

政府總部
勞工及福利局

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政府總部



LABOUR AND WELFARE BUREAU
GOVERNMENT SECRETARIAT

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27 June 2017

Mr Colin Chui
Clerk to Joint Subcommittee on Long-term Care Policy
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Mr Chui,

Panel on Welfare Services and Panel on Health Services
Joint Subcommittee on Long-term Care Policy
Follow-up to the meeting on 28 March 2017

Thank you for your letter dated 31 March 2017 to the Secretary for Labour and Welfare. The Joint Subcommittee on Long-term Care Policy (the Subcommittee) has requested the Labour and Welfare Bureau, the Food and Health Bureau (FHB), the Social Welfare Department (SWD) and the Hospital Authority (HA) to provide a written response to the three carried motions under the agenda item “Support for persons suffering from dementia and their family members” as well as the questions raised and views expressed by deputations/individuals at the Subcommittee meeting on 28 March 2017. Our co-ordinated response is as follows.

Motions passed at the meeting

At the Subcommittee meeting on 28 March 2017, Members passed the following three motions under the agenda item “Support for persons suffering from dementia and their family members” and requested the Government to provide response.

Motion 1: There are currently 110 000 persons suffering from dementia in Hong Kong and the number of persons with dementia is estimated to increase to 330 000 by the year of 2039. However, so far the Government has not yet set up a dedicated department to formulate and handle the policies on persons suffering from dementia and their carers. In this connection, this Joint Subcommittee suggests that a dedicated department be set up to formulate and handle the policies on persons suffering from dementia and their carers;

Motion 2: In view of the prolonged waiting time of elderly persons for diagnosis and treatment for dementia at present, as well as the current shortage of manpower for diagnosing and treating persons with dementia and providing support for their carers, this Joint Subcommittee suggests that:

1. additional recurrent funding be allocated to increase the manpower of and training for occupational therapists, nurses, social workers and clinical psychologists;
2. additional resources be allocated to various kinds of subsidized community care services and to strengthen home-based services for diagnosis, support and treatment for persons suffering from dementia; and

Motion 3: In view of the gravely inadequate support from the Administration for the carers of persons suffering from dementia at present, this Joint Subcommittee suggests that:

support for the carers of persons suffering from dementia be enhanced, such as providing additional manpower and resources for various kinds of community care services, increasing non-means-tested allowance for carers, providing psychological support and training for carers, and providing additional respite services for persons with dementia.

The consolidated reply of the Government to the above three motions is set out below:

Motion 1:

In May 2013, FHB set up the Review Committee on Mental Health to review the mental health policy with a view to mapping out the future direction for the development of mental health services in Hong Kong. Given our ageing population and the enhanced public awareness of dementia, the demand for dementia services has correspondingly increased. In response, the Expert Group on Dementia was set up under the Review Committee on Mental Health to focus its review on dementia-related services.

The Review Committee on Mental Health has completed the review and the mental health review report was published by FHB in April 2017. The report reiterated that the mental health policy of the Government should strive to comprehensively cater for the needs of the general public (including persons with mental health needs such as those with dementia as well as their carers). The mental health policy covers the following main points:

- (i) The Government attaches great importance to the mental well-being of the public and recognises that mental health goes beyond medical care.

- (ii) The Government adopts an integrated and multi-disciplinary approach to provide comprehensive and cross-sectoral mental health services for the general public (in particular persons with mental health needs).
- (iii) The Government's policy direction is to encourage community support and ambulatory services, coupled with necessary and essential institutionalised services, so as to build a mental-health friendly society and facilitate re-integration of persons with mental health needs into the community.
- (iv) In view of the cross-sectoral nature of mental health services, it is necessary for the Government to put in place a high-level standing mechanism to ensure full integration and coherence of the mental health services provided to the public.

Based on the above policy, FHB will set up a standing advisory committee on mental health (with the participation of relevant bureaux/departments), to follow up on the recommendations of the mental health review report (including recommendations relating to dementia services) as well as to monitor the development of the mental health services (including dementia services) in Hong Kong in response to the changing needs of our society.

Motion 2:

Suggestion 1:

The Government has been closely monitoring the manpower demand of the welfare sector. In this connection, the Government has implemented the following measures to increase manpower supply and strengthen their professional skills.

The University Grants Committee (UGC) conducts academic planning and recurrent grants assessment with the eight UGC-funded universities on a triennial basis. During the planning process, the Education Bureau would consult relevant bureaux with a view to specifying the number of UGC-funded intake places that should be offered for a few professional disciplines where the public sector is the major employer of the graduates, such as teachers, nurses, doctors, physiotherapists and occupational therapists, etc. These specific manpower requirements would be given to UGC to facilitate its academic planning. With the support of UGC, the number of places of the Bachelor in Physiotherapy and Bachelor in Occupational Therapy programmes have been increased by 20 (i.e. from 110 to 130 places) and 10 (i.e. from 90 to 100 places) per cohort respectively during the 2016/17 to 2018/19 triennium. The triennial planning exercise of UGC for the 2019/20 to 2021/22 academic years will commence in the second half of 2017, and the Government will continue to specify the number of UGC-funded places for healthcare disciplines.

