Legislative Council Meeting of 3 December 2014

Motion on
"Report of the Joint Subcommittee on Long-term Care Policy"

Progress Report

Purpose

At the Legislative Council meeting of 3 December 2014, Dr Hon Fernando CHEUNG moved a motion to note the "Report of the Joint Subcommittee on Long-term Care Policy". The motion was carried and is reproduced at Annex. This paper aims to report the work progress in the areas on which Members focused their discussion during the motion debate.

Enhancing Community Support and Care Services

2. Ageing in place is the cherished wish of most elderly persons. This is in line with the Government's policy of promoting "ageing in place as the core". Hence, the Government will continue to enhance its community care services (CCS) to enable elderly persons to live in a familiar neighbourhood. Further to the provision of some 230 additional day care places in 2014-15, 80 new places will be provided in 2015-16. For home care services, all the 1 666 additional Enhanced Home and Community Care Services (EHCCS) places will come into operation from June 2015. To strengthen the services of both the additional and existing EHCCS places, the Government will also integrate the major service content of the Pilot Scheme on Home Care Services for Frail Elders into EHCCS. In tandem, the Social Welfare Department (SWD) has been closely monitoring the provision of services by the Integrated Home Care Services (IHCS) Teams. Together with the Hong Kong Council of Social Service, SWD is also discussing with the welfare sector the handling of applications for IHCS (Ordinary Cases) by the services teams, with a view to facilitating the elderly persons with pressing needs to obtain services as early as possible.

3. In the meantime, the Government is committed to offering more choices of CCS for the elderly, including the implementation of the First Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly (the Pilot Scheme) which adopts the "money-following-the-user" funding approach. The Pilot Scheme allows eligible elderly persons to choose services that suit their needs by using the service vouchers. It also encourages participation of different types of service providers to enhance the flexibility and diversity of CCS provision. All the 1 200 service vouchers for the First Phase have been issued. SWD will work out the details of the next phase of the Pilot Scheme having regard to the experience obtained and the result of the interim study.

4. As regards the support for carers of the elderly, the Community Care Fund introduced a two-year pilot scheme in June 2014 to provide living allowance for 2 000 carers from low-income families. The Government has commissioned the Sau Po Centre on Ageing of the University of Hong Kong to assist in conducting an evaluation study during the implementation of the Pilot Scheme so as to review its effectiveness and implications. The Government will keep in view the development and the evaluation result of the scheme, including whether the corresponding measures are applicable to persons with severe disabilities. Meanwhile, the Government will continue to provide training and other support services for carers in need through the subvented district elderly community centres and neighbourhood elderly centres.

5. In addition, the Government will continue to implement the Integrated Discharge Support Programme for Elderly Patients (IDSP) to provide integrated support services for elderly patients who have been discharged from hospitals after treatment and have difficulties taking care of themselves, as well as their carers. IDSP aims at enhancing the quality of life of the elderly, reducing their chance of unplanned hospital re-admission and providing further support for their carers.

6. Similar to elderly persons, many persons with disabilities prefer staying at home and living in the community for full integration into society. To this end, the Government offers a wide range of support services including day care services, services of the district support

centres for persons with disabilities (DSCs), vocational rehabilitation training, home care services, respite services, medical and care support etc., with a view to providing targeted training and the required support for persons with disabilities.

7. The Government also regularly reviews and enhances existing services. These includes introducing a case management service approach to DSCs to provide service users with more comprehensive and convenient support; regularising the services under the Pilot Scheme on Home Care Service for Persons with Severe Disabilities to provide a package of integrated home-based support services for persons with severe disabilities; providing extra short-term day care and residential care service places; implementing the Integrated Support Service for Persons with Severe Physical Disabilities to provide special subsidy for persons with severe physical disabilities for renting respiratory support medical equipment and purchasing medical consumables. Besides, the case managers will co-ordinate and arrange appropriate and one-stop integrated support services for persons with severe physical disabilities according to their needs. The Government will closely monitor the implementation of the services.

