

For information
on 26 February 2013

LEGISLATIVE COUNCIL

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

JOINT SUBCOMMITTEE ON LONG-TERM CARE POLICY

**Long-term Care Policy for the Elderly
and Persons with Disabilities**

Purpose

This paper provides supplementary information on long-term care policy and related issues in response to the request of the Joint Subcommittee on Long-term Care Policy (Joint Subcommittee).

Policy Objectives

Elderly care services

2. The mission of elderly services is to enable our elderly citizens to live in dignity and to provide necessary support for them to promote their sense of belonging, sense of security and sense of worthiness. Through the provision of a wide spectrum of subsidised community care services (CCS) and residential care services (RCS) to the elderly citizens with proven needs as assessed by the Social Welfare Department (SWD)'s Standardised Care Needs Assessment Mechanism for Elderly Services (SCNAMES), we aim to promote the well-being of these frail elderly in all aspect of life, to enable them to remain living in the community for as long as possible, or to be taken care of in licensed residential care homes for the elderly (RCHEs).

3. The Administration's long term care (LTC) policy for the elderly is underpinned by the following three principles:

- (a) Promoting "ageing in place as the core, institutional care as back-up"

We understand that ageing in place is the common wish of most elderly citizens, as most of them prefer ageing in an environment with which they are familiar. On the other hand, some frail ones would need institutional care for health or family reasons. In this connection, the Administration has been promoting "ageing in place as the core, institutional care as back-up". In response to the ageing population and their acute demand for subsidised community and residential care places for the elderly, we strive to increase the supply of such places. Please refer to further elaborations in paragraphs 6-9 below.

- (b) Promoting a continuum of care in subsidised residential care services

Residential care places with a continuum of care (COC) enable elderly residents to stay in the same RCHE even when their health conditions have deteriorated. To this end, SWD launched a conversion programme in June 2005 to convert, in phases, residential care places in 75 subvented RCHEs which did not have an LTC element to C&A places providing COC.

- (c) Offering assistance to most needy elderly citizens

Given the ageing population and limited public resources, elderly citizens who are most in need should have priority in using subsidised elderly care services. In this connection, SWD has set up SCNAMES since November 2000 to standardise the assessment of elderly applicants' care needs and ensure better use of resources. By December 2012, a total of 224 557 assessments were completed under SCNAMES, of which 196 861 assessments (87.7%) were confirmed with LTC needs.

Care services for persons with disabilities

4. As enshrined in the Hong Kong Rehabilitation Programme Plan, the policy objectives of the Administration in respect of the provision of residential care services as well as day care and community support services for persons with disabilities are as follows:

- (a) providing appropriate residential care and necessary training and support services for those persons with disabilities who cannot live independently and those who cannot be adequately cared for by their families, with a view to improving their quality of life and helping them develop independent living skills; and
- (b) making available training and support to persons with disabilities in response to their needs, assisting them in developing their potential, enabling them to continue to live independently at home and preparing them for full integration into the community; and strengthening the carers' caring capacity and relieving their stress so as to provide a better quality of life for persons with disabilities and themselves.

5. Along the above policy objectives, we strive to –

- (a) continuously develop various kinds of residential services with different levels of support; as well as day care and community support services, with special efforts dedicated to enhancing people-oriented service programmes, support to carers, community mutual help networks and multi-disciplinary support, with a view to meeting the needs of persons with disabilities; and
- (b) ensure that residential services and community support services complement each other and are developed in parallel.

Supply of Subsidised LTC Services

Elderly care services

CCS

6. Subsidised community care places include day care places (which are provided at day care centres for the elderly (DEs) and day care units (DCUs)) and home care places. DEs/DCUs provide personal care, nursing care, meal services, rehabilitation exercise, health education, and social activities for the frail elders, as well as carer support services to their carers. As at end-December 2012, there were altogether 64 DEs and DCUs offering 2 609 subsidised day care places. At the same time, the Integrated Home Care Services (IHCS) (Frail Cases) and Enhanced Home and Community Care Services (EHCCS) were providing 6 699 places to serve the frail elders. Both IHCS (Frail Cases) and EHCCS provide a comprehensive package of LTC services including care management, basic and special nursing care, personal care, rehabilitation exercise, home-making and meals delivery services, escort services, as well as carer support services.

