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Panel on Welfare Services and Panel on Health Services

Joint Subcommittee on Long-term Care Policy

**Updated background brief prepared by the Legislative Council Secretariat
for the meeting on 28 March 2017**

Support for persons suffering from dementia and their carers

Purpose

This paper provides a brief account of the past discussions at the Council and its relevant committees on the support for persons suffering from dementia and their carers.

Background

2. According to the Administration, dementia is a syndrome, usually of a chronic or progressive nature, caused by a variety of brain illnesses that affect memory, thinking, behavior and ability to perform everyday activities. As dementia affects the physical, psychological and cognitive domains of a person, it is a multi-faceted problem requiring multiple domains of services including medical intervention as well as formal and informal social care. To this end, the Administration is committed to providing holistic medical and social care services for patients with dementia and their carers. Through a multi-disciplinary and cross-sectoral team approach, the Food and Health Bureau ("FHB"), the Labour and Welfare Bureau, the Department of Health ("DH"), the Hospital Authority ("HA"), the Social Welfare Department ("SWD") and other relevant parties are working closely on the provision of various service programmes for persons with dementia.

3. According to HA, it is estimated that five to eight out of every 100 persons aged over 65 have dementia in Hong Kong. Moreover, there are 20% to 30% people aged over 80 have dementia of different extents. In 2014, there were about 11 950 dementia patients being followed up by HA's psychiatric departments.

Deliberations by Members

4. At its meeting of 22 February 2012, the Council passed a motion on "Strengthening the support for persons suffering from dementia and their carers". The wording of the motion is in **Appendix I**.

Support for persons suffering from dementia

5. Some Members were concerned that of some 63 000 estimated patients with dementia in Hong Kong in 2011, only around 10 700 of them were receiving treatment provided by HA. Query was raised as to the provision of services for the remaining demented elderly persons living in the community. According to the Administration, support services were provided for frail elderly persons, including those with dementia, living in the community and their families through 72 day care centres/units for the elderly ("DEs/DCUs"), 34 enhanced home and community care services teams, 60 integrated home care services teams, 210 elderly centres and the Pilot Scheme on Community Care Service Voucher for the Elderly. These services included training and counseling services, assistance in forming carers' mutual help groups, setting up resources centres, as well as demonstration and loan of rehabilitation equipment.

6. Noting that demented persons aged below 60 were not eligible for subsidized community care services ("CCS"), some Members suggested that in view of an increasing younger population suffering from dementia, the Administration should critically examine the support service for younger demented persons. The Administration advised that people who had early onset of dementia might apply for Integrated Home Care Services. Besides, medical social services were available in public hospitals and some specialist out-patient clinics to provide psycho-social intervention for patients, including demented persons, regardless of age. In addition, there were self-financing services for people with dementia provided by non-governmental organizations ("NGOs").

7. Some Members called on the Administration to set up dedicated service units for demented elderly persons. The Administration advised that according to the findings of the pilot study on setting up dementia units in residential care homes for the elderly ("RCHEs") and DEs conducted in 2000, it was more desirable for demented elderly persons to be served under an integrated approach which provided a continuum of care. The Administration could make use of the existing DEs/DCUs and RCHEs to provide an integrated and continuum of services for demented elderly. Moreover, it would not be feasible to identify suitable sites for setting up new dedicated service units for demented elderly persons in close proximity to the service users in every district. In recognition of the mobility needs of demented elderly persons, SWD had enhanced the spatial

standards for DEs by some 20% (i.e. increasing the Net Operational Floor Area for a 40-place DE from 218m² to 267m²). The new Schedule of Accommodation had been adopted since October 2010 in the planning of new and reprovisioned centres, which would enable the provision of additional facilities which demented elderly persons could benefit, e.g. multi-sensory rooms. A review of the spatial standards for RCHEs was being conducted. Some Members, however, took the view that lack of suitable premises for setting up dedicated service units for demented elderly persons was an excuse of the Administration to delay the provision of dedicated service for demented elderly persons.

8. Some Members expressed concern about the support provided for demented elderly persons in subvented RCHEs, private homes participating in the Enhanced Bought Place Scheme ("EBPS"), and DEs/DCUs ("the Service Units"). According to the Administration, elderly patients residing at RCHEs, including those suffering from dementia, were supported by HA's outreach service through its community geriatric assessment teams and psychogeriatric outreach teams. In addition, since 2011-2012, SWD had provided the Dementia Supplement ("DS") for the Service Units to provide more appropriate services for elderly users with dementia. The Service Units might deploy DS to employ additional professional staff, including occupational therapists, nurses and social workers, or purchase relevant professional services to enhance training programmes and services for demented elderly persons as well as support services for their carers as necessary. In the 2017-2018 financial year, the Administration would increase the funding for DS with an aim to enhance the support for frail and demented elderly persons.

