

**立法會**  
**Legislative Council**

LC Paper No. CB(2)599/16-17(02)

Ref : CB2/PS/1/16

**Panel on Welfare Services and Panel on Health Services**

**Joint Subcommittee on Long-term Care Policy**

**Background brief prepared by the Legislative Council Secretariat for  
the meeting on 16 January 2017**

**Integrated Home Care Services**

**Purpose**

This paper provides a brief account of the past discussions at the Council and its relevant committees on the Integrated Home Care Services ("IHCS").

**Background**

2 According to the Administration, to achieve the policy objectives of "Ageing in Place" and "Continuum of Care", the Social Welfare Department ("SWD") has upgraded 138 Home Help Teams to 60 Agency and District-based IHCS Teams since 1 April 2003 with an aim to provide a range of community support services to enable elderly persons, persons with disabilities and needy families to continue living in the community. According to the needs of service users, IHCS are classified into two categories, namely Frail Cases ("FC") and Ordinary Cases ("OC").

Integrated Home Care Services(Ordinary Cases)

3. IHCS(OC) provide meal delivery services, escort services, personal care, simple nursing care and household cleaning for people who suffer from no to mild level of impairment or disability and are in need of the services. Whilst elderly users of IHCS(OC) are not required to go through the SWD's Standardised Care Need Assessment Mechanism for Elderly Services ("SCNAMES"), priority will be given to individuals and families with no or poor support from friends or the community and are financially disadvantaged, applicants on the waiting list of IHCS(OC) or discharged cases from the Enhanced Home and Community Care Services ("EHCCS") or IHCS(FC). To ensure consistency in processing the applications and

provide suitable services for elderly persons with pressing needs as soon as possible, a supplementary information sheet was drawn up by SWD in collaboration with the social welfare sector in July 2015 for use by frontline social workers. According to the statistics provided by the non-governmental organizations ("NGOs") operating IHCS(OC), as at 31 December 2015, 4 051 persons were on the waiting list,<sup>1</sup> while 17 203 elderly persons and 1 353 persons with disabilities were current service users. In 2015-2016 (as at end-December 2015), 4 628 elderly persons exited IHCS(OC).

#### Integrated Home Care Services(Frail Cases)

4. IHCS(FC) provide a comprehensive package of home care and community support services for users, who are either elderly persons assessed to be in the state of moderate or severe level of impairment by SCNAMES, or persons with severe physical disabilities.<sup>2</sup> The scope and frequency of services are designed according to the needs of service users. The range of services under IHCS(FC) includes personal care, basic and special nursing care, rehabilitation exercise, counseling services, 24-hour emergency support services, day respite service, home environment risk assessment and home modifications, household cleaning, meal delivery services, escort services and carer support services, etc. As at 31 December 2015, 2 708 persons were on the waiting list and the average waiting time was about six months.<sup>3</sup> In addition, the utilization rate of IHCS(FC) was 99.1%, with 1 004 elderly persons and 106 persons with severe physical disabilities were current service users. In 2015-2016 (as at end-December 2015), 264 service users exited IHCS(FC).

### **Deliberations by Members**

#### Inadequate resources for provision of Integrated Home Care Services

5. Some Members expressed grave concern about the waitlisting situation of various kinds of community care services ("CCS"), such as

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<sup>1</sup> The 4 051 persons on the waiting list for Integrated Home Care Services(Ordinary Cases) include 3 754 elderly persons, 212 persons with disabilities and 85 individuals/families with social needs.

<sup>2</sup> According to the Administration, with effect from 1 March 2014, the Integrated Home Care Services(Frail Cases) ("IHCS(FC)") no longer accept applications from persons with severe physical disabilities. These persons may apply for Home Care Service for Persons with Severe Disabilities instead.

<sup>3</sup> According to the Administration, frail elderly persons who have been confirmed as moderately or severely impaired under the Standardised Care Need Assessment Mechanism for Elderly Services under the Social Welfare Department could wait for IHCS(FC) and/or the Enhanced Home and Community Care Services, of which the eligibility criteria are the same as that for IHCS(FC).

meal delivery and household cleaning services under IHCS. The Administration was requested to provide information on the annual expenditure under IHCS in the 2015-2016 financial year and the amount of funding allocated to IHCS in the 2016-2017 financial year. Some other Members held the view that the number of cases on the waiting list for IHCS(OC) did not reflect the actual demand which was far greater. These Members urged the Administration to allocate funding for the provision of additional service places to meet the huge demand for personal care and meal delivery services.

