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29 December 2014

Clerk to Public Accounts Committee
Legislative Council Secretariat
(Attn: Mr Anthony Chu)
Legislative Council Complex
1 Legislative Council Road
Central
Hong Kong

Dear Mr Chu,

Consideration of Chapter 1 of the Director of Audit's Report No. 63

Provision of long-term care services for the elderly

I refer to your letter of 11 December 2014 on the captioned subject. Please find attached the information as requested. The English version will follow shortly please. Thank you.

Yours sincerely,

(Mrs Elina Chan)
for Secretary for Labour and Welfare

c.c Director of Social Welfare

Consideration of Chapter 1 of the Director of Audit's Report No. 63

Provision of long-term care services for the elderly
Follow-up actions to be taken by the Administration
for the public hearing on 8 December 2014

General

1. Given that the Chief Executive stated in his election manifesto that he "will streamline and enhance residential care services to shorten waiting time", what are the Administration's work or plan in this aspect?

In face of an ageing population, there has been a rapid increase in the need for long-term care services for the elderly and Hong Kong's institutionalisation rate is also higher than that of other Asian countries. Alongside the continual growth of the elderly population and life expectancy, demand for subsidised residential care services (RCS) will further increase. On the waitlisting of subsidised RCS places, the waiting time is affected by a combination of factors, for example, the number of applicants, the applicants' special preferences for elderly homes (including the region, district, specific choice of home, diet, religious background, whether accepting subsidised places provided under Enhanced Bought Place Scheme (EBPS), etc.) and the turnover of places in individual homes.

The Government has been making strenuous effort to increase subsidised RCS places for the elderly through short, medium and long-term measures. In the short run, the Government will purchase places from private residential care homes for the elderly (RCHEs) through EBPS and make better use of space in subvented homes for provision of more subsidised places with elements of a continuum of care. In the medium term, we will build new contract RCHEs to increase the number of subsidised places. In the long run, we will continue to identify suitable sites in close collaboration with concerned government departments, such as the Lands Department, Planning Department, Housing Department and Government Property Agency, for construction / redevelopment of RCHEs through exploring the possibility of reserving land or premises in new or redevelopment projects, public rental housing development

projects, Urban Renewal Authority projects as well as vacant sites.

The Government has provided over 1 600 additional subsidised RCS places from 2012-2014 and has planned to increase about 530 subsidised RCS places and about 100 subsidised day care places through new contract RCHEs from 2014-15 to 2016-17. Besides, the Social Welfare Department (SWD) has earmarked sites in 11 development projects for the construction of new RCHEs for provision of about 1 170 RCS places (including both subsidised and non-subsidised portion) and about 310 subsidised day care places.

The Labour and Welfare Bureau (LWB) has launched a Special Scheme on Privately Owned Sites for Welfare Uses (the Special Scheme) since September 2013 to encourage social welfare organisations to better use their land through in-situ expansion or redevelopment, especially to provide additional facilities for elderly and rehabilitation services. If the proposals submitted by the social welfare organisations could be implemented smoothly, it is estimated that a maximum of around 9 000 additional places for elderly services comprising 7 000 RCS places and 2 000 community care services (CCS) places will be provided in the next five to ten or more years.

Besides, the Government introduced the Pilot Residential Care Services Scheme in Guangdong in June 2014 to provide an additional option for elderly persons who are on the Central Waiting List (CWL) for subsidised care-and-attention (C&A) places to choose to live in the two RCHEs operated by Hong Kong non-governmental organisations (NGOs) in Guangdong.

The Government has tasked the Elderly Commission (EC) to explore the feasibility of introducing a RCS voucher scheme and to submit a report in a year's time. The EC started the work in July 2014 and is expected to complete the exercise in mid-2015. Depending on the outcome of study, the Government has earmarked $800 million to meet the expenditure for issuing a total of 3 000 RCS vouchers in three phases from 2015-16 to 2017-18.

As announced in his 2014 Policy Address, the Chief Executive has tasked

EC to prepare the Elderly Services Programme Plan (the Programme Plan). In this connection, EC has set up a working group to take forward the task and has engaged consultants who have in-depth understanding of the subject to provide assistance. EC aims to submit its report to the Government in mid-2016. In response to the recommendation of the Director of Audit's Report (the Audit Report), LWB has provided Audit's findings to EC and the consultant team so that the findings could be taken into account in the Scoping Stage where the scope of the Programme Plan will be defined.

Part 2

2. What is the range of the estimated administrative costs (in terms of percentage of the project costs) for different schemes of community care services ("CCS") and residential care services ("RCS") launched/to be launched?

According to the 2014-15 Estimate, the administrative costs involved in the provision of various CCS and RCS account for 0.84% of the annual recurrent expenditure on social welfare services for the elderly.

3. What is the latest average waiting time for different services under CCS and RCS (breakdown by those on the Central Waiting List ("CWL") for RCS with/without preferences and by different types of subsidised residential care places)?

11. What is the number of elderly who has rejected RCS places offers each year in the past three years? Please include a breakdown on the number of cases who have rejected the offers for the first time/second time/third time or more, and the number of RCS places offered in that year.

Subsidised CCS

As at end-September 2014, the average waiting times for application for various types of subsidised CCS in the CWL were as follows:

Subsidised CCS	Waiting time (in months) (Average from the past 3 months) Note[1]
Integrated Home Care Services (IHCS) (Frail Cases) / Enhanced Home and Community Care Services (EHCCS)	7
Day Care Centres/Units for the Elderly (DEs/DCUs)	7

Subsidised RCS

As at end-September 2014, there were 24 476 and 6 455 elderly persons waitlisted for subsidised C&A and nursing home (NH) places in the CWL respectively. The waiting time for RCS is affected by a number of factors. At present, the vast majority of elderly applicants have preferences for the homes. These individual preferences include location preferences at the regional / district level or specific homes. Other preferences may also include whether to accept subsidised placement under EBPS, diet, religious background and couple placement. SWD will arrange placement offers to the elderly applicants in accordance with their expressed preferences. For detailed information on their expressed preferences, please refer to the tables below:

Location preferences of applicants waitlisted for **subsidised C&A places** under the CWL:

Location Preference	No. of Applicants	Percentage (%)
Specific home	14 384	58.8
Specific district	7 893	32.2
Specific region	2 051	8.4
No preference	148	0.6
Total :	24 476	100.0

[1] Waiting time captures the time when the cases are put under the CWL to the time when the cases are admitted to CCS. The average waiting time for cases admitted to subsidised CCS in the past three months includes normal and priority placement applications but excludes those with inactive history.

Breakdown of other expressed preferences:

Types of Preference	No. of Applicants	Percentage (%)
(a) Willing to accept subsidised placement under EBPS	1 443	5.9
(b) Diet	15 677	64.0
(c) Religious background	2 063	8.4
(d) Couple placement	425	1.7

Location preferences of applicants who have indicated their willingness to accept subsidised placement in the private homes participating in the EBPS:

Location Preference	No. of applicants	Percentage (%)
Specific home	1 227	85.0
Specific district	168	11.6
Specific region	46	3.2
No preference	2	0.2
Total :	1 443	100.0

Location preferences of applicants waitlisted for subsidised **NH places** under the CWL:

Location Preference	No. of Applicants	Percentage (%)
Specify home	2 712	42.0
Specify district	2 235	34.6
Specify region	1 217	18.9
No preference	291	4.5
Total :	6 455	100.0

Breakdown of other expressed preferences:

Types of Preference	No. of applicants	Percentage (%)
(a) Willing to accept subsidised placement under Nursing Home Place Purchase Scheme	2 252	34.9
(b) Diet	3 703	57.3

Types of Preference	No. of applicants	Percentage (%)
(c) Religious background	286	4.4
(d) Couple placement	13	0.2

Information on Decline of Offers

While SWD arranged 10 438, 11 498 and 10 199 RCS placement offers in 2011, 2012 and 2013 respectively, there were 2 845 (27%), 2 835 (24.7%) and 2 640 (25.9%) applicants who declined the offers with breakdown as follows:

