

Motion on
“Report of the Joint Subcommittee on Long-term Care Policy”
at the Legislative Council Meeting of 23 May 2018

Progress Report

Purpose

At the Legislative Council (LegCo) meeting of 23 May 2018, the motion “Report of the Joint Subcommittee on Long-term Care Policy” moved by Dr Hon Fernando Cheung was passed. The wording of the motion is “That this Council notes the Report of the Joint Subcommittee on Long-term Care Policy”. This note briefs Members on the progress of the work concerned.

Elderly Services and Premises Planning

2. The Government strives to increase elderly service places under a multi-pronged approach. The Social Welfare Department (SWD) has all along been closely communicating and co-ordinating with relevant Government departments to reserve sites for the provision of more elderly services facilities. As at end-June 2018, SWD has reserved sites in 30 development projects for the construction of new contract residential care homes for the elderly (RCHEs) and day care centres/units for the elderly (DEs/DCUs). It is estimated that about 3 300 residential care places for the elderly (including subsidised and non-subsidised places) and about 1 010 day care places for the elderly will be progressively provided starting from 2018-19. In addition, the Government launched the Special Scheme on Privately Owned Sites for Welfare Uses in September 2013 to encourage non-governmental organisations (NGOs) to make better use of their sites through expansion, redevelopment or new development to provide or increase the provision of those welfare services considered by the Government in acute demand, in particular the elderly and rehabilitation service places. Based on the estimation of the applicant organisations, if all the projects under the scheme could be implemented smoothly, a range of welfare facilities would be provided, including about 7 000 additional residential care places for the elderly and about 2 000 additional day care places for the elderly.

3. Apart from actively identifying suitable sites for the setting up of elderly services facilities, the Government is also increasing service supply through a number of other measures, which include making optimal use of space in subvented homes, converting non-subsidised places in existing contract homes to subsidised places, purchasing places from quality private homes, implementing the Pilot Scheme on Community Care Service Voucher (CCSV) for the Elderly and the Pilot Scheme on Residential Care Service Voucher for the Elderly, etc. The Government will provide an additional 1 000 vouchers in 2018-19, bringing the total to 6 000, under the Second Phase of the pilot scheme on CCSV. On the other hand, the Government launched the Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment in December 2017. It is expected that the pilot scheme will provide around 4 000 service places within three years. The Government also launched the Pilot Scheme on Support for Elderly Persons Discharged from Public Hospitals After Treatment in February 2018, and the pilot scheme is expected to provide support for at least 3 200 elderly persons within three years.

4. In order to strengthen the planning of elderly services facilities, the Elderly Services Programme Plan (ESPP) recommended the reinstatement of population-based planning ratios for elderly facilities in the Hong Kong Planning Standards and Guidelines (HKPSG) to allow better forward planning of the relevant department(s) in reserving sites and premises. To follow up on the recommendations concerned, the 2017 Policy Agenda sets out that the Government plans to reinstate the population-based planning ratios for elderly services in the HKPSG. The Labour and Welfare Bureau (LWB) and SWD have commenced discussions with the Development Bureau and the Planning Department in this regard, including the drawing up of specific amendments to the HKPSG. After the HKPSG has been amended, we will review and update the relevant planning ratios at suitable junctures to ensure that the planning of facilities could meet service demand.

Service Quality of Residential Care Homes

5. On the service quality of residential care homes, the Government has undertaken to review the prevailing Residential Care Homes (Elderly Persons) Ordinance, the Residential Care Homes (Persons with Disabilities) Ordinance and the two related Codes of Practice. In this connection, the Working Group on the Review of Ordinances and Codes of Practice for Residential Care Homes (the

Working Group), chaired by the Director of Social Welfare, was set up in June 2017. Its members comprise representatives from various stakeholders, including LegCo members, NGOs and the private sector operating RCHEs and residential care homes for persons with disabilities (RCHDs), the Elderly Commission and Rehabilitation Advisory Committee (RAC), academics, service users and carers, the Hong Kong Council of Social Service and LWB, as well as independent members. The Working Group aims to complete the review of the above two ordinances on residential care homes and the two Codes of Practice within two years (i.e. before May 2019), putting forward concrete and practicable amendment proposals for consideration by LWB. The review of the ordinances on residential care homes involves many complex issues. The Government will continue to carefully listen to the views of individual Working Group members, with a view to striking a balance amongst various considerations and reaching a consensus.

