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27 March 2017

Mr Colin CHUI
Chief Council Secretary
Legislative Council Complex
1 Legislative Council Road,
Central, Hong Kong

Dear Mr Chui,

Review of Integrated Home Care Services

As requested by Members of the Joint Subcommittee on Long-term Care Policy at its meeting on 16 January 2017, the Administration provides its response to the views expressed and suggestions raised at the meeting as follows.

Integrated Home Care Services (Ordinary Cases) (IHCS(OC))

Provision of IHCS(OC) on weekends and during public holidays

2. As specified in the service delivery requirements in the Funding and Service Agreement of IHCS(OC), to meet service users' needs, service operators should be prepared to deliver service on Sundays, general holidays and outside the regular operating hours of the organisations, which are pre-arranged and agreed between service operators and service users. Hence, service operators will formulate agreed service plans with the service users upon assessment of the latter's needs during the case intake, which may include the provision of meals during Sundays or public holidays.

Service statistics of IHCS(OC)

3. Based on information provided by service operators, a total of 3 731 elderly persons were on the waiting list of IHCS(OC) as at September 2016. The needs of elderly persons who applied for the service were assessed with reference to the Supplementary Information Sheet that came into use in July 2015. Among elderly persons who were assessed during the period from April to September 2016, about 74% of them were accepted into the service, while the other 26% were either rejected or withdrawn. The main reasons for rejection and withdrawal were: (a) other support network available (47%); (b) improved self-care ability (21%); and (c) admission to hospital or institution (10%).

Further support to elderly persons with mild impairment

4. In formulating an Elderly Services Programme Plan (ESPP), the views collected during the public engagement exercise have clearly indicated that community care services (CCS) for elderly persons with mild impairment may need to be strengthened. In this connection, the ESPP has proposed in one of its strategic directions that CCS should be strengthened significantly to achieve “ageing-in-place” and reduce institutionalisation rate. The Elderly Commission (EC) has accordingly recommended that, for prevention of health deterioration, provision of suitable services to elderly persons with mild impairments should be explored and the service provision of IHCS(OC) should be systematised¹. Besides, a rapid assessment tool with clinical elements should be developed for IHCS(OC).

5. As announced in the 2017 Policy Address, the Community Care Fund will be invited to consider funding a pilot scheme to provide support services to elderly persons with mild impairment. Members of the Panel on Welfare Services were briefed on the details of the pilot scheme on 13 March 2017.

Quality assurance of the Pilot Scheme on Community Care Service Voucher for the Elderly (Pilot Scheme on CCSV)

6. Under the “money-following-the-user” approach, service users can choose the recognised service providers (RSPs), the types of service and the service packages which best suit their needs. The approach promotes flexibility and diversity of service and incentivises service providers to improve service quality and be more responsive to users’ needs.

7. Recommendations of the Sau Po Centre on Ageing² suggested that expansion of the service providers’ pool would enhance service quality and diversity. With this in view, the pool of RSPs under the Second Phase of the Pilot Scheme on CCSV has been expanded to include qualified private organisations which have at least 12-month proven experience in directly providing CCS for the elderly. Of the 124 RSPs under the Second Phase, three of them are operated by private organisations³.

8. The RSPs of the Pilot Scheme on CCSV are required to provide services in accordance with relevant service agreements. The agreements specify the services that are required to be provided, as well as the service standard requirements such as manpower requirements.

9. The Social Welfare Department (SWD) monitors the service quality of RSPs of the Pilot Scheme on CCSV through surprise visits and random checks to audit the relevant records. SWD also takes follow-up actions on complaints

¹ Initial recommendation 4a of the ESPP.

² The Sau Po Centre on Ageing of The University of Hong Kong was commissioned by the Social Welfare Department to conduct an evaluation study on the First Phase of the Pilot Scheme on CCSV.

³ As at end-February 2017.

relating to the service quality of the RSPs. A Centralised Team has been set up under the SWD to serve as the first point of contact for potential voucher users and for providing dedicated support and assistance for voucher users in collaboration with the Responsible Workers.

Indicative planning ratios in the ESPP

10. The indicative planning ratios were determined by the ESPP consultant team based on its service demand projections for the four types of long-term care (LTC) services for the elderly (i.e. services targeting those have been assessed to have care needs under the Standardised Care Need Assessment Mechanism for the Elderly (SCNAMES)), including subsidised care-and-attention places, subsidised nursing home places, subsidised day care services and subsidised home-based CCS (i.e. IHCS(Frail Cases)⁴ and EHCCS).

11. The indicative planning ratio for CCS in 2026 is 14.8 places per 1 000 elderly persons aged 65 or above while that for residential care services (RCS) is 21.4 places per 1 000 elderly persons aged 65 or above. As noted in the Report on Formulation Stage of the ESPP, the ratio between the demand for subsidised RCS and subsidised CCS currently stands at around 3:1⁵. As the ESPP has proposed various initial recommendations to strengthen CCS and the assessment tool of SCNAMES will be updated, the consultant team expects that subsidised CCS will be improved. Subject to the effectiveness of these measures and other uncertainties, the ratio of the subsidised RCS and subsidised CCS demand is projected to change from the current 3:1 to 3:2 in 2026, and to reach 1:1 in the long run.