8. In 2015-16, to enhance the support for persons with disabilities, ex-mentally ill patients and their families/carers, the Government will increase the social work manpower in the existing subvented parents/relatives resource centres so as to organise more systematic training and experience sharing activities. Parents/relatives resource centres provide a focal point for families/carers of persons with disabilities/ex-mentally ill patients to share experience and seek mutual support with assistance of the centre staff. Apart from enabling these families/carers to accept their disabled family members and better understand their needs, the service also enhance the function of a family in coping with the stress and difficulties in taking care of members with disabilities.

9. Meanwhile, the Government will increase the manpower of social workers in Integrated Community Centres for Mental Wellness to support ex-mentally ill persons and persons with suspected mental health problems living in the community as well as their families or carers,

consolidate their mutual support networks and provide them with appropriate training.

10. In addition, the Government will explore the implementation of a pilot project through the Lotteries Fund for trained ex-mentally ill persons to serve as peer supporters in community psychiatric service units. The peer supporters provide support and encouragement for other persons in rehabilitation by sharing their recovery experience.

Enhancing Residential Care Services

11. As regards residential care services (RCS), the Government will continue to adopt a multi-pronged approach to increase the provision of subsidised residential care places for the elderly, including constructing more contract residential care homes for the elderly (RCHEs), implementing the Bought Place Scheme and optimising the use of space in subvented and contract homes, so as to take care of the elderly who are in need of the services for various reasons (e.g. health and family situations) and to give them diversified choices.

12. To provide an additional option for elderly persons waiting for subsidised residential care places, the Government will continue to implement the Pilot Residential Care Services Scheme in Guangdong under which those elderly persons on the Central Waiting List for subsidised residential care places may choose to live in the two RCHEs located in Shenzhen and Zhaoqing which are operated by Hong Kong non-governmental organisations (NGOs). In June 2014, SWD started to invite eligible elderly persons to consider the option of living in these two elderly homes, and arranged their admission according to their wishes. As at end-February 2015, 32 elderly persons were admitted to the above elderly homes.

13. The Government has also commissioned the Elderly Commission (EC) to explore the feasibility of introducing RCS voucher for the elderly and test the funding mode of "money-following-the-user", with a view to offering more choices and flexibility for the elderly persons. The Government reported the progress to the Panel on Welfare Services and

listened to the views of Members and deputations in February and March 2015 . EC is expected to submit its report in mid-2015.

14. For medium to long-term planning, the Government has earmarked sites in 11 development projects for the construction of new contract RCHEs, contract RCHEs with day care units and day care centres for the elderly. In 2013, the Government introduced the Special Scheme on Privately Owned Sites for Welfare Uses (Special Scheme) to encourage social welfare organisations to increase their elderly and rehabilitation service facilities through in-situ expansion or redevelopment. The Special Scheme was well received by these organisations. The Labour and Welfare Bureau (LWB) and the welfare sector are actively following up some 60 projects under the Special Scheme, and SWD and relevant departments are examining the revised proposals of applicant organisations. Based on the initial estimation of applicant organisations, around 9 000 additional service places will be provided for the elderly if all proposals are smoothly implemented, including around 7 000 residential care places. At the same time, the Government will also continue to explore the redevelopment of the Wong Chuk Hang Hospital site to provide more RCS places for the elderly and other welfare service facilities.

15. As for persons with disabilities, the Government offers various types of subsidised RCS for those who are unable to live independently or cannot be adequately cared for by their families. The Government will continue to maintain close dialogue with relevant government bureaux and departments, including the Education Bureau, Planning Department and Housing Department to reserve sites in public and private new developments/ redevelopments for setting up residential care homes for persons with disabilities, including "Government, institution or community" and public rental housing development projects, as well as Urban Renewal Authority (URA) and Comprehensive Development Area projects. The Government will also provide more rehabilitation service facilities through the Special Scheme as mentioned in paragraph 14 above in order to relieve the service demand and shorten the waiting time. Based on the initial estimation, the Special Scheme will provide an additional 8 000 rehabilitation service places, including over 2000 residential care places.