6. In parallel, the Government will continue to implement a number of measures to enhance the service quality of residential care homes. The measures include launching a five-year scheme to provide full subsidies for private RCHEs to join accreditation scheme(s) recognised by the Hong Kong Accreditation Service; and setting up district-based professional teams under a four-year pilot scheme to provide outreach services for residents in private RCHEs and RCHDs, so as to support their social and rehabilitation needs.

Manpower Planning for Elderly and Rehabilitation Service Sectors

7. The Government is very concerned about the manpower situation of the social welfare sector, and has implemented a number of measures to enhance the supply of front-line care staff and improve their work prospects. The measures include implementing Qualifications Framework (QF) in the elderly service sector, organising the Enrolled Nurse Training Programme for the social welfare sector, implementing the Navigation Scheme for Young Persons in Care Services, etc. On front-line care staff, as proposed in the 2017 Policy Agenda, SWD will provide additional resources for subsidised elderly service units to increase the salaries of personal care workers (PCW) and home helpers (HH) (i.e. the salaries of PCW and HH will be increased by two pay points in the current calculation of the subsidy for salaries), thereby enabling these service units to recruit and retain staff more effectively. This initiative will also cover similar posts in service units of subsidised rehabilitation services. In addition, SWD will launch a five-year scheme in 2018-19 to provide full subsidies for home managers, health workers

and care workers of all RCHEs and RCHDs in the territory to enrol in QF-based training courses, in order to enhance their work prospects and attract more people to join the elderly and rehabilitation service sectors. Another key initiative is to earmark \$1 billion for setting up the Innovation and Technology Fund for Application in Elderly and Rehabilitation Care to subsidise elderly and rehabilitation service units to try out and procure/rent technology products, so as to improve the lives of service users as well as reduce the burden and pressure on care staff and carers. The fund is expected to be launched in the fourth quarter of 2018.

Support for Persons with Dementia and Carers

8. As regards services for elderly persons with dementia, apart from providing healthcare services, the Government also provides dementia support services for elderly persons in the community under a “medical-social collaboration” model. The Food and Health Bureau, together with the Hospital Authority (HA) and SWD, launched a two-year pilot scheme called “Dementia Community Support Scheme” in February 2017 to provide support services for elderly persons with mild or moderate dementia and their carers at the community level based on a “medical-social collaboration” model. Under the pilot scheme, 20 district elderly community centres (DECCs) operated by 16 NGOs, together with four HA clusters and SWD, provide support services for around 2 000 elderly persons aged 60 or above and diagnosed with mild or moderate dementia by HA’s geriatrics or psychogeriatrics teams, elderly members of DECCs suspected to have shown symptoms of early dementia and their carers. It was announced in the 2017 Policy Address that the pilot scheme would be regularised and expanded to all 41 DECCs in the territory from February 2019 onwards.

9. Separately, the 2017 Policy Agenda also proposed a series of new initiatives to strengthen dementia care and support at the community level. The measures include increasing the number of social workers in all neighbourhood elderly centres in the territory, 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; allocating additional resources to all DEs/DCUs, Integrated Home Care Services teams and Enhanced Home and Community Care Services teams in the territory to increase manpower for the provision of enhanced care for demented elderly persons receiving community care services and

better support for their carers; enhancing staff training on dementia in all elderly centres and DEs/DCUs in the territory; and organising territory-wide public education activities to enhance public understanding of dementia.

