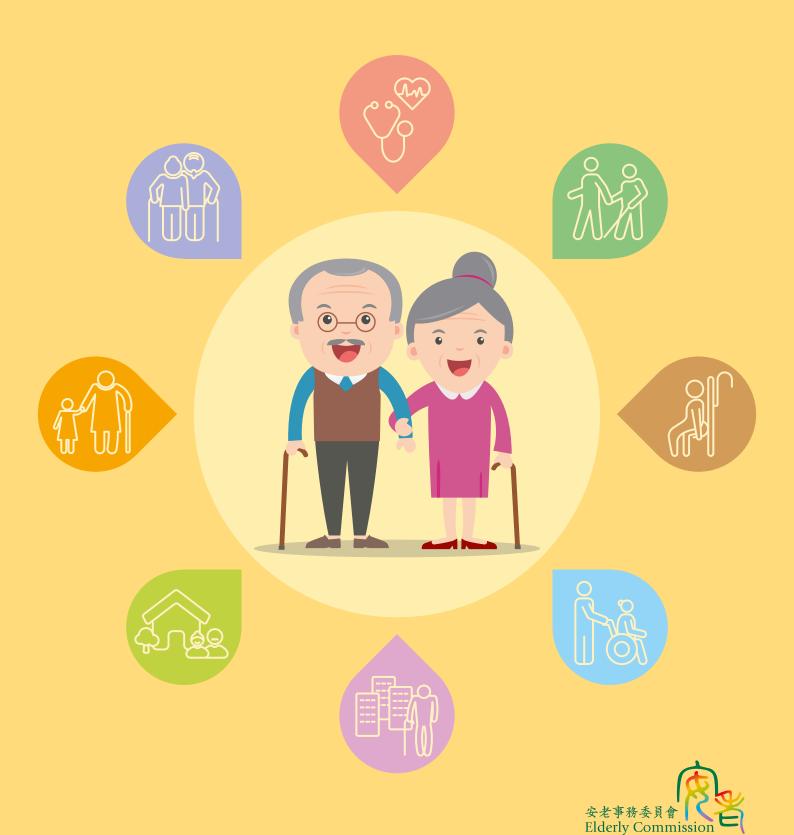# Elderly Services Programme Plan

Elderly Services Programme Plan

Working Group on Elderly Services Programme Plan
Elderly Commission

Table of content

Appendix

Glossary

Care-and-Attention	C&A
Central Waiting List	CWL
Community Care Service	CCS
Day Care Centre / Unit	DE/DCU
District Elderly Community Centre	DECC
Elderly Commission	EC
Electronic Health Record Sharing System	eHRSS
Elderly Services Programme Plan	ESPP
End-of-life	EOL
Enhanced Bought Place Scheme	EBPS
Enhanced Home and Community Care Service	EHCCS
Ethnic Minority	EM
Food and Health Bureau	FHB
Foreign Domestic Helper	FDH
Government, Institution or Community	G/IC
Hong Kong Planning Standards and Guidelines	HKPSG
Information and Communication Technology	ICT
Integrated Home Care Service	IHCS
Integrated Home Care Service (Frail Cases)	IHCS(FC)
Integrated Home Care Service (Ordinary Cases)	IHCS(OC)
Long-term Care	LTC
Long Term Care Services Delivery System	LDS
Neighbourhood Elderly Centre	NEC
Non-Governmental Organisation	NGO
Nursing Home	NH
Office of the Government Chief Information Officer	OGCIO
Occupational Therapist	OT
Panel on Welfare Services	Welfare Panel
Person with Disabilities	PwD
Physiotherapist	PT
Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families	Pilot Scheme on Carer Allowance
Pilot Scheme on Community Care Service Voucher for the Elderly	Pilot Scheme on CCSV
Pilot Scheme on Residential Care Service Voucher for the Elderly	Pilot Scheme on RCSV
Planning Department	PlanD
Project on Enhancement of the Infrastructure of Long-term Care in Hong Kong	LTC Infrastructure Review
Public Rental Housing	PRH
Qualification Framework	QF

Rehabilitation Programme Plan	RPP
Residential Care Homes (Elderly Persons) Ordinance	RCHE Ordinance
Residential Care Homes for Elderly	RCHEs
Residential Care Service	RCS
Specification of Competency Standards	SCS
Service Quality Group	SQG
Schedule of Accommodation	SoA
Social Welfare Department	SWD
Special Scheme on Privately Owned Sites for Welfare Uses	Special Scheme
Standardised Care Need Assessment Mechanism for Elderly Services	SCNAMES
Working Group on Elderly Services Programme Plan	Working Group

Chapter 1
Background

1.1   In his 2014 Policy Address, the Chief Executive tasked the Elderly Commission (EC) to formulate an Elderly Services Programme Plan (ESPP). EC has set up a Working Group on Elderly Services Programme Plan (the Working Group) to take forward the task. A consultant team from the Department of Social Work and Social Administration of The University of Hong Kong, comprising members of other universities, was engaged to provide assistance. The terms of reference of the Working Group and the membership list are set out in Appendix I.

Formulation process

1.2   The formulation of ESPP was structured into three stages:

i.   **Scoping Stage:** defines the scope of the ESPP and identifies the key issues that need to be addressed. Extensive environmental scan was conducted to take stock of the existing scenario of elderly persons, the spectrum of available services/initiatives, as well as other past discussions and documents on elderly services. A scope which comprises six major themes covering 19 topics was drawn up;

ii.   **Formulation Stage:** analyses the key issues identified in the Scoping Stage and draws up the preliminary recommendations. A framework for the ESPP, which comprises the Vision, Mission, Overarching Principles and Strategic Directions, was developed and a total of 20 key initial recommendations were drawn up; and

iii.   **Consensus Building Stage**: finalises and builds up a consensus on the final recommendations of the ESPP. A territory-wide public engagement exercise was conducted from October 2016 to February 2017 to gather the views on the ESPP framework and the initial recommendations. After considering the views collected from the public engagement exercise and the deliberation of Working Group, the recommendations of the ESPP were finalised.

Public engagement

1.3   Public engagement exercises were organised in each of the stages to gather views of the public and stakeholders. A dedicated website was set up for dissemination and reports of each stage were uploaded to the website. Engagement exercise of the Scoping Stage was conducted from October to November 2014 to solicit stakeholders' views on issues to be covered in ESPP. A total of 226 participants attended the five engagement events of the Scoping Stage and 17 written submissions were received. A presentation was also made to the Panel on Welfare Services (Welfare Panel) of the Legislative Council on the Scoping Stage, and a deputation session was attended as well. In addition to the engagement exercise, the

consultant team also assisted the Working Group in conducting the environmental scan of the existing service landscape by arranging 13 focus group meetings. The Report on Scoping Stage was released in July 2015.

1.4   The Formulation Stage commenced in June 2015. Engagement exercise was conducted in two phases from June to August 2015, including 30 focus group discussions on topics developed at the Scoping Stage in the first phase; and six public forums in the second phase. The consultant team also attended forums conducted by the social service sector, presented the progress of the ESPP at the Welfare Panel and attended deputation sessions at the Subcommittee on Issues Relating to the Future Development of Elderly Services Scheme of the Panel. 38 written submissions were received during the engagement exercise.   The Report on the Formulation Stage was released in October 2016.

1.5   In the Consensus Building Stage, 18 district forums were organised in the 18 Districts and three additional forums were also held. The consultant team also attended 4 forums organised by the Hong Kong Council of Social Service and individual non-governmental organisations (NGOs) and 2 deputation sessions of the Panel on Welfare Services. There were 76 submissions received from various groups and individuals, as well as three verbal opinions received via telephone.

Chapter 2

Challenges of an Ageing Population

Rapidly ageing population

2.1   According to the Hong Kong Population Projections 2015-2064, it is expected that the population in Hong Kong will increase from 7.24 million in 2014 to a peak of 8.22 million in 2043 and then decline to 7.81 million by 2064 (Diagram 1). Meanwhile, the size of the elderly population (i.e. those aged 65 and above) will increase at a much faster rate, increasing from 1.12 million (or 15.3% of total population) in 2015 to 2.514 million (or 30.6% of total population) in 2043, and further to 2.58 million (or 35.9% of total population) in 2064. Compared to other economies, the ageing trend in Hong Kong is expected to be amongst the fastest.

