

For information
on 25 April 2016

Legislative Council
Panel on Welfare Services
Subcommittee on Issues Relating to the
Future Development of Elderly Services Schemes

Provision of Services for Elderly Persons with Special Needs

Purpose

At the request of the Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes, this paper briefs Members on the current provision of services for the following groups of elderly persons, namely elderly persons with chronic diseases, elderly persons with dementia, elderly persons with disabilities as well as elderly persons from ethnic minorities and from sexual minorities.

Elderly Persons with Chronic Diseases

2. The Hospital Authority (HA) has been providing a spectrum of comprehensive medical services including inpatient, outpatient, day hospital, community and infirmary services for elderly patients, including those who are chronically ill. HA implements integrated measures, such as formulation of individualised care plans and discharge plans, as well as provision of post-discharge support services, to support elderly patients discharged from hospitals who are at high risk of hospital re-admission. Proactive outbound calls are made by the HA Community Health Call Centre nurses within 48 hours upon patients' discharge so as to assess and identify patients' health problems, offer advice on disease management and care support, and arrange referrals to appropriate services when necessary.

3. To enhance the accessibility of elderly persons to the general outpatient services, elderly quotas have been reserved for patients aged 65 or above. As for chronic disease patients requiring follow-up consultations, they will be assigned a visit timeslot after each consultation and do not need to make separate appointments by phone. In order to provide assistance to people who may have difficulties in using the telephone appointment system (including elderly persons), help desks

have been set up in general outpatient clinics.

4. HA launched in 2013 a one-stop online information platform, namely “Smart Elders”, to empower elders suffering from chronic diseases and their carers. It provides comprehensive disease information and practical tips on self-care for chronically ill elderly patients. In addition, HA launched, in early 2016, a new section “Smart Elders - Carer Corner” with enhanced information and caring tips on “Diet and nutrition”, “Medication knowledge”, “Communication with elders”, “Community resources” and “Loss and grief” for carers of the elderly.

5. Separately, the Social Welfare Department (SWD) provides a range of subsidised residential care services and community care services for elderly persons assessed to have moderate or severe impairment, including those suffering from chronic diseases. Service units draw up individual care plans for the elderly persons having regard to their health conditions and care needs. Frail residents in residential care homes for the elderly (RCHEs) are supported by the HA’s Community Geriatric Assessment Teams (CGATs) which provide medical and nursing care through regular outreach services. CGATs also provide training for carers to help them take care of frail residents.

Elderly Persons with Dementia

6. The Government provides holistic medical and social care services for elderly persons with dementia and their carers under a multi-disciplinary team approach. The multi-disciplinary teams of HA comprising doctors, nurses, clinical psychologists, occupational therapists and medical social workers, etc. provide comprehensive medical services, including in-patient, out-patient, day rehabilitation training and community support services, to elderly persons with dementia. The multi-disciplinary teams formulate individualised treatment plans and arrange medication, cognitive training, rehabilitation services, etc. for the elderly persons having regard to their specific needs.

7. CGATs and Psychogeriatric Teams (PGTs) of HA provide outreach services for elderly patients residing at RCHEs including those suffering from dementia. Services include formulation of treatment plans, monitoring of patients’ recovery and follow-up consultations, provision of dementia care training for staff of RCHEs, etc. At present, CGATs provide outreach services for about 640 RCHEs while PGTs cover most of the subvented RCHEs and over 200 private RCHEs in the

territory. Over the years, HA has increased the use of new anti-dementia drugs with proven clinical efficacy to improve the quality of life and delay the functional deterioration of dementia.

8. On the social welfare front, the Government provides community support services for elderly persons (including those suffering from dementia) and their carers at district and neighbourhood levels through the 210 subvented elderly centres under SWD. The services include training and counselling services, assistance in forming carers' mutual help groups, setting up resources centres as well as demonstration and loan of rehabilitation equipment, etc. Since 2014-15, additional recurrent funding has been given to the 41 District Elderly Community Centres to employ more social workers with a view to enhancing the support services for elderly persons with dementia and their carers.

9. The Government also supports frail elderly persons with proven long-term care needs (including those with dementia) and their carers through the provision of a range of residential care services and community care services. At present, elderly persons with dementia are served in an integrated manner in one care facility to ensure that they receive appropriate care services at different stages. To facilitate service units to enhance care and support for elderly persons with dementia, SWD has been allocating dementia supplement (DS) to subvented RCHEs, private RCHEs participating in the Enhanced Bought Place Scheme and subvented day care centres/units for the elderly (DEs/DCUs). With the DS allocation, service units may employ additional professional staff, including occupational therapists, nurses and social workers, etc., or purchase relevant professional services. DEs/DCUs may also use DS to provide training programmes and services for demented elderly persons as well as support services for their carers as necessary.

10. SWD, since October 2010, has enhanced the spatial standard for DEs, including the setting up of multi-sensory area for providing training for elderly persons with dementia as well as increasing the size of physiotherapy room and dining/activity area in the planning of new and reprovisioned DEs. The Government has also allocated resources to improve the facilities at RCHEs and DEs/DCUs to ensure better care and safety of elderly persons with dementia, including purchase of bed monitoring systems, anti-wandering systems, and facilities for multi-sensory therapy, etc. Under the First Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly, which was launched in September 2013, eight recognised service providers are providing specialised services for elderly persons with dementia.