Support for Carers of Elderly Persons and Persons with Disabilities

10. The Government has all along been providing a series of support services for carers of elderly persons to strengthen their caring capacity and relieve their burden. SWD will continue to designate additional respite service places in newly established elderly services facilities. With reference to the relevant recommendation of the ESPP, SWD is preparing an information system on residential respite services, which will allow members of the public and service referral units to enquire about the vacancy position of designated residential respite places online and on a real-time basis. The system is expected to be completed and commence operation within 2018-19. Moreover, SWD will allocate additional resources to all subvented elderly centres and home care services teams in the territory in 2018-19 to enhance outreaching services for supporting needy carers living in the community who are looking after frail elderly persons, including carers with disabilities or elderly carers. On the other hand, SWD will progressively increase the number of Parents/Relatives Resource Centres from six at present to 19 to strengthen the support for parents and relatives/carers of persons with disabilities.

11. The Government launched the Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families and the Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities in June 2014 and October 2016 respectively. These two schemes provide carers of elderly persons or persons with disabilities from low income families with a living allowance to help supplement their living expenses so that elderly persons or persons with disabilities with long-term care needs may, with their carers' assistance, receive more proper care and continue to live in a familiar community. SWD has commissioned the Sau Po Centre on Ageing (CoA) of the University of Hong Kong to conduct a consolidated evaluation on the two pilot schemes, with a view to assisting the Government in mapping the way forward for both schemes. SWD will invite CoA to submit the evaluation report on the two pilot schemes in the third quarter of 2018. The Government will conduct a detailed analysis based on the findings of the evaluation to formulate a long-term development plan and direction,

including the eligibility criteria, the amount of allowance, and whether the two pilot schemes should be regularised, etc. At its meeting on 21 June 2018, the Commission on Poverty endorsed the extension of the two pilot schemes for a period of two years, i.e. from October 2018 to September 2020, so as to allow the Government to complete the relevant analysis. The implementation of the new phases of the two pilot schemes will generally follow the existing operating modes, with three improvement measures having regard to the operation of the current phases and various stakeholders' views on the pilot schemes, namely increasing the number of beneficiaries, the amount of allowance and the service fee for approved service providers. The Government briefed the LegCo Panel on Welfare Services on the proposal on 9 July 2018.

Ageing of Persons with Intellectual Disabilities or Other Types of Disabilities

12. To keep rehabilitation services updated with changing needs, the Chief Executive announced in the 2017 Policy Address that the RAC would be tasked to formulate a new Hong Kong Rehabilitation Programme Plan (HKRPP). The RAC has set up a Review Working Group to take forward the related work. The RAC has commissioned the Hong Kong Polytechnic University (Consulting Team) to provide consultancy service and launched a public engagement exercise for the formulation of the new HKRPP. The RAC's consultation work for the Scoping Stage will be completed soon, and the RAC recommends the inclusion of ageing of persons with disabilities in the scope of the current review. The Consulting Team will consult stakeholders on the issues concerned in the next stage of consultation exercise.

Mental Health Services

13. The Government has all along been increasing the resource allocation on mental health to strengthen services. In the five years between 2012-13 and 2017-18, the expenditure of HA on mental health had increased from around \$3.7 billion to almost \$4.9 billion, representing an increase of over 30%. In 2018-19, the Government has earmarked an additional expenditure of over \$140 million to strengthen mental health services, with a view to providing more suitable services for persons with mental health needs and their carers. Currently, the Case Management Programme under HA's psychiatric services provides intensive, continuous and personalised support for around 15 000 patients with severe mental illness residing in the community. In order to

provide better support services, the Government will enhance the case manager to patient ratio under the Case Management Programme. From 2018-19 onwards, HA will recruit additional case managers by phases with a view to reducing the case manager to patient ratio from 1:50 at present to 1:40.