	2011	2012	2013
Refused once	2 412	2 417	2 327
Refused twice	389	403	296
Refused thrice	42	14	17
Refused for 4 times	2	1	0
	2 845	**2 835**	**2 640**

In general, the waiting time for RCS is affected by a combination of factors, e.g. the supply of services being applied for, turnover of places in different homes, individual applicants' positions in the waiting list and their personal preferences (including regions, districts, specific homes, diet, religious background and request for couple placement, etc). The vast majority of the applicants have preferences for their homes. SWD will offer them home places in accordance to their personal preferences. Nevertheless, quite a number of these applicants will decline placement offers although they are arranged in accordance with their care needs and personal preferences. As a result, it would prolong the general waiting time for RCS and incur additional workload for the Long Term Care Services Delivery System (LDS) Office to re-allocate the rejected placement offers, making the vacant time of places longer and service utilisation lower. As at end-September 2014, 95.5% of applicants for NH places and 99.4% of applicants for C&A places expressed location preferences. If they do not have such preferences, their service waiting time could be significantly reduced (e.g. the average waiting time for a placement at a private home participating in the EBPS is 7 months whereas the waiting time can be further reduced to 2 months if the

applicants have no personal preference at all).

As at end-September 2014, the average waiting time (Note[2]) (including the time taken in making offers to applicants according to their personal preferences or time taken in making additional offers upon applicants' declining of offers) for RCS by types of services are as follows:

Subsidised RCS	**Applications with location preference (months)**	**Applications without location preference (months)**
Care and attention homes		
Subvented homes and contract homes	34.4	N/A (Note[3])
Private homes participating in the EBPS	7.2	2.2
Overall	18.9	2.2
Nursing Home	32.2	27.9

4. Given that the Administration's elderly policy is to promote ageing in place, what is its plan to enhance CCS?

The Government's elderly care policy is to encourage elderly persons to "age in place" as this is the wish of most elderly persons. In fact, not every elderly person with long-term care needs has to be admitted to RCHE. Given sufficient community care and support services, elderly persons may continue living in their own homes.

[2] Waiting time captures the time when the cases are put under the CWL to the time when the cases are admitted to RCS. The average waiting time for cases admitted to subsidised RCS in the past three months includes normal and priority placement applications but excludes those with inactive history.

[3] As no subvented or contract home has admitted any case without location preference from July to September 2014, no waiting time can be calculated. As at end-September 2014, the latest application date with turn for placement offer to male and female applicants without location preference was April 2013 and August 2013 respectively.

In order to improve CCS, the Government has not only made strenuous efforts to increase CCS places, but also enhanced the service content and adopted new funding mode of service provision. These measures include -

(1) From 2013-14 to 2016-17, nine new Contract RCHEs/Contract RCHEs with DCUs have commenced/will commence service, providing a total of 130 additional day care places; whereas four new DEs have commenced/will commence service, providing a total of 224 additional day care places. We have also earmarked sites in 11 development projects for the construction of new Contract RCHEs and DEs/DCU, with an estimated number of 310 additional day care places.

(2) In 2014-15, there will be about 230 additional day care places, of which 60 will extend their service hours for needy elderly persons in the districts.

(3) The Government has increased the recurrent expenditure in 2014-15. From March 2015 onwards, the major service content of the Pilot Scheme on Home Care Services for Frail Elders (including elder-sitting and on-site carer training) will be integrated with that of EHCCS so as to strengthen the home care services and enhance the support for frail elderly persons living at home, and also provide 1 500 additional places for home care services. The estimated recurrent expenditure is about $172 million.

(4) The Pilot Scheme on Community Care Service Voucher for the Elderly (the Scheme) was launched in September 2013, with the provision of 1 200 CCS places. It has attracted different types of service providers into the market (including NGOs and social enterprises), thus further increasing the CCS service volume. We are planning to implement the second phase of the Scheme in 2015-16 with the aim of providing services for more frail elderly.

(5) Under the Special Scheme on Privately Owned Sites for Welfare Uses launched since September 2013, social welfare organisations have submitted proposals on provision of day care facilities. A maximum of 2 000 additional CCS places will be provided if all the proposals smoothly come to fruition.

5. What is the Administration's plan to shorten the average waiting time for day care services and home care services under CCS, in particular for the districts with particular high average waiting time (such as NT1 in paragraph 2.14(a) and KLN3 for paragraph 2.l3(b))?

The Administration has been keeping a close eye on the service demand and waiting time for day care services and home care services in different districts so as to ensure that needy elderly persons can receive necessary services in a timely manner. Different waiting time for different districts is reflective of a combination of factors, including the increasing population in certain districts, the number of day /home care places available, the turnover of day/home care places and the availability of premises for setting up new DEs/DCUs.

In addition, SWD will review the service demand and waiting time for day care services and home care services in different districts. Where possible, we will flexibly deploy day care places to allow cross-district service provision in newly set up DEs. If deemed necessary, we will also consider re-distributing EHCCS places from team(s) with fewer waiting cases to team(s) with greater service demand through contract variation so as to better utilise the resources and shorten the waiting time in the concerned districts.

In order to shorten the waiting time, the Government has already taken into account the longer waiting time and greater service demand in some of the districts in planning additional day care places (including those which already commenced service and new development projects) in 2014-15 to 2022-23. On the other hand, there will be an additional 1 500 EHCCS places to be provided by NGOs from March 2015 onwards. The Government has also taken into account the longer waiting time and greater service demand in some of the districts in distributing the EHCCS places to different districts. In fact, among these 1 500 additional EHCCS places, over 60% will be allocated to the five districts as mentioned in the Audit Report.

<u>Waiting list-inactive cases</u>

6. What is the background and rationale for classifying elderly cases which have been assessed as "RCS only" or "dual option" but are using CCS as "inactive" cases? What is the number of active cases which have been classified as inactive cases and the number of inactive cases which have opted for RCS each year in the past three

years? (2. 18(a))

7. Given that these "inactive" elderly can opt at any time for RCS, whether this would have an impact on the planning for resources for RCS places and the waiting time for the applicants on the CWL for RCS? (2. 18(a))

8. What are the measures taken by the Administration in order to enhance the transparency of the information on these "inactive" cases? (2. 18(a))

9. What are the reasons for not updating the Social Welfare Department ("SWD") Manual of Procedures to reflect revision in "inactive" status for "RCS only" elderly cases? (2.18(a)(i))

SWD has implemented the Standardised Care Need Assessment Mechanism for Elderly Services since November 2000. Under the mechanism, accredited assessors have used an internationally recognised assessment tool to ascertain the care needs of the elderly applicants and accordingly match them with appropriate services. Responsible workers will arrange applicants to receive an assessment on their impairment level based on their abilities in looking after themselves, physical functioning, memory, communication, behaviour and emotion, as well as their health condition, environmental risk and ability in coping with daily living, etc., with a view to identifying their long-term care (LTC) needs. According to the assessment results, applicants are matched with LTC services including:

(i) "RCS Only",
(ii) "CCS Only" or
(iii) "Dual Option" (i.e. either RCS or CCS could be the service option).

On 20 October 2003, SWD submitted an information paper to the Legislative Council Panel of Welfare Services on the establishment of a CWL for subsidised LTC services. It was mentioned that to encourage ageing in place, elderly persons assessed to be suitable for either RCS or CCS (the so-called "dual option" cases) should be matched for CCS. Upon admission to CCS, their applications for RCS will be treated as inactive. However, these elderly persons or their carers or responsible workers may seek to re-activate their RCS option at a future point. Once

their applications are re-activated, these elderly persons will be called for admission to RCS when vacancies arise in accordance with their original application dates subject to valid assessment results. In the information paper, SWD also pointed out that for the purpose of service planning, these "inactive" cases on CWL will be separately accounted for so as not to distort the overall demand for LTC services (please refer to Annex 1).

