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17 August 2018

Legislative Council Secretariat
(Attn: Mr Richard WONG)
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Mr WONG,

Evaluation report of the Community Care Fund assistance programme

At the meeting of the Home Affairs Panel of the Legislative Council held on 21 December 2016, Members noted that the Community Care Fund will provide the evaluation reports of programmes to the Panel. The following three evaluation reports, which have been completed recently, are now attached for Members' information:

- (1) the evaluation report for the Enhanced Scheme of "Subsidy for owners' corporations of old buildings";
- (2) the evaluation report of the "Enhancing the academic expenses grant for students with special educational needs and financial needs pursuing post-secondary programmes"; and
- (3) the interim evaluation report of the "Dementia community support scheme".

For enquiries, please feel free to contact the undersigned. Thank you.

Yours sincerely,



(Ms Iris WONG)
for Secretary for Home Affairs

c.c.

Director of Home Affairs (Attn: Ms. Bridget SIU)

Secretary for Education (Attn: Ms. Fiona AU)

Secretary for Food and Health (Attn: Ms. Patricia LEE)

**Community Care Fund
Enhanced Scheme of
Subsidy for Owners' Corporations of Old Buildings
Evaluation Report**

Purpose

This paper aims to report on the evaluation results of the Enhanced Scheme of Subsidy for Owners' Corporations of Old Buildings (the Enhanced Scheme) under the Community Care Fund (CCF) launched in October 2015 for a period of three years.

Background

2. To strengthen the support for owners' corporations (OCs) of old buildings with low rateable values and to enhance building management, the former Steering Committee on the CCF endorsed in May 2012 the provision of subsidy for the OCs concerned on a pilot basis. The pilot Scheme (Phase I Scheme) was implemented by the Home Affairs Department (HAD) for a period of three years from 1 October 2012 to 30 September 2015 with a budget of \$67.2 million (including \$3.2 million as administrative fee). HAD reported on the evaluation results of the Phase I Scheme to the Commission on Poverty (CoP) in September 2015. The evaluation report showed that most of the beneficiary OCs of old buildings recognised that the Phase I Scheme relieved their burden on daily operating expenses and improved building management effectively.

3. The CoP endorsed the implementation of the Enhanced Scheme in September 2015 and the introduction of two additional subsidy items, including (i) extending the coverage of subsidy for procurement of third party risks insurance by OCs to also cover expenses on public liability insurance, and (ii) subsidising OC's expenses for the examination of lifts, with a view to further enhancing overall building management and benefitting more OCs of old buildings and grass-root owners.

4. The Enhanced Scheme was implemented by HAD for a period of three years from 1 October 2015 to 30 September 2018. Eligible OCs¹ may apply for subsidy on an accountable basis in respect of the following specified items for a maximum of five times. Up to 50% of the actual expenses may be granted for each item, and the maximum total amount of subsidy for each OC is \$20,000:

¹ Buildings of eligible OCs should be (i) residential or composite (commercial/residential use) buildings aged 30 years or above, and (ii) the average rateable value per annum of the residential units of the buildings in urban areas (including Tsuen Wan, Kwai Tsing and Sha Tin) shall not exceed \$120,000 while that of buildings in the New Territories shall not exceed \$92,000.

- (a) fees for registration or filing of any document with the Land Registry;
- (b) expenses on the procurement of public liability insurance and third party risks insurance for the common parts of the building;
- (c) expenses on regular inspection of fire service and electrical equipment;
- (d) expenses on examination of lifts; and
- (e) expenses on the annual clearance of fire escapes.

5. The approved budget for the Enhanced Scheme is about \$45.6 million (i.e. the unspent amount of the approved provision of \$67.2 million for the Phase 1 Scheme), excluding administrative fee. The estimated number of eligible OCs is about 4 500, of which 50% (about 2 200 OCs) are expected to apply for the subsidy.

Implementation of the Enhanced Scheme

6. The central office under HAD established for the Scheme continued to perform various work under the Enhanced Scheme, including preparation of application forms, reference guides and guidelines, formulation of publicity and promotion strategies, handling of enquiries from OCs and the public, as well as processing and approval of applications, etc.

