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Panel on Welfare Services

**Updated background brief prepared by the Legislative Council Secretariat
for the meeting on 13 September 2021**

Elderly Services Programme Plan

Purpose

This paper provides background information and gives an account of past discussions of the Panel on Welfare Services ("the Panel") and the Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes ("the Subcommittee") formed under the Panel in the Fifth Legislative Council ("LegCo") on the Elderly Services Programme Plan ("ESPP").

Background

2. To keep the elderly services abreast with the times, the Chief Executive announced in the 2014 Policy Address that the Elderly Commission ("EC") would be commissioned to draw up ESPP within two years. To take forward the task, EC set up the Working Group on Elderly Services Programme Plan ("Working Group") and the Labour and Welfare Bureau engaged a consultant team from the Department of Social Work and Social Administration of The University of Hong Kong ("the Consultant Team") to assist in collating and analysing information related to the provision of long-term care ("LTC") services for elderly persons, as well as engaging relevant stakeholders and other interested groups in the process.

3. ESPP was endorsed by EC and submitted to the Administration in June 2017, in which 20 recommendations were put forth under four strategic directions, namely (a) achieve "ageing in place" and reduce institutionalization rate through significantly strengthening community care services ("CCS"); (b) enable informed choices and timely access to quality services; (c) further streamline and promote integrated service delivery; and (d) ensure financial

sustainability and accountability of elderly services.¹ It was proposed that most of the recommendations should be implemented in the short-term, whereas those concerning systematic reviews of current practices and service delivery system should be implemented in the medium-to-long term. A list of the recommendations grouped under their respective strategic direction with indication of the proposed implementation timeframe is in **Appendix I**. The Administration accepted in principle the recommendations and advised that most of the recommendations would be taken forward in around one to two years, while some other would start in three years and beyond.

Deliberations of members

4. The Panel kept track of the progress of the drawing up of ESPP at a number of meetings since 2014 and discussed the recommendations put forth in ESPP at two meetings in 2017. It received views from deputations at two of these meetings. Issues relating to ESPP were also discussed by the Subcommittee at three meetings in 2016. The major deliberations and concerns of members are summarized in the ensuing paragraphs.

Scope and direction of the Elderly Services Programme Plan

5. Members had time and again urged the Administration to make early planning on the provision of elderly services. They considered that ESPP should include assessment on the demand for residential care services ("RCS") and CCS for elderly persons and corresponding planning for welfare premises, manpower and financial resources requirements. They also took the view that ESPP should not focus only on studying the welfare needs of the elderly but should also cover their housing, financial security, health and medical, psychological, employment and recreational needs. Some members opined that the Administration should prepare a high-level blueprint of elderly care policy with input from relevant government bureaux/departments.

6. According to the Administration, a strategic direction put forth in ESPP was to step up the effective partnership among pivotal players in the interface among welfare, healthcare and housing sectors, as well as enhancing the service delivery and integration of a number of existing subsidized CCS. It should also be noted that along with the Administration's established policy direction of "Ageing in place as the core, institutional care as back-up", significantly strengthening CCS was the primary strategic direction put forth in ESPP with a view to facilitating ageing-in-place.

¹ The Elderly Services Programme Plan can be accessed at the website of the Elderly Commission at https://www.elderlycommission.gov.hk/en/download/library/ESPP_Final_Report_Eng.pdf.

7. As for long-term premises planning, the Administration advised that it was recommended in ESPP that population-based planning ratios be reinstated for various types of elderly services in the Hong Kong Planning Standards and Guidelines ("HKPSG") and an "estate-based" approach be adopted in the planning process, whereby substantial residential developments should in general have sites and premises reserved for provision of elderly services. The recommended planning ratios for the year 2026 were that there should be 21.4 subsidized care-and-attention and nursing home places and 14.8 subsidized home and centre-based places for elderly persons with moderate or severe impairment places per 1 000 elderly persons aged 65 or above. Separately, there should be one District Elderly Community Centre ("DECC") in each new residential area with a population of 170 000 and one Neighbourhood Elderly Centre ("NEC") in each new and redeveloped public rental housing estate and in private housing areas with a population of 15 000 to 20 000 persons in new residential areas. On manpower needs, ESPP had put forth a host of measures to facilitate staff recruitment and retention. It was also recommended that more flexible importation of labour for care workers should be explored at least as a transitional or interim measure.

