

## **LEGCO PANEL ON WELFARE SERVICES**

### **Subcommittee on Elderly Services**

#### **Provision of Support and Assistance for the Poor Elderly**

##### **PURPOSE**

This paper briefs Members on the financial assistance and support services which together provide a safety net for the elders in need.

##### **OVERVIEW**

2. Helping elders in need does not mean providing them with financial assistance only. Our public health care system, public housing programmes, the elderly centres, and the subsidised community and residential care services are an integral part of the support network for elders in need.

3. The Government is providing both non-contributory financial assistance and a range of highly subsidised services for elders in need. Government's revised expenditure on elders in the areas of social security, elderly services and health care was about \$29.6 billion in 2006-07, of which:

- (a) about \$12.9 billion was spent on providing elders with the Comprehensive Social Security Assistance (CSSA), and the Old Age Allowance (OAA) and the Disability Allowance (DA) under the Social Security Allowance (SSA) Scheme;
- (b) about \$3.1 billion was spent on providing elders in need with various types of home-based and centre-based community care and support as well as residential care services; and
- (c) about \$13.6 billion was spent on providing health care to elders through the Hospital Authority (HA) and the Department of Health (DH).

4. An overview of these assistance and services, and the number of elderly beneficiaries, are as below:

- (a) as at mid-2007, 89% of the elders aged 70 or above (i.e. 570 090) were receiving public financial assistance either in the form of the means-tested CSSA, the largely non-means-tested OAA or the totally non-means-tested DA. The figure for those aged 65 or above is 78% (i.e. 683 947);
- (b) more than 50% of the elders live in subsidised housing, including public rental housing (PRH) and purchased flats under the Home Ownership Scheme;
- (c) in 2006, 49% of bed days in public hospitals are taken up by elders aged 65 or above, with free medical services provided to those on CSSA and fee waiver granted to those with financial difficulties;
- (d) over 22 000 elders in the community are enjoying non-means-tested subsidised home-based or centre-based community care and support services; and
- (e) about 85% of the elders residing in residential care homes for the elderly (RCHEs) are receiving Government subsidy either in the form of subsidised residential care places (24 200) or the CSSA (24 500).

## **FINANCIAL ASSISTANCE**

### *CSSA Scheme*

5. The CSSA Scheme, whilst seeking to meet the basic needs of those who cannot support themselves financially, takes special care of the elderly, through the provision of higher standard rates, supplements and special grants, including glasses, dentures, removal expenses, fares to hospital/clinic, medically recommended diets and appliances and a burial grant. At the end of October 2007, about 16% of the elders aged 60 or above (i.e. 187 271) were on CSSA. Government's recurrent expenditure on CSSA for the elders in 2006-07 was \$8.3 billion.

## OAA

6. The OAA is a cash allowance given to eligible elders of 65 or above to meet their special needs arising from old age. The OAA is a non-contributory and largely non-means-tested scheme funded by general revenue.

7. Elders aged between 65-69 are subject to an income and assets limit, while those aged 70 or above are not subject to any means test. The former may receive a monthly allowance of \$625 while the latter may receive a monthly allowance of \$705.

8. At the end of October 2007, there were 468 839 elders on OAA (about 53% of the elders aged 65 or above). Government's recurrent expenditure on OAA in 2006-07 was \$3.8 billion.

9. The Administration is actively considering views on how to provide more targeted assistance and support for elders in financial hardship.

## DA

10. DA includes Normal Disability Allowance (NDA) and Higher Disability Allowance (HDA). The allowance is non-contributory and non-means-tested. It is designed to provide an allowance to Hong Kong residents who are severely disabled to meet the special needs arising from disability.

11. At the end of October 2007, 55 545 elders aged 65 or above were receiving DA. Recipients of NDA receive a monthly allowance of \$1,140 while those of HDA receive \$2,280. In 2006-07, Government recurrent expenditure on DA for elders aged 65 or above was \$0.8 billion.

## SUPPORT SERVICES

### *(I) Public health care services*

12. The Government aims to ensure that no one in Hong Kong would be deprived of medical care because of lack of means. It provides a wide range of public services to meet the health care needs of the community, including the elders.

13. In 2006-07, services to the elders accounted for about 45.5% of the cost of services of HA. Elders aged 65 or above took up about 49% of the total bed days in public hospitals in 2006.

