

立法會
Legislative Council

LC Paper No. CB(2)598/20-21(04)

Ref : CB2/PL/WS

Panel on Welfare Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 11 January 2021**

**Measures to enhance community and
residential care services for the elderly**

Purpose

This paper gives a brief account of the past discussions of the Panel on Welfare Services and relevant subcommittees on the measures to enhance community care services ("CCS") and residential care services ("RCS") for the elderly, including three pilot schemes related to ageing in place or residential care.

Background

2. According to the Administration, its elderly care policy is to promote "ageing in place as the core, institutional care as back-up" with a view to encouraging active and healthy ageing in the community.

Community care services

3. The Social Welfare Department ("SWD") provides a variety of subsidized CCS, including centre-based and home-based CCS and carer support services to help elderly persons age in their own place. The types of CCS include the Integrated Home Care Services, Enhanced Home and Community Care Services and Day Care Centre/Unit for the Elderly.

Pilot Scheme on Community Care Service Voucher for the Elderly

4. Funded by the Lotteries Fund, SWD launched the Third Phase of the Pilot

Scheme on Community Care Service Voucher for the Elderly ("the CCSV Pilot Scheme")¹ in October 2020. The CCSV Pilot Scheme, which operates on a co-payment basis, allows needy elderly persons to receive CCS under the "money following the user" funding approach. Government subsidy is provided in the form of vouchers for eligible elderly persons to choose the service packages which best suit their needs. Eligible participants are the elderly persons who have been assessed by SWD's Standardized Care Need Assessment Mechanism for Elderly Services ("SCNAMES") to have impairment at moderate or severe level and are waitlisting for subsidized CCS and/or RCS on the Central Waiting List ("CWL") for Subsidized Long-term Care ("LTC") Services without any kind of RCS or subsidized CCS being received. The CCSV Pilot Scheme covers 18 districts of the territory with a maximum number of 8 000 vouchers.

Residential care services

5. The Administration has been striving to increase the supply of subsidized RCS places for frail elderly persons who need institutional care for health or family reasons. Residential Care Homes for the Elderly ("RCHEs") in Hong Kong are operated by non-governmental organizations, non-profit making organizations and private organizations. RCHEs are generally classified into four types, namely, subvented homes, contract homes, non-profit-making self-financing homes and private homes.

Pilot Scheme on Residential Care Service Voucher for the Elderly

6. SWD launched the Pilot Scheme on Residential Care Service Voucher for the Elderly ("the RCSV Pilot Scheme") in March 2017 with a total of 3 000 RCS vouchers to be issued within a period of three years by batches. Elderly persons who have been assessed as moderately impaired under SCNAMES and are on the waiting list for care-and-attention places under CWL for Subsidized LTC Services for the Elderly are eligible for the RCSV Pilot Scheme. Eligible elderly persons can use the vouchers to pay for RCS provided by recognized service providers ("RSPs").

Pilot Scheme on Support for Elderly Persons Discharged from Public Hospitals after Treatment

7. The Community Care Fund rolled out the three-year Pilot Scheme on Support for Elderly Persons Discharged from Public Hospitals after Treatment ("the Pilot Scheme on Discharge Support for Elderly Persons") in February 2018.

¹ The First and Second Phases of the CCSV Pilot Scheme were implemented in September 2013 and October 2016 respectively.

It provides elderly persons just discharged from public hospitals and in need of transitional care and support with transitional RCS and/or CCS for no more than six months in total. It aims at enabling them to continue ageing-in-place after receiving the necessary services and preventing their premature long-term institutionalization in RCHEs. Administered by SWD, the Pilot Scheme on Discharge Support for Elderly Persons will run until the end of January 2021.

Deliberations by members

Inadequate provision of community care services

8. Some members expressed grave concern about the long waiting time for CCS and called on the Administration to assess the need for various types of CCS. According to the Administration, the Elderly Services Programme Plan ("ESPP") endorsed by the Elderly Commission had set out recommendations to strengthen the medium and long-term planning for elderly services. The Administration had made arrangements for implementing the recommendations with regard to the ageing trend, related policy initiatives and service needs for CCS and RCS.

9. Some other members were of the view that the Administration should allocate more public resources to increase the provision of CCS to prevent the health condition of elderly persons from deteriorating. The Administration however advised that results of overseas studies had not revealed a correlation between strengthening provision of CCS and its positive impact on preventing the health condition of elderly persons from deteriorating to a higher level of impairment.

Pilot Scheme on Community Care Service Voucher for the Elderly

10. Members expressed concern about the low participation rate of the CCSV Pilot Scheme and questioned its effectiveness in supporting the elderly to age in place. The Administration explained that the low participation rate might probably be due to the fact that only moderately or severely impaired elderly persons on CWL without receiving any kind of RCS or subsidized CCS were eligible participants. To facilitate application by eligible elderly persons, SWD's Centralized Team and responsible social workers would assist them in selecting RSPs and service packages. Information on RSPs was provided for them and made available on the webpages of RSPs and SWD.