8. Members were subsequently advised that the Administration had amended HKPSG in December 2018 to stipulate population-based planning ratios in respect of subsidized RCS for the elderly, subsidized CCS for the elderly, DECCs and NECs, so as to facilitate the relevant departments to reserve suitable premises during the planning process of new development projects for the construction of elderly care facilities to better meet the service demands in new communities in the long-term. Other medium and short-term strategies were also in place to identify suitable sites or premises for provision of welfare facilities (including elderly service facilities).

9. On the recommendation of ESPP that more flexible importation of labour for care workers should be explored at least as a transitional or interim measure to meet the manpower needs for elderly services, there was a view that importation of care workers should only be considered when measures had been put in place to attract local labour to join the elderly care sector but to no avail. The Administration advised that it would discuss with the labour groups and the Labour Advisory Board about supplementing the local labour market through importation of labour as well as improving remuneration for local care workers. As proposed in the 2017 Policy Agenda, the Social Welfare Department ("SWD") would provide additional resources for subsidized elderly service units to increase the salaries of frontline care workers.

10. Some members considered that the existing provision of LTC services was fragmented with unnecessary categorization under "elderly" and "persons with disabilities", which was against the international trend of no distinct age limit. The Administration was urged to conduct a comprehensive review of its LTC policy with a view to offering services according to the needs of recipients so that persons aged below 65 would be provided with the required services if needed.

11. According to the Consultant Team, the Working Group considered that the eligibility criteria for each elderly service category should be based on different factors including chronological age, level of impairment and service objectives. On the target service recipients of elderly services, it was recommended in ESPP that a lower age requirement of 60 but with flexibility to include those aged 55 to 59 should be set for active ageing programmes (e.g. Elder Academy), community support services (e.g. DECC and NEC services) and other initiatives promoting healthy lifestyle. A higher age requirement of 65 and above should be set for LTC services which included subsidized RCS and CCS, with flexibility allowed for those aged between 60 and 64, subject to a confirmed care need. At present, another threshold for LTC service would be reaching the moderate to severe level of impairment under the Standardized Care Need Assessment Mechanism for Elderly Services.²

Projections on demand for subsidized long-term care services

12. Some members were of the view that the Consultant Team's projection on the supply of and demand for CCS was inaccurate, and the demand for RCS would not be so great if there was adequate provision of CCS. They considered that it was a wrong policy direction to recommend a higher planning ratio for RCS than CCS in ESPP, given that most elderly persons wished to age in place. However, the policy direction of "ageing in place as the core" was only a slogan given that the Administration did not have a sustainable policy on nor had it allocated sufficient resources for the provision of CCS.

13. According to the Consultant Team, the projections on the demand for RCS and CCS were based on the average demand for and usage of these services in the past few years as well as the projected changes in the population of Hong Kong and of different age groups up to 2064. Various assumptions (e.g. the needs for LTC services would be deferred with improved health conditions) had

² Under the Standardized Care Need Assessment Mechanism for Elderly Services ("SCNAMES"), accredited assessors assess the care needs of elderly persons with an internationally recognized assessment tool named "interRAI-Home Care" and match them with appropriate long-term care ("LTC") services. SCNAMES covers applications for subsidized LTC services including integrated home care services (frail cases), enhanced home and community care services, day care centres/units for the elderly, care-and-attention homes and nursing homes.

already been made in preparing the projections. The ratio of the projected demand for RCS places to CCS places would be improved from the existing ratio of around 3:1 to 1.5:1 gradually because of continuous strengthening of CCS and trended towards 1:1 in the medium-to-long term. Before the completion of ESPP, the Administration had already started to take forward those initiatives to strengthen CCS which were widely supported by stakeholders throughout the formulating process of ESPP to help achieving ageing in place. For example, pilot schemes were launched to strengthen the support provided to elderly persons discharged from public hospitals, elderly persons with mild impairment and elderly persons with dementia. As recommended in ESPP, a simplified and standardized assessment tool would be developed to identify the mildly frail elderly whose frailty not reaching the moderate to severe level (i.e. the threshold for LTC services). The Administration assured members that it would consider ESPP as a "living document" subject to regular updating at suitable juncture.