6. The Administration advised that the annual expenditure under IHCS in the 2015-2016 financial year (Revised Estimate) and the estimated expenditure for IHCS in the 2016-2017 financial year were about \$594 million and about \$600 million respectively. The Administration further advised that NGOs had the flexibility to decide on the maximum capacity of IHCS(OC) for meeting the service needs of elderly persons as appropriate. In addition to IHCS, the Administration had also provided other community care and support services to facilitate frail elderly persons in ageing in the community. These services included EHCCS and the Pilot Scheme on Community Care Service Voucher for the Elderly ("the Pilot Scheme on CCS Voucher") which was launched in September 2013. The Administration would keep in view the demand for IHCS and address the service needs of elderly persons as appropriate.

7. Some Members noted with concern that the cost per case served per month of IHCS would be increased by \$7 from \$1,817 in the 2015-2016 Revised Estimate to \$1,824 in the 2016-2017 Estimate, representing an increase of 0.3%, which was much lower than the general inflation rate. As such, some Members asked how the Administration could ensure that the basic quality of the relevant services would be maintained and the needs of elderly persons could be met.

8. The Administration advised that for subventions in the 2016-2017 Estimate, the part on emoluments was based on the level of Civil Service Pay Scale in 2015, while Other Charges had been adjusted according to the Composite Consumer Price Index. Since Other Charges accounted for a relatively small proportion of the unit cost, the overall increase in the unit cost per month for IHCS places was not significant. If civil service pay was to be adjusted in 2016-2017, the adjustment in costs would be reflected in the 2016-2017 Revised Estimate. As IHCS had adopted the Lump Sum Grant Subvention System ("LSGSS") as the funding model, the NGOs operating IHCS had the flexibility to deploy the subvention allocations under LSGSS to meet operating expenses, subject to their being able to ensure service quality and achieve the service output standards and outcome requirements as stipulated in the Funding and Service Agreements ("FSAs") signed between SWD and the NGOs concerned.

Inadequacies in meal delivery services under Integrated Home Care Services

9. Some Members had time and again expressed the view that meal delivery services should be provided for elderly persons in need of the services not only on weekdays, but also on weekends, unless service users advised otherwise. According to the Administration, some service users did not require meal delivery services on weekends as they were taken care of by their family members during those days. That said, if service users raised their request for meal delivery on weekends, the service providers concerned would follow up and make necessary arrangement based on their genuine needs. In response to some Members' enquiry, the Administration advised that SWD did not have the statistics about the provision of meal delivery services under IHCS(OC) and IHCS(FC) on holidays.

10. Some Members noted with concern that some service providers of IHCS had cut back on meal delivery services, or refused to provide these services for some elderly persons on the grounds that they were "not old enough and still healthy". Considering that the failure of the service providers to provide appropriate IHCS for elderly persons ran counter to the policy objectives of "Ageing in Place" and "Continuum of Care", these Members asked if the Administration had assessed the performance of the service providers of IHCS and taken measures to ensure that they would improve their services.

11. The Administration advised that frail elderly persons who had been assessed as moderately or severely impaired under SCNAMES might waitlist for IHCS(FC) and/or EHCCS. Should they have urgent need for the services concerned, SWD would give special consideration and arrange for priority placement. As for applicants for IHCS(OC), IHCS Teams would accord priority to those with urgent needs in accordance with their health conditions and other community support available to them.

12. The Administration further advised that SWD had entered into FSAs with the subvented NGOs providing IHCS. SWD required the NGOs concerned to provide IHCS in accordance with FSAs. SWD monitored the NGOs' performance in providing the subsidized services through the Service Performance Monitoring System, under which SWD would assess and monitor the performance of the service units through their submission of regular reports. SWD would also conduct regular or surprise visits to assess the service units' performance on a random basis. Should the service units fail to meet the requirements set out in FSAs, SWD would request the NGOs concerned to submit improvement action plans and monitor their implementation.

### Interface between Integrated Home Care Services and other home-based services

13. Some Members held the view that the Integrated Discharge Support Programme for Elderly Patients ("IDSP") was not fully interfaced with IHCS, resulting in neglect of some elderly persons.<sup>4</sup> These Members urged the Administration to strengthen the interface and increase the number IHCS places to address the problem. In addition, the Administration was requested to consider setting up an emergency home care service team to provide time-limited care services for elderly persons with urgent needs. The Administration reiterated the existing service arrangements under IHCS mentioned in paragraph 11 above, and added that those arrangements also applied to applicants referred under IDSP.

14. Considering the existing elderly care services were piecemeal and fragmented, some Members called on the Administration to reintegrate the various home-based services including IHCS, EHCCS and IDSP into a more coordinated programme of elderly services. In addition, they suggested that the home-based services for elderly persons should be offered according to their level of impairment.