11. In response to members' enquiries on the regularization of the CCSV Pilot Scheme, the Administration advised that various enhancement measures had been introduced under its Third Phase of implementation, such as the setting of

only the maximum and minimum voucher values to provide RSPs with greater flexibility in offering service packages which suited the needs of service users. The Administration would monitor the effectiveness of the enhancement measures and consider the way forward for the CCSV Pilot Scheme upon the completion of the Third Phase.

Inadequate provision of residential care services

12. In anticipation of the rising elderly population, members strongly called on the Administration to project the future demand for LTC services and plan for the additional RCS places for frail elderly. While some members took the view that the Administration should formulate policies on providing RCHEs in both new and existing public rental housing ("PRH") estates, some others suggested including in the land sale conditions the provision of RCHEs. The Administration should also consider selling land to private developers at a lower price to incentivize the incorporation of RCHEs into their development projects.

13. The Administration advised that it was taking steps to increase the supply of RCHEs and ESPP had proposed a strategic direction for elderly services. On the public housing front, welfare facilities would be provided under all new PRH development projects. SWD would discuss with the Housing Department to secure more floor area in PRH estates for RCHEs. Meanwhile, conditions specified by the Administration had been incorporated into suitable land development projects and land sale projects for developers or works agents to construct in tandem RCHE facilities.

14. Given the long waiting time for subsidized RCS places for the elderly, members stressed the need to set specific targets for admission to various types of RCS places, particularly subsidized nursing home places. The Administration advised that the waiting time for subsidized RCS places was affected by various factors such as the preference of applicants on the location of RCHEs. It would keep in view the waitlisting situation when drawing up service provision plans.

Pilot Scheme on Residential Care Service Voucher for the Elderly

15. Some members opined that the RCSV Pilot Scheme might not be an effective solution to the problem of acute shortage of RCS. They also expressed concern about the service quality of the participating RCHEs (which were mostly private homes) and that the means test under the RCSV Pilot Scheme might pave the way for introducing a means test to other types of subsidized CCS and RCS.

16. The Administration advised that the RCSV Pilot Scheme aimed to enable elderly persons, particularly those who were admitted to private RCHEs and receiving Comprehensive Social Security Assistance, to receive better services. It also sought to reduce the waiting time for RCS by making use of places offered by self-financing RCHEs and private RCHEs. The Administration would continue to secure suitable sites for RCHEs and was following up on the projects under the Special Scheme on Privately Owned Sites for Welfare Uses to increase the supply of subsidized RCS places.

17. In response to some members' concerns about the service quality of private RCHEs, the Administration advised that all RCHEs were required under the RCHE Code of Practice to have the necessary resources to attend to the care needs of their residents and provide them with a safe and hygienic living environment. Various measures were implemented to encourage RCHEs to enhance their service quality and regular training was provided for RCHE staff. SWD had also worked closely with the Department of Health and the Hospital Authority ("HA") in devising service guidelines and making case referral. To provide high quality places at private RCHEs, the Administration would buy more EA1 places, i.e., places with higher standard of staffing and space provision, under the Enhanced Bought Place Scheme.

18. Some members called on the Administration to consider establishing an official accreditation system for the service quality of RCHEs and introducing a demerit points system for RCHEs. The Administration advised that it had been encouraging RCHEs to join independent service quality accreditation schemes and adopted an open mind in examining various options to strengthen the monitoring of RCHEs.

19. The Administration further advised that all participating RSPs were required to meet the stipulated space and staffing requirements and provide a standard service package for voucher holders. Visits, random checks, auditing of records, as well as complaint investigations, etc., were carried out by SWD. RSPs were also required to join SWD's Service Quality Group ("SQG") Scheme and subject to monitoring from community stakeholders. If an RSP was found to have breached the service agreement, warnings or sanctions would be imposed.

20. Some members urged the Administration to appoint representatives from concern groups to SQG. They also considered that RCHEs should be required to sign the "Quality Service Charter". The Administration advised that starting from April 2016, the SQG Scheme had been extended to cover all types of RCHEs. It would try to engage more local leaders, service users and their family members in the SQG Scheme.

21. In response to some members' enquiries on how to ensure elderly applicants would be well informed of their rights, the Administration advised that caseworkers who were registered social workers would be assigned to follow up on their applications. Respective caseworkers would brief their elderly applicants on their rights and, if necessary, refer them to case managers in the Residential Care Service Voucher Office of SWD for details.