7. HAD and its District Offices promoted the Enhanced Scheme to the public and eligible OCs through various channels, including promotion letters to eligible OCs (with application forms and reference guides enclosed), and extensive publicity through HAD's dedicated website on building management, telephone calls and visits, etc. The two professional property management companies commissioned by HAD for implementing the Building Management Professional Advisory Service Scheme also encouraged and assisted eligible OCs in submission of applications.

8. Invitation letters were issued to all eligible OCs (about 4 500) in September 2015. We also visited OCs (about 200 visits) or made telephone calls to remind OCs to submit expressions of interest and application forms (about 350 calls). Moreover, further letters were issued to all eligible OCs in January 2017 and February 2018 to remind them of the details of the Enhanced Scheme, application method and deadline, and to encourage them to submit their applications as soon as possible. So far, about 1 100 eligible OCs (about 24%) have indicated in writing their intention to apply for the subsidy.

9. Up to April 2018, about 2 844 telephone enquiries on details of the Enhanced Scheme and 1 882 applications (involving 1 266 OCs) have been received. Among the applications, 1 720 have been granted subsidy, involving about \$9 million, 20 did not meet the eligibility criteria, and the remaining 142 are being processed (see detailed analysis in paragraphs 11 and 12 below). Based on the experience of Phase I Scheme, many OCs would submit applications when the Scheme was drawing to a close. We estimate

that the subsidy to be granted will amount to about \$20 million when the Enhanced Scheme concludes in September 2018.

Evaluation

10. We have conducted an evaluation of the Enhanced Scheme (as at the end of April 2018) to assess and analyse the effectiveness of the Scheme.

I. Number of Applications and Cases Approved

11. The 1 882 applications received were from the 18 districts across the territory, with higher number of applications from districts which had more old buildings such as Yau Tsim Mong District (422 or 22.4%), Sham Shui Po District (358 or 19%), Kowloon City District (267 or 14.2%) and Central and Western District (165 or 8.8%).

12. The 1 720 approved applications involved 1 179 OCs with an average subsidy of \$7,630 for each OC. Among the items of subsidy, the subsidy for the procurement of public liability insurance and third party risks insurance had the highest number of applications of 1 604 cases, with some \$6.47 million disbursed.

II. Beneficiary OCs/Persons

13. For evaluating the Enhanced Scheme and planning ahead, we have invited the OCs to complete questionnaires upon the first disbursement. As at the end of April 2018, 490 out of 1 144 questionnaires issued were received, with a respondent rate of 42.8%. Analyses of the statistical results showed that majority of the buildings served by the OCs were owner-occupied (64.3%). In terms of age profile, the majority were from 40 to 64 (49.5%), followed by 65 or above (26.4%). In terms of employment status, 59.7% were employed while 40.3% were retired or unemployed. In terms of total monthly household income, almost 60% (59.5%) were \$15,000 or less and nearly a quarter (23.5%) were even less than \$10,000. As OCs were formed by owners, the data showed that many beneficiaries of the Enhanced Scheme were elderly people or those with less financial means.

III. Views of OCs on the Enhanced Scheme

14. We have selected at random 125 of the OCs granted subsidy (about 10.6%) for a telephone survey on the Enhanced Scheme. A total of 81.6% of the respondents strongly agreed or agreed that the Enhanced Scheme alleviated their financial burden, and 84.8% were very satisfied or satisfied with the vetting and funding arrangements.

Observations

15. We have the following observations from the application process, results of the questionnaire survey as well as practical experience in implementing the Enhanced Scheme –

(a) The Enhanced Scheme alleviated the financial burden of OCs

- Results of the random telephone survey showed that over 80% of the respondent OCs indicated that the subsidy had relieved their financial burden. The two new items, including the subsidy on expenses for public liability insurance, further reduced their expenses on insurance. The subsidy on expenses for examination of lifts not only helped encourage OCs to comply with relevant legislative provisions and hence safeguard the residents and the public, but also reduced their expenses on this item effectively.

(b) The Enhanced Scheme operated smoothly

- With their experience from application for subsidy under the Phase I Scheme and the detailed explanation by staff of HAD during telephone contacts and visits, over 80% of the respondent OCs were satisfied with the vetting and funding arrangements of the Enhanced Scheme.

