

立法會 *Legislative Council*

LC Paper No. CB(2)452/17-18(07)

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Panel on Welfare Services

Updated background brief prepared by the Legislative Council Secretariat for the meeting on 11 December 2017

Support for persons suffering from dementia and their carers

Purpose

This paper provides a brief account of the past discussions at the Council and its relevant committees on the support for persons suffering from dementia and their carers.

Background

2. According to the Administration, dementia is a syndrome, usually of a chronic or progressive nature, caused by a variety of brain illnesses that affect memory, thinking, behavior and ability to perform everyday activities. As dementia affects the physical, psychological and cognitive domains of a person, it is a multi-faceted problem requiring multiple domains of services including medical intervention as well as formal and informal social care. To this end, the Administration is committed to providing holistic medical and social care services for patients with dementia and their carers. Through a multi-disciplinary and cross-sectoral team approach, the Food and Health Bureau ("FHB"), the Labour and Welfare Bureau, the Department of Health ("DH"), the Hospital Authority ("HA"), the Social Welfare Department ("SWD") and other relevant parties are working closely on the provision of various service programmes for persons with dementia.

3. According to HA, it is estimated that five to eight out of every 100 persons aged over 65 have dementia in Hong Kong. Moreover, there are 20% to 30% people aged over 80 have dementia of different extents. In 2017, HA is taking care of around 28 000 persons with different degrees of dementia. Around 12 000 of these persons are being followed up by HA's psychiatric

departments while the others are being followed up by other departments of HA.

Deliberations by Members

Support for persons suffering from dementia

4. Some Members were concerned that of some 63 000 estimated patients with dementia in Hong Kong in 2011, only around 10 700 of them were receiving treatment provided by HA. Query was raised as to the provision of services for the remaining demented elderly persons living in the community. According to the Administration, support services were provided for frail elderly persons, including those with dementia, living in the community and their families through 74 day care centres/units for the elderly ("DEs/DCUs"), 34 enhanced home and community care services teams, 60 integrated home care services teams, 210 elderly centres and the Pilot Scheme on Community Care Service Voucher for the Elderly ("the Pilot Scheme on CCSV"). These services included training and counselling services, assistance in forming carers' mutual help groups, setting up resources centres, as well as demonstration and loan of rehabilitation equipment.

5. Noting that demented persons aged below 60 were not eligible for subsidized community care services ("CCS"), some Members suggested that in view of an increasing younger population suffering from dementia, the Administration should critically examine the support service for younger demented persons. The Administration advised that people who had early onset of dementia might apply for Integrated Home Care Services. Besides, medical social services were available in public hospitals and some specialist out-patient clinics to provide psycho-social intervention for patients, including demented persons, regardless of age. In addition, there were self-financing services for people with dementia provided by non-governmental organizations.

6. Some Members called on the Administration to set up dedicated service units for demented elderly persons. The Administration advised that according to the findings of the pilot study on setting up dementia units in residential care homes for the elderly ("RCHes") and DEs conducted in 2000, it was more desirable for demented elderly persons to be served under an integrated approach which provided a continuum of care. The Administration could make use of the existing DEs/DCUs and RCHes to provide an integrated and continuum of services for demented elderly. Moreover, it would not be feasible to identify suitable sites for setting up new dedicated service units for demented elderly persons in close proximity to the service users in every district. In recognition of the mobility needs of

demented elderly persons, SWD had enhanced the spatial standards for DEs by some 20% (i.e. increasing the Net Operational Floor Area for a 40-place DE from 218m² to 267m²). The new Schedule of Accommodation had been adopted since October 2010 in the planning of new and reprovisioned centres, which would enable the provision of additional facilities which demented elderly persons could benefit, e.g. multi-sensory rooms. A review of the spatial standards for RCHEs was being conducted. Some Members, however, took the view that lack of suitable premises for setting up dedicated service units for demented elderly persons was an excuse of the Administration to delay the provision of dedicated service for demented elderly persons.