16. To enhance the quality of RCHEs, the Government introduced in 2014-15 the continuum of care concept to subvented nursing homes and increased the unit subvention cost for subvented places of five contract RCHEs which will soon commence service, with a view to providing a higher level of care services and end-of-life care services. For 2015-16, the Government proposes to provide additional resources for another six contract RCHEs for the same service enhancement. Regarding the residential care homes for persons with disabilities (RCHDs), the Government regularised the Pilot Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities in October 2014 and increased the number of bought places to 450 in 2014-15, so as to encourage private RCHDs to upgrade their service standards, increase the supply of subsidised RCS places, and help the market develop more service options. To further upgrade service quality, the participating RCHDs must ensure that not less than 75% of their care workers have completed a training course recognised by the Government.

17. Moreover, the Government has raised the subsidies for places under the Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities, all EA1 and EA2 places under the Enhanced Bought Place Scheme and places under the Nursing Home Place Purchase Scheme to facilitate the residential care homes participating in the bought place schemes to enhance their care and support for the elderly and persons with disabilities. SWD is now reviewing the standards of provision for the RCHEs, including ways to upgrade the standards relating to facilities, equipment and area of floor space per resident.

18. There are views that the Government should review the Residential Care Homes (Elderly Persons) Ordinance and the Residential Care Homes (Persons with Disabilities) Ordinance. The Government will closely monitor the development of the industry and conduct timely review.

Preparing Elderly Services Programme Plan

19. EC is preparing the Elderly Services Programme Plan (Programme Plan) and aims to submit its report to the Government in mid-2016. EC conducted public engagement activities from October to November 2014

through a consultant team to gather the views of stakeholders on the scope of the Programme Plan. LWB briefed the Panel on Welfare Services on the progress on 8 December 2014, and joined the Panel in meeting the deputations on 20 January 2015. EC is organising the second stage of public engagement activities to further consult the public and stakeholders on the directions and suggestions for handling the key issues identified. LWB will continue to provide support to EC in preparing the Programme Plan.

Analysing the Data in SWD's Service Delivery Systems

20. SWD has put in place the Long Term Care Services Delivery System and the Central Referral System for Rehabilitation Services to allocate subsidised long-term care services for the elderly and subsidised rehabilitation services for persons with disabilities respectively. Some Members proposed to analyse the data collected by the above systems for service planning. SWD has all along been analysing the data collected by the above systems, which serve as a planning basis for both long-term care services for the elderly and long-term subsidised rehabilitation services for persons with disabilities. In service planning, the Government will also consider various factors such as applicants' service preferences and the provision of non-subsidised and self-financing services. For manpower and training, SWD conducts surveys as and when necessary to gauge the manpower needs of the welfare sector, and uses the findings for planning purposes.

Developing Human Resources in Care Services

21. Regarding allied health manpower, the Government has allocated funding to increase the number of training places for nurses and allied health professionals, including 146 for allied health professionals (e.g. physiotherapists and occupational therapists) for the triennium starting from 2012-13. Furthermore, a high-level steering committee led by the Secretary for Food and Health is reviewing the overall strategy for healthcare manpower planning and professional development to ensure that the supply of healthcare manpower can meet the needs of social development. The steering committee will make recommendations on how to cope with the anticipated demand for healthcare manpower,

strengthen professional training and facilitate professional development having regard to the findings of the review.

22. To alleviate the shortage of nurses in the welfare sector, SWD has, in collaboration with the Hospital Authority (HA), organised a total of 14 courses in the form of a two-year full-time programme to train enrolled nurses for the sector since 2006. Trainees of the first 11 courses have already graduated. Among the trainees of the first nine courses, about 90% joined the welfare sector. An additional 920 training places will be provided in the coming few years. Separately, to further alleviate the shortage of allied health professionals in the welfare sector, the Hong Kong Polytechnic University has launched a two-year entry level Master in Occupational Therapy programme and a two-year entry-level Master in Physiotherapy programme since January 2012 on a self-financing basis. To encourage graduates from these two programmes to join the welfare sector, SWD has implemented a Training Sponsorship Scheme to provide funding support for non-governmental organisations (NGOs) to sponsor the tuition fees of students enrolled in these two programmes. A total of 59 students of the first cohort joined the Scheme and undertook to serve the sponsoring NGOs for no less than two consecutive years immediately after graduation, and 58 sponsored students completed the programmes in February 2014. The second cohort, with 57 students joining the Scheme, started in January 2014.