14. Question was raised as to whether stakeholders would be invited to participate in the future reviews of ESPP. Members were advised that the Working Group would assist EC to oversee the implementation of the recommendations. Non-EC members would be co-opted onto the Working Group where necessary. It was recommended in ESPP that 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.

Financing for provision of elderly services

15. Some members were gravely concerned about the incompatibility of views between the community and the Administration towards financing for provision of elderly services. The major views of the community were that more public resources should be allocated to provision of elderly services, and these services should be provided on a non-means-tested basis. The Administration, however, had adopted the principle of "co-payment". Noting the Administration's projection that a structural deficit could strike in within 15 years due to the continuous trend of ageing population, they urged the Administration to make projection on relevant expenditure and signify its commitment by setting aside a sum of public funds for implementing ESPP.

16. Members were advised that one of the strategic directions put forth in ESPP was to improve the financial sustainability of elderly services. The Working Group had recommended a more forward-looking approach in the use of public expenditure on elderly services and three development directions were proposed for further consideration. These included continuing to explore co-payment arrangements for subsidized services that are commensurate with

affordability;³ strengthening measures in enabling welfare organizations in operating self-financing services;⁴ and exploring other alternative LTC financing options, such as LTC insurance. Since it would take time for the community to reach a consensus on any alternative LTC financing options, this would be taken as a longer-term initiative. On the proposed direction that measures should be put in place to enable welfare organizations to operate self-financing elderly care services, some members were concerned that many elderly persons might not be able to afford self-financing services. Some other members considered that there was a need to enhance the quality and monitoring of private RCS.

Relevant papers

17. A list of the relevant papers on the LegCo website is in **Appendix II**.

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Legislative Council Secretariat
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³ As suggested in ESPP, the evaluation of the Pilot Scheme on Community Care Service Voucher for the Elderly and the findings of the feasibility study on the Pilot Scheme on Residential Care Service Voucher for the Elderly would provide more evidence for the planning of service directions in this regard in the future.

⁴ It was suggested in ESPP that the Special Scheme on Privately Owned Sites for Welfare Uses which helped non-governmental organizations make better use of their land was a good example in this direction.

List of Strategic Directions and Recommendations

Key Strategic Directions and Recommendations	Proposed Implementation Timeframe
<p align="center">Strategic Direction 1</p> <p>Achieve “ageing in place” and reduce institutionalisation rate through significantly strengthening CCS</p>	
<p><i>Sub-directions and Initial Recommendations</i></p>	
<p>(i) <u>Promote age-friendly environment, healthy lifestyle and active social participation</u></p>	
<p>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.</p> <ul style="list-style-type: none"> 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. 	Short-term
<p>Recommendation 3 – Efforts should be made to promote active ageing and healthy ageing and development of age-friendly environment.</p> <p>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.</p> <ul style="list-style-type: none"> Specifically, DECCs and NECs should enhance their role in the promotion of active and 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. <p>Recommendation 3b – Opportunities should be provided to encourage elderly persons to live to their full potential, promote active lifestyle and to encourage empowerment.</p> <ul style="list-style-type: none"> 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. (See also Recommendation 18b) 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 or volunteer programs by providing 	<p>Short-term</p> <p>Medium-to-long term</p> <p>Short-term</p> <p>Short-term</p>