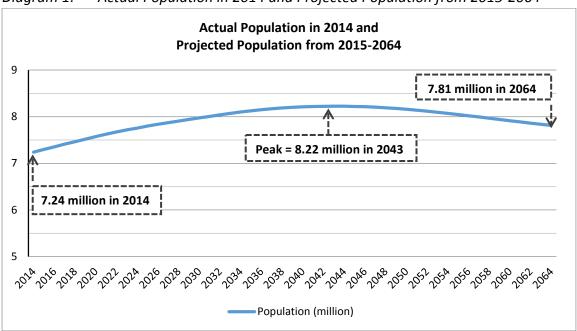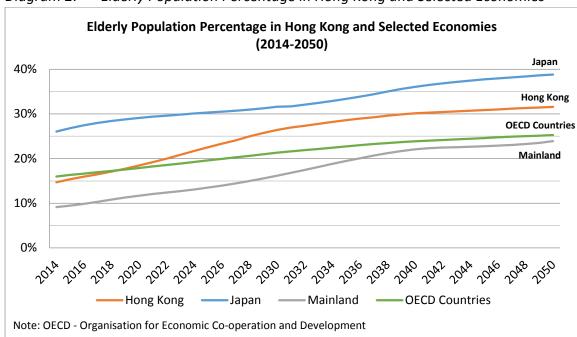*Diagram 1:   Actual Population in 2014 and Projected Population from 2015-2064*

**Actual Population in 2014 and
Projected Population from 2015-2064**

7.81 million in 2064

Peak = 8.22 million in 2043

7.24 million in 2014

Population (million)

Diagram 2:   Elderly Population Percentage in Hong Kong and Selected Economies

Elderly Population Percentage in Hong Kong and Selected Economies (2014-2050)

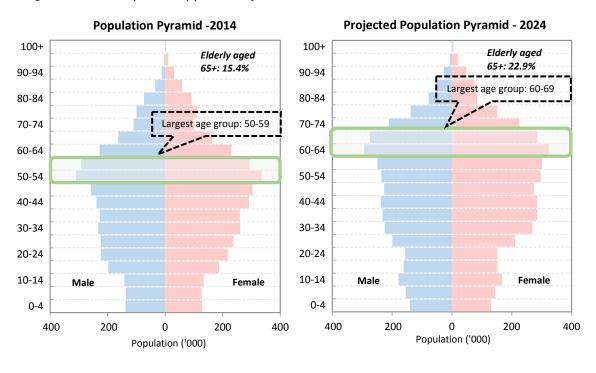Note: OECD - Organisation for Economic Co-operation and Development

2.2   With an increase in life expectancy and the "baby-boomers" approaching old age, the number of "old-olds" (i.e. those aged 85 and over) will grow much faster than the other cohorts of elderly people. By 2030, those aged 85 and above will be about 1.6 times that of 2014, and by 2064, 4.7 times more than that of 2014.

Table 1:   Population of elderly people (i.e. aged 65 and over), "old-olds" (i.e. aged 85 and over) and those aged 100 and over in 2014, 2030 and 2064

Age	2014	2030		2064	
	Population	Population	Multiples of 2014 figure	Population	Multiples of 2014 figure
65+	1.065M	2.106M	2.0 times	2.582M	2.4 times
85+	153 000	249 200	1.6 times	724 400	**4.7 times**
100+	2 800	8 100	2.9 times	46 800	**16.7 times**

2.3   As illustrated by the four population pyramids below, the largest age group in Hong Kong will shift from "soon-to-be-olds" (those in their 50s) to "young-olds" (i.e. those aged above 65 and below 85)and finally to "old-olds". Assuming other factors being equal (e.g. health and socio-economic factors), the overall demand for long-term care (LTC) services will rise even faster than the growth rate of the elderly population given that "old-olds" are much more likely to require care and support services.

Diagrams 3 to 6: Population pyramids of 2014, 2024, 2034 and 2044

Population Pyramid -2014

Elderly aged 65+: 15.4%

Largest age group: 50-59

Male   Female

Population ('000)

Projected Population Pyramid - 2024

Elderly aged 65+: 22.9%

Largest age group: 60-69

Male   Female

Population ('000)

Projected Population Pyramid - 2034

Elderly aged 65+: 30.0%

Largest age group: 70-79

Male   Female

Population ('000)

Projected Population Pyramid - 2044

Elderly aged 65+: 33.1%

Still a large age group: 80-89

Male   Female

Population ('000)

Shrinking workforce, worsening elderly dependency ratio and less family carers

2.4   The size of the working-age population (i.e. those aged 15 to 64) is expected to drop in the coming years, from 5.04 million (or 73.0%) in 2014 to 5.02 million in 2030, and further to 3.92 million (or 54.6%) in 2064. As a result, the elderly dependency ratio is expected to increase drastically from 198 in 2014 (i.e. around 1 elderly person per 5 working-age persons) to 425 in 2030 (i.e. around 1 elderly person per 2.4 working-age persons), and then to 567 in 2064 (i.e. around 1 elderly person per 1.8 working-age persons)[1]. Meanwhile, the average household size is also decreasing from: 3.9 in 1981 to 2.9 in 2011, and is expected to further decrease to 2.8 in 2024. The reducing size of the working population suggests a shrinking pool of local formal carers, while the reducing household size implies that fewer family members would be available to provide care support to elderly persons, leading to an even greater demand for formal LTC services.

Demand for LTC services will increase fast

2.5   Care needs of elderly persons generally increase with age and so does their need for LTC services which are currently provided in the form of community care services (CCS) and residential care services (RCS). Table 2 illustrates the percentage by age of service users for different subsidised LTC services. Around 70% of the CCS users and 80% of the RCS users are elderly persons aged 80 and over. With the rapid increase of "old-olds" in the population and the decrease of family carers in the coming decades, the upward pressure on service demand will be very severe.

Table 2: Percentage of subsidised LTC service users by age

Age	Percentage of service users by age					
	CCS			RCS		
	2012-13	**2013-14**	**2014-15**	**2012-13**	**2013-14**	**2014-15**
60-64	1.9	1.8	1.7	0.7	0.6	0.7
65-69	5.2	4.9	5.2	3.1	3.2	3.6
70-74	8.3	7.9	7.6	5.6	5.2	5.2
75-79	17.8	16.8	15.2	12.2	11.7	11.0
80-84	27.7	27.1	26.2	20.7	21.0	20.1
85+	39.2	41.4	44.1	57.8	58.2	59.3

2.6   Based on the service statistics and the population projection, it is estimated that the total demand for subsidised LTC services will increase from around 60 000 places in 2016 to 78 000 places in 2030, reaching a peak of 125 000 places in 2051 before dropping along due to the combined effects of the improving heath and

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[1] C&SD (2015). Hong Kong population projections: 2015-2064.
  Retrieved from: http://www.statistics.gov.hk/pub/B1120015062015XXXXB0100.pdf

demographic factors of the elderly population, as well as the fact that total elderly population will peak in mid-2050s, followed by a small tapering off of afterwards[2].

Table 3: Projected demand for subsidised LTC services

	Subsidised LTC places
Supply as at June 2016	37 957* (RCS: 26 553; CCS: 11 404)
Projected demand	
2016	59 572
2030	77 989
2051 (peak)	124 609

*Places provided under Pilot Residential Care Services Scheme in Guangdong, Pilot Scheme on Community Care Service Voucher for the Elderly (Pilot Scheme on CCSV) and Pilot Scheme on Residential Care Service Voucher for the Elderly (Pilot Scheme on RCSV) are not included given their piloting nature.
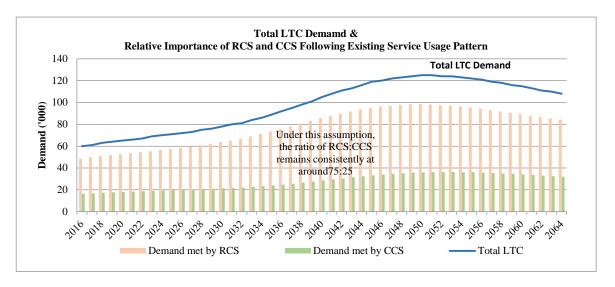
Imbalance between CCS and RCS

2.7   The existing service pattern also poses a great challenge to our meeting of the service demand. It is the Government's policy as well as elderly persons' cherished wish to "age in place"; however, in the aspect of subsidised LTC services, there are currently more elderly persons waitlisting for RCS than CCS. To illustrate, from 2013 to 2015, around 65% of the new applications for subsidised LTC services were assessed to have care needs that could be met by CCS, while only 35% were assessed to have care needs that could only be met by RCS. However, over 95% of these elderly persons and their family carers decided to apply for subsidised RCS. One of the main reasons leading to this is that "dual-option" cases, which are cases with care needs that could be met by CCS and yet still allowed to apply for RCS, accounted for over 60% of the assessment results.

2.8   If we simply project the future service demand based on the existing service usage patterns, whereby over 95% of applications for LTC services are waitlisting for RCS, we would need to provide some 64 000 RCS places in 2030 and nearly 98 000 RCS places when the demand peaks in 2051[3]. In view of the overall shortage of land supply, manpower and the lead time from planning to ready for service, it is highly unlikely that such demand could be met. The situation calls for a re-examination of the existing service pattern.   A rebalance of the share between RCS and CCS is necessary.

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[2] A detailed explanation on the methodology of the projection is at **Appendix II**.

[3] The two figures of 64 000 subsidised RCS places in 2030 and 98 000 subsidised RCS places in 2051 are calculated using the same general methodology detailed in Appendix II. The only difference is that assumptions (i) and (ii) featured in paragraph 8 of Appendix II (concerning the improvement to SCNAMES and the service matching mechanism for subsidised LTC services to help in reducing the over-reliance on RCS and strengthening the role played by CCS) are not taken on board to arrive at this two figures.

Diagram 7:   Total demand for subsidised LTC and proportion of demand met by RCS and CCS assuming no change in behaviour in service utilisation

**Total LTC Demamd &
Relative Importance of RCS and CCS Following Existing Service Usage Pattern**

Total LTC Demand

Under this assumption, the ratio of RCS:CCS remains consistently at around75:25

Demand ('000)

Demand met by RCS   Demand met by CCS   Total LTC

Change in users' socio-demographic profile and aspirations for elderly services

2.9   The socio-demographic characteristics of the elderly population are changing: future generations of elderly persons are expected to live longer, more health conscious, have higher education attainment, more able to catch up with the information and technology development, and financially more capable. They will have higher expectation on the diversity and quality of elderly services and will ask for more flexibility and control in the choice of service. While they are expected to be of better health in general, incidences of age-related illnesses such as dementia are expected to increase in view of the increase in life expectancy.