(c) Amount of approved subsidy was relatively low

- As at the end of April 2018, a total of \$9 million was disbursed, accounting for 19.7% of the estimated total provision of \$45.6 million. The main reasons for the relatively low level of subsidy approved include OCs' failure to collect all relevant receipts; documents required for application still under preparation; and office-bearers being engaged in re-election or repair and maintenance of the building, etc. HAD will continue to encourage OCs to submit applications as soon as possible through publicity such as letters, telephone calls and visits.

Other Views

16. Some respondent OCs make the following suggestions on the Enhanced Scheme:

- (a) subsidy be granted for building maintenance, improvement to and maintenance of fire services installations, and lift maintenance; and

- (b) the ceiling on the amount of subsidy and the percentage of actual expenses for calculation of the subsidy be increased.

17. Besides, District Council (DC) and individual DC Members² make the following suggestions on the Enhanced Scheme:

- (a) to relax the restriction on rateable values;
- (b) to introduce new subsidy to OCs of private buildings for inspection of communal water pipes/water quality;
- (c) to expand the scope of subsidy to cover expenses on repair and maintenance of buildings' fire services, electrical installations and lifts upon inspection;
- (d) to introduce new subsidy to assist owners and OCs in complying with orders concerning building inspection, repair and fire safety; and
- (e) to introduce new subsidy to assist owners in regular cleaning of external walls of buildings.

18. The provision of subsidy for suggestions set out in paragraphs 16(a), 17(b), 17(c), (17)d and 17(e) above is considered undesirable for the following reasons and to avoid duplication of resources:

- (a) Some of the suggested items (including inspection of communal water pipes/water quality, building maintenance, improvement to and maintenance of fire services installations, lift maintenance and cleaning of external walls of buildings, etc.) are not in line with the original intention of the Enhance Scheme in providing subsidy on the daily expenses of OCs in order to enhance building management;
- (b) Items such as repairing, maintaining and replacing lifts, fire services installations and equipment as well as electrical installations are covered under the existing Integrated Building Maintenance Assistance Scheme of the Urban Renewal Authority (URA);

² These include the Sham Shui Po DC, and Members of Kowloon City DC and Yuen Long DC.

- (c) The upcoming Operation Building Bright 2.0 and Fire Safety Improvement Works Subsidy Scheme will cover the prescribed inspection and repair works under the Mandatory Building Inspection Scheme, and fire safety enhancement works; and
- (d) The existing Mandatory Building Inspection Subsidy Scheme jointly managed by URA and the Hong Kong Housing Society provides subsidy for expenses on the first inspection of building, which includes appointment of a registered inspector for conducting first prescribed inspection of the common parts of a building.

19. As for the suggestions regarding the amount of subsidy and rateable values as set out in paragraphs 16(b) and 17(a), we have incorporated them in the enhancement proposals under the Phase III Scheme.

Conclusion

20. The data collected, analysis and views of respondent OCs in the evaluation show that the Enhanced Scheme and the new enhancement items are effective in further relieving the burden of daily operating expenses on OCs of old buildings with low rateable values, so that they may maintain basic operation and enhance building management. They also help OCs comply with relevant statutory requirements, promote residents' awareness of safety and safeguard public safety.

21. Given the proven effectiveness of the Enhanced Scheme and an unspent approved provision of about \$25.6 million, we propose to continue the implementation of a Phase III Scheme upon completion of the Enhanced Scheme in September 2018 to benefit more OCs of old buildings and grass-root owners.

Home Affairs Department
May 2018

Community Care Fund
Enhancing the academic expenses grant for students with special
educational needs and financial needs pursuing post-secondary programmes
Evaluation Report

Background

The Community Care Fund (CCF) Task Force agreed at its meeting on 11 March 2015 to launch a programme to enhance the academic expenses (AE) grant for students with special educational needs (SEN) and financial needs pursuing post-secondary programmes to strengthen the support for these students. The programme was approved by the Commission on Poverty on 27 March 2015 for implementation, with funding from CCF, from the 2015/16 to the 2017/18 academic year for three years.

Implementation of the Programme

2. Beneficiaries of the programme must fulfill the following criteria:
 - (a) confirmed by a relevant professional to have at least one type of SEN including specific learning difficulties, intellectual disability, autism spectrum disorders, attention deficit/hyperactivity disorders, physical disability, visual impairment, hearing impairment, speech and language impairment; and starting from the 2017/18 academic year, mental illness;
 - (b) pursuing exclusively University Grants Committee-funded or publicly-funded full-time post-secondary programmes in Hong Kong, or full-time locally accredited self-financing post-secondary programmes; and
 - (c) eligible for assistance under the Tertiary Student Finance Scheme - Publicly-funded Programmes (TSFS) or the Financial Assistance Scheme for Post-secondary Students (FASP) and passed the means test of the Student Finance Office (SFO) of the Working Family and Student Financial Assistance Agency.

