For discussion on
14 November 2016

Legislative Council Panel on Welfare Services

Elderly Services Programme Plan

Purpose

This paper reports on the progress of the preparation of the Elderly Services Programme Plan (ESPP) and briefs Members on the initial recommendations of the ESPP.

The ESPP: Background and Progress

2.   The Hong Kong population is ageing fast and is forecast to continue to age fast.   There will be a pressing need for the Government to enhance its medium and long-term planning for elderly services.   Against this background, the Chief Executive announced in his Policy Address in January 2014 that the Government would task the Elderly Commission (EC) to formulate the ESPP. To take forward the task, EC has since set up a dedicated working group entitled "Working Group on Elderly Services Programme Plan" (WGESPP)[1].   The Labour and Welfare Bureau has engaged a consultant team from the Department of Social Work and Social Administration of The University of Hong Kong[2] to assist EC and WGESPP with the task.

3.   In the formulation of the ESPP, EC and WGESPP have taken into account the current and planned provision of elderly services, made reference to the relevant studies, reports[3], initiatives and demographic/service statistics relating to elderly services and considered factors such as the long-term development and sustainability of elderly services.

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[1]   Apart from inviting members of EC to join the WGESPP, EC also co-opted five outside members to join the working group.   The terms of reference and membership list of the WGESPP are at **Annex A**.

[2]   The consultant team is led by Dr CHUI Wing-tak, Ernest and Dr LAW Chi-kwong of The University of Hong Kong, and comprises members of other universities.   The composition of the consultant team is set out at **Annex B**.

[3]   Including the Director of Audit in its Report No. 63 on Government's provision of long-term care services, the Panel's past discussions on elderly services, the reports of the Joint Subcommittee on Long-Term Care Policy and the Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes.

4.	The formulation of the ESPP is structured into three stages, namely Scoping (to define the scope of the ESPP and identify the key issues that need to be addressed), Formulation (to conduct analysis on the key issues identified and draw up the preliminary recommendations of the ESPP) and Consensus Building (to finalise and build up a consensus on the recommendation of the ESPP). As reported to this Panel on 14 March 2016 (vide LC Paper No. CB(2)1033/15-16(04)), EC and WGESPP conducted the first public engagement exercise under the Scoping Stage in October and November 2014 to open up the discussion with stakeholders and solicit their views in defining the scope of the ESPP. After considering the views gathered, EC and WGESPP completed the Scoping Stage and identified the scope of the ESPP, which includes six discussion themes and 19 discussion topics (**Annex C**), in March 2015[4].

5.	A second public engagement exercise was conducted from June to August 2015 under the Formulation Stage for the purpose of soliciting the views of stakeholders on the possible recommendations that could be included in the ESPP for addressing the issues covered in the scope of the ESPP [5]. Subsequently, EC and WGESPP considered the views gathered from the Formulation Stage engagement exercise and the consultant team's analysis on the issues identified, and drew up 20 initial recommendations grouped under four strategic directions. The initial recommendations, together with the deliberation of EC and WGESPP were detailed in the Report on Formulation Stage. The Report has been published at the website of the ESPP[6], and the executive summary of the Report is reproduced at **Annex D**.

6.	EC and WGESPP launched the third public engagement exercise of the Consensus Building Stage in October 2016 with a view to building up a consensus on the 20 initial recommendations identified in the Formulation Stage. Public forums are arranged in each of the 18 districts from October to December 2016. Service providers in the elderly service sector, non-governmental organisations (NGOs), user groups, concern groups, industry and professional bodies and community representatives are invited to the forums and interested public may also join. Besides, stakeholders and the public may also provide

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[4]	The Report on Scoping Stage is available at:
	"espp.socialwork.hku.hk/images/scopingreport/ScopingReportFinal.pdf.pdf"
[5]	The Formulation Stage commenced in June 2015. Engagement exercise was conducted in two phases from June to August 2015 including 30 focus group discussion sessions in the first phase and six public forums in the second phase. The consultant team also attended forums on relevant topics conducted by the social service sector, presented the progress of the ESPP at this Panel, and attended deputation sessions at the Subcommittee on Issues Relating to the Future Development of Elderly Services Scheme of this Panel. 38 written submissions were received during the engagement exercise.
[6]	The Report is available at:
	"espp.socialwork.hku.hk/images/ESPPConsensusBuilding/ReportonFormulationStageEngFinal.pdf".

their written views via mail, email or the opinion submission form at the ESPP website.   The public engagement exercise is scheduled for completion by end-December 2016.

Initial Recommendations of the ESPP under the Consensus Building Stage

Demographic trends

7.   EC and WGESPP note that two major demographic trends will bring major challenges to the provision of elderly services in future.   The first trend is the rapid ageing of the population in Hong Kong.   The number of elderly persons[7], as well as the proportion of the older cohorts of elderly persons[8], will increase significantly in the coming decades.   Separately, the expected increase in elderly dependency ratio[9] and decrease in average household size suggest a shrinking pool of family carers, which may put even more pressure on the demand for formal long-term care (LTC) services.

8.   Given the above demographic change, it is forecast that there will be a drastic increase in demand for subsidised LTC services[10].   Coupled with the fact that there is an existing predominance of residential care services (RCS) over community care services (CCS)[11], EC and WGESPP consider that it is

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[7]   For instance, it is noted that the number of elderly persons aged 65 or above is expected increase by 2.3 times, from 1.12 million in 2015 to 2.58 million in 2064.   The percentage of elderly persons in our population will correspondingly increase from 16% to 36%.

[8]   To illustrate, while the overall elderly population (i.e. those aged 65 or above) is expected to increase by 2.3 times from 2015 to 2064, the size of elderly persons aged 85 or above is expected to increase by 4.3 times (from 167 000 to 724 400) while that of elderly persons aged 100 or above will increase by 14.2 times (from 3 300 to 46 800).

[9]   Refers to the number of elderly persons aged 65 or above per 1 000 persons aged between 15 and 64.   The figure is expected to increase from around 198 persons in 2014 to around 564 persons in 2064.

[10]   The total demand for subsidised LTC services (i.e. the total of the demand for subsidised community care and residential care services) is projected to increase from some 60 000 places in 2016 to 78 000 places in 2030, reaching a peak of 125 000 places in 2051.

[11]   This is reflected in the actual service usage pattern of subsidised LTC, the service selection preferences expressed by elderly persons applying for subsidised LTC, as well as the ratio of resources committed to the provision of subsidised RCS and CCS.   One of the figures noted by WGESPP is that from 2012-13 to 2014-15, around 60% of elderly persons applying for subsidised LTC were assessed to have care needs that could be met with CCS while only around 38% of the cases had subsidised RCS as their only recommended service option.   However, despite the assessment results, some 90% of the cases assessed under the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES) in recent years ended up queueing up for RCS.

   According to the views gathered from the engagement exercises and from other relevant information collected by the consultant, numerous reasons have been suggested as the cause for this predominance of RCS over CCS despite the general wish of most elderly persons for "ageing-in-place".   These include an insufficient provision of accessible CCS, the lack of a seamless transition service for elderly persons

necessary to re-examine the existing LTC service usage pattern with a view to putting more focus on CCS; initiate discussions on ways to ensure the financial sustainability of elderly services; and ensure that services will continue to be prioritised to those most in need.

9.   The second demographic trend noted by EC and WGESPP is the expected changes to the socio-demographic characteristics of the elderly population, whereby future generations of elderly persons are expected to be of longer longevity, more health conscious, with higher education attainment, more able to catch up with information and technology development, and financially more capable.   These elderly persons are expected to have higher expectations on the diversity and quality of elderly services and will prefer more flexibility and control in service delivery.   While future generations of elderly persons are expected to have better health in general, incidences of age-related illness such as dementia are expected to increase given the increase of longevity of elderly persons.

The ESPP framework

10.   The framework put forward in the Report on Formulation Stage is reproduced at **Annex E**.   It comprises a vision (to uphold the spirit of respecting, loving and caring for the elderly) and mission statement (to foster sense of belonging, sense of security and sense of worthiness of the elderly), 10 overarching principles (namely dignity, qualify of life, age-friendliness, active and productive ageing, ageing-in-place, users' choice, shared responsibility, prioritising resources most in need, financial sustainability, as well as social inclusion and equal opportunity) and four key strategic directions, which are:

   (i)   achieve 'ageing-in-place' and reduce institutionalisation rate through significantly strengthening CCS;
   (ii)   enable informed choices and timely access to quality services;
   (iii) further streamline and promote integrated service delivery; and
   (iv)   ensure financial sustainability and accountability of elderly services.

Initial recommendations

11.   EC and WGESPP have formulated a total of 20 initial recommendations mainly under the four strategic directions as reported in paragraph 10 above.   The key initial recommendations under the four strategic

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discharged from hospitals, a "get-in-the-queue-first" behavior for subsidised RCS, physical constraints in living environments, etc.

directions are discussed in paragraphs 12 to 19. A list showing the initial recommendations is set out in **Annex F**.

(i)   Achieving "ageing-in-place" and reducing institutionalisation rate

12.   It is considered crucial to achieve "ageing-in-place" and reduce institutionalisation rate through strengthening community-based services. For elderly persons who are still healthy and do not require care support, it is proposed that more focus should be placed on promotion of healthy lifestyle, thereby preventing health deterioration. As the longevity of elderly persons increases, there will also be a need to strengthen the effort in keeping the elderly socially active. It is recommended that elements on post-retirement life planning should be included in elderly centre services, while continuous learning and contribution to the society by the elderly population should be encouraged.

13.   For elderly persons who require support services to remain in the community, it is recommended that support services for elderly persons with "mild" level of impairment[12] should be strengthened so as to prevent health deterioration. Furthermore, it is recommended that transitional care support should be introduced and strengthened to support "ageing-in-place". Many elderly persons, in particular those discharged from hospitals, may have RCS needs that are transient in nature. If suitable care and rehabilitation services are available, many of these elderly persons will be able to continue living in the community when their health condition improves after a transitional period. Other service enhancements considered necessary include enhancing elderly services to be more "dementia-friendly" and making end-of-life care service elements an integral part of elderly services.

14.   Apart from strengthening direct services provided to elderly persons, support to carers should be enhanced. For instance, it is recommended that the provision of respite services should be strengthened; the respective roles of respite, emergency placement and transitional care services should be clearly defined; day respite services should be enhanced by utilising both formal and informal systems of care; and the training and support to both family carers and foreign domestic helpers (FDHs) involved in elderly care activities should be enhanced.

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[12] Existing CCS primarily focus on providing support to elderly persons assessed to be of "moderate" or "severe" levels of impairment.

15.   Some elderly persons will still require RCS even with the strengthening of CCS and other support measures.   It is noted that quality of RCS is a subject of concern.   It is therefore recommended that apart from continuing and strengthening other service quality assurance measures where possible, a review of the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) be conducted in due course[13].   It is recognised that the manpower shortage in the elderly service sector is a major factor affecting service quality.   A series of measures are proposed to address the issue, including the establishment of district-based professional teams which helps the hiring and retention of professional and paramedical staff through improving the careers structure of jobs in the elderly service sector, improving the attractiveness and employment / work conditions of care staff positions, modernising the work flow in service delivery through better use of new technologies and devices, more flexible importation of care worker staff, etc.

16.   In addition to the proposed service improvements highlighted above, it is recommended that the forward planning in provision of elderly services should be strengthened such that the supply of subsidised services will be able to meet the increasing LTC demand.   A projection on the demand for subsidised LTC up to 2064 has been prepared by the consultant team, which suggests that there will be an expected shortfall of around 18 000 subsidised CCS places and 14 000 subsidised RCS places in 2026[14].   While the shortfall of subsidised places can be met through various means such as constructing new subsidised facilities, bought place schemes and voucher schemes, the existing arrangements for identifying suitable sites for elderly facilities should be strengthened, and population-based planning ratios for subsidised CCS, RCS as well as elderly centres (i.e. District Elderly Community Centres (DECCs) and Neighbourhood Elderly Centres (NECs)) should be re-instated in the Hong Kong Planning Standards and Guidelines (HKPSG).   An "estate-based" approach, whereby residential developments should in general have sites and premises reserved for provision of elderly services, should be explored.