Increasing expenditure on elderly services

2.10   While it is the principle of Government's LTC policy that service should be focused on elderly persons who are most in need, LTC services in Hong Kong is currently largely universal provision and heavily subsidised by the Government. On average about 80-90% of the unit service cost of CCS and RCS is borne by the Government. According to a fiscal sustainability assessment on public finances in the report of the Working Group on Long-Term Fiscal Planning released in March 2014, even if we assume that there is no inflation and no service enhancement, the Government may start facing a structural deficit problem around 2029-30. In view of the foreseeable surge in demand for LTC, coupled with the shrinking labour force, there is a need for the society to consider the long term financial implications if the current mode of funding that mainly relies on public funds remains unchanged. Even if the pace of LTC demand may be slowed down by the improvement in health of the population, the long-term fiscal challenge still demands prudence in our planning of elderly services and the use of public resources.

Chapter 3

Vision, Mission, Overarching Principles and Strategic Directions

3.1   The Working Group adopts the following vision, mission, overarching principles and strategic directions in formulating the ESPP:

Vision

To uphold the spirit of respecting, loving and caring for the elderly.

Mission

To foster sense of belonging, sense of security and sense of worthiness of the elderly.

Overarching principles

(i)   *Dignity* – Elderly persons are members of the Hong Kong community and have made contributions in the development of Hong Kong. They deserve the respect of others and their dignity be ensured.

(ii)   *Quality of life* – Policies and services for elderly persons should be planned, implemented and assessed with a view to enhancing the quality of life of elderly persons, in terms of meeting their physical, social and psychological needs.

(iii)   *Age-friendliness* – Policies and services for elderly persons should be age-sensitive and age-friendly to suit the diverse needs of different groups of elderly persons.

(iv)   *Active and productive ageing* – With reference to the World Health Organization's formulation about "active ageing", there should be emphasis on promoting health, security and participation of elderly persons. Elderly persons should be recognised as being able to make contribution and thus be productive to society in various aspects.

(v)   *Ageing-in-place* – Elderly persons should be able to exercise their choice to live and age in an environment with which they are familiar and to which they have attachment. Such a principle should be upheld as far as practically feasible. This is congruent with both the local Chinese normative context, and also the Government's long-held policy direction, as well as consistent with the international trend of promoting elderly people's living in their preferred and familiar physical and social environment.

(vi)   *Users' choice* – In the provision of services for elderly persons, there should be considerations and provisions of adequate choices for elderly persons (and their family members) to assess and consider about the quality, quantity, fees, and other related issues and match their varying needs.

(vii)   *Shared responsibility* – The Government has the ultimate responsibility to ensure that the elderly persons in need have access to services that can ensure their quality of life. Individuals have the basic responsibility in maintaining healthy

lifestyle and prepare for retirement in various aspects. Families also have the responsibility to take care of their elderly family members. The community should take active part in promoting and actualising the spirit of community care. The business sector should adopt corporate social responsibility in providing elder-friendly services and products to senior citizens.

(viii) *Prioritising resources to those most in need* – The allocation of public subsidised services should be prioritised to those with most genuine need. This also echoes the principle of "shared responsibility of care" in which those who have better financial affordability should shoulder greater share of responsibility, so that limited resources could be used on those who are in greater need.

(ix) *Financial sustainability* – The Government has the responsibility to ensure the long-term sustainability of elderly services. The current funding model relying heavily on public funding has to be reviewed.

(x) *Social inclusion and equal opportunity* – Equal opportunities should be provided for elderly persons with diverse backgrounds in language, culture, religion and other features to have an access to services and channels that can ensure their involvement and inclusion.

Key strategic directions[4]

(i) *Achieve "ageing in place" and reduce institutionalisation rate through significantly strengthening CCS*
Uphold the Government's established policy direction of "ageing-in-place as the core, institutional care as back-up", and to actualise the principle of "prevention is better than cure". This means putting a heavier focus on CCS and strengthening health promotion and maintenance initiatives.

(ii) *Enable informed choices and timely access to quality services*
Provide adequate and updated information to users to facilitate access to services.

(iii) *Further streamline and promote integrated service delivery*
Promote inter-sectoral, inter-departmental, inter-disciplinary, inter-agency collaboration for seamless care and service provision.

(iv) *Ensure financial sustainability and accountability of elderly services*
Explore viable financing models with shared responsibility amongst stakeholders.

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[4] Appendix IV shows a list of the recommendations grouped under their respective strategic directions.

Vision

To uphold the spirit of respecting, loving and caring for the elderly

Mission

To foster sense of belonging, sense of security and sense of worthiness of the elderly

Overarching Principles

- Dignity
- Quality of life
- Age-friendliness
- Active and productive ageing
- Ageing-in-place
- Users' choice
- Shared responsibility
- Prioritising resources to the most in need
- Financial sustainability
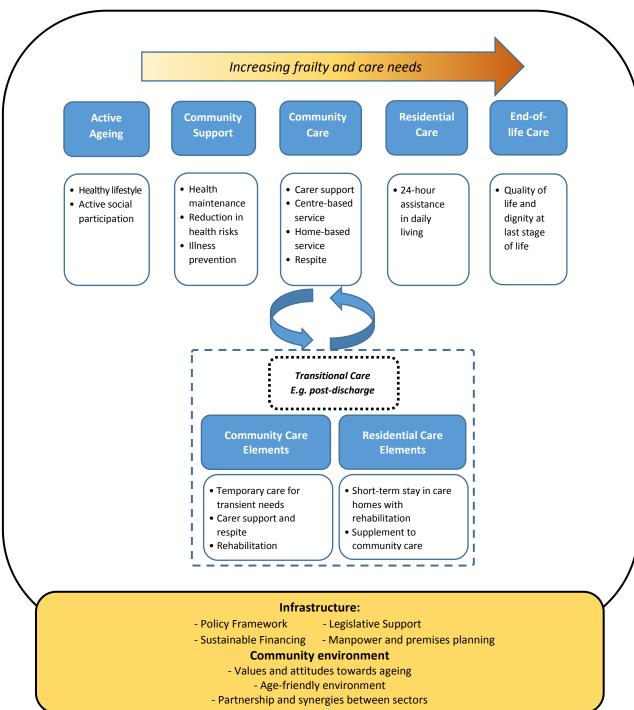- Social inclusion and equal opportunity

Key Strategic Directions

(i)   Achieve "ageing in place" and reduce institutionalisation rate through significantly strengthening CCS

(ii)   Enable informed choices and timely access to quality services.

(iii) Further streamline and promote integrated service delivery

(iv)   Ensure financial sustainability and accountability of elderly services

3.2 The Working Group recommends the following model for the delivery of elderly services:

Diagram 8: Elderly Care Service Delivery Model

Increasing frailty and care needs

Active Ageing
- Healthy lifestyle
- Active social participation

Community Support
- Health maintenance
- Reduction in health risks
- Illness prevention

Community Care
- Carer support
- Centre-based service
- Home-based service
- Respite

Residential Care
- 24-hour assistance in daily living

End-of-life Care
- Quality of life and dignity at last stage of life

Transitional Care E.g. post-discharge

Community Care Elements
- Temporary care for transient needs
- Carer support and respite
- Rehabilitation

Residential Care Elements
- Short-term stay in care homes with rehabilitation
- Supplement to community care

Infrastructure:
- Policy Framework   - Legislative Support
- Sustainable Financing   - Manpower and premises planning
Community environment
- Values and attitudes towards ageing
- Age-friendly environment
- Partnership and synergies between sectors

3.3   The views of the Working Group on the functions and roles of the major service components are set out below:

(i)   Active ageing and community support
- ➢ The purpose of active ageing is to facilitate elderly persons in maintaining an active and productive life, which is highly beneficial to their own health and is conducive to "ageing-in-place".
- ➢ To achieve this goal, an age-friendly environment and accessible programmes and services that can meet the physical (e.g. health promotion), psychological (e.g. continued educational/employment) and social (e.g. programmes for enhancing family ties and intergenerational programmes) needs of our elderly people are required. These programmes and services are currently provided by the private sector, the civil society or the public sector.
- ➢ Besides, suitable programmes and services should also be available to those who are soon to join the elderly population (e.g. pre-retirees).