7. In March 2011, SWD implemented the three-year Pilot Scheme on Home Care Services for Frail Elders to support elders who are severely impaired as assessed by SCNAMES and are waiting for a subsidised nursing home (NH) place. It adopts a case management service approach and provides round-the-clock emergency support service seven days per week. The scope of home-based care and support services includes management of clinical issues, medical, nursing and rehabilitation services, personal care and support services as well as environmental and psychosocial support services. The scheme is being run in eight districts, namely Kwun Tong, Wong Tai Sin, Sai Kung, Kowloon City, Yau Tsim Mong, Sham Shui Po, Eastern and Kwai Tsing.

8. Apart from the above-mentioned subsidised CCS under the conventional funding mode, SWD will roll out the First Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly in September 2013. It will adopt a new funding mode, i.e. “money-follows-the-user” approach. Eligible elderly may choose the

services that suit their individual needs with the use of service vouchers. The First Phase of the Pilot Scheme (which will last for two years) will be launched in eight selected districts (i.e. Eastern, Wong Tai Sin, Kwun Tong, Sham Shui Po (covering eligible elders living in Yau Tsim Mong and Kowloon City districts), Shatin, Tai Po, Tsuen Wan and Tuen Mun).

RCS

9. Subsidised residential care places (i.e. NH places and care-and-attention (C&A) places) are provided in subvented 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. As at end-December 2012, there were 127 subvented RCHEs, 20 contract RCHEs, 40 self-financing RCHEs/NHs, and 568 private RCHEs (including 135 EBPS homes) in the territory, offering a total of 75 257 residential care places, of which about 26 000 were subsidised places.

Care services for persons with disabilities

Community care and support services

10. SWD provides a wide spectrum of community care and support services which seek to assist persons with disabilities in developing their physical, mental and social capabilities to the fullest possible extent, to promote their integration into the community as well as to relieve the stress of their family members/carers. These services include –

- (a) District Support Centres for Persons with Disabilities which provides one-stop community support services for persons with disabilities and their family members/carers, with a view to enhancing their domestic and community living skills, thereby facilitating their continued living in the community. These centres also provide training and support services for family members/carers of the target users so as to strengthen their caring capacity and relieve their stress;

- (b) pilot scheme on Home Care Service for Persons with Severe Disabilities which was launched in March 2011 to provide persons with severe physical and mental disabilities who are on the waiting lists for subvented residential care services with a package of home-based support services (including personal care and escort service, occupational therapist/physiotherapist rehabilitation training and nursing care service) to meet their care and training needs. This service will be regularised in March 2014, following the completion of the three-year pilot scheme, and extended to all districts. The coverage of service targets will also be expanded to include persons with severe disabilities who are not on the waiting list for residential care services;

- (c) Integrated Community Centres for Mental Wellness which provide district-based, one-stop and integrated community mental health support services to discharged mental patients, persons with suspected mental health problems, their families/carers and local residents. These integrated services range from early prevention to risk management through casework counselling, outreaching visits, therapeutic and supportive groups, day training and public education programmes, and, where required, referral to the Hospital Authority for clinical assessment or psychiatric treatment; and

- (d) other community care and support services including Day Activity Centres, Community Rehabilitation Day Centre, Day Care Service for Persons with Severe Disabilities, Parents/Relatives Resource Centres for Disabled Persons, Transitional Care and Support Centre for Tetraplegic Patients, Community-based Support Projects for Persons with Disabilities, Community Rehabilitation Network, Residential Respite Service, Rehabilitation and Training Centre for Visually Impaired Persons, Library Services for Visually Impaired Persons, Multi-service Centre for Hearing Impaired Persons, Specialised Home-based Training and Support Service, Agency-based Occupational Therapy Service, Agency-based Clinical Psychology Service, Central Psychological Support Service (Adult Service), Central

Para-medical Support Service, Social and Recreational Centre for the Disabled, and Occasional Child Care Service for Children with Disabilities.

