

# Government expenditure on the elderly

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## 1. Introduction

1.1 Hong Kong's population has been ageing fast in recent years as a result of lower fertility rate and higher life expectancy. Amid population ageing, caring for the elderly has been a key Government policy objective. Recurrent expenditure on three major service areas – elderly care, medical/health care services, and financial assistance – accounts for an estimated HK\$91.9 billion or 20.8% of the total government expenditure<sup>1</sup> in 2019-2020 (**Table**). The estimated amount represents an average annual growth rate ("AAGR") of 11.4% since 2012-2013<sup>2</sup>, higher than that of the total government expenditure, at 7.7%, over the same period. At the request of Dr Hon Pierre CHAN, the Research Office has completed a research task on the Government's expenditure on the above three services and others catering for different needs of the elderly. The relevant documents are organized into an information pack folder with key findings outlined below.

## 2. Government expenditure on the elderly

2.1 In Hong Kong, **elderly care** comprises primarily community care services ("CCS") supplemented by residential care services ("RCS"). Recurrent expenditure on elderly care is estimated to increase by an AAGR of 11.6% since 2012-2013, reaching HK\$10.2 billion or 2.3% of the total government expenditure in 2019-2020. The increase has been fuelled by (a) rising unit costs of CCS/RCS and (b) the launch of the Community Care Service Voucher Pilot Scheme and the Residential Care Service Voucher Pilot Scheme in September 2013 and March 2017 respectively. Increased provision of subsidized CCR/RCS places also contributes. However, there have been concerns over the heavy reliance on subsidized RCS<sup>3</sup> and the limited places provided.<sup>4</sup> Added to this, the Elderly Commission also expressed concerns over the fiscal sustainability of long-term elderly care services, and advised the Government to explore alternative financing options.

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<sup>1</sup> Unless otherwise specified, this refers to the Government's total recurrent operating expenditure.

<sup>2</sup> According to the Labour and Welfare Bureau, figures before 2012-2013 were calculated on a different basis and are not directly comparable to those of subsequent years.

<sup>3</sup> According to the Elderly Commission, between 2013 and 2015, around 95% of elderly applicants for long-term care services were waitlisted for subsidized RCS places.

<sup>4</sup> The number of elderly applicants waiting for subsidized RCS places has grown by 41%, from 28 818 in 2012-2013 to 40 569 at end-2018. As at end-2018, the average waiting time reached 22 months for admission to RCS places.

2.2 Recurrent expenditure on **medical and health care services** is estimated to increase by an AAGR of 10.2% since 2012-2013, reaching HK\$39.9 billion or 9.0% of the total government expenditure in 2019-2020. This reflects increased subvention to the Hospital Authority<sup>5</sup>, and rising expenditure on health care services following the enhancement of the Elderly Health Care Voucher ("EHV") Scheme.<sup>6</sup> Notwithstanding the latter, there remain concerns over the efficacy of the EHV Scheme in addressing specific primary health care needs.<sup>7</sup> This has prompted calls for further enhancement of primary and community-based health care to ease the burden of hospital services in face of population ageing.

2.3 The Government has in place a multi-tier social security system to support elderly livelihood. Between 2012-2013 and 2019-2020, expenditure on **financial assistance** for the elderly increases by an estimated AAGR of 12.5% to HK\$41.8 billion, accounting for 9.5% of the total government expenditure. The double-digit expenditure growth is mainly due to (a) the increase in number of elders receiving social security<sup>8</sup>; and (b) the introduction of Old Age Living Allowance ("OALA"). However, the post-intervention elderly poverty rate<sup>9</sup> has remained at a high of 30%-35% in recent years.<sup>10</sup>

2.4 The Government also provides public transport fare concession to encourage elders to participate in community activities, and supports the setting up of elder academies to promote life-long learning of elders. Furthermore, the Government has utilized the Community Care Fund to launch various pilot programmes for assisting elderly persons in need.

2.5 According to the World Health Organization, active ageing hinges not only on social support, but also on factors such as ample work opportunities and adequate housing. Yet, the recent years has seen elders facing challenges in locating adequate housing<sup>11</sup> and securing employment.<sup>12</sup>

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<sup>5</sup> This was attributable to, among other things, increased demand for inpatient services from the elderly. As at end-2018, the elderly population accounted for 53% of patient days in public hospitals.

<sup>6</sup> The EHV scheme was launched as a pilot scheme in January 2009 and regularized in January 2014. In July 2017, the eligibility age for the scheme was lowered from 70 to 65.