(ii)   CCS
- ➢ While most elderly persons are still healthy and can continue to age in the community, some elderly persons may eventually require a higher level of care and support as their frailty increases with age. Nevertheless, most elderly persons still wish that they can stay in the community and remain close to their family. With our society's traditional virtue of self-reliance and family support, care and support for frail elders living in the community is often provided by family members. For some families, foreign domestic helpers (FDHs) also play a major role. To facilitate these elderly persons to continue to live in the community as long as possible, CCS serves as important support to these elderly persons and their carers.
- ➢ The provision of CCS should therefore aim at enabling family carers and their FDHs in meeting the different levels of care needs of their elderly. This may come in the form of training programmes, financial support, emotional support and respite services.
- ➢ Respite services, which often involve the provision of services with residential care elements (e.g. temporary overnight stay), are important in providing short-term relief to carers, thereby helping elderly persons to stay in the community without being institutionalised.
- ➢ When the frailty of the elderly is at a point where support services to the carer alone is not sufficient to meet the care needs of the elderly, direct services to the elderly should also be considered. With the overall aim of "ageing-in-place" in mind and as far as direct services to the elderly are concerned, the Working Group considers that the provision of CCS in a home-based model is usually more preferable as compared to a centre-based model. For those cases where adopting a home-based model may not be practical and a more centralised method is preferred, effort should

be made to explore whether services can be provided on an estate-basis, i.e. within or close to the housing estate/development that the elderly resides in.

➢ The Working Group also notes that there have been discussions in recent years on the possibility of collaboration and integration between home-based and centre-based services. This has been put on trial in the Second Phase of the Pilot Scheme on CCSV, where users are allowed to opt for a mixture of home-based and centre-based services. The Working Group is of the view that the experience of the Pilot Scheme on CCSV in the promotion of user-oriented service integration should be considered in the future development of CCS and in defining the respective roles of home-based and centre-based CCS.

(iii) RCS

➢ As the ageing process continues, the health condition of the elderly may continue to deteriorate and their care needs may exceed the level of care that can be met by CCS. Some may lack the support from families and have impairment that makes them unable to take care of themselves even with CCS. In such situation, RCS should be provided for these elderly people.

➢ Similar to CCS, there is a need to provide a wide range of services and support to enable different types of elderly persons living in institute to engage in different types of activities and receive various types of services in accordance with their need, aspiration, affordability and other pertinent factors given the diversity in the population of elderly persons. This calls for a joint effort from the public and private sectors.

(iv) Transitional care

➢ For some elderly persons, their need for care services could be transient in nature, such as elderly persons newly discharged from hospitals. With suitable transitional care, which should include rehabilitation services and suitable care support (mainly in the form of community-based support and supplemented by short-term RCS on need basis), coupled with better support and training to family carers, it is possible that some of these elderly persons could regain their vitality and return to the community for ageing with the support of CCS.

(v) End-of-life (EOL) care

➢ When elderly persons enter the last stage of their life, they may face increasing health and medical problems. Both the elderly persons and their family may become anxious about the uncertainties ahead. The purpose of EOL care is to provide the necessary support to both elderly persons and their family, so that our elderly can continue to live with dignity until the very end.

➢ While EOL care is particularly important for the most frail who are normally living in institutions, there may also be a need to include certain elements of EOL care in other services (e.g. life-and-death education in active ageing programmes, advance care planning for CCS users)

3.4   The views of the Working Group on how to strengthen the above services components and other services are set out in Chapters 4 to 7.

Chapter 4

Status and Role of Elderly

4.1   The Working Group considers that more effort should be put into promoting a positive image of elderly persons and improving public understanding of ageing, as a more age-friendly society was conducive to the overall objective of "ageing-in-place". This is particularly important since in the coming decades, younger generations are less likely to be living with or having frequent contact with elderly persons, leading to a vague or stereotypical understanding of the elderly population.

4.2   The following recommendation is proposed:

Recommendation 1 – Public education should be strengthened to promote positive image of elderly persons, enhance their status and role in society, and foster positive inter-generational relations.

• *Specifically, consideration should be given to arranging more inter-generational programmes in schools, youth organisations, business sector, etc. Topics on elements of ageing and inter-generational interaction should also be included in primary and secondary school learning activities where appropriate. There should also be public awareness programmes/campaigns to eliminate misunderstanding and stereotypes about elderly persons.*

4.3   On the target service recipients of elderly services, the Working Group notes that the age criteria varied among different elderly services. The Working Group notes that subsidised elderly services can be broadly categorised into active ageing programmes (e.g. Elder Academy, Opportunities for the Elderly Project), community support services (e.g. District Elderly Community Centre (DECC) and Neighbourhood Elderly Centre (NEC) services) and LTC services (subsidised CCS and RCS) which serve different groups and age cohorts of elderly persons. The Working Group considers that the eligibility criteria for each service category should be based on different factors including chronological age, level of impairment and service objectives. In general, a lower age criteria should be set for active ageing programmes, community support services and other initiatives promoting healthy lifestyle, while a higher age criteria should be set for LTC services.

4.4   The Working Group also notes that as some age-related illnesses (e.g. Alzheimer's disease) may have an early onset, suitable flexibility should be allowed in the provision of support measures to encourage early detection and facilitate continuous care support.

4.5   The following recommendation is proposed:

Recommendation 2 – Service coverage should be based on age-related needs of the users and take into account the purposes of and resource implications on different types of services

- *Specifically, different age requirements should be respectively set for active ageing programmes, community support services and LTC services directly provided to elderly persons. There should also be flexibility in age criteria to take into account the individual circumstances of the elderly.*
- *It is proposed that for active ageing programmes, community support services (i.e. DECCs and NECs), and other initiatives promoting healthy lifestyle, the age requirement for elderly persons should be 60 but with flexibility to include those aged 55-59[5]. For LTC services (i.e. CCS including Day Care Centre / Unit (DE/DCUs), Integrated Home Care Service (IHCS), Enhanced Home and Community Care Service (EHCCS) and RCS) provided directly to elderly persons, the age requirement should be 65 and above[6], with flexibility allowed for those aged between 60 and 64, subject to a confirmed care need.*

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[5] Some of the programmes are designed to involve younger persons, notably programmes for promoting inter-generational harmony. The age requirement here refers to the age requirement for elderly participants of these programmes.

[6] Specifically, this means that the age eligibility for DEs/DCUs and IHCS(OC), which will focus on elderly persons with mild impairment (vide Recommendation 4a) will align with other LTC services, and change from 60 to 65 and above, with flexibility given to those aged between 60 and 64 and with proven needs.

Chapter 5

Elderly Services

(I) Active Ageing

5.1   International experiences reveal that older people would benefit from maintaining active engagement in society in various aspects, including social, recreational, cultural and leisure activities, lifelong learning, volunteering, and even gainful employment. Through such active aging, older people can have positive interaction with other age groups in society, thus promoting inter-generational understanding and appreciation.

5.2   Active ageing relies on sound health condition, both physically and psychosocially of elderly persons, which requires their maintenance of a healthy lifestyle through exercise, healthy diet and social engagement.

5.3   Retirement planning is conducive to preparing elderly persons for maintaining healthy lifestyle, social engagement, which ultimately enhances their overall quality of life. There are currently a number of services and programmes promoting active and healthy aging, as well as retirement planning offered by DECCs and NECs. However, such services will have to be strengthened in view of the ageing population. For health promotion and maintenance programmes, there should be a greater focus on identifying health risks (e.g. obesity, risk of fall, etc.) in elderly persons and offering advice and support in mitigating these risks. For retirement planning programmes, service coverage should be extended to cover more "soon-to-be-olds".

5.4   The following recommendations are proposed:

Recommendation 3 – Efforts should be made to promote active ageing and healthy ageing and development of age-friendly environment.

> *Recommendation 3a – Promotion of healthy lifestyle should be of paramount importance in improving the quality of life of elderly persons and reducing the risk of age-related diseases.*

> - *Specifically, DECCs and NECs should enhance their role in the promotion of active and healthy ageing, and the development of an age-friendly city.*
> - *With the changes in functions of DECCs and NECs in the past and the enhancement proposed in ESPP, consideration may be given to reviewing the roles and functions of DECCs and NECs in due course.*

> *Recommendation 3b – Opportunities should be provided to encourage elderly persons to live to their full potential, promote active lifestyle and to encourage empowerment.*

> - *More support should be provided to elderly persons to participate in continuous learning and promoting other learning activities, such as by relaxing the age limit for the Continuing Education Fund and exploring means*

to help elderly persons with limited financial means to have internet access at their homes. (See also Recommendation 18b)

- *A self-programming group model could be adopted to promote more self-directed learning in empowering the elderly persons to initiate, organise and manage their own learning or volunteer programmes by providing necessary support, funding and facilities.*

- *The model of social enterprises should be encouraged as one of the possible strategies of engaging elderly persons in working for gainful employment. Optional or flexible retirement mechanisms (e.g. part-time work for elderly or employment with flexible working hours) as practiced in some developed economies should also be considered to allow more choices for older employees.*

Recommendation 3c – Efforts should be made to promote retirement planning to better prepare retirees to plan for their post-retirement life

- *DECCs and NECs should aim at including more retirement planning programmes as part of their developmental activities for those who are preparing to retire.*

(II) Community Care Services and Carer Support

5.5   The Working Group considers it important to achieve "ageing-in-place" and reduce institutionalisation rate through significantly strengthening community-based services. For elderly persons who require care and support services to remain in the community, timely and comprehensive CCS and carer support are necessary. However, it is noted that the current CCS primarily focus on serving elderly persons assessed to be of moderate or severe level of impairment. The Working Group considers that support services to elderly persons with mild level of impairment should be strengthened so as to prevent health deterioration. In this regard, it is suggested that the existing Integrated Home Care Services (Ordinary Cases) (IHCS(OC)) should give priority to those with mild impairment. Moreover, the services of IHCS and EHCCS should be streamlined for more effective service delivery, while further efforts should be made to improve the quality and monitoring of CCS. In the long term, together with the recommendation to streamlining services of IHCS(OC), Integrated Home Care Service (Frail Cases) (IHCS(FC)) and EHCCS, and having regard to the experience of relevant pilot projects (e.g. the Pilot Scheme on CCSV), the funding modes of IHCS and EHCCS should also be reviewed.