3. An eligible post-secondary student beneficiary can receive an enhanced AE grant of up to \$8,000 in the 2015/16 academic year. The maximum amount of the enhanced grant is adjusted annually in line with the movement of the Consumer Price Index (A)(CPI(A)). In the 2016/17 and 2017/18 academic years, the maximum amount has been adjusted to \$8,320 and \$8,550 respectively. The actual amount receivable by the beneficiary is determined with respect to the student's level of assistance assessed in the means test of SFO¹.

4. To inform students about the programme, SFO uploaded details of the programme onto its website and also notified students through relevant institutes. Applicants need to provide SFO with medical reports/professional certificates issued by relevant organisations or professionals. To comply with the requirements for the ordinance regarding protection of personal data (privacy), applicants are also required to grant consent to SFO, the Education Bureau (EDB), other government bureaux/departments or related public organisations for the disclosure of their relevant personal data necessary for the processing of their claims for the enhanced AE grants.

5. As at end of April 2018, the programme benefitted 128, 145 and 163 students in the 2015/16, 2016/17 and 2017/18 academic years respectively with about \$3.24 million disbursed.

Evaluation of Programme Effectiveness

6. The effectiveness of the programme has been reviewed and the major findings are provided as follows:

(a) Additional support for students

The maximum amount of the enhanced AE grant for post-secondary students with SEN and financial needs was \$8,000 in the 2015/16 academic year, and adjusted to \$8,320 and \$8,550 in the 2016/17 and 2017/18 academic years respectively. In the 2016/17 academic year, the average amount of grant (including tuition fee and AE grant) provided to a post-secondary student under TSFS and FASP was around

¹ There are five levels of assistance under the income test, i.e. 100%, 75%, 50%, 25% and 15% of the maximum assistance level, subject to discounting according to the asset value of the applicant's family (i.e. -0%, -20%, -40%, -60%, -80% or -100%).

\$45,660. The average amount of the enhanced AE grant provided to a beneficiary in the 2016/17 academic year was around \$7,200, rendering to beneficiaries solid support to meet their academic expenses to alleviate their financial burden.

(b) Implementation of the programme

The programme operates under the existing mechanism of payment of grant to eligible post-secondary students who passed the means test of SFO. Students eligible for applying AE grant are only required to provide relevant documentary proof certifying that they have been identified with SEN and grant consent for SFO to verify the records with relevant authorities/persons. Follow the existing arrangement for disbursing AE grant, the enhanced AE grant for SEN students is disbursed to eligible recipients through autopay to their designated bank accounts reported under TSFS/FASP. The arrangement is convenient for the beneficiaries and also minimise administrative cost.

(c) Flexibility of cash subsidy

There are suggestions that the programme should reimburse to beneficiaries the actual cost for the purchase of study aids or specific equipment in order to alleviate their financial burden. However, students with SEN have different needs. For instance, those with specific learning difficulties may have little need for specific equipment but they need to develop interest and to participate in community activities to boost their confidence, independence and self-direction. Disbursement in the form of cash subsidy allows the greatest degree of flexibility for students with SEN to obtain appropriate support according to their individual needs.

(d) Adjustment mechanism for the enhanced AE grant

The maximum amount of the enhanced AE grant was adjusted by 4% and 2.8% respectively in the 2016/17 and 2017/18 academic years in line with the movements of the CPI(A).

This adjustment mechanism was consistent with those for grants under the student financial assistance schemes and other CCF programmes (namely the hostel subsidy and the additional AE grant for self-financing post-secondary students).

7. In addition, to gauge the views of the beneficiaries on the effectiveness of the programme, SFO issued an anonymous questionnaire to 246 programme recipients in late December 2017. 58 replies were received by April 2018. Overall speaking, 80% of the respondents considered the enhanced AE grant able to provide support for their academic expenses. 98% of the respondents considered the present payment method through autopay to their bank accounts appropriate and over 70% are satisfied with the programme.

