

# 立法會 *Legislative Council*

LC Paper No. CB(2)188/10-11(02)

Ref : CB2/PS/1/09

## **Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly under the Panel on Welfare Services**

### **Background brief prepared by the Legislative Council Secretariat for the meeting on 12 November 2010**

#### **Services for demented elderly**

#### **Purpose**

This paper gives a brief account of the discussions of the Panel on Welfare Services ("the Panel") on the support services for demented elders.

#### **Background**

2. According to a study conducted jointly by the Department of Health and the Department of Psychiatry of The Chinese University of Hong Kong in 2006, around 9.3% of elders aged 70 or above living in the community suffered from dementia. Based on the elderly population (aged 70 or above) of about 678 000 in mid 2009, it is estimated that there are some 63 000 demented elders living in the community at present. Based on the current incidence rate of dementia and the projected elderly population, it is projected that 77 000 demented elderly persons aged 70 or above will be living in the community by 2019.

3. Since the implementation of the Standardised Care Need Assessment Mechanism for Elderly Services ("SCNAMES") in 2000, elderly are required to undergo the care need assessments at the time of their application for subsidized long-term care services. As there is no means test for subsidized long-term care services, eligible elders are put on the Central Waiting List for the services according to the recommended options by the assessors.

4. A Dementia Supplement has since 1998 been provided to subvented residential care homes for the elderly ("RCHEs") to employ additional professional staff to provide care services and arrange training activities for demented elderly persons. The Dementia Supplement has been extended to private RCHEs participating in the Enhanced Bought Place Scheme since 2009.

## **Deliberations of the Panel**

### Dedicated service units

5. At the meeting on 12 April 1999, the Panel was briefed on the Administration's proposal to provide dedicated service units in residential care homes and day care centres for demented elderly.

6. Members were advised that to cater for the special needs of the demented, the Social Welfare Department ("SWD") would conduct pilot projects to set up six dementia units in five subvented residential care homes and two day care centres to provide dedicated services for the care of dementia in either residential or day care settings. These dementia units would provide tailor-made training to enhance the functioning and independence of the demented as well as provide support and relief to carers. Referrals for other services would be arranged if necessary. The pilot projects were scheduled to commence in April 1999 for three years. In the three-year period, SWD would conduct mid-term and final evaluations to examine the cost-effectiveness of the projects and to determine the way forward.

7. Members were further advised that a new Dementia Supplement at about \$40,000 per elderly per year had been provided to subvented care and attention homes since November 1998 to employ additional staff to provide better care for 200 demented. A Working Group comprising medical and social work professionals and academics had been set up under the then Health and Welfare Bureau to review the services for the demented and to recommend areas for improvement. The Working Group would submit its Report to the Administration in mid 1999.

### Report of the Working Group on Dementia

8. At the meeting on 14 February 2000, the Panel was brief on the recommendations of the Report of the Working Group on Dementia of the Elderly Commission and the follow-up actions taken by the Administration. The Administration advised that it supported all the recommendations of the Report and had been actively considering and implementing measures to take these recommendations forward.

9. Pointing out that the Working Group recommended that the feasibility of setting up more special dementia units in residential care homes and day care centre as well as day respite service for the elderly should be examined, members enquired whether consideration would be given to setting up more dementia units. The Administration advised that SWD had commissioned The Chinese

University of Hong Kong to conduct a consultancy study to evaluate the effectiveness of the pilot projects of setting up dementia units in subvented residential care homes and day care centres to provide specific care services for the demented, and to recommend long-term operating mode of the services. The feasibility of setting up more special dementia units in residential care homes and day care centres would be examined upon completion of the evaluation study.

10. With regard to the recommendation for providing more day respite places for the demented elderly, the Administration advised that to provide temporary relief to carers, SWD had launched a three-year pilot scheme of providing 36 day respite places at 12 day care centres since July 1999. The centres were examining the effectiveness of the service and the future operation mode. SWD would take into account the results of the evaluation in considering whether to expand the service to other day care centres.