5.6   The Working Group recommends the introduction of transitional care support as an important measure to support "ageing-in-place". It is noted that many elderly persons, in particular those discharged from hospitals, may have increased need for care support that are transient in nature. If provided with suitable care (CCS and RCS) and rehabilitation services, many of these elderly persons are able to continue living in the community when their health condition improves after the transitional period. For those who may require continuing LTC services after the rehabilitation period, the

services can allow family members more time to make necessary LTC planning, e.g. arranging carers, seeking Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES) assessments and making applications for other subsidised LTC services.

5.7   Apart from strengthening the direct services provided to elderly persons, it is recommended that the support to carers should be enhanced. The Working Group has examined the existing provision of respite and emergency placement services and recommends that the feasibility of setting up a real-time vacancy information system as well as a district-based pre-registration system for respite services should be explored so as to reduce the barriers to service utilisation. While the Working Group notes that the supply of designated respite places has been on the rise and more places will still be required in the future, it is also aware that the data (e.g. record on enquiries, applications, waiting list etc.) available for making an accurate service demand projection is limited for the time being. The Working Group considers that further studies on the profile and usage statistics of the users should be conducted. If it appears that the pre-registration scheme alone is not sufficient to facilitate the effective use of vacancies for respite service, consideration may be given to increasing the incentive for operators to make full use of their casual vacancies. The Working Group also recommends strengthening support and training services to carers, which will better support family carers to support their elderly family members in their own place.

5.8   The following recommendations are proposed:

Recommendation 4 – CCS should be strengthened to ensure that elderly persons are able to stay in the community for as long as possible and unnecessary institutionalisation is avoided. Specifically:

Recommendation 4a – For prevention of health deterioration, provision of suitable services to elderly persons with mild impairment should be strengthened, such as through enhancing the IHCS(OC) to focus on these elderly persons.

- *There may be a need to explore improvement in providing services to elderly persons with frailty not reaching the moderate to severe level (i.e. the threshold for LTC services).*

- *A simplified version of the standardised need assessment tool should be developed to identify the mildly frail elderly to be given higher priority in receiving services under IHCS(OC).*

- *Further study to project demand for care services for mild impairment should be explored, with reference to data gathered from the use of the simplified standard need assessment tool.*

Recommendation 4b – The catchment areas of IHCS(FC) and EHCCS should be reviewed to increase efficiency while maintaining a degree of choices for users.

The funding modes of IHCS and EHCCS should also be reviewed, having regard to the effectiveness of different existing service modes.

Recommendation 4c – Further efforts are required to create a comprehensive quality assurance system so as to guide future efforts of the government, and service providers toward effective quality monitoring and continuous service improvement.

- *The Social Welfare Department (SWD) should keep in view the results of the SCNAMES assessment tool review under the Project on Enhancement of the Infrastructure of Long Term Care in Hong Kong (LTC Infrastructure Review) and take into consideration the relevant recommendations on quality assurance of CCS and RCS. (See also recommendations 7 and 8)*

Recommendation 5 – Respite and emergency placement services should be enhanced.

Recommendation 5a – Designated respite places and casual vacancies should be fully utilised to strengthen the support to carers. Improvement should be made to facilitate timely access to service.

- *Respite services should continue to focus on providing short-term relief to carers, and ways to facilitate and encourage the use of such services should be explored. Specifically, SWD should consider developing a district-based pre-registration system for potential service users of respite service to streamline the admission procedure. For example, as a start, the pre-registration system may be made available for elderly persons who are on central waiting list (CWL) or currently using CCS. It is noted that Phase 2 of the Pilot Scheme on CCSV has been expanded to cover residential respite services. The experience gained in the pilot scheme would also be a useful reference for the further development of respite service.*

- *The SWD should explore the possibility of setting up a real-time vacancy enquiry system for designated residential respite service.*

Recommendation 5b – Transitional care support to elderly persons discharged from hospitals should be enhanced to assist them to stay in the community and prevent premature institutionalisation.

- *Transitional care services should aim at providing the necessary rehabilitation and suitable care services (CCS and temporary RCS) to discharged elderly patients. The service should be extended to cover elderly persons who are discharged from hospitals and have a transient need for more intensive care but may not have high hospital re-admission risks. The accessibility of medical social service in hospitals should be promoted and taken into account in developing the transitional care support service to ensure that the to-be-discharged patients will be able to access the necessary information.*

Recommendation 5c – Emergency placement services should continue to target on elderly persons with urgent care needs and under unforeseen or crisis situation, such as those with immediate care needs due to social reasons.

- *With transitional care needs met by an enhanced discharge service programme, emergency placement services should focus on other cases with urgent care needs.*

Recommendation 5d – Further study on the demand for respite, transitional care and emergency placement services should be considered. Moreover, the possibility of better using non-subsidised places to provide such services should be explored.

- *As there is currently no comprehensive statistics on the demand for respite, transitional care and emergency placement services, consideration should be given to studying their potential demand as a first step. For respite and emergency placement services, both would take up subsidised places. In view of the long waiting list for subsidised RCS, the use of non-subsidised RCS places for provision of subsidised respite, transitional and emergency placement services should be explored subject to the findings of the study on service demand. Possible sources of such non-subsidised places would be existing non-subsidised places in Enhanced Bought Place Scheme (EBPS), contract homes, self-financing homes and subvented homes. Since respite and emergency placement services are in principle provided on a temporary basis, necessary follow-up arrangements (e.g. devising a care plan before discharge from respite or emergency placement) and support may need to be given to the elderly and family members, possibly with some form of case management service. Since there could be many interfacing issues that need to be resolved, consideration could be given to implementing a pilot project as a first step.*

Recommendation 5e – Day respite that integrates formal and informal system of care at neighbourhood level should be strengthened.

- *Collaboration between agencies providing home care and informal care network (e.g. volunteers and neighbours) should be strengthened in developing day respite at neighbourhood level. Support should be provided to mobilise neighbours to assist in providing temporary attendance or household chores to elderly persons in need while family carers can be relieved temporarily (e.g. exploring the development of the "elder-sitting service" by informal support network). (See also recommendation 12c)*

Recommendation 6 – Services to support family carers should be enhanced.

- *Services to support carers in assisting the elderly persons to remain in the community should be strengthened, with greater flexibility, variety and choices to*

meet specific needs. For instance, further expansion of services to cover odd hours and holidays should be explored.

- *The adequacy of home-based training to family carers should be examined and ways should be explored to strengthen these services where necessary. Measure should also be explored to provide specific carer training to FDHs to enhance their capability in taking up their carer role. (See also recommendation 12c)*

(III) Residential Care Services

5.9   The Working Group notes that the long waiting time for subsidised RCS places and the quality of service of RCHEs are major concerns of the public. The Working Group acknowledges that insufficiency in the supply of subsidised services has significantly affected the timely access to quality service and that a more proactive planning mechanism should be in place to alleviate the problem. Apart from the recommendations on premises and space put forward under Chapter 5, it would be necessary in the short-to-medium term to explore measures to better utilise the quality places in the private sector to cater for the immediate needs of the elderly.

5.10   To address the public concern over the quality of RCS, including the physical environment, adequacy of care staff, and quality of care, the Working Group recommends that the Residential Care Homes (Elderly Persons) Ordinance (RCHE Ordinance) (Cap 459) should be reviewed as soon as possible. The Working Group acknowledges that the manpower shortage faced by the elderly service sector has been a major limiting factor to improving service quality. Measures for incentivising service improvement and for addressing the shortage should be explored.

5.11   The following recommendations are proposed:

Recommendation 7 – Measures to ensure the quality of RCS should be strengthened.

- *Specifically, existing service quality assurance measures should be continued and strengthened where possible. For example, the current model of Service Quality Groups should be expanded to cover the whole territory, and the names of RCHEs participating should be made available to the public.*

- *In addition to measures to alleviate the manpower shortage, suitable measures to assist operators in meeting higher service standard should also be implemented, including incentives for RCHEs to join independent service quality accreditation scheme to enhance their service quality.*

- *SWD should keep in view the SCNAMES assessment tool review under the LTC Infrastructure Review and the expected deliverable should be taken into account in the development of a comprehensive quality assurance system covered in Recommendation 4c.*

   Recommendation 7a – The RCHE Ordinance (Cap 459) should be reviewed as soon as possible.

5.12   The Working Group recognises that there would also be a need for continued service improvement for both subsidised CCS and RCS. In this regard, there might be a need for the development of a comprehensive quality assurance system for guiding the future development of subsidised services.

(IV) SCNAMES and Case Management

5.13   The Working Group notes that the assessment tool and the service matching mechanism used under the SCNAMES would be updated. It is expected that the updated assessment tool will be more sensitive and be able to demarcate the needs for CCS and RCS clearer, as well as better identify the care needs of elderly persons with cognitive impairment. The Working Group also considers it necessary to review the service matching mechanism of SCNAMES after updating the assessment tool with a view to minimising the number of "dual option" cases. (i.e. cases where the elderly may opt for either CCS or RCS). The Working Group hopes that with the review of SCNAMES and the strengthening of CCS, the existing service imbalance whereby more elderly persons opt for RCS rather than CCS can be changed.