Residential care services

11. In addition to community support services, SWD provides a wide range of subsidised residential care services for persons with different types and levels of disabilities who are unable to live independently in the community or adequately cared for by their families. As at end-December 2012, there were 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).

Demand for Subsidised LTC Services

12. The number of elderly citizens and persons with disabilities in need of subsidised LTC services in the future hinges on a range of factors, such as the number of applicants being assessed as having LTC needs, the variety and choices of self-financing services available, preference for subsidised elderly care and care services for persons with disabilities over self-financing services, preference for CCS over RCS, the implementation of new government initiatives which may affect service users' choices on care services (e.g. the strengthening of subsidised CCS may reduce the number of applicants for subsidised RCS), etc.

13. The updated figures of the present demand for residential and community care places are set out below.

Elderly care services

14. As at end-December 2012, about 1 700 and 450 elderly applicants waited for day care places and EHCCS/IHCS (Frail Cases) on the Central Waiting List (CWL) respectively; and about 6 400 and 22 300 elderly applicants waited for subsidised NH and C&A places on CWL respectively.

Care services for persons with disabilities

15. As at end-December 2012, about 1 231 and 7 863 persons with disabilities waited for the Day Activity Centre service and residential care services respectively.

Planning for the resources required for LTC services

16. The Administration has continuously allocated additional resources to enhance the subsidised residential and community care places for the elderly and persons with disabilities. The provision of residential care places, in particular, requires more resources in terms of land, manpower, planning time, etc.

Land

RCHEs

17. The Administration has been taking a multi-pronged approach to increase the provision of residential care places for the elderly. 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. For the medium-term, we will build new contract RCHEs to increase the number of subsidised places, particularly places providing a higher level of nursing care. In the long run, we will identify sites for new homes. We will explore the feasibility of incorporating residential care facilities into redevelopment projects, and convert vacant buildings into RCHEs.

18. To take forward the above medium-to-long-term plans, SWD has been proactively identifying suitable sites for use by new RCHEs, as well as DEs and DCUs. To this end, SWD maintains 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 the above-mentioned elderly service facilities. SWD also keeps a close watch on government properties, school premises, etc. released from re-engineering of services for use by elderly services.

RCHDs

19. In tandem, 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 -

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

20. In the short run, SWD will actively identify vacant public housing units for conversion into RCHDs. In tandem, SWD will continue to purchase places of good service quality from private RCHDs and review and refine the Bought Place Scheme to facilitate the market to develop more service options for persons with disabilities. On medium-to-long-term planning, similar to the arrangements for RCHEs as mentioned in paragraph 18 above, SWD bids for vacant premises at government buildings and vacant school premises and maintains 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.

21. To secure local support for setting up of RCHEs and RCHDs, after the site has been selected, the District Social Welfare Officer of SWD will conduct consultation when appropriate to gauge the views of members of the local community and work closely with the District Councils and local organisations with a view to identifying a feasible solution to address the concerns of local residents, if any.

Manpower

22. The Administration is mindful of the manpower demand of the welfare sector. To this end, SWD has put in place measures as set out below to increase the manpower supply and strengthen their professional skills with a view to enhancing the service quality of the sector.

Enrolled Nurse (EN)

23. To alleviate the shortage of ENs in the welfare sector, SWD, in collaboration with the Hospital Authority, has implemented the EN Training Programme for the Welfare Sector (the Training Programme) since 2006. The training fee is fully sponsored by SWD and all trainees have to sign an undertaking to work for the welfare sector for at least two years after satisfactory completion of the training. By mid-February 2013, 12 classes under the Training Programme have been launched, providing a total of about 1 500 training places. As far as the first four classes are concerned, over 90% of the graduates have been employed to work in the welfare sector.

Paramedical Staff

24. To alleviate the recruitment and retention difficulties of paramedical staff faced by non-governmental organisations (NGOs) and EBPS EA1 homes, SWD sought an additional provision of \$285 million for providing additional funding for three years from 2009-10 to 2011-12 to enable NGOs and EBPS EA1 homes to offer more competitive salaries for recruitment and retention of paramedical staff or hire of such services. Additional resources of \$356 million was sought again for a further period of three years from 2012-13 to 2014-15 to continue such support to the sector. The unit subsidy of EA1 homes was raised in 2011-12 for the homes to employ staff or hire professional service to provide physiotherapy training and rehabilitation service to frail elders.