11. While the Panel has not discussed the evaluation of the three-year pilot projects on dementia units, members may wish to note that in the light of the outcome of the pilot projects, the objective of SWD is for demented elders to be served in an integrated manner with the provision of a continuum of services in one care facility meeting the needs at their different stages of care level and conditions, instead of segregation and fragmented provision of different specialized service units.

#### Assessment tools on the impairment level

12. Some members were concerned whether the use of the assessment tool of SCNAMES could accurately assess the level of impairment of demented elders, having regard to the fact that SCNAMES would test the physical functioning of the elderly, but not their mental conditions.

13. The Administration advised that under SCNAMES, the applicants' impairment level was assessed according to their abilities in activities of daily living, physical functioning, communication, memory, behaviour and emotion as well as their health conditions. This set of tools was considered effective in assessing the actual conditions and care needs of people suffering from dementia.

#### Latest development

14. As stated in its 2010-2011 Policy Address and Policy Agenda, the Administration will increase the amount of Dementia Supplement, and for the first time, provide Dementia Supplement to day care centres to enhance their support for patients.

### **Questions raised at Council meeting**

15. Two questions relating to care services for demented elders were raised by Dr PAN Pey-chyou at the Council meetings on 13 January and 19 May 2010 respectively. The Administration's replies to the questions are in the **Appendix**.

### **Relevant papers**

16. Members are invited to access the LegCo website at <http://www.legco.gov.hk> to view the minutes and relevant papers of the meetings of Panel on 12 April 1999, 14 February 2000 and 6 February 2010.

Council Business Division 2  
Legislative Council Secretariat  
5 November 2010

*plan to permit a 5% blend of biodiesel into existing motor vehicle fuel. We understand that the Government already has a plan in place, but does it have a plan to collect all used cooking oil for central treatment in the long run?*

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese): President, if Member's question is about establishing an integrated facility for treating used cooking oil, similar to the one for treating food waste, I must say that we do not have such a plan now because the quantity of used cooking oil generated is less than that of food waste. Moreover, there are already a few treatment plants for used cooking oil, like the one newly established in the EcoPark which I have mentioned just now. However, I agree with Ms Miriam LAU in saying that if there is any spare capacity in the market, we can discuss what other work can be done.

**PRESIDENT** (in Cantonese): We have spent more than 21 minutes on this question. Fifth question.

### **Assistance for Elderly People who Suffer from Dementia**

5. **DR PAN PEY-CHYOU** (in Cantonese): *As the population is ageing, the number of elderly people in Hong Kong keeps increasing and many of them suffer from chronic illnesses, with dementia (also known as "Alzheimer's Disease") being one of the diseases suffered by an increasing number of patients. In this connection, will the Government inform this Council:*

- (a) *whether the authorities have compiled statistics on the number of dementia patients in Hong Kong and their age distribution in the past 10 years; and whether they have projected changes in the number of such patients in the next decade; if they have, of the outcome; if not, the reasons for that; whether the authorities will establish a database of dementia patients to facilitate more in-depth studies on the conditions of such patients and to enable them to receive assistance more expeditiously when they encounter accidents;*

- (b) *of the respective average waiting time at present for elderly people suffering from dementia to be admitted to subsidized residential care homes for the elderly and day care centres as well as to receive government or subsidized outreach services; whether the authorities will draw up a waiting list specifically for them in order to minimize their waiting time as far as possible; and*
- (c) *what support is provided at present to carers of dementia patients by the authorities to reduce their mental and financial burden, and whether they will consider granting a "carer allowance" to those taking care of their family members who suffer from dementia, so as to alleviate their financial pressure?*

**SECRETARY FOR LABOUR AND WELFARE** (in Cantonese): Like other developed economies, Hong Kong is facing the challenges of an ageing population. Hence, the Government has been allocating additional resources in recent years to enhance the care services for elderly persons, including the support for demented elderly persons and their carers. The Government's expenditure on elderly services has also increased from \$1.62 billion in 1997 to \$3.98 billion in this financial year (that is, 2009-2010), representing a rise of 145%.