5.14   Furthermore, there may be a need to adjust the existing arrangement of active/inactive status for RCS applicants. As an arrangement to encourage elderly persons continue to age in the community, applicants waitlisting for RCS and receiving subsidised CCS at the same time are treated by SWD as "inactive" RCS cases. Those who only opt for subsidised RCS but not receiving CCS at the same time, probably because of care being provided by family carers or domestic helpers, would not be treated as "inactive" cases. Very often, these elderly persons may not perceive themselves as having immediate need for subsidised RCS but choose to apply for subsidised RCS so as to prepare for times when their health condition worsens. Without an option for them to become "inactive", a number of these elderly persons may decide to admit to the elderly home prematurely when a subsidised RCS place is offered although their health condition may still permit them to stay in the community.

5.15   To give "peace of mind" to both the elderly and the family members to stay in the community for as long as possible and reduce premature institutionalisation, the Working Group proposes the "inactive" status be extended to all waitlistees of RCS before the "dual option" and the administrative arrangement for active/inactive status are reviewed. If they are assessed to have RCS need but consider themselves to have no immediate need for the service (i.e. cases where they would decline the offer of service when one is made), they can opt for an "inactive" status regardless of whether any interim CCS is accepted. In the long run, as CCS is further strengthened and the supply of subsidised RCS places catches up with the demand, the "get-in-the-queue-first" behaviour may reduce and the need for maintaining the active and inactive arrangements should subside. The Working Group also points out that introducing this arrangement might induce a significant increase in the number of "inactive" cases. However, this should be interpreted as the number of elderly

persons who are able to age in the community without imminent need for institutionalisation.

5.16   The following recommendation is made:

Recommendation 8 – Improvements should be made to SCNAMES assessment tool and the service matching mechanism.

• *Specifically, improvements should be made to better demarcate the needs for CCS and RCS, as well as care needs arising from cognitive impairment when updating the assessment tools.*

• *After updating the assessment tool, SWD should review the LTC service matching mechanism to ensure priority be given to those most in need.*

• *To provide "peace of mind" to subsidised RCS applicants and thereby reduce premature institutionalisation, consideration should be given to extending the scope of "inactive" cases so that elderly persons not applying for or using subsidised CCS may also choose to become "inactive".*

5.17   The Working Group notes that a case management approach has the benefit of providing better coordination among different services, and that the elements of case management are already present in some existing services and pilot schemes (e.g. in the form of Responsible Workers and care managers of individual services). The Working Group considers the development of a case management system conducive to smooth service transition and promoting informed choices.

5.18   The following recommendation is made:

Recommendation 9 – Efforts should be made to explore developing a case management model

• *Based on the experience of the various pilot projects (e.g. Pilot Scheme on CCSV, Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families (Pilot Scheme on Carer Allowance), and Pilot Scheme on RCSV) that have elements of case management, a coherent model of case management service should be developed at the conclusion of these pilot projects. In developing a case management model, components that may consider include: specifications on the roles and functions of case management (e.g. assessing, planning, facilitating and advocating in making choice for service), and ensuring a collaborative process and effective communication between the case management office/team/individual, service users (and his/her family carers), and service workers.*

(V) Services for Elderly Persons with Dementia

5.19   The Working Group notes that the ageing population and the increase in life expectancy would result in an upsurge in age-related illnesses such as dementia. It is projected that by 2051, the number of dementia cases would reach 398 100[7] (more than 3 times the current number); accounting for 5.3% of the total population and 12.8% of those aged 60 or above. Unless there are significant breakthroughs in dementia prevention or even cure, the growing number of people suffering from dementia will be overwhelming, imposing a great pressure on different levels of LTC services in future.

5.20   It will be necessary to strengthen the services to elderly persons with dementia, with a view to making the provision of services more "dementia-friendly". Early detection, diagnosis and intervention are critical in slowing down the deterioration process of dementia and helping patients to improve their quality of life. Furthermore, training in early detection of potential dementia cases, as well as knowledge in behavioural management are all important aspects in supporting the family in facing the challenge. The Working Group also concludes that the challenge of providing suitable services to people with dementia will require the adoption of a multi-disciplinary approach.

5.21   The following recommendation is made:

Recommendation 10 – Services for elderly persons with dementia should be strengthened. The issue of dementia should be considered as an integral part in the whole spectrum of elderly services and a multidisciplinary approach should be adopted.

- *Closer collaboration should be encouraged between the healthcare system and the welfare sector in the provision of services for dementia. SWD should make reference to the findings and recommendations of the Expert Group on Dementia under the Review Committee on Mental Health in devising the future development of services for elderly persons with dementia. Due consideration should be given to aspects such as public education, carer training, staff training, etc.*

- *Some directions that could be considered include:*

    i.   *enhancing workers' knowledge and skills in early detection of dementia (including mild cognitive impairment cases) at elderly centres at neighbourhood level (i.e. NECs) and in making timely referral to appropriate services;*

    ii.   *strengthening training in early detection, management and care of dementia in elderly service units, in particular CCS; and*

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[7] The estimation is made based on the methodology adopted in the study conducted by Department of Health and the Chinese University of Hong Kong in 2006 on dementia as reported to the EC and updated by the consultant team based on the latest population projection released in September 2015.

iii.   *strengthening education and training for elderly persons and family carers in early detection of dementia.*

(VI) End of Life Care

5.22   The Working Group recognises that early preparation for EOL care is important in ensuring that the elderly person can continue to live in dignity until the end of their life, and that the current provision of EOL care services should be further developed. The Working Group recommends further development of advance care planning and inclusion of EOL care services as an integrated component in elderly services. The Working Group recognises and agrees that one of the main objectives of EOL care is to enable elderly persons to pass away in a place of their choice. Various suggestions were made by stakeholders including strengthening public education and staff training, provision of suitable infrastructure, interdisciplinary collaboration and reducing legal and statutory barriers as well as associated administrative guidelines of relevant Government departments and public bodies. The Working Group agrees that these directions should be further explored and notes that the Food and Health Bureau (FHB) commissioned the Chinese University of Hong Kong in 2015 to conduct a three-year research study on the quality of healthcare for the ageing. The study will review the healthcare services supporting elderly people with chronic diseases, recommend service models to, among other things, enable elderly to receive care and age in place, and recommend changes including legislation if required and measures to foster a community culture to facilitate the implementation of the recommended EOL care. The Working Group recommends that SWD should make reference to the findings of FHB's commissioned study in mapping out the development of providing EOL care in elderly services.

5.23   The following recommendation is made:

Recommendation 11 – Quality EOL care should be strengthened as an integral part of elderly services

• *In due course, SWD should make reference to the findings of the FHB's commissioned study as appropriate and work with both the healthcare and welfare sectors to ensure that suitable support is available to elderly persons receiving elderly services. FHB's commissioned study will review the healthcare services supporting elderly people with chronic diseases, recommend service models to, among other things, enable elderly to receive care and age in place, and recommend changes including legislation if required and measures to foster a community culture to facilitate the implementation of the recommended EOL care. Reference should also be made to other initiatives by NGOs, in particular, in welfare-healthcare collaboration and development of EOL care models in different service settings.*

Chapter 6

Manpower, Training, Premises and Space

Manpower and training

6.1   The Working Group notes that there has been an overall shortage of manpower in the elderly services sector resulting from lack of new entrants and high staff turnover. Many stakeholders considered the persistent challenge in maintaining a full workforce a hindrance to service quality enhancement and service expansion in the sector. Manpower shortage is observed in professional positions such as nurses, occupational therapists (OTs), physiotherapists (PTs); as well as frontline care staff such as care workers (i.e. personal carer workers and home helpers).

6.2   The Working Group notes that the Government is conducting a strategic review on the supply of professional staff such as nurses, PTs and OTs. A number of cross-sectoral measures have also been introduced to ease the manpower shortage problems of these staff. While the measure may help increase the overall supply of professional workers, the elderly service sector would still have to compete with other service sectors (such as hospitals and clinics) for the same type of staff. Measures such as improving the opportunities for career advancement and enhancement of job variety through redesigning of job duties are proposed to help improve job attractiveness and employee retention. To address the shortage of care workers, the Working Group proposes various measures to enhance the employment and working environment of care worker jobs. The use of technology and electro-mechanical devices is also considered by the Working Group as worth exploring to facilitate a more effective and efficient service delivery. Besides, the Working Group proposes that more efforts should be put into promoting the image of the industry.

6.3   Apart from developing the formal workforce, the Working Group recognises the significant role played by informal support network such as neighbours and volunteers in helping the older persons to live in the community. The Working Group proposes enhancement of training for neighbours and volunteers to strengthen the care network of the elderly in the community.

6.4   The following recommendations are made:

Recommendation 12 – A more sustainable workforce should be built up to meet the increasing demand and higher expectations for elderly services

> ***Recommendation 12a – Measures to improve recruitment, retention, working condition, and career development of staff in elderly service should be explored.***
>
> - *Having regard to the challenges in recruitment and retention of LTC workers, a multi-pronged approach should be adopted to address the problem.*
>
> - *Measures to improve the employment conditions, as well as the work conditions of care worker should be explored. Possible directions to consider include enriching the jobs of care workers at various levels, so as to enhance their job*

satisfaction and to advance their skill set. Good practices in the sector should also be promoted and the design of residential homes should be made more homelike.