Setting service targets for subsidised LTC services for the elderly

12. Whether service targets, such as waiting time targets, should be introduced in elderly services has been considered in the ESPP and discussed in its Report on Formulation Stage. The report notes that there are many factors affecting an

⁴ IHCS(OC) was not included in the service demand projections as the applicants to the service are not required to be assessed under SCNAMES, and does not currently fall into the category of LTC services for the elderly. Moreover, the EC was aware of the challenges in preparing a demand projection on IHCS(OC) given that there had yet to be comprehensive statistics on the service (e.g. the absence of a central waiting list, as well as information on the age distribution and frailty of applicants). In this connection, the EC has recommended developing a rapid assessment tool with clinical elements for IHCS(OC) so as to collect more information to facilitate service planning of IHCS(OC).

⁵ The Report on Formulation Stage also notes that numerous reasons have been suggested to explain the phenomenon, such as an insufficient provision of accessible CCS, the lack of a seamless transition service for elderly persons discharged from hospitals, a “get-in-the-queue-first” behaviour for subsidised RCS, physical constraints in the living environment of elderly persons, etc.

Furthermore, the report notes that most of the elderly persons applying for subsidised RCS were in fact “dual-option” cases, i.e. cases in which the elderly is assessed to be able to remain in the community with the support from CCS but may also apply for subsidised RCS if the elderly wishes to. Since the assessment tool of SCNAMES is being updated by SWD, the report expects that the sensitivity of the assessment mechanism will be improved and the percentage of cases assessed as “dual-option” will decrease given that it will be possible to distinguish the care needs (i.e. CCS or RCS) of elderly persons more clearly.

applicant's waiting time for individual service. In general, applicants with no special preference for service provider (e.g. location, religion, etc.) can be allocated with service rather quickly, while applicants with more specific preferences are likely to wait longer for service allocation. The report therefore considers it difficult to prescribe an estimated waiting time or to set waiting time targets for individual applicants.

Premises planning for subsidised elderly services

13. The SWD has all along been adopting a multi-pronged approach to increase the provision of elderly service facilities, including the construction of more residential care homes for the elderly (RCHEs), day care centres or units for the elderly (DEs/DCUs), etc. Suitable space is reserved in new and redeveloped public rental housing (PRH) estates where appropriate to provide welfare facilities including elderly facilities. A list of subsidised elderly facilities relating to PRH projects that are in the pipeline is at **Annex**. The SWD has also been actively identifying vacant space in public housing estates for conversion into elderly facilities.

14. The ESPP has put forward a number of initial recommendations aimed at strengthening the premises planning for subsidised elderly services, including, among others, reinstating population-based planning ratios in the Hong Kong Planning Standards and Guidelines⁶ for reserving suitable sites for development of new elderly facilities, as well as adopting an "estate-based" approach for such site reservation purposes⁷.

Yours sincerely,



(Steve Tse)

for Secretary for Labour and Welfare

cc.

Director of Social Welfare (Attention: Ms Pang Kit-ling)

⁶ Initial recommendation 14b of the ESPP.

⁷ Initial recommendation 15a of the ESPP.

**Sites Earmarked in PRH Projects for the Construction of
New RCHE, RCHEs with DCUs and DEs**

Location and District		Estimated no. of RCS places (both subsidised and non-subsidised) ^{Note 1}	Estimated no. of DE/DCU places ^{Note 2}
1	Tuen Mun Area 54, Tuen Mun	-	DE: 38 ^{Note 3}
2	Tuen Mun Area 29 West, Tuen Mun	100	-
3	Tung Chung Area 56, Tung Chung	100	-
4	Anderson Road, Kwun Tong	100	DCU: 20
5	Ex-Kwai Chung Police Married Quarters, Kwai Chung	100	DCU: 20
6	Shek Mun Estate Phase II, Sha Tin	150	DCU: 30
7	Fo Tan, Sha Tin Areas 16 & 58D	100	DE: 60
8	North West Kowloon Reclamation Area Site 6, Shum Shui Po	100	-
9	Choi Yuen Road, Sheung Shui	100	DE: 40
10	Chung Nga Road East, Tai Po	100	DE: 60
11	Queen's Hill, Fanling	150	DE: 60
12	Fung Shing Street, Wong Tai Sin	-	DE: 60
13	Shui Chuen O, Sha Tin	100	-

Note 1: The number of places to be provided is a preliminary estimate and is subject to change as SWD continues to work out the details of the projects. One designated residential respite care place will be included in the subsidised RCS places of each project.

Note 2: The number of places to be provided is a preliminary estimate and is subject to change as SWD continues to work out the details of the projects.

Note 3: The proposed premises for DE will be used for the relocation and expansion of an existing DCU, which is now providing 22 day care places and will provide 60 day care places in the relocated DE.