Conclusion

8. To sum up, the programme has rendered appropriate assistance to post-secondary students with SEN and financial needs. The administration of the programmes was smooth and cost-effective. The programme has met its objective and is in line with the aims of the CCF.

Education Bureau
May 2018

Community Care Fund Dementia Community Support Scheme Interim Evaluation Report

Purpose

This paper reports the results of the interim evaluation of the “Dementia Community Support Scheme” under the Community Care Fund (CCF).

Background

2. The Commission on Poverty approved a budget of \$98.88 million under the CCF at its meeting on 31 August 2016 for the Food and Health Bureau (FHB), in collaboration with the Hospital Authority (HA) and the Social Welfare Department (SWD), to launch a two-year pilot scheme named “Dementia Community Support Scheme” (the Pilot Scheme). Four HA clusters and 20 District Elderly Community Centres¹ (DECCs) participate in the Pilot Scheme to provide support services to elderly persons with mild or moderate dementia and their carers in the community through a “medical-social collaboration” model. The Pilot Scheme is implemented from February 2017 to January 2019.

3. Apart from developing a “medical-social collaboration” model and enhancing the community dementia support services, the Pilot Scheme also aims to enhance the capacity of the staff of DECCs in handling dementia cases in the community, enhance the healthcare element in the services of the DECCs and increase the use of information technology through the service delivery under the Pilot Scheme.

¹ The four HA clusters include Hong Kong East Cluster, Kowloon East Cluster, New Territories East Cluster and New Territories West Cluster; the 20 DECCs are located at Sha Tin, Tai Po, Tseung Kwan O, Kwun Tong, Eastern, Wanchai, Tuen Mun and Yuen Long districts.

4. The target users of the Pilot Scheme are elderly persons aged at 60 or above who are:

- (a) patients diagnosed by HA of having mild or moderate dementia; or
- (b) members of DECCs suspected of suffering from early dementia.

Subject to the number of suitable cases and the number of elderly persons giving consent to participate in the Pilot Scheme, the target number of beneficiaries under the Pilot Scheme is 2 000 persons².

5. To avoid elderly persons to go through complicated screening and means test procedures so as to encourage more elderly persons to participate in the Pilot Scheme, those who are recipients of the Comprehensive Social Security Assistance (CSSA), the Old Age Living Allowance (OALA), or medical fee waiver³ granted by public hospitals, at the time they join the Pilot Scheme can receive services of the Pilot Scheme free of charge during the two-year pilot period. For elderly persons not receiving CSSA, OALA or medical fee waiver, they can also join the Pilot Scheme by paying a monthly fee of \$250 for receiving support services and participating in relevant programmes provided by the DECC in the month concerned.

Interim evaluation

6. FHB has commissioned the Sau Po Centre on Ageing of the University of Hong Kong (HKU) to conduct evaluation study for the Pilot Scheme. This evaluation study aims to provide data on the “medical-social collaboration” process so as to recommend refinements to the service model and the way forward of the services. The specific objectives of the evaluative

² As at 31 July 2018, the Pilot Scheme provided support services to 1 746 elderly persons.

³ Excluding persons receiving one-off medical fee waiver.

study are to: (1) understand the implementation, mechanisms of impact and contextual factors of the “medical-social collaboration” model and other core components of the Pilot Scheme; and (2) explore structure and workflow indicators in order to predict the intermediate and potential long-term impact of the Pilot Scheme.

7. HKU adopted a mixed-method research consisting of a qualitative study (focus groups and individual interviews) and a quantitative study (prospective, naturalistic follow-up study using services and administrative data).

8. For the qualitative study, HKU conducted individual interviews and focus groups at the beginning of the Pilot Scheme (baseline) and will repeat the process after one year (follow-up) of service commencement. The baseline study aims to explore potential mechanisms of impact, contextual factors, and identify foreseen practical challenges and opportunities in implementing the Pilot Scheme. The follow-up study aims to consolidate lessons learned in the implementation process and stakeholders’ opinions on further service implementation.

9. As at August 2017, a total of 59 people participated in the baseline qualitative study, including 29 service providers (staff of DECCs and HA) and 30 service users (family carers). All 20 DECCs and four HA clusters sent representatives to join the service provider focus groups/interviews. The 30 family carers came from nine DECCs in four HA clusters. This interim report is about the initial findings of the baseline qualitative study.