- *Expanding the career path of for workers in the elderly service sector. The Qualification Framework (QF) and Specification of Competency Standards (SCS) should be recognised by the elderly service sector to facilitate the building up of career ladder of care industry workers at various levels.*

- *The possibility of better use of technology and electro-mechanical equipment to promote occupational safety and health and thereby reduce wear and tear and risk of injuries among care staff should be explored. In considering the use of technology, due regard should be given to factors such as the need for reengineering of work process, funding, user-friendliness, etc. It is hoped that through better use of technology and equipment, the effectiveness of service delivery can be improved.*

- *Promotional work on the positive image of the industry should be enhanced, e.g. available public resources should be fully utilised to promote a positive image of the industry, strengthen training, and to attract new entrants to join the industry. Consideration may also be given to setting up an elderly service industry academy or designating an organisation to spearhead the promotion of a positive image of the care industry and facilitate the training of care staff and FDHs.*

- *The Government should explore ways to attract part-time workers to serve and to be trained as care workers in RCS and CCS.*

- *Another possible direction that should be explored is more flexible importation of labour for care worker staff at least as a transitional/interim measure to increase the overall manpower supply.*

Recommendation 12b – The structure of professional staff should be fine-tuned to enable more flexible staff deployment and maximisation of staff input.

- *The possibility of setting up district-based teams of professionals (in particular OTs and PTs) to serve multiple service units within the district should be explored.*

Recommendation 12c – Recruitment and training of informal care providers should be strengthened.

- *Other sources of informal care providers, e.g. neighbours, volunteers, etc. should be explored to serve as "elder-sitters" for providing non-personal care services e.g. escort, cleaning etc. to elderly persons in the community, provided that insurance, protection, training, monitoring, support etc. are in place. (See also recommendation 5e)*

- *In view of the potential role of FDHs as the key carer of the elderly persons, measures should be taken to enable them to receive the relevant training. The*

feasibility of providing subsidies to families with limited financial capability for hiring FDHs to provide care support to their frail elderly persons at home may also be explored. (See also recommendation 6)

Recommendation 12d – There should be ongoing monitoring and evaluation of the manpower measures.

- *Effectiveness of the above measures should be monitored and data should be collected to facilitate future manpower planning.*

Premises and space

6.5   The Working Group notes that even after taking into account the various measures to facilitate ageing in place and postponing the need for LTC service, the projected increase in demand for subsidised LTC services is still quite drastic, from around 60 000 places in 2016 to some 108 000 places in 2064, with a peak service demand of around 125 000 places in around 2051 (i.e. double of the current demand) (See Appendix II for a detailed explanation of the projection).

6.6   Comparing the projected demand with the expected supply in subsidised services (i.e. the total of the existing supply of subsidised services plus the number of subsidised places to be provided by planned projects), it is estimated that the shortfall for subsidised RCS and CCS will be 14 000 and 18 000 respectively in 2026.

6.7   The Working Group notes that whilst a multi-pronged approach is being adopted in the provisioning of subsidised LTC services, the development process of public elderly facilities takes considerable time. Forward planning is critical in reserving sites and premises to meet the projected demand for subsidised LTC services. It is recommended that population-based planning ratios for various elderly services be re-instated in the Hong Kong Planning Standards and Guidelines (HKPSG). The target is to increase the supply for both subsidised CCS and RCS, as well as rebalance the provision and usage of subsidised CCS and RCS by gradually increasing the proportion of LTC needs met by CCS.

6.8   Based on the service demand projections, the Working Group has come up with the indicative planning ratios for the year 2026 of 21.4 subsidised RCS places and 14.8 subsidised CCS places for every 1 000 elderly persons aged 65 or above. It is worth stressing that with the trend of rapid population ageing, the changing age composition and demographics of the elderly population, as well as the strategic direction of rebalancing subsidised CCS and RCS, the pattern of demand for different types of subsidised LTC services is expected to change continuously. The Working Group therefore puts forth a set of planning ratios for 2026[8] in the recommendation, and suggests that this set of ratios should be reviewed and updated from time to time to adapt to changes in circumstances.

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[8] It is noted that land reserved for elderly service today would normally require 10 years for development. The Working Group therefore adopts 2026 as the planning horizon for the suggested indicative planning ratios.

6.9   As explained in Chapter 5, the SWD is currently updating the assessment tool of SCNAMES. It is expected that the updating will enable a more detailed and accurate service matching mechanism that can better determine the care needs of an elderly person (CCS or RCS) and reduce the number of "dual-option" cases. Along with the proposed strengthening of subsidised CCS and other related measures (e.g. respite, carer support, transitional care), the existing over-reliance on RCS is expected to be improved. This anticipated improvement has been factored in the demand projections and results in a shift of the CCS:RCS ratio from the current 1:3 to a projected figure of around 1:1 in the long-run. However, the shift in the CCS:RCS ratio involve changes to service usage preferences of elderly persons and their carers, and this change is expected to take place gradually and only reach its full effect in 2031. In other words, the indicative planning ratios for 2026 only reflect part of the effect of the shift from RCS to CCS. Accordingly, the CCS:RCS ratio for the indicative planning ratios is 2:3. The Working Group also notes that the indicative planning ratios will need to be further examined by relevant government departments before prescribing them in the HKPSG.

6.10   The Working Group also recommends reinstating planning standards for DECCs and NECs. For DECCs and NECs, the considerations for service planning are slightly different. The key elements of service provision are the accessibility of such service units to the elderly living in the community, and having a centre with sufficient facilities that can handle the increased service needs. Furthermore, in most urban areas, the coverage of existing DECCs and NECs with reasonable accessibility to the elderly living in the community is already quite extensive. Given the rapidly ageing population and the growing importance of health promotion and community support services provided by DECCs and NECs, the Working Group recommends that the planning standards for DECCs and NECs should set out the broad principles on the provision and location of such facilities, instead of providing per-population based ratios. Together with a regular review of the Schedules of Accommodations (SoAs) of DECCs and NECs, the proposed planning standards will help ensure that a similar network of centres is available in new built-up areas in future and all DECCs and NECs, whether new or existing, will have sufficient space and facilities to serve a greater number of elderly persons as the communities they serve continue to age.   In reviewing the SoAs, the Working Group considers that special attention should be given to ensure that NECs will have the needed space and facilities to provide meal services as needed.

6.11   In addition to reinstating planning ratios and regularly reviewing SoAs of elderly facilities, it is suggested that an "estate-based" approach[9] be adopted in the planning for elderly service facilities, whereby substantial residential developments should in general have sites and premises reserved for provision of elderly services (in particular CCS which is even more localised as compared to RCS) and be able to meet

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[9] Reference is also made to a study in 2014 by Prof. R.L.H. Chiu et al entitled "A Comprehensive Study on Housing in an Ageing Community".

the needs of their elderly residents (i.e. "self-containing"). It is recommended that the Government should make reference to the indicative planning ratios and consider adopting the "estate-based" approach in reviewing the section of HKPSG concerning elderly facilities.

6.12   The Working Group also considers that SWD should step-up its effort in identifying sites and premises for provisioning and re-provisioning of elderly facilities in vacant premises of public housing estates, re-development projects etc. by better facilitating its District Offices in joining the service planning process, as well as maintaining a close and regular collaboration with relevant departments "to locate suitable sites for services.

6.13   The following recommendations are made:

Recommendation 13 – Planning ratios and SoA for elderly services should be reviewed to respond to changing needs.

> ***Recommendation 13a – Planning ratios for elderly services should be reinstated into the HKPSG.***
>
> • *The relevant planning ratios for DECCs and NECs, RCS and CCS should be reinstated into the HKPSG and such planning ratios should be reviewed from time to time (say, every 5 years) and where appropriate, adjust the ratios to reflect changing demographic structure of our elderly population.*
>
> • *Based on the service demand projections, a set of indicative planning ratios is suggested. It should, however, be noted that the suggested indicative ratios are calculated for the long term planning purpose having regard to the population and service demand in 2026 and the ratios cannot be applied to today's population for comparison. Besides, these figures may need to be adjusted in view of the uncertainties involved in the projected service demand and supply. Furthermore, it is noted that the inclusion of planning ratios in the HKPSG typically requires scrutiny by relevant government departments and the approval of the Committee on Planning and Land Development and its subcommittee.*
>
>> *RCS (i.e. subsidised care-and-attention (C&A) and nursing home (NH) places)*
>> – *Continuum of Care places: 21.4 beds per 1 000 elderly persons aged 65 or above. This translates into a target total supply of around 46 200 beds in 2026. These beds can be provided through different methods, such as contract/subvented RCHEs, bought place schemes and voucher schemes. The planning ratio should be applied both territory-wide and in individual districts.*

CCS (i.e. subsidised home and centre-based CCS for elderly persons with moderate or severe impairment)

- *CCS places: 14.8 places per 1 000 elderly persons aged 65 or above. This translates into a target total supply of around 32 100 places in 2026[10]. These places can be provided through different methods, such as subsidised DEs, home care services and voucher schemes. The planning ratio should be applied both territory-wide and in individual districts.*

DECC and NEC

- *Where appropriate, there should be one NEC in each new and redeveloped public rental housing (PRH) estate and in private housing areas with a population of 15 000 to 20 000 persons in new residential areas.*
- *There should be one DECC in each new residential area with a population of 170 000.*

Facility	Indicative planning ratio
RCS	*21.4 beds per 1 000 elderly persons aged 65+*
CCS	*14.8 places per 1 000 elderly persons aged 1 000 65+*
DECC	*One in each new residential area with a population of 170 000*
NEC	*One in each new and redeveloped PRH estate and in private housing areas with a population of 15 000 to 20 000 persons in new residential areas.*

Recommendation 13b – The SoA of welfare premises for elderly services, such as NECs/DECCs should be reviewed and improved from time to time to allow operators to have enough facilities and space for use in provisioning and re-provisioning to provide services and to meet the growing demand.