Moreover, to alleviate the shortage of allied health professionals in the welfare sector, the Hong Kong Polytechnic University has launched a two-year Master in Occupational Therapy programme and a two-year Master in Physiotherapy programme since January 2012 on a self-financing basis. To encourage graduates from these two programmes to join the welfare sector, SWD has implemented a Training Sponsorship Scheme to provide funding support for non-governmental organisations (NGOs) to sponsor the tuition fees of students recruited by these NGOs. The sponsored students must work for the NGOs concerned for at least two years after graduation. For the first cohort, 58 students graduated in January 2014 whereas 56 students for the second cohort graduated in January 2016. The Hong Kong Polytechnic University launched the third cohort of Master in Occupational Therapy programme and Master in Physiotherapy programme in January 2017, and SWD also continues to implement the Training Sponsorship Scheme. The 68 sponsored students are required to work for the NGOs concerned for at least three years after graduation.

On the other hand, since 2014-15, the Government has increased the annual recurrent funding for NGOs to recruit and retain allied health staff or to hire allied health services more effectively. This will facilitate NGOs' long-term planning to meet their service and development needs.

As regards student places of the nursing discipline, the Government has, starting from the 2015/16 academic year, implemented the Study Subsidy Scheme for Designated Professions/Sectors, and subsidised about 1 000 students per cohort to pursue designated full-time locally-accredited self-financing undergraduate programmes in selected disciplines to nurture talents to meet Hong Kong's social and economic needs. The scheme provided or will provide subsidy for 420, 480 and 512 student places of the nursing discipline respectively from the 2015/16 to 2017/18 academic years. The Chief Executive has announced in the 2017 Policy Address that the scheme will be regularised from the 2018/19 academic year, and that the number of subsidised places will be increased from about 1 000 per cohort to about 3 000. Current students of the designated programmes will also receive the subsidy from the 2018/19 academic year. About 13 000 students are expected to benefit from the scheme in each academic year. Details on the designated programmes and the distribution of subsidised places in the 2018/19 academic year will be announced by the Government later in 2017.

SWD has collaborated with the HA since 2006 to organise a two-year Enrolled Nurse (General) / Enrolled Nurse (Psychiatric) Training Programme. A total of 14 training classes have been organised so far, providing a total of about 1 800 training places. Among the graduates of the first 13 classes, over 90% have joined the welfare sector after graduation. SWD has, through open tender, commissioned the Open University of Hong Kong to organise a two-year full-time Enrolled Nurse Training Programme for the welfare sector, which will provide a total of 920 training places (including General and Psychiatric streams) for four consecutive years starting from 2017. The Training Programme is fully subsidised by the Government. The trainees are required to sign an undertaking to work in the welfare sector continuously for two years upon graduation.

In the long run, the Government has completed the first territory-wide strategic review on healthcare manpower planning and professional development in Hong Kong (the Strategic Review), which aimed to formulate recommendations on ways to meet the projected demand for healthcare manpower and foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulations, including nurses, physiotherapists and occupational therapists, etc. FHB has just released the report of the Strategic Review in June 2017, and will take forward its recommendations upon consultation with stakeholders.

Suggestion 2:

At present, the Government supports frail elderly persons (including those with dementia) living in the community and their families through 73 day care centres/units for the elderly (DEs/DCUs), 34 enhanced home and community care services teams, 60 integrated home care services teams and the Pilot Scheme on Community Care Service Voucher for the Elderly. About 500 additional day care places for the elderly and 1 666 additional home care places have been provided within the current Government term. There are currently around 210 subvented elderly centres in different districts of the territory providing support services including counselling, referral, assistance in handling long-term care (LTC) service applications, emotional support, health education, arrangement of social and recreational activities and meal services, etc. The estimated expenditure for subsidised community care and support services for the elderly in 2017-18 is about \$2.3 billion.

In addition, following the recommendation of the aforementioned mental health review report, FHB, in collaboration with SWD and HA, launched a two-year pilot scheme named “Dementia Community Support Scheme” in February 2017. The pilot scheme adopts the “medical-social collaboration” model to provide support services through 20 District Elderly Community Centres (DECCs) for elderly persons with mild or moderate dementia and their carers at the community level. Under the pilot scheme, care plans catering for the needs of individual participants would be formulated based on the core domains of dementia covering cognition, functioning, behavioural and psychological symptoms of dementia, physical co-morbidities, psychosocial aspect and carers’ burden. The DECCs would provide healthcare, training and support services for the participants according to their individual care plans, with a view to improving the cognitive functions, knowledge on home safety, ability of self-care, physical functioning and social skills of the elderly, etc. as well as reminding individual participants to follow medication instructions. A budget of about \$99 million was allocated by the Community Care Fund for the implementation of the pilot scheme. The budget includes funding for DECCs, HA clusters and SWD to recruit additional manpower (including advanced practice nurses, occupational therapists I / physiotherapists I, welfare workers / social workers, assistant social work officers, etc.), as well as the provision of training to the relevant staff. FHB will make reference to the practical operations and the evaluation of the pilot scheme to consider the way forward of

dementia community support services, including relevant manpower and training arrangements.

