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

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 25 April 2016**

Provision of services for elderly persons with special needs

Purpose

This paper summarizes the major concerns raised at meetings of the Council and its committees on the Administration's policies and measures on provision of services for elderly persons with special needs, including those with disabilities (visual/hearing/speech and language impairment) and suffering from chronic diseases or dementia.

Background

Home and community care services for frail elderly persons

2. In the view of the Administration, elderly persons with long-term care needs do not necessarily age in residential care homes for the elderly ("RCHEs"). Further development of community care services ("CCS") would encourage elderly persons to age in place and thus avoid premature and unnecessary institutionalization. Therefore, a range of subsidized CCS is provided in parallel of residential care services ("RCS") to facilitate elderly persons to age in place. These include:

(a) Centre-based services

Day Care Centres/Units for the Elderly ("DEs/DCUs") serve those elderly persons who have been assessed to be of moderate or severe level of impairment by the Social Welfare

Department's ("SWD's") Standardized Care Need Assessment Mechanism for Elderly Services ("SCNAMES") and are suitable for day care services. DEs/DCUs provide personal care, nursing care, rehabilitation exercise and social activities for these frail elderly persons, as well as carer support service for their carers. As at 31 December 2015, there were a total of 72 DEs/DCUs providing 3 011 day care places in the territory, serving about 4 390 elderly persons. The average waiting time was around six months.

(b) Home-based services

As at 31 December 2015, there were about 25 300 elderly persons receiving home-based services, including the Integrated Home Care Services (Ordinary Cases) ("IHCS(OCs)", IHCS (Frail Cases) ("IHCS(FCs)", and Enhanced Home and Community Care Services ("EHCCS"). At present, these services are provided by 60 IHCS Teams and 34 EHCCS Teams in the territory.

IHCS(OCs) provide a range of community support services to elderly persons, people with disabilities and needy families living in the community. Elderly users of IHCS(OCs) are not required to go through SCNAMES assessment. Elderly users of IHCS(FCs) or EHCCS should have been assessed to be of moderate or severe level of impairment by SCNAMES. Both IHCS(FCs) and EHCCS provide a comprehensive package of home care and community support services to users based on their level of frailty and disability. The scope and frequency of services are designed according to their needs.

Home and community care services for persons with disabilities

3. To support full integration of persons with disabilities into the community, the Administration provides a series of rehabilitation services, community support and training to facilitate persons with disabilities to live independently, and/or to live with their families and friends in the community. For those who cannot live on their own and cannot be adequately cared for by their families, the Administration has taken measures to meet their residential care needs, to improve their quality of life and to help them develop independent living skills.

4. The Administration has advised that it has regularized the Pilot Scheme on Home Care Service for Persons with Severe Disabilities ("HCS for PSD") upon the completion of the three-year Pilot Scheme in March 2014, and extended it to persons with severe disabilities in all districts in Hong Kong, irrespective of whether they are on the waiting list for residential care services or not. The Scheme aims at providing integrated home care services continuously for persons with severe disabilities, relieving their families/carers of the pressure they face, and facilitating their stay in the community and full integration into society.

Elderly people with hearing difficulties

5. According to a survey on persons with disabilities and chronic diseases conducted by the Census and Statistics Department in 2013, there were about 117 600 persons with hearing difficulty aged 65 or above. The definition of "persons with hearing difficulty" includes those who perceived themselves as having long-term difficulty in hearing or using specialised hearing aids or rehabilitation tools at the time of survey.

Demented elderly persons

6. According to the Administration, a range of support services is provided to demented elderly persons and their carers through SWD, the Hospital Authority ("HA") and Department of Health ("DH"). The Elderly Health Centres of DH provide clinical services of health assessment, counselling, curative treatment and health education, etc. to enrolled elderly members, including those suffering dementia. HA provides assessment and treatment services to patients with dementia through its psychiatric and geriatric departments. HA also provides support to elderly persons with dementia and other mental health problems residing in the community through its multi-disciplinary community geriatric assessment teams. The community psychogeriatric outreach teams provide outreach services to elderly persons with mental health problems (including patients with dementia) in selected RCHEs. Services provided include the formulation of treatment plans, monitoring of patients' recovery and follow-up consultations.

Deliberations by Members

Enhanced Home and Community Care Services

7. Members were concerned about the long waiting time for EHCCS.

Noting the Administration's additional provision of 300 EHCCS places in 2012-2013, they enquired about the reduction in waiting time with the additional provision. The Administration advised that, as at the end of January 2013, there were 524 elderly persons waiting for EHCCS and/or integrated home care services for frail cases and the average waiting time was about two months. 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.

Integrated Home Care Services

8. 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.

9. 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.

10. 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.

