

For information
on 29 January 2013

LEGISLATIVE COUNCIL

**PANEL ON WELFARE SERVICES
PANEL ON HEALTH SERVICES**

JOINT SUBCOMMITTEE ON LONG-TERM CARE POLICY

**Provision of subsidised residential care places for the elderly
and persons with disabilities
&
Provision of healthcare services to patients in residential care settings**

Purpose

This paper seeks to inform Members of the current provision of subsidised residential care places for the elderly and persons with disabilities, and the Administration's initiatives to further increase the supply of such places. It also briefs Members on the provision of healthcare services to patients in residential care settings provided by the Hospital Authority (HA).

Current provision of subsidised residential care places

(A) *Residential care places for the elderly*

2. It is the Administration's policy to promote "ageing in place as the core, institutional care as back-up". While noting that most elderly people prefer ageing in the community, we understand that some frail ones would need institutional care for health or family reasons. To this end, the Administration strives to increase the supply of subsidised residential care places for the elderly.

3. At present, there are about 76 000 residential care places for the elderly in Hong Kong (including about 26 000 subsidised ones), serving about 61 000 elderly persons. Subsidised residential care places (i.e. nursing home (NH) places and care-and-attention (C&A) places) are provided in subvented residential care homes for the elderly (RCHEs), contract RCHEs, private RCHEs which participate in the Enhanced Bought Place Scheme (EBPS), and self-financing NHs under the Nursing Home Place Purchase Scheme. The current provision of subsidised places by service types, the number of applicants on the waiting lists and average waiting time are tabulated at **Annex 1**.

(B) Residential care places for persons with disabilities

4. The overall objective of our rehabilitation policy is to support full integration of persons with disabilities into society. To this end, the Administration provides a host of rehabilitation services with a view to assisting persons with disabilities in developing their physical, mental and social capabilities to the fullest possible extent and promoting their integration into the community. For persons with disabilities who cannot live independently or cannot be adequately taken care of by their families, the Administration provides various types of subsidised residential care services¹ to meet their diversified residential care needs at different stages of their lives.

5. At present, there are 11 975 subsidised residential care places for persons with disabilities, including 245 places purchased under the pilot Bought Place Scheme (BPS) for private residential care homes for persons with disabilities (RCHDs). The current provision of subsidised places by service type, the number of persons with disabilities on the waiting list and the average waiting time are tabulated at **Annex 2**.

¹ Residential care services for persons with disabilities include (a) Hostel for Severely Mentally Handicapped Persons; (b) Hostel for Moderately Mentally Handicapped Persons; (c) Supported Hostel; (d) C&A Home for Severely Disabled Persons; (e) Hostel for Severely Physically Handicapped Persons; (f) Long Stay Care Home; (g) Halfway House; (h) C&A Home for the Aged Blind; (i) Small Group Home for Mildly Mentally Handicapped Children/Integrated Small Group Home; (j) Residential Special Child Care Centre; and (k) Integrated Vocational Training Centre (Residential Service).

The Administration's initiatives to increase the provision of subsidised residential care places

(A) Residential care places for the elderly

6. The Chief Executive announced in his 2013 Policy Address that the Administration would increase the number of subsidised residential care places for the elderly through a multi-pronged approach. In the short run, we will purchase places from private RCHEs through EBPS and make better use of space in subvented homes for provision of more subsidised places offering a continuum of care (COC). For the medium term, we will build new contract RCHEs to increase the number of subsidised places, particularly NH places. In the long run, we will identify sites for new homes. Details of each of the above initiatives are elaborated as follows:-

(i) Increasing the provision of subsidised C&A places under EBPS

7. The Social Welfare Department (SWD) has implemented EBPS since 1998 to increase the provision of subsidised places and encourage private RCHEs to improve the quality of care. There are two categories of homes under EBPS, i.e. EA1 homes and EA2 homes. Both exceed the licensing standards in terms of staffing and space, while EA1 homes have even higher requirements than EA2 ones. Once a private RCHE participates in EBPS, the specified standards will apply to the entire home regardless of the percentage of places purchased by SWD in that home. As a result, elderly persons occupying non-EBPS places in the same home will also benefit. It is also the Administration's policy direction to upgrade EA2 places to EA1 level.

