

**For information
on 28 March 2017**

LEGISLATIVE COUNCIL

**PANEL ON WELFARE SERVICES
PANEL ON HEALTH SERVICES**

JOINT SUBCOMMITTEE ON LONG-TERM CARE POLICY

**Support for Persons Suffering from Dementia
and their Family Members**

Purpose

This paper briefs Members on various services provided by the Government to support persons with dementia and their carers.

Background

2. Dementia is a syndrome, usually of a chronic or progressive nature, caused by a variety of brain illnesses that affect memory, thinking, behaviour and ability to perform daily activities. Dementia is a chronic health problem which not only affects the physical, psychological, cognitive and social domains of a demented person, but also causes long-term stress to his/her carer and family members. Persons with dementia therefore require services of various aspects, including medical services as well as social care services. To this end, the Government adopts a multi-disciplinary and cross-sectoral approach in the provision of holistic care to persons with dementia. To address the needs of persons with dementia and their carers, the Food and Health Bureau (FHB), the Labour and Welfare Bureau (LWB), the Hospital Authority (HA), the Department of Health (DH), the Social Welfare Department (SWD) and non-governmental organisations have been working closely to provide suitable services from various aspects, including prevention, early detection, intervention and long-term care.

Medical Services

3. At present, HA is taking care of around 28 000 persons with different degrees of dementia. Around 12 000 of them are being followed up by the psychiatric departments while the others are being followed up by other departments of HA, subject to the comorbidities of the patients. Multi-disciplinary teams led by doctors will formulate individualised treatment plans that include medication, cognitive training, healthcare assessment and rehabilitation services having regard to the conditions of individual patients, and follow-up services are provided accordingly to suit their needs.

4. HA provides patient education and carer training with a view to empowering them to tackle behavioural and psychological issues arising from dementia. HA also arranges referrals to social services as appropriate for patients with dementia and their families to receive comprehensive support in the community setting.

Community outreach services

5. Elderly patients residing at residential care homes for the elderly (RCHEs), including those with dementia, are supported by HA's outreach services through its community geriatric assessment teams and psychogeriatric outreach teams. Services provided include the formulation of treatment plans, monitoring of patients' recovery, follow-up consultations and prescription of medications if indicated. On-site training will also be given to care workers at RCHEs, if required, to enable them to master the skills in taking care of residents with dementia.

6. HA's community geriatric assessment teams currently cover about 650 RCHEs whereas the psychogeriatric outreach services cover most subvented RCHEs and over 200 private RCHEs in the territory.

Medications

7. HA has been taking measures over the years to increase the use of new anti-dementia drugs with proven clinical efficacy in order to improve

the quality of life and delay the functional deterioration of dementia patients. The number of patients using new anti-dementia drugs increased from 6 800 in 2009-10 to 17 600 in 2015-16.

Public information

8. HA has also made available information relating to dementia, medical care and community resources on its one-stop information platform, the Smart Patient Website, with a Smart Elders webpage dedicated to strengthening support for elderly patients with chronic diseases (including dementia) and their carers.

9. The Elderly Health Service of DH aims at enhancing the awareness of elderly persons and their carers as well as the general public about the importance of mental health, the common mental health problems of elderly persons and prevention, through various channels such as health talks, seminars, books, audio-visual materials, webpages and the mass media.

10. In addition, in January 2016, DH launched a three-year territory-wide “Joyful@HK” Campaign (the Campaign) to promote mental health. The objectives of the Campaign are to increase public engagement in promoting mental well-being; and enhance public knowledge and understanding of mental health. The Campaign targets at the general public of different age groups, and establishes partnership with stakeholders and organisations that organise or facilitate activities for the promotion of mental health. By enhancing public knowledge and understanding of mental health problems commonly found in different age groups (e.g. dementia commonly found in elderly persons), it is hoped that this would facilitate early detection and treatment, and reduce stigmatisation.

Long-term Care Services

11. The Government strives to provide suitable support for elderly persons with long-term care needs, including those with dementia. Under the Standardised Care Need Assessment Mechanism for Elderly

Services, elderly persons who have been assessed to be of moderate or severe impairment may be eligible for subsidised long-term care services¹. SWD provides a wide spectrum of subsidised services, including community care and support services as well as residential care services, to cater for the care needs of service users.

12. Based on a client-centred principle, to ensure that elderly persons with dementia can receive appropriate care at different stages, an integrated approach is adopted to provide them with a continuum of care in one care facility according to their needs. Service units will draw up individual care plans for the elderly persons having regard to their health conditions and care needs. The care plans will be reviewed and updated regularly to meet the changing circumstances. To provide better support for elderly persons with dementia and their carers, the Government has been implementing various measures as set out in ensuing paragraphs.