Prior to the implementation of CWL in November 2003, SWD had extensively consulted the stakeholders and considered their views on the operational details of CWL. While the Manual of Procedures on Registration and Allocation of LTC Services (Manual of Procedures) had clearly outlined the handling procedures of inactive cases, the five Standardised Care Need Assessment Management Offices (Elderly Services) [SCNAMO(ES)s] conducted regional sharing sessions to share with the stakeholders on the service arrangement and answer their enquiries.

In 2011, SWD conducted another extensive consultation in reviewing the CWL mechanism. In response to the request from the stakeholders and the elderly persons, elderly persons assessed with RCS only will have their RCS application treated as "inactive" upon their admission to CCS to ensure that their application for RCS could be handled in a timely manner when the need arises in future. This change aligns with that of those with dual options. SWD issued a letter to all the stakeholders on 26 October 2012 to announce the new arrangement while SCNAMO(ES)s again conducted regional sharing sessions to introduce the revised application procedures to the concerned stakeholders.

In response to service development, SWD has regularly communicated with different stakeholders through various channels to collect their views and feedback for areas of improvement, dissemination of new service information and changes to application procedures. The Manual of Procedures has also been updated regularly to reflect changes in application procedures. For the introduction of new arrangements in service application and allocation following the review of CWL mechanism in 2011, including the arrangement for inactive RCS application of applicants with "RCS only" assessment result upon their admission to CCS, SCNAMO(ES)s had conducted 10 regional sharing

Note by Clerk, PAC*: *Please see Appendix 16 of this Report for Annex 1.

sessions for all stakeholders with written notification letters issued on 26 October 2012 and 18 December 2012 respectively to announce the implementation of different new arrangements for RCS applications. Hence, the comment that SWD has not updated the Manual of Procedures is factually incorrect.

To let the public have a better understanding of inactive cases, SWD has provided explanatory notes in SWD Homepage since November 2014 to describe the methodology in excluding cases with inactive history in the calculation of waiting time. SWD will further post clear and comprehensive information on the definition and figures of inactive cases in the first quarter of 2015.

CWL figures over the past three years show that the number of RCS applications which changed from active to inactive status has outnumbered that of RCS applications which changed from inactive to active status. In 2011-12, 2012-13 and 2013-14, the number of cases which changed from active to inactive status were 3 258, 4 107 and 4 979 respectively while the number of RCS applications which changed from inactive status to active status were 2 212, 2 915 and 3 471.

The service waiting time for RCS is affected by a combination of factors, e.g. the supply of services being applied for, the turnover of places in different homes, individual applicants' positions in the waiting list and their personal preferences. SWD will consider various factors and service information of CWL, including the number of inactive applications which have resumed their active status in planning RCS. As observed from the figures of the past three years, the number of RCS applications which changed from active to inactive status has outnumbered that of RCS applications which changed from inactive to active status. SWD will continue to monitor the trend of the movement of inactive cases in reviewing the service demand.

Waiting list

10. Please provide an ageing analysis on the applicants on the CWL for RCS.

In 2011-12, 2012-13 and 2013-14, the breakdown of new applicants for RCS by age groups and nature of services are tabulated as follows:

	2011-12			**2012-13**			**2013-14**		
	Nursing Home	**C&A Home**	**Total**	**Nursing Home**	**C&A Home**	**Total**	**Nursing Home**	**C&A Home**	**Total**
60-69	227	1 091	1 318	258	1 208	1 466	297	1 248	1 545
70-79	658	3 663	4 321	579	3 801	4 380	616	3 435	4 051
80-89	1 134	6 181	7 315	1 018	6 729	7 747	1121	6 603	7 724
>90	439	1 666	2 105	417	1 925	2 342	433	1 811	2 244
Total:	**2 458**	**12 601**	**15 059**	**2 272**	**13 663**	**15 935**	**2 467**	**13 097**	**15 564**

To summarise, most applicants belonged to the age group of 80-89 which represented 48.6%, 48.6% and 49.6% of all new applicants for RCS in 2011-12, 2012-13 and 2013-14 respectively. Also 14.0%, 14.7% and 14.4% of new applicants were aged 90 and above.

Waiting time

12 What are the reasons for excluding the complicated admission cases from calculating the waiting time when the methodology was revised in December 2013? What are these complicated admission cases? Why were the justifications for such revision and the extent to which the resultant waiting time would be affected not properly documented? (2.18(c))

Complicated cases refer to cases with inactive history, cases with residents already admitted to subsidised homes but in need of alternative placement because of their change in health condition as well as discretionary cases with closed application status but approved to resume active status owing to their special case circumstances. As these

cases would, upon approval, have their application dates traced back to their original registration dates although they have left CWL for some time, they, as compared with those normal cases, might have very long waiting time (for cases receiving CCS), or with very short and extraordinary waiting time (for admitted cases in need of transfer to another type of RCS). It would be inappropriate to make comparison with the service waiting times of other elderly applicants or include them in the calculation of overall waiting time.

As at the end-September 2014, there were 24 476 and 6 455 elderly applicants in CWL for subsidised C&A and NH places. The majority of them have standardised care need assessment result as "Dual Option" (suitable for either RCS or CCS) [17 685 (72.3%) and 2 229 (34.5%) respectively]. With increased provision in CCS, the number of cases with inactive history would keep growing significantly. The proportion of case with inactive history admitted to residential care homes has gradually increased from less than 1% of the total admission cases in 2006-07 to 15.9% in 2012-13. The number of admitted cases with inactive history is expected to rise continuously. While each admitted case has its distinct inactive history, the original methodology of calculation cannot reflect their service waiting time accurately. For example, with the average waiting time for RCS assumed to be 36 months, (I) an applicant had applied for CCS and RCS on 1.2.2010, and (II) then admitted into CCS on 1.6.2010 with his RCS application changed to inactive status on the same day. (III) He reactivated his inactive RCS application on 1.6.2014 and (IV) finally was admitted into RCS on 1.7.2014. On the basis of the original methodology of calculation, the waiting time should be (IV) minus (I), that is, up to 53 months. If 48 months of inactive period, i.e. (III) minus (II), is excluded, the waiting time would come down to 5 months. Both calculation methods did not reflect the actual waiting time. SWD has therefore excluded cases with inactive history and other complicated cases in the calculation of waiting time for RCS since December 2013. SWD agrees that proper documentation should be kept for the said modifications in calculation. SWD will consult the concerned service stakeholders on the methods to be used in calculating the waiting time in the redevelopment of LDS and will keep proper documentation on the changes.

13. Why has the processing time for assessment not been taken into account in calculating the waiting time? What are the reasons for different average processing time for a care need assessment for different offices (the shortest 14 days versus the longest 42 days) and the measures to shorten the average processing time? (2.18(d))

Since 2 January 2013, the date of referral for assessment, i.e. the registration date, has replaced the assessment completion date of the Minimum Data Set-Home Care (MDS-HC) assessment as the LTC date so that time taken in completing an assessment has included the processing time for assessment.

In accordance with the division of responsibility, five SCNAMO(ES)s will arrange assessments for applicants from NGOs without accredited assessor; and to conduct assessments for elderly applicants residing in private RCHEs. As such, SCNAMO(ES)s have to handle 70 per cent of the total assessments and may thus take a longer processing time than other service units in completing an assessment. As the respective numbers of elderly population, private RCHEs and NGOs with accredited assessors differ among regions, different SCNAMO(ES)s will have varying workload and assessment processing time. Individual office with manpower shortage problem owing to prolonged sick leave or departure of Assessment Team members would face further problem in completing assessments. To cope with the increased workload, SWD has created additional posts in the Assessment Team of SCNAMO(ES)s to strengthen the delivery of assessment service. SWD will consider various measures to further address the problem of over-concentration of assessment workload in SCNAMO(ES)s, monitor their respective workload continuously and consider providing additional manpower as and when necessary to shorten the processing time for assessment.

