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Mr Colin CHUI
Chief Council Secretary
Legislative Council Complex
1 Legislative Council Road,
Central, Hong Kong

Dear Mr Chui,

Feasibility Study on Residential Care Service Voucher for the Elderly

During the discussion on the captioned subject at the meeting of the Panel on Welfare Services on 23 March 2015, Members enquired about the vacancy situation of non-subsidised care-and-attention (C&A) places, as well as the amount of monthly Comprehensive Social Security Allowance (CSSA) payments paid to elderly recipients lived in non-subsidised places in private residential care homes for the elderly (RCHEs) while waiting for subsidised C&A place. In addition, you also passed to this Bureau on 23 March 2015 a letter from Hon LEUNG Yiu-chung of the same date that enquired about the captioned subject. Our consolidated response to the above enquiries is in the following paragraphs –

Vacancy situation of non-subsidised C&A places

2. According to the information provided by the Social Welfare Department (SWD), there were around 11 000 vacant non-subsidised C&A places as at end-December 2014. The distribution of these vacant places is as follows:

| Type of RCHE | Number of vacant non-subsidised C&A places |
|---|--|
| Contract RCHEs | around 200 |
| Subvented RCHEs | around 50 |
| Self-financing RCHEs | around 700 |
| Private RCHEs at Category EA1 under the Enhanced Bought Place Scheme (EBPS) | around 600 |
| Private RCHEs at Category EA2 under EBPS | around 600 |
| Other private RCGHs | around 8 800 |
| Total | around 11 000 |

3. All types of RCHEs providing C&A places mentioned above are required to comply with the space and staffing requirements stipulated in the Residential Care Homes (Elderly Persons) Regulation (Cap. 459A). Subvented and contract RCHEs are also required to comply with the staffing provision under the Essential Service Requirements of the respective Funding and Service Agreements or the service contracts signed between the RCHE operators and SWD. Such staffing requirements cover registered social worker, qualified nurse and professional therapists. The space and staffing standards of various types of RCHEs are at **Annex**. Depending on the actual operational circumstances (e.g. operational arrangements of individual operators, number of elderly persons living in an RCHE, etc.), some RCHEs may have a higher per capita net floor area and staffing than the standards set out in the Annex.

CSSA payments to elderly persons waiting for subsidised places and living in private RCHEs

4. Among the elderly persons waitlisting for subsidised C&A places, some 5 970 were living in non-subsidised places in private RCHEs and receiving CSSA as at end-December 2014. For singleton elderly persons living in non-subsidised places in private RCHEs, SWD will determine the amount of CSSA payments granted to them having regard to actual needs. In general, items covered by such payments include standard rates¹, rental allowance², residential care supplement³, long-term supplement⁴, as well as other special grants provided on need basis⁵. As of December 2014, the average monthly CSSA payment made by SWD to this group of elderly persons was around \$7,260.

Community support provided to elderly persons with mild impairment or other conditions

5. SWD has implemented since November 2000 the Standardised Care Need Assessment Mechanism for Elderly Services, under which an internationally recognised assessment tool is adopted by accredited assessors to ascertain the long-term care (LTC) needs of elderly persons, with a view to matching them with appropriate LTC services. If an accredited assessor confirms that an elderly person is moderately or severely impaired after assessment, the elderly person concerned can apply for subsidised LTC services. For those elderly persons who are assessed to be of no or mild impairment level, social workers of the referring office may still refer them to other community support services, e.g. Integrated Home Care Services (Ordinary Cases) (IHCS(OC)). In 2014-15, SWD allocated around \$570 million for the provision of Integrated Home Care Services (Ordinary and Frail Cases) by 60 service teams. The Government provided an additional recurrent funding of \$20 million for IHCS(OC) in 2006-07 to increase its service capacity. As of December 2014, around 17 500 elderly cases were receiving services under

¹ Ranging from \$3,055 to \$5,205 per month; actual amount paid is determined based on the level of disability of the elderly persons.

² Maximum amount paid is \$1,535 per month.

³ \$285 per month.

⁴ \$1,910 per year; payable to eligible persons who have received assistance continuously for one year or more

⁵ Common items include special diet allowance, grant to cover costs of medical, rehabilitation, surgical appliances and hygienic items, etc.

IHCS(OC). In addition, support services to elderly persons and their carers were also provided by over 200 subvented elderly centres in the territory.

