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**Subcommittee on Issues Relating to
the Future Development of Elderly Services Schemes**

**Updated background brief prepared by the Legislative Council
Secretariat for the meeting on 16 February 2016**

Community care services for the elderly

Purpose

1. This paper summarizes the major concerns raised at meetings of the Council and its committees on the Administration's policies and measures on community care services ("CCS") for the elderly.

Background

2. According to the Administration, the Government upholds the principle of "ageing in the community as the core, institutional care as back-up" in elderly care services. To facilitate elderly persons to age in place, the Social Welfare Department ("SWD") has commissioned non-governmental organizations ("NGOs") through subvention or contract payment to offer a wide range of CCS for the elderly. These services include centre-based day care services and home-based services, covering personal care, nursing care, rehabilitation exercises, meal delivery and escort services, etc. Users include both elderly persons who wish to stay in the community and those who are on the waiting list for subsidized residential care places. All users are required to pay service charges. The fee for home-based services varies, depending on the user's household income and service usage. For day care services, users pay standard rates.

3. In addition, the Community Care Fund ("CCF") launched the Elderly Dental Assistance ("EDA") Programme in 2012 to provide free dentures and related dental services for elders on low income who were users of the

home care service or home help service schemes subvented by SWD. CCF also launched the Pilot Scheme on Living Allowance for Carers of the Elderly Persons from Low Income Families in June 2014.

Deliberations by Members

Existing provision of community care and support services

4. While supporting the Government's elderly care policy of ageing in place, Members and many deputations expressed concern about the inadequate provision of both residential care services ("RCS") and CCS for the elderly to meet the increasing demand arising from the ageing population. Members considered it necessary for the Administration to step up its efforts in enhancing the services and relieving the waitlisting situation. The Administration should also formulate a long-term strategy for the provision of CCS for the elderly according to the users' needs and ensure that CCS should be allocated to those who were most in need of the services.

5. In the view of the Administration, elders with long-term care needs did not necessarily age in residential care homes for the elderly. Further development of CCS would encourage elders to age in place and thus avoid premature and unnecessary institutionalisation. Therefore, a range of subsidised CCS was provided in parallel to facilitate elders to age in the community. These included –

- (a) centre-based day care services to frail elders who had long-term care needs and could not be taken care of by their family Members during daytime through the 60 Day Care Centres/Units for the Elderly in the territory; and
- (b) home-based Enhanced Home and Community Care Services ("EHCCS"), Integrated Home Care Services (Ordinary Cases) ("IHCS(OCs)") and IHCS (Frail Cases) ("IHCS(FCs)").

6. The Administration stressed that while ageing in place was the Government's policy objective, residential care places would continue to be provided to elders who were in need of such services. Elderly who were staying at home while waiting for subsidized residential care places were receiving subsidized home-based CCS or day care services.

Integrated Discharge Support Programme for Elderly Patients

7. Members noted that on the advice of the Elderly Commission, the Administration had in collaboration with the Hospital Authority launched the three-year Integrated Discharge Support Trial Programme for Elderly Patients in Kwun Tong, Kwai Tsing and Tuen Mun in March and August 2008 and July 2009 respectively. The Trial Programme aimed to provide timely support to elderly hospital dischargees and their carers so as to help the elders recuperate at home. The entire programme was expected to serve a total of 20,000 elders and 7,000 carers.

8. According to the Administration, the Trial Programme demonstrated how comprehensive and continuous care might be provided to elderly patients through better coordination of medical and welfare services. In view of the positive response to the Trial Programme, the Administration decided to allocate additional recurrent funding of \$148 million to make it a regular service and extend its coverage from the current three districts to all districts within 2011-2012. The number of elders to be served each year was expected to increase from 8,000 to 33,000.

9. Some Members questioned the need for introducing various pilot schemes for providing care services to frail elders to support them to age in the community. These Members considered that the Administration should provide such services to all frail elders across the territory without the need to try out the services under different pilot schemes.