- *Meal services should be considered as an essential part of NEC services and should be taken into consideration in the review of SoA of NEC.*

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[10]The indicative ratio of 14.8 places per 1 000 elderly persons only takes into account the service demand for elderly persons who are assessed to be in the state of moderate or severe level of impairment by SCNAMES. Services of elderly persons with mild impairment, which are mainly supported by the IHCS(OC), is not included in the calculation as it is currently not a type of LTC services and there is a lack of user data for demand projection. The Working Group nonetheless acknowledged the importance of services for elderly persons with mild impairment and recommended conducting further study for demand projection of elderly persons with mild impairments in Recommendation 4a.

It should be noted that FDHs also play a significant role in taking care of community-living elderly persons. There were over 350 000 FDHs in Hong Kong and it is estimated that among elderly persons who had caregivers to assist in their daily living, 25.6% had domestic helpers/nurses as their major caregiver. Reference: Census and Statistics Department (2009). Socio-demographic profile, health status and self-care capability of older persons (www.statistics.gov.hk/pub/B11302402009XXXXB0100.pdf).

Recommendation 13c – More detailed service statistics in both the subsidised and non-subsidised sectors should be collected so that the situation of both sectors could be taken into account in future planning reviews and updates.

Recommendation 14 – There should be forward planning in the identification of sites for the provision of premises for accommodating the increasing number of elderly service facilities.

Recommendation 14a – Approach for identification of sites for provision of elderly services should be enhanced.

- *The Government should consider adopting an "estate-based" approach in service provision and site identification.*

Recommendation 14b – SWD should step up its effort in identification of sites and premises for service provision.

- *SWD should be more proactive in identifying potential welfare premise sites to cater for the increasing demand for elderly service sites. In particular, SWD should regularly review with relevant departments to see if there are suitable sites that can be used to meet outstanding needs for welfare premises. Furthermore, SWD's district offices should have a more systematic management of information about facilities needed in their own districts such that they will be in a better position to identify vacant premises suitable to be used as new and re-provisioned service units and additional bases for under-provided service units.*

Chapter 7

Sustainable Elderly Services and Interfacing with Other Services

Strengthening the financial sustainability of elderly services

7.1   While it is the principle of Government's LTC policy that service should be focused on elderly persons who are most in need, LTC services in Hong Kong is currently largely universal provision. For CCS, 96% of the costs of home-based services and 90% of centre-based services are subsidised by the Government. For RCS places, user fee generally accounts for around 10-20% of the service costs. Furthermore, it is estimated that around 80% of those residing in non-subsidised RCS places are on Comprehensive Social Security Assistance, implying an "indirect" subsidy from the government.

7.2   In view of the foreseeable surge in demand for LTC, there is a need for the society to consider the long term financial implications if the current mode of funding that mainly relies on public funds remains unchanged. Even if the pace of LTC demand may be slowed down by an increase in health consciousness of the population, the long-term fiscal challenge still demands prudence in our planning of elderly services and the use of public resources.

7.3   Stakeholders generally agreed that the financing mode of subsidised elderly services should be sustainable in the long-run. In view of the ageing population and increasing demand for subsidised services, some stakeholders considered that the existing financing arrangements for subsidised services should be enhanced, and yet, the "safety net" for elderly persons with limited means should be maintained. The Working Group recommends the following strategies and directions:

7.4   The following recommendation is made:

Recommendation 15 – A more forward looking approach should be adopted in public expenditure on elderly services in responding to the changing socio-economic profile of the elderly population and in promoting a more equitable sharing of financing LTC in the current population and across generations, including:

i.   ***Co-payment for services commensurate with affordability:*** *In view of the changing socio-economic profile of the older population in coming decades, there can be different levels of fees (co-payment) and government subsidy for different user groups. The Government may need to review the fee schedules of various types of service, in particular the LTC services. The evaluation of the Pilot Scheme on CCSV and the findings of the feasibility study on the Pilot Scheme on RCSV should provide more evidence for the planning of service directions in the future.*

ii.   ***Consider exploring measures to facilitate NGOs to provide self-financing services:*** *The Government should consider exploring further measures to facilitate NGOs to provide self-financing services to cater for the needs and*

demands of those elderly persons who can afford higher fees, so that the limited places of subvented services could be allocated to those with more genuine need. The Special Scheme on Privately Owned Sites for Welfare Uses (Special Scheme) which helps NGOs make better use of their land is a good example in this direction. As for the involvement of the private sector, recommendations have been proposed in the section on "public-private partnership".

iii. ***Consider exploring alternative LTC financing options:*** *While the introduction of co-payment for services should be continued or further enhanced in the short run, the Government, in the longer term, may consider re-opening the explorations into various possible ways of financing elderly service, including contributory savings such as LTC insurance for long term planning and preparation. These may provide additional or even alternative modes of financing for different groups of users with varying levels of LTC needs, aspirations, and affordability.*

Collaboration, partnership and interfacing with other sectors

7.5   The Working Group is aware that population ageing touches on a wide array of complex and multi-faceted issues that concerns not only the welfare sector. To actualise the principles and the strategic directions of the ESPP, effective interfacing, partnership and collaboration amongst diverse sectors, organisation and stakeholders must be promoted and facilitated.

7.6   The following recommendation is made:

Recommendation 16 – More effective partnership should be forged among pivotal players in the interface between welfare, healthcare and housing.

- *EC should continue to serve as a platform facilitating coordination among bureaux, departments and authorities at policy-level with regular review on progress.*

- *For the interface between healthcare and welfare services, apart from enhancing the support to discharged elderly patients (vide Recommendation 5b) and continuing the efforts in expanding the coverage of outreaching services, coordination between hospitals and community service operators could be strengthened, in particular in the community and cluster levels.*

- *For the interface between the housing and welfare sectors, consideration should be given to improving the age-friendliness of the community. Possible directions include encouraging private developments to provide more elderly service facilities and incorporation of more barrier free design elements.*

7.7   The Working Group notes the changing socio-demographic characteristics of our ageing population. Elderly persons of the coming years are generally expected to have better health, higher literacy and educational attainment, and more knowledge

and experience with information and communication technologies. They are also more likely to stay longer in the labour force and have better financial capabilities.

7.8   Coupling the overall enhancement in the socio-economic status of the coming generations of elderly persons, it is likely that potential users of elderly services in general and LTC service in particular will have higher expectations on the quality of services and flexibility in choosing services that can better suit their individual needs.

7.9   It is desirable and necessary to develop multiple providers of services from various sectors, to provide a diversity of services ranging from government-subsidised, NGO-run self-financed and private operated ones, to cater for the diverse needs and aspirations of the different segments of the elderly population. This taps on the merit of public-private partnership in providing choices that meet the diverse needs and affordability of the current and future elderly population.

7.10   The following recommendation is made:

Recommendation 17 – The role of the private sector should be recognised and public private partnership should be encouraged.

- *The Government should encourage initiatives in public private partnership, such as making accessible examples of good practices, utilising the potentials of private operators in filling up the service gap. Findings from the review on the Pilot Schemes on CCSV and RCSV should be duly considered and the future development of the voucher system should be explored.*

Utilisation of information and communication technology (ICT)

7.11   The Working Group considers that ICT can be better and further utilised by elderly people, their family caregivers and service providers in various ways – more accessible information for optimising service utilisation, enhancing quality of life for the elderly, and helping service providers in delivering quality services more effectively and efficiently. Furthermore, in the long-term, the Working Group recognises the potentials in collecting and analysing service statistics collected through various data collection systems for planning purposes.

7.12   The following recommendations are made:

Recommendation 18 – Efforts should be made and resources be deployed to further enhance the utilisation of information and ICT by both elderly service users and service providers in promoting quality of life and service quality, effectiveness and efficiency.

> ***Recommendation 18a – An integrated service provider interface with the Long Term Care Services Delivery System (LDS) built on the LDS data base with enhanced SCNAMES functions is to be explored.***
>
> - *The idea to launch a Central Information System for elderly service is not to be pursued for the time being. However, with the updated SCNAMES assessment*

tool and the availability of more detailed "Minimum Data Set - Home Care" information for care planning purposes, a more integrated service provider interface with the LDS system built on the LDS data base with enhanced SCNAMES functions can be further explored.

- *Enhancement of the future LDS should be explored to make better use of the information available and provide more information to users and service providers where appropriate.*

Recommendation 18b – Efforts should be made to enhance elderly persons to effectively use ICT to enhance