<u>Need for reviewing the assessment mechanism to cope with the growing demands</u>

14. What are the measures taken to address the low percentage of accredited assessors who are active in assessment work and the over-concentration of the assessment workload on the 36 accredited assessors of the Standardised Care Need Assessment Management Office (Elderly Services)? (2.21(b))

From November 2000 to September 2014, SWD has trained up a total of 2 786 accredited assessors. Among them, 1 830 are active assessors, including 1 021 SWD staff, 701 from NGOs; and 108 employed by the Hospital Authority (HA). For the remaining accredited assessors, 613 have either retired or resigned and another 343 are currently working in non-casework settings and they will not handle LTC assessment work.

To make up for the loss in manpower owing to natural wastage and posting out of accredited assessors, SWD will organise assessors training courses continuously to train about 160 assessors per year. These accredited assessors will conduct assessments for elderly customers of their own service units. Since October 2014, SWD has provided recurrent subvention to 41 District Elderly Community Centre and 119 Neighbourhood Elderly Centre (NEC) to acquire additional staff to strengthen their support services to the elderly persons living in the community as well as to upgrade 51 Social Centre for the Elderly to the level of NEC. Accredited assessors at elderly centres will conduct assessments for elderly customers to share the workload of SCNAMO(ES)s. To cope with the increased workload, SWD has created additional posts in the Assessment Team of SCNAMO(ES)s to strengthen the delivery of assessment service. SWD will consider various measures to further address the problem of over-concentration of assessment workload in SCNAMO(ES)s, monitor the workload continuously and consider providing additional manpower to shorten the processing time for assessment as and when necessary.

<u>Contract residential care places homes for the elderly</u>

15. What is the timetable for the provision of subsidised residential care places by new contract Residential care places homes for the elderly ("RCHEs") and the number of places to be provided? (2.26(a))

16. What are the details of the new provision for new contract RCHEs on changing the ratio of subsidised to non-subsidised places and whether double subsidy would be resulted if non-subsidised places are converted into subsidised places for these contract RCHEs? (2.26(a))

17. Whether the "6:4" ratio adopted for newly-built contract RCHEs for

subsidised and non-subsidised places is a policy or the ratio would be adjusted depending on individual RCHEs? If yes, what factors would be considered in setting the ratio? (2.26(a))

Since 2001, SWD has adopted open tender to select contract RCHE operators on the basis of the bids from both NGOs and private companies. Up to now, 24 contract RCHEs are in operation, providing a total of 3 073 residential care places including 1 811 subsidised residential care places, 1 262 non-subsidised residential care places and 272 day care places. Subsidised RCS, non-subsidised RCS and day care services are all subject to contractual monitoring to ensure service quality. It is considered that the non-subsidised RCS provided in these contract RCHEs will provide frail elderly persons in need of RCS with suitable choices outside the public arena.

The Government understands that the capital cost for setting up a contract RCHE is high and that it usually takes several years to set up a contract RCHE. Therefore, the Government has all along been closely monitoring the utilisation rate of both subsidised and non-subsidised residential care places in contract RCHEs. The operators are required to ensure the optimum utilisation of the non-subsidised residential care places through conducting regular promotional activities so that those needy service users can have choices of appropriate and high quality RCS.

For a more flexible and optimal use of contract RCHEs residential care places, upon consulting the Department of Justice (DoJ), SWD will add a new provision in all new contracts for contract RCHEs to allow the Government to reserve the right to change the ratio of subsidised and non-subsidised residential care places during the contract period. The additional provision is expected to be put in place in the first quarter of 2015. The original contract is on a fixed-contract-sum basis, while operators are selected based on their proposed service volume and quality of proposals. Therefore, the Government has not been providing any contract sum for non-subsidised residential care places. In converting non-subsidised residential care places into subsidised one, the Government has to pay additional contract sum at the same rate as calculated for other subsidised residential care places. In short, the Government will not double-pay any residential care places.

From 2013-14 to 2016-17, a total of 9 new contract RCHEs/ RCHEs with DCUs will have been in operation/will be operating. They will provide a total of 650 subsidised residential care places, 380 non-subsidised residential care places and 130 day care places. SWD has earmarked sites

in 11 development projects for the construction of new contract RCHEs, contract RCHEs with DCUs and DEs. It is estimated that from 2017-18 to 2022-23, there will be provision of 700 subsidised residential care places, 470 non-subsidised residential care places and 310 day care places.

When planning for new contract RCHEs, a 6:4 ratio of subsidised to non-subsidised residential care places is adopted as a general practice. SWD will, where appropriate, take into account the characteristics of the socio-economic condition of the districts where the RCHEs are located and the availability of other non-subsidised residential care places in the vicinity when determining the number of subsidised and non-subsidised places in individual contract RCHEs. Hence, among the existing 24 contract RCHEs, 5 are with a planning ratio higher than 6:4 of subsidised to non-subsidised residential care places and 9 are with a planning ratio lower than 6:4 of subsidised to non-subsidised residential care places. As a result, not all contract RCHEs have the 6:4 ratio of subsidised to non-subsidised places.

Purchase and allocation of Enhanced Bought Place Scheme places

18. What is the updated figure on the vacant Enhanced Bought Place Scheme places purchased by the Administration and how the Administration would make better use of these vacant places? (2.30 and 4.18)

SWD has implemented a place reduction mechanism since April 2012 with a view to encouraging RCHEs participating in EBPS to continuously improve their service and optimise the use of EBPS places. Homes unable to achieve an average enrolment rate of 92% during the service agreement period of two years are subject to a reduction in the number of places purchased under the renewed service agreement.

Under the service agreement in 2014-2016, SWD has already reduced the number of places purchased in 25 EBPS homes. To encourage these homes to go for continuous improvement, SWD has, at the same time, implemented a place recovery mechanism under which SWD will re-purchase the reduced places should these homes reach designated enrolment rates in the new service agreement period. SWD will continue to implement the place reduction mechanism in 2014-2016 and closely monitor the enrolment position of all the existing EBPS homes.

To better utilise the casual vacancies in the RCHEs, all private homes participating in EBPS provide residential respite service by using the casual vacancies of subsidised places with effect from March 2012. The service serves the objective of providing temporary relief for family members or relatives who are the main carers of the elderly persons. Between April and September 2014, a total of 260 cases received the service in the private homes participating in EBPS. SWD will continue to promote the residential respite service available in the private homes participating in EBPS.

As at end-November 2014, there were a total of 142 private homes participating in EBPS which provided 7 787 subsidised places. The average enrolment was about 95.2% and the vacant places stood at 375, having taken into account the regular turnover of places.

Allocation, matching and admission of RCS places

19. What are the estimated cost incurred due to the inefficiency and wastage in the allocation of, and admission to, subsidised RCS places each year in the past three years and the measures to address the inefficiency and wastage? (2.34)

According to the "Funding and Service Agreement", all subvented C&A homes, contract homes and NHs need to achieve an occupancy rate of 95%. In 2011-12, 2012-13 and 2013-14, the average occupancy rate of subvented C&A homes, contract homes and NHs were 97.5%, 97.4% and 97.5% respectively. Taking into account the fact that the average turnover rate of places at the above homes in the past three years were 25.7%, 25.6% and 28% respectively, SWD considers that the vacant period of the above places during service matching, reporting of vacancies and arrangement for admissions was within reasonable limits. However, in response to the recommendations of the Audit Commission, SWD has issued a letter to residential care homes reminding them to observe the time frames stipulated in the Manual of Procedures in reporting discharge, including temporary discharge of elderly residents. An acknowledgement mechanism will be put in place in LDS Office to ensure faultless receipt of report from homes. SWD will keep

consulting all service stakeholders with a view to identifying areas of improvement in service registration, allocation and report of vacancies for better and efficient use of resources.