Key Strategic Directions and Recommendations	Proposed Implementation Timeframe
<p>necessary support, funding and facilities.</p> <ul style="list-style-type: none"> 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. <p>Recommendation 3c – Efforts should be made to promote retirement planning to better prepare retirees to plan about their post-retirement life.</p> <ul style="list-style-type: none"> DECCs and NECs should aim at including more retirement planning programmes as part of their developmental activities for those who are preparing to retire. 	<p>Short-term</p> <p>Short-term</p>
<p>Recommendation 18b – Efforts should be made to enhance elderly persons to effectively use ICT to enhance digital inclusion and enable them to have better health management.</p> <ul style="list-style-type: none"> Efforts to help elderly to make better use of ICT should be further enhanced and with better collaborations between SWD and the OGCIIO in enhancing digital inclusion. (See also Recommendation 3b) 	<p>Short-term</p>
<u>(ii) Strengthen health maintenance, reduction in health risks and illness prevention</u>	
<p>Recommendation 4 – CCS should be strengthened to ensure that elderly persons are able to stay in the community for as long as possible and unnecessary institutionalisation is avoided.</p>	
<p>Recommendation 4a – For prevention of health deterioration, provision of suitable services to elderly persons with mild impairments should be strengthened, such as through enhancing IHCS(OC) to focus on these elderly persons.</p> <ul style="list-style-type: none"> 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). Further study to project demand for care services for mild impairment should be explored, with reference to data gathered from the use of the simplified standard need assessment tool. 	<p>Short-term</p> <p>Short-term</p> <p>Medium-to-long term</p>
<u>(iii) Forward planning in provision of elderly services</u>	
<p>Recommendation 13 – Planning ratios and schedules of accommodation for elderly services should be reviewed to respond to changing needs.</p>	

Key Strategic Directions and Recommendations	Proposed Implementation Timeframe
<p>Recommendation 13a – Planning ratios for elderly services should be reinstated into the HKPSG.</p> <ul style="list-style-type: none"> • 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) and where appropriate, adjust the ratios 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 the suggested indicative ratios are calculated for the long term planning purpose having regard to the population and service demand in 2026 and the ratios cannot be applied to today’s population for comparison. Besides, 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 scrutiny by relevant government departments and the approval of the Committee on Planning and Land Development and its subcommittee. <p><u>RCS (i.e. subsidised C&A and NH places)</u></p> <ul style="list-style-type: none"> – 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 RCHEs, bought place schemes and voucher schemes. The planning ratio should be applied both territory-wide and in individual districts. <p><u>CCS (i.e. subsidised home and centre-based CCS for elderly persons with moderate or severe impairment)</u></p> <ul style="list-style-type: none"> – 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. <p><u>DECC and NEC</u></p> <ul style="list-style-type: none"> – Where appropriate, there should be one NEC in each new and redeveloped PRH estate and in private housing areas with a population of 15 000 to 20 000 persons in new residential areas. – There should be one DECC in each new residential area with a population of 170 000. 	Short-term
<p>Recommendation 13b – The SoA of welfare premises for elderly services, such as NECs/DECCs should be reviewed and improved from time to time to allow operators to have enough facilities and space for use in provisioning and re-provisioning to provide services and to meet the growing demand.</p>	Short-term

Key Strategic Directions and Recommendations	Proposed Implementation Timeframe
<ul style="list-style-type: none"> Meal services should be considered as an essential part of NEC services and should be taken into consideration in the review of SoA of NEC. 	Medium-to-long term
<p>Recommendation 13c – 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.</p>	Short-term
<p>Recommendation 14 – There should be forward planning in the identification of sites for the provision of premises for accommodating the increasing number of elderly service facilities.</p>	
<p>Recommendation 14a – Approach for identification of sites for provision of elderly services should be enhanced.</p> <ul style="list-style-type: none"> The Government should consider adopting an “estate-based” approach in service provision and site identification. 	Short-term
<p>Recommendation 14b – SWD should step up its effort in identification of sites and premises for service provision.</p> <ul style="list-style-type: none"> SWD should be more proactive in identifying potential welfare premise sites to cater for the increasing demand for elderly service sites. In particular, SWD should regularly review with relevant departments to see if there are suitable sites that can be used to meet outstanding needs for welfare premises. Furthermore, SWD's district offices should have a more systematic management of information about facilities needed in their own districts such that they will be in a better position to identify vacant premises suitable to be used as new and re-provisioned service units and additional bases for under-provided service units. 	Short-term
<p><u>(iv) Strengthen infrastructure in manpower and training</u></p>	
<p>Recommendation 12 – A more sustainable workforce should be built up to meet the increasing demand and higher expectations for elderly services.</p>	
<p>Recommendation 12a – Measures to improve recruitment, retention, working condition, and career development of staff in elderly service should be explored.</p> <ul style="list-style-type: none"> Having regard to the challenges in recruitment and retention of LTC workers, a multi-pronged approach should be adopted to address the problem. Measures to improve the employment conditions, as well as the work conditions of care worker should be 	Short-term Short-term

