



中華人民共和國香港特別行政區政府總部衛生福利及食物局
Health, Welfare and Food Bureau
Government Secretariat, Government of the Hong Kong Special Administrative Region
The People's Republic of China

Our Ref. : HW/ES/3/24 Pt. 3(01)
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Clerk to Public Accounts Committee
LegCo Secretariat
(Attn : Ms Miranda HON)
Legislative Council Building
8 Jackson Road, Central
Hong Kong

24 October 2002

Dear Ms Hon,

**The Director of Audit's Report on the
results of value for money audits (Report No. 38)**

Chapter 5: Residential services for the elderly

Thank you for your letter of 22 July concerning the provision of infirmity care supplement (ICS). We have carefully considered the issue raised in your letter in the context of the resource allocation exercise, hence the delay in replying.

ICS has been introduced as a top-up provision in subvented care and attention (C&A) homes to take care of elders assessed to require infirmity care. ICS enables these elders to remain in the same home while receiving more intensive care. As more and more elders living in C&A homes are assessed to require infirmity level care and the total number of such elders often exceed the number of supplements available, the practice adopted in recent years is to allocate ICS on a pro rata basis to the homes concerned. For instance, for the year 2002-03, a total of 832 elders are assessed to require infirmity level care in various homes. However, given

the funding available at \$29.75 million, which is equivalent to about 476 ICS (i.e. \$62,508 per case per year at current prices to top up the government's subvention to C & A homes), ICS funding is allocated on a pro-rata basis to 56 subvented C&A homes with elders at infirmary care level. These elders may continue to waitlist at the Central Infirmary Waiting List for admission to infirmary beds under the Hospital Authority.

No additional funding has been earmarked in the current financial year for ICS. Given the fiscal constraint, we do not envisage additional funding for ICS in the coming financial year. As stated in my letter of 16 July, we will conduct a comprehensive review on the provision of infirmary care in the next 12 months with a view to better addressing the needs of elders assessed to require infirmary level care in the current economic environment. In the meantime, the Social Welfare Department will review the existing arrangements for allocation of ICS to ensure that subsidised residential care homes looking after frail elders would have an equitable share of the resources available.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Yeoh', written in a cursive style.

(Dr E K Yeoh)
Secretary for Health, Welfare and Food

c.c. Chief Executive, Hospital Authority
Director of Social Welfare
Director of Audit