Occupational Therapists (OT) and Physiotherapists (PT)

25. With the support of the University Grants Committee, the student intakes of Bachelor of Science (Hons) OT and Bachelor of Science (Hons) PT programmes have been increased by 44 places (i.e. from 46 to 90

places) and 40 places (i.e. from 70 to 110 places) per cohort respectively in the 2012-15 triennium. The Hong Kong Polytechnic University has also implemented a two-year entry level Master in Occupational Therapy (MOT) programme and a two-year entry level Master in Physiotherapy (MPT) programme from January 2012 onwards on a self-financing basis. To encourage graduates from the MOT and MPT programmes to join the welfare sector, SWD has implemented the Training Sponsorship Scheme through providing funding support for NGOs so that the NGOs could sponsor a total of 59 students enrolled in these two programmes. These 59 students have undertaken to serve the sponsoring NGOs for no less than two consecutive years immediately after graduation.

Health Worker (HW)

26. Training courses for HWs are being offered by different training bodies in Hong Kong. All these courses have been approved by the Director of Social Welfare in accordance with the requirement under the Residential Care Homes (Elderly Persons) Regulation (Cap. 459A) or the Residential Care Homes (Persons with Disabilities) Regulation (Cap. 613A) with standardised training content, training hours and format of assessment. As at 1 January 2013, there were 31 training bodies, including NGOs and tertiary institutions, organising 54 approved training courses for HWs for RCHEs. More than 1 500 HWs are trained by these training bodies annually to meet the manpower demand of the RCHE sector. In 2012-13, 16 out of the 54 approved courses were funded by the Employees Retraining Board (ERB) while others were offered on a self-financing basis. Meanwhile, a total of 16 training institutes have been approved to organise 56 health worker training courses for HWs for RCHDs, of which 16 courses are subsidised by ERB. As at 1 February 2013, more than 400 graduates of the health worker training courses have been registered as HWs under Cap. 613A.

Care Workers (CW)

27. Although there is no compulsory training for CWs required by law, CWs are encouraged to receive training relevant to their duties. In practice, SWD requires EBPS homes to ensure that 75% of their CWs have received relevant training with a view to upgrading the service standards of these private homes. SWD also requires private RCHDs

participating in the pilot BPS to ensure that 50% of their care workers have completed a training course recognised by SWD.

28. Various training bodies provide training courses or topical training courses on elderly care for CWs. For instance, ERB offers training course on “Diploma in Health Worker Training”, “Certificate in Care Worker Training” and “Certificate in Elderly Home Care Training” for in-service CWs or interested persons. In 2012-13 (up to December 2012), about 1 300 trainees attended the above ERB training courses¹. Separately, SWD and the Department of Health have been jointly providing training for RCHE care staff including CWs on a regular basis. About 2 100 care staff of RCHEs attend such training annually. SWD has also organised training programmes on infection control and management of psychotropic drugs for infection control officers and related staff of all RCHDs to enhance health protection of residents and staff of RCHDs. The programmes cover the principles and procedures of infection control, handling of psychotropic drugs and other health care matters.

Other initiatives to help address the manpower shortage of the paramedical and care staff

29. Apart from the above measures, the Administration has launched the following initiatives to help address the manpower shortage of the paramedical and care staff:

- (a) setting up of the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development (the Steering Committee): the Steering Committee, chaired by the Secretary for Food and Health, is conducting a strategic review of healthcare manpower planning and professional development in Hong Kong. It will put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development having regard to the findings of the strategic review;

¹ There was no class of the course on "Certificate in Elderly Home Care Worker Training" during the said period.

and

- (b) development of the Qualifications Framework (QF) for the elderly services sector: the Education Bureau has assisted the elderly care service sector to set up an Industry Training Advisory Committee (ITAC) in February 2012 to implement QF in the sector. QF will help establish an accessible articulation pathway to promote lifelong learning with a view to enhancing the quality of the local workforce. Specifically, ITAC will draw up Specifications of Competency Standards for the sector, setting out the skills, knowledge and outcome standards required of employees in different functional areas, and providing a basis for course providers to design training courses to meet the needs of the sector.