10. For the quantitative study, HKU will use the service and the administrative data of the Pilot Scheme to delineate changes in intermediate and potential long-term outcomes, and to explore factors associated with these changes. HKU will collect data on persons with dementia and their carers receiving the service of the Pilot Scheme from the DECCs. During the evaluation period (between June 2017 and August 2018), HKU will collect sample data of up to 1 000 people with dementia and their carers participating in

the Pilot Scheme. The final report will have detailed analysis on the quantitative findings and making reference to other dementia community support services with a view to evaluating the Pilot Scheme.

Initial observations

11. The interim report points out that during the initial stage of implementation, the Pilot Scheme has already been well received by service users, with positive feedback and suggestions in fine-tuning the logistic arrangement. The key strengths, concerns and suggestions arising from the baseline study are illustrated in the ensuing paragraphs. Detailed qualitative analysis will be provided in the final report.

(I) Key strengths

Promoting social connection and psychosocial care

12. Family carers commended on the opportunities for the persons with dementia to join group activities, develop friendship with other group members, and DECC staff. Many of them expressed the wish for their parents or spouses to be able to continue the newly developed relationships by going to the same group beyond the service period. Through organised activities (e.g. carer training) or informal social interactions (e.g. waiting time outside of the activity room), carers expressed gratitude and appreciation for the opportunity to learn the care skills and practical communication tips, and to gain mutual support from fellow carers.

Enhanced “medical-social collaboration”

13. A majority of the service providers from both DECCs and HA agreed that “medical-social collaboration” was enhanced through the Pilot Scheme. Some attributed this to a closer partnership developed arising from the shared responsibility for the persons with dementia; tasks that require close

coordination and communication; cross-learning among different professions in the multidisciplinary team; and the effective platform of case conference, which promotes information sharing from various sources about the persons with dementia, and as a result provides a better picture of their needs to facilitate formulation of more tailor-made care and intervention strategies. The injection of healthcare element in community support services appears to have some spill-over effects beyond the Pilot Scheme.

Strong organisation support and input

14. High level of organisation support was recognised and appreciated by DECC staff in facilitating the implementation of the Pilot Scheme. The organisations generally put a high priority on the Pilot Scheme compared with other programmes. For the smooth implementation of the Pilot Scheme, the organisations allocated the needed space and facilities, made flexible arrangement to accommodate for short-noticed tasks, and mobilised resources to facilitate the implementation of the Pilot Scheme (e.g. internally deploying trained volunteers and helpers to support the Pilot Scheme).

(II) Concerns

Service continuity

15. Family carers expressed a strong wish for the continuation of the Pilot Scheme but at the same time worried that persons with dementia might revert to their previous, suboptimal state once the Pilot Scheme ends, with previous efforts in cognitive stimulation and relationship building wasted. On the other hand, service providers were concerned about the case overload situation in DECCs in future.

Case identification and recruitment

16. Some Advanced Practice Nurses (APNs) of HA considered that being able to identify suitable service users is crucial to the success of the Pilot

Scheme. The difficulties of case identification and recruitment were less reported by APNs with better support from their hospital team (e.g. APNs having clinicians to help identify potentially suitable cases during their consultation and make referrals to APNs for follow-up).

Location, space and support worker for physical frailty

17. Some service providers from DECCs expressed concerns that DECCs might not have the needed space and manpower to support those with physical frailty and disability. Some DECCs in difficult-to-access sites (e.g. on a steep slope) pose challenges in arranging supporting staff, transportation and/or escort services for physically frail elderly persons. Family carers also expressed concerns whether they could still manage to escort the elderly persons to the DECCs when the physical health of the persons with dementia, or that of their own (especially for elder spouse), deteriorate further.

(III) Suggestions

Roadmap of dementia community support service

18. Service providers called for a clear positioning of DECC in community health and social care. The interim report suggests that the following should be taken into account: (a) when a patient's condition changes, at which point DECC is no longer the ideal service setting, requiring a transition to other community care services; (b) the priority for DECCs to be involved in care of clinical population versus preventive health service for subclinical population (e.g. mild cognitive impairment); (c) service continuity with specialised and/or infusion model; and (d) the role that Neighbourhood Elderly Centres could play in the dementia community support service.