Review of the ratio of subsidized to non-subsidized residential care service places

22. Some members strongly urged the Administration to increase the ratio of subsidized to non-subsidized places in contract RCHEs from 6:4 to 8:2. According to the Administration, when planning for new contract RCHEs, the "6:4" ratio was adopted as a general guideline. SWD, however, would take into account relevant considerations when applying this general guideline. A higher ratio had been adopted in some cases.

Pilot Scheme on Support for Elderly Persons Discharged from Public Hospitals after Treatment

23. Members took the view that the Administration had attempted to shift the burden of HA to RCHEs through the Pilot Scheme on Discharge Support for Elderly Persons. To avoid overloading RCHEs, it would be more desirable for elderly persons discharged from hospitals to receive outreach services at home. The Administration advised that HA medical staff would assess whether elderly discharges required transitional services including temporary RCS. HA would also assist in planning the post-discharge transitional support services for the elderly persons concerned and arranging them to receive services through suitable service providers. A mechanism was put in place to monitor the performance of RSPs and review the post-discharge support for elderly persons. The Administration would consider the way forward of the service provision depending on the evaluation results.

Shortage of manpower for elderly care services

24. Members were concerned about the shortage of manpower for elderly care services and low salary level of care workers in RCHEs. They enquired whether the Administration had any long-term plan on manpower training and development as well as accreditation of qualifications for care workers to attract new blood to the elderly care sector.

25. According to the Administration, ESPP had proposed a series of measures to address the manpower shortage problem in the elderly care sector. The Administration would also continue to implement the Navigation Scheme for

Young Persons in Care Services, providing a total of 1 200 training places within five years starting from 2020-2021, to encourage more young people to join the elderly care sector.

Care services for elderly persons with special needs

26. Some members urged the Administration to set future direction of service provision for demented elderly, including drawing up relevant service provision plans and implementing a pilot scheme on provision of RCS for demented elderly. In the light of an ageing population, the Administration advised that various measures and pilot schemes had been implemented to support persons with dementia. Additional resources would be allocated to elderly centres to increase manpower, arrange activities for service users and conduct training programmes for their employees and carers of elderly persons with dementia.

27. As regards the accuracy of the assessment tool of SCNAMES in assessing the level of impairment of demented elderly persons, the Administration advised that the impairment levels of elderly applicants were 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 persons suffering from dementia.

28. Some members were concerned about the lack of policy on and dedicated services for elderly persons from sexual minorities. They considered that the Administration should address the issue of identity recognition for them and accommodate them in the same RCHEs.

29. The Administration advised that SWD would disseminate the relevant messages to welfare organizations and provide training for its staff to enhance their sensitivity towards elderly persons from sexual minorities. SWD would also liaise with the Census and Statistics Department to collect information on these elderly persons and meet relevant stakeholders to discuss the provision of services for them. For residents of RCHEs, frontline social workers would conduct comprehensive assessments of their care needs and provide appropriate support and services based on their actual circumstances.

30. Some members expressed concern about the special needs of elderly persons with disabilities. According to the Administration, training on sign language was provided for staff of RCHEs to enable them to better take care of elderly persons with hearing impairment. In addition, special facilities, such as flashing devices, were installed in RCHEs to cater for their special needs.

31. In response to some members' concern about the problem of provision of interpretation services for elderly persons from ethnic minorities ("EMs"), the Administration advised that promotional leaflets on family services and elderly services were printed in Chinese/English and six EM languages. Moreover, SWD staff were reminded to take note of the care needs of elderly persons from EMs.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
6 January 2021

**Relevant papers on
measures to enhance community
and residential care services for the elderly**

Committee	Date of meeting	Paper
Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes	12 July 2016*	Report
Panel on Welfare Services	14 November 2016 (Item V)	Agenda Minutes
	29 November 2016 (Item I)	Agenda Minutes
	9 January 2017 (Item IV)	Agenda Minutes
	13 February 2017 (Item III)	Agenda Minutes
	13 March 2017 (Item VI)	Agenda Minutes
	10 July 2017 (Items II and III)	Agenda Minutes
	11 December 2017 (Items III and IV)	Agenda Minutes
	21 December 2017 (Item I)	Agenda Minutes
	8 January 2018 (Item IV)	Agenda Minutes
Joint Subcommittee on Long-term Care Policy	7 February 2018*	Report
Panel on Welfare Services	12 March 2018 (Item V)	Agenda Minutes

Committee	Date of meeting	Paper
	9 July 2018 (Item III)	Agenda Minutes
	11 February 2019 (Item III)	Agenda Minutes
	15 April 2019 (Item IV)	Agenda Minutes
	28 May 2019 (Item II)	Agenda Minutes
	13 January 2020 (Item IV)	Agenda Minutes
	13 July 2020 (Item III)	Agenda Minutes
Joint Subcommittee on Long-term Care Policy	17 July 2020*	Report

* Issue date

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