Management of agency quota places

20. Out of the 74 subvented RCHEs with 1 812 agency quota ("AQ") places, what is the respective number of RCHEs and number of AQ places with the AQ arrangement (i) stipulated as a private treaty grant ("PTG") condition and (ii) agreed in correspondence between SWD and the non-governmental organisations ("NGOs")? How does the condition/agreement affect SWD in taking back the AQ places for allocating them to the applicants on the CWL? Please provide the relevant extract of the PTG condition and correspondence on the agreement. (2.37 to 2.40)

Since one RCHE providing both home-for-the-aged (H/A) and C&A places started conversion in October 2014, its 7 home-for-the-aged AQ places were cancelled. In this regard, there is only a total of 1 805 AQ places at present.

According to the available records, 38 out of the 74 subvented RCHEs with AQ places are established in the sites under PTG, involving a total of 1 290 AQ places. Amongst these homes, 23 RCHEs involving 805 AQ places are with PTGs specifying the capped percentage of elderly persons to be nominated by the Director of Social Welfare. There are other 36 RCHEs located at public rental housings sites, government sites and non-PTG sites. Through agreements with the respective NGOs concerned, they now hold a total of 515 AQ places.

The conditions in PTGs and the agreements in the correspondence with the NGOs have laid down the foundation for the follow-up of the AQ arrangement between the NGOs and the Government. In this regard, SWD will seek further legal advice regarding the obligations and responsibilities of SWD and the concerned NGOs in managing the AQ places.

The relevant extracts of the PTG condition and correspondence on the agreement are set out at Annexes 2 and 3 respectively.

Note by Clerk, PAC:** **Annexes 2 and 3 not attached.

21. What has SWD done to address AQ places since 1995? What is the number of AQ places returned from the NGOs operating the subvented RCHEs? (2.37 to 2.40)

As regards AQ places, SWD's management and arrangements since 1995 are as follows -

(1) Cancellation of AQ places in new RCHE projects

In early days, RCHEs were either established or operated by NGOs largely with their own funds. Admission and discharge of cases were solely managed by the NGOs operating these homes. In other words, all the places were AQ. Around the 1970s, SWD started to provide subsidised places. Through agreements between SWD and the NGOs, NGOs reserved some places for admitting elderly persons on their own.

The Administration informed the Finance Committee in March 1995 that admission criteria would be made clear for the subvented RCHEs and that the operating NGOs would have no discretion to admit elderly persons not on the CWL. In this regard, the Administration has ceased granting AQ for subvented RCHEs planned after 1995. The AQ places in the six NHs planned before 1995 would be phased out and returned to SWD upon natural wastage of residents occupying these places. As at the end of November 2014, only one AQ place of this type was still in use.

(2) Instructions / Guidelines to the concerned NGOs

In May 2001, SWD issued a letter to NGOs operating subvented RCHEs appealing for their support to adopt the Standardised Care Need Assessment Mechanism (Elderly Service) for admission of elderly persons to AQ places. Moreover, SWD took the opportunity to draw their attention to comply with the Funding and Services Agreement and Service Quality Standards in administering AQ places. They were also required to develop a clear policy of service entry and exit for the reference of the service users, including those admitted through AQ. They were advised to ensure equity, fairness and transparency in handling AQ matters in relation to waitlisting,

assessment and admission.

The Independent Commission Against Corruption (ICAC) conducted an assignment study in late 2004 and early 2005. A report was issued with a series of recommendations in mid-2005. They facilitated the management and staff of the NGOs in handling the applications and allocations of AQ places with a view to ensuring a fair, objective and properly monitored mechanism. In response to these recommendations, SWD issued a set of "Guidelines on Management of Allocation of Places under Agency Quota in Residential Care Homes for the Elderly" for NGO's reference and implementation when allocating AQ places. SWD also held two briefing sessions for the concerned NGOs to introduce the Guidelines.

SWD, at the same time, requested the concerned NGOs to adopt the objective and comprehensive Standardised Care Need Assessment, i.e. MDS-HC, in processing applications for admission to AQ places no later than 1 January 2007. The concerned NGOs were also required to draw up their operation manuals for the management of the allocation of AQ places. Effective since April 2008, each NGO has been required to submit yearly a standard agency-based "Self-assessment Form" to SWD to confirm compliance with its operational manual for allocation of AQ places in the preceding financial year and state the action plan to be taken for any non-compliance and specify the timeframe for completing the actions.

(3) Handling of early cases with high percentage of AQ places

The first RCHE in public rental housing with the project initiated by the then Director of Housing and subsidised by the Government was established in 1968. A Management Committee was set up to manage the RCHE, including waiting list and admission. The Committee was subsequently dissolved, and the responsibilities of administering and managing the RCHE were transferred to an NGO. Another RCHE of the same NGO, which commenced operation in 1981, had a similar background and was managed in the same

manner.

The percentages of AQ places for these two RCHEs were 96% and 89% respectively. Through SWD's informal consultation, the NGO eventually returned its 242 AQ places of these two RCHEs to SWD in May 2002 for subsequent allocation to the elderly persons in CWL.

(4) Cessation of H/A and self-care (S/C) AQ places

With the phasing out of H/A and S/C hostel places in the conversion exercise starting from 2005, the AQs accorded for these places no longer existed once the participating RCHEs previously holding these places were recognised to begin providing LTC places.

Before the conversion, there were a total of 1 329 H/A and S/C AQ places. Except for one RCHE with 13 H/A AQ places which have not yet commenced conversion, the remaining 1 316 AQ places had ceased. As at end-November 2014, the distribution of the yearly number of AQ places ceased is as follows –

Year	**Number of AQ places ceased**
2005-06	398
2006-07	401
2007-08	302
2008-09	99
2009-10	35
2010-11	26
2011-12	28
2012-13	0
2013-14	20
2014-15	7
Total	**1 316**

(5) Encourage voluntary return of AQ places

Upon the conversion exercise, NGOs were encouraged to return all or some of their C&A AQ places to SWD for allocation to elderly

persons in CWL. An NGO returned a total of 17 C&A AQ places of its two RCHEs in December 2006 and July 2007 respectively.

Overall speaking, a total of 1 575 AQ places (i.e. 242 + 1 316 + 17) have been returned to SWD since 1995.

22. What follow-up actions has SWD taken to address the 193 vacant AQ places so that they could be allocated to applicants on the CWL? What factors SWD will consider in requesting NGOs to return the vacant AQ places to SWD for allocating the places to applicants on the CWL? (2.49)

SWD will keep on liaising with the concerned NGOs and service units for deploying their unfilled AQ places to the central waiting list as soon as possible. SWD will also closely monitor the utilisation of AQ places and critically review the possibility of clawing back AQ places for central allocation under CWL. Besides, SWD will seek further legal advice regarding the obligations and responsibilities of the NGOs and SWD in managing AQ places.

23. The Administration to provide:

(i) The report of the assignment review of the Independent Commission Against Corruption conducted in June 2005 on the AQ places; (2.41)

(ii) the guidelines issued by SWD in June 2006 for NGOs with AQ places; (2.41) and

(iii) the legal advices on whether the Administration has the obligation to grant or continue to grant subvention for the AQ places and whether taking back the subvention for the AQ places would constitute a breach of the PTG or the AQ commitment as agreed with NGOs in correspondence. (2.40)

The ICAC's report on "Allocation of Places in Residential Care Homes for the Elderly under Agency Quota" and the "Guidelines on Management of Allocation of Places under Agency Quota in Residential Care Homes for the Elderly" issued by SWD are set out at Annexes 4 and

Note by Clerk, PAC:* *Please see Appendix 17 of this Report for Annex 4.

5 respectively.

SWD sought legal advice of DoJ on two occasions in 2001 and 2004 respectively regarding the allocation of AQ places. The gist is set out below -

In 2001, SWD informed DoJ about the historical background and arrangement of the AQ places, and sought its legal advice on the measures to abolish the AQ places being considered by the Department. DoJ advised that it was difficult to see how the non-governmental organisations (NGOs) could be made to return the AQ places to SWD. While SWD might achieve this by withdrawing subvention for those places which were not returned, the special condition under the Private Treaty Grant (PTG) would seem to indicate that there was an agreement between the NGO grantees and the Government whereby in consideration of the grantees running the RCHEs and their contribution to capital costs, they were allocated 20% of the places for admission as they saw fit. In the absence of any justification for taking back the AQ places, it was likely that the court would, taking into consideration the express condition in the land grant, rule that it was unreasonable for the withdrawal of subvention on the sole basis of the NGOs' refusal to return the AQ places to SWD.