My reply to individual parts of Dr the Honourable PAN Pey-chyou's question is as follows:

- (a) According to a study conducted jointly by the Department of Health (DH) and the Department of Psychiatry of The Chinese University of Hong Kong (CUHK) in 2006, around 9.3% of elderly persons aged 70 or above living in the community suffered from dementia. Based on the elderly population (aged 70 or above) of about 678 000 in mid-2009, it is estimated that some 63 000 demented elderly persons are living in the community at present.

According to the projection of the Census and Statistics Department, our elderly population aged 70 or above will reach 830 000 in 2019. Based on the current incidence rate of dementia, it is projected that 77 000 demented elderly persons aged 70 or above will be living in the community by 2019.

For dementia patients who receive treatment at the service units of the Hospital Authority (HA), their information (including their conditions and treatment progress) will be captured in HA's Clinical Management System, and the health care practitioners concerned can retrieve the information for reference for medical purposes.

- (b) Since 2000, the Social Welfare Department (SWD) has been implementing the Standardized Care Need Assessment Mechanism for Elderly Services (the Mechanism). Under the Mechanism, SWD adopts an internationally recognized assessment tool for assessing elderly persons' abilities in looking after themselves, their physical functioning, memory, communication skills, behaviour and emotion, health conditions, living environment and abilities in coping with their daily activities, and so on, and recommends appropriate care services to match the elderly persons' needs. Since this set of tools is effective in assessing the actual conditions and care needs of people suffering from dementia, we do not see the need for creating a separate waiting list for demented elderly persons.

At present, the Government provides a range of subsidized care services for dementia patients with long-term care needs. These services include residential care services, day care services and home-based care services. The waiting time is about 24 months, seven months and two months respectively.

The symptoms of dementia patients actually vary according to their conditions, and the differences can be substantial. Therefore, it is more important to provide the patients with a continuum of care services that suit their needs at different stages. At present, the subsidized elderly service units will draw up individual care plans for service users having regard to their health conditions and needs. The plans will be reviewed and updated regularly to cater for their changing health conditions.

In addition, we have made special arrangements for services frequently used by demented elderly persons. On residential care services, the Government provides a Dementia Supplement (DS) to all subvented residential care homes for the elderly (RCHEs) and private RCHEs participating in the Enhanced Bought Place Scheme. RCHEs can use it to employ additional professional staff to provide

care services and arrange training activities for demented elderly persons. The allocation for DS amounts to \$42.5 million a year.

At the same time, subsidized RCHEs and day care centres for the elderly will provide disease-specific training for demented elderly persons, including cognitive training, memory training, reality orientation and reminiscence therapy, and so on. These institutions will also provide a suitable environment so as to avoid exerting pressure (caused by noise or lighting, for instance) on demented elderly persons and offer a suitable level of stimulation (for example, using directional signs).

In addition to providing direct services to dementia patients, the Government has allocated resources to various service providers in recent years for improving the facilities of subsidized RCHEs and day care centres, such as installing anti-wandering systems and multi-sensory facilities, and so on. The Government also provides regularly a series of training programmes on caring for demented elderly persons for the staff of elderly service units (including social workers, nurses, occupational therapists, physiotherapists, care workers and home helpers, and so on), so as to enhance their knowledge of dementia and strengthen their skills in caring for demented elderly persons, with a view to providing better care for demented elderly persons.

- (c) Cherishing the family is one of the core values of our society. The Government has therefore been promoting mutual family support, and we value contribution made by carers to their elderly family members. The Government has put in place a wide range of support services and measures for carers of elderly persons, which aim at helping them discharge their family responsibilities and easing their stress. For example, the District-based Scheme on Carer Training (the Scheme) is to equip participants with basic knowledge of elderly care, including the skills in caring for demented elderly persons. Our aim is to enhance carers' capability through training so as to ease their stress in caring for the elderly persons. The Scheme has been well received since its implementation and the first round of training was completed with 750 carers trained. The second round of training commenced in March last year and it is expected that another 1 500 carers will be



trained in a year's time. SWD will further extend the Scheme to Neighbourhood Elderly Centres in April this year.