(ii)   <u>Enabling informed choices and timely access to quality services</u>

17.   The second strategic direction concerns how the existing service delivery model can be enhanced to facilitate elderly persons in making informed

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[13]   At the meeting of this Panel on 25 June 2016, the Secretary for Labour and Welfare said that the Government would, taking into account the findings of the report on ESPP which was expected to be submitted to the Government by the second quarter of 2017, start working on a review of the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459).

[14]   The projection on demand for subsidised LTC covers the period up to 2064.   However, WGESPP notes that the development process of elderly facilities can often take as long as around 10 years.   It therefore focuses on the supply and demand for subsidised places in 2026, i.e. 10 years counting from the base year of 2016.

choices and having timely access to quality services. Major recommendations include exploring the setting up of a case management model, enhancing use of information and communication technology, ensuring more effective dissemination of service information, and exploring measures to optimise the use of service quota available in the private sector to meet the immediate service needs of the elderly.

(iii) Further streamlining and promoting integrated service delivery

18.   On streamlining of services, the existing interface between the welfare, healthcare and housing sectors has been examined. Recommendations are made to promote the smooth transition between services provided by these three sectors, in particular the provision of transitional care support to elderly persons discharged from hospitals. It is considered that different types of home-based support services should be reviewed, with a view to improving their effectiveness and efficiency in service delivery such as through reviewing the catchment areas of the Integrated Home Care Services (IHCS) and the Enhanced Home and Community Care Services (EHCCS).

(iv) Ensuring financial sustainability and accountability of elderly services

19.   Stakeholders generally agreed in the first and second public engagement exercises on the importance of achieving long-term financial sustainability in the provisioning of subsidised elderly services. In view of the ageing population and increasing demand for elderly services, and noting that Government subsidy currently constituted around 80% to 90% of service costs, there are views from stakeholders that the financial arrangements for subsidised services should be enhanced. It is recommended that a more forward looking approach be adopted in appropriating public expenditure on elderly services in the light of the changing socio-economic profile of the elderly population and in promoting a more equitable sharing of financing LTC in the current population and across generations. Directions that have been suggested for further exploration include co-payment arrangements commensurate with affordability, and strengthening of measures in enabling NGOs in operating self-financing services, etc.

Next Steps

20.   Upon completion of the engagement exercise of the Consensus Building Stage, EC and WGESPP will consider the views gathered from stakeholders and finalise the framework and recommendations of the ESPP. Taking into account the time needed for report drafting and possible fine-tuning

of the initial recommendations, it is expected that EC will be able to submit the report of the ESPP to the Government in the second quarter of 2017, barring any unforeseen developments.

Advice Sought

21.   Members are invited to note the latest progress in formulating the ESPP and provide their views on the initial recommendations.

Labour and Welfare Bureau
November 2016

Elderly Commission
Working Group on Elderly Services Programme Plan

Terms of Reference

To assist the Elderly Commission in the formulation of the Elderly Services Programme Plan.

Membership

	Name	**Background**
Chairman:	Dr LAM Ching-choi	Medical and Social Service
Member:	Miss CHAN Man-yee, Grace	Social Service
	Mrs CHAN LUI Ling-yee, Lilian	Education and Social Service
	Dr LOU Weiqun, Vivian	Academic
	Mr SHIE Wai-hung, Henry	Commercial and Social Service
	Dr TSE Man-wah, Doris	Medical
	Mr WONG Fan-foung, Jackson	Commercial
	Mrs WONG WONG Yu-sum, Doris	Social Service
	Dr YEUNG Ka-ching	Academic
Co-Opt Member:	Dr Crystal CHENG Lai-ling	Social Service
	Ms Anita WONG	Social Service
	Ms CHOW Mee-tim	Social Service
	Mr Kenneth CHAN Chi-yuk	Commercial and Social Service
	Mr LEE Pak-ying Richard	Commercial and Social Service

Official Representative:	Secretary for Labour and Welfare or representative
	Secretary for Food and Health or representative
	Secretary for Transport and Housing / Director of Housing or representative
	Director of Social Welfare or representative
	Director of Health or representative
	Chief Executive, Hospital Authority or representative
Secretary:	Principal Assistant Secretary for Labour and Welfare (Special Duties)

Membership of the Consultant Team

	Name	**University**
Principal Investigators:	Dr CHUI Wing-tak, Ernest	University of Hong Kong
	Dr LAW Chi-kwong	University of Hong Kong
Team Members:	Dr CHOW Oi-wah, Esther	City University of Hong Kong
	Prof Daniel LAI	Hong Kong Polytechnic University
	Dr MA Hok-ka, Carol	Lingnan University
	Mrs TSIEN WONG Bik-kwan, Teresa	Hong Kong Polytechnic University
	Dr BAI Xue	Hong Kong Polytechnic University
	Dr DAI Lok-kwan, David	Chinese University of Hong Kong

Scope and Discussion Topics of the ESPP

A. Definition of "elderly" and target service users
    – status and role of elderly
    – definition of "elderly" and target service users

B. Existing services
    – active ageing
    – community care services (CCS)
    – residential care services (RCS)
    – Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES)
    – case management
    – respite, emergency service and transitional care
    – carer support
    – services for elderly persons with dementia
    – end-of-life care
    – creating synergies in private-public partnership

C. Manpower and training

D. Premises and space

E. Sustainable financing of elderly services

F. Interfacing and other issues
    – interfacing with healthcare and housing
    – planning mechanism
    – information and technology
    – support for ethnic minorities

Executive Summary

Background

1.	The Chief Executive announced in the 2014 Policy Address that the Elderly Commission (EC) would be tasked to formulate an Elderly Services Programme Plan (ESPP). To take forward the task, a "Working Group on Elderly Services Programme Plan" (Working Group) was set up under the EC and a consultant team from the Department of Social Work and Social Administration of The University of Hong Kong (HKU), comprising members of other universities, was engaged to provide assistance.

Formulation process

2.	The formulation of ESPP is structured into three stages, namely Scoping Stage, Formulation Stage and Consensus Building Stage, with the following respective milestone objectives:

i.	Scoping Stage: to define the scope of the ESPP and identify the key issues that need to be addressed;
ii.	Formulation Stage: to conduct analysis on the key issues identified and draw up the preliminary recommendations of the ESPP; and
iii.	Consensus Building Stage: to finalise and build up a consensus on the recommendations of the ESPP.

3.	Information collation, literature review and engagement exercise for soliciting views of stakeholders were conducted in each of the three stages.

Progress

4.	Engagement exercise of the Scoping Stage was conducted in October to November 2014 to solicit the views of stakeholders on issues to be covered in ESPP. Besides, an extensive environmental scan was conducted to take stock of the existing demographic scenario of elderly persons, the spectrum of available services/initiatives, as well as other past discussions and reports on elderly services. After deliberation, the Working Group defined the following scope of the ESPP:

**Theme I:	Definition of "elderly" and target service users**
	Topic 1: Status and role of elderly
	Topic 2: Definition of "elderly" and target service users
**Theme II:	Existing services**
	Topic 3: Active ageing
	Topic 4: Community care services (CCS)
	Topic 5: Residential care services (RCS)

Topic 6: Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES)

Topic 7: Case management

Topic 8: Respite, emergency service and transitional care

Topic 9: Carer support

Topic 10: Services for elderly persons with dementia

Topic 11: End of life care (EOL care)

Topic 12: Create synergies in public-private partnership

Theme III   **Manpower and training**

Topic 13: Manpower and training

Theme IV: **Premises and space**

Topic 14: Premises and space

Theme V: **Sustainable financing of elderly services**

Topic 15: Sustainable financing of elderly services

Theme VI: **Interfacing issues and others**

Topic 16: Interfacing with healthcare and housing

Topic 17: Planning mechanism

Topic 18: Information and technology

Topic 19: Support for ethnic minorities (EMs)

5.   The Formulation Stage commenced in June 2015.   Engagement exercise was conducted in two phases from June to August 2015 including 30 focus group discussion sessions in the first phase and six public forums in the second phase.   The consultant team also attended forums on relevant topics conducted by the social service sector, presented the progress of the ESPP at the Welfare Panel of the Legislative Council (LegCo) and attended deputation sessions at the Subcommittee on Issues Relating to the Future Development of Elderly Services Scheme of the Welfare Panel. 38 written submissions were received during the engagement exercise.   The views gathered through the above channels were taken into account in drawing up the initial recommendations detailed in this report.

Vision, Mission, Overarching Principles and Strategic Directions of the ESPP

6.   The Working Group examined the demographic trends of the elderly population and the challenges that such trends might bring about to elderly services.

Demographic trends and challenges to elderly services

7.   The Working Group noted that there would be a rapid ageing of the population in Hong Kong. From 2015 to 2064, the number of elderly persons aged 65 and above is expected to increase by 2.3 times, from around 1.12 million to 2.58 million, with the

proportion of elderly population increasing from around 16% to 36%. The age structure of the elderly population is also expected to change, with a higher proportion of older elderly persons. The above two changes mean that the demand for long-term care (LTC) services is expected to increase drastically in the coming years. Furthermore, the expected increase in elderly dependency ratio and the decrease in average household size suggest a shrinking pool of family carers. This may put even more pressure on the need for formal LTC services.
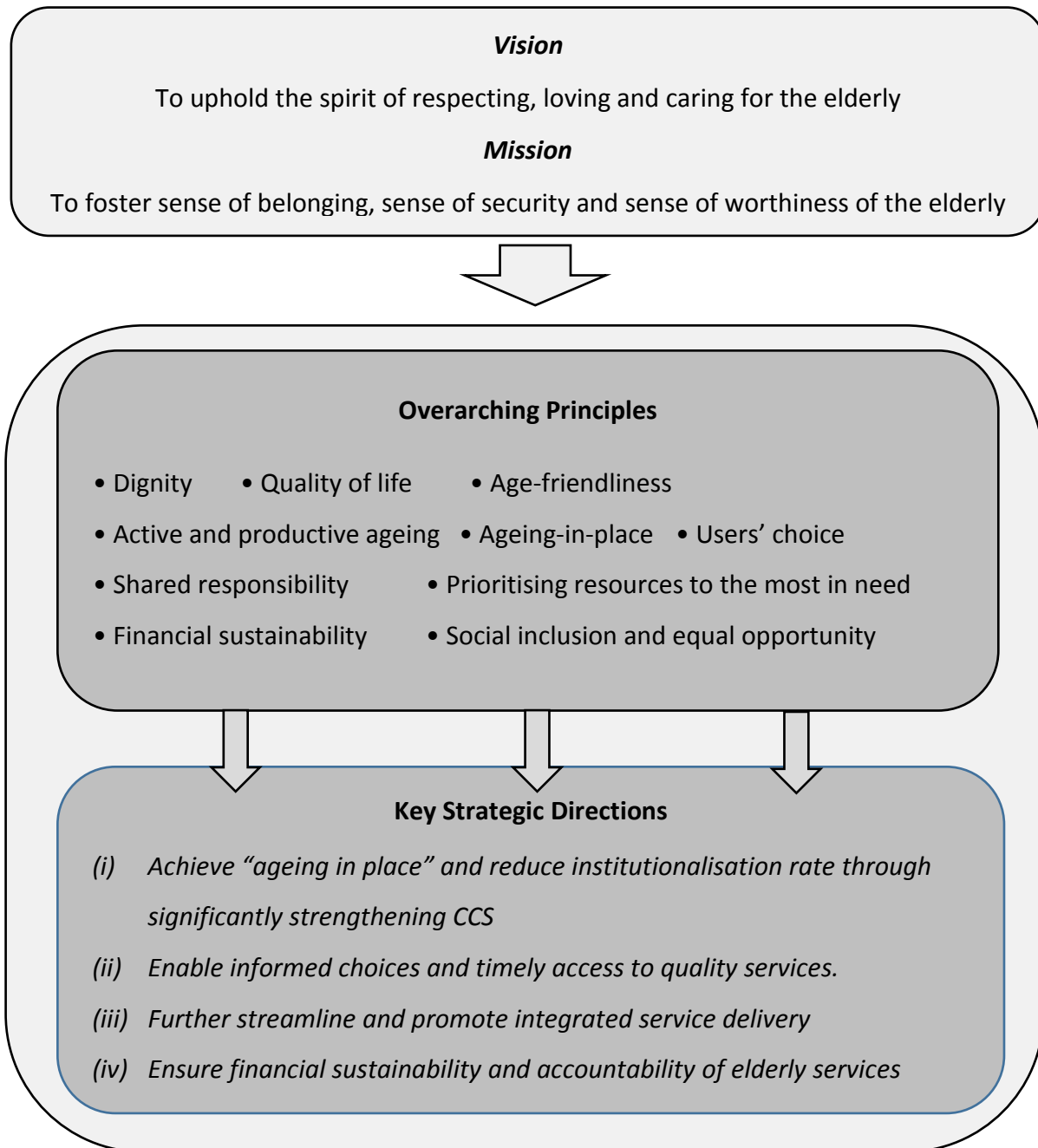
8.   In examining the future demand for LTC services, the Working Group also noted that there was currently a predominance of RCS over CCS in Hong Kong, even though there had been a clear preference for "ageing-in-place" among the elderly population. Assuming no change in the existing service usage patterns, the number of elderly persons applying for subsidised RCS may reach 64 000 in 2030 and peak at 98 000 in 2051, while in comparison, the demand for CCS will be around 21 000 in 2030 and 36 000 in 2051. This calls for a re-examination of the share between RCS and CCS in meeting the demand for LTC and measures to change the service usage pattern of elderly persons.