14. Moreover, HA and SWD jointly published in 2016 the Service Framework of Personalised Care for Adults with Severe Mental Illness in Hong Kong (the Service Framework) which sets out a comprehensive service model to provide community services for adult patients with severe mental illness, their families and carers. The Service Framework seeks to articulate a clear delineation of roles of different service providers, which would help eliminate service gaps and enable service providers to better respond to the needs of patients and their families.

15. At the same time, SWD provides subsidies for 24 integrated community centres for mental wellness (ICCMWs) in various districts across the territory to offer one-stop and district-based community mental health support services, ranging from prevention to risk management, to ex-mentally ill persons and persons with suspected mental health problems aged 15 or above, their families and carers, as well as local residents. Over the years, the Government has kept increasing its funding support for the ICCMWs. In 2017-18, the estimated provision for the ICCMWs was around \$327 million, which was 2.4 times higher than that upon service commencement in October 2010. In 2018-19, the Government will further implement a number of enhancement measures, which include creating additional clinical psychologist posts to step up professional support for ex-mentally ill persons and persons with suspected mental health problems, and strengthening the capabilities of frontline professionals at the ICCMWs for handling complicated cases through clinical supervision; strengthening the manpower of social workers at the ICCMWs to enhance support for children of ex-mentally ill persons through case counselling, treatment groups and activities; and stepping up community education for early prevention of mental illness through deploying mobile publicity vans. Separately, the Pilot Project on Peer Support Service in Community Psychiatric Service Units, launched in March 2016, has been regularised since March 2018, with an increase in the number of full-time peer supporter posts from 32 at present to 40.

16. After four years of deliberation, the Review Committee on Mental Health published in April 2017 the Mental Health Review Report (Review Report) which sets out 40 recommendations on enhancing

mental health services, covering 20 areas. The Government also established a standing Advisory Committee on Mental Health (the Advisory Committee) in December 2017. The Advisory Committee advises the Government on mental health policies, including the adoption of more integral and comprehensive approaches to tackle multi-faceted mental health issues in Hong Kong. It also assists the Government in developing policies, strategies and measures to enhance mental health services in Hong Kong; and follows up on and monitors the implementation of the recommendations of the Review Report. Relevant bureaux/departments will complement the direction of discussion and consider ways and means to materialise the recommendations set out in the Review Report and others put up by the Advisory Committee.

Dental Services

17. In the area of dental care, the Government has been investing resources in publicity, education and prevention work to increase public awareness of oral hygiene and encourage proper oral health habits to prevent dental problems. With limited public resources, the Government has implemented a series of measures in recent years to provide dental care services for people with special needs. Related measures include –

- (i) The Government launched a three-year pilot project in 2011 to provide free basic dental care (including oral examination, scaling and polishing and emergency dental treatments) for elderly persons in RCHEs and DEs through subventing outreach dental teams set up by NGOs. The pilot project was converted into a regular programme, namely Outreach Dental Care Programme for the Elderly (ODCP), implemented by the Department of Health (DH) in October 2014. The scope of treatments was expanded to cover fillings, extractions and dentures, etc., and the pool of beneficiaries was also expanded to cover elderly persons residing in similar facilities such as nursing homes registered with DH;
- (ii) The Elderly Dental Assistance Programme funded by the Community Care Fund (CCF) was launched in September 2012 to provide free removable dentures and related dental services

(covering X-ray examination, scaling and polishing, fillings and extractions) for low-income elderly persons who were users of home care service or home help service subsidised by SWD. The programme has been expanded in phases since September 2015 to cover recipients of Old Age Living Allowance (OALA) of different age groups. Currently, OALA recipients aged 70 or above can benefit from the programme; and

- (iii) The Government provided subsidy to implementing organisations to implement a “Pilot Project on Dental Service for Patients with Intellectual Disability” from August 2013 to July 2018. Following the pilot project, DH will launch in July 2018 a three-year programme on dental services for adult persons with intellectual disability. NGOs will be engaged to provide free check-ups, dental treatments and oral health education for adult persons with intellectual disability.