Financial Resources

Elderly care services

30. In the 2012-13 financial year, the estimated expenditure on elderly care services amounts to \$5.03 billion, representing an increase of 52.4% compared with the recurrent expenditure for elderly care services at \$3.3 billion in 2007-08. The Administration will continue to allocate additional resources to increase the number of subsidised residential and community care places for the elderly.

Care services for persons with disabilities

31. The overall recurrent expenditure for rehabilitation services under the welfare portfolio² has increased from 2.8 billion in 2007-08 to \$4 billion in 2012-13, representing an increase of 43%. The Administration will continue to allocate additional resources to strengthen the rehabilitation services.

² Excluding related expenditure under the Comprehensive Social Security Assistance Scheme and Social Security Allowance Scheme

Targets to be met

Elderly care services

32. On RCS, from 2012-13 to 2014-15, more than 1 700 additional subsidised residential care places have commenced / will commence operation in the territory. The details are as follows:

Type of residential care places / Year	2012-13	2013-14	2014-15	Total
Number of NH places	342	386	154	882
Number of C&A places	805	15	12	832
Total	1 147	401	166	1 714

33. SWD has earmarked 11 sites for the construction of contract RCHEs and the details of these sites have been set out in paragraphs 11 and 12 of LC Paper No. CB(2)548/12-13(01) and paragraph 10 of LC Paper No. CB(2)574/12-13(01). Of these 11 sites, we expect that the RCHEs at six sites could commence service from 2013-14 to 2017-18, providing more than 700 residential care places (including both subsidised and non-subsidised places). 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 effort to increase the provision of such places in future years.

34. On CCS, an additional 182 and 40 subsidised day care places will come into operation in 2013-14 and 2014-15 respectively. Separately, the Pilot Scheme on Home Care Services for Frail Elders is expected to serve at least 510 cases during the three-year pilot period. Regarding the Pilot Scheme on Community Care Service Voucher for the Elderly, 1 200 vouchers will be issued by SWD at maximum during the First Phase.

Care services for persons with disabilities

35. Along the strategic directions set out in paragraph 19 above, the Administration introduced the statutory licensing scheme for RCHDs in November 2011, and, as a complementary measure, launched in October 2010 the four-year Pilot Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities, under which about 300 places will be purchased by phases. SWD has also allocated \$39 million to introduce the Financial Assistance Scheme for private RCHDs in December 2011, subsidising eligible private RCHDs to carry out improvement works for compliance with the licensing requirements on building and fire safety. Meanwhile, as pledged in the Policy Address 2013, the Administration will continue to provide more service places, and identify suitable sites and premises as early as possible to increase the supply. 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.

36. According to present planning, there will be an additional provision of around 815 subsidised residential care places and 690 day training places for persons with disabilities from 2012-13 to 2014-15. Apart from this, SWD has identified 9 sites for construction of new RCHDs and day training centres. Together with some in-situ expansion, we estimate that an additional 2 116 residential care and 1 530 day care places will be provided from 2015-16 to 2017-18. Given that the 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.

Public Education

37. The United Nations Convention on the Rights of Persons with Disabilities (the Convention) has entered into force in the Hong Kong Special Administrative Region since 31 August 2008. To promote the spirit and core values enshrined in the Convention, the Labour and Welfare Bureau (LWB) has from 2009-10 onwards substantially increased the annual allocation for public education activities from the previous amount of some \$2 million to about \$13 million, so as to put across the message of barrier-free and inclusiveness to the community at large. In collaboration with the Rehabilitation Advisory Committee, LWB has been making proactive efforts in mobilising cross-sectoral collaboration towards building an equal and inclusive society through launching territory-wide public education activities, including TV and radio programmes, docudrama, publicity programmes targeting youths and students, and roving exhibitions, etc. LWB has also increased funding for subsidising the District Councils, NGOs, public organisations, local organisations and self-help groups of persons with disabilities for organising public education activities in the local communities.

Advice Sought

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

Labour and Welfare Bureau
Social Welfare Department
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