23. To encourage young persons to join the long-term elderly care service sector, LWB and SWD launched a "first-hire-then-train" pilot project in 2013 with an allocation from the Lotteries Fund. Young persons were recruited to provide care services in the RCHEs. Apart from receiving on-the-job training, these young employees were provided with subsidies from the Government to study a relevant course. Upon completion of the course, they will be equipped to be promoted to higher positions and move further up the career ladder in the social welfare sector. In view of the positive response to the pilot project, the Government has earmarked approximately $147 million to launch the Navigation Scheme for Young Persons in Care Services (Navigation Scheme), providing a total of 1 000 places in the next few years to encourage young persons to join the elderly and rehabilitation care services. In end-January 2015, SWD invited welfare NGOs to submit

proposals for the Navigation Scheme which is expected to recruit trainees in the second half of this year.

24. The Government appreciates that a clear career prospect in the elderly care service industry will help attract newcomers to join the industry and in turn increase the long-term supply of various types of manpower. To this end, the Education Bureau set up the Industry Training Advisory Committee (ITAC) for the elderly care service industry in 2012 to help it implement the Qualifications Framework (QF), which will allow staff members of the industry to set study goals and directions for obtaining recognised qualifications. ITAC has commissioned the Vocational Training Council to draw up the Specifications of Competency Standards (SCS) for the elderly care service industry. The first edition of SCS (Chinese version) was completed and uploaded to QF website for use by various sectors in December 2014. Training institutions, in particular, are encouraged to develop SCS-based courses and articulation ladders. ITAC will build on SCS to establish a Recognition of Prior Learning mechanism applicable to the elderly care service industry. After the implementation of QF, the career prospect and pathway for practitioners seeking development in the industry will become clearer. This will help attract more people, especially young persons, to join the industry.

Providing Services Targeted at User Needs

25. The Government noted that some Members considered it unnecessary to classify long-term care services into the categories of "elderly" and "persons with disabilities". The term "disabilities" covers various categories, including intellectual disabilities, mental illnesses, physical disabilities, visual impairment, hearing impairment etc. At present, the Government provides the corresponding and professional community care, residential care and day training services for persons with different types and levels of disabilities according to their needsin order to facilitate their rehabilitation. With the exception of rehabilitation services for children, services for persons with disabilities are generally targeted at those aged 15 or above. Noting that persons with disabilities will have greater care needs due to ageing, the Government has allocated additional resources to rehabilitation service

units for supporting old-aged users of rehabilitation services. As for long-term care services for the elderly, they are generally provided for those elderly persons aged 60 or above. The elderly differ from persons with disabilities in their needs for community care, residential care and day training services.

Provision of Financial Assistance on Medications and Medical / Rehabilitation Appliances

26. The Government has all along been committed to protecting and promoting the health of our community. It is the Government's healthcare policy that no one is prevented from obtaining adequate medical treatment through lack of means. Services at public hospitals and clinics are heavily subsidised by the Government, with the subsidy rate as high as 96.8%. Hong Kong residents, given their status of eligible persons, can access hospitals and clinics of the HA at low prices, such as general outpatient services, inpatient services, dressing and injection. Under this policy, recipients of Comprehensive Social Security Assistance (CSSA) will be waived from payment of their public health care expenses. HA also has put in place a medical waiving mechanism for applications from non-CSSA recipients with financial difficulties.

Samaritan Fund (SF)

27. HA has implemented various measures to enhance SF in recent years, including relaxing the financial assessment criteria (RFAC), to benefit more patients. Since September 2012, a deductible allowance, the amount of which depends on the patient's household size, is provided when calculating the total value of disposable capital of patient's household before determining the maximum amount of contribution from patients for self-financed drugs. In 2014-15, the amount of deductible allowance ranges from $221,000 to $729,000. Furthermore, the patients' maximum contribution ratio was reduced from 30% to 20% of their annual disposable financial resources.

