for frail elderly persons. We will extend continuum of care to subvented nursing home places in pursuance of the above-mentioned principle.

Manpower for Elderly Services

15. We will continue to increase the manpower supply for the elderly care service sector through various measures. For paramedical staff, with the support of the University Grants Committee, the student intakes of Bachelor of Science (Hons) Occupational Therapy and Bachelor of Science (Hons) Physiotherapy programmes have been increased by 44 places (i.e. from 46 to 90 places) and 40 places (i.e. from 70 to 110 places) per cohort respectively in the 2012-15 triennium. Also, the Hong Kong Polytechnic University has launched a two-year entry level Master in Occupational Therapy programme and a two-year entry level Master in Physiotherapy programme since January 2012 on a self-financing basis.

16. To encourage graduates from the Master Programme of Occupational Therapy and the Master Programme of Physiotherapy to join the welfare sector, SWD has

implemented a Training Sponsorship Scheme to provide funding support for non-governmental organisations (NGOs) to sponsor the tuition fees of students enrolled in these programmes. Fifty-eight students had completed the programmes in February 2014 and undertaken to serve the sponsoring NGOs for no less than two consecutive years immediately after graduation. The second cohort, with a total intake of 60 students, has started in January 2014. Separately, from 2014-15 onwards, the annual recurrent funding for NGOs has been increased to facilitate more effective recruitment and retention of paramedical staff or hiring of paramedical services.

17. To alleviate the manpower shortage of nurses in the welfare sector, SWD, in collaboration with the Hospital Authority (HA), has organised a two-year Enrolled Nurse Training Programme for the Welfare Sector since 2006. A total of 14 training classes have been organised so far, providing a total of about 1 800 training places. Another 900 training places will be offered in the coming few years. The training programme is fully subsidised by the Government. The trainees are required to sign an undertaking to work in the welfare sector for two consecutive years upon graduation.

18. As regards frontline care staff, training courses for Health Workers (HWs) are being offered by various training bodies, including NGOs, self-financing institutes and tertiary institutions. As at end-June 2014, there were 34 training bodies, organising 61 approved training courses for HWs for RCHEs. In the past three years, about 1 500 persons registered as HWs each year after taking these approved training courses.

19. To encourage the younger generation to join the elderly long-term care sector, a pilot scheme on the training of multi-skills workers for the elderly care service sector was launched in 2013. Under the pilot scheme, which was funded by the Lotteries Fund and implemented by NGOs, young people were hired to take up care work in RCHEs on a “first-hire-then-train” basis. In the light of the positive response to this

pilot scheme, we have earmarked approximately \$147 million to launch the “Navigation Scheme for Young Persons in Care Services” and will expand the scheme to include more elderly service units and extend it to rehabilitation services. The scheme will provide a total of 1 000 places.

20. As for long-term manpower planning, the Secretary for Food and Health is leading a Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development to conduct a strategic review of the overall healthcare manpower planning and professional development, with a view to ensuring that the supply of healthcare manpower can meet the needs arising from social development. In addition, the Education Bureau has assisted the elderly care service sector in setting up an Industry Training Advisory Committee (ITAC) in 2012 to implement Qualification Framework (QF) in the sector. ITAC has appointed the Vocational Training Council to draft the Specification of Competency Standards (SCS). The consultation on the draft SCS was completed by end-June 2014. Upon endorsement of SCS, ITAC would develop SCS-based training programmes, career ladders and the Recognition of Prior Learning Mechanism for the elderly care service sector.

Review of the Contract Bidding System for Elderly Services

21. SWD has adopted contract bidding mode for the selection of operators of welfare service units (mainly Enhanced Home and Community Care Services and RCS as far as elderly services are concerned) since 2001. The aim of adopting a contract bidding system is to ensure that the process of selection of service operators is fair, open and transparent.

22. As far as the staffing arrangements of service units are concerned, SWD will continue to monitor closely the human resources management system of the service operators under the contract bidding system to ensure that operators have put in place

good human resources structures, and enhanced their staff retention measures and manpower deployment arrangement, with a view to ensuring steady delivery of appropriate service to service users. There are views that the Government should adopt long-term subvention mode to replace the mode of contract bidding in every few years. This involves a policy change. We need to exercise caution and allow sufficient time to examine the issue.