In addition, the 158 elderly centres, 58 day care centres and 85 home care service teams throughout the territory provide support services for carers, including the provision of information, training and counselling, assistance in forming carers' mutual-assistance groups, setting up of resource centres, and provision and loan of rehabilitation equipment, and so on. At present, all subsidized RCHEs and day care centres also provide relief for carers through their respite services, so that carers can take a break or attend to other businesses.

At the same time, the current social security and welfare systems can offer different forms of protection and support for elderly persons and their carers who are not engaged in employment. At present, people in financial difficulties can apply for financial assistance under the Comprehensive Social Security Assistance Scheme (CSSA). Moreover, the Government has provided a wide range of subsidized services such as public housing, medical services and social welfare services for those in need. On top of that, the Inland Revenue Ordinance (IRO) allows for tax deduction in respect of Elderly Residential Care Expenses up to a maximum of \$60,000 per year. Dependent Parent/Grandparent Allowance are also granted under the IRO and taxpayers who reside with the dependants throughout the year are entitled to a \$60,000 allowance. These measures can encourage fellow family members to help look after their elderly persons, and can provide additional support to the carers.

While we fully recognize the importance of carers in taking care of the elderly, we also understand that demented elderly persons require different kinds of care, many of which involve professional knowledge and skills. Family members or individuals may not be able to fully address these care needs. We believe that, compared to providing cash subsidies to the carers, the range of support services subsidized by the Government can better address their needs.

**DR PAN PEY-CHYOU** (in Cantonese): *President, the Secretary's reply reminds me of what my neighbour in this Chamber, Honourable IP Wai-ming, has referred to because the Secretary has even counted the Dependent Parent Allowance in.*

*First, I want to point out that the statistics cited by the Secretary do not give a complete picture because as the Secretary has said, these statistics only cover elderly persons living in the community. Elderly persons who live in RCHEs or are being hospitalized are not included. Moreover, the statistics are collected for elderly persons aged 70 or above but in fact, many patients have their first instance of dementia when they were under this age.*

*Moreover, I want to point out that we now receive frequent complaints about applications for services made by demented elderly persons under the Mechanism being denied on the grounds that they are independent in terms of mobility. However, as these elderly persons cannot really take care of themselves, they have a genuine need for these services. But their applications have been rejected. Furthermore, elderly services provided in the community, such as those by day care centres, cannot really meet the needs of demented elderly persons because such services are primarily designed for elderly persons with sickness or impaired mobility. Such services are not suitable for demented elderly persons who are independent in terms of mobility but suffer from brain degeneration and cannot control their emotions and behaviour. In this connection, I want to know whether the Government is aware of the difference in service requirements? Both the assessment mechanism and the service itself are focused on elderly persons with physical disabilities and have not paid enough attention to elderly persons with mental disabilities. If the Government understands that there is such a shortfall, does it have any plan to improve both these aspects?*

**SECRETARY FOR LABOUR AND WELFARE** (in Cantonese): Thanks to Dr PAN for his question. First, he mentioned that some elderly persons possibly suffering from dementia cannot enjoy elderly services because they failed to pass the assessment under the Mechanism. In fact, even if these elderly persons fail to pass the assessment, they can still enjoy certain integrated home care services which are non-assessment-based. There are two different situations: some services are provided subject to assessment and other services are non-assessment-based. There are two types of cases. The latter are ordinary cases where the elderly persons concerned can perhaps move around by themselves, that is, elderly persons with relatively more mobility but are suffering

from early-stage dementia. What kinds of services are available to them? They can receive relatively simple personal care services including feeding, bathing, measuring body temperature and blood pressure, and even home cleaning, meal services as well as transportation to day care centres. All these services can be enjoyed by such elderly persons and we can also provide counselling services when necessary. Hence, elderly persons who have not been assessed may not necessarily be deprived of any services. This is the first point I want to make.

