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**Panel on Welfare Services and Panel on Health Services**

**Joint Subcommittee on Long-term Care Policy**

**Updated background brief prepared by the Legislative Council  
Secretariat for the meeting on 28 November 2013**

**Care services for people with dementia**

**Purpose**

This paper gives a brief account of the discussions of the Panel on Welfare Services ("WS Panel"), the Panel on Health Services ("HS Panel") and relevant subcommittees under the two Panels regarding care services for people with dementia.

**Background**

2. According to a study conducted jointly by the Department of Health ("DH") and the Department of Psychiatry of The Chinese University of Hong Kong in 2006, around 9.3% of elders aged 70 or above living in the community suffered from dementia. Based on the elderly population (aged 70 or above) of about 678 000 in mid 2009, it is estimated that there are some 63 000 demented elders living in the community at present. Based on the current incidence rate of dementia and the projected elderly population, it is projected that 77 000 demented elderly persons aged 70 or above will be living in the community by 2019.

3. According to the Administration, a range of support services is provided to demented elders and their carers through the Social Welfare Department ("SWD"), the Hospital Authority ("HA") and DH.

4. The Elderly Health Centres of DH provide clinical services of health assessment, counselling, curative treatment and health education, etc. to enrolled elderly members, including those suffering dementia.

5. HA provides assessment and treatment services to patients with dementia through its psychiatric and geriatric departments. HA also provides support to elders with dementia and other mental health problems residing in the community through its multi-disciplinary community geriatric assessment teams. The community psychogeriatric outreach teams provide outreach services to elders with mental health problems (including patients with dementia) in selected residential care homes for the elderly ("RCHEs").

6. SWD has since 1998 provided a Dementia Supplement to all subvented RCHEs to employ additional professional staff to provide care services and arrange training activities for demented elderly persons. The Dementia Supplement has been extended to private RCHEs participating in the Enhanced Bought Place Scheme since 2009. Starting from 2011-2012 financial year, Dementia Supplement has been provided to all subsidized day care centres/units for the elderly for the provision of more targeted services to demented elders residing in the community.

## **Members' deliberations**

### Dedicated service units

7. At its meeting on 12 April 1999, the WS Panel was briefed on the Administration's proposal to provide dedicated service units in residential care homes and day care centres for demented elderly. Members were advised that to cater for the special needs of the demented, SWD would conduct pilot projects to set up six dementia units in five subvented RCHEs and two day care centres to provide dedicated services for the care of dementia in either residential or day care settings. These dementia units would provide tailor-made training to enhance the functioning and independence of the demented as well as provide support and relief to carers. Referrals for other services would be arranged if necessary. The pilot projects were scheduled to commence in April 1999 for three years. In the three-year period, SWD would conduct mid-term and final evaluations to examine the cost-effectiveness of the projects and to determine the way forward.

8. At its meeting on 14 February 2000, the WS Panel was briefed on the recommendations of the Report of the Working Group on Dementia of the Elderly Commission and the follow-up actions taken by the Administration. Pointing out the recommendation of the Working Group that the feasibility of setting up more special dementia units in residential

care homes and day care centres as well as day respite service for the elderly should be examined, members enquired whether consideration would be given to setting up more dementia units.

9. The Administration advised that it supported all the recommendations of the Report and had been actively considering and implementing measures to take these recommendations forward. SWD had commissioned The Chinese University of Hong Kong to conduct a consultancy study to evaluate the effectiveness of the pilot projects of setting up dementia units in subvented residential care homes and day care centres to provide specific care services for the demented, and to recommend long-term operating mode of the services. The feasibility of setting up more special dementia units in residential care homes and day care centres would be examined upon completion of the evaluation study.

10. While the WS Panel had not discussed the evaluation of the three-year pilot projects on dementia units, members were given to understand from the Administration that it was considered more desirable for demented elders to be served in an integrated manner in one care facility, in the same environment where the elders were familiar with, to meet their needs at different stages of care level and conditions.

11. The question of the feasibility of providing services for demented elders at dedicated service units and day care centres/units for the elderly was raised again at meetings of the WS Panel, HS Panel and relevant subcommittees under the two Panels. According to the Administration, in the light of great demand for suitable premises for setting up various types of welfare facilities, it might not be feasible to identify suitable venues for setting up new dedicated service units for demented elders in every district in the short run. SWD had been continuously allocating resources to improve the facilities of RCHEs and day care centres/units for the elderly, including over \$30 million from the Lotteries Fund in 2009 for subsidized elderly service units to purchase bed monitoring systems, anti-wandering systems, facilities for multi-sensory therapy, etc. In the view of the Administration, to facilitate easy accessibility of service users, it was considered appropriate to make use of the existing day care centres/units for the elderly to provide an integrated and continuum of services for demented elders in order to meet their care needs at different stages. In recognition of the mobility needs of demented elders, SWD had enhanced the spatial standards for day care centres by some 20%. The new Schedule of Accommodation had been adopted since October 2010 in the planning of new and reprovisioned centres, which would enable the provision of additional facilities which demented elders could benefit. SWD would assist the existing service providers in the acquisition of

new/additional premises to meet the enhanced spatial standards and would finance the capital works.

### Collaboration between the medical and welfare sectors

12. While noting that SWD, DH and HA had been providing support services to demented elders, members considered that the provision of such services was limited and inadequate to meet the demand in the light of the ageing population. More resources should be allocated to strengthen the services at day care centres/units for the elderly and to provide relevant training programmes for staff of elderly service units and family carers. Consideration should also be given to setting specific targets and formulating a long-term plan for the support services for demented elders. Moreover, the Administration should spearhead the collaboration between the medical and welfare sectors in providing support services for demented elders.