10. The Administration explained that the various new initiatives in place sought to fill the service gap and complement each other. Specific home care services would be provided to frail elders having regard to their conditions and the level and intensity of care they required. An elderly-oriented case management service approach would be adopted, under which the responsible case manager and his/her multi-disciplinary team would draw up a personal care plan, including the types and number of hours of services, for each elder having regard to his/her actual conditions.

EHCCS

11. Members were concerned about the long waiting time for EHCCS. According to the Administration, the waiting time for EHCCS was affected by a number of factors such as the applicants' preference on service providers, change in service demand and different turnover rates in various districts. It was therefore difficult to estimate the waiting time to be

shortened with the increased provision. The Administration would continue to keep in view the demand for EHCCS and increase the provision to meet the service need of the elderly as appropriate.

IHCS

12. Members were concerned about the lack of manpower support for IHCS, overlapping of service content between IHCS(OCs) and IHCS(FCs) as well as the setting of age limit and financial thresholds as eligibility criteria for subsidized CCS.

13. The Administration advised that it would follow up the manpower shortage in the delivery of IHCS and consider allocating additional resources, if necessary. To ensure proper deployment of public funding, IHCS(OCs) had been provided to serve those from a disadvantaged background (including elderly persons). The proposal on service priorities for elderly persons aged 80 or above had no implications on raising the age limit for subsidized CCS.

14. Regarding Members' request for a timetable for conducting a review of IHCS in the context of the overall infrastructure of long-term care services, the Administration advised that in its future planning on services under IHCS, it would take into account, among others, reasons for the users' reluctance to take a more holistic service package with rehabilitation exercise offered under IHCS(FCs) or EHCCS. Upon having a better understanding of the needs of service users, the Administration would educate the elderly persons or revamp the service content with a view to maintaining service users' health status and facilitating their ageing in place.

Dental services

15. Some Members noted with concern that the implementation of the EDA Programme was mainly constrained by the tight dentist manpower situation. They called on the Administration to allow overseas qualified dentists to provide service under the EDA Programme or allocate more resources to encourage more dentists/dental clinics to join the Programme in order to expedite the expansion of the Programme. Some other Members urged the Administration to lower the age limit for the EDA programme and allocate more financial and manpower resources for expanding the EDA Programme to cover elderly persons below 80.

16. According to the Administration, the expanded EDA Programme was launched on 1 September 2015 to extend the service to Old Age Living Allowance recipients in phases, starting with those aged 80 or above in the first phase involving about 130 000 elderly persons. The CCF Task Force would continue to closely co-operate with the Hong Kong Dental Association which was the implementing agent for the EDA Programme, and encourage more dentists to join the Programme. Further expansion of the EDA Programme to other age groups would be considered having regard to the number of participating dentists/dental clinics and the progress of implementation.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
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Appendix

Relevant papers on provision of community care services for the elderly

Committee	Date of meeting	Paper
Panel on Welfare Services	11 January 2010 (Item IV)	Agenda Minutes
Panel on Welfare Services	6 February 2010 (Item I)	Agenda Minutes
Panel on Welfare Services	8 March 2010 (Item IV)	Agenda Minutes
Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly	28 June 2010 (Item I)	Agenda Minutes
Panel on Welfare Services	12 July 2010 (Item III)	Agenda Minutes
Panel on Welfare Services	11 April 2011 (Item VI)	Agenda Minutes CB(2)1907/10-11(01)
Panel on Welfare Services	11 July 2011 (Item III)	Agenda Minutes
Panel on Welfare Services	22 August 2011 (Item I)	Agenda
Panel on Welfare Services	13 February 2012 (Item V)	Agenda Minutes
Joint Subcommittee on Long-term Care Policy	14 January 2014 (Item I)	Agenda Minutes

Panel on Welfare Services	26 January 2015	Agenda Minutes CB(2)920/14-15(01)
Subcommittee on Poverty	26 January 2016 (Item I)	Agenda

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