The second point relates to what I have said in the main reply just now. We have allocated some \$40 million to some organizations including day care centres and subvented RCHEs to employ additional staff. The objective is precisely to better serve demented elderly persons so that tailor-made services can be provided by physiotherapists, occupational therapists and care workers to them. The elderly persons concerned can come into contact with more people and talk to them. In particular, some elderly persons like to talk about the past. If there is someone to talk to them about the past, their cognitive functions may recover gradually. As a doctor, Dr PAN should know very clearly about this and he is an expert. Hence, we have already allocated additional resources for the care of demented elders. Moreover, this year's funding provision is also made available to RCHEs participating in the Bought Place Scheme. The fact is that we are improving our elderly services and we are going in a better direction.

**PRESIDENT** (in Cantonese): Which part of your supplementary question has not been answered?

**DR PAN PEY-CHYOU** (in Cantonese): *My question is about those services to be provided under the Mechanism and not those non-assessment-based services that the Secretary just talked about because if those services, that is, the latter ones can meet the needs of demented elderly persons, it will not be necessary for them to make applications under the Mechanism .....*

**PRESIDENT** (in Cantonese): Members should avoid making lengthy remarks when asking supplementary question to the extent of making a question unclear. Please put your follow-up questions in a simple and concise way.

**DR PAN PEY-CHYOU** (in Cantonese): *Here is my follow-up question: I want to know whether the Government is aware that some demented elderly persons who are in genuine need of such services are often excluded under the Mechanism?*

**SECRETARY FOR LABOUR AND WELFARE** (in Cantonese): President, thanks to Dr PAN for his question. In fact, I conducted a visit with my colleagues on New Year's Eve to observe the assessment process myself. We paid a home visit a demented elderly person aged 79 years. I had a long chat with him and observed the whole assessment process. If he is found to be qualified after the assessment, we will certainly provide the services he requires, either home care or residential home services. But if he is not qualified, of course we cannot provide the said services to him. For elderly persons who are not qualified, as I have mentioned in my reply just now, if they are assessed to be not eligible for the services or to have no need for such services, they can still enjoy ordinary integrated home care services. The most important thing is that these services are available to them. The Honourable Member said just now that no service was available to these elders. But that is not true. We will never do nothing to help them. I want to clarify this because Members may have some misunderstanding on what I have just said about this point.

**MR LAU WONG-FAT** (in Cantonese): *President, many demented patients suffer from mood fluctuations, depressions, temper tantrums, and so on, and have to receive psychological and behavioural therapy. Ordinary RCHEs or day care centres may have difficulty in handling these cases. Will the Government inform this Council whether consideration will be given to setting up specialized residential care homes for demented elders so as to provide better care and treatment to such unfortunate elderly persons and to alleviate the stress of family members of the patients?*

**SECRETARY FOR LABOUR AND WELFARE** (in Cantonese): Thanks to Mr LAU for his question. In fact, a couple of years ago, we tried to deal with the issue from the angle of dedicated service, that is, to provide specialist service, the so-called dementia care service. But the result was unsatisfactory. Hence, having experimented with an alternative approach but without good results, our direction now is to revert to an integrated all-round approach because our ultimate goal is to provide all-round services and support to the elderly. Bringing all demented elderly persons together may even have an undesirable effect on them.

If there is another setting where they can talk to and interact with normal people, it will be more beneficial to their health. Having tried and tested different approaches, we find that the present method and model are better. Hence, we will not revert to the course of setting up a special care centre for demented elderly persons.

In fact, Mr LAU, all-round and total services have already been provided in the RCHEs. As I said just now in the main reply, the manpower of all these centres has been enhanced. The most important improvement is about manpower. Moreover, other equipment such as sensory rooms and reminiscent corners has been added so that the elderly persons can be reminded of things in the past and this can in turn help prevent rapid deterioration of their cognitive functions and memories. Therefore, throughout the process, we have replicated elements from our past experiences of single service under the present mode of integrated services.