28. HA has preliminarily reviewed the effect of RFAC by assessing the number of patients benefited from the relaxation and the amount of

additional subsidies granted. About 50% of the newly approved cases between 1 September 2012 and 31 December 2013 have benefitted from the relaxation. Furthermore, during the period from 2012-13 to 2014-15, HA has introduced a total of 7 new drugs under the coverage of SF and has extended 11 indications of existing drugs under SF coverage, so as to enable more patients in need to obtain the subsidy.

29. SF will continue to provide a safety net to needy patients, subsidising them to purchase self-financed drugs and privately purchased medical items needed in the course of medical treatment but are not covered by the standard fees and charges in public hospitals and clinics. In 2013-14, the amount of approved SF subsidies was 377.9 million, with 5,490 approved cases.

30. HA will regularly review the financial assessment criteria of SF and make suitable adjustments when necessary, in order to help more patients while ensuring rational use of public resources.

Drug Formulary

31. HA acknowledges the importance of improving the transparency of the Drug Formulary and enhancing patients' participation. In this regard, HA currently has in place various channels to collect opinions from patient groups.

32. HA has all along been maintaining communication with patient groups to collect their opinions on the Drug Formulary. HA convenes two consultation meetings with the patient groups every year to keep them abreast of the latest developments of the Drug Formulary, understand their main areas of concern and gather their views on the introduction of new drugs.

33. Furthermore, HA's Chief Executive regularly meets with patient representatives every year to collect their views on various areas of patient services, including matters related to the Drug Formulary and SF. Currently, HA has a regular agenda item in relevant Drug Committees to report to members opinions and suggestions collected from patients.

34. HA's Drug Advisory Committee (DAC) convenes meetings every three months to appraise new drugs for inclusion in the Drug Formulary. To enhance the transparency of the decision making process, the list of new drugs to be reviewed at each DAC meeting is uploaded to HA's internet website for citizens' reference before the meeting. The list is also sent to the Alliance for Patients' Mutual Help Organizations for further dissemination to its members. HA welcomes patients groups to offer opinions on the new drugs to be assessed before the meetings. HA reports to members opinions collected from patients for their reference in assessing the drugs during the DAC meetings.

35. In considering whether to include new drugs in the Drug Formulary, HA assesses scientific evidence on the principles of safety, efficacy and cost-effectiveness of drugs as well as changes in medical technology and scope of public healthcare services. To enhance transparency, the outcome of each individual drug applications for inclusion in the Drug Formulary, together with a list of references that have been considered for each new drug application, are uploaded to HA's internet website after the DAC meetings. HA actively collects opinions and suggestions from patient groups and will continue to review the Drug Formulary under the existing mechanisms in order to benefit more patients.

36. HA will launch a new "HA Drug Formulary Management" website in the third quarter of 2015. Information in the HA Drug Formulary Management Manual, including the terms of reference of relevant Drug Committees, procedures of assessing new drugs and reviewing the Drug Formulary, as well as various communication channels between HA and stakeholders on Drug Formulary will be uploaded to the website in order to further enhance the transparency of the Drug Formulary.

Hospice Care Services

37. Facing terminal illnesses such as cancer and organ failure, patients and their families may suffer from discomfort arising from the illness, as well as the stress and fear of death. With the aim to provide holistic care to patients, HA has been providing palliative care services

with a comprehensive service model for terminally-ill patients and their families through a multi-disciplinary team of professionals, including doctors, nurses, medical social workers, clinical psychologists, physiotherapists, occupational therapists, etc. Currently, there are 16 hospitals under HA providing palliative care services. Palliative care services provided by HA include in-patient, outpatient, day care and home care services and bereavement services, etc.

38. As at 31 March 2014, HA had over 360 palliative care beds. Besides, some terminally-ill patients admitted to other specialties would be arranged to receive treatment from the palliative care teams if they are in need of palliative care services. Furthermore, to cater for the needs of terminally-ill patients who do not require hospitalisation, HA will arrange for palliative care outpatient services, day care or home care services according to needs, in order to allow patients to receive treatment in an appropriate environment.