In 2004, for the 75 subvented RCHEs providing H/A and S/C places, SWD informed DoJ that those places would be converted into C&A places to provide a continuum of care by phases. Since the provision of H/A and S/C places would be phased out under the conversion programme, SWD considered it unreasonable for the NGOs to continue to retain the AQ for H/A and S/C places previously accorded to them before the conversion. SWD therefore sought legal advice on the measures being considered to abolish the AQ places. DoJ considered then that SWD had no obligation under the PTG to grant or continue to grant subvention for the AQ places. Taking back the subvention for the AQ places would not constitute a breach of the PTG.

However, the above legal advice was sought in 2004 against the background of the H/A and S/C places being phased out owing to the conversion programme. Currently, the AQs concerned had ceased to exist upon the conversion of the H/A and S/C places.

As mentioned in Question 22 above, SWD will seek further legal advice regarding the obligations and responsibilities of the NGOs and SWD in managing AQ places.

Note by Clerk, PAC:** **Please see Appendix 18 of this Report for Annex 5.

Subsidised infirmary unit places

24. What are the SWD's measures to address 62 vacant infirmary unit ("IU") places which had, on average, been vacant for at least five years to ensure a gainful use of these places? (2.54)

25. Whether SWD would consider allocating vacant IU places to those 1 290 applicants awaiting RCS places on CWL assessed as in need of care at "Beyond Nursing home"? (2.55)

Since 1986, SWD has established the IUs in some subvented C&A homes. IUs are an integral part of the homes with provision of additional nursing staff. As a stop-gap measure, they maintain and support frail elderly persons already admitted to subsidised C&A places while waiting for the infirmary service of HA so that they may remain in these homes for appropriate care until infirmary service under HA is available. Currently, 19 subvented C&A homes of 15 NGOs provide a total of 580 IU places.

SWD issued letters to all subvented RCHEs and private homes participating in EBPS in April 2014 to promote the service of IUs. SWD will continue with its promotional efforts on a regular basis.

To better interface with the mechanism of application for IU and Infirmary Care Supplement (ICS) (**Note**[4]), and to optimise the utilisation of IU places, SWD, when inviting applications for 2015-16 ICS in November 2014, has requested the concerned RCHEs to introduce IU service to the newly assessed eligible residents and refer interested residents to the service prior to allocation of ICS to the RCHEs taking care of the elderly persons concerned.

Part 3

Admission to services

26. Please provide a breakdown by reasons of cases not timely admitted

[4] ICS was introduced in 1996 to enhance support in subvented RCHEs (later including the private RCHEs participating in EBPS). The RCHEs made use of the ICS for employing qualified staff to enhance the care of the needy residents of the subsidised places. The eligibility of ICS for the elderly persons is to be confirmed by the CGATs of the Hospital Authority.

to CCS day care services. What are the measures taken by SWD in order to ensure earlier admission of new cases to fill up the vacant day care places? (3.10)

Of the cases that failed to comply with the timeframe for admission as set out in the "Manual of Procedures", most of them were due to the service providers' inability to proceed with the intake process. The reasons included difficulty in contacting the elderly persons and/or their relatives (e.g. relatives were busy or away from Hong Kong), elderly persons were sick or hospitalised, etc. Besides, some relatives might need more time to persuade the elderly persons, particularly those suffering from dementia, for admission to day care services. On the part of service providers, some cases needed more time in arranging transport or volunteers to escort the elderly persons to DEs, or in arranging full-time services according to the needs of the elderly persons.

As shown in para. 3.10 of the Audit Report, among the 1 608 cases admitted to day care services from July 2013 to June 2014, 23 cases took the longest time of over 60 days after SWD's placement referral. As at 30 June 2014, some 148 admissions to day care services were still outstanding, among which six cases took more than 60 days after SWD's placement referral.

Our record showed that the reasons for these 23 and 6 cases requiring longer time for admission are as follows:

	Reason	**<u>23 cases</u> requiring more than 60 days for admission from July 2013 to June 2014 (Note[5])**	**<u>6 cases</u> taking more than 60 days and still pending admission as at 30 June 2014 (Note[5])**
(a)	Difficult to contact the elderly persons and/or relatives	9	2
(b)	Elderly persons were away from Hong Kong, sick or hospitalised	9	2

[5] Some cases have more than one reason and so the total number does not equals to 23 or 6.

	Reason	**23 cases requiring more than 60 days for admission from July 2013 to June 2014 (Note[5])**	**6 cases taking more than 60 days and still pending admission as at 30 June 2014 (Note[5])**
(c)	More time required in persuading the elderly persons for using the services	2	1
(d)	Service providers needed more time to arrange transport/escort service by volunteers, or could not arrange full-time services	4	2
(e)	Elderly person or relatives requesting admission at a later date	2	2
(f)	Others (e.g. relatives unable to submit physical examination reports, home removal)	4	1

SWD has issued a letter to all CSS service providers in December 2014 urging them to comply with the Manual of Procedures in reporting in a timely manner the result of service admission. In addition, SWD has implemented the following measures to enhance communication with CCS service providers:

(1) If no reply is received within 7 working days after the issue date of the reminder, SWD will re-issue the reminder to urge the service providers to return the admission result as soon as possible; and

(2) The reporting form is revised so that service providers are obliged to provide reason(s) if the scheduled admission date is more than 7 working days from the date of the SWD's placement referral.

27. What measures have been taken by SWD in enhancing communication with the service operators of CCS and RCS?

The Manual of Procedures has clearly set out the arrangements in handling application, small pool operation and discharge from RCS and

CCS. The arrangements are summarised as follows:

(1) after receiving the confirmed assessment result from SCNAMO(ES)s, referring workers should make applications for the recommended RCS and/or CCS within one month for the applicants. LDS Office / SCNAMO(ES)s will then register the applications in CWL;

(2) when applicants are due for admission to small pools, LDS Office / SCNAMO(ES)s will inform referring workers who are required to confirm applicants' acceptance of offer **within 6 weeks** from the date of offer of placement. If the applicant accepts the offer, the referring worker should submit LDS Forms on "Reply to Offer of RCS / CCS Placement", "Consent for admission to RCS / CCS" and enclose a valid MDS-HC assessment result to LDS Office or SCNAMO(ES). If referring workers fail to submit the required documents, LDS Office or SCNAMO(ES)s will not include the applicants in the list of small pools of any services nor refer the applications to the service units to fill the vacant placements;

(3) the arrangement from admission to services to discharge of RCS and CCS services are as follows:

(i) RCS

When a home reports a vacancy, LDS Office will refer an applicant to the home for admission arrangement. Service provider is required to inform LDS Office **within 3 weeks** the admission or the scheduled admission date of the applicant.

Service provider should inform LDS Office to discharge an elderly resident on a temporary basis when the elderly resident has been hospitalised for 2 or more months; or the elderly resident is away from Hong Kong for more than one month but has no definite return date so that LDS Office can refer other applicants in CWL for admission. When the resident is ready for discharge from hospital or returns to Hong Kong, the service provider will make a request to LDS Office for the resident's re-admission to the Home. When a service user has been discharged from RCS, the service provider should inform LDS Office **within 2 working**

days after discharge.

(ii) CCS

When vacancies are available, SCNAMO(ES)s will forward the relevant documents to service providers. A copy of the referral will also be sent to RWs to keep updated of the progress. RWs should take appropriate follow-up actions to facilitate service admissions. The service providers are required to admit the applicants and develop initial care plans as soon as possible, normally **within 7 working days**. They should notify the applicants and RWs about the dates of admission direct and inform SCNAMO(ES)s concerned of the result with a copy to RWs.