Key Strategic Directions and Recommendations	Proposed Implementation Timeframe
<p>explored. Possible directions to consider include enriching the jobs of care workers at various levels, so as to enhance their job satisfaction and to advance their skill set. Good practices in the sector should also be promoted and the design of residential homes should be made more homelike.</p> <ul style="list-style-type: none"> • 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. • The possibility of better use of technology and 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, user-friendliness, etc. It is hoped that through better use of technology and equipment, the effectiveness 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. • The Government should explore ways to attract part-time workers to serve and to be trained as care workers in RCS and CCS. • 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. 	<p>Short-term</p> <p>Short-term</p> <p>Short-term</p> <p>Short-term</p> <p>Short-term</p>
<p>Recommendation 12b – The structure of professional staff should be fine-tuned to enable more flexible staff deployment and maximisation of staff input.</p> <ul style="list-style-type: none"> • 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. 	<p>Medium-to-long term</p>
<p>Recommendation 12c – Recruitment and training of informal care providers should be strengthened.</p> <ul style="list-style-type: none"> • 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. (See also 	<p>Short-term</p>

Key Strategic Directions and Recommendations	Proposed Implementation Timeframe
<p>recommendation 5e)</p> <ul style="list-style-type: none"> 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 hiring FDHs to providing care support to their frail elderly persons at home may also be explored. (See recommendation 6) 	Medium-to-long term
<p>Recommendation 12d – There should be ongoing monitoring and evaluation of the manpower measures.</p> <ul style="list-style-type: none"> Effectiveness of the above measures should be monitored and data should be collected to facilitate future manpower planning. 	Medium-to-long term
(v) <u>Improvement in Identification and meeting the care needs of elderly persons</u>	
<p>Recommendation 8 – Improvements should be made to SCNAMES assessment tool and the service matching mechanism.</p> <ul style="list-style-type: none"> Specifically, improvements should be made to better demarcate the needs for CCS and RCS, as well as care needs arising from cognitive impairment when updating the assessment tools. After updating the assessment tool, SWD should review the LTC service matching mechanism to ensure priority be given to those most in need. To provide “peace of mind” to subsidised RCS applicants and thereby reduce premature institutionalisation, consideration should be given to extending the scope of “inactive” cases so that elderly persons not applying for or using subsidised CCS may also choose to become “inactive”. 	<p>Short-term</p> <p>Medium-to-long term</p> <p>Short-term</p>
<p>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.</p> <ul style="list-style-type: none"> 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: 	<p>Short-term</p> <p>Short-term</p>

Key Strategic Directions and Recommendations	Proposed Implementation Timeframe
<ul style="list-style-type: none"> i. Enhancing workers' knowledge and skills in early detection of dementia (including mild cognitive impairment cases) at elderly centres at neighbourhood level (i.e. NECs) and in making timely referral to appropriate services; ii. strengthening training in early detection, management and care of dementia in elderly service units, in particular CCS; and iii. strengthening education and training for elderly persons and family carers in early detection of dementia. 	
<p>Recommendation 19 – The interface between mainstream elderly services and existing services for people from minority groups or people with special needs should be strengthened to enable provision of suitable support for service users from different backgrounds</p> <ul style="list-style-type: none"> • The Government may consider providing training and replacement grants to elderly service care workers to serve EMs (e.g. on language, cultural sensitivity) or elderly persons with special needs (e.g. dementia, hearing and speech impairment). 	Short-term
<p>(vi) <u>Improvement in quality of service</u></p>	
<p>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.</p> <ul style="list-style-type: none"> • The SWD should keep in view the results of the SCNAMES assessment tool review under the LTC Infrastructure Review and take into consideration the relevant recommendations on quality assurance of CCS and RCS. (See also recommendations 7 and 8) 	Medium-to-long term
<p>Recommendation 7 – Measures to ensure the quality of RCS should be strengthened.</p> <ul style="list-style-type: none"> • 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. • In addition to measures to alleviate the manpower shortage, suitable measures to assist operators in meeting higher service standard should also be implemented, including incentives for RCHEs to join independent service quality accreditation scheme to enhance their service quality. • SWD should keep in view the SCNAMES assessment tool review under the LTC Infrastructure Review and the expected deliverable should be <i>taken into account</i> in the development of a comprehensive quality 	<p>Short-term</p> <p>Short-term</p> <p>Medium-to-long term</p>