Home Care Service for Persons with Severe Disabilities

11. Pointing out that the unit cost would be reduced after the Pilot

Scheme on HCS for PSD had been regularized, some Members expressed concern that the scope and the quality of home care services might be adversely affected because of a lower unit cost. The Administration advised that having capitalized on the experience of the Pilot Scheme, it had included the most needed services in the regular scheme.

Care services for elderly persons and persons with disabilities

12. Members were concerned about the inadequacy of the care services for the elderly and persons with disabilities which had persisted for many years. Members criticized the lack of sufficient resources to meet the relevant demand for institutional care services, home Care Services, CCS, IHCS and the long waiting time for these services. There was a view that the long-term care service plans should be drawn up according to the needs rather than the age of recipients, and the Administration should set targets for their provision.

13. Some Members also held the view that the Administration should first make efforts to understand the needs of elderly persons before providing them with suitable services. The existing elderly care and long-term care policies should be reviewed comprehensively. Noting that different case management systems were adopted for HCS for PSD, Integrated Support Service Programme for Persons with Severe Physical Disabilities and District Support Centres for Persons with Disabilities, these Members considered that case management for rehabilitation services should be centralized to facilitate the filling of service gaps.

Care services for elderly persons with hearing difficulties

14. In reply to a written question raised at the Council meeting of 24 February 2016 concerning provision of care services for elderly persons with hearing problem, the Administration advised that doctors of HA's general out-patient clinics ("GOPCs") would refer patients with hearing difficulty to the ear, nose and throat ("ENT") specialty for follow-up according to their clinical conditions and needs. The ENT specialty of HA provided appropriate assessment and treatment for persons with hearing difficulty. HA did not maintain statistical record on the waiting time for audiological assessment and remedial treatment services. The median waiting time for hearing aid prescription and fitting services was nine weeks. Under the Elderly Health Care Voucher Scheme, eligible elderly persons could use health care vouchers to pay for healthcare services provided by healthcare professionals enrolled in the scheme, including hearing assessment services provided by enrolled doctors.

However, health care vouchers could not be used solely for purchasing products such as medication or medical equipment. As audiologists and audiology technicians were currently not subject to statutory registration, the vouchers could not be used for services provided by them. Through the Samaritan Fund safety net, HA provided financial assistance for needy patients. To be eligible for the assistance, patients were required to meet the specified clinical criteria and pass the means test to meet the expenses for designated Privately Purchased Medical Items or new technologies required in the course of medical treatment which were not covered by the standard fees and charges in public hospitals and clinics.

Dedicated service units for demented elderly persons

15. On the suggestion of setting up dedicated service units for demented elderly persons, the Administration advised that according to the findings of the pilot study on setting up dementia units in RCHEs and DEs conducted in 2000, it was more desirable for demented elderly persons to be served under an integrated approach which provided a continuum of care. The Administration could make use of the existing DEs/DCUs and RCHEs to provide an integrated and continuum of services for demented elderly. Moreover, it would not be feasible to identify suitable sites for setting up new dedicated service units for demented elderly persons in close proximity to the service users in every district. In recognition of the mobility needs of demented elderly persons, SWD had enhanced the spatial standards for DEs by some 20% (i.e. increasing the Net Operational Floor Area for a 40-place DE from 218m² to 267m²). The new Schedule of Accommodation had been adopted since October 2010 in the planning of new and re-provisioned centres, which would enable the provision of additional facilities which demented elderly persons could benefit, e.g. multi-sensory rooms. SWD would assist the existing service providers in the acquisition of new/additional premises to meet the enhanced spatial standards and would finance the capital works.

16. Members, however, took the view that lack of suitable premises for setting up dedicated service units for demented elderly persons was an excuse of the Administration to delay the provision of dedicated service for demented elderly persons.

17. Members were concerned that of some 63 000 estimated patients with dementia in Hong Kong in 2011, only around 10 700 of them were receiving treatment provided by HA. Query was raised as to the provision of services for the remaining demented elderly persons living in the community. According to the Administration, as at December 2011,

around 10 700 patients with dementia were being followed up by the psychiatric department of HA hospitals. It was increased to around 11 400 in November 2013. The figures did not include patients with dementia treated by the Department of Medicine of HA hospitals. As for elderly patients residing at RCHEs, including those suffering from dementia, they were supported by HA's outreach service through its community geriatric assessment teams and psychogeriatric outreach teams.

Collaboration between the medical and welfare sectors

18. While noting that SWD, DH and HA had been providing support services to demented elderly persons, Members considered that the provision of such services was limited and inadequate to meet the demand in the light of the ageing population. More resources should be allocated to strengthen the services at DEs/DCUs and to provide relevant training programmes for staff of elderly service units and family carers. The Administration should, instead of adopting a piecemeal and fragmented approach, formulate a long-term policy and planning for the provision of support services for demented elderly persons. The Administration was also urged to identify the target group of service users by making an accurate projection on the number of demented elderly persons, and then formulate specific policy and set targets for service provision in the next five years. Moreover, the Administration should spearhead the collaboration between the medical and welfare sectors in providing support services for demented elderly persons.