11. In 2013, the Review Committee on Mental Health set up an Expert Group on Dementia (the Expert Group) to review the existing dementia care services. Based on the recommendation of the Expert Group, the Chief Executive announced in the 2016 Policy Address that a two-year pilot scheme would be launched to enhance the dementia support services in the community setting through a medical-social collaboration model. The Food and Health Bureau (FHB) has set up a Task Force comprising members from FHB, HA, SWD and the healthcare and social welfare sectors to work out the details of the scheme. The pilot scheme is expected to be launched in end-2016.

Elderly Persons with Disabilities

12. The Government is conscious of the need of rehabilitation service users for a higher level of care and support as they age. Since 2005, SWD has implemented a number of measures which include:

- (a) the Extended Care Programme (ECP), which was launched in 2005, to provide tailor-made activities for service users in Day Activity Centres (DACs) who may not benefit from prolonged or intensive training due to ageing or deteriorating health;
- (b) the Work Extension Programme (WEP), which was launched in 2005, to provide appropriate services, including nursing/health care services, for ageing service users in Sheltered Workshops (SWs)/Integrated Vocational Rehabilitation Services Centres (IVRSCs) who can no longer benefit from ordinary vocational training due to old age or deteriorating work abilities;
- (c) the Visiting Medical Practitioner Scheme (VMPS), which was launched in 2006, to provide primary medical care and support for residents in subvented residential care homes for persons with disabilities (RCHDs) to cope with problems relating to their ageing and deteriorating health conditions; and
- (d) the Enhanced Physiotherapy Service and Health Care, which was launched in 2010, to strengthen support services for ageing residents in Hostels for Severely Mentally Handicapped Persons and Hostels for Moderately Mentally Handicapped Persons (HMMHs) respectively.

13. The Government has been allocating additional resources to strengthen the care and support for ageing rehabilitation service users in recent years. These include increasing the manpower of RCHDs, ECP,

WEP, long stay care homes, day training and vocational rehabilitation service units; providing additional places for WEP operated by SWs/IVRSCs and ECP operated by DACs; enhancing the allied health services of HMMHs; increasing the funding for VMPS; and strengthening the transport services for ageing service users.

Elderly Persons from Ethnic Minorities

14. Services for ethnic minorities, including elderly ones, are provided by different bureaux and departments, according to their respective policy purview. The Home Affairs Department (HAD) provides support services for ethnic minorities to facilitate their integration into the community. Non-profit-making organisations are commissioned to operate six support service centres and two sub-centres for ethnic minorities, providing tailor-made learning classes, counselling and referral services, and integration programmes, etc. Activities targeted at elderly ethnic minorities, such as health talks, medical checks and mutual support groups, are organised in the centres from time to time. In addition, a Pakistani organisation and a Nepali organisation are commissioned to set up two community support teams to provide dedicated support services for ethnic minorities through members of their own communities. HAD sponsors five weekly radio programmes broadcast in ethnic minority languages and publishes service guidebooks in six ethnic minority languages and English to help ethnic minorities better understand the current situation of Hong Kong and the public services provided for ethnic minorities by different bureaux and departments.

15. On welfare services, the objective of the Government is to assist all families and individuals in need by providing appropriate services, regardless of their race. Building on the mainstream welfare services, special arrangements have been put in place to help ethnic minorities. SWD arranges interpretation services, such as those of the Centre for Harmony and Enhancement of Ethnic Minority Residents (CHEER) operated by the Hong Kong Christian Service, as appropriate when providing social welfare services for the ethnic minorities. Since March 2011, SWD has installed web-cam facilities in 10 Integrated Family Service Centres for conducting tripartite video conferencing among service users, staff of service units and interpreters when needed. The web-cam facilities are also open for use by social workers in other service units. SWD has published leaflets on elderly services in six ethnic minority languages in addition to Chinese and English.

Elderly Persons from Sexual Minorities

16. The Government has been promoting the message of non-discrimination against people of different sexual orientation and transgender persons through public education and publicity, with a view to nurturing a culture of diversity, tolerance and mutual respect in the community. To better address the issue of discrimination faced by sexual minorities, the Government established, in June 2013, the Advisory Group on Eliminating Discrimination against Sexual Minorities (the Advisory Group) to advise on matters relating to concerns about discrimination faced by sexual minorities in Hong Kong, notably the aspects and extent of discrimination faced by sexual minorities in Hong Kong, and the strategies and measures to tackle the problems identified. The Advisory Group submitted to the Government in December 2015 its report, with recommendations on anti-discrimination strategies and measures. The Advisory Group's report is available at the website of the Constitutional and Mainland Affairs Bureau (http://www.cmab.gov.hk/en/issues/equal_advisory_group.htm). The Government is following up on the report of the Advisory Group and will continue to maintain communication with sexual minorities and other stakeholders.

Advice Sought

17. Members are invited to note the content of this paper.

Labour and Welfare Bureau
Food and Health Bureau
Constitutional and Mainland Affairs Bureau
Social Welfare Department
Hospital Authority
Home Affairs Department
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