#### Elderly health services

14. DH is providing comprehensive primary health care services to people aged 65 or above through its 18 Elderly Health Centres (EHCs). Members of the EHCs pay an annual membership fee of \$110 and enjoy a wide range of services, including health assessment, physical check-up, counselling, curative treatment and health education. The objectives are to enhance primary health care for the elderly, improve their ability to take care of themselves, encourage healthy living and strengthen family support. Fees will be waived for CSSA recipients and those who have financial hardship. In 2006, of the more than 38 000 EHC members, 14.1 % was CSSA recipients.

#### Government influenza vaccination programme

15. The Government Influenza Vaccination Programme (GIVP) provides free vaccination to selected target groups who are recommended to receive flu vaccine, including elders living in RCHEs, those aged 65 years or above with chronic illness who are followed up by public clinics, as well as those aged 65 years or above who are receiving CSSA. In 2006-07, over 180 000 elders benefited from the GIVP.

#### Chinese medicine out-patient services

16. Chinese medicine out-patient services are at present provided mostly by private Chinese medicine practitioners at competitive prices. A number of NGOs are also providing free or reduced-fee Chinese medicine out-patient services for the needy. In the public sector, there are currently nine self-financing Chinese medicine out-patient clinics established on a tripartite model where HA collaborates with an NGO and a local university in each clinic. The number of clinics will increase to 14 by early 2009.

17. The public Chinese medicine clinics are required to provide up to 20% of the total consultation quotas to patients receiving CSSA, who would be waived the standard fee. Past operating experience indicates that the collaborating NGOs are often willing to use their own resources or other means to assist additional CSSA recipients beyond the 20% level as well as low-income patients, particularly the elders, to receive Chinese medicine services.

## Dental services

18. The Government's policy on dental services is to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness on oral health, and facilitating the development of proper oral health habits. At present, DH provides free emergency dental services in 11 government dental clinics to the public. In 2006, the attendance was about 35 000, the majority of which were elders.

## Medical fee waiver system

19. The public health care services are heavily subsidised by the Government and the fees of public medical services are affordable by the general public. Elders receiving CSSA are exempted from payment of public medical fees. A mechanism of medical fee waivers is also in place to provide assistance to needy patients. Elderly patients are one of the major beneficiary groups of the medical fee waiver mechanism. In 2006-07, the fee waiver granted to elderly patients amounted to \$277 million, of which \$253 million were granted to elders receiving CSSA.

20. HA has made special arrangement to make the medical fee waiver mechanism more accessible to needy elderly patients. For example, a higher asset limit of \$150,000 per person is set for the elders (as compared to \$30,000 per person for people below 65). Apart from one-off waivers for unscheduled attendances at General Out-Patient Clinics (GOPCs), elders or chronically ill patients could also apply for period waivers that are up to 12 months for Specialist Out-Patient Clinic services and pre-scheduled follow-up appointments at GOPCs. Medical Social Workers may also take into account specific needs of individual elders and exercise discretion when assessing the medical fee waiver applications.

21. To further enhance the accessibility of medical fee waivers to needy elderly patients, HA and the Social Welfare Department (SWD) are planning to extend the coverage of period waiver for the elders to include GOPC services without pre-scheduled appointment. The target is to implement the new arrangement starting from the first quarter of 2008.

## The Samaritan Fund

22. At present, hospital maintenance fees and out-patient consultation fees in public hospitals/clinics are highly subsidised by Government and cover a

wide range of medical services, procedures and consultations. In addition, the Samaritan Fund was established to act as a safety net to provide financial assistance to needy patients, including needy elders, to meet expenses on privately purchased medical items or new technologies (e.g. self-financed drugs, surgical implants/prosthesis and home-used medical equipment such as wheelchairs), which are not covered by hospital maintenance fees or outpatient consultation fees in public hospitals/clinics.

23. HA has kept under review the operation of the Samaritan Fund and made improvements where appropriate to ensure that financial assistance would be provided to needy patients.

#### Health care vouchers for the elderly

24. As announced by the Chief Executive in the 2007-08 Policy Address, the Food and Health Bureau will launch a three-year pilot scheme in the 2008-09 financial year to provide five health care vouchers of \$50 each to senior citizens aged 70 or above annually to partially subsidise their use of primary care services including preventive health care in the private sector. At the same time, existing public health care services available to the elders would not be reduced as a result of the introduction of the scheme. Senior citizens may still access public health care services as necessary.