Review of the Standardised Care Needs Assessment Mechanism for Elderly Services (SCNAMES)

23. SWD has obtained a Lotteries Fund grant and commissioned a three-year consultancy in November 2013 to implement the Project on Enhancement of the Infrastructure of Long Term Care in Hong Kong. The objectives of this Project are, among others, to review and update the assessment tool under SCNAMES from “Minimum Data Set – Home Care” version 2.0 (including its manuals, assessment questionnaires and Clinical Assessment Protocols) to interRAI HC version 9.1. In reviewing and updating the assessment tool, the consultant will consider past experience in SCNAMES, and promote a more effective assessment system for better LTC service matching.

24. It is envisaged that the updated assessment tool will provide a more detailed assessment on the health status of the elderly persons including the level of functional impairment, cognitive ability (e.g. consistency in thoughts), communication ability, pain and mood as well as social support and environmental risk. The assessment result will allow elderly care service providers to have a more precise understanding of the services required for taking care of elderly persons with different levels of frailty. This updated assessment tool will also bring about enhancement in the service matching mechanism, thereby the elderly persons most in need can be provided with the appropriate nature and level of LTC services in a timely manner.

Review of the Standard of Facilities of Service Premises

25. SWD has completed a review on the space requirement and schedule of accommodation of DEs in 2010. The revised standard of these facilities include, among others, an increased space requirement. SWD is now carrying out a review of the standard of facilities of RCHEs. Having regard to our ageing population and changes to social environments, SWD will continue to review from time to time the standard of facilities of its service premises, so that the services provided can better suit the actual care needs of elderly persons.

Review of the Allocation Arrangement of Dementia Supplement

26. To facilitate service units in providing enhanced care support for elderly persons with dementia, we will continue to allocate Dementia Supplement (DS) to subvented RCHEs, private RCHEs participating in the Enhanced Bought Place Scheme (EBPS) and subsidised DEs/DCUs. In 2014-15, a total recurrent allocation of \$225.78 million is provided to RCHEs and DEs/DCUs under DS, benefitting some 5 800 elderly persons in the 253 subvented RCHEs and private RCHEs participating in EBPS and 70 DEs/DCUs.

27. With regard to the allocation arrangement of DS, SWD, having discussed with the subvented RCHE sector and HA, has reached an understanding with them in mid-2013 on the streamlining of application procedures. In addition, HA, SWD and the RCHE sector have worked jointly to review the existing DS assessment form with a view to further streamlining the application procedure and enhancing cost-effectiveness. The new DS assessment form will be put in use for assessment of eligible cases in subvented RCHEs for 2015-16.

Enhancing the Planning of Elderly Services

28. The Chief Executive has tasked EC to formulate the Elderly Services Programme Plan (Programme Plan) within two years. When formulating the Programme Plan, EC will make reference to the issues highlighted in its past studies on LTC services for the elderly as well as the views expressed by different stakeholders and concern groups on elderly care services. In addition, the Special Scheme, the Pilot Scheme on CCS Voucher for the Elderly, the feasibility study on introducing an RCS voucher scheme, the pilot scheme on a carer allowance funded by CCF, etc., would be taken into account in the wider context of the Programme Plan.

(B) Healthcare Services for the Elderly

Enhancing the Service of Elderly Health Centres (EHCs)

29. To enhance the service of EHCs, a provision of \$3.3 million in 2014-15 has been earmarked for creating a clinical team, followed by a provision of \$6.5 million in a full year from 2015-16 and onwards for creating another clinical team in 2015-16. It is anticipated that each clinical team will handle an additional 2 125 enrolments for health assessment and an additional 9 500 attendances for health assessment or consultation each year.