7. Some Members expressed concern about the support provided for demented elderly persons in subvented RCHEs, private homes participating in the Enhanced Bought Place Scheme ("EBPS"), and DEs/DCUs ("the Service Units"). According to the Administration, elderly patients residing at RCHEs, including those suffering from dementia, were supported by HA's outreach service through its community geriatric assessment teams and psychogeriatric outreach teams. In addition, since 2011-2012, SWD had provided the Dementia Supplement ("DS") for the Service Units to provide more appropriate services for elderly users with dementia. The Service Units might deploy DS to employ additional professional staff, including occupational therapists, nurses and social workers, or purchase relevant professional services to enhance training programmes and services for demented elderly persons as well as support services for their carers as necessary. In the 2017-2018 financial year, the Administration would increase the funding for DS with an aim to enhance the support for frail and demented elderly persons.

8. Some Members called on the Administration to spearhead the collaboration between the medical and welfare sectors in providing support services for demented elderly persons. The Administration advised that a two-year pilot scheme on dementia community support services for the elderly, namely Dementia Community Support Scheme, which was steered by FHB in collaboration with HA and SWD, was launched in February 2017. It was estimated that about 2 000 elderly persons in the community would benefit from the pilot scheme. Under the pilot scheme, 20 subvented District Elderly Community Centres ("DECCs") would base on the care plans jointly formulated with HA and SWD to provide suitable care, training and support services for elderly persons with dementia at community level. Carers would also be provided with knowledge of care, stress management training and counselling services to help reduce their stress and burden in taking care of elderly persons with dementia. The pilot scheme would provide training for the DECCs' existing staff so that members of DECCs with mild or moderate dementia could receive appropriate support at different stages.

Making reference to the evaluation on the pilot scheme, the Administration would consider the feasibility of expanding the coverage of the services to benefit more elderly persons with dementia and their carers.

9. While noting that SWD, DH and HA had been providing support services for demented elderly persons, some Members considered that the provision of such services was inadequate to meet the demand in the light of the ageing population. More resources should be allocated to strengthen the services at DEs/DCUs and to provide relevant training programmes for staff of elderly service units and family carers. The Administration advised that to address the demand for subsidized day care services, it had been taking various measures, which included setting up day care centres in new development areas, inviting the Community Care Fund ("CCF") to consider launching the Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment in order to provide 4 000 home care and support places, and providing an additional 2 000 vouchers for the Second Phase of the Pilot Scheme on CCSV in August 2017 to make a total of 5 000 vouchers for the Second Phase. It was expected that the implementation of the Second Phase of the Pilot Scheme on CCSV would reduce the waiting time for day care services.

10. Some Members suggested that the Administration should formulate a long-term policy and planning for the provision of support services for demented elderly persons instead of adopting a piecemeal and fragmented approach in this regard. The Administration was also urged to identify the target group of service users by making an accurate projection on the number of demented elderly persons, and then formulate specific policy and set targets for service provision in the next five years.

11. The Administration advised that following the recommendations of the Elderly Commission in its consultancy study on CCS, the Administration would strengthen CCS such that it would have a more balanced development compared with that of residential care services. The Elderly Services Programme Plan, which was released in June 2017, also covered issues concerning provision of CCS for demented elderly. Besides, the Administration would consider the recommendation of the Expert Group on Dementia under the Review Committee on Mental Health that researches and studies should be conducted to keep track of the number of persons with mental health needs on a regular basis. In addition, HA would examine how to retrieve a more realistic number of patients with dementia who were receiving HA's services, e.g. by making reference to the number of patients prescribed with anti-dementia drugs under HA.

Support for carers of demented elderly persons

12. Some Members had time and again urged the Administration to strengthen the support (for example in the form of cash allowance) for carers to relieve their financial burden and stress in taking care of the demented elderly persons at home.