9.   Apart from considering how to meet the rapidly increasing demand for LTC services and rebalance CCS and RCS through encouraging "ageing-in-place", the Working Group considered that the ESPP should look into the financing arrangements of elderly services such that even with the upsurge in demand and rise in elderly dependency ratio, the provision of elderly services would still be financially sustainable and could be prioritised to those most in need.

10.   A second demographic trend noted by the Working Group is the expected changes to the socio-demographic characteristics of the elderly population, whereby the future generations of elderly persons are expected to live longer, more health conscious, have higher education attainment, more able to catch up with the information and technology development and financially more capable. It is expected that they will have higher expectation on the diversity and quality of elderly services and will ask for more flexibility and control in service delivery. While the future generations of elderly persons are expected to be of better health in general, incidences of age-related illnesses such as dementia are expected to increase in view of the increase in life expectancy.

Overriding principles and strategic directions of the ESPP

11.   Having regard to the above considerations, and taking into account the views of stakeholders on the guiding principles on the ESPP, the Working Group recommended adopting the following framework for the ESPP:

Vision

To uphold the spirit of respecting, loving and caring for the elderly

Mission

To foster sense of belonging, sense of security and sense of worthiness of the elderly

Overarching Principles

- Dignity   • Quality of life   • Age-friendliness
- Active and productive ageing • Ageing-in-place   • Users' choice
- Shared responsibility   • Prioritising resources to the most in need
- Financial sustainability   • Social inclusion and equal opportunity

Key Strategic Directions

(i)   *Achieve "ageing in place" and reduce institutionalisation rate through significantly strengthening CCS*

(ii)   *Enable informed choices and timely access to quality services.*

(iii) *Further streamline and promote integrated service delivery*

(iv)   *Ensure financial sustainability and accountability of elderly services*

12.   The first strategic direction of "Achieving 'ageing in place' and reducing institutionalisation rate through significantly strengthening CCS" forms the core and the most important component in the ESPP. The number of initial recommendations targeted to achieving this strategic direction constitutes the majority of all recommendations and have cut across the various themes and topics. To highlight the issues raised by stakeholders and the considerations at the Working Group, the report will be organised according to the themes and topics. A summary of all initial recommendations categorised under the four key strategic directions is provided in **Appendix V** for reference.

Theme I: Definition of "elderly" and target service users

13.   On the status and role of "elderly persons", the Working Group considered that effort should be increased in promoting a positive image of elderly persons and improving public understanding of ageing, as a more age-friendly society was conducive to the overall objective of "ageing-in-place". This is of particularly importance since in the coming decades, younger generations are less likely to be living with or having frequent contact with elderly persons, leading to a vague or stereotypical understanding of the older population.

14.   On the target service recipients of elderly services, the Working Group noted that different elderly services had variations in the age criterion for service eligibility. While there had been suggestions for streamlining the age criteria of different services, the Working Group considered that a single definition of "elderly" would not be advisable since different services have different service objectives. The eligibility criteria should therefore depend on both chronological age and service objectives.

15.   The following initial recommendations are proposed:

Public education should be strengthened to promote positive image of elderly persons, enhance their status and role in society, and foster positive inter-generational relations. (Initial recommendation 1)

Service coverage should be based on age-related needs of the users and take into account the purposes of and resource implications on different types of services. (Initial recommendation 2)

Theme II: Existing Services

16.   Various issues related to the delivery of the range of existing elderly services, including active ageing programmes/initiatives, CCS, RCS, respite and emergency service, carer support services and end-of-life (EOL) care, are examined in Chapter 4. In addition, four issues related to service delivery, namely the needs assessment arrangements under SCNAMES, the development of case management, support provided to elderly

persons with dementia, as well as the roles and possible synergy between the public and private sectors in service delivery are also discussed.

Measures to encourage "ageing-in-place"

17.	The Working Group considers it important to achieve "ageing-in-place" and reduce institutionalisation rate through significantly strengthening community-based services. For elderly persons who are still healthy and do not require care support, the Working Group proposed that more focus should be placed in promoting a healthy lifestyle and in preventing health deterioration. As the longevity of elderly persons increases, there is also a need to strengthen the effort in keeping the elderly socially active. It is recommended that elements on post-retirement life planning should be included in elderly centre services while continuous learning and contribution to the society by the elderly population should be encouraged.

18.	For elderly persons who require support services to remain in the community, it is noted that the current CCS services primarily focus on serving elderly persons assessed to be of "moderate" or "severe" levels of impairment. The Working Group considered that support services to elderly persons with "mild" level of impairment should be strengthened so as to prevent health deterioration. In this regard, it is suggested that the existing Integrated Home Care Services (Ordinary Cases) (IHCS(OC)) should be systematised and the services of IHCS and EHCCS should be streamlined. In the long term, the funding modes of IHCS and EHCCS should be reviewed.

19.	Another key recommendation made by the Working Group is the introduction of transitional care support as an important measure to support "ageing in place". It is noted that many elderly persons, in particular those discharged from hospitals, may have RCS needs that are transient in nature. If suitable care and rehabilitation services are available, many of these elderly persons are able to continue living in the community when their health condition improves after the transitional period. For those who may continue to require LTC services after the rehabilitation period, can allow family members more time to make necessary LTC planning, e.g. arranging carers, seeking SCNAMES assessments and making applications for other subsidised LTC services.

20.	Apart from strengthening the direct services provided to elderly persons, it is recommended that the support to carers should be enhanced. The Working Group examined the existing provision of respite and emergency placement services and recommended setting up a district-based pre-registration system for respite services so as to reduce the barriers to service utilisation. The Working Group also made recommendations on strengthening other support and training services to carers.

21.   Recommendations relevant to the above include:

Promotion of healthy lifestyle should be of paramount importance in improving the quality of life of elder persons and reducing the risk of age-related diseases. (Initial recommendation 3a)

Opportunities should be provided to encourage elder persons to live to their full potential, promote active lifestyle and to encourage empowerment. (Initial recommendation 3b)

Efforts should be made to promote retirement planning to better prepare retirees to plan about their post-retirement life. (Initial recommendation 3c)

For prevention of health deterioration, provision of suitable services to elderly persons with mild impairments should be explored and the service provision of IHCS(OC) to users should be systematised.

➤ *There may be a need to explore improvement in providing services to elderly persons with frailty not reaching the moderate to severe level (i.e. the threshold for LTC services); and*

➤ *A simplified version of the standardised need assessment tool should be developed to identify the mildly frail elderly to be given higher priority in receiving services under IHCS(OC). **(Initial recommendation 4a)***

Designated respite places and casual vacancies of RCHEs providing subsidised places should be fully utilised to strengthen the support to carers. Improvement should be made to facilitate timely access to service.

➤ *Respite services should continue to focus on providing short-term relief to carers, and ways to facilitate and encourage the use of such services should be explored;*

➤ *The Social Welfare Department (SWD) should consider developing a district-based pre-registration system for potential service users of respite service (for example, as a start, for elderly persons who are on Central Waiting List (CWL) or using CCS) to streamline the admission procedure; and*

➤ *Phase 2 of the Pilot Scheme on Community Care Service Voucher for the Elderly (Pilot Scheme on CCSV) will be expanded to cover residential respite services. The experience gained in the pilot scheme would also be a useful reference for the further development of respite service. **(Initial recommendation 8a)***

Transitional care support to elderly persons discharged from hospitals should be enhanced to assist them to stay in the community and prevent premature institutionalisation.

➢ *Transitional care services should aim at providing the necessary rehabilitation and suitable care services (CCS and/or temporary RCS) to discharged elderly patients.*

➢ *The accessibility of medical social service in hospitals should be promoted and taken into account in developing the transitional care support service to ensure that that the to-be-discharged patients will be able to access the necessary information.* ***(Initial recommendation 8b)***

Services to support family carers should be enhanced.

➢ *Services to support carers in assisting the elderly persons to remain in the community should be strengthened, with greater flexibility, variety and choices to meet specific needs. For instance, further expansion of services to cover odd hours and holidays should be explored.*

➢ *The adequacy of home-based training to family carers should be examined and ways should be explored to strengthen these services where necessary; and*

➢ *Measures should also be explored to provide specific carer training to foreign domestic helpers (FDHs) to enhance their capability in taking up their caregiver role.* ***(Initial recommendation 9)***

Measures to enable informed choices and timely access to quality services

22.   The Working Group also considered how the existing services should be enhanced to facilitate elderly persons in making informed choices and having timely access to quality services.

23.   A case management approach has the benefit of providing better coordination among different services. While it is noted that the elements of case management are already present in some existing services and pilot schemes (e.g. in the form of Responsible Workers (RW) and care managers of individual services), the developing of a case management system was considered by the Working Group as conducive to smooth service transition. On the issue of informed choices, the Working Group recommended that development of a case management model for elderly services should be explored.

24.   As for ensuring elderly persons a timely access to quality services, the Working Group noted that one of the main factors would be the sufficiency of the supply of subsidised services. While the projected service demand and supply would be considered in greater detail in the section on premises and space, it was noted that with the ageing population and expected increase in LTC demand, it would be necessary, at least in the short-to-medium term, to explore measures to better utilise the capacity in the private sector to cater for the immediate needs of the elderly.

25.   Quality of RCS, especially those provided by private operators, is also a subject of concern. The Working Group recommended a review of the Residential Care Homes (Elderly Persons) Ordinance; Cap. 459) (RCHE Ordinance) in due course. Various measures for incentivising service improvement was also suggested, while measures for addressing the issue of manpower shortage, another major factor affecting service quality, was discussed in the section on manpower and training.

26.   The Working Group recognised that there would also be a need for continued service improvement for both subsidised CCS and RCS. In this regard, there might be a need for the development of a comprehensive quality assurance system for guiding the future development of subsidised services.

27.   Recommendations relevant to the above include:

Efforts should be made to explore developing a case management model. Specifically:

➢ *Based on the experience of the various pilot projects (e.g. Pilot Scheme on CCSV), Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families (Pilot Scheme on Carer Allowance), and Residential Care Service Voucher for the Elderly (Pilot Scheme on RCSV)) that have elements of case management, a coherent model of case management service should be developed at the conclusion of these pilot projects; and*

➢ *In developing a case management model, components that may consider include: specifications on the roles and functions of case management (e.g. assessing, planning, facilitating and advocating in making choice for service), and ensuring a collaborative process and effective communication between the case management office/team/individual, service users (and his/her family caregivers), and service workers.* ***(Initial recommendation 7)***

Further efforts are required to create a comprehensive quality assurance system so as to guide future efforts of the government, and service providers toward effective quality monitoring and continuous service improvement. (Initial recommendation 4c)

Measures to ensure the quality of RCS should be strengthened. Specifically:

➢ *Existing service quality assurance measures should be continued and strengthened where possible. For example, the current model of Service Quality Groups (SQGs) should be expanded to cover the whole territory; and the names of participating residential care homes for the elderly (RCHEs) participating made available to the public.*

➢ *Suitable measures should be implemented to alleviate the manpower shortage issue and to assist operators in meeting higher service standard For example, incentives for RCHEs to join independent service quality accreditation scheme, incentive for*

private RCHEs to enhance their service quality, such as incentive in upgrading to EA1 homes.