Provision of Dementia Supplement

13. To facilitate service units to enhance care and support for elderly persons with dementia, SWD has been allocating Dementia Supplement to subvented RCHEs, subvented residential care homes for persons with disabilities (RCHDs), private RCHEs participating in the Enhanced Bought Place Scheme (EBPS) and subvented day care centres/units for the elderly (DEs/DCUs). With the allocation of Dementia Supplement, RCHEs, RCHDs and DEs/DCUs may employ additional professional staff, including occupational therapists, nurses and social workers, etc., or purchase relevant professional services to take care of elderly persons with dementia and to organise training programmes for them. DEs/DCUs may also use Dementia Supplement to provide training programmes and services for elderly persons with dementia as well as supportive services for their carers as necessary.

14. In order to provide enhanced support for elderly persons with dementia, the Chief Executive announced in his 2017 Policy Address that the Government would increase the funding for Dementia Supplement. The additional recurrent funding involved would be \$127 million. In

¹ Long-term care services are generally available for elderly persons who meet the age requirement, while persons with early onset of dementia may apply for Integrated Home Care Services.

2017-18, the enhanced provision of Dementia Supplement is estimated to benefit more than 6 200 elderly residents living in 284 subvented RCHEs, subvented RCHDs and EBPS homes. Besides, the elderly persons participating in the Pilot Scheme on Residential Care Service Voucher for the Elderly will also benefit from the enhanced provision.

Dementia Community Support Scheme

15. A two-year pilot scheme on dementia community support services for the elderly named as “Dementia Community Support Scheme” (pilot scheme) was launched in February 2017. The pilot scheme, steered by FHB in collaboration with HA and SWD, aims at providing support services for elderly persons with mild or moderate dementia and their carers at the community level based on a medical-social collaboration model. The pilot scheme involves the participation of four HA clusters (including New Territories East, New Territories West, Kowloon East and Hong Kong East Clusters), SWD as well as 20 subvented District Elderly Community Centres (DECCs) (about half of the DECCs in Hong Kong) in Sha Tin, Tai Po, Tseung Kwan O, Kwun Tong, Eastern, Wan Chai, Tuen Mun and Yuen Long districts.

16. Under the pilot scheme, based on the care plans formulated jointly with HA and SWD, DECCs will provide suitable care, training and support services to elderly persons with dementia at the community level. This will help stabilise progression of the disease and alleviate their distress of frequenting hospitals. Carers will also be provided with knowledge of care, stress management training and counselling services, to help reduce their stress and burden in taking care of elderly persons with dementia. It is estimated that about 2 000 elderly persons in the community will benefit from the support services provided under the pilot scheme.

Improvement of dementia care facilities at elderly service units

17. SWD has allocated resources and improved the facilities at subvented RCHEs, contract homes and DEs/DCUs to ensure better care and safety of elderly persons with dementia. These include purchase of bed monitoring systems, anti-wandering systems and facilities for

multi-sensory therapy, etc. In August 2015, SWD also updated the Reference List of Furniture and Equipment for subvented RCHEs and DEs/DCUs so that the operators can flexibly purchase the physiotherapy equipment, occupational therapy equipment, assessment tools and other related items, thereby providing appropriate training for elderly persons with dementia.

18. Moreover, SWD has been implementing the Improvement Programme of Elderly Centres since April 2012 with \$900 million funding from the Lotteries Fund to provide subsidy to 237 participating elderly centres for enhancing their physical setting, including the purchase of furniture and equipment which could help support the prevention of dementia and cognitive impairment. As at January 2017, the Lotteries Fund Advisory Committee had endorsed applications from 175 elderly centres. Relevant works have commenced in succession, with 99 elderly centres having completed renovation works and re-opened for service with a new look.

Provision of training for elderly persons with dementia

19. At present, all subvented RCHEs and DEs/DCUs provide dementia-specific training for elderly persons with dementia, including cognitive training, memory training, reality orientation, reminiscence therapy, etc. Operators of these service units will provide a relaxing environment for suitable stimulation (e.g. directional signs) to elderly persons with dementia while at the same time avoiding exerting pressure (such as noise or lighting) on them.