13. According to the Administration, the needs of carers could be better addressed through the provision of training and a wide range of home-based/centre-based support services. In addition to the support services provided for carers of demented elderly persons mentioned in paragraphs 5 and 8 above, the Administration launched the District-based Scheme on Carer Training in October 2007 to teach participants basic knowledge of elderly care which included the skills in caring for demented elderly persons. The aforesaid Scheme had been regularized since 2014-2015 to further enhance the training for carers. Besides, a full-year funding of some \$22 million had been provided since 2014-2015 for 41 DECCs to hire more social workers for enhancing support services for elderly persons with dementia and their carers. Moreover, a two-year Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families ("the Pilot Scheme on Carer Allowance") was rolled out in June 2014 with funding from CCF. Under the Pilot Scheme, 2 000 carers of elderly persons from low income families were provided with living allowance to help supplement their living expenses so that the elderly persons in need of long term care services could, with the help of their carers, receive proper care and continue to age in the community they were familiar with. In October 2016, the Administration rolled out Phase II of the aforesaid Scheme with a two-year pilot period to benefit an additional 2 000 eligible carers, making a total of 4 000 beneficiaries in the two phases of the Pilot Scheme.

14. The Administration further advised that all subvented RCHEs, contract RCHEs, EBPS homes and DEs/DCUs provided residential respite or day respite services, so that carers could take a break or attend to other businesses, thereby relieving their stress. Since 1 March 2012, EBPS homes had made better use of the casual vacancies of the bought places to provide more respite places for elderly persons in the community. Moreover, SWD was providing additional designated residential respite places in new contract RCHEs commencing service from 2015-2016. The Administration would discuss the problem of inadequate supply of respite services with the service providers concerned including those of the 173 new day care places expected to commence service in 2017-2018. Some Members, however, were disappointed that the provision of respite places was far from adequate. These Members called on the Administration to increase residential respite places and temporary day care places for demented elderly persons.

15. In response to Members' suggestion on reviewing the Pilot Scheme on Carer Allowance, the Administration advised that SWD had commissioned the Sau Po Centre on Ageing, the University of Hong Kong to conduct an evaluation on Phase II of the Pilot Scheme on Carer Allowance, together with the Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities which was also launched in October 2016, with a view to helping the Administration map out the way forward for both schemes. Matters such as the eligibility criteria, the amounts of allowance, and whether the schemes should be regularized would all be included in the evaluation. The evaluation study was expected to be completed in the third quarter of 2018.

Assessment tools on the impairment level

16. Some Members were concerned whether the use of the assessment tool of the Standardised Care Need Assessment Mechanism for Elderly Services ("SCNAMES") could accurately assess the level of impairment of demented elderly persons, having regard to the fact that SCNAMES tested the physical functioning of the elderly, but not their mental conditions. The Administration advised that under SCNAMES, the applicants' impairment level was assessed according to their abilities in activities of daily living, physical functioning, communication, memory, behaviour and emotion as well as their health conditions. This set of tools was considered effective in assessing the actual conditions and care needs of people suffering from dementia. That said, SWD had commissioned the Sau Po Centre on Ageing of The University of Hong Kong to conduct a study on SCNAMES. It was expected that the study findings would help enhance SCNAMES and ascertain the long-term care needs of elderly persons as well as the provision of appropriate services.

Motions passed at committee meeting

17. At its meeting on 28 March 2017, the Joint Subcommittee on Long-term Care Policy passed three motions urging the Administration to set up a dedicated department to formulate and handle policies on persons with dementia and their carers; allocate additional recurrent funding to increase the manpower of and training for occupational therapists, nurses, social workers and clinical psychologists, and enhance subsidized CCS and home-based services for diagnosis, support and treatment for persons with dementia; as well as strengthen support for carers of persons with dementia by providing additional manpower and resources for CCS, increasing non-means-tested allowance for carers, providing psychological support and training for carers and providing additional respite services for persons with dementia. The wording of the motions and the Administration's response are in **Appendix I**.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
4 December 2017

政府總部
勞工及福利局

香港添馬添美道2號
政府總部



LC Paper No. CB(2)1748/16-17(01)
LABOUR AND WELFARE BUREAU
GOVERNMENT SECRETARIAT

Central Government Offices
2 Tim Mei Avenue, Tamar
Hong Kong

本函檔號 Our Ref. : LWB T3/ 18/50
來函檔號 Your Ref. : CB2/PS/1/16

電話號碼 Tel No. : (852) 2810 3298
傳真號碼 Fax No. : (852) 2804 6509

27 June 2017

Mr Colin Chui
Clerk to Joint Subcommittee on Long-term Care Policy
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Mr Chui,