Communication and support from HA and SWD

19. Service providers noted that clusters with stronger support from HA clinicians reported smoother operation, better service quality, and higher efficiency. Some service providers acknowledged the substantial help they had received from SWD staff. To further strengthen the support of HA and SWD, the interim report points out that administrative support can be enhanced and logistics streamlined, to allow better use of professional staff and their skills in providing support services to elderly persons with dementia and their carers.

Further strengthening of “medical-social collaboration”

20. To further strengthen the “medical-social collaboration” platform established under the Pilot Scheme, the interim report suggests that the feasibility of information sharing between healthcare and social care sectors should be explored so as to support the same persons with dementia. The interim report also recommends a stronger co-development element in the service design with a view to harnessing the unique strengths of both healthcare and social care sectors in the community support.

Conclusions

21. Preliminary observations made by HKU at the initial service commencement phase of the Pilot Scheme suggest generally effective implementation. These observations include positive feedback from service users, strong support from frontline service providers, and appreciation of the newly formed medical-social collaboration model from both healthcare and social care sectors. Specifically, service users appreciate the social connection opportunities provided in the Pilot Scheme and service providers recognise that the pressing needs in the community are addressed by the Pilot Scheme. HA and DECC staff also agreed that care quality can be further enhanced by a closer collaboration and interdisciplinary exchange.

22. The three key concerns and suggestions raised by service users and service providers are forward-looking. In the interim report, the suggestions made by HKU to address these concerns in the long run include (1) developing a roadmap for dementia community support service and exploring the role of DECC in the community support and care services, which could address the concerns on service continuity and the support to frail elderly persons; (2) enhancing communication and support from HA and SWD to facilitate the operations, streamline the administration, as well as to enhance the efficiency in the identification of suitable cases; and (3) further strengthening the established medical-social collaboration by harnessing the strengths and expertise from both sectors, as well as information sharing for greater synergy. These are important considerations for further implementation of the service beyond the Pilot Scheme.

23. HKU points out that some issues important for further development of the service have not been covered in this interim report. These include resources implications arising from support services of the Pilot Scheme; further capacity building of participating staff; outcomes of service users; effects of IT applications; resources deployed for transportation arrangements; service sustainability; intention of ageing in place; and involvement of primary care. HKU will further study these issues and report in the final report to facilitate the Government to consider the way forward and further refinements of the related services.

24. HKU agrees that the Pilot Scheme, as part of a comprehensive societal response to dementia care needs proposed by the Review Committee on Mental Health, is apparently the prototype of a starting point for a continuum of care and support services provided by both healthcare and social care sectors, gradually connecting people with dementia and their families from community support services to community care services that provide enhanced care to those with dementia as their cognitive impairment and frailty level progresses with time. Community support services for the elderly, such as DECCs, thus represent a useful platform that can facilitate prolonged integration of people with mild dementia into the community, before day care centres for the elderly

or residential care is required. HKU points out that the value of the service model of the Pilot Scheme against promoting integration of service users into community living, such as promoting social relationship with community members with no dementia, shall be further explored. To this end, HKU will, in the final report, put a focus on the potential roles and capacity of social workers in actively facilitating integration of people with mild dementia, and the degree of infusion of healthcare services into the social care settings for supporting persons with mild or moderate dementia.

Follow-up work

25. The Policy Address announced in October 2017 raised that the Pilot Scheme would be incorporated into the Government's regular assistance programmes and extended to 41 DECCs in the territory. The Government will continue to gain experience from the actual operations during the pilot period and make reference to the results of the evaluation, with a view to further enhancing the services after the Pilot Scheme is incorporated into the Government's regular assistance programmes. The Government has reserved recurrent allocation⁴ for incorporating the scheme into its regular assistance programmes. The Task Force on Dementia Community Support Scheme led by FHB has started the related preparation work.

26. The final evaluation report of the Pilot Scheme is expected to be completed in end 2018. FHB will report the results of the final report to the CCF Task Force.

Food and Health Bureau August 2018

⁴ SWD has been allocated with an additional annual recurrent provision of about \$84 million, covering manpower resources for each DECC, programme expenses and training subsidy; FHB has also allocated an annual provision of about \$21 million to HA for recruiting additional nurses and support personnel, as well as for covering service-related expenses.