If no reply is received **within 7 working days** after the date of the referral, SCNAMO(ES)s concerned will issue a reminder requesting service providers to return the result of admission within one week. If the applicants cannot be contacted **within 14 working days** after the referral is issued, the service providers should liaise with RWs for clarifying the applicants' condition.

Still failing in admission, the service providers should return the relevant documents of the case together with the result of admission to SCNAMO(ES)s concerned, with a copy of the result to RWs specifying the reasons. SCNAMO(ES)s concerned will then suspend the case for a period of up to 3 months automatically. RWs should closely monitor the service needs of the applicants and request the SCNAMO(ES)s concerned to resume handling the applications once the applicants' needs for service are confirmed. If no further information is received from RWs within the 3-month suspension period, the suspended applications will be closed.

On the other hand, service providers should inform SCNAMO(ES)s concerned of the discharge from CCS **within 2 working days** after discharge of the service users.

SWD has been actively considering measures to improve the service allocation, matching and admission arrangement, as well as to fine-tune the workflow with a view to reducing lead time, such as putting in place a check-and-balance mechanism for more effective monitoring:

(1) RCS

SWD has issued a letter to residential care homes in December 2014, reminding them to observe the time frames stipulated in the Manual of Procedures in reporting discharge, including temporary discharge of elderly residents. An acknowledgement mechanism will be put in place in LDS Office to ensure that when service provider reports discharge, including temporary discharge, of residents to LDS Office within 2 working days through facsimile, LDS Office will stamp the date of receipt on the notification form and send the form back to the service provider by facsimile for record. If service provider fails to receive acknowledgement from LDS Office within three working days, service provider would contact LDS Office for clarification.

(2) CCS

SWD has issued a letter to all CSS service providers in December 2014 urging them to comply with the Manual of Procedures in reporting admission/discharge of cases timely. Besides, in order to enhance communication with CCS service providers, SWD has implemented some measures including re-issuing the reminder to urge the service providers to return the admission result as soon as possible if no reply is received within 7 working days after the issue date of the reminder; revision of the reporting form so that service providers are obliged to provide reason(s) if the scheduled admission date is more than 7 working days from the date of the SWD referral; upon receipt of the discharge notification from the service providers of DEs/DCUs, SWD will stamp the date of receipt and instantly send the notification to the service providers by facsimile for record purpose, and the service providers should phone SWD to enquire if such acknowledgement is not received in three working days.

SWD has started the redevelopment of LDS in November 2014. The new system will provide a tracing and record system to monitor the forms

or documents submission, accept e-forms in data transmission and set up a monitoring system to ensure compliance with procedures and time frame requirements outlined in the Manual of Procedures.

Need for a more strategic approach to implement CCS

28. Whether the Administration plans to conduct a strategic review on the Enhanced Home and Community Care Services, Integrated Horne Care Services and the Pilot Scheme on Home Care Services for Frail Elders and integrate these schemes with a view to providing the elderly with better and integrated CCS and to achieving a better value-for-money for CCS? If yes, please provide details. (3.26 to 3.27)

The different schemes currently providing CCS, including the Pilot Scheme on Home Care Services for Frail Elders (Pilot Scheme), IHCS and EHCCS, though with different background and funding modes, are similar in their target users and service content. SWD will actively explore the possibility of integration of CCS so as to better utilise the resources and maximise their functions.

In the first place, upon the expiry of the Pilot Scheme by end-February 2015, its major service content (including elder sitting and on-site carer training) will be integrated with that of EHCCS so as to further enhance the support and care for frail elderly persons living at home.

As the existing 24 EHCCS contracts and the 10 new EHCCS contracts will expire by end-February 2017 and end-February 2018 respectively, SWD will continue to examine the integration of IHCS and EHCCS and will come up with a proposal before the expiry of EHCCS contracts. Given that the development of the two schemes are different, with IHCS covering both ordinary cases and frail cases whereas EHCCS only covers frail cases, we have to examine carefully the care needs of those non-frail cases when planning for service integration. Hence, careful deliberation is required in integrating IHCS and EHCCS.

Besides, the Programme Plan will conduct projection for the demand and facilities required for all subsidised elderly services (including CCS) till 2030.

Part 4

Service standards and Quality of RCHEs in the private sector

29. Please provide a breakdown by RCHEs of the 284 warning letters issued against RCHEs in the private sector in 2013-2014. (4.11)

30. What are the measures to address the manpower shortage problem facing RCHEs in the private sector? (4.14)

Relevant bureaux and departments would work closely to address the manpower shortage problem for RCHEs in both the private and public sector. In this regard, the Government has adopted various measures to tackle the problem, including the following:

(1) the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development chaired by the Secretary for Food and Health is conducting a strategic review of healthcare manpower planning and professional development in Hong Kong;

(2) with the support of the University Grants Committee, the student intakes for occupational therapy, physiotherapy and nursing programme have been substantially increased in the 2012-15 triennium;

(3) a "first-hire-then-train" pilot scheme under the Lotteries Fund was launched by SWD in 2013 to recruit young persons to provide care services at RCHEs while receiving on-the-job training, with subsidies from the Government to pursue a two-year part-time diploma course;

(4) SWD will launch a project named "Navigation Scheme for Young Persons in Care Services", providing an additional 1 000 places in phases from 2015-16 ;

(5) SWD will continue with the Enrolled Nurse Training Programme for the Welfare Sector which seeks to provide over 900 places in the coming years. The training fee is fully sponsored by SWD and all

trainees have to sign an undertaking to work for the welfare sector for at least two years after satisfactory completion of the training;

(6) the Training Sponsorship Scheme was launched through funding support for the NGOs so that they could sponsor students enrolled in a two-year entry level Master in Occupational Therapy/Master in Physiotherapy programme. These students have to undertake serving the sponsoring NGOs for no less than two consecutive years immediately after graduation; and

(7) provide a clearer career prospect in the elderly care service industry so as to attract more newcomers to join the industry which in turn will increase the long-term supply of various types of care staff. To this end, the Education Bureau has assisted the elderly service industry to set up an Industry Training Advisory Committee (ITAC) in 2012 to implement Qualifications Framework (QF). QF will allow the care staff of the industry to set goals and directions for obtaining quality-assured qualifications. ITAC has commissioned the Vocational Training Council to draw up the Specifications of Competency Standards (SCS) for the elderly care service industry. Upon industry-wide consultation in June 2014, the first edition of the SCS (Chinese version) has been confirmed and uploaded on QF website with effect from 5 December 2014 for use by various sectors. Training providers, in particular, are encouraged to develop SCS-based courses and provide articulation ladders where necessary. ITAC will build on the SCS to establish a Recognition of Prior Learning mechanism applicable to the elderly care service industry. With QF in place, we can map out a clear career pathway to attract more newcomers, young persons in particular, to join the industry.

31. What are the measures to enhance the service standards and quality of RCHEs in the private sector?

In collaboration with the Department of Health (DH) and HA, SWD organises training workshops to enhance the caring skills and knowledge of RCHE staff. From January 2008 to September 2014, 10 678 and 11 876 staff attended respectively the 37 enhanced RCHE training and the 73 infection control workshops/sharing sessions. The Visiting Health

Teams (VHTs) of DH also provides on-site training at RCHEs for their staff. From October 2008 to September 2014, VHTs arranged a total of 43 491 training sessions, involving 412 854 attendants of RCHE staff. VHTs also collaborate with SWD to provide talks, workshops and training programmes.

In addition, various training institutes, like the Hong Kong Association of Gerontology, Hong Kong Red Cross, Hong Kong St. John Ambulance, Asia-Pacific Institute of Ageing Studies of Lingnan University, Sheung Kung Hui Welfare Council,Yan Oi Tong Limited and so on also provide courses for RCHE staff. Training topics include care for residents with dementia, caring and communication skills in RCHE. To enhance the caring capacity and service quality of RCHEs, SWD also provides guidelines in the major areas of RCHE care for reference of RCHE staff.