Panel on Welfare Services and Panel on Health Services
Joint Subcommittee on Long-term Care Policy
Follow-up to the meeting on 28 March 2017

Thank you for your letter dated 31 March 2017 to the Secretary for Labour and Welfare. The Joint Subcommittee on Long-term Care Policy (the Subcommittee) has requested the Labour and Welfare Bureau, the Food and Health Bureau (FHB), the Social Welfare Department (SWD) and the Hospital Authority (HA) to provide a written response to the three carried motions under the agenda item “Support for persons suffering from dementia and their family members” as well as the questions raised and views expressed by deputations/individuals at the Subcommittee meeting on 28 March 2017. Our co-ordinated response is as follows.

Motions passed at the meeting

At the Subcommittee meeting on 28 March 2017, Members passed the following three motions under the agenda item “Support for persons suffering from dementia and their family members” and requested the Government to provide response.

Motion 1: There are currently 110 000 persons suffering from dementia in Hong Kong and the number of persons with dementia is estimated to increase to 330 000 by the year of 2039. However, so far the Government has not yet set up a dedicated department to formulate and handle the policies on persons suffering from dementia and their carers. In this connection, this Joint Subcommittee suggests that a dedicated department be set up to formulate and handle the policies on persons suffering from dementia and their carers;

Motion 2: In view of the prolonged waiting time of elderly persons for diagnosis and treatment for dementia at present, as well as the current shortage of manpower for diagnosing and treating persons with dementia and providing support for their carers, this Joint Subcommittee suggests that:

1. additional recurrent funding be allocated to increase the manpower of and training for occupational therapists, nurses, social workers and clinical psychologists;
2. additional resources be allocated to various kinds of subsidized community care services and to strengthen home-based services for diagnosis, support and treatment for persons suffering from dementia; and

Motion 3: In view of the gravely inadequate support from the Administration for the carers of persons suffering from dementia at present, this Joint Subcommittee suggests that:

support for the carers of persons suffering from dementia be enhanced, such as providing additional manpower and resources for various kinds of community care services, increasing non-means-tested allowance for carers, providing psychological support and training for carers, and providing additional respite services for persons with dementia.

The consolidated reply of the Government to the above three motions is set out below:

Motion 1:

In May 2013, FHB set up the Review Committee on Mental Health to review the mental health policy with a view to mapping out the future direction for the development of mental health services in Hong Kong. Given our ageing population and the enhanced public awareness of dementia, the demand for dementia services has correspondingly increased. In response, the Expert Group on Dementia was set up under the Review Committee on Mental Health to focus its review on dementia-related services.

The Review Committee on Mental Health has completed the review and the mental health review report was published by FHB in April 2017. The report reiterated that the mental health policy of the Government should strive to comprehensively cater for the needs of the general public (including persons with mental health needs such as those with dementia as well as their carers). The mental health policy covers the following main points:

- (i) The Government attaches great importance to the mental well-being of the public and recognises that mental health goes beyond medical care.

- (ii) The Government adopts an integrated and multi-disciplinary approach to provide comprehensive and cross-sectoral mental health services for the general public (in particular persons with mental health needs).
- (iii) The Government's policy direction is to encourage community support and ambulatory services, coupled with necessary and essential institutionalised services, so as to build a mental-health friendly society and facilitate re-integration of persons with mental health needs into the community.
- (iv) In view of the cross-sectoral nature of mental health services, it is necessary for the Government to put in place a high-level standing mechanism to ensure full integration and coherence of the mental health services provided to the public.

Based on the above policy, FHB will set up a standing advisory committee on mental health (with the participation of relevant bureaux/departments), to follow up on the recommendations of the mental health review report (including recommendations relating to dementia services) as well as to monitor the development of the mental health services (including dementia services) in Hong Kong in response to the changing needs of our society.

Motion 2:

Suggestion 1:

The Government has been closely monitoring the manpower demand of the welfare sector. In this connection, the Government has implemented the following measures to increase manpower supply and strengthen their professional skills.