**MS CYD HO** (in Cantonese): *President, the reply given by the Secretary has hidden some facts and down-played the problem because their calculations only include elderly persons aged 70 or above. Even so, there are 63 000 demented elderly persons living in the community. For the families of these 63 000 elderly persons who could only be cared for in the community, they have to face enormous psychological, physical and financial pressures. However, when these elderly persons want to obtain residential care services, when they want to be cared for in institutions, the waiting time is as long as 24 months. The situation is in fact very difficult for these families. Does the Secretary have a policy objective to shorten the waiting time from 24 months to three months? And does he have any information about these 63 000 families? How many of them can afford to hire helpers to care for the patients? How many families have members who have to take leave from work to take care of these elders, or have a family member who resigns from work and becomes a full-time carer for the elderly? How many families are in fact living from hand to mouth and cannot afford to have members stop working to care for the elders, and the financial burden of these families is way beyond that covered under the CSSA? The Secretary must answer all these questions so that we can see the extent of the problem, and the authorities should shorten the waiting period accordingly.*

**SECRETARY FOR LABOUR AND WELFARE** (in Cantonese): Thank you Ms HO for her questions. Your concerns are shared by me. What is the method we are using to deal with the problem now? First, you mentioned the elderly persons aged 70 or above. What about those of a younger age? According to expert opinion, the incidence rate of dementia for elderly persons aged below 65 is generally not high. Of course, there are cases of such but the incidence rate is not high. The threshold of 70 is set after the joint study conducted by the DH and CUHK. For elderly persons not living in RCHEs and those living in the community, if there is a need, we can in fact provide ..... as I have just said, we can provide them with home care services. There are two different situations where some services are provided subject to assessment and other services which are non-assessment-based and to be provided for ordinary cases. Certain elderly services are provided to these elderly persons and the waiting time is generally two months.

As regards the provision of RCHEs, we have just discussed the findings of a consultancy study conducted by the University of Hong Kong (HKU) at the meeting of the Panel on Welfare Services this Monday. The consultancy study was commissioned by the Elderly Commission on problems brought by the ageing population. Of course, demented elderly persons is one of the issues we have to deal with but the big picture is about the ageing population. How can we deal with the related issues in terms of the provision of elderly services and residential care services? Three recommendations have been made in the HKU's report. First, the most important thing is to enhance home care services because if that can be achieved, the pressure for providing RCHEs would be minimized. Second, in terms of residential care services, the situation of early or unwarranted admission of the elderly to RCHEs should be avoided. This is also an important consideration. For elderly persons who are given dual options of either residential or home care services after assessment under the Mechanism, they should be encouraged to use home care services first. This is the general direction to follow. Of course, the consultancy study has also recommended that before admission to RCHEs, elderly persons should be subject to a means test. This is the consultancy's view and this recommendation is to be implemented last. The most important thing is to enhance home care services and that is exactly the direction in which we are working.

**PRESIDENT** (in Cantonese): Has your supplementary question not been answered? Has the Secretary not answered your question about shortening the waiting time?

**MS CYD HO** (in Cantonese): *In fact, he is not interested in shortening the waiting time. Now, I know that not letting elderly persons stay in RCHEs is for their own good. But the Secretary must at least tell us how many of the families concerned are living from hand to mouth and it is practically not possible for a family member to take care of the demented patient full time? Has he done any assessment on that?*

**SECRETARY FOR LABOUR AND WELFARE** (in Cantonese): It is not easy to conduct such an assessment. Members can see that the figures from CUHK's study are about incidence rates only. If each family has to be interviewed, the survey will be a mammoth task. Nonetheless, I think the most important message is that we are most willing to render assistance to the needy families as long as they ask for our help when needed. We will definitely provide them with assistance.

**PRESIDENT** (in Cantonese): This Council has spent more than 22 minutes on this question. Last oral question.

~~**MR LEUNG KWOK-HUNG** (in Cantonese): *President, I heard the Secretary talk about something like being sentimental and reminiscent of the old regime just now.*~~

**PRESIDENT** (in Cantonese): Mr LEUNG, please put your question according to the original version of the main question.

~~**MR LEUNG KWOK-HUNG** (in Cantonese): *The Government should in fact have these services because it has been 12 years after reunification and the Elderly Commission .....*~~

The Government is also expanding the programme of seawater flushing to reduce the consumption of potable water for this purpose. Main laying and infrastructural facilities are underway in Yuen Long, Tin Shui Wai, Tuen Mun East and Pokfulam to supply seawater for toilet flushing. They are scheduled for completion in 2014. We have also started planning for the expansion of seawater flushing supply system to Tung Chung on Lantau Island.