15. The Administration advised that the existing CCS development was not yet matured. To enhance the services, SWD had rolled out new initiatives to provide more flexible services, e.g. the Pilot Scheme on CCS Voucher which had provided elderly persons with a mixed mode of home care and part-time day care services. Services currently provided under IHCS were included in the recognized scope of home care services under the mixed mode. To cope with challenges arising from the ageing population, the Administration had also provided other types of CCS, which included day care services for the elderly, to help frail elderly persons age in the community. SWD would continue to attend to and follow up on the needs of elderly persons.

### Review and future development of Integrated Home Care Services

16. In view of the shortage of and inadequacies in IHCS, some Members urged the Administration to provide a concrete timetable for conducting a comprehensive review of IHCS (including its service content, operating costs, and coordination among service providers), and different stakeholders in particular service users, should be invited to give views on the way forward. According to the Administration, the formulation of the

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<sup>4</sup> The Integrated Discharge Support Programme for Elderly Patients aims to provide one-stop support services for elderly patients who have just been discharged from hospitals, with a view to reducing their chance of re-admission and providing further support to the carers.

Elderly Services Programme Plan ("ESPP") by the Elderly Commission ("EC") was underway.<sup>5</sup> The consultant team which was engaged to provide assistance was called for exploring the relationship among IHCS, EHCCS, the Pilot Scheme on CCS Voucher and services provided by Day Care Centres/Units for the Elderly.

17. Some Members expressed concern that many elderly persons were discouraged to use CCS by some service providers. These Members considered that in addition to actual service utilization, the service needs of these elderly persons should also be taken into account in projecting the demand for CCS and drawing up long-term plans for provision of CCS. The consultant team advised that elderly persons who were assessed to be of moderate level of impairment under SCNAMES were eligible for CCS. For prevention of health deterioration, the consultant team had recommended that the provision of suitable services for elderly persons with mild level of impairment should be explored and the service provision of IHCS(OC) should be systematized. There might be a need to explore improvement in providing services for elderly persons with frailty not reaching the moderate to severe level (i.e. the threshold for long-term care services). In addition, a simplified version of the standardized need assessment tool should be developed to identify the mildly frail elderly who were to be given higher priority in receiving services under IHCS(OC).

### **Relevant papers**

18. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

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Legislative Council Secretariat  
12 January 2017

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<sup>5</sup> In his 2014 Policy Address, the Chief Executive announced that the Elderly Commission ("EC") would be tasked to formulate the Elderly Services Programme Plan ("ESPP") within two years to strengthen the medium and long-term planning for elderly services. To take forward the task, EC has since set up the Working Group on ESPP, while the Labour and Welfare Bureau has engaged a consultant team from the Department of Social Work and Social Administration of The University of Hong Kong to provide assistance. Barring any unforeseen developments, EC was expected to submit the report of ESPP to the Administration in the second quarter of 2017.

## Relevant papers on Integrated Home Care Services

| Committee   | Meeting date/<br>Issue date  | Paper   |
|---|------------------------------|---|
| Joint Subcommittee on Long-term Care Policy of the Fifth Legislative Council          | 14 January 2014<br>(Item I)  | <a href="#">Agenda</a><br><a href="#">Minutes</a>   |
| Legislative Council   | 15 April 2015                | <a href="#">Official Record of Proceedings</a><br><a href="#">Pages 72-76</a>   |
| Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes | 16 February 2016<br>(Item I) | <a href="#">Agenda</a><br><a href="#">Minutes</a>   |
| Finance Committee   | 8 April 2016                 | <a href="#">Administration's replies to members' written question in examining the Estimates of Expenditure 2016-2017</a><br><a href="#">Pages 277-278, 488-491, 501, 991, 1532, 2255, 2278-2279, 2287-2289</a> |
| Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes | 25 April 2016<br>(Item I)    | <a href="#">Agenda</a><br><a href="#">Minutes</a>   |
| Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes | 17 May 2016<br>(Item I)      | <a href="#">Agenda</a><br><a href="#">Minutes</a>   |
| Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes | 12 July 2016                 | <a href="#">Report</a><br><a href="#">LC Paper No. CB(2)1902/15-16</a>  |

| <b>Committee</b>   | <b>Meeting date/<br/>Issue date</b> | <b>Paper</b>  |
|--|-------------------------------------|---|
| Finance Committee  | July 2016                           | <a href="#">Report on examination of the Estimates of Expenditure 2016-2017</a> |
| Panel on Welfare Services  | 14 November 2016<br>(Item V)        | <a href="#">Agenda</a><br><a href="#">Minutes</a>                               |
| Joint Subcommittee on Long-term Care Policy of the Sixth Legislative Council | 16 December 2016<br>(Item II)       | <a href="#">Agenda</a>  |

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