The University Grants Committee (UGC) conducts academic planning and recurrent grants assessment with the eight UGC-funded universities on a triennial basis. During the planning process, the Education Bureau would consult relevant bureaux with a view to specifying the number of UGC-funded intake places that should be offered for a few professional disciplines where the public sector is the major employer of the graduates, such as teachers, nurses, doctors, physiotherapists and occupational therapists, etc. These specific manpower requirements would be given to UGC to facilitate its academic planning. With the support of UGC, the number of places of the Bachelor in Physiotherapy and Bachelor in Occupational Therapy programmes have been increased by 20 (i.e. from 110 to 130 places) and 10 (i.e. from 90 to 100 places) per cohort respectively during the 2016/17 to 2018/19 triennium. The triennial planning exercise of UGC for the 2019/20 to 2021/22 academic years will commence in the second half of 2017, and the Government will continue to specify the number of UGC-funded places for healthcare disciplines.

Moreover, to alleviate the shortage of allied health professionals in the welfare sector, the Hong Kong Polytechnic University has launched a two-year Master in Occupational Therapy programme and a two-year Master in Physiotherapy programme since January 2012 on a self-financing basis. To encourage graduates from these two programmes to join the welfare sector, SWD has implemented a Training Sponsorship Scheme to provide funding support for non-governmental organisations (NGOs) to sponsor the tuition fees of students recruited by these NGOs. The sponsored students must work for the NGOs concerned for at least two years after graduation. For the first cohort, 58 students graduated in January 2014 whereas 56 students for the second cohort graduated in January 2016. The Hong Kong Polytechnic University launched the third cohort of Master in Occupational Therapy programme and Master in Physiotherapy programme in January 2017, and SWD also continues to implement the Training Sponsorship Scheme. The 68 sponsored students are required to work for the NGOs concerned for at least three years after graduation.

On the other hand, since 2014-15, the Government has increased the annual recurrent funding for NGOs to recruit and retain allied health staff or to hire allied health services more effectively. This will facilitate NGOs' long-term planning to meet their service and development needs.

As regards student places of the nursing discipline, the Government has, starting from the 2015/16 academic year, implemented the Study Subsidy Scheme for Designated Professions/Sectors, and subsidised about 1 000 students per cohort to pursue designated full-time locally-accredited self-financing undergraduate programmes in selected disciplines to nurture talents to meet Hong Kong's social and economic needs. The scheme provided or will provide subsidy for 420, 480 and 512 student places of the nursing discipline respectively from the 2015/16 to 2017/18 academic years. The Chief Executive has announced in the 2017 Policy Address that the scheme will be regularised from the 2018/19 academic year, and that the number of subsidised places will be increased from about 1 000 per cohort to about 3 000. Current students of the designated programmes will also receive the subsidy from the 2018/19 academic year. About 13 000 students are expected to benefit from the scheme in each academic year. Details on the designated programmes and the distribution of subsidised places in the 2018/19 academic year will be announced by the Government later in 2017.

SWD has collaborated with the HA since 2006 to organise a two-year Enrolled Nurse (General) / Enrolled Nurse (Psychiatric) Training Programme. A total of 14 training classes have been organised so far, providing a total of about 1 800 training places. Among the graduates of the first 13 classes, over 90% have joined the welfare sector after graduation. SWD has, through open tender, commissioned the Open University of Hong Kong to organise a two-year full-time Enrolled Nurse Training Programme for the welfare sector, which will provide a total of 920 training places (including General and Psychiatric streams) for four consecutive years starting from 2017. The Training Programme is fully subsidised by the Government. The trainees are required to sign an undertaking to work in the welfare sector continuously for two years upon graduation.

In the long run, the Government has completed the first territory-wide strategic review on healthcare manpower planning and professional development in Hong Kong (the Strategic Review), which aimed to formulate recommendations on ways to meet the projected demand for healthcare manpower and foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulations, including nurses, physiotherapists and occupational therapists, etc. FHB has just released the report of the Strategic Review in June 2017, and will take forward its recommendations upon consultation with stakeholders.