### **Elderly People Suffering from Dementia**

13. **DR PAN PEY-CHYOU** (in Chinese): *President, I have received complaints from quite a number of elderly groups and family members of elderly people that fundings currently provided by the Government for care services for elderly people suffering from dementia and support for these elderly people are far from adequate. In this connection, will the Government inform this Council, with respect to each year from 2004 to 2008:*

- (a) *of the number of elderly people suffering from dementia in Hong Kong; whether it knows among them, the number of attendances at hospitals or clinics under the Hospital Authority (HA) and the Department of Health (DH), as well as the number of elderly people who were waiting for places in subvented care and attention homes or infirmaries through the Standardized Care Need Assessment Mechanism for Elderly Services (SCNAM) of the Social Welfare Department (SWD) (set out in the table below);*

<i>Year</i>	<i>Number of elderly people suffering from dementia in Hong Kong</i>	<i>Number of elderly people suffering from dementia who are waiting for places in subvented care and attention homes or infirmaries through the SCNAM of the SWD</i>	<i>Number of attendances of elderly people suffering from dementia at hospitals or clinics under the HA and DH</i>
2004			
2005			
2006			
2007			
2008			



- (b) *whether it knows the respective numbers of elderly people suffering from dementia who are residing in various residential care homes for the elderly (RCHEs), receiving home care services in day care centres and receiving home-based community care services (set out in the table below); and*

Year	Number of elderly people suffering from dementia		
	Residing in various RCHEs	Receiving home care services in day care centres	Receiving home-based community care services
2004			
2005			
2006			
2007			
2008			

- (c) *of the amount of designated funding provided by the Government for care services for elderly people suffering from dementia, as well as the number of beneficiary organizations of such services, whether it knows the average enrolment rate, average waiting time and number of beneficiaries (set out in the table below)?*

Year	Care services for elderly people suffering from dementia				
	Amount of designated funding	Number of beneficiary organizations	Average enrolment rate	Average waiting time	Number of beneficiaries
2004					
2005					
2006					
2007					
2008					

**SECRETARY FOR LABOUR AND WELFARE** (in Chinese): President, like other developed economies, Hong Kong is facing the challenges of an ageing population. Hence, the Government has been allocating additional resources in

recent years to enhance the care services for elders, including the support for demented elders and their carers.

My reply to Dr PAN Pey-chyou's questions is as follows:

- (a) According to the study conducted jointly by the DH and the Department of Psychiatry of The Chinese University of Hong Kong in 2006, around 9.3% of elders aged 70 or above living in the community suffered from dementia. Based on the elderly population (aged 70 or above) of about 678 000 in mid-2009, it is estimated that there are some 63 000 demented elders living in the community at present.

The Elderly Health Centres (EHCs) of DH provide clinic service of health assessment, counselling, curative treatment and health education, and so on, to enrolled elderly members, including those suffering from dementia. The number of demented elders served by EHCs from 2004 to 2008 is as follows:

<i>Year</i>	<i>Number of demented elders receiving service at EHCs</i>
2004	298
2005	241
2006	250
2007	244
2008	302

As regards the HA, as elders may have more than one disease at a time (for example, elders with chronic diseases may also be diagnosed with dementia), the HA would arrange for doctors of different specialties to follow up their cases, having regard to the elders' different clinical needs and conditions, so as to provide them with appropriate care. In individual circumstances, patients with dementia may be provided with services by more than one specialty, including internal medicine, geriatrics and psychiatric departments. The number of dementia patients referred to the psychiatric department for follow-up is as follows:

<i>Year</i>	<i>Number of patients with dementia followed up by the psychiatric department of HA (estimate)</i>
2004	8 100
2005	8 800
2006	9 300
2007	9 700
2008	10 000

Note:

The above figures do not include demented elders followed up by other specialties.