#### *(II) Meeting the psycho-social needs of elders*

##### Promote active ageing

25. There are more than 200 elderly centres, including 41 District Elderly Community Centres (DECCs), 115 Neighbourhood Elderly Centres (NECs) and 58 Social Centres for the Elderly. These elderly centres provide a wide range of services and activities to cater for the psycho-social and developmental needs of elders and their carers, with a view to promoting active ageing and facilitating elders to integrate into the community. Services include educational and developmental groups, outreaching programmes, counseling service and case management, social and recreational activities, referrals for appropriate services, volunteer development and carer support services. At present, over 170 000 elders are members of the elderly centres. Members are only required to pay a minimum annual membership fee and activity fees. NGOs operating the elderly centres may waive the membership and activity fees for elders in financial hardship.

## Support for vulnerable elders (including singleton and hidden elders)

26. The 41 Support Teams for the Elderly (STEs) attached to the DECCs mobilize volunteers to render outreaching services to vulnerable elders and provide them with care, personal assistance, counseling and support services. At present, the STEs are serving about 60 000 elders, of which about 30 000 are singleton elders.

27. The 2007-08 Budget has earmarked a recurrent amount of \$38 million for 41 DECCs and 115 NECs to increase the manpower provision to enhance their outreaching efforts to singleton and hidden elders. After locating the singleton/hidden elders, the elderly centres will try to establish rapport with them, identify their needs, help them get out of isolation and provide the support and services they need. The enhanced outreaching efforts will commence by the end of 2007.

28. The enhanced outreaching efforts to singleton and hidden elders may lead to greater demand for services directly provided by the DECCs, in particular the counselling services and the handling of applications for subsidised LTC services. To help DECCs cope with the increased workload, we will provide additional resources to the DECCs to strengthen their services in those areas.

29. The 2007-08 Policy Address has earmarked an one-off funding of \$200 million to help improve the homes of elders in need in the next five years, with a view to enhancing domestic safety and the quality of life of elders in need. We hope that this initiative will encourage our citizens to care more about the elderly in need, enabling the culture of caring for the elderly to take root in our community. The Labour and Welfare Bureau and SWD are working out the implementation details.

### *(III) Subsidised community care and support services for elders ageing in the community*

#### General home-based services

30. We promote “ageing in the community”. Because of old age, some of the elders who age in the community may require assistance in their daily living, even though they may not have long term care (LTC) needs. Through the 60 Integrated Home Care Services (IHCS) Teams operated by subvented NGOs, we provide these elders with meal delivery, household cleaning and escort services (known as IHCS (Ordinary Cases)). Elders who

use the services do not have to go through the Standardized Care Needs Assessment. Over 70% of them are paying the lowest rate on the charging scale.

31. The 2006-07 Budget has earmarked \$20 million recurrent funding for strengthening the non-frailty-tested home care services for the elderly. As at June 2007, about 830 additional new cases have been served, thereby bringing the total number of cases being served to about 17 000.

Home-based services for frail elders

32. Home-based community care services for elders with LTC needs include personal care, nursing care, physiotherapy, meal delivery, household cleaning and escort. They are provided by IHCS Teams (known as IHCS (Frail Cases)) and the Enhanced Home and Community Care Services (EHCCS) Teams. More than 3 500 frail elders are using the services (they are in addition to the 17 000 elderly users of IHCS (Ordinary Cases) mentioned in paragraph 31 above). About 60% of them are paying the lowest rate on the charging scale.

33. As shown in the table below, the charges for the home care services for the elders as mentioned in paragraphs 30 and 32 above are modest:

Income level	CSSA level or below	Between CSSA to 1.5 CSSA	Above 1.5 CSSA level
Meal delivery	\$12.6 per meal	\$15.4 per meal	\$18.6 per meal
Laundry	Light	\$0.7 per item	
	Medium	\$0.9 per item	
	Heavy	\$1.8 per item	
Direct care, household cleaning and escort services	\$5.4 per hour	\$11.7 per hour	\$19 per hour

Day care services for the elderly

34. There are at present 51 subsidised day care centres/units for the elderly, providing subsidised day care services for elders who have LTC needs and are ageing in the community. To meet the growing demand, we will provide 80 additional day care places in Kwun Tong, Tin Shui Wai and Eastern Districts in early 2008, bringing the total number of day care places to 2 055.

Carer support

35. Elders ageing at home and require care during the temporary



absence of their carers (e.g. carers taking a break) may receive respite care at subvented RCHEs (for those staying overnight) or at day care centres/units (for those not staying overnight). Both are heavily subsidised and are charged on a daily basis.