Suggestion 2:

At present, the Government supports frail elderly persons (including those with dementia) living in the community and their families through 73 day care centres/units for the elderly (DEs/DCUs), 34 enhanced home and community care services teams, 60 integrated home care services teams and the Pilot Scheme on Community Care Service Voucher for the Elderly. About 500 additional day care places for the elderly and 1 666 additional home care places have been provided within the current Government term. There are currently around 210 subvented elderly centres in different districts of the territory providing support services including counselling, referral, assistance in handling long-term care (LTC) service applications, emotional support, health education, arrangement of social and recreational activities and meal services, etc. The estimated expenditure for subsidised community care and support services for the elderly in 2017-18 is about \$2.3 billion.

In addition, following the recommendation of the aforementioned mental health review report, FHB, in collaboration with SWD and HA, launched a two-year pilot scheme named “Dementia Community Support Scheme” in February 2017. The pilot scheme adopts the “medical-social collaboration” model to provide support services through 20 District Elderly Community Centres (DECCs) for elderly persons with mild or moderate dementia and their carers at the community level. Under the pilot scheme, care plans catering for the needs of individual participants would be formulated based on the core domains of dementia covering cognition, functioning, behavioural and psychological symptoms of dementia, physical co-morbidities, psychosocial aspect and carers’ burden. The DECCs would provide healthcare, training and support services for the participants according to their individual care plans, with a view to improving the cognitive functions, knowledge on home safety, ability of self-care, physical functioning and social skills of the elderly, etc. as well as reminding individual participants to follow medication instructions. A budget of about \$99 million was allocated by the Community Care Fund for the implementation of the pilot scheme. The budget includes funding for DECCs, HA clusters and SWD to recruit additional manpower (including advanced practice nurses, occupational therapists I / physiotherapists I, welfare workers / social workers, assistant social work officers, etc.), as well as the provision of training to the relevant staff. FHB will make reference to the practical operations and the evaluation of the pilot scheme to consider the way forward of

dementia community support services, including relevant manpower and training arrangements.

Regarding outreach services, HA provides services for elderly patients (including those suffering from dementia) residing at residential care homes for the elderly (RCHEs) through its community geriatric assessment teams and psychogeriatric outreach teams. Services provided include the formulation of treatment plans, monitoring of patients' recovery, follow-up consultations and prescription of medications if indicated, and, where required, provision of on-site training to care workers at the RCHEs to teach them the skills in taking care of residents with dementia. At present, outreach services of community geriatric assessment teams cover about 650 RCHEs while the psychogeriatric outreach services cover most subvented RCHEs and over 200 private RCHEs in the territory.

Motion 3:

Carers play a vital role in helping elderly persons (including those with dementia) age in place. The Government also attaches great importance to the support provided to carers. DECCs, Neighbourhood Elderly Centres (NECs), DEs/DCUs and home care service teams across the territory would all provide support services for carers of elderly persons. These services include the provision of information, training and counselling, assistance in forming carers' mutual support groups, establishment of resource centres, and demonstration and loan of rehabilitation equipment, etc. Starting from 2014-15, the Government has allocated an additional recurrent funding of about \$160 million annually for about 210 elderly centres (including DECCs and NECs) to strengthen the community support and service for elderly persons and their carers. An additional full-year recurrent funding of some \$22 million from the \$160 million amount has been provided for 41 DECCs to employ more social workers with a view to enhancing the support services for elderly persons with dementia and their carers.

Under the "Dementia Community Support Scheme", each participating DECC is provided with manpower subsidies for hiring additional staff, including at least 1.5 medical professionals (including advanced practice nurse and occupational therapist I / physiotherapist I) and 1 social welfare staff to provide services for elderly persons and their carers. Services including training and support services to the carers such as stress management, knowledge of taking care of elderly persons with dementia, counselling services and formation of carer support groups, etc. are provided with a view to alleviating carers' burden.