➢ *SWD should keep in view of the Project on Enhancement of the Infrastructure of Long-term Care in Hong Kong (LTC Infrastructure Review) and the expected deliverable should be well considered in the development of a comprehensive quality assurance system.* **(Initial recommendation 5)**

The RCHE Ordinance (Cap 459) should be reviewed in due course. *(Initial recommendation 5a)*

The role of the private sector should be recognised and public private partnership should be encouraged. (Initial recommendation 12)

Other major issues considered by the Working Group

28.   The Working Group noted that the ageing population and the increase in life expectancy would result in an upsurge in age-related illnesses such as dementia. It would be necessary to strengthen the services to elderly persons with dementia, with a view to making the provision of services more "dementia-friendly". The Working Group also concluded that the challenge of providing suitable services to demented elderly would require the adoption of a multi-disciplinary approach.

29.   The Working Group recommended the further development of advance care planning and inclusion of EOL care services. Various suggestions made by stakeholders were examined by the Working Group and included in the elaboration of the recommendation.

30.   Recommendations relevant to the above include:

Services for elderly persons with dementia should be strengthened. The issue of dementia should be considered as an integral part in the whole spectrum of elderly services and a multidisciplinary approach should be adopted. (Initial recommendation 10)

Quality EOL care should be strengthened as an integral part of elderly services. (Initial recommendation 11)

Theme III: Manpower and training

31.   The Working Group noted that there was an overall shortage of manpower in the elderly services sector resulting from lack of new entrants and high staff turnover. Job positions involved included professional positions such as nurses, occupational therapists (OTs), physiotherapists (PTs); and frontline care staff such as care workers (i.e. personal carer workers and home helpers).

32.   To address the shortage of care workers, the Working Group proposed various measures to enhance the employment and working environment of care worker jobs. Furthermore, the Working Group considered it necessary to explore other measures such as importation of labour, the engagement and training of informal care providers and FDHs.

33.   Recommendations relevant to the above include:

Measures to improve recruitment, retention, working condition, and career development of staff in elderly service should be explored.

➢ *Having regard to the challenges in recruitment and retention of LTC workers, a multi-pronged approach should be adopted to address the problem.*

➢ *Improvement to the attractiveness of care staff positions by improving their employment conditions, as well as enhancing their work conditions (e.g. increasing job satisfaction by expanding task varieties, re-packaging the image and design of residential homes to make them more home-like, etc.) should be explored.*

➢ *The Qualifications Framework (QF) and the Specifications of Competency Standards (SCS) should be recognised by the elderly service sector to facilitate the building up of career ladder of care industry workers at various levels.*

➢ *Facilitate job enrichment of care workers to advance their skill set and increase job satisfaction, e.g. reshuffling of job duties. Good practices in the sector should be promoted.*

➢ *Modernisation and better use of electro-mechanical equipment to promote occupational safety and health.*

➢ *Application of technology to enable reengineering of work process for higher efficiency.*

➢ *Consideration may also be given to setting up an elderly service industry academy or designating an organisation to spearhead the promotion of a positive image of the care industry and facilitate the training of care staff and FDHs.*

➢ *Another possible direction that should be explored is more flexible importation of labour for care worker staff at least as a transitional/interim measure to increase the overall manpower supply. **(Initial recommendation 13a)***

The structure of professional staff should be fine-tuned to enable more flexible staff deployment and maximisation of staff input, specifically:

➢ *The possibility of setting up district-based teams of professionals (in particular OTs and PTs) to serve multiple service units within the district should be explored. **(Initial recommendation 13b)***

Recruitment and training of informal care providers should be strengthened.

➢ *Other sources of informal care providers, e.g. neighbours, volunteers, etc. should be explored to serve as "elder sitters" for providing non-personal care services e.g. escort, cleaning etc. to elderly persons in the community, provided that insurance, protection, training, monitoring, support etc. are in place.*

➢ *Measures should be taken to enable FDHs taking care of the elderly person to receive relevant training. For families with limited financial capability, feasibility of providing subsidies to enable them to provide support to their frail elderly persons at home may also be explored.* ***(Initial recommendation 13c)***

There should be ongoing monitoring and evaluation of the manpower measures

➢ *Effectiveness of the above measures should be monitored and data should be collected to facilitate future manpower planning.* ***(Initial recommendation 13d)***

Theme IV: Premises and space

34.   It is projected that there will be a drastic increase in the demand for subsidised LTC services, from around 60 000 places in 2016 to some 108 000 places in 2064, with a peak service demand of around 125 000 places in around 2051 (i.e. double of the current demand).

35.   Comparing the projected demand with the expected service supply (i.e. the total of the existing service supply and the service places to be provided by planned projects), it is estimated that the shortfall for subsidised RCS and CCS will be 14 000 and 18 000 respectively in 2026.

36.   The Working Group noted that whilst a multi-pronged approach was being adopted in the provisioning of subsidised LTC services, the development process of public elderly facilities takes time and therefore proposed that population-based planning ratios for various elderly services be re-instated in the Hong Kong Planning Standards and Guidelines (HKPSG). Furthermore, it is suggested that an "estate-based" approach be adopted, whereby residential developments should in general have sites and premises reserved for provision of elderly services (in particular CCS which is even more localised as compared to RCS) and be able to meet the needs of their elderly residents (i.e. "self-containing"). It is recommended that a more detailed study be conducted to draw up the planning ratios and consider the "estate-based" approach further.

37.   Recommendations relevant to the above include:

Planning ratios for elderly services should be reinstated into the HKPSG, specifically:

➢ *The relevant planning ratios for District Elderly Community Centres (DECCs) and Neighbourhood Community Centres (NECs), RCS and CCS should be reinstated into*

the HKPSG and such planning ratios should be reviewed from time to time (say, every 5 years) to reflect changing demographic structure of our elderly population.

➢ *A population-based indicative planning ratio is proposed for different types of services to facilitate discussion:* ***(Initial recommendation 14a)***

Facility	Indicative planning ratio
RCS	21.4 beds per 1 000 elderly persons aged 65+
CCS	14.8 places per 1 000 elderly persons aged 65+
DECC	One in each new town with a population of 170 000
NEC	One in each new and redeveloped public rental housing (PRH) estate and in private housing areas of new town with a population of 15 000 – 20 000

Efforts for identification of sites for provision of elderly services should be stepped up

➢ *The Government should consider adopting an "estate-based" approach in service provision and site identification, specifically:*

  a. *New residential developments should be "self-containing" as far as practicable*
  b. *New public housing estates of larger scale should reserve suitable premises for elderly facilities (in particular those for CCS) to meet the demand from the residents in the PRH (i.e. "self-containing")*
  c. *Similar concept to be applicable for private developments, providing subsidised and/or self-financing services*

➢ *More proactive actions should be taken by SWD in identifying potential welfare premise sites, in particular, SWD should enhance its collaboration with relevant departments to regularly review if there are suitable sites that can be used to meet outstanding needs for welfare premises.* ***(Initial recommendation 15a)***

Theme V: Sustainable financing of elderly services

38.　　During the public engagement exercise, stakeholders generally agreed that the financing mode of subsidised elderly services should be sustainable in the long-run. In view of the ageing population and increasing demand for subsidised services, stakeholders considered that the existing financing arrangements for subsidised services should be enhanced. The Working Group considered various suggestions made by stakeholders and recommended the following:

A more forward looking approach should be adopted in public expenditure on elderly services in responding to the changing socio-economic profile of the older population and in promoting a more equitable sharing of financing LTC in the current population and across generations, including:

➢ *Co-payment for services commensurate with affordability*

➢ *Strengthen measures in enabling NGOs in operating self-financing services*
➢ *Consider to open the explorations into alternative LTC financing options **(Initial Recommendation 16)***

Theme VI: Interfacing issues and others

39.　　Issues considered by the Working Group in Chapter 8 include the interfacing of elderly services with the healthcare and housing sectors, the service planning mechanism of elderly services, use of technology and information in the elderly service sector and by elderly persons, as well as the support services to elderly persons from EMs.

40.　　Key recommendations of this theme include:

More effective partnership should be forged among pivotal players in the interface between welfare, healthcare and housing.

➢ *EC should continue to serve as a platform facilitating coordination among bureaux, departments and authorities at policy-level with regular review on progress.*
➢ *For the interface between healthcare and welfare services, apart from enhancing the support to discharged elderly patients and continuing the efforts in expanding the coverage of outreaching services, coordination between hospitals and community service operators could be strengthened, in particular in the community and cluster levels.*
➢ *For the interface between the housing and welfare sectors, consideration should be given on improving the age-friendliness of the community.　Possible directions include encouraging private developments to provide more elderly service facilities and incorporation of more barrier free design elements.　**(Initial recommendation 17)***

The ESPP should encompass goals and objectives that should be kept track of on a regular basis, with adequate stakeholders' participation in the planning, implementation and evaluation at the district level and territory-wide levels

➢ *The Government should consider the ESPP as a living document and the goals and objectives contained therein should be kept track of regularly and updated suitably.*
➢ *The SWD's district planning mechanism should be enhanced to facilitate the engagement of stakeholders in the community and the district service coordinating committees, so as to review and monitor the progress of the various aspects of the ESPP in their respective districts.　**(Initial recommendation 18)***

Efforts should be made and resources deployed to further enhance the utilisation of information and communication technology (ICT) by both elderly service users and service providers in promoting quality of life and service quality, effectiveness and efficiency. (Initial recommendation 19)

The interface between existing services for EMs and mainstream elderly services should be strengthened to enable provision of suitable support (e.g. language, cultural sensitivity training) for service users from different EM backgrounds. (Initial recommendation 20)

Conclusion and the way forward

41.   With the completion of the Formulation Stage, the Working Group will arrange the public engagement exercise of the Consensus Building Stage. The purpose is to build up a consensus on the recommendations of the ESPP, with the initial recommendations serving as the basis for the discussion with stakeholders. To achieve this, 18 public forums will be conducted in all 18 districts over a two-month period, and invitation will be sent to all service providers in the elderly services sector and NGOs, user groups, concern groups, industry and professional bodies and community representatives. Members of the public and other interested parties are welcome to join.

42.   Full list of initial recommendations:

Initial recommendation 1 – Public education should be strengthened to promote positive image of elderly persons, enhance their status and role in society, and foster positive inter-generational relations

➢ Specifically, consideration should be given to arranging more inter-generational programmes in schools, youth organisations, business sector, etc. Topics on elements of ageing and inter-generational interaction should also be included in primary and secondary school learning activities where appropriate. There should also be public awareness programmes/campaigns to eliminate misunderstanding and stereotypes about elderly persons.

Initial recommendation 2 – Service coverage should be based on age-related needs of the users and take into account the purposes of and resource implications on different types of services

➢ Specifically, different age requirements should be respectively set for active ageing programmes/community support services and LTC services directly provided to elderly persons. There should also be flexibility in age criteria to take into account the individual circumstances of the elderly.
➢ It is proposed that for active ageing programmes, community support services (i.e. DECCs and NECs), and other initiatives promoting healthy lifestyle, the age requirement for elderly persons should be 60 but with flexibility to include those aged 55-59. For LTC services (i.e. CCS including DE/DCUs, IHCS, Enhanced Home and Community Care Service (EHCCS) and RCS) provided directly to elderly persons, the age requirement should be 65 and above, with flexibility allowed for those aged between 60 and 64, subject to a confirmed care need.