Visiting Health Teams (VHTs)

30. To enhance carer support and elderly person's self-care ability, thereby facilitating "ageing in place", we will, through the 18 VHTs of the Department of Health (DH), collaborate with other elderly service providers to deliver health promotion programmes for elderly persons and their carers. The aim is to improve their health awareness, self-care ability, and to enhance the quality of caregiving. In addition, the Elderly Health Service of DH will promote elderly health and Active

Ageing through various media channels.

Elderly Health Care Voucher Scheme and Elderly Health Assessment Pilot Programme

31. Since 2009, we have implemented the Elderly Health Care Voucher Scheme (EHCVS), subsidising local residents aged 70 or above to use private primary care services including dental and preventive services. The provision of public healthcare services will not be reduced, and elderly persons may continue to receive treatment from the public sector. Since January 2014, we have converted EHCVS from a pilot scheme into a regular programme. Also, we have doubled the annual voucher amount to \$2,000 starting from June 2014.

32. Since mid-2013, we have implemented the Elderly Health Assessment Pilot Programme, subsidising about 10 000 elderly persons to receive health assessment. The health assessment seeks to identify elderly persons' risk factors (including lifestyle practices) and diseases so that they can be managed in a timely and targeted manner. In the first six months of its implementation, the programme gave priority to elderly persons who lived alone or had not received any health assessment. As at July 2014, nine NGOs, involving 19 service centres over the territory, have made arrangements for more than 2 200 elderly persons to receive health assessment.

Elderly Appointment Quota

33. At present, HA operates 73 General Out-patient Clinics (GOPCs) in Hong Kong, primarily targeted at serving the elderly, the low-income group and the chronically ill. HA always endeavour to improve its GOPC services. To enhance the accessibility to GOPC services of the elderly with episodic diseases (e.g. influenza, colds), elderly quotas have been reserved for patients aged 65 or above in HA's GOPCs. The elderly could reserve consultation timeslots through the GOPC

telephone appointment system. As for chronic disease patients requiring follow-up consultations, they will be assigned a visit timeslot after each consultation and do not need to make separate appointments by phone.

(C) Chinese Nomenclature of “Dementia”

34. Noting the varying use of “認知障礙症”, “老年癡呆症” and “腦退化症” in referring to dementia in Chinese and that promoting consensus on the adoption of a unified Chinese term would help promote better understanding on the disease, we will adopt “認知障礙症” as the Chinese equivalent to dementia in Government documents so as to enhance the public’s understanding on dementia.

Labour and Welfare Bureau

Food and Health Bureau

September 2014

(Translation)

**Motion on
“Formulating a comprehensive elderly care policy
to deal with population ageing”
moved by Hon TANG Ka-piu
at the Council meeting of 11 June 2014**

**Motion as amended by Hon Albert HO, Dr Hon Fernando CHEUNG and
Hon CHEUNG Kwok-che**

That, given the rapid ageing of Hong Kong’s population, the demand for elderly care services in society continues to increase, but the policy strategies to deal with demographic challenges proposed earlier by the Steering Committee on Population Policy make no mention of elderly care services in the future; in this connection, this Council urges the Government to immediately formulate a comprehensive elderly care policy, make detailed planning for elderly care services in the future and promote collaboration between the medical and welfare sectors; the contents should include:

Service planning –

- (1) based on projections on the proportion and growth of elderly population in the future, to formulate medium- and long-term planning for elderly care services in the next 10 and 20 years, and on this basis, to reserve lands for developing elderly care services and train manpower, so as to ensure that social demand for community care services and residential care services for the elderly can be met every year;
- (2) to make stronger efforts to implement projects on redeveloping residential care homes for the elderly and constructing new ones, and reserve lands in more public and private development projects for building residential care homes for the elderly, so as to shorten elderly persons’ waiting time for residential care homes and reduce the number of elderly persons who have yet to be allocated a place in residential care homes when they passed away;
- (3) based on the proportions of the elderly population in various districts, to enhance community care services, including allocating additional resources to expand the existing integrated home care services and day respite service for elders, and providing a certain number of

places for emergency support services in various districts to deal with cases of serious nature and requiring immediate assistance;