The Government also provides respite service for elderly persons, including those with dementia, to relieve their carers' stress, thus allowing the carers to take a short break when necessary. For residential respite service, since March 2012, all private RCHEs participating in the Enhanced Bought Place Scheme have joined forces in providing residential respite service by using casual vacancies of subsidised places. Moreover, SWD is providing additional designated residential respite places in new contract homes commencing service

from 2015-16. As regards day respite service, the 73 DEs/DCUs across the territory may make use of their casual vacancies to provide day respite service. SWD will continue to designate respite places in newly established contract homes and subvented DEs/DCUs.

Besides, SWD launched a two-year Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families (Pilot Scheme) in June 2014 to provide carers of elderly persons from low-income families with a living allowance to help supplement their living expenses so that elderly persons in need of LTC services (including those with dementia) can, with their carers' help, receive proper care and remain living in a familiar community. Phase II of the Pilot Scheme was rolled out in October 2016 and would be implemented for two years to September 2018. To allow more eligible carers to benefit, an additional 2 000 places are provided under Phase II to make a total of 4 000 beneficiaries for the two phases of the Pilot Scheme. SWD has commissioned the Sau Po Centre on Ageing of the University of Hong Kong to conduct an evaluation on Phase II of the Pilot Scheme together with the Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities that was also launched in October 2016, with a view to assisting the Government in working out the way forward for both schemes.

Questions raised and views expressed by deputations/individuals at the meeting

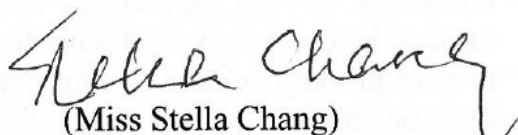
The Government strives to provide suitable support for elderly persons with LTC needs, including those with dementia. Under the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES), elderly persons who have been assessed to be of moderate or severe impairment will be eligible for subsidised LTC services. LTC services are generally available for elderly persons who are aged 60 or above¹, while persons with early onset of dementia may apply for Integrated Home Care Services (Ordinary Cases), the service users of which are not required to undergo the standardised assessment under SCNAMES to receive services such as provision of meals, personal care, simple nursing care (e.g. taking body temperature and blood pressure), home-making (e.g. cleaning) and escort service, etc. Moreover, medical social services are also available in public hospitals and some specialist outpatient clinics to provide psychosocial intervention service for patients of all ages, including persons with dementia.

The multi-disciplinary medical teams of HA, comprising of doctors, nurses, clinical psychologists, occupational therapists and medical social workers, etc., provide comprehensive services for persons of different age groups with mental health needs, including those with dementia. According to the conditions and the needs of the patients, inpatient, outpatient, day rehabilitation training and community support services would be provided for them by the medical staff as

¹ The general age requirement for admission to LTC services is 65. However, under the existing arrangement, persons aged between 60 and 64 may also receive the service if there is a proven need, subject to their passing of SCNAMES.

appropriate. From 2017-18, FHB will increase the recurrent provision by \$73 million for HA to strengthen manpower of the psychiatric department, with a view to further enhancing the mental health services and improving the waiting time.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Stella Chang', with a long, sweeping vertical stroke extending downwards from the end of the signature.

(Miss Stella Chang)
for Secretary for Labour and Welfare

cc. Secretary for Food and Health (Attn.: Ms Patricia Lee)
Director of Social Welfare (Attn.: Ms Patricia Woo)

Appendix II

Relevant papers on support for persons suffering from dementia and their carers

Committee	Date of meeting	Paper
Joint Subcommittee on Long-term Care Policy	28 November 2013 (Item II)	Agenda Minutes
Legislative Council	3 June 2015	Official Record of Proceedings (Pages 149-152)
Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes	22 March 2016 (Item I)	Agenda Minutes
Finance Committee	8 April 2016	Administration's replies to members' written questions in examining the Estimates of Expenditure 2016-2017 Pages 166-168, 370-371 and 2276-2277
Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes	25 April 2016 (Item I)	Agenda Minutes
Joint Subcommittee on Long-term Care Policy	28 March 2017 (Item I)	Agenda Minutes LC Paper No. CB(2)1748/16-17(01)
Joint Subcommittee on Long-term Care Policy	21 November 2017 (Item I)	Agenda