Initial recommendations 3 – Efforts should be made to promote active ageing and healthy ageing by elderly persons and development of age-friendly environment

>*Initial recommendation 3a – Promotion of healthy lifestyle should be of paramount importance in improving the quality of life of elderly persons and reducing the risk of age-related diseases.*
>
>➢ Specifically, DECCs and NECs should enhance their role in the promotion of active / healthy ageing; and the development of an age-friendly city.
>
>➢ With the changes in function of DECCs and NECs in the past and the enhancement proposed in ESPP, consideration may be given to reviewing the roles and functions of DECCs and NECs in due course.
>
>*Initial recommendation 3b – Opportunities should be provided to encourage elderly persons to live to their full potential, promote active lifestyle and to encourage empowerment*
>
>➢ More support should be provided to elderly persons to participate in continuous learning and promoting other learning activities, such as by relaxing the age limit for the Continuing Education Fund and exploring means to help elderly persons with limited financial means to have internet access at their homes.
>
>➢ A SPG model could be adopted to promote more self-directed learning in empowering the elderly persons to initiate, organise and manage their own learning / volunteer programs by providing necessary support, funding and facilities.
>
>➢ The model of social enterprises should be encouraged as one of the possible strategies of engaging elderly persons in working for gainful employment. Optional or flexible retirement mechanisms (e.g. part-time work for elderly or employment with flexible working hours) as practiced in some developed economies should also be considered to allow more choices for older employees.
>
>*Initial recommendation 3c – Efforts should be made to promote retirement planning to better prepare retirees to plan about their post-retirement life*
>
>➢ DECCs and NECs should aim at including more retirement planning programmes as part of their developmental activities for those who are preparing to retire.

Initial recommendations 4 – CCS should be strengthened to ensure that elderly persons are able to stay in the community as long as possible and unnecessary institutionalisation is avoided. Specifically:

>*Initial recommendation 4a – For prevention of health deterioration, provision of suitable services to elderly persons with mild impairments should be explored and the service provision of IHCS(OC) to users should be systematised*
>
>➢ There may be a need to explore improvement in providing services to elderly persons with frailty not reaching the moderate to severe level (i.e. the threshold for LTC services).

➢ A simplified version of the standardised need assessment tool should be developed to identify the mildly frail elderly to be given higher priority in receiving services under IHCS(OC).

Initial recommendation 4b – The catchment areas of Integrated Home Care Services (Frail Cases) (IHCS(FC)) and EHCCS should be reviewed to increase efficiency while maintaining a degree of choices for uses.

Initial recommendation 4c – Further efforts are required to create a comprehensive quality assurance system so as to guide future efforts of the government, and service providers toward effective quality monitoring and continuous service improvement.

➢ The SWD should keep in view the results of the LTC Infrastructure Review and take into consideration the relevant recommendations on quality assurance of CCS.

Initial recommendation 5 – Measures to ensure the quality of RCS should be strengthened

➢ Specifically, existing service quality assurance measures should be continued and strengthened where possible. For example, the current model of SQGs should be expanded to cover the whole territory, and the names of RCHEs participating should be made available to the public.
➢ Suitable measures should be implemented to alleviate the manpower shortage issue and to assist operators in meeting higher service standard, including incentives for RCHEs to join independent service quality accreditation scheme and for private RCHEs to enhance their service quality.
➢ SWD should keep in view the LTC Infrastructure Review and the expected deliverable should be well considered in the development of a comprehensive quality assurance system.

Initial recommendation 5a – The RCHE Ordinance (Cap 459) should be reviewed in due course

Initial recommendation 6 – Improvements should be made to SCNAMES and the assessment tool

➢ Specifically, improvements should be made to better demarcate the needs for CCS and RCS, as well as care needs arising from cognitive impairments when updating the assessment tools.
➢ After updating the assessment tool, SWD should review the service matching mechanism of the LTC to ensure priority be given to those most in need.

Initial recommendation 7 – Efforts should be made to explore developing a case management model

➢ Based on the experience of the various pilot projects (e.g. Pilot Scheme on CCSV, Pilot Scheme on Carer Allowance, and Pilot Scheme on RCSV) that have elements of case management, a coherent model of case management service should be developed at the conclusion of these pilot projects. In developing a case management model, components that may consider include: specifications on the roles and functions of case management (e.g. assessing, planning, facilitating and advocating in making choice for service), and ensuring a collaborative process and effective communication between the case management office/team/individual, service users (and his/her family caregivers), and service workers.

Initial recommendation 8 – Respite and emergency placement services should be enhanced.

Initial recommendation 8a – Designated respite places and casual vacancies of RCHEs providing subsidised places should be fully utilised to strengthen the support to carers. Improvement should be made to facilitate timely access to service.

➢ Respite services should continue to focus on providing short-term relief to carers, and ways to facilitate and encourage the use of such services should be explored. Specifically, SWD should consider developing a district-based pre-registration system for potential service users of respite service to streamline the admission procedure. For example, as a start, for elderly persons who are on CWL or currently using CCS. It is noted that Phase 2 of the Pilot Scheme on CCSV will be expanded to cover residential respite services. The experience gained in the pilot scheme would also be a useful reference for the further development of respite service.

Initial recommendation 8b – Transitional care support to elderly persons discharged from hospitals should be enhanced to assist them to stay in the community and prevent premature institutionalisation

➢ Transitional care services should aim at providing the necessary rehabilitation and suitable care services (CCS and/or temporary RCS) to discharged elderly patients.

➢ The accessibility of medical social service in hospitals should be promoted and taken into account in developing the transitional care support service to ensure that that the to-be-discharged patients will be able to access the necessary information.

Initial recommendation 8c – Emergency placement services should continue to target elderly persons with urgent care needs and under unforeseen or crisis situation, such as those with immediate care needs due to social reasons.

➢ With transitional care needs met by an enhanced discharge service programme, emergency placement services should focus on other cases with urgent care needs.

Initial recommendation 8d – Further study on the demand for respite, transitional care and emergency placement services should be considered. Moreover, the possibility of better using non-subsidised places to provide such services should be explored.

➢ As there is currently no comprehensive statistics on the demand for respite, transitional care and emergency placement services, consideration should be given to studying their potential demand as a first step. For respite and emergency placement services, both would take up subsidised places. In view of the long-waiting list for subsidised RCS, the use of non-subsidised RCS places for provision of subsidised respite and/or emergency placement services should be explored subject to the findings of the study on service demand. Possible sources of such non-subsidised places would be existing non-subsidised places in EBPS, contract homes, self-financing homes and subvented homes. Since respite and emergency placement services are by nature provided on a temporary basis, necessary follow-up arrangements (e.g. escorting to day hospital) and support may need to be given to the elderly and family members, possibly with some form of case management service. Since there could be many interfacing issues that need to be resolved, consideration could be given to implementing a pilot project as a first step.

Initial recommendation 8e – Day respite that integrates formal and informal system of care at neighbourhood level should be strengthened

➢ Collaboration between agencies providing home care and informal care network should be strengthened in developing day respite at neighbourhood level. Support should be provided to mobilise neighbours to assist in providing temporary attendance or household chores to elderly persons in need while family carers can be relieved temporarily (e.g. exploring the development of the "elder-sitting service" by informal support network).

Initial recommendation 9 – Services to support family carers should be enhanced

➢ Services to support carers in assisting the elderly persons to remain in the community should be strengthened, with greater flexibility, variety and choices to meet specific needs. For instance, further expansion of services to cover odd hours and holidays should be explored.
➢ The adequacy of home-based training to family carers should be examined and ways should be explored to strengthen these services where necessary. Measure should also be explored to provide specific carer training to FDHs to enhance their capability in taking up their caregiver role.

Initial recommendation 10 – Services for elderly persons with dementia should be strengthened. The issue of dementia should be considered as an integral part in the whole spectrum of elderly services and a multidisciplinary approach should be adopted.

- Closer collaboration should be encouraged between the healthcare system and the welfare sector in the provision of services for dementia. SWD should make reference to the findings and recommendations of the Expert Group on Dementia under the Review Committee on Mental Health in devising the future development of services for elderly persons with dementia. Due consideration should be given to aspects such as public education, carer training, staff training, etc.
- Some directions that could be considered include:
  i. enhancing workers' knowledge and skills in early detection of dementia (including mild cognitive impairment cases) at elderly centres at community and neighbourhood level (DECCs/NECs) and in making timely referral to appropriate services;
  ii. strengthening training in early detection, management and care of dementia in both CCS and RCS; and
  iii. strengthening education and training for elderly persons and family carers in early detection of dementia.

Initial recommendation 11 – Quality EOL care should be strengthened as an integral part of elderly services

- In due course, SWD should make reference to the results of the Food and Health Bureau (FHB)'s study as appropriate and work with both the healthcare and welfare sectors to ensure that suitable support is available to elderly persons receiving elderly services. The FHB's study is expected to cover important issues pertinent to the development of EOL care services, such as training and protocol, work flow, legislation and statutory requirements, additional manpower, additional facilities and space requirements etc. Reference should also be made to other initiatives by NGOs, in particular, in welfare-healthcare collaboration and development of EOL care models in different service settings.

Initial recommendation 12 – The role of the private sector should be recognised and public private partnership should be encouraged

- The Government should encourage initiatives in public private partnership, such as make accessible examples of good practices, utilising the potentials of private operators in filling up the service gap. Findings from the review on the Pilot Schemes on CCSV and RCSV should be duly considered and the future development of the voucher system should be explored.

Initial recommendation 13 – A more sustainable workforce should be built up to meet the increasing demand and higher expectations for elderly services

> ***Initial recommendation 13a – Measures to improve recruitment, retention, working condition, and career development of staff in elderly service should be explored.***

- Having regard to the challenges in recruitment and retention of LTC workers, a multi-pronged approach should be adopted to address the problem.
- Improvement to the attractiveness of care staff positions by improving their employment conditions, as well as enhancing their work conditions (e.g. increasing job satisfaction by expanding task varieties, re-packaging the image and design of residential homes to make them more home-like, etc.) should be explored.
- Expanding the career path of for workers in the elderly service sector. The QF and SCS should be recognised by the elderly service sector to facilitate the building up of career ladder of care industry workers at various levels.
- Job enrichment should be introduced to care workers at various levels, so as to enhance their job satisfaction and to advance their skill set. For example, explore the possibility of reshuffling job duties to enable more diversified duties and sharing of obnoxious tasks for frontline workers. Good practices in the sector should be promoted.
- Modernisation and better use of electro-mechanical equipment to promote occupational safety and health and thereby reduce wear and tear and risk of injuries among care staff should be explored. In considering the use of technology, due regard should be given to factors such as the need for reengineering of work process, funding, etc. It is hoped that through the better use of technology and equipment, the efficiency of service delivery can be improved.
- Promotional work on the positive image of the industry should be enhanced, e.g. available public resources should be fully utilised to promote a positive image of the industry, strengthen training, and to attract new entrants to join the industry. Consideration may also be given to setting up an elderly service industry academy or designating an organisation to spearhead the promotion of a positive image of the care industry and facilitate the training of care staff and FDHs.
- Another possible direction that should be explored is more flexible importation of labour for care worker staff at least as a transitional/interim measure to increase the overall manpower supply.

Initial recommendation 13b – The structure of professional staff should be fine-tuned to enable more flexible staff deployment and maximisation of staff input

- The possibility of setting up district-based teams of professionals (in particular OTs and PTs) to serve multiple service units within the district should be explored.

Initial recommendation 13c – Recruitment and training of informal care providers should be strengthened

- Other sources of informal care providers, e.g. neighbours, volunteers, etc. should be explored to serve as "elder sitters" for providing non-personal care services

e.g. escort, cleaning etc. to elderly persons in the community, provided that insurance, protection, training, monitoring, support etc. are in place.

➢ In view of the potential role of FDHs as the key carer of the elderly persons, measures should be taken to enable them to receive the relevant training. The feasibility of providing subsidies to families with limited financial capability for providing care support to their frail elderly persons at home may also be explored.

Initial recommendation 13d –There should be ongoing monitoring and evaluation of the manpower measures

➢ Effectiveness of the above measures should be monitored and data should be collected to facilitate future manpower planning.

Initial recommendation 14 – Planning ratios and schedules of accommodation for elderly services should be reviewed to respond to changing needs

Initial recommendation 14a – Planning ratios for elderly services should be reinstated into the HKPSG

➢ The relevant planning ratios for DECCs and NECs, RCS and CCS should be reinstated into the HKPSG and such planning ratios should be reviewed from time to time (say, every 5 years) to reflect changing demographic structure of our elderly population.