8. As at the end of December 2012, 135 (23.8%) of the 568 private RCHEs were participating in EBPS, providing 7 337 subsidised places. Additional resources have been earmarked in 2012-13 for purchasing about 600 additional EA1 places and upgrading more than 600 EA2 places to EA1 level.

(ii) Increasing the provision of COC places

9. To enhance the care capability of subvented RCHEs, SWD launched a conversion programme in June 2005 to convert, in phases, residential care places in 75 subvented RCHEs which did not have a long-term care element to C&A places providing COC. In the process, SWD has taken the opportunity to use the surplus area of these homes to provide a total of 492 additional places in 2010-11 and 2011-12, and an additional 136 places will be provided by the end of 2012-13. Work will continue in this regard.

(iii) Development of new contract RCHEs

10. At present, there are 20 purpose-built contract RCHEs in Hong Kong. The contracts were awarded by SWD through open tender to the service operators, i.e. non-governmental organisations (NGOs) and private operators. These RCHEs are providing a total of 1 552 subsidised places (about 79% are NH places and 21% are C&A places with COC) and 1 105 non-subsidised places. From now to 2014-15, four new contract RCHEs will commence service. Details are at Annex 3. They will provide a total of 236 subsidised places (of which 212 are NH places and 24 are C&A places with COC) and 180 non-subsidised places.

(iv) Identifying sites for new contract RCHEs

11. SWD has also earmarked sites in 11 development projects for the construction of new contract RCHEs. SWD will continue to identify suitable sites for this purpose. We will explore the feasibility of incorporating residential care facilities into new development projects, and convert vacant buildings into RCHEs. We will also discuss with NGOs how to make better use of the land owned by them through redevelopment or in-situ expansion to provide diversified subvented and self-financing facilities, including elderly care facilities.

The projected provision of subsidised residential care places for the elderly

12. From 2012-13 to 2014-15, more than 1 700 additional subsidised residential care places (including those mentioned in paragraphs 8-10 above) have commenced / will commence operation in the territory. Regarding the 11 sites as mentioned in para. 11 above, it is estimated that an addition of about 1 200 residential care places (including both subsidised and non-subsidised places) could be provided. The number of places to be provided is a preliminary estimate and is subject to change as we continue to work out the details of the project. In view of the ageing population and the acute demand for subsidised residential care places, we will continue to make every effort to increase the provision of such places in future years.

(B) Residential care places for persons with disabilities

13. In accordance with the strategic directions enshrined in the Hong Kong Rehabilitation Programme Plan, the Administration has been adopting a three-pronged approach to encourage participation from different sectors to provide diversified residential care services for persons with disabilities, namely –

- (i) regulating RCHDs so as to ensure the service quality on the one hand and to help the market develop residential care homes of different types and operational modes on the other;
- (ii) supporting NGOs to develop self-financing homes; and
- (iii) continuing to steadily increase the number of subsidised residential care home places.

14. In line with these strategic directions, the Administration has introduced a statutory licensing scheme under the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) since November 2011 to regulate the standards and operation of RCHDs.

15. As a complementary measure, the Administration also launched a four-year pilot BPS for private RCHDs in October 2010 with a view to encouraging private RCHDs to upgrade their service standards, increasing the supply of subsidised residential care places so as to shorten the service waiting time, and helping the market develop more service options. BPS homes are required to comply with a set of spatial and staffing requirements beyond the licensing standards. The pilot scheme aims to purchase about 300 places by phases. As at 1 January 2013, six private RCHDs had successfully joined BPS, providing a total of 245 BPS places. SWD will continue to keep in view the market situation of the private sector and purchase additional places. A mid-term review is being conducted by SWD to keep track of the progress of implementation of the scheme and to refine the operational details as appropriate. SWD will also conduct an overall review before the end of the pilot scheme to assess its long-term feasibility in terms of contract prices, home fees, the amount of government subsidies, the number of places to be bought, etc, and examine the overall service quality and performance of private RCHDs.