13. The Administration advised that the health and welfare sectors had been blending their strengths in providing services to demented elders in both residential and community care services. The Administration had been encouraging collaboration between the medical and social welfare sectors in order to support the demented elders and their carers. At present, the community geriatric assessment teams and psychogeriatric outreach teams of the seven clusters under HA provided the elders living in RCHEs (including patients with dementia) with outreach healthcare services and support, such as formulation of treatment plans, monitoring patients' recovery progress and training care workers. The services of HA's community geriatric assessment teams covered about 650 RCHEs, whereas the psychogeriatric outreach services covered most of the subvented RCHEs and over 200 private RCHEs in the territory. Apart from that, the multi-disciplinary professional teams of DH's Elderly Health Service visited RCHEs to provide their staff with training on caring for demented elders and to advise individual RCHEs on ways to enhance the capability of the care of demented elders. The visiting health teams would also pay regular visits to the community to provide health education and training to carers of dementia patients.

14. Members noted that some patients with dementia would be referred to the psychiatric departments or the memory clinics of the medical departments of public hospitals for assessment, treatment and monitoring of rehabilitation progress. Members called on HA to extend the memory clinics to all the 18 districts over the territory. According to the Administration, HA was formulating an Elderly People Service Plan for planning the development of services for elderly people in the long term.

HA would set up a Task Force to review the existing services and support for demented patients, including the role of memory clinics.

15. As for the welfare sector, to facilitate early identification of dementia, the 41 District Elderly Community Centres ("DECCs") under SWD in the territory provided elders and their carers with diversified services, including social and healthcare education, counselling and referral services. In response to members' call for allocating more resources to DECCs to strengthen their role in early identification of dementia, the Administration pointed out that in 2008, additional funding had been allocated to all DECCs for enhancing their outreach services with a view to identifying more needy elders in the community and referring them to suitable services or medical treatment. Moreover, DECCs adopted an open membership system, and there was no quota for enrolment.

#### Support for carers of demented elders

16. In addition to services to the demented elders, members time and again urged the Government to provide support (for example in the form of cash allowance) to carers to relieve their financial burden and stress in taking care of the demented elders at home. The Administration advised that a range of support services/training had been provided to family members/carers of demented elders, for example, the District-based Scheme on Carer Training launched in October 2007 teaching participants basic knowledge of elderly care including the skills in caring for demented elders. Moreover, all subvented RCHEs, contract RCHEs, RCHEs participating in EBPS, and day care centres/units for the elderly provided residential respite or day respite services, so that carers could take a break or attend to other businesses, thereby relieving their stress. Members were disappointed that the provision of existing respite places was far from adequate and called on the Administration to increase residential respite places and temporary day care places for demented elders.

17. In the view of the Administration, the needs of carers could be better addressed through the provision of training and a wide range of home-based/centre-based support services. To respond to the strong call from the community for more support for carers, the Administration was studying the feasibility of launching a carer allowance for the elderly under the Community Care Fund. As regards respite service, it would continue to designate day respite places in the newly established subvented day care centres/units for the elderly and make use of the casual vacancies of the subsidized places in subvented RCHEs and private RCHEs participating in EBPS.

### Assessment tools on the impairment level

18. Some members were concerned whether the use of the assessment tool of the Standardized Care Need Assessment Mechanism for Elderly Services ("SCNAMES") could accurately assess the level of impairment of demented elders, having regard to the fact that SCNAMES would test the physical functioning of the elderly, but not their mental conditions.

19. The Administration advised that under SCNAMES, 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. This set of tools was considered effective in assessing the actual conditions and care needs of people suffering from dementia.

### Support for patients with early onset of dementia

20. Noting that demented persons aged below 60 were not eligible for subsidized community care services, some members suggested that in view of an increasing younger population suffering from dementia, the Administration should critically examine the support services for the younger demented persons. The Administration advised that people who had early onset of dementia might apply for Integrated Home Care Services. Besides, medical social services were available in public hospitals and some specialist out-patient clinics to provide psycho-social intervention for patients, including demented persons, regardless of age. In addition, there were self-financing services for people with dementia provided by non-Government and community organizations. The support for carers was also available to patients with dementia and their carers at all ages.

### **Relevant papers**

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

## Appendix

### Relevant papers on Care services for people with dementia

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Welfare Services	12 April 1999 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	14 February 2000 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Legislative Council	20 May 2009	<a href="#">Official Record of Proceedings</a> <a href="#">Pages 76-79</a>
Legislative Council	13 January 2010	<a href="#">Official Record of Proceedings</a> <a href="#">Pages 45-55</a>
Panel on Welfare Services	6 February 2010 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Legislative Council	19 May 2010	<a href="#">Official Record of Proceedings</a> <a href="#">Pages 108-113</a>
Panel on Welfare Services	20 October 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	12 November 2010 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	14 March 2011 (Item VII)	<a href="#">Agenda</a> <a href="#">Minutes</a>

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Health Services Panel on Welfare Services	24 May 2011 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Legislative Council	8 June 2011	<a href="#">Official Record of Proceedings</a> <a href="#">Pages 265, 267-269 and 312-313</a>
Panel on Welfare Services	22 August 2011 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	21 October 2011 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services Panel on Health Services	5 December 2011 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Joint Subcommittee on Long-term Care Policy	26 March 2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Joint Subcommittee on Long-term Care Policy	25 October 2013 (Item II)	<a href="#">Agenda</a>

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