Key Strategic Directions and Recommendations	Proposed Implementation Timeframe
assurance system covered in Recommendation 4c.	
Recommendation 7a – The RCHE Ordinance (Cap 459) should be reviewed as soon as possible.	Short-term
<p>Recommendation 17 – The role of the private sector should be recognised and public private partnership should be encouraged.</p> <ul style="list-style-type: none"> The Government should encourage initiatives in public private partnership, such as making 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. 	Medium-to-long term
Recommendation 18 – 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.	
<p>Recommendation 18c – Use of ICT should be expanded to enhance the quality of care delivery.</p> <ul style="list-style-type: none"> Promotion of the participation in eHRSS 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. 	<p>Short-term</p> <p>Short-term</p> <p>Medium-to-long term</p>
(vii) <u>A more coherent continuum of care</u>	
Recommendation 5 – Respite and emergency placement services should be enhanced.	
<p>Recommendation 5a – Designated respite places and casual vacancies should be fully utilised to strengthen the support to carers. Improvement should be made to facilitate timely access to service.</p> <ul style="list-style-type: none"> 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, the pre-registration system may be made 	Short-term

Key Strategic Directions and Recommendations	Proposed Implementation Timeframe
<p>available 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.</p> <ul style="list-style-type: none"> The SWD should explore the possibility of setting up a real-time vacancy enquiry system for designated residential respite service. 	Short-term
<p>Recommendation 5b – Transitional care support to elderly persons discharged from hospitals should be enhanced to assist them to stay in the community and prevent premature institutionalisation.</p> <ul style="list-style-type: none"> Transitional care services should aim at providing the necessary rehabilitation and suitable care services (CCS and temporary RCS) to discharged elderly patients. The service should be extended to cover elderly persons who are discharged from hospitals and have a transient need for more intensive care but may not have high hospital re-admission risks. 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 the to-be- discharged patients will be able to access the necessary information. 	Short-term
<p>Recommendation 5c – 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.</p> <ul style="list-style-type: none"> With transitional care needs met by an enhanced discharge service programme, emergency placement services should focus on other cases with urgent care needs. 	Short-term
<p>Recommendation 5d – 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.</p> <ul style="list-style-type: none"> 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, transitional and 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 	Medium-to-long term

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<p>follow-up arrangements (e.g. devising a care plan before discharge from respite or emergency placement) 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.</p>	
<p>Recommendation 5e – Day respite that integrates formal and informal system of care at neighbourhood level should be strengthened.</p> <ul style="list-style-type: none"> • Collaboration between agencies providing home care and informal care network (e.g. volunteers and neighbours) 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). (See also recommendation 12c) 	<p>Medium-to-long term</p>
<p>Recommendation 6 – Services to support family carers should be enhanced.</p> <ul style="list-style-type: none"> • 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. (See also recommendation 12c) 	<p>Short-term</p> <p>Short-term</p>
<p>Recommendation 11 – Quality EOL care should be strengthened as an integral part of elderly services.</p> <ul style="list-style-type: none"> • In due course, SWD should make reference to the findings of the 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. FHB’s commissioned study will review the healthcare services supporting elderly people with chronic diseases, recommend service models to, among other things, enable elderly to receive care and age in place, and recommend changes including legislation if required and measures to foster a community culture to facilitate the implementation of the recommended EOL care. 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. 	<p>Short-term</p>

