

For information
on 11 June 2016

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

Sustainable Development and Planning for Elderly Services

Purpose

At the request of the Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes, this paper briefs Members on the issues of land and space, planning and review, human resources, case management, public-private collaboration, medical-social collaboration, elderly housing and retirement protection.

Land, space and service planning

2. The Government has all along been adopting a multi-pronged approach to increase the provision of elderly service facilities, including the construction of residential care homes for the elderly (RCHes), day care centres or units for the elderly (DEs/DCUs), etc. The Social Welfare Department (SWD) has been working with relevant departments in identifying suitable sites and locations in public housing developments, private developments, vacant public housing units and vacant school premises that can be used to provide subsidised elderly services.

3. In the case of public housing developments, under the existing mechanism, when a new development area or site is identified as having potential for public housing development, the Planning Department (PlanD) or the Housing Department (HD) will discuss with relevant departments (including SWD) and organisations, and consult the relevant District Council on planning for the provision of community facilities in the public housing project concerned. In the process, SWD will explore the need for, and possibility of, providing elderly facilities in the public housing project concerned. Factors taken into account by SWD include the needs of the local community, overall demand for elderly services, floor area requirements of different elderly facilities, location and accessibility of the site as well as advice from relevant departments on site constraints, development parameters and limitations.

4. As regards private development projects, PlanD will assist in identifying suitable sites or projects based on the requests of SWD, and include relevant requirements of providing the necessary floor space for Government, Institution or Community (GIC) facilities including, among others, welfare facilities, in suitable government sale sites or railway property development projects, if this is feasible from the planning and technical perspectives and justified by genuine needs.

5. Apart from increasing the supply of elderly facilities through the abovementioned mechanisms, SWD has also been actively identifying vacant public housing units and vacant school premises for conversion into elderly facilities. In addition, the Government launched the Special Scheme on Privately Owned Sites for Welfare Uses in 2013 to encourage non-governmental organisations (NGOs) to better use the land under their ownership through expansion, redevelopment and new development to provide diversified elderly services.

6. The Schedule of Accommodation (SOA) is a consolidated brief of accommodation facilities and provision taking into account the operational, spatial and locational requirements of users. For elderly services, SWD reviews the SOA of elderly facilities providing subsidised services from time to time so as to respond to the changing service needs. For example, recognising the needs of frail elderly persons with dementia, SWD has enhanced the spatial standard for DEs since October 2010. Another review on the SOA for subsidised RCHEs and nursing homes is currently underway.

Human Resources

7. In response to the challenges of an ageing population and the increasing demand for the elderly services sector, the Government has implemented various measures to ensure a sufficient manpower supply for elderly services.

8. In the case of healthcare professionals (e.g. nurses, occupational therapists (OTs) and physiotherapists (PTs)), a steering committee has been set up under the Food and Health Bureau (FHB) to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. The review aims to make recommendations that would better enable us to meet the projected demand for healthcare professionals as well as foster professional development with a view to ensuring the healthy and sustainable

development of our healthcare system. The review is expected to be completed in mid-2016. The Government will publish the report and take forward the recommendations as appropriate upon completion of the review.

9. Meanwhile, to alleviate the shortage of nurses in the welfare sector, SWD has collaborated with the Hospital Authority (HA) since 2006 to organise a two-year Enrolled Nurse (EN) (General) / EN (Psychiatric) Training Programme. A total of 14 training classes have been organised so far, providing altogether about 1 800 training places. Another 920 training places will be provided in the coming few years. The training programme is fully subsidised by the Government. The trainees are required to sign an undertaking to work in the welfare sector for two consecutive years after graduation. Among the graduates of the first 11 classes, over 90% joined the social welfare sector after graduation.

10. For frontline care workers, training courses for Health Workers (HWs) are being offered by different training bodies in Hong Kong. As at end-April 2016, there were 37 training bodies, including NGOs and tertiary institutions, organising 70 approved training courses for HWs for RCHEs. More than 1 300 HWs are trained by these training bodies annually to meet the manpower demand of the RCHE sector.

11. To encourage young people to join the elderly long-term care (LTC) services sector, the Government launched a “first-hire-then-train” pilot project (the Pilot Project) in 2013 with an allocation from the Lotteries Fund. Young people were recruited to take up care work in RCHEs. Apart from receiving on-the-job training, young people participating in the Pilot Project are provided with subsidies from the Government to pursue a two-year part-time course. The Pilot Project was implemented in two phases, providing a total of 200 training places. Given the positive response to the Pilot Project, the Government has earmarked about \$147 million to launch the Navigation Scheme for Young Persons in Care Services (the Navigation Scheme), providing a total of 1 000 training places in the coming years to encourage young people to join the elderly and rehabilitation care services. SWD has selected five NGOs to implement the Navigation Scheme. Three of these organisations started recruiting trainees in July 2015, while the other two organisations have started recruiting trainees in April 2016.