➢ Based on the service demand projections, a set of indicative planning ratios is suggested. It should, however, be noted that these figures may need to be adjusted in view of the uncertainties involved in the projected service demand and supply. Furthermore, it is noted that the inclusion of planning ratios in the HKPSG typically requires a separate planning study and the approval of the Committee on Planning and Land Development and its subcommittee. During this process, factors such as technical feasibility, views of other stakeholders, etc. will have to be considered:

RCS
− CoC places: 21.4 beds per 1 000 elderly persons aged 65 or above. This translates into a target total supply of around 46 200 beds in 2026. These beds can be provided through different methods, such as contract/subvented RCHEs, bought place schemes and voucher schemes. The planning ratio should be applied both territory-wide and in individual districts.

CCS
− CCS places: 14.8 places per 1 000 elderly persons aged 65 or above. This translates into a target total supply of around 32 100 places in 2026. These places can be provided through different methods, such as subsidised DEs, home care services and voucher schemes. The planning ratio should be applied both territory-wide and in individual districts.

DECC and NEC

‒ Where appropriate, there should be one NEC in each new and redeveloped PRH estate and in private housing areas of new town with a population of 15 000 to 20 000 persons.

‒ There should be one DECC in each new town with a population of 170 000 in a new town.

Initial recommendation 14b – the schedules of accommodation of welfare premises for elderly services should be reviewed and improved from time to time to allow operators to have enough facilities and space to provide services and to meet the growing demand

Initial recommendation 14c – more detailed service statistics in both the subsidised and non-subsidised sectors should be collected so that the situation of both sectors could be taken into account in future planning reviews and updates.

Initial recommendation 15 – There should be forward planning in the identification of sites for the provision of premises for accommodating the increasing number of elderly service facilities

Initial recommendation 15a – Efforts for identification of sites for provision of elderly services should be stepped up

➢ The Government should consider adopting an "estate-based" approach in service provision and site identification, and more proactive actions should be taken by SWD in identifying potential welfare premise sites to cater for the increasing demand for elderly service sites. In particular, SWD should enhance its collaboration with relevant departments to regularly review if there are suitable sites that can be used to meet outstanding needs for welfare premises.

Initial recommendation 15b – SWD's district offices should play a more active role in district-level planning

➢ There is a need to review the existing district planning mechanism to enable SWD's district offices to play a more important part in locating premises for required new and re-provisioned service units and additional bases for under-provided service units.

Initial Recommendation 16 – A more forward looking approach should be adopted in public expenditure on elderly services in responding to the changing socio-economic profile of the older population and in promoting a more equitable sharing of financing LTC in the current population and across generations, including:

i. **Co-payment for services commensurate with affordability:** In view of the changing socio-economic profile of the older population in coming decades, when more and more of our elderly population can afford to pay part or all of their LTC costs and have higher aspiration for better quality services, there can

be different levels of fees (co-payment) and government subsidy for different user groups. The Government may need to review the fee schedules of various types of service, in particular the LTC services. The evaluation of the Pilot Scheme on CCSV and the findings of the feasibility study on the Pilot Scheme on RCSV should provide more evidence for the planning of service directions in the future.

ii. **Strengthen measures in enabling NGOs in operating self-financing services:** The Government may need to explore further measures in enabling NGOs in operating self-financing services to cater for the needs and demands of those elderly persons who can afford higher fees, so that the limited places of subvented services could be allocated to those with more genuine need. The Special Scheme on Privately Owned Sites for Welfare Uses (Special Site Scheme) which helps NGOs make better use of their land is a good example in this direction. As for the involvement of the private sector, recommendations have been proposed in the section on "public-private partnership".

iii. **Consider exploring alternative LTC financing options:** While the introduction of co-payment for services should be continued or further enhanced in the short run, the Government, in the longer term, may consider re-opening the explorations into various possible ways of financing elderly service, including contributory savings such as LTC insurance for long term planning and preparation. These may provide additional or even alternative modes of financing for different groups of users with varying levels of LTC needs, aspirations, and affordability.

Initial recommendation 17 –More effective partnership should be forged among pivotal players in the interface between welfare, healthcare and housing.

➢ EC should continue to serve as a platform facilitating coordination among bureaux, departments and authorities at policy-level with regular review on progress.

➢ For the interface between healthcare and welfare services, apart from enhancing the support to discharged elderly patients and continuing the efforts in expanding the coverage of outreaching services, coordination between hospitals and community service operators could be strengthened, in particular in the community and cluster levels.

➢ For the interface between the housing and welfare sectors, consideration should be given on improving the age-friendliness of the community. Possible directions include encouraging private developments to provide more elderly service facilities and incorporation of more barrier free design elements.

Initial recommendation 18 – The ESPP should encompass goals and objectives that should be kept track of on a regular basis, with adequate stakeholders' participation in the planning, implementation and evaluation at the district level and territory-wide levels.

➢ The Government should consider the ESPP as a living document and the goals and objectives contained therein should be kept track of regularly and updated suitably.
➢ The SWD's district planning mechanism should be enhanced to facilitate the engagement of stakeholders in the community and the district service coordinating committees, so as to review and monitor the progress of the various aspects of the ESPP in their respective districts.

Initial recommendation 19 – Efforts should be made and resources deployed to further enhance the utilisation of information and ICT by both elderly service users and service providers in promoting quality of life and service quality, effectiveness and efficiency.

Initial Recommendation 19a – An integrated service provider interface with the Long Term Care Services Delivery System (LDS) built on the LDS data base with enhanced SCNAMES functions is to be explored.

➢ The idea to launch a central CIS for elderly service is not to be pursued for the time being. However, subsequent to the review of the SCNAMES system by the end of 2016, with the availability of "Minimum Data Set - Home Care" (MDS-HC) information for care planning purposes, a more integrated service provider interface with the LDS system built on the LDS data base with enhanced SCNAMES functions can be further explored.
➢ Enhancement of the future LDS should be explored to make better use of the information available and provide more information to users and service providers where appropriate.

Initial Recommendation 19b – Efforts should be made to enhance elderly persons to effectively use ICT to enhance digital inclusion and enable them to have better health management.

➢ Efforts to help elderly to make better use of ICT should be further enhanced and with better collaborations with the Office of the Government Chief Information Officer (OGCIO) in the context of the Digital 21 strategy in enhancing digital inclusion.

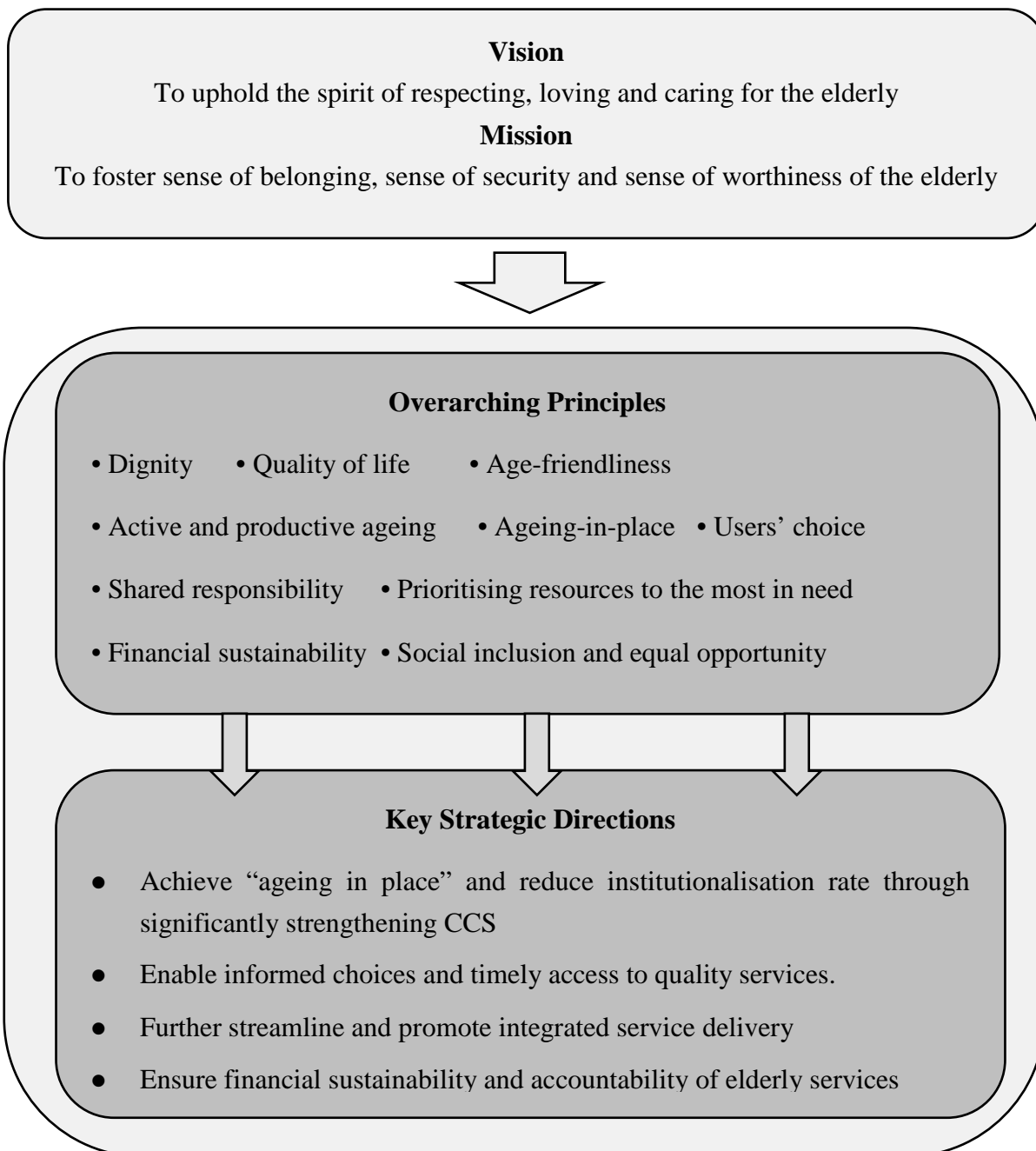*Initial Recommendation 19c – Use of ICT should be expanded to enhance the quality of care delivery*

➢ Promotion of the participation in electronic health record (eHR) sharing by the social welfare sector should be encouraged, e.g. in RCHEs, DECC/NEC depending on their future role in health promotion.
➢ General policy support should continue to be provided to the development of pilot projects in promoting the use of assistive technology, ICT, and telehealth for both elderly users and service providers to enhance the quality of life of elderly and better health management, and to address the problem of manpower shortage.
➢ Consideration may be given to developing a knowledge hub to provide most up-to-date developments in elderly services to the front-line workers. Whether

such knowledge hub can be extended to users and whether users can subscribe to the information provided through push technology can further be explored.

Initial recommendation 20 – The interface between existing EM services and mainstream elderly services should be strengthened to enable provision of suitable support (e.g. language, cultural sensitivity training) for service users from different ethnic backgrounds.

➢ The Government may consider providing training and replacement grants to elderly service care workers to serve EMs, hearing and speech impairment.

Proposed Framework of the ESPP

Vision

To uphold the spirit of respecting, loving and caring for the elderly

Mission

To foster sense of belonging, sense of security and sense of worthiness of the elderly

Overarching Principles

- Dignity • Quality of life • Age-friendliness

- Active and productive ageing • Ageing-in-place • Users' choice

- Shared responsibility • Prioritising resources to the most in need

- Financial sustainability • Social inclusion and equal opportunity

Key Strategic Directions

- Achieve "ageing in place" and reduce institutionalisation rate through significantly strengthening CCS

- Enable informed choices and timely access to quality services.

- Further streamline and promote integrated service delivery

- Ensure financial sustainability and accountability of elderly services

Strategic Directions and Initial Recommendations of the ESPP

Strategic Direction 1 - Achieve 'ageing-in-place' and reduce institutionalisation rate through significantly strengthening CCS[1]

(i)   Promoting age-friendly environment, healthy lifestyle and active social participation

Initial recommendation 1 – Public education should be strengthened to promote positive image of elderly persons, enhance their status and role in society, and foster positive inter-generational relations.

➢ Specifically, consideration should be given to arranging more inter-generational programmes in schools, youth organisations, business sector, etc.   Topics on elements of ageing and inter-generational interaction should also be included in primary and secondary school learning activities where appropriate.   There   should   also   be   public   awareness programmes/campaigns to eliminate misunderstanding and stereotypes about elderly persons.

Initial recommendations 3 – Efforts should be made to promote active ageing and healthy ageing by elderly persons and development of age-friendly environment.

