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LEGISLATIVE COUNCIL

PANEL ON WELFARE SERVICES PANEL ON HEALTH SERVICES

JOINT SUBCOMMITTEE ON LONG-TERM CARE POLICY

Community Care and Support Services for the Elderly

Purpose

The Administration provides community support services to assist elderly people to age in the community for as long as possible. There are mainly two types of subsidised community support services for the elderly, namely: community care services (CCS), and elderly centre services. This paper sets out the various kinds of subsidised CCS and carer support services currently provided by the Administration.

Policy on Elderly Care

2. “Ageing in the community as the core, institutional care as back-up” is the underlying principle of the Administration’s elderly care policy. This is also the wish of most elderly people. To this end, the Administration provides a range of CCS, including centre-based services, home-based services and carer support services to assist our elderly persons to age in the community.

I. Centre-based Services

Day care centres/units for the elderly (DEs/DCUs)

3. DEs/DCUs serve those elderly people who have been assessed as being in the state of either moderate or severe level of impairment by the Social Welfare Department’s (SWD) Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES) and are suitable for day care services. DEs/DCUs provide personal care,

nursing care, rehabilitation exercise and social activities for these frail elderly, as well as carer support services to their carers. As of 31 December 2012, there were a total of 64 DEs/DCUs with 2 609 day care places in the territory, serving about 3 500 elderly people¹. The average waiting time was around nine months. In the 2013-14 Budget, additional resources will be provided to add 100 day care places and extend the service hours of new DE/DCUs. We expect that the new places can commence service starting from 2014/15 onwards.

4. In addition, Dementia Supplement is provided to DEs/DCUs so that they can employ additional professional staff (such as occupational therapists, nurses and social workers) or purchase relevant professional services to take care of demented elderly and organise training programmes for them. From April 2012 to September 2012, about 500 training programmes were organised for the frail elderly and their carers in DEs/DCUs.

II. Home-based Services

5. As of 31 December 2012, there were about 23 400 elderly people receiving home-based services including the Integrated Home Care Services (IHCS) (Ordinary Cases), IHCS (Frail Cases), and Enhanced Home and Community Care Services (EHCCS). At present, these services are provided by 60 IHCS Teams and 24 EHCCS Teams in the territory.

IHCS (Ordinary Cases)

6. IHCS (Ordinary Cases) provide a range of community support services to the elderly, people with disabilities and needy families living in the community. The elderly who use IHCS (Ordinary Cases) are not required to go through the assessment of SCNAMES. IHCS (Ordinary Cases) cover meal delivery services, escort services, personal care, simple nursing care and household cleaning. The non-governmental organisations (NGOs) which operate such services keep their own waiting lists. As at 31 December 2012, around 4 400 elderly cases were reported to be on the waiting list, while there were about 17 300 elderly persons receiving the services.

¹ This included both full-time and part-time users. Services users with attendance of less than four days a week were classified as part-time users.

IHCS (Frail Cases) and EHCCS

7. Only those elderly persons who have been assessed as being in the state of either moderate or severe level of impairment by SCNAMES are eligible for IHCS (Frail Cases) or EHCCS. Both IHCS (Frail Cases) and EHCCS provide a comprehensive package of services, including care management, basic and special nursing care, personal care, rehabilitation exercise, counseling services, 24-hour emergency services, day respite services, environmental risk assessment and home modifications, home-making services, meals delivery services, escort services, support services to the carers, etc. The scope and frequency of services are designed by individual IHCS Teams or EHCCS Teams according to the needs of their elderly users. An additional 1 500 EHCCS places were provided in 2011-12 and another 500 EHCCS places were added in 2012-13. The total number of home-based CCS places for frail elderly now stands at 6 699. As of 31 December 2012, the average waiting time was about two months.

III. Carer Support

Carer Training

8. District Elderly Community Centres, Neighbourhood Elderly Centres, Home Care Service teams and DEs/DCUs throughout the territory are providing support services to carers of the elderly, including the provision of information, training and counseling, assistance in forming carers' mutual-assistance groups, establishment of resource centres, demonstration and loan of rehabilitation equipment, etc.