39. HA is endeavoured to enhance palliative care services and has been improving service model and strengthening multi-disciplinary services, with a view to alleviating the physical and emotional distress of patients and improving their quality of life at the final stage of their lives. Since 2010-2011, HA has expanded palliative care service from mainly serving advanced cancer patients to patients with end-stage organ failure (such as end-stage renal failure) through provision of palliative care services by multi-disciplinary professionals. Besides, HA has been enhancing psychological and emotional support for terminally-ill patients and their families by identifying and providing early psychosocial interventions as appropriate. Furthermore, in 2015-16, HA will strengthen the Community Geriatric Assessment Team service in phases to provide better support for terminally ill residents living in residential care homes for the elderly. HA will also regularly meet and communicate with patient groups to understand their needs. HA will continue to develop close relationship with patient groups for continuous service improvement.

40. The Food and Health Bureau is also commissioning a research study on healthcare for the ageing. The purpose of the research is to enhance quality of healthcare for the elderly population and is expected to

inform policy in response to the challenge of the ageing population in healthcare, which also include healthcare services supporting elderly people with chronic diseases and quality of end-of-life care. The research project will last for three years and the research proposal submitted by a relevant research institution is being considered.

41. HA will continue to review the demand for various medical services and plan its services (including palliative care services) according to factors such as population growth and changes, advancement of medical technology and healthcare manpower. Improvements will be made while ensuring efficient use of resources to meet the overall needs of society.

Healthcare Services for Persons with Intellectual Disabilities

42. The four-year Pilot Project on Dental Service for Patients with Intellectual Disability subsidised by the Food and Health Bureau was implemented in mid-August 2013. During its initial stage, the pilot project was targeted at adults with moderate intellectual disabilities who were receiving CSSA. They were referred to the services by rehabilitation service units of welfare organisations (e.g. sheltered workshops). After review, the scope of the pilot project was extended in May 2014 to cover adults with intellectual disabilities who are receiving CSSA or Disability Allowance, or being granted medical fee waiver by HA. The pilot project has progressed as planned and patients who have completed treatment are generally satisfied with the service provided. As at July 2014, about 730 patients had received initial treatment and 220 had completed treatment.

43. In addition, HA will increase the number of psychiatric beds in Siu Lam Hospital with a view to clearing up cases of severe intellectual disabilities on the waiting list in the coming three years. To facilitate persons with intellectual disabilities, HA has assigned designated timeslots for them to seek consultation in psychiatric specialist out-patient clinics of seven clusters.

Mental Health Case Management

44. HA launched the Case Management Programme for patients with severe mental illness (SMI) in April 2010 with a view to providing intensive, continuous and personalised support for patients with SMI residing in the community. The Case Management Programme initially covered three districts. In 2014-15, it was extended to all the 18 districts in Hong Kong. Peer support will be introduced to the Case Management Programme in 2015-16 to strengthen support for patients with SMI.

45. To enhance communication and collaboration among stakeholders under the Case Management Programme so as to better respond to the needs of patients and society, HA, SWD and relevant NGOs have established a Task Group to review the current service collaboration and draft the Service Framework of Personalised Care for Adults with SMI.

Conclusion

46. The resources allocated by the Government to elderly services and rehabilitation services have been consistently on the rise. For the financial year 2015-16, the estimated government expenditure on elderly services on the social welfare agenda is about $6.8 billion, representing an increase of more than 10% over the revised estimate of last year. The estimated expenditure on rehabilitation services for the financial year 2015-16 is $5.6 billion, representing a nearly 10% increase over the revised estimate of last year. The Government will continue to provide appropriate support for people requiring long-term care (including the elderly and persons with disabilities). In doing so, the Government will continue to strengthen its collaboration with different sectors of the community and take into full consideration relevant factors including the needs of service users and the sustainability of services.

Food and Health Bureau
Labour and Welfare Bureau
Social Welfare Department
May 2015

(Translation)

Motion on
"Report of the Joint Subcommittee on Long-term Care Policy"
moved by Dr Hon Fernando CHEUNG
at the Council meeting of 3 December 2014

That this Council notes the Report of the Joint Subcommittee on Long-term Care Policy.