> *Initial recommendation 3a – Promotion of healthy lifestyle should be of paramount importance in improving the quality of life of elderly persons and reducing the risk of age-related diseases.*

> ➢ Specifically, DECCs and NECs should enhance their role in the promotion of active / healthy ageing; and the development of an age-friendly city.

> ➢ With the changes in function of DECCs and NECs in the past and the enhancement proposed in ESPP, consideration may be given to reviewing the roles and functions of DECCs and NECs in due course.

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[1]   Strategic direction 1 is further categorised into seven areas, namely: promoting age-friendly environment, healthy lifestyle and active social participation; strengthen health maintenance, reduction in health risks and illness prevention; forward planning in provision of elderly services; strengthen infrastructure in manpower and training; improvement in identification and meeting the care needs of elderly persons; improvement in quality of services; and a more coherent continuum of care.

Initial recommendation 3b – Opportunities should be provided to encourage elderly persons to live to their full potential, promote active lifestyle and to encourage empowerment.

➢ More support should be provided to elderly persons to participate in continuous learning and promoting other learning activities, such as by relaxing the age limit for the Continuing Education Fund and exploring means to help elderly persons with limited financial means to have internet access at their homes.

➢ A self-programming group model could be adopted to promote more self-directed learning in empowering the elderly persons to initiate, organise and manage their own learning / volunteer programs by providing necessary support, funding and facilities.

➢ The model of social enterprises should be encouraged as one of the possible strategies of engaging elderly persons in working for gainful employment. Optional or flexible retirement mechanisms (e.g. part-time work for elderly or employment with flexible working hours) as practiced in some developed economies should also be considered to allow more choices for older employees.

Initial recommendation 3c – Efforts should be made to promote retirement planning to better prepare retirees to plan about their post-retirement life.

➢ DECCs and NECs should aim at including more retirement planning programmes as part of their developmental activities for those who are preparing to retire.

Initial Recommendation 19b – Efforts should be made to enhance elderly persons to effectively use information and communication technology (ICT) to enhance digital inclusion and enable them to have better health management.

➢ Efforts to help elderly to make better use of ICT should be further enhanced and with better collaborations with the Office of the Government Chief Information Officer in the context of the Digital 21 strategy in enhancing digital inclusion.

(ii) Strengthen health maintenance, reduction in health risks and illness prevention

Initial recommendations 4 – CCS should be strengthened to ensure that elderly persons are able to stay in the community as long as possible and unnecessary institutionalisation is avoided.   Specifically:

> ***Initial recommendation 4a – For prevention of health deterioration, provision of suitable services to elderly persons with mild impairments should be explored and the service provision of Integrated Home Care Services (Ordinary Cases) (IHCS(OC)) to users should be systematised.***

> ➤ There may be a need to explore improvement in providing services to elderly persons with frailty not reaching the moderate to severe level (i.e. the threshold for LTC services).

> ➤ A simplified version of the standardised need assessment tool should be developed to identify the mildly frail elderly to be given higher priority in receiving services under IHCS(OC).

(iii) Forward planning in provision of elderly services

Initial recommendation 14 – Planning ratios and schedules of accommodation for elderly services should be reviewed to respond to changing needs.

> ***Initial recommendation 14a – Planning ratios for elderly services should be reinstated into the HKPSG.***

> ➤ The relevant planning ratios for DECCs and NECs, RCS and CCS should be reinstated into the HKPSG and such planning ratios should be reviewed from time to time (say, every 5 years) to reflect changing demographic structure of our elderly population.

> ➤ Based on the service demand projections, a set of indicative planning ratios is suggested.   It should, however, be noted that these figures may need to be adjusted in view of the uncertainties involved in the projected service demand and supply.   Furthermore, it is noted that the inclusion of planning ratios in the HKPSG typically requires a separate planning study and the approval of the Committee on Planning and Land Development and its subcommittee.   During this process, factors such as technical feasibility, views of other stakeholders, etc. will have to be considered:

RCS
– Continuum-of-care places: 21.4 beds per 1 000 elderly persons aged 65 or above. This translates into a target total supply of around 46 200 beds in 2026. These beds can be provided through different methods, such as contract/subvented residential care homes for the elderly (RCHEs), bought place schemes and voucher schemes. The planning ratio should be applied both territory-wide and in individual districts.

CCS
– CCS places: 14.8 places per 1 000 elderly persons aged 65 or above. This translates into a target total supply of around 32 100 places in 2026. These places can be provided through different methods, such as subsidised DEs, home care services and voucher schemes. The planning ratio should be applied both territory-wide and in individual districts.

DECC and NEC
– Where appropriate, there should be one NEC in each new and redeveloped public rental housing estate and in private housing areas of new town with a population of 15 000 to 20 000 persons.
– There should be one DECC in each new town with a population of 170 000 in a new town.

Initial recommendation 14b – the schedules of accommodation of welfare premises for elderly services should be reviewed and improved from time to time to allow operators to have enough facilities and space to provide services and to meet the growing demand.

Initial recommendation 14c – more detailed service statistics in both the subsidised and non-subsidised sectors should be collected so that the situation of both sectors could be taken into account in future planning reviews and updates.

Initial recommendation 15 – There should be forward planning in the identification of sites for the provision of premises for accommodating the increasing number of elderly service facilities.

Initial recommendation 15a – Efforts for identification of sites for provision of elderly services should be stepped up.

➢ The Government should consider adopting an "estate-based" approach in service provision and site identification, and more proactive actions should be taken by the Social Welfare Department (SWD) in identifying potential welfare premise sites to cater for the increasing demand for

elderly service sites. In particular, SWD should enhance its collaboration with relevant departments to regularly review if there are suitable sites that can be used to meet outstanding needs for welfare premises.

Initial recommendation 15b – SWD's district offices should play a more active role in district-level planning.

➢ There is a need to review the existing district planning mechanism to enable SWD's district offices to play a more important part in locating premises for required new and re-provisioned service units and additional bases for under-provided service units.

(iv) Strengthen infrastructure in manpower and training

Initial recommendation 13 – A more sustainable workforce should be built up to meet the increasing demand and higher expectations for elderly services.

Initial recommendation 13a – Measures to improve recruitment, retention, working condition, and career development of staff in elderly service should be explored.

➢ Having regard to the challenges in recruitment and retention of LTC workers, a multi-pronged approach should be adopted to address the problem.

➢ Improvement to the attractiveness of care staff positions by improving their employment conditions, as well as enhancing their work conditions (e.g. increasing job satisfaction by expanding task varieties, re-packaging the image and design of residential homes to make them more home-like, etc.) should be explored.

➢ Expanding the career path of for workers in the elderly service sector. The Qualifications Framework and Specifications of Competency Standards should be recognised by the elderly service sector to facilitate the building up of career ladder of care industry workers at various levels.

➢ Job enrichment should be introduced to care workers at various levels, so as to enhance their job satisfaction and to advance their skill set. For example, explore the possibility of reshuffling job duties to enable more diversified duties and sharing of obnoxious tasks for frontline workers. Good practices in the sector should be promoted.

➢ Modernisation and better use of electro-mechanical equipment to promote occupational safety and health and thereby reduce wear and tear

and risk of injuries among care staff should be explored.   In considering the use of technology, due regard should be given to factors such as the need for reengineering of work process, funding, etc.   It is hoped that through the better use of technology and equipment, the efficiency of service delivery can be improved.

➢ Promotional work on the positive image of the industry should be enhanced, e.g. available public resources should be fully utilised to promote a positive image of the industry, strengthen training, and to attract new entrants to join the industry.   Consideration may also be given to setting up an elderly service industry academy or designating an organisation to spearhead the promotion of a positive image of the care industry and facilitate the training of care staff and FDHs.

➢ Another possible direction that should be explored is more flexible importation of labour for care worker staff at least as a transitional/interim measure to increase the overall manpower supply.

Initial recommendation 13b – The structure of professional staff should be fine-tuned to enable more flexible staff deployment and maximisation of staff input.

➢ The possibility of setting up district-based teams of professionals (in particular occupational therapists and physiotherapists) to serve multiple service units within the district should be explored.

Initial recommendation 13c – Recruitment and training of informal care providers should be strengthened.

➢ Other sources of informal care providers, e.g. neighbours, volunteers, etc. should be explored to serve as "elder sitters" for providing non-personal care services e.g. escort, cleaning etc. to elderly persons in the community, provided that insurance, protection, training, monitoring, support etc. are in place.

➢ In view of the potential role of FDHs as the key carer of the elderly persons, measures should be taken to enable them to receive the relevant training.   The feasibility of providing subsidies to families with limited financial capability for providing care support to their frail elderly persons at home may also be explored.

Initial recommendation 13d –There should be ongoing monitoring and evaluation of the manpower measures.

➢ Effectiveness of the above measures should be monitored and data should be collected to facilitate future manpower planning.

(v) Improvement in identification and meeting the care needs of elderly persons

Initial recommendation 6 – Improvements should be made to SCNAMES and the assessment tool.

➢ Specifically, improvements should be made to better demarcate the needs for CCS and RCS, as well as care needs arising from cognitive impairments when updating the assessment tools.

➢ After updating the assessment tool, SWD should review the service matching mechanism of the LTC to ensure priority be given to those most in need.

Initial recommendation 10 – Services for elderly persons with dementia should be strengthened. The issue of dementia should be considered as an integral part in the whole spectrum of elderly services and a multidisciplinary approach should be adopted.

➢ Closer collaboration should be encouraged between the healthcare system and the welfare sector in the provision of services for dementia. SWD should make reference to the findings and recommendations of the Expert Group on Dementia under the Review Committee on Mental Health in devising the future development of services for elderly persons with dementia. Due consideration should be given to aspects such as public education, carer training, staff training, etc.

➢ Some directions that could be considered include:
  i.   enhancing workers' knowledge and skills in early detection of dementia (including mild cognitive impairment cases) at elderly centres at community and neighbourhood level (DECCs/NECs) and in making timely referral to appropriate services;
  ii. strengthening training in early detection, management and care of dementia in both CCS and RCS; and
  iii. strengthening education and training for elderly persons and family carers in early detection of dementia.

Initial recommendation 20 – The interface between existing ethnic minority services and mainstream elderly services should be strengthened to enable provision of suitable support (e.g. language, cultural sensitivity training) for service users from different ethnic backgrounds.

➢ The Government may consider providing training and replacement grants to elderly service care workers to serve ethnic minorities, hearing and speech impairment.

(vi) Improvement in quality of service

Initial recommendation 4c – Further efforts are required to create a comprehensive quality assurance system so as to guide future efforts of the government, and service providers toward effective quality monitoring and continuous service improvement.

➢ SWD should keep in view the results of the Project on Enhancement of the Infrastructure of Long-term Care in Hong Kong (LTC Infrastructure Review) and take into consideration the relevant recommendations on quality assurance of CCS.

Initial recommendation 5 – Measures to ensure the quality of RCS should be strengthened.

➢ Specifically, existing service quality assurance measures should be continued and strengthened where possible. For example, the current model of service quality groups should be expanded to cover the whole territory, and the names of RCHEs participating should be made available to the public.

➢ Suitable measures should be implemented to alleviate the manpower shortage issue and to assist operators in meeting higher service standard, including incentives for RCHEs to join independent service quality accreditation scheme and for private RCHEs to enhance their service quality.

➢ SWD should keep in view the LTC Infrastructure Review and the expected deliverable should be well considered in the development of a comprehensive quality assurance system.

>***Initial recommendation 5a – The Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) should be reviewed in due course.***

Initial recommendation 19 – Efforts should be made and resources deployed to further enhance the utilisation of information and ICT by both elderly service users and service providers in promoting quality of life and service quality, effectiveness and efficiency.

>***Initial Recommendation 19c – Use of ICT should be expanded to enhance the quality of care delivery[2].***

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2 This recommendation is considered relevant to both strategic directions 1 and 2 and hence is listed under both strategic directions.

- Promotion of the participation in electronic health record sharing by the social welfare sector should be encouraged, e.g. in RCHEs, DECC/NEC depending on their future role in health promotion.

- General policy support should continue to be provided to the development of pilot projects in promoting the use of assistive technology, ICT, and telehealth for both elderly users and service providers to enhance the quality of life of elderly and better health management, and to address the problem of manpower shortage.

