

For information

Legislative Council Panel on Welfare Services

**Updating of the
Standardised Care Need Assessment Mechanism for Elderly Services**

Purpose

This paper briefs Members on the progress of updating the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES). The SCNAMES is designed for assessing and identifying the various long term care (LTC) needs of the elderly, ensuring priority should be given to those most in need for the services.

Background

2. The Social Welfare Department (SWD) has been adopting the Minimum Data Set-Home Care version 2.0 (MDS-HC version 2.0) of the interRAI as the assessment tool for subsidised LTC services of the Government under SCNAMES since 2000.

3. With financial support from the Lotteries Fund, SWD commissioned the Sau Po Centre on Ageing (CoA) of The University of Hong Kong to implement the Project on Enhancement of the Infrastructure of Long-term Care in Hong Kong (the Project) in November 2013. The Project seeks to review and update the assessment tool under SCNAMES and implement a more effective LTC service matching system. SWD also set up a Project Steering Group (PSG) of the Project in 2014 to oversee and steer the implementation of the Project.

4. In the course of the Project, the CoA has engaged stakeholders through different channels. In 2015, 2016 and 2017, the CoA conducted seven sharing sessions to collect views from over 2 000 service providers and other stakeholders, and collected and analysed a vast amount of data to verify and ensure the updated assessment tool and service matching system can more accurately cater for and reflect the care needs of the elderly in Hong Kong.

5. In 2017, the Elderly Commission (EC) completed the Elderly Services Programme Plan (ESPP) which, amongst others, made a number of recommendations on the improvement of SCNAMES, including:

- Improvements should be made to better demarcate the different needs for community care services (CCS) and residential care services (RCS), and include the care needs arising from cognitive impairment of the elderly in the assessment of services.
- The updated assessment tool should assist SWD to give a more accurate account of the elderly being assessed vis-à-vis the various LTC services to be matched, thereby ensuring priority be given to those elderly most in need for receiving the services.

Updating of the Assessment Tool and Service Matching System

6. The CoA completed the updating of the assessment tool of SCNAMES from MDS-HC version 2.0 to version 9.3 in early 2019. The enhanced assessment tool is internationally recognised as an effective means for assessing LTC needs. In addition, the CoA has updated the service matching system to enable SWD to better demarcate the various LTC needs of the elderly, including CCS and RCS.

7. To optimise SCNAMES, SWD and the CoA had since February 2019 exchanged views with different stakeholders, including non-governmental organisations providing services, social worker organisations, accredited assessors, frontline social workers, the elderly, carer and concern groups, as well as the EC and the Hong Kong Council of Social Service, through various means such as participating in and organising 18 conferences and sharing sessions. More than 2,000 individuals attended these sessions.

8. Under the updated SCNAMES, if elderly persons are already assessed to match with RCS, they can also waitlist for and receive subsidised CCS when they are applying and waiting for subsidised RCS. Under such circumstances, the status in respect of their application for subsidised RCS can be changed to 'inactive'. If their health conditions suddenly deteriorate, or their families and community services can no longer provide them with adequate care, they can at any time request to reinstate their application status for subsidised RCS to 'active' without the need to queue for the services all over again. The priority of the RCS place they are originally waiting for will not be affected. Such an arrangement seeks to assist elderly persons who are willing to stay in the community to continue to do so according to their wish.

9. In addition, having carefully considered the views of the stakeholders, SWD and the CoA recommended further refinements to SCNAMES by including singleton elderly persons, elderly couples without other family members, carers' stress and home environmental risks as other factors to be included in assessing the need for LTC services. Furthermore, if elderly persons under the updated SCNAMES had been assessed to match with CCS, i.e. Day Care Centres for the Elderly, Enhanced Home and Community Care Services and Integrated Home Care Services (Frail Cases), and their health conditions subsequently deteriorate, they can at any time seek a re-assessment. If the concerned elderly persons are assessed subsequently to match with RCS, SWD will use their original application date for LTC services to waitlist for subsidised RCS, irrespective of whether they are then already waitlisting, receiving or have ceased receiving subsidised CCS. This arrangement can allow elderly persons to use CCS with peace of mind without an immediate urge to apply for RCS.

Implementation of the Updated SCNAMES

10. SWD will update their computer system and the procedure manual for registration and matching for LTC services, arrange bridging training on using the updated assessment tool for the incumbent accredited assessors, and train up new accredited assessors. SWD plans to implement the updated SCNAMES in the first quarter of 2021. To facilitate frontline social workers and assessors to have a better understanding about the updated service matching mechanism and application procedures, SWD will also arrange regional briefings for them before rolling out the new mechanism. For all elderly applicants already on the Central Waiting List before the implementation of the new mechanism, their service matching recommendations for relevant care services made under the existing SCNAMES will remain valid and unchanged.

Conclusion

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

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