

**For information  
on 11 December 2017**

**LEGISLATIVE COUNCIL**

**PANEL ON WELFARE SERVICES**

**Community care support  
for persons suffering from dementia and their carers**

**Purpose**

This paper briefs Members on the community care support provided by the Government for persons suffering from 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 support 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.

## **Existing Support Services**

### **(1) Medical Services**

3. At present, there are around 28 000 patients with dementia receiving treatment from HA. HA adopts a multi-disciplinary approach in the treatment and care of patients with dementia. Depending on the severity of the condition and the needs of the patients, inpatient, outpatient, day rehabilitation training and community support services are provided to patients with dementia. 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. We recognise the importance of managing the behavioural and psychological problems of patients with dementia at the community level. To this end, HA encourages patient empowerment by providing patient education and carer training. HA also arranges social services referrals as appropriate for patients with dementia and their families with a view to providing them with comprehensive support at the community level.

### ***Medications***

5. HA has made every effort over the years to increase the use of new anti-dementia drugs with proven clinical efficacy to improve the quality of life and delay the functional deterioration of dementia patients. Currently, most of the new anti-dementia drugs have been incorporated into the general drug category of HA's Drug Formulary. Doctors will provide necessary drug treatment for patients as appropriate, having regard to their clinical needs and in accordance with the clinical treatment protocol.

## ***Public information***

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

7. 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.

8. 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.

## **(2) Long-term Care Services**

9. 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 services<sup>1</sup>. SWD provides a wide spectrum of subsidised services, including community care and support services, to cater for the care needs of service users. In 2018-19, SWD will adopt an updated assessment tool under the Mechanism for better discernment of the impairment of elderly persons with dementia and their need for long-term care services.

10. 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.

### ***Dementia Supplement***

11. To facilitate service units to enhance care and support for elderly persons with dementia, SWD has been allocating Dementia Supplement to subvented residential care homes for the elderly (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

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<sup>1</sup> 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.

Dementia Supplement to provide support services for carers.

12. In order to provide enhanced support for elderly persons with dementia, it was proposed in the 2017-18 Budget that the Government would raise the recurrent allocation by \$127 million to increase funding for Dementia Supplement. In 2017-18, SWD's allocation of Dementia Supplement is around \$338.5 million, which is over 33% higher than the allocation of \$254.2 million in 2016-17. It is estimated to benefit around 7 100 elderly persons with dementia from 262 subvented RCHEs and private RCHEs participating in EBPS, 22 subvented RCHDs and 76 subvented DEs/DCUs. Besides, the elderly persons participating in the Pilot Scheme on Residential Care Service Voucher for the Elderly will also benefit from the above provision.

***Improvement of dementia care facilities at elderly service units***

13. 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 equipment for multi-sensory therapy, etc. In August 2015, SWD also updated the Reference List of Furniture and Equipment (F&E) 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.

14. 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 F&E which could help support the prevention of dementia and cognitive impairment. As at November 2017, the Lotteries Fund Advisory Committee had endorsed applications from 215 elderly centres.

Relevant works have commenced in succession, with 140 elderly centres having completed renovation works and re-opened for service with a new look.

### ***Provision of training for elderly persons with dementia***

15. 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 also provide a relaxing environment for suitable stimulation (e.g. directional signs) to elderly persons with dementia while at the same time avoid exerting pressure (such as noise or lighting) on them.

### ***Training for professional and non-professional staff***

16. SWD regularly organises training for professional staff (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 carers. In 2016-17, a total of 484 staff, including 290 non-professional staff and 194 professional staff, attended the training programmes. In 2017-18, SWD will provide a total of 480 training places.

17. The nurses, occupational therapists, physiotherapists and clinical psychologists of the Visiting Health Teams (VHTs) of DH reach out into the community and RCHEs to deliver on-site training for carers so as to enhance their care giving skills. VHTs also provide advice on environmental improvement measures tailored to the specific situation of

each RCHE, as well as training to staff of RCHEs on the skills for leading group activities for elderly persons with dementia, managing their psychological and behavioural problems as well as meal preparation. VHTs also conduct talks and seminars for frontline staff of different bureaux/departments and organisations of the public sector, as well as members of the public 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 or on the street.

### **(3) Dementia Community Support Scheme**

18. A two-year pilot scheme on dementia community support services for the elderly named “Dementia Community Support Scheme” (“the Pilot Scheme”) was launched in February 2017. The Pilot Scheme, steered by FHB in collaboration with SWD and HA, 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 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.

19. Under the Pilot Scheme, based on the care plans formulated jointly with HA and SWD, DECCs will provide appropriate 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. As at end-October 2017, the Pilot Scheme had provided support services to over 860 elderly persons and their carers.