Inspections of RCHEs

32. Please provide details of the penalty for 46 offences of the 35 RCHEs successfully prosecuted from 2009-2010 to 2013-2014. (4.32)
Please provide a breakdown by RCHEs of the 284 warning letters issued against RCHEs in the private sector in 2013-2014. (4.11)

The Licensing Office of Residential Care Homes for the Elderly (LORCHE) of SWD monitors the operation of RCHEs through surprise inspections, and has adopted a risk-based approach in conducting inspections, i.e. the frequency of inspection would be adjusted based on the performance and risk level of individual RCHEs to render closer monitoring of RCHEs with high risk. Apart from conducting routine inspections, upon receiving a complaint, LORCHE will immediately conduct surprise inspection and investigation. If non-compliance is detected, LORCHE will request the RCHE concerned to make rectifications. Depending on the severity of the non-compliance, LORCHE will issue to the RCHE concerned advisory or warning letter or direction under the Residential Care Homes (Elderly Persons) Ordinance to request it to carry out remedial measures, and will arrange follow-up surprise inspections to monitor the rectification progress of the RCHE to safeguard the welfare of the elderly residents.

In 2013-14, there were 748 RCHEs in Hong Kong, among which 424 were private RCHEs which had not participated in the EBPS. In 2013-14, 351 warning letters were issued by LORCHE. Of these, 284 warning letters were issued against 192 private RCHEs above, of which

127 private RCHEs received 1 warning letter; 45 private RCHEs received 2 warning letters; 15 private RCHEs received 3 warning letters; and 5 private RCHEs received 4 to 6 warning letters. Operational experience shows that most RCHEs having received advisory or warning letters will make related improvement or remedial measures. Only a small proportion of RCHEs have continued not to make the necessary rectification.

For RCHEs with continued non-compliance, LORCHE will take prosecution action as appropriate pursuant to the Residential Care Homes (Elderly Persons) Ordinance or the Residential Care Homes (Elderly Persons) Regulation. For offences successfully prosecuted under the Residential Care Homes (Elderly Persons) Ordinance or the Residential Care Homes (Elderly Persons) Regulation, the maximum penalty is a fine at level 6 (currently, a fine at level 6 is from $50,001 to $100,000) and imprisonment for 2 years and a fine of $10,000 for each day during which the offence continues. From 2009-10 to 2013-14, 35 RCHEs had been successfully prosecuted, involving 46 offences against the Residential Care Homes (Elderly Persons) Ordinance and the Residential Care Homes (Elderly Persons) Regulation, and the penalty imposed by the court for each offence was respectively $1,000 to $6,000 for 40 offences and $6,001 to $12,000 for 6 offences.

Granting of sites by private treaty

33. Referring to Case 3 under paragraph 4.25, please provide details of the factors when considering granting the private treaty at nominal premium for operating the non-profit-making RCHE and whether the feasibility of the RCHE has been considered. Whether the Administration would consider buying places at the RCHE and nominating persons for admission as subsidised places to address the needs of the applicants on the CWL?

The site relating to Case 3 was granted to NGO A by way of PTG in December 1975 for operating a non-profit-making RCHE. NGO A later planned to re-develop the RCHE but eventually decided not to proceed with the redevelopment and surrender the site to the Government.

At that time, NGO B was operating a non-profit-making RCHE in an adjacent site with good service record. NGO B, after learning the intention of NGO A to drop the redevelopment plan and surrender the site to the Government, applied to secure the site by way of PTG at nominal

premium to operate a non-profit-making RCHE thereon. The then Health, Welfare and Food Bureau supported the application on the conditions that NGO B was able to build and operate the RCHE with its own resources, without any capital or recurrent provision from the Government and that the site could not be used for other purpose. The Planning Department had no objection to the PTG application as far as the site would be kept in its original use, i.e. RCHE. The site was eventually granted to NGO B by way of PTG for operating a self-financing non-profit-making RCHE, which commenced service in August 2007. According to its Licence of Residential Care Home for the Elderly, the maximum number of persons that the RCHE is capable of accommodating is 88.

Currently, non-subsidised RCHE can, with due considerations on the service need, manpower arrangement and other operational concerns, decide on an operational capacity within the licensing capacity. As the concerned RCHE is located at a remote area with no direct public transport available, it has difficulty in recruiting enough manpower or admit more elderly persons. On the other hand, the places provided by the RCHE are non-subsidised ones which can provide a suitable option apart from the public subsidised service for frail elderly persons with residential care need. SWD has no plan to purchase residential care place from the concerned RCHE at the current stage.

Part 5

Special Scheme On Privately Owned Sites for Welfare Uses

34. Please provide details of new RCS and CCS places that can be made available under the Special Scheme on Privately Owned Sites for Welfare Uses, including the estimated timeframe. (5.6)

If the proposals submitted by the social welfare organisations under the Special Scheme[4] are technically feasible and could come to fruition smoothly, there would be an additional provision of elderly service places in the coming five to ten or more years. This should effectively ease the pressure on service demand and shorten the waiting time. Based on the

[4] Under the Special Scheme, we have received preliminary proposals from about 40 social welfare organisations involving about 60 projects covering welfare services for, inter alia, the elderly and persons with disabilities.

rough estimation of the applicant organisations under the Scheme, there were preliminarily 33 RCHEs providing about 7 000 places and 38 DEs/DCUs providing about 2 000 places.

The preliminary proposals received are at different planning stages. The feasibility of implementing the proposed projects will depend on various factors, including the site's location and its surrounding environment, communal facilities and transport facilities, the requirements prescribed in the land lease conditions and restrictions stipulated in the outline zoning plan on use and development intensity, the feedback received from local consultations, the distribution of existing services as well as the demand and supply of the proposed services, etc. Depending on the time taken to complete the necessary development and planning procedures (e.g. outline zoning plan amendment, planning permission, lease modification, etc.), it may take several years or even longer to implement these projects. Nonetheless, we will monitor the implementation of each project and provide all necessary assistance to realise these projects, in order to shorten the waiting time of the elderly persons for service.

Long-term care services delivery system ("LDS")

35. Please provide information captured by the existing LDS and the new features and areas of improvement in the newly developed LDS and the timeframe of the redevelopment project. (5.3(i) and 5.9))

The existing LDS captures information for processing and matching of applicants to LTC services including the applicants' personal particulars (such as date of birth and residential address), information of referring offices and service providers (such as capacity and religious background), service application details (such as location and diet preference), results of assessment (such as level of impairment and recommended service types), information of application processing (such as status and stage of process), small pool lists and matching lists. There are currently 96 SWD services units and 988 NGOs or HA units as referring offices and/or service providers. Residential homes/service providers as well as referring offices of NGOs and HA submit documents via facsimile to LDS Office and SCNAMO(ES)s for processing of applications. The staff in LDS Office and SCNAMO(ES)s need to input the information into LDS manually.

SWD has started the redevelopment of LDS in November 2014 to replace hardware and software to safeguard the smooth operation of the system, improve system security and data protection, and enhance its usability, operation efficiency and service level of CWL. The new system will provide a tracing and record system to monitor the forms or documents submission, accept e-forms in data transmission and set up a monitoring mechanism to ensure compliance with procedures and time frame requirements outlined in the Manual of Procedures.

The new system will come into service in the first quarter of 2017 and provide the following functions:

(1) to provide a web-based platform to allow e-form transmission from 988 NGO referring offices and service providers for service application and allocation;

(2) to allow accredited assessors to submit assessment results in electronic form to respective SCNAMO(ES)s for quality check;

(3) to minimise manual labour and human errors by strengthening data validation, enhancing security over paper form, keeping proper track and record of form submission and reduce use of paper;

(4) to allow online enquiry of the status of applications and enhance the statistics report functions. The new system will provide usable management information for planning and monitoring purposes; and

(5) to enhance workflow control and bring up notifications to minimise human errors and to strengthen compliance with requirements in accordance with the Manual of Procedures and business rules.

Labour and Welfare Bureau
Social Welfare Department

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