



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. : HWF/ES/3/24 Pt. 3(01)
Your Ref. : CB(3)/PAC/R38

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20 January 2003

Clerk to Public Accounts Committee
LegCo Secretariat
(Attn : Miss Sandy Chu)
Legislative Council Building
8 Jackson Road
Central
Hong Kong

Dear Miss Chu,

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

Chapter 5: Residential services for the elderly

I refer to your letter of 12 December 2002 seeking additional information on a number of issues. I append below my response in sequence:

(a) Item (a)

As stated in my letter of 24 May 2002, we are examining various options that help to target resources at elders with genuine needs, including to develop a fee assistance scheme to allow elders to have more choices and flexibility in using

residential care services. We are at an early stage of our deliberation. When we have formulated proposals, we will consult relevant parties, including the Legislative Council.

(b) Item (b)(i)

Since the PAC public hearing, the Social Welfare Department (SWD) has taken action to draw up a detailed plan to phase out self-care hostels and homes for the aged (H/As) and is now putting it in place. Since 1 January 2003, SWD has ceased to put elders approaching its offices for such services on a waiting list for admission to self-care hostels and H/As. Instead, caseworkers are required to assess their needs and refer for appropriate services immediately. To facilitate service referral, SWD has published a guidebook providing comprehensive information on the range of financial, housing, community care and support services available to elders, copy attached. For the about 5,600 elders currently on the self-care hostels and H/A waiting list, caseworkers will review each and every of these cases over the next six months with a view to ascertaining the genuine welfare needs of the applicants and offering them earlier community care and support services and housing assistance as appropriate. SWD will shortly write to all these elders on the waiting list providing them with a copy of the above-mentioned guidebook for reference.

(c) Item (b)(ii)

SWD is in the process of upgrading its computer system to facilitate implementation of a centralised registration system of both residential and community services. We aim to put the new system in place in the latter half of 2003.

(d) Item (b)(iii)

The re-engineering exercise consists of two parts, namely –

- (i) Revamping of centre-based services in which existing social centres for the elderly (S/Es) and multi-service centres for the elderly (M/Es) will be upgraded to neighbourhood elderly centres (NECs) and district elderly community centres (DECCs) respectively to provide expanded functions to elders and the community; and
- (ii) Upgrading of home-based services in which existing home help teams (HHTs) will be upgraded to integrated home care services teams (IHCSTs) to provide enhanced personal and nursing care services to frail elders.

We have achieved satisfactory outcome in the re-engineering exercise. The revamped centre-based and upgraded home-based services will commence in phases within 2003-04.

(e) Item (b)(iv)

For the three contract residential care homes for the elderly (RCHEs) which we invited tenders in July 2002 providing a total of over 280 subsidised places, about half of these places are designated for elders of nursing home frailty. We will continue to pursue the concept of continuum of care in government supplied RCHE premises put out for tender in future.

(f) Items (b)(v) and (c)

As explained in my letter of 16 July 2002, we will review the provision of infirmary beds and examine the feasibility of providing infirmary care in a non-hospital setting to achieve cost-effectiveness and continuum of care for elders in the long term care system. The transfer of infirmary care from hospital to non-hospital setting is a complex issue which requires detailed study. Not all infirm patients can be transferred from the hospital to a non-hospital setting. In the context of the review, we are examining with the Hospital Authority, SWD and Department of Health the criteria to identify elders who need to be taken care of in the hospital setting. In the meantime, SWD has taken steps to extend the allocation of Infirmary Care Supplement (ICS) to frail elders receiving subsidized service in private RCHes under the Enhanced Bought Place Scheme. The revised system ensures more equitable distribution of the limited resources and will also enable us to gain a better idea of the total number of elders requiring infirmary care. This information will be useful for us in our further deliberation of the issue.

Yours sincerely,



(Dr E K Yeoh)

Secretary for Health, Welfare and Food

c.c. Director of Social Welfare - w/o encl.
Chief Executive, Hospital Authority
Director of Audit

**Note by Clerk, PAC: Guidebook not attached.*