9. Some Members called on the Administration to spearhead the collaboration between the medical and welfare sectors in providing support services for demented elderly persons. The Administration advised that in 2013, the Review Committee on Mental Health under FHB set up an Expert Group on Dementia to review the existing dementia care services. Based on the recommendations of the Expert Group, the Chief Executive announced in his 2016 Policy Address the launch of a two-year pilot scheme to provide, through a medical-social collaboration model, dementia community support services in District Elderly Community Centres ("DECCs"). FHB set up a Task Force in early 2016 consisting of representatives from FHB, SWD, HA and its clusters, as well as NGOs to formulate and implement the two-year pilot scheme namely "Dementia Community Support Scheme" under the Community Care Fund ("CCF"), which was expected to benefit about 2 000 elderly persons.

10. While noting that SWD, DH and HA had been providing support services for demented elderly persons, some Members considered that the provision of such services was inadequate to meet the demand in the light of the ageing population. More resources should be allocated to strengthen the services at DEs/DCUs and to provide relevant training programmes for staff of elderly service units and family carers. In addition, the Administration should formulate

a long-term policy and planning for the provision of support services for demented elderly persons instead of adopting a piecemeal and fragmented approach in this regard. The Administration was also urged to identify the target group of service users by making an accurate projection on the number of demented elderly persons, and then formulate specific policy and set targets for service provision in the next five years. The Administration advised that following the recommendations of the Elderly Commission in its consultancy study on CCS, the Administration would strengthen CCS such that it would have a more balanced development compared with that of residential care services. The formulation of the Elderly Services Programme Plan, which was expected to complete in the second quarter of 2017, would also cover issues concerning provision of CCS for demented elderly.

Support for carers of demented elderly persons

11. Some Members had time and again urged the Administration to strengthen the support (for example in the form of cash allowance) for carers to relieve their financial burden and stress in taking care of the demented elderly persons at home.

12. According to the Administration, the needs of carers could be better addressed through the provision of training and a wide range of home-based/centre-based support services. In addition to the support services provided for carers of demented elderly persons mentioned in paragraphs 5 and 8 above, the Administration launched the District-based Scheme on Carer Training in October 2007 to teach participants basic knowledge of elderly care which included the skills in caring for demented elderly persons. The aforesaid Scheme had been regularized since 2014-2015 to further enhance the training for carers. Besides, a full-year funding of some \$22 million had been provided since 2014-2015 for 41 DECCs to hire more social workers for enhancing support services for elderly persons with dementia and their carers. Moreover, a two-year Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families was rolled out in June 2014 with funding from CCF. Under the Pilot Scheme, 2 000 carers of elderly persons from low income families were provided with living allowance to help supplement their living expenses so that the elderly persons in need of long term care services could, with the help of their carers, receive proper care and continue to age in the community they were familiar with. In October 2016, the Administration rolled out Phase II of the aforesaid Scheme with a two-year pilot period to benefit an additional 2 000 eligible carers, making a total of 4 000 beneficiaries in the two phases of the Pilot Scheme.

13. The Administration further advised that all subvented RCHEs, contract RCHEs, EBPS homes and DEs/DCUs provided residential respite or day respite services, so that carers could take a break or attend to other businesses, thereby relieving their stress. Since 1 March 2012, EBPS homes had made better use of the casual vacancies of the bought places to provide more respite places for elderly persons in the community. Moreover, SWD was providing additional designated residential respite places in new contract RCHEs commencing service from 2015-2016. Some Members, however, were disappointed that the provision of respite places was far from adequate. These Members called on the Administration to increase residential respite places and temporary day care places for demented elderly persons.

Assessment tools on the impairment level

14. Some Members were concerned whether the use of the assessment tool of the Standardised Care Need Assessment Mechanism for Elderly Services ("SCNAMES") could accurately assess the level of impairment of demented elderly persons, having regard to the fact that SCNAMES tested the physical functioning of the elderly, but not their mental conditions. The Administration advised that under SCNAMES, the applicants' impairment level was assessed according to their abilities in activities of daily living, physical functioning, communication, memory, behaviour and emotion as well as their health conditions. This set of tools was considered effective in assessing the actual conditions and care needs of people suffering from dementia. That said, SWD had commissioned the Sau Po Centre on Ageing of The University of Hong Kong to conduct a study on SCNAMES. It was expected that the study findings would help enhance SCNAMES and ascertain the long-term care needs of elderly persons as well as the provision of appropriate services.