Training of professional and non-professional staff

20. SWD organises regular training for professional (including social work staff and allied health professionals) and non-professional staff (including care workers and health workers) of elderly service units to enhance their knowledge of dementia and to strengthen their skills in caring for elderly persons with dementia. The training focuses on helping the staff concerned to understand the medical, psychological and care needs of elderly persons with dementia, to manage the common assessment tools and therapeutic approaches and to learn about support

services that could be provided for the carers. In 2016-17, a total of 470 staff, including 290 non-professional staff and 180 professional staff, attended the training programme. In 2017-18, SWD will provide a total of 480 training places.

21. The Visiting Health Teams (VHTs) of DH reach out into the community and RCHes to deliver on-site education and training for carers. A wide range of topics are covered which include common mood problems, stress management and skills for caring of elderly persons with dementia. VHTs also conduct talks and seminars for frontline staff of different bureaux/departments and organisations of the public sector to enhance their understanding of the needs of patients with dementia, so that they can offer appropriate assistance when they encounter patients in need of help whilst performing their duties.

Support for Carers

22. In full recognition that carers play a key role in taking care of their elderly family members who suffer from dementia, the Government has been implementing various measures to provide different kinds of support for them.

23. The Government launched Phase I of the Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low-income Families (Pilot Scheme) in June 2014 to provide carers of elderly persons from low-income families with a living allowance to help supplement their living expenses so that elderly persons in need of long-term care services (including those with dementia) can, with their carers' help, receive proper care and remain living in a familiar community. Under the Pilot Scheme, a monthly allowance of \$2,000 is disbursed to each eligible carer, and a maximum of \$4,000 per month is disbursed to each of those carers who takes care of more than one elderly person at the same time. Phase II of the Pilot Scheme was launched in October 2016, with a total of 4 000 beneficiaries under the two phases of the Pilot Scheme. As at end February 2017, a total of 3 952 carers of elderly persons had been assessed to be eligible under the two phases.

24. The Government also provides respite service for elderly persons, including those with dementia, to relieve their carers' stress, thus allowing the carers to take a short break when necessary. There are two types of respite service for the elderly, namely day respite service and residential respite service.

25. For residential respite service, on top of the 32 designated residential respite places provided by subvented RCHEs, SWD makes use of the casual vacancies of subsidised places in all subvented nursing homes and care-and-attention homes, contract homes as well as private RCHEs participating in the EBPS to provide residential respite service.

26. As regards day respite service, 36 subvented DEs/DCUs across the territory currently provide 157 designated day respite places. Individual DEs/DCUs may also make use of their casual vacancies to provide day respite service. SWD will continue to designate day respite places in newly established subvented DEs/DCUs.

27. The Elderly Commission (EC), LWB and SWD launched the District-based Scheme on Carer Training in 2007. Elderly centres are invited to collaborate with community organisations in running elderly-care training courses which cover the knowledge and skills needed in caring for elderly persons with dementia. Each of the 119 participating elderly centres was provided with one-off seed money of \$50,000 for organising carer training programmes. To further enhance the training for carers, this scheme has been regularised since 2014-15 and the Government has provided an additional recurrent allocation of about 6.7 million to subvented elderly centres for implementation of carer training activities.

Review Committee on Mental Health

28. To ensure that our mental health regime can rise up to the challenges of a growing and ageing population, FHB embarked on a review of the existing mental health policy and services through the setting up of a Review Committee on Mental Health (the Review Committee) in May 2013. Chaired by the Secretary for Food and Health,

the Review Committee is tasked to study the existing policy on mental health with a view to mapping out the future direction for development of mental health services in Hong Kong. It also considers means and measures to strengthen the provision of mental health services in Hong Kong having regard to the changing needs of the community and resource availability.

29. The Review Committee subsequently set up the Expert Group on Dementia (the Expert Group) which focused its review on the existing dementia services and recommends measures for service enhancement. With an ultimate goal of facilitating persons with dementia to age in place, the Expert Group considers it important to develop an intervention model for attending to persons with mild or moderate dementia in the primary care and community setting. Through enhancing the capacity of the primary healthcare and social welfare professionals in the community, stabilised cases of dementia should be managed at the community level, thereby allowing more effective use of specialist resources in the management of complicated cases. The Elderly Services Programme Plan being formulated by EC also noted the work of the Expert Group, and recommended SWD to make reference to the discussion findings and recommendations of the Expert Group in devising the future development of services for elderly persons with dementia.

30. The mental health review report is being finalised by the Review Committee and will be announced in the second quarter this year. After the review report is published, FHB will set up a standing advisory committee on mental health to follow up on the recommendations of the review, including those on the enhancement of dementia-related services.

Advice Sought

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

**Food and Health Bureau
Labour and Welfare Bureau
Department of Health
Hospital Authority
Social Welfare Department
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