9. The District-based Scheme on Carer Training was launched in 2007. Each of the 119 participating elderly centres was provided with a one-off seed money of \$50,000 to partner with community organisations in their districts for organising carer training programmes. As at 31 December 2012, over 10 000 carers were trained.

Respite Service for Elders

10. There are two kinds of 'Respite Service for Elders', namely temporary day care service and short-term residential service for the elderly. The service aims at providing support to carers, relieving their stress, and allowing them to take a short break when need be, thereby encouraging and assisting elderly people to age in the community for as long as possible.

11. Day Respite Service for Elders is being provided by 64 subvented DEs/DCUs across the territory. As at 31 December 2012, SWD designated 114 day respite places at these DEs/DCUs. Individual DEs/DCUs can also make use of any casual vacancy to provide respite service. SWD will continue to designate day respite places in the newly established subvented DEs/DCUs.

12. Regarding Residential Respite Service, apart from the 11 designated residential respite places provided by subvented residential care homes for the elderly (RCHEs), casual vacancies of the subsidised places of all subvented nursing homes and care-and-attention homes, as well as contract homes are also being utilised for providing Residential Respite Service. Since March 2012, all private RCHEs participating in the Enhanced Bought Place Scheme have joined force in offering Residential Respite Service as well.

IV. Other CCS Initiatives

Integrated Discharge Support Programme for Elderly Patients (IDSP)

13. The Administration, on the advice of the Elderly Commission, launched IDSP in collaboration with the Hospital Authority (HA) in 2008 to provide “one-stop” services for elderly patients discharged from hospitals in three pilot districts. The elderly patients are not required to go through SCANMES for joining the programme. Pre-discharge planning, post-discharge rehabilitation and home support services are rendered to the eligible elderly patients and their carers, thereby reducing the chance of hospital re-admission of these elderly people. The home support services include nursing care, personal care, elderly sitting service, home modifications, home-making services, meal delivery services, transportation and escort services, training for carers, etc. In view of the positive response, the pilot scheme was regularised in 2011-12, with its coverage extended to all districts. A total of 15 hospitals under HA, in collaboration with 12 Home Support Teams operated by nine NGOs, have participated in IDSP. It is expected that around 33 000 elderly patients will benefit from IDSP each year.

Pilot Scheme on Home Care Services for Frail Elders

14. In March 2011, SWD implemented the three-year Pilot Scheme on Home Care Services for Frail Elders. This Pilot Scheme aims to provide home-based support services for those elderly who have been assessed as severely impaired by SCNAMES and are waiting for a

subsidised nursing home place. The scope of home-based care and support services include management of clinical issues, medical, nursing and rehabilitation services, personal care and support services as well as environmental and psychosocial support services. On-site carer training was also provided to equip and enhance the care skills and knowledge of the carers, empowering them to continue to take care of their frail elderly at home. This Pilot Scheme runs in eight districts, namely Kwun Tong, Wong Tai Sin, Sai Kung, Kowloon City, Yau Tsim Mong, Sham Shui Po, Eastern and Kwai Tsing. As at 31 December 2012, about 560 cumulative cases had been served.

A New Funding Mode – Pilot Scheme on Community Care Service Voucher for the Elderly

15. A sum of \$380 million has been allocated from the Lotteries Fund to launch the First Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly in September 2013. By adopting the “money-follows-the-user” approach in the provision of assistance, eligible elderly under the Pilot Scheme can, through the use of voucher, choose CCS that suit their individual needs freely and flexibly. We can also encourage different types of service providers (including NGOs and social enterprises (SEs)) to provide diversified CCS. To encourage NGOs and SEs to participate in the First Phase of the Pilot Scheme, the Administration will provide one-off seed money to them for the purchase of vehicles, furniture and equipment.

Advice Sought

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

**Labour and Welfare Bureau
Social Welfare Department
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