- (4) to extensively consult various sectors of society on elderly services and formulate service indicators and criteria, so as to upgrade service effectiveness;

Policy reform –

- (5) to set up an inter-departmental office of long-term care services to co-ordinate the work of various departments which are responsible for elderly welfare, elderly care and elderly services;
- (6) to immediately rename the Chinese rendition of dementia from ‘老人癡呆症’ to ‘認知障礙症’, adopt the recommendations of the World Health Organization to formulate a comprehensive priority strategy to deal with dementia, and allocate resources to set up a dedicated service unit;
- (7) to review the standardized care need assessment mechanism for elderly services, and triage elderly persons based on their actual care needs to enable them to receive suitable services as early as possible, and in turn effectively alleviate the problem of unduly long waiting time for services;
- (8) to review the requirement on the area of floor space for each resident in newly constructed residential care homes and day service centres for the elderly, so as to progressively enhance the care standard of elderly services;
- (9) focusing on the segregation of the medical and welfare sectors in elderly care services at present, to strengthen healthcare and home care services in the community, and further develop primary healthcare services, including increasing the number of elderly health centres to shorten the waiting time for elderly persons to enroll as members, providing more medical examination services in elderly health centres, and based on the proportions of the elderly population in the 18 districts, setting service quotas and maximum waiting periods for services in various districts, so as to support the care needs of elderly persons who are unable to get a place in residential care homes for the elderly, and in the three major directions of training, support and accreditation, formulate a dedicated policy on

carers of the elderly, thereby perfecting the existing long-term care policy based on ‘ageing in place’;

Manpower resources —

- (10) based on the medium- and long-term planning for elderly care services, to project the manpower demand for the services, comprehensively assess afresh the existing policy of manpower resources development for elderly and care services, including reviewing the training, remuneration packages and career prospects for frontline carers in elderly services, and, apart from considering how to enhance the standard of the relevant services on the whole, also raise the social status of the industry, so as to attract more new entrants; and
- (11) to review the bidding system for elderly service contracts to reduce cyclical wastage of manpower;

in addition, given the continuing increase in the numbers of elderly persons with disabilities and elderly persons with dementia and chronic diseases, coupled with the ageing of persons with intellectual disabilities, this Council also urges that rather than adopting age as the sole criterion, the Government should also take the needs and long-term care of elderly persons as the basis to immediately formulate a comprehensive elderly care policy; this Council also urges the Government:

Service planning —

- (12) to relaunch hostels for the elderly and build a diversified range of residential care homes to enable elderly persons to live in the community without any worry; and reserve the several bottom floors of newly constructed public housing blocks for operating small-scale residential care hostels or residential care homes for the elderly;
- (13) to implement community care for the elderly based on the concept of ‘care in the community’; compile detailed statistics on the service demands of service users in various districts for formulating five- and 10-year planning on community care services; expand meal delivery, escort for medical consultation and household cleaning services, increase the number of day service centres for the elderly and establish a central enquiry service system;

- (14) in order to resolve the problem of serious shortage of venues for community support services for the elderly at present, to conduct a study on the provision of diversified community support services and activities for the elderly, such as adventure activities for elderly persons;

Policy reform —

- (15) based on the concept of ‘care in the community’, to map out a development strategy for the retired population and formulate a comprehensive inter-departmental elderly policy on areas such as healthcare, housing, community support, financial protection, long-term care, social participation, urban construction and cultural development for elderly persons, etc., so as to provide elderly persons with suitable education and living environment;
- (16) to streamline the existing application procedures for the Dementia Supplement, including assessing afresh recipients’ eligibility for the supplement at an interval of two years; and extend the scope of the Dementia Supplement to other community care services, so that service operators have more resources to provide services to homebound Dementia patients;
- (17) to collate and analyze the case information obtained under the standardized care need assessment mechanism for elderly services, and assess and adjust the quality of existing services, so as to provide reference for planning and introducing new services in the future, enabling the Government to allocate resources more effectively; and

Manpower resources —

- (18) to conduct planning for the manpower establishment and resources for various kinds of elderly services.