#### **(4) Support for Carers**

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

##### ***Carer Training***

21. The Government has provided an additional annual recurrent allocation of about 6.7 million to all subvented elderly centres in the territory for the implementation of carer training activities. The training programmes include understanding elderly persons and the communication skills required, daily personal care for the elderly, care for frail elderly persons, common diseases and basic care for the elderly, knowledge and skills in caring for elderly persons with dementia (e.g. how to manage their mood and behavioural problems, etc.), as well as knowledge in elder abuse and depression.

##### ***Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families***

22. The Government launched Phase I of the Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low-income Families 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' assistance, receive proper care and remain living in a familiar community. Under the Pilot Scheme, a living allowance of \$2,000 is disbursed monthly to each eligible carer, and a maximum of \$4,000 per month is disbursed to each of those carers taking care of more than one elderly person at the same time. Phase II of the Pilot Scheme was rolled out in October 2016, with a total of 4 000 beneficiaries under the two phases of the Pilot Scheme. As at end-October 2017, a total of 3 959 carers of elderly persons had been



assessed to be eligible under the two phases.

### ***Respite Service for Elderly Persons***

23. The Government also provides respite service for elderly persons (including those with dementia) to relieve their carers' stress and allow them 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.

24. As regards residential respite service, in addition to the 45 designated residential respite places provided by subvented RCHEs and contract homes, SWD also utilises the casual vacancies of the subsidised places in all subvented nursing homes, care-and-attention homes and contract homes to provide residential respite service. Since March 2012, all private RCHEs participating in EBPS have also joined force in offering residential respite service. Since 2014-15, SWD has been providing additional designated residential respite places in new contract homes commencing service and in existing contract homes extending/renewing their contracts. According to the recommendations of the Elderly Services Programme Plan, the Government will explore the use of non-subsidised residential care places for provision of respite services.

25. For day respite service, there are currently 37 subvented DEs/DCUs providing a total of 160 designated day respite places. All DEs/DCUs can also make use of any casual day care vacancies to offer respite service. SWD will continue to designate additional day respite places in newly established subvented DEs/DCUs.

26. To facilitate elderly persons and their carers to check the information on respite service, SWD has uploaded all the relevant information, including the number of places and vacancies, onto their website and will update the information on a weekly basis. With

reference to the recommendations of the Elderly Services Programme Plan, SWD will explore the possibility of setting up a real-time vacancy enquiry system for designated residential respite service.

**(5) Advisory Committee on Mental Health**

27. FHB embarked on a Review on Mental Health in 2013 to ensure that the mental health regime in Hong Kong can rise up to the challenges of a growing and ageing population. The Review was completed in April 2017 with the issuance of the Mental Health Review Report (“the Review Report”). One of the key recommendations of the Review Report is to set up a standing advisory committee on mental health.

28. The Government announced the establishment of the Advisory Committee on Mental Health (“the Advisory Committee”) on 28 November 2017. The Advisory Committee will advise the Government on mental health (including dementia) policies, including the establishment of more integral and comprehensive approaches to tackle multi-faceted mental health issues in Hong Kong. The Advisory Committee will assist the Government in developing policies, strategies and measures to enhance mental health services in Hong Kong. It will also follow up on and monitor the implementation of the recommendations of the Review Report published in 2017. The Advisory Committee comprises members from various sectors with a great wealth of expertise and experience including professionals from the healthcare, social service and education sectors, representatives from patient and carer advocacy groups, as well as lay persons with interest on mental health.

**New Initiatives**

29. The 2017-18 Policy Agenda has proposed a series of new initiatives to strengthen dementia care and support at the community level.

Firstly, the Government will allocate additional programme resources to all DECCs and Neighbourhood Elderly Centres (NECs) in the territory in 2018-19 to organise education activities at the district or neighbourhood level in order to raise the public's awareness of dementia. SWD will also launch territory-wide public education activities, including the production of a TV series on dementia and education activities to be organised at the district level by all 11 District Social Welfare Offices under SWD to enhance citizens' understanding of dementia.

30. The Government plans to regularise the Dementia Community Support Scheme and expand it to all 41 DECCs in the territory from February 2019 onwards to provide cross-sectoral and multi-disciplinary support services for elderly persons with mild or moderate dementia and their carers at the community level through a medical-social collaboration model. On the other hand, the Government will increase the number of social workers in all NECs in the territory in 2018-19, with a view to facilitating early detection of elderly persons suspected of suffering from dementia and enhancing public education as well as the support services for demented elderly persons living in the community and their carers.

31. The Government will also allocate more resources to DEs/DCUs, Integrated Home Care Services (IHCS) teams and Enhanced Home and Community Care Services (EHCCS) teams in 2018-19 to increase manpower for the provision of enhanced care for demented elderly persons receiving day care services, IHCS (frail cases) and EHCCS, as well as enhanced support for their carers. In addition, the Government will allocate more resources in 2018-19 to enhance staff training on dementia in DEs/DCUs. To ensure that needy carers will receive appropriate support, the Government will also allocate additional resources to all subvented elderly centres and home care services teams in the territory to enhance outreaching services for supporting needy carers.

## **Advice Sought**

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

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