6. For elderly persons living in the community with LTC needs, the Government provides new subsidised day care and home care services places every year, among which 1 666 additional Enhanced Home and Community Care Services places have commenced service in succession from March 2015 onwards. Also, the Government has launched the Pilot Scheme on Community Care Service Voucher for the Elderly in September 2013. The scheme adopts a “money-following-the-user” approach, whereby eligible elderly persons may choose the service provider and the service package that most suit their individual needs. This will allow elderly persons to have more choices and promote the diversity of community care services. In addition, the Government has been identifying sites in suitable development projects to construct new elderly facilities and taking forward the Special Scheme on Privately Owned Sites for Welfare Uses to provide additional subsidised LTC places in the coming decade.

Duration of the Pilot Scheme on Residential Care Service Voucher for the Elderly (RCS Voucher)

7. The main purpose of launching the pilot scheme is to test the arrangements and effectiveness of RCS Voucher by making reference to the actual experience of stakeholders including elderly persons, their families, RCHEs and case management staff. The evaluation will analyse the views of these stakeholders on the arrangements of the scheme as well as the quantitative data collected. The duration of the pilot scheme should be long enough to allow sufficient time for stakeholders to understand and adapt to the new service mode, so that more comprehensive data could be collected to evaluate the effectiveness of the scheme.

8. For RCHEs that wish to join the scheme but have yet to meet the space and manpower requirements (such as EBPS Homes at Category EA2 and private RCHEs that have not joined EBPS), time is needed for them to make suitable conversions, followed by inspection and vetting by SWD before they can become service providers under the scheme. Based on a questionnaire survey conducted by the consultant team, quite a number of interested RCHEs indicated that time is needed for upgrading their services and, the time required ranges from below 6 months to 18 months.

9. Time is also needed for elderly persons and their families to understand the details of the pilot scheme. For example, according to a preliminary recommendation of the consultant team, when an elderly person accepts the voucher, a case management staff will assist him and his family in selecting a suitable RCHE having regard to their needs and requirements (e.g. location, diet, environment, religion, etc.). Besides, the participating elderly person may return to his original position on the Central Waiting List before the end of the six-month cooling-off period. In addition, unlike other existing subsidised residential care services, an elderly person will have the freedom to switch to another service provider according to his needs and wish after moving into an RCHE. The Government needs to collect sufficient amount of data and samples for analysis in order to evaluate whether the

arrangements are appropriate.

10. Taking into account relevant factors including those mentioned above, the consultant team recommends the pilot scheme be implemented in about three years by phases.

Way Forward

11. The consultant team will review its preliminary findings and recommendations in the light of the full results of the questionnaire surveys and the views gathered from the public engagement exercise, including the meetings arranged by the Panel on Welfare Services, before report back to the relevant working group established under the Elderly Commission (EC). EC will submit its report to the Government in around July this year.

Yours sincerely,

(TSE Ling-chun, Steve)
for Secretary for Labour and Welfare

c.c.

Director of Social Welfare (Attention: Miss Cecilla LI)

**Space and Manpower Standards
of Residential Care Homes for the Elderly (RCHEs)**

| | Contract and subvented RCHEs | EA1 EBPS Homes | EA2 EBPS Homes | Other RCHEs¹ |
|--|--|-----------------------|-----------------------|---|
| <i>Space Standards</i> | | | | |
| Per capita net floor area (m²) | Premises provided by the Government according to the prevailing Schedule of Accommodation, which in general is of a higher standard than Private RCHEs at Category EA1 under the Enhanced Bought Place Scheme (EBPS). | 9.5 | 8 | 6.5 |
| <i>Manpower Standards²</i> | | | | |
| Home manager | Should comply with the staffing provision under the “essential service requirements” of the Funding and Service Agreements or the service contracts signed between the RCHE operators and SWD. Such requirements are generally higher than that of EA1 EBPS Homes. | 1 | 1 | 1 |
| Registered / Enrolled Nurse | | 2 | - | (unless a health worker is present) 1 for every 60 residents or part thereof (7 am to 6 pm) |
| Physiotherapist | | 0.5 | - | - |
| Health worker | | 2 | 4 | (unless a nurse is present) 1 for every 30 residents or part thereof (7 am to 6 pm) |
| Care worker | | 8 | 8 | 1 for every 20 residents or part thereof (7 am to 3 pm) 1 for every 40 residents or part thereof (3 pm to 10 pm) 1 for every 60 residents or part thereof (10 pm to 7 am) |
| Ancillary worker | | 8 | 6 | 1 for every 40 residents or part thereof (7 am to 6 pm) |

¹ Including self-financed RCHEs and private RCHEs that have not joined the Enhanced Bought Place Scheme (EBPS). These RCHEs are required to comply with the standards stipulated in the Residential Care Homes (Elderly Persons) Regulation (Cap. 459A), which is tabulated above.

² For EA1 and EA2 RCHEs under EBPS, the requirement is for a 40-place care-and-attention home, calculated on the basis of 8 working hours per staff per day, including relief staff.