Key Strategic Directions and Recommendations	Proposed Implementation Timeframe
<p>Recommendation 9 – Efforts should be made to explore developing a case management model.</p> <ul style="list-style-type: none"> 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. 	Medium-to-long term
<p>Recommendation 5a – Designated respite places and casual vacancies should be fully utilised to strengthen the support to carers. Improvement should be made to facilitate timely access to service.</p> <ul style="list-style-type: none"> 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, the pre-registration system may be made available 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. The SWD should explore the possibility of setting up a real-time vacancy enquiry system for designated residential respite service. 	Short-term Short-term
<p>Recommendation 18a – An integrated service provider interface with the LDS built on the LDS data base with enhanced SCNAMES functions is to be explored.</p> <ul style="list-style-type: none"> The idea to launch a central CIS for elderly service is not to be pursued for the time being. However, with the updated SCNAMES assessment tool and the availability of more detailed “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. 	Medium-to-long term Medium-to-long term

Key Strategic Directions and Recommendations	Proposed Implementation Timeframe
<p>Recommendation 18c – Use of ICT should be expanded to enhance the quality of care delivery.</p> <ul style="list-style-type: none"> Promotion of the participation in the eHRSS 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. 	<p>Short-term</p> <p>Short-term</p> <p>Medium-to-long term</p>
<p>Recommendation 17 – The role of the private sector should be recognised and public private partnership should be encouraged.</p> <ul style="list-style-type: none"> The Government should encourage initiatives in public private partnership, such as making 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. 	<p>Medium-to-long term</p>
<p>Strategic Direction 3</p> <p>Further streamline and promote integrated service delivery</p>	
<p>Recommendation 16 –More effective partnership should be forged among pivotal players in the interface between welfare, healthcare and housing.</p> <ul style="list-style-type: none"> 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 (vide Recommendation 5b) 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 	<p>Short-term</p> <p>Short-term</p> <p>Short-term</p>

Key Strategic Directions and Recommendations	Proposed Implementation Timeframe
provide more elderly service facilities and incorporation of more barrier free design elements.	
<p>Recommendation 9 – Efforts should be made to explore developing a case management model.</p> <ul style="list-style-type: none"> 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. 	Medium-to-long term
<p>Recommendation 4b – The catchment areas of IHCS(FC) and EHCCS should be reviewed to increase efficiency while maintaining a degree of choices for users. The funding modes of IHCS and EHCCS should also be reviewed, having regard to the effectiveness of different existing service modes.</p>	Short-term
<p>Strategic Direction 4</p> <p>Ensure financial sustainability and accountability of elderly services</p>	
<p>Recommendation 15 – 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:</p> <ol style="list-style-type: none"> Co-payment for services commensurate with affordability: In view of the changing socio-economic profile of the older population in coming decades, 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. Consider exploring measures to facilitate NGOs to provide self-financing services: The Government should consider exploring further measures to facilitate NGOs to provide 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. Special Scheme which helps NGOs make better use of their land is a good example in this direction. As for the involvement of the 	<p>Medium-to-long term</p> <p>Medium-to-long term</p>

Key Strategic Directions and Recommendations	Proposed Implementation Timeframe
<p>private sector, recommendations have been proposed in the section on “public-private partnership”.</p> <p>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.</p>	Medium-to-long term
Other Recommendations	
<p>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.</p> <ul style="list-style-type: none"> 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, 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. 	<p>Short-term</p> <p>Short-term</p>
<p>Recommendation 20 – 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.</p> <ul style="list-style-type: none"> 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. 	<p>Short-term</p> <p>Short-term</p>

Source: Annex to the paper entitled "Elderly Services Programme Plan" provided by the Administration for the meetings of the Panel on Welfare Services on 10 July and 21 December 2017 (LC Paper No. CB(2)1825/16-17(01))

Relevant papers on Elderly Services Programme Plan

Committee	Date of meeting	Paper
Panel on Welfare Services	23 January 2014 (Item II)	Agenda Minutes
	10 March 2014 (Item IV)	Agenda Minutes
	8 December 2014 (Item VI)	Agenda Minutes
	20 January 2015 (Item I)	Agenda Minutes
	14 March 2016 (Item IV)	Agenda Minutes
	14 November 2016 (Item V)	Agenda Minutes
	29 November 2016 (Item I)	Agenda Minutes CB(2)283/16-17(01) (Chinese version only)
	10 July 2017 (Item II)	Agenda Minutes
	21 December 2017 (Item I)	Agenda Minutes
Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes	12 July 2016*	Report of the Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes

*Issue date