19. The Administration advised that in respect of the long-term planning, following the recommendations of the Elderly Commission in its consultancy study on CCS, the Administration would strengthen CCS such that it would have a more balanced development compared with that of RCS. The Administration was committed to providing holistic medical and care services to patients with dementia and their carers through the concerted efforts of and close collaboration between the medical and welfare sectors. At present, the community geriatric assessment teams and psychogeriatric outreach teams of the seven clusters under HA provided the elderly persons living in RCHEs (including patients with dementia) with outreach healthcare services and support, such as formulation of treatment plans, monitoring patients' recovery progress and training care workers. As at November 2013, the services of HA's community geriatric assessment teams covered about 650 RCHEs, whereas the psychogeriatric outreach services covered most of the subvented RCHEs and over 200 private RCHEs in the territory.

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

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

Support for carers of demented elderly persons

22. In addition to services to the demented elderly persons, Members time and again urged the Government to provide support (for example in the form of cash allowance) to carers to relieve their financial burden and stress in taking care of the demented elderly persons at home.

23. In the view of the Administration, the needs of carers could be better addressed through the provision of training and a wide range of home-based/centre-based support services. Members were advised that various support services/training had been provided to family members/carers of demented elderly persons, for example, the District-based Scheme on Carer Training launched in October 2007 teaching participants basic knowledge of elderly care including the skills in caring for demented elderly persons. As at March 2013, over 10 000 carers had completed the training. Moreover, all subvented RCHEs, contract RCHEs, RCHEs participating in EBPS, and DEs/DCUs provided residential respite or day respite services, so that carers could take a break or attend to other businesses, thereby relieving their stress. Members were disappointed that the provision of existing respite places was far from

adequate and called on the Administration to increase residential respite places and temporary day care places for demented elderly persons.

24. According to the Administration, a two-year Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families was rolled out in June 2014 with funding from the Community Care Fund. Under the Pilot Scheme, 2 000 carers of elderly persons from low income families were provided with living allowance to help supplement their living expenses so that the elderly persons in need of long term care services could, with the help of their carers, receive proper care and continue to age in the community they were familiar with. SWD had commissioned the Sau Po Centre on Ageing of the University of Hong Kong to assist in evaluating the effectiveness of the Pilot Scheme so as to deliberate the way forward. While the Pilot Scheme was originally scheduled for completion in May 2016, the Administration proposed to extend the Pilot Scheme and launch the Second Phase of the Scheme until September 2018.

Assessment tools on the impairment level

25. Some Members were concerned whether the use of the assessment tool of SCNAMES could accurately assess the level of impairment of demented elderly persons, having regard to the fact that SCNAMES tested the physical functioning of the elderly, but not their mental conditions.

26. The Administration advised that under SCNAMES, the applicants' impairment level was assessed according to their abilities in activities of daily living, physical functioning, communication, memory, behaviour and emotion as well as their health conditions. This set of tools was considered effective in assessing the actual conditions and care needs of people suffering from dementia.

Relevant papers

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

Appendix

Relevant papers on Provision of services for elderly persons with special needs

Committee	Date of meeting	Paper
Panel on Welfare Services	12 April 1999 (Item III)	Agenda Minutes
Panel on Welfare Services	14 February 2000 (Item V)	Agenda Minutes
Legislative Council	20 May 2009	Official Record of Proceedings Pages 76-79
Legislative Council	13 January 2010	Official Record of Proceedings Pages 45-55
Panel on Welfare Services	6 February 2010 (Item I)	Agenda Minutes
Legislative Council	19 May 2010	Official Record of Proceedings Pages 108-113
Panel on Welfare Services	20 October 2010 (Item I)	Agenda Minutes
Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly	12 November 2010 (Item II)	Agenda Minutes
Panel on Health Services	14 March 2011 (Item VII)	Agenda Minutes

Committee	Date of meeting	Paper
Panel on Health Services Panel on Welfare Services	24 May 2011 (Item II)	Agenda
Legislative Council	8 June 2011	Official Record of Proceedings Pages 265, 267-269 and 312-313
Panel on Welfare Services	21 October 2011 (Item I)	Agenda
Panel on Health Services Panel on Welfare Services	5 December 2011 (Item II)	Agenda Minutes
Joint Subcommittee on Long-term Care Policy	28 November 2013	Agenda Minutes
Panel on Welfare Services	9 June 2014 (Item V)	Agenda Minutes
Panel on Welfare Services	25 July 2014 (Item IV)	Agenda Minutes
Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes	16 February 2016	Agenda
Legislative Council	24 February 2016	Official Record of Proceedings (Question 5)