12. To further enhance the professional image of care services work and encourage young people to join these services, SWD has developed a TV and Radio Announcement for Public Interest (API) which has been broadcast since May 2016.

13. In addition, the Education Bureau has assisted the elderly care service sector to set up an Industry Training Advisory Committee (ITAC) in February 2012 to implement the Qualifications Framework (QF).

14. On the QF, ITAC has drawn up the first edition of Specifications of Competency Standards (SCS) on Residential Care Services for the sector and uploaded it to the webpage of QF in December 2014. ITAC has encouraged training institutes to develop training courses from SCS. It has also implemented the mechanism of Recognition of Prior Learning in elderly care service since September 2015 to recognise work experiences, knowledge and competencies acquired by practitioners at the workplace. With QF in place, a clear career development path can be mapped out which will help attract more people to enter the elderly care service.

Case management

15. Case management refers to the service delivery model under which coordinated support is provided to elderly persons in assessing their service needs, matching these needs to suitable services, monitoring the service outcome, making necessary co-ordination, etc. As far as LTC services for the elderly are concerned, these functions are performed by both Responsible Workers (RWs) and “care managers” of service units providing subsidised services.

16. When an elderly person is assessed to have LTC needs under the SWD’s Standardised Care Needs Assessment Mechanism for Elderly Services, an RW will be available to provide assistance and advice to the elderly in choosing and applying for suitable subsidised LTC services. After an elderly person enters a subsidised LTC service, staff of the service unit, mostly professional staff (e.g. social workers, nurses, OTs, PTs, etc.) will draw up a care plan for the elderly person based on his/her actual care needs. These professional staff (often known as “care managers”) will ensure that services are provided to the elderly in accordance with the care plan and will review the care plan from time to time. Both RWs and “care managers” may be required to perform coordination roles, depending on factors such as the status of the elderly

(still on the Central Waiting List / already receiving subsidised service) and the type of coordination needed (coordination of service input within a service unit / coordination with outside parties such as hospitals).

17. The Government has been working with the welfare sector to explore the adoption of the “money-following-the-user” approach in the provision of subsidised LTC services through the Pilot Scheme on Community Care Service Voucher for the Elderly (Pilot Scheme on CCS Voucher). The Elderly Commission (EC) has also been tasked to conduct a feasibility study on the introduction of a voucher scheme on residential care services (RCS Voucher). In the case of the Second Phase of the Pilot Scheme on CCS Voucher, SWD will set up a Centralised Team to provide more support to voucher users. The experience gained from the actual operation of the Centralised Team, including that in the aspect of case management and the findings of the evaluation study on the Second Phase of the Pilot Scheme will be taken into account when the Government considers the way forward for the CCS Voucher Scheme. For EC’s feasibility study on RCS Voucher, EC and the consultant team are considering the possibility of providing dedicated case management services to voucher users.

Public-private collaboration

18. In the case of subsidised community care services, private operators meeting the stated requirements, in addition to NGOs, may apply to become recognised service providers of the Pilot Scheme on CCS Voucher starting from the second phase. For subsidised residential care services, private operators meeting relevant requirements may participate in the Enhanced Bought Place Scheme or, in addition to NGOs, apply to become operators of contract homes under the competitive bidding arrangements.

Medical-social collaboration

19. The HA and the Department of Health (DH) have been providing medical and healthcare input and support to service operators of elderly services. A summary of the key initiatives is set out in paragraphs 20 to 28 below.

Elderly Health Service (EHS) of DH

20. The Visiting Health Teams (VHTs) of EHS under DH reach out to the community and residential care settings to provide health promotion activities for the elderly and their caretakers in collaboration with other elderly service providers such as District Elderly Community Centres, Neighbourhood Elderly Centres and DEs etc. The aim is to raise health awareness and self-care ability of the elderly and enhance the quality of caregiving. A multi-disciplinary team approach is adopted so as to meet the needs of different client groups.

21. The EHS seeks to enhance the quality of care for the elderly through providing training to the workforce. It collaborates with SWD to organise regular training programmes for staff (such as care workers and health workers) of elderly service units to enhance their health knowledge and skills in caring for the elderly.

22. EHS also deploys its 18 VHTs to deliver on-site training to staff of RCHEs to better equip RCHE staff with the practical skills to care for the residents. This complements training courses offered prior to employment which may not fully cover practice needs.

HA's Community Geriatric Assessment Teams (CGATs) and Psychogeriatric Services

23. HA provides a spectrum of comprehensive medical services including inpatient, outpatient, day hospital, community and infirmary services to elderly patients. HA has been commissioning NGOs to provide transitional rehabilitation, home and personal care support services for high-risk elderly patients according to individual needs. HA has also been working with NGOs to provide caretaker training to enable patients to age in place.