Subsidising Drug Treatments

18. In December 2017, HA commissioned Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong and the Department of Social Work of the Hong Kong Baptist University to carry out a consultancy study to review the existing means test of the Samaritan Fund (SF) and CCF Medical Assistance Programmes. The consultant team has completed the first six months of the study and has proposed to further explore improvements to the means test mechanism along the following directions –

- (i) Modifying the calculation of annual disposable household financial resources (ADFR) to lower patients’ out-of-pocket spending by lowering the contribution of asset to the calculation of ADFR. The consultant team will study ways to enhance the mechanism for assessment of patients’ affordability and avoid asset depletion particularly those with relatively lower earning power and less disposable assets;
- (ii) With a view to relieving financial and emotional burdens of patients’ families due to expenditure on drug treatments, the

consultant team is considering how the definition of “household” in the calculation of ADFR could be further refined, taking into account the changing social and family values as well as making reference to other government means-tested subsidy programmes. For instance, consideration can be given to whether and how the income, assets and allowable deductions in relation to the patients’ parents, adult children and dependent siblings should be calculated in assessing the patients’ household ADFR; and

- (iii) In addressing the concern of recurrent use of ultra-expensive drugs which may deplete patients’/household members’ assets quickly, the consultant team is reviewing the current upper limit for patient contribution and will establish an appropriate upper limit.

19. HA will further work with the consultant team to formulate the details of recommendations along the above directions and the projection of the respective financial implications. In addition, the consultant team will continue to engage relevant stakeholders, including patient groups and representatives, to collect feedback on the preliminary recommendations. The final report of the consultancy study will be completed by late 2018. The Government aims to make a final decision by late 2018 or early 2019 having regard to the findings of the consultancy study.

Elderly Health Care Voucher Scheme

20. The Government implemented the Elderly Health Care Voucher (EHV) Pilot Scheme in 2009, so as to provide eligible elderly persons with subsidy for choosing private primary healthcare services suitable for their needs, including dental care services. The EHV Pilot Scheme was converted into a recurrent programme in 2014. Throughout the years, to enable greater flexibility for elderly persons to use EHV, the Government has introduced various enhancement measures, which include increasing the annual voucher amount from \$250 to \$2,000; lowering the face value of each EHV from \$50 to \$1 for convenient use; and lowering the eligibility age of elderly persons for the scheme from 70 to 65 in 2017. Furthermore, the Government has implemented the enhancement measures as announced in the 2018-19 Budget, which are to increase the accumulation limit of EHV from \$4,000 to \$5,000, and to

provide each eligible elderly person with an additional voucher amount of \$1,000 on a one-off basis, incurring estimated additional funding of about \$796 million. Over 1.2 million eligible elderly persons are expected to benefit.

Palliative care services of HA

21. In 2018-19, HA will further enhance palliative care by strengthening palliative care consultative service in public hospitals; enhancing palliative care home care service through nurse visits; strengthening the competency of nursing staff supporting terminally ill patients beyond palliative care setting through training; and strengthening end-of-life care for elderly patients in RCHEs. The additional resources involved for the above programmes are around \$30.8 million.

22. On paediatric palliative care, HA will develop a structured palliative care service for paediatrics by establishing a centralised multi-disciplinary team at Hong Kong Children's Hospital to support territory-wide palliative care service under the HA paediatric service network in 2018-19. The additional resource involved is around \$6.4 million.

23. HA will continue to develop and improve palliative care services having regard to factors such as population growth and changes, advancement of medical technology and healthcare manpower, and collaborate with community partners to better meet the needs of patients.

Way Forward

24. Welfare and healthcare services has all along been the Government's policy priorities. Apart from allocating a significant amount of resources to support various new initiatives financially, we also actively formulate long-term planning to prepare for the future. The Government will continue to collaborate with various stakeholders in providing the necessary support for elderly persons, persons with disabilities and other persons in need.

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