Relevant papers

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

(Translation)

Motion on
“Strengthening the support for
persons suffering from dementia and their carers”
moved by Dr Hon PAN Pey-chyou
at the Council meeting of 22 February 2012

Motion as amended by Hon WONG Sing-chi, Dr Hon Joseph LEE and Hon Alan LEONG

That, given that dementia (also known as ‘腦退化症’ or ‘癡呆症’ in the Chinese rendition) is a disease suffered by many people and it has wide-ranging effects and exerts heavy caring pressure on their family members; although the Chief Executive had respectively mentioned in the Policy Addresses for 2010-11 and 2011-12 that the services for persons suffering from dementia would be improved and increased, the situation has not shown any concrete improvements; with population ageing, the number of persons suffering from dementia in Hong Kong has continued to increase, but the Government all along lacks a long-term and comprehensive policy, and the support and resources provided are not sufficient to cope with the relevant demand, thus making such persons unable to receive appropriate treatment and care; in this connection, this Council urges the Government to:

- (a) co-ordinate the complementarity and collaboration between healthcare and welfare services, and formulate an inter-departmental, long-term and comprehensive policy to address the problem of dementia;
- (b) provide timely diagnosis, assessment, treatment and follow-up services for persons suffering from dementia, and set up and subsidize day care, assessment and support centres providing services specifically for persons suffering from dementia, so as to enable those persons in need to receive appropriate care;
- (c) immediately set up care and attention homes for people suffering from dementia, design and set up dedicated and comprehensive care services and ancillary facilities for such homes, and at the same time increase the service quota of residential care homes for the elderly and day care centres for the elderly as well as extend their service hours and increase their manpower, so as to shorten the waiting time of users and serve as a buffer;
- (d) introduce a carer empowerment programme and establish integrated community support services for strengthening carers’ practical caring

- skills and providing appropriate support, and introduce a carer allowance and emotional counselling services to strengthen the financial and mental support for family members and carers of persons suffering from dementia;
- (e) in establishing care and attention homes for people suffering from dementia and residential care homes for the elderly, introduce a multi-tiered care model for their environments and designs, so as to cater for different needs of persons suffering from varying degree of dementia;
 - (f) establish a database on persons suffering from dementia to facilitate more in-depth studies and statistical analyses on the conditions of such patients, and promptly assist them in receiving appropriate help when necessary;
 - (g) provide training to the relevant professionals to enhance their professional knowledge of treating, diagnosing and handling, etc. persons suffering from dementia; and
 - (h) enhance education for the whole community in relation to brain health and dementia so that the public may make prevention, and further strengthen the relevant primary healthcare services with a view to detecting persons suffering from dementia in the community at an early stage, facilitating early treatment of the disease and easing patients' conditions;
 - (i) set up support centres for people suffering from dementia in the 18 districts to provide counselling, emotional support and referral services, etc., assist and support carers in respect of their needs for long-term care, provide health education and organize social functions and recreational activities, etc., so as to enable the patients and carers to stay in touch with the community;
 - (j) establish outreach service teams comprising medical practitioners, community nurses and social workers, etc. to pay regular visits to patients receiving home care as well as follow up their conditions and keep contacts with them proactively, so as to expeditiously provide appropriate assistance to patients and carers in need; and
 - (k) set up integrated clinics with multidisciplinary services, and having regard to different needs at different times of persons suffering from dementia who also suffer from other diseases or even chronic diseases, put forward appropriate treatment proposals, so as to reduce patients' need to visit different hospital departments.

**Relevant papers on
support for persons suffering from dementia and their carers**

Committee	Date of meeting	Paper
Legislative Council	22 February 2012	Official Record of Proceedings Pages 258-327
Joint Subcommittee on Long-term Care Policy	28 November 2013 (Item II)	Agenda Minutes
Legislative Council	3 June 2015	Official Record of Proceedings Pages 149-152 (Question 17)
Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes	22 March 2016 (Item I)	Agenda Minutes
Finance Committee	8 April 2016	Administration's reply to members' written question in examining the Estimates of Expenditure 2016-2017 Pages 166-168, 370-371 and 2276-2277
Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes	25 April 2016 (Item I)	Agenda Minutes
Panel on Welfare Services	26 January 2017 (Item I)	Agenda LC Paper No. CB(2)666/16-17(01)