<sup>7</sup> In 2017, only 13% and 5% of EHV claims were made for preventive care and rehabilitative care respectively.

<sup>8</sup> Between 2012-2013 and end-2018, the number of elders on social security grew by 31% to 919 524 persons.

<sup>9</sup> Post-intervention poverty rates are compiled based on monthly household income including the income provided by government policies and measures, such as OALA and Comprehensive Social Security Assistance.

<sup>10</sup> The poverty line is defined to be 50% of the pre-intervention median monthly household income, whereas financial assistance for the elderly is inflation adjusted. The poverty gap between the elderly and the rest of the population may hence be widened if income growth outpaces inflation.

<sup>11</sup> The average waiting time for Public Rental Housing by elderly one-person applicants was 2.9 years as at end-June 2018, longer than 1.4 years as at end-September 2012.

<sup>12</sup> The elderly labour force participation rate in Hong Kong was relatively low, at 11.0% in 2017, compared with places such as Japan (23.5%), Singapore (26.8%), and South Korea (31.5%). This may be due to the stronger financial incentives provided by these places to attract mature workers to remain in or return to the workforce.

**Table – Recurrent government expenditure on the elderly by major service area (HK\$ million)**

	2012-2013 (actual)	2013-2014 (actual)	2014-2015 (actual)	2015-2016 (actual)	2016-2017 (actual)	2017-2018 (actual)	2018-2019 (revised estimate)	2019-2020 (estimate)	Annual average growth
<b>1. Elderly care</b>	<b>4,748.0</b>	<b>5,178.7</b>	<b>5,999.5</b>	<b>6,592.0</b>	<b>7,022.1</b>	<b>7,345.8</b>	<b>8,307.3</b>	<b>10,235.6</b>	<b>11.6%</b>
- Community care and support	1,529.0	1,606.1	1,875.0	2,172.1	2,300.6	2,364.6	2,690.3	3,314.6	11.7%
- Residential care	3,062.8	3,409.5	3,952.9	4,243.7	4,538.8	4,793.9	5,424.6	6,714.1	11.9%
- Transitional care <sup>(a)</sup>	156.2	163.1	171.6	176.2	182.7	187.3	192.4	206.9	4.1%
<b>2. Medical and health care services</b>	<b>20,254.8</b>	<b>22,005.8</b>	<b>24,597.4</b>	<b>26,729.6</b>	<b>29,229.8</b>	<b>31,889.4</b>	<b>36,575.1</b>	<b>39,867.2</b>	<b>10.2%</b>
- Subvention to Hospital Authority <sup>(b)</sup>	20,035.6	21,654.6	23,637.1	25,499.4	27,780.0	29,801.0	33,157.0	35,233.1	8.4%
- Elderly health services	219.2	351.2	960.3	1,230.2	1,449.8	2,088.4	3,418.1	4,634.1	54.6%
<b>3. Financial assistance<sup>(b)</sup></b>	<b>18,303.9</b>	<b>26,084.3</b>	<b>26,190.9</b>	<b>27,891.3</b>	<b>30,328.8</b>	<b>31,450.0</b>	<b>43,473.0</b>	<b>41,842.0</b>	<b>12.5%</b>
- Social security allowance <sup>(c)</sup>	8139.4	15,872.5	15,205.6	16,482.5	18,076.7	19,311.9	31,652.0	29,713.0	20.3%
- Comprehensive Social Security Assistance for the Elderly	10,164.5	10,211.9	10,985.3	11,408.8	12,252.1	12,138.1	11,821.0	12,129.0	2.6%
<b>Total</b>	<b>43,306.7</b>	<b>53,268.8</b>	<b>56,787.8</b>	<b>61,212.9</b>	<b>66,580.7</b>	<b>70,685.2</b>	<b>88,355.4</b>	<b>91,944.8</b>	<b>11.4%</b>
- % of total government expenditure	(16.5%)	(18.7%)	(18.6%)	(18.9%)	(19.3%)	(19.5%)	(21.8%)	(20.8%)	

Notes: (a) Transitional care refers to the provision of transitional residential and/or community care and support services to elderly persons discharged from public hospitals, with the aim that they may avoid long-term institutionalization in residential care homes.

(b) Based on the e-mail reply from the Labour and Welfare Bureau upon the Research Office's request for provision of relevant data.

(c) Social security allowance for the elderly consists of the Normal/Higher OALA, Old Age Allowance, Guangdong Scheme, Fujian Scheme, and Disability Allowance for the Elderly.

Compiled by the Research Office based on data from the Budget Estimates (various years), Food and Health Bureau and Labour and Welfare Bureau.

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