16. In tandem, the Administration continues to steadily increase the provision of subsidised residential care places. The Administration has been actively identifying suitable premises for setting up RCHDs through long, medium and short term planning. On long-term planning, we maintain close contact with relevant government departments including the Lands Department, Planning Department and Housing Department, with a view to reserving sites in new development or re-development projects as far as practicable for setting up rehabilitation service facilities. On medium-term planning, the Administration would bid for vacant premises at government buildings and vacant school premises for provision of rehabilitation facilities. On short-term planning, the Administration will actively identify vacant public housing units for conversion into RCHDs.

17. In this regard, SWD is now actively studying the feasibility of redeveloping the former sites of Siu Lam Hospital in Tuen Mun and Kai Nang Sheltered Workshop and Hostel in Kwun Tong into integrated rehabilitation services centres. Subject to the findings of the technical

feasibility study, these two projects can provide a total of about 2 000 places of day training and residential care services for persons with disabilities, which can help relieve the shortage of such places.

18. According to present planning, there will be an additional provision of around 815 subsidised residential care places for persons with disabilities from 2012-13 to 2014-15. Apart from this, SWD has identified 9 sites for the construction of new RCHDs. Together with some in-situ expansions, we estimate that an additional 2 116 residential care places will be provided. Given that planned projects in future years are still in the initial planning stage, the type of service and the number of places to be provided in each project may change subject to the actual size and design of the premises, etc. Meanwhile, we will continue to actively identify additional sites for provision of rehabilitation services to meet the demand.

Healthcare Services to Patients in Residential Care Settings

19. HA has been providing a spectrum of comprehensive health services to the elderly persons, persons with disabilities and the chronically ill patients, including those living in the community or residential care settings, according to their needs. In addition to the emergency service, inpatient, day care, rehabilitation, specialist outpatient, general outpatient, community and infirmary services that are available for all patients as appropriate, in respect of patients in residential care settings, HA has developed outreach services catering specifically for those who have great difficulties in travelling.

20. HA's Community Geriatric Assessment Teams (CGATs) and Psychogeriatric Outreach Teams provide multi-disciplinary care and support to patients living in RCHEs. The services include formulation of treatment plans, monitoring of patients' progress in recovery, provision of appropriate medical and nursing care as well as functional and cognitive rehabilitation. Apart from residents in RCHEs, HA also provides training to staff members of RCHEs to help the provision of better care to the residents. For instance, CGATs offer on-site training

and organise briefing sessions on topics such as medication management, care of pressure sore, tube feeding and infection control. On the other hand, the Psychogeriatric Outreach Teams offer both individual and group training in respect of the specific needs of RCHEs staff.

21. At present, HA's CGATs cover about 650 (90%) RCHEs while the Psychogeriatric Outreach Services cover most of the subvented RCHEs and over 200 private RCHEs in the territory. In addition, the Community Nursing Services and Community Allied Health Services provide outreach nursing care services and outreach rehabilitation services respectively to patients living in residential care settings and at home. A summary of outreach services provided by HA in the past three years is as follows –

	2009-10	2010-11	2011-12
Number of geriatric outreach attendances	626 287	619 844	626 381
Number of home visits by community nurses	823 907	833 934	838 896
Number of psychogeriatric outreach attendances	83 003	82 716	95 446
Number of allied health (community) attendances	27 816	29 552	32 171

HA will continue to review the service needs, including the needs on community services and adjust service provision as appropriate.

22. Apart from offering services to needy persons in the residential care setting, HA also provides infirmary care to patients who require relatively long-term medical care in a hospital setting as follows –

(i) *Infirmary Service for the Elderly and Disabled Persons*

HA's Central Infirmary (CI) beds cater for the elderly and disabled persons with health conditions requiring long-term medical care in hospital setting that are beyond the level of

care provided by the C&A homes and NHs. As at end-December 2012, there were a total of 1 234 CI beds in 14 HA hospitals. Eligibility for CI beds will be assessed by CGATs, and eligible applicants will be registered in the Central Infirmary Waiting List .