The SCNAM of the SWD adopts an internationally recognized assessment tool to assess elders' abilities in looking after themselves, their physical functioning, memory, communication skills, behaviour and emotion, health conditions, living environment and abilities in coping with their daily activities, and so on, in order to recommend and match appropriate care services for elders in need. Since the assessment is not designed for the purpose of medical treatment, its focus is on elders' capability in respect of the abovementioned areas, and not on ascertaining whether they are suffering from any particular disease. The SWD has no separate record of the number of demented elders being matched with services through the SCNAM.

- (b) At present, there is no requirement for elders receiving various kinds of elderly care services to go through an assessment on dementia. Hence, we do not have precise information on the number of demented elders using our services.

Nevertheless, the SWD has been providing a "dementia supplement" (DS) to all subvented RCHes in the territory since the 1998-1999 financial year, enabling RCHes to employ additional professional staff to provide care services and arrange training activities for demented elders. The allocation of DS has been further extended to cover all private RCHes participating in the Enhanced Bought Place Scheme (EBPS) since 2009-2010. RCHes applying for DS have to report to the SWD the number of residing elders suffering from

dementia (that is, the number of elders confirmed to be suffering from dementia by the psychogeriatric team of the HA). Based on the information collected from this channel, the number of demented elders residing in the RCHEs receiving DS from 2004-2005 to 2009-2010 is as follows:

<i>Financial year</i>	<i>Number of demented elders in the RCHEs</i>
2004-2005	1 848
2005-2006	2 005
2006-2007	2 180
2007-2008	2 358
2008-2009	2 542
2009-2010	3 962

Since the DS arrangement is not applicable to subsidized day care services, home care services or private RCHEs not participating in EBPS, the SWD does not have the relevant figures in respect of these services.

- (c) Regarding elderly care services, as mentioned above, all subvented RCHEs and private RCHEs participating in EBPS have been receiving DS. The DS allocation from 2004-2005 to 2009-2010, the number of beneficiary organizations and beneficiaries are as follows:

<i>Financial year</i>	<i>Allocation for dementia supplement</i>	<i>Number of beneficiary organizations</i>	<i>Number of beneficiaries</i>
2004-2005	\$14.3 million	110	1 848
2005-2006	\$13.7 million	116	2 005
2006-2007	\$13.7 million	121	2 180
2007-2008	\$22.4 million	124	2 358
2008-2009	\$24.3 million	127	2 542
2009-2010	\$42.5 million	257	3 962

In addition, the Government allocated an extra \$17.12 million to 188 subsidized RCHEs and day care centres in 2008-2009 so that they could improve their facilities (such as installing anti-wandering

systems and multi-sensory facilities, and so on) for serving demented elders.

Like other elders, demented elders are provided with appropriate care services according to the results of SCNAM. We have not compiled separate statistics on their service enrolment rate and average waiting time.

Apart from the above, the psychiatric department and memory clinics of the internal medicine specialty of the HA provide assessment, treatment and rehabilitation services to patients with dementia. The HA's various community outreach services for elderly patients, such as psychogeriatric outreach services, community geriatric assessment team outreach services and community nursing services, also serve patients with dementia.

Besides, the Elderly Health Service (EHS) under the DH actively promotes elderly health and carer skills. Dementia is part of it. Since these health promotion activities and the clinic services as mentioned in part (a) of the reply constitute only part of the overall work under EHS, we are not able to provide a breakdown on the funding designated for dementia services. Health promotion on dementia covers all elders and their carers in Hong Kong, and the clinic services are part of the services provided by EHCs. There is no additional waiting time for demented EHC members. Please see part (a) of the reply for the number of beneficiaries.

**~~Copyright Issue of Information to be Disclosed Under Code on Access to Information~~**

14. **DR DAVID LI:** *President, I have received a complaint from a member of the public that recently a government department has refused his request under the Code on Access to Information (the Code) for a copy of a document in the Government's possession, on grounds that the requested document was covered by copyright. According to section 57 of the Copyright Ordinance (Cap. 528), for a work which has for any purpose in the course of public business been communicated to the Government, the Government may "copy the work, or issue*