24. Moreover, HA's CGATs provide medical and nursing care on a regular basis to frail residents in RCHEs with complex health problems and poor mobility status who are unable to visit the specialist outpatient clinics. CGATs also provide caretaker training to facilitate care for these frail residents. To improve the quality of care for elderly patients living in RCHEs facing terminal-illness, CGATs work together with NGOs and RCHEs to enhance these patients' medical and nursing care, and to provide training for RCHEs staff.

25. HA also provides outreach services to elderly patients in RCHEs through its Psychogeriatric Teams. Their services include formulation of treatment plans, monitoring of patients' recovery, follow-up consultations and provision of training to staff of RCHEs to equip them with the necessary skills to provide better caring services to patients with mental health problems.

Pilot Scheme on Dementia Community Support Services for the Elderly

26. The Review Committee on Mental Health under FHB set up an Expert Group on Dementia (Expert Group) in 2013 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 pilot scheme would be launched to enhance the dementia support services in the community setting through a medical-social collaboration model. FHB has set up a Task Force comprising members from FHB, HA, SWD and the healthcare and welfare sectors to work out the details of the scheme. The pilot scheme is expected to be launched at around end-2016.

Electronic Health Record Sharing System (eHRSS)

27. Commencing operation on 13 March 2016, the Government's territory-wide Electronic Health Record Sharing System provides a platform for health record sharing between public and private healthcare providers with patients' consent. Among other benefits, it enables better and more timely treatments and helps reduce duplicated tests, which can facilitate more efficient care management for the elderly.

28. Amid the rising trend of medical-social collaboration, the Government welcomes elderly homes which provide healthcare services to join the eHRSS. Under the eHRSS Ordinance (Cap. 625), elderly service units, such as residential care homes and day care centres, etc., that engage healthcare professionals to perform healthcare thereat may register as a healthcare provider of the system and have access to the eHRSS. In fact, elderly persons and elderly service units have been made a major target of the publicity efforts on the eHRSS.

Elderly housing

29. A number of initiatives and measures have been implemented by the Housing Authority / HD to facilitate elderly persons in applying for public rental housing (PRH) and encouraging “ageing-in-place” for elderly tenants. A summary of such initiatives and measures is provided in paragraphs 30 to 34 below.

Housing policies for elderly persons

30. The HD has introduced a number of housing schemes, under which PRH is provided for the elderly on a priority basis. These include the Single Elderly Persons Priority Scheme, the Elderly Persons Priority Scheme and the Harmonious Families Priority Scheme. Elderly persons meeting the eligibility criteria for these schemes enjoy priority processing over applications by ordinary families.

31. Apart from receiving higher priorities in application processing, there are also a number of arrangements to encourage family members to take care of their elderly tenants. This includes the Harmonious Families Transfer Exercise which provides opportunities for PRH tenants to apply for transfer to the same estate in which their elderly parents is currently living in for mutual care; the enhanced Addition Policy which allows elderly tenants to have one adult offspring added to the tenancy subject to the ‘one-line continuation rule’; and the policy that allows elderly and young sitting tenants living separately in PRH estates to apply for amalgamation of tenancies.

Assistance relating to financial matters

32. Under the existing arrangements, households that have been living in PRHs for ten years or more are required to declare household income biennially. They will be required to declare their household income one year before the review time for the assessment of their rent/licence fee payment level in the coming year. However, for households with all elderly members (i.e. members attaining the age of 60 or above), they are exempted from declaration of household income and assets and are allowed to pay normal rent continuously.

33. Apart from being exempted from the abovementioned declarations, households with all elderly members are also exempted from payment of rental deposit upon signing up of tenancy agreement and can apply for refund of any rental deposit already paid.

Building design and provision of facilities

34. HD has adopted a set of universal design in newly constructed PRH since 2002. The design, which includes elements such as wider doorways and lower door sills, has placed particular importance on the aspects of ‘safety’ and ‘user-friendliness’ elements. Elderly persons will not have to move out from existing flats owing to mobility problem arising from increased frailty.

Retirement protection

35. On 22 December 2015, the Commission on Poverty (CoP) launched a six-month public engagement exercise (until 21 June 2016) to gauge public views on how to improve Hong Kong’s retirement protection system. The discussion on the future development of retirement protection would have a significant and far-reaching impact on Hong Kong’s society. On the advice of CoP, two approaches have been adopted for promoting an in-depth, informed, objective and rational discussion of retirement protection issues by the community, namely, enhancing community understanding, as well as promoting public participation and facilitating the community to arrive at a consensus on retirement protection options.

36. We have been conducting different types of public engagement activities, including organising public forums, soliciting views from Legislative Council Members, visiting the 18 District Councils, holding consultation sessions with government advisory bodies (including the EC), attending meetings of other organisations on invitation, conducting stakeholders’ meetings (including meeting with elderly groups), and attending youth exchange sessions and talks.

Advice Sought

37. Members are invited to note the contents of this paper.

Labour and Welfare Bureau
Food and Health Bureau
Social Welfare Department
Housing Department
Department of Health
Hospital Authority

June 2016