36. Most of the DECCs and NECs provide support services for carers, which include counseling, emotional support, resource centres, training, seminars, activities, carers' groups, and loan of rehabilitation equipment.

37. To equip individuals with basic elderly care skills, nurture a caring mindset and develop "carer" services, we launched a trial scheme in the Eastern and Wan Chai, Wong Tai Sin and Sai Kung, as well as Kowloon City and Yau Tsim Mong districts in 2007. The scheme provides a seed capital of \$50,000 for 11 DECCs, in collaboration with community organisations, to run carer training courses and to recruit those who have completed the courses to serve as "carers". Training has commenced in October 2007. At least 660 individuals will be trained in the first year.

#### Integrated support services for elderly hospital discharges

38. The 2007-08 Budget has earmarked \$96 million for four years to implement a trial scheme to provide integrated discharge support services to elderly discharges from hospitals who have difficulty taking care of themselves. The objectives of the trial scheme are to enhance discharge planning for elderly patients, reduce unplanned hospital re-admission rate of high-risk elderly discharges, and enhance the support and training to carers in looking after elders discharged from hospitals. Target beneficiaries are patients aged 60 or above with high risks of hospital readmission and are in need of transitional rehabilitation services and/or community support services upon discharge from hospitals.

39. The first pilot project will be launched in Kwun Tong starting from the 1st quarter of 2008. It is estimated that a total of 3 000 high-risk elderly patients will be served and training for 1 000 carers will be provided under the Kwun Tong project in a year.

#### *(IV) Subsidised residential care services for the elders*

40. We provide highly subsidised residential care services for elders who have LTC needs and cannot be adequately taken care of at home. Elders applying for subsidised residential care services are non-means-tested but have

to go through the Standardised Care Needs Assessment.

41. Currently, there are more than 26 000 subsidised residential care places. In 2007-08, we will increase a total of 743 subsidised residential care places (including 212 places in three new contract RCHEs and 531 purchased places in private RCHEs). Elders staying in subsidised residential care places only have to pay a monthly fee which is around 20% of the actual unit cost, whereas the remaining 80% is paid by the Government. Those who have financial difficulties can apply for the CSSA to cover the monthly fees. About 68% of the elders in subsidised residential care places are CSSA recipients.

42. In addition, another 24 500 elders are living in non-subsidised residential care places by means of CSSA. Overall speaking, 85% of the elderly RCHE residents are receiving Government subsidy to live in RCHEs.

#### *(V) Housing*

43. The waiting time for elders applying for public housing has decreased from about 4½ years in 1997 to about one year.

44. To promote “ageing in the community”, encourage mutual support among family members and establish a family-based support network in PRH, the Housing Authority endorsed five enhanced public housing allocation schemes in May 2007. They include the Families with Elderly Persons Priority Scheme (FEP), Special Scheme for Families with Elderly Persons (NFEP), Addition Policy for Harmonious Families, Enhanced Transfer Scheme for Harmonious Families and Amalgamation of Tenancies for Harmonious Families.

45. Under the enhanced schemes of FEP and NFEP, the minimum waiting time for applicants has been reduced from two years to 18 months. At the same time, the restriction on the applicants’ choice of districts under the NFEP has been relaxed.

46. The Housing Authority has also relaxed the policy to allow one adult offspring, together with family members, to be added to the tenancy of elderly tenants so that the latter would be better taken care of. Under the enhanced policy for amalgamation of tenancies for harmonious families, the amalgamated household may opt to move to any district without the need to go

through the Comprehensive Means Test and Domestic Property Test.

47. To facilitate two generations to live closer, the younger generation may apply to move to the same estate or to a nearby estate of the elderly parents and vice versa. Up to 1000 flats per annum mainly in urban and extended urban districts will be set aside for the enhanced transfer scheme.

*(VI) Concessionary fares for public transport*

48. Public transport operators including franchised bus companies, MTR Corporation Limited, Hongkong Tramways, individual green minibus and ferry operators have been offering half fare concessions or discounts at similar rate to the elders. Individual public transport operators are also implementing other forms of fare reductions to the elders. For example, elders can travel on the specified routes of four franchised bus companies at \$2 flat fare or half fare, whichever is lower, on Sundays and public holidays since 28 January 2006 for three years. Elders can also ride on the MTR for a flat fare of \$2 on Sundays and public holidays since 2 December 2007.

**ADVICE SOUGHT**

49. Members are invited to note the contents of the paper.

**Labour and Welfare Bureau  
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