Regarding outreach services, HA provides services for elderly patients (including those suffering from dementia) residing at residential care homes for the elderly (RCHEs) 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, and, where required, provision of on-site training to care workers at the RCHEs to teach them the skills in taking care of residents with dementia. At present, outreach services of community geriatric assessment teams cover about 650 RCHEs while the psychogeriatric outreach services cover most subvented RCHEs and over 200 private RCHEs in the territory.

Motion 3:

Carers play a vital role in helping elderly persons (including those with dementia) age in place. The Government also attaches great importance to the support provided to carers. DECCs, Neighbourhood Elderly Centres (NECs), DEs/DCUs and home care service teams across the territory would all provide support services for carers of elderly persons. These services include the provision of information, training and counselling, assistance in forming carers' mutual support groups, establishment of resource centres, and demonstration and loan of rehabilitation equipment, etc. Starting from 2014-15, the Government has allocated an additional recurrent funding of about \$160 million annually for about 210 elderly centres (including DECCs and NECs) to strengthen the community support and service for elderly persons and their carers. An additional full-year recurrent funding of some \$22 million from the \$160 million amount has been provided for 41 DECCs to employ more social workers with a view to enhancing the support services for elderly persons with dementia and their carers.

Under the "Dementia Community Support Scheme", each participating DECC is provided with manpower subsidies for hiring additional staff, including at least 1.5 medical professionals (including advanced practice nurse and occupational therapist I / physiotherapist I) and 1 social welfare staff to provide services for elderly persons and their carers. Services including training and support services to the carers such as stress management, knowledge of taking care of elderly persons with dementia, counselling services and formation of carer support groups, etc. are provided with a view to alleviating carers' burden.

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. For residential respite service, since March 2012, all private RCHEs participating in the Enhanced Bought Place Scheme have joined forces in providing residential respite service by using casual vacancies of subsidised places. Moreover, SWD is providing additional designated residential respite places in new contract homes commencing service

from 2015-16. As regards day respite service, the 73 DEs/DCUs across the territory may make use of their casual vacancies to provide day respite service. SWD will continue to designate respite places in newly established contract homes and subvented DEs/DCUs.

Besides, SWD launched a two-year 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 LTC services (including those with dementia) can, with their carers' help, receive proper care and remain living in a familiar community. Phase II of the Pilot Scheme was rolled out in October 2016 and would be implemented for two years to September 2018. To allow more eligible carers to benefit, an additional 2 000 places are provided under Phase II to make a total of 4 000 beneficiaries for the two phases of the Pilot Scheme. SWD has commissioned the Sau Po Centre on Ageing of the University of Hong Kong to conduct an evaluation on Phase II of the Pilot Scheme together with the Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities that was also launched in October 2016, with a view to assisting the Government in working out the way forward for both schemes.

Questions raised and views expressed by deputations/individuals at the meeting

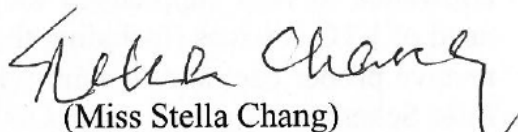
The Government strives to provide suitable support for elderly persons with LTC needs, including those with dementia. Under the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES), elderly persons who have been assessed to be of moderate or severe impairment will be eligible for subsidised LTC services. LTC services are generally available for elderly persons who are aged 60 or above¹, while persons with early onset of dementia may apply for Integrated Home Care Services (Ordinary Cases), the service users of which are not required to undergo the standardised assessment under SCNAMES to receive services such as provision of meals, personal care, simple nursing care (e.g. taking body temperature and blood pressure), home-making (e.g. cleaning) and escort service, etc. Moreover, medical social services are also available in public hospitals and some specialist outpatient clinics to provide psychosocial intervention service for patients of all ages, including persons with dementia.

The multi-disciplinary medical teams of HA, comprising of doctors, nurses, clinical psychologists, occupational therapists and medical social workers, etc., provide comprehensive services for persons of different age groups with mental health needs, including those with dementia. According to the conditions and the needs of the patients, inpatient, outpatient, day rehabilitation training and community support services would be provided for them by the medical staff as

¹ The general age requirement for admission to LTC services is 65. However, under the existing arrangement, persons aged between 60 and 64 may also receive the service if there is a proven need, subject to their passing of SCNAMES.

appropriate. From 2017-18, FHB will increase the recurrent provision by \$73 million for HA to strengthen manpower of the psychiatric department, with a view to further enhancing the mental health services and improving the waiting time.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Stella Chang', with a long, sweeping vertical stroke extending downwards from the end of the signature.

(Miss Stella Chang)
for Secretary for Labour and Welfare

cc. Secretary for Food and Health (Attn.: Ms Patricia Lee)
Director of Social Welfare (Attn.: Ms Patricia Woo)