(ii) *Infirmary and Rehabilitation Services for Adults with Severe and Profound Intellectual Disabilities*

Apart from the general infirmary services, Siu Lam Hospital provides 500 beds for specialised integrated infirmary and rehabilitation service for adults with severe and profound intellectual disabilities requiring long-term hospital care. The objectives of the service are to maximise patients' self-care abilities, improve their physical mobility, and treat associated medical or psychiatric conditions through a multidisciplinary service team.

HA will continue to review and monitor the service provision to ensure that patients' needs for infirmary services are properly attended to.

Advice Sought

23. Members are invited to note the content of this paper.

Labour and Welfare Bureau
Food and Health Bureau
Social Welfare Department

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Annex 1

Provision of Subsidised Residential Care Places for the Elderly and Average Waiting Time (as at end December 2012)

Types of residential care places	No. of subsidised places	Number of elderly people on the waiting list	Average Waiting Time (months)
Nursing Home places (including Nursing Home Place Purchase Scheme)	2 957	6 385	37
Care-and-attention (C&A) places (overall)	21 769	22 293	25
➤ Subvented/Contract /Conversion Homes places	14 432	N/A	34 (Note 1)
➤ Places offered by the Enhanced Bought Place Scheme (EBPS)	7 337	N/A	7 (Note 2)
Self-care hostel and Home-for-the aged places	1 551	N/A	N/A
Total	26 277	28 678 (Note 3)	N/A

Note 1 When the elderly applicant had no preference for specific residential care homes for the elderly (RCHEs) (in terms of location or religious background, for instance), the average waiting time for subsidised C&A places in subvented/contract RCHEs was 19 months.

Note 2 When the elderly applicants had no preference for specific RCHEs (in terms of location or religious background, for instance), they could be offered subsidised C&A places under EBPS within one month.

Note 3 Include over 3 000 elderly persons who were using subsidised community care services while waiting for residential care places.

Annex 2

**Current Provision, Waiting List and Average Waiting Time
For Residential Care Services for Persons with Disabilities
(as at end December 2012)**

Type of Service	Provision (places)	Persons with Disabilities on the Waiting List	Average Waiting Time in 2011-12 (months)
Hostel for Severely Mentally Handicapped Persons	3 218	2 173	81.6
Hostel for Moderately Mentally Handicapped Persons	2 292	1 477	84.4
Supported Hostel	554	1 153	31.5
Care-and-attention (C&A) Home for Severely Disabled Persons	908	428	31.2
Hostel for Severely Physically Handicapped Persons	573	433	37.4

Type of Service	Provision (places)	Persons with Disabilities on the Waiting List	Average Waiting Time in 2011-12 (months)
Long Stay Care Home	1 507	1 300	33.6
Halfway House	1 509	669	8.4
C&A Home for the Aged Blind	825	113	6
Small Group Home for Mildly Mentally Handicapped Children / Integrated Small Group Home	64	73	7.2
Residential Special Child Care Centre	110	44	15.6
Integrated Vocational Training Centre (Residential Service)	170	N.A. (Note 1)	N.A. (Note 1)
Bought Place Scheme	245	N.A. (Note 2)	N.A. (Note 2)

Note 1 Integrated Vocational Training Centre (Residential Service) admits service users directly and hence the Social Welfare Department does not capture statistics in this respect.

Note 2 Residential care services under the pilot Bought Place Scheme are provided for applicants waitlisted for Hostel for Moderately Mentally Handicapped Persons or Long Stay Care Home services and hence there is no separate waiting list or waiting time.

Annex 3

**Additional Residential Care Places
to be Provided
in the New Contract Residential Care Homes for the Elderly
(RCHEs)
(from 2013-14 to 2014-15)**

From 2013-14 to 2014-15, four new contract RCHEs providing a total of 416 residential care places are expected to commence service. Details are as follows –

	District	Location	Number of Subsidised Residential Care Places		Number of Non-subsidised Residential Care Places
			<i>Nursing Home Places</i>	<i>Care-and-attention Places</i>	
1.	Central and Western	First Street	50	6	37
2.	Yau Tsim Mong	Hoi Wang Road / Hoi Ting Road	54	6	63
3.	Sha Tin	Tai Wai	54	6	40
4.	Sham Shui Po	Shek Kip Mei Estate Phase 2	54	6	40
Total			212	24	180
			416		