- Consideration may be given to developing a knowledge hub to provide most up-to-date developments in elderly services to the front-line workers. Whether such knowledge hub can be extended to users and whether users can subscribe to the information provided through push technology can further be explored.

(vii) A more coherent continuum of care

Initial recommendation 8 – Respite and emergency placement services should be enhanced.

> ***Initial recommendation 8a – Designated respite places and casual vacancies of RCHEs providing subsidised places should be fully utilised to strengthen the support to carers. Improvement should be made to facilitate timely access to service[3].***

- Respite services should continue to focus on providing short-term relief to carers, and ways to facilitate and encourage the use of such services should be explored. Specifically, SWD should consider developing a district-based pre-registration system for potential service users of respite service to streamline the admission procedure. For example, as a start, for elderly persons who are on the Central Waiting List (CWL) or currently using CCS. It is noted that Phase 2 of the Pilot Scheme on CCSV will be expanded to cover residential respite services. The experience gained in the pilot scheme would also be a useful reference for the further development of respite service.

> ***Initial recommendation 8b – Transitional care support to elderly persons discharged from hospitals should be enhanced to assist them to stay in the community and prevent premature institutionalisation.***

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[3] This recommendation is considered relevant to both strategic directions 1 and 2 and hence is listed under both strategic directions.

➢ Transitional care services should aim at providing the necessary rehabilitation and suitable care services (CCS and/or temporary RCS) to discharged elderly patients.

➢ The accessibility of medical social service in hospitals should be promoted and taken into account in developing the transitional care support service to ensure that that the to-be-discharged patients will be able to access the necessary information.

Initial recommendation 8c – Emergency placement services should continue to target elderly persons with urgent care needs and under unforeseen or crisis situation, such as those with immediate care needs due to social reasons.

➢ With transitional care needs met by an enhanced discharge service programme, emergency placement services should focus on other cases with urgent care needs.

Initial recommendation 8d – Further study on the demand for respite, transitional care and emergency placement services should be considered. Moreover, the possibility of better using non-subsidised places to provide such services should be explored.

➢ As there is currently no comprehensive statistics on the demand for respite, transitional care and emergency placement services, consideration should be given to studying their potential demand as a first step. For respite and emergency placement services, both would take up subsidised places. In view of the long-waiting list for subsidised RCS, the use of non-subsidised RCS places for provision of subsidised respite and/or emergency placement services should be explored subject to the findings of the study on service demand. Possible sources of such non-subsidised places would be existing non-subsidised places in Enhanced Bought Place Scheme, contract homes, self-financing homes and subvented homes. Since respite and emergency placement services are by nature provided on a temporary basis, necessary follow-up arrangements (e.g. escorting to day hospital) and support may need to be given to the elderly and family members, possibly with some form of case management service. Since there could be many interfacing issues that need to be resolved, consideration could be given to implementing a pilot project as a first step.

Initial recommendation 8e – Day respite that integrates formal and informal system of care at neighbourhood level should be strengthened.

➢ Collaboration between agencies providing home care and informal care network should be strengthened in developing day respite at neighbourhood level. Support should be provided to mobilise neighbours to assist in providing temporary attendance or household chores to elderly persons in need while family carers can be relieved temporarily (e.g. exploring the development of the "elder-sitting service" by informal support network).

Initial recommendation 9 – Services to support family carers should be enhanced.

➢ Services to support carers in assisting the elderly persons to remain in the community should be strengthened, with greater flexibility, variety and choices to meet specific needs. For instance, further expansion of services to cover odd hours and holidays should be explored.

➢ The adequacy of home-based training to family carers should be examined and ways should be explored to strengthen these services where necessary. Measure should also be explored to provide specific carer training to FDHs to enhance their capability in taking up their caregiver role.

Initial recommendation 11 – Quality end of life care should be strengthened as an integral part of elderly services.

➢ In due course, SWD should make reference to the results of the Food and Health Bureau (FHB)'s study as appropriate and work with both the healthcare and welfare sectors to ensure that suitable support is available to elderly persons receiving elderly services. The FHB's study is expected to cover important issues pertinent to the development of end of life care services, such as training and protocol, work flow, legislation and statutory requirements, additional manpower, additional facilities and space requirements etc. Reference should also be made to other initiatives by NGOs, in particular, in welfare-healthcare collaboration and development of EOL care models in different service settings.

Strategic Direction 2 - Enable informed choices and timely access to quality services

Initial recommendation 7 – Efforts should be made to explore developing a case management model[4].

➢ Based on the experience of the various pilot projects (e.g. Pilot Scheme on Community Care Service Voucher for the Elderly (Pilot Scheme on CCSV), Pilot Scheme on Living Allowance for Carers of elderly Persons from Low Income Families (Carer Allowance), and Pilot Scheme on Residential Care Service Voucher for the Elderly (Pilot Scheme on RCSV)) that have elements of case management, a coherent model of case management service should be developed at the conclusion of these pilot projects. In developing a case management model, components that may consider include: specifications on the roles and functions of case management (e.g. assessing, planning, facilitating and advocating in making choice for service), and ensuring a collaborative process and effective communication between the case management office/team/individual, service users (and his/her family caregivers), and service workers.

> *Initial recommendation 8a – Designated respite places and casual vacancies of RCHEs providing subsidised places should be fully utilised to strengthen the support to carers. Improvement should be made to facilitate timely access to service[5].*

➢ Respite services should continue to focus on providing short-term relief to carers, and ways to facilitate and encourage the use of such services should be explored. Specifically, SWD should consider developing a district-based pre-registration system for potential service users of respite service to streamline the admission procedure. For example, as a start, for elderly persons who are on CWL or currently using CCS. It is noted that Phase 2 of the Pilot Scheme on CCSV will be expanded to cover residential respite services. The experience gained in the pilot scheme would also be a useful reference for the further development of respite service.

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[4] This recommendation is considered relevant to both strategic directions 2 and 3 and hence is listed under both strategic directions.

[5] This recommendation is considered relevant to both strategic directions 1 and 2 and hence is listed under both strategic directions.

Initial recommendation 12 – The role of the private sector should be recognised and public private partnership should be encouraged.

➢ The Government should encourage initiatives in public private partnership, such as make accessible examples of good practices, utilising the potentials of private operators in filling up the service gap. Findings from the review on the Pilot Schemes on CCSV and RCSV should be duly considered and the future development of the voucher system should be explored.

Initial Recommendation 19a – An integrated service provider interface with the Long Term Care Services Delivery System (LDS) built on the LDS data base with enhanced SCNAMES functions is to be explored.

➢ The idea to launch a central client information system for elderly service is not to be pursued for the time being. However, subsequent to the review of the SCNAMES system by the end of 2016, with the availability of "Minimum Data Set - Home Care" information for care planning purposes, a more integrated service provider interface with the LDS system built on the LDS data base with enhanced SCNAMES functions can be further explored.

➢ Enhancement of the future LDS should be explored to make better use of the information available and provide more information to users and service providers where appropriate.

Initial Recommendation 19c – Use of ICT should be expanded to enhance the quality of care delivery[6].

➢ Promotion of the participation in electronic health record sharing by the social welfare sector should be encouraged, e.g. in RCHEs, DECC/NEC depending on their future role in health promotion.

➢ General policy support should continue to be provided to the development of pilot projects in promoting the use of assistive technology, ICT, and telehealth for both elderly users and service providers to enhance the quality of life of elderly and better health management, and to address the problem of manpower shortage.

➢ Consideration may be given to developing a knowledge hub to provide most up-to-date developments in elderly services to the front-line workers. Whether such knowledge hub can be extended to users and

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[6] This recommendation is considered relevant to both strategic directions 1 and 2 and hence is listed under both strategic directions.

whether users can subscribe to the information provided through push technology can further be explored.

Strategic Direction 3 - Further streamline and promote integrated service delivery

Initial recommendation 4b – The catchment areas of Integrated Home Care Services (Frail Cases) and EHCCS should be reviewed to increase efficiency while maintaining a degree of choices for uses.

Initial recommendation 7 – Efforts should be made to explore developing a case management model[7].

➢ Based on the experience of the various pilot projects (e.g. Pilot Scheme on CCSV, Carer Allowance, Pilot Scheme on RCSV) that have elements of case management, a coherent model of case management service should be developed at the conclusion of these pilot projects. In developing a case management model, components that may consider include: specifications on the roles and functions of case management (e.g. assessing, planning, facilitating and advocating in making choice for service), and ensuring a collaborative process and effective communication between the case management office/team/individual, service users (and his/her family caregivers), and service workers.

Initial recommendation 17 –More effective partnership should be forged among pivotal players in the interface between welfare, healthcare and housing.

➢ EC should continue to serve as a platform facilitating coordination among bureaux, departments and authorities at policy-level with regular review on progress.

➢ For the interface between healthcare and welfare services, apart from enhancing the support to discharged elderly patients and continuing the efforts in expanding the coverage of outreaching services, coordination between hospitals and community service operators could be strengthened, in particular in the community and cluster levels.
➢ For the interface between the housing and welfare sectors, consideration should be given on improving the age-friendliness of the community. Possible directions include encouraging private developments to provide

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[7] This recommendation is considered relevant to both strategic directions 2 and 3 and hence is listed under both strategic directions.

more elderly service facilities and incorporation of more barrier free design elements.

Strategic Direction 4 - Ensure financial sustainability and accountability of elderly services

Initial Recommendation 16 – A more forward looking approach should be adopted in public expenditure on elderly services in responding to the changing socio-economic profile of the older population and in promoting a more equitable sharing of financing LTC in the current population and across generations, including:

i. **Co-payment for services commensurate with affordability:** In view of the changing socio-economic profile of the older population in coming decades, when more and more of our elderly population can afford to pay part or all of their LTC costs and have higher aspiration for better quality services, there can be different levels of fees (co-payment) and government subsidy for different user groups. The Government may need to review the fee schedules of various types of service, in particular the LTC services. The evaluation of the Pilot Scheme on CCSV and the findings of the feasibility study on the Pilot Scheme on RCSV should provide more evidence for the planning of service directions in the future.

ii. **Strengthen measures in enabling NGOs in operating self-financing services:** The Government may need to explore further measures in enabling NGOs in operating self-financing services to cater for the needs and demands of those elderly persons who can afford higher fees, so that the limited places of subvented services could be allocated to those with more genuine need. The Special Scheme on Privately Owned Sites for Welfare Uses which helps NGOs make better use of their land is a good example in this direction. As for the involvement of the private sector, recommendations have been proposed in the section on "public-private partnership".

iii. **Consider exploring alternative LTC financing options:** While the introduction of co-payment for services should be continued or further enhanced in the short run, the Government, in the longer term, may consider re-opening the explorations into various possible ways of financing elderly service, including contributory savings such as LTC insurance for long term planning and preparation. These may provide additional or even alternative modes of financing for different groups of users with varying levels of LTC needs, aspirations, and affordability.

Other recommendations

Initial recommendation 2 – Service coverage should be based on age-related needs of the users and take into account the purposes of and resource implications on different types of services.

➢ Specifically, different age requirements should be respectively set for active ageing programmes/community support services and LTC services directly provided to elderly persons. There should also be flexibility in age criteria to take into account the individual circumstances of the elderly.

➢ It is proposed that for active ageing programmes, community support services (i.e. DECCs and NECs), and other initiatives promoting healthy lifestyle, the age requirement for elderly persons should be 60 but with flexibility to include those aged 55-59. For LTC services (i.e. CCS including Day Care Centres/Units (DE/DCUs), IHCS, EHCCS and RCS) provided directly to elderly persons, the age requirement should be 65 and above, with flexibility allowed for those aged between 60 and 64, subject to a confirmed care need.

Initial recommendation 18 – The ESPP should encompass goals and objectives that should be kept track of on a regular basis, with adequate stakeholders' participation in the planning, implementation and evaluation at the district level and territory-wide levels.

➢ The Government should consider the ESPP as a living document and the goals and objectives contained therein should be kept track of regularly and updated suitably.

➢ The SWD's district planning mechanism should be enhanced to facilitate the engagement of stakeholders in the community and the district service coordinating committees, so as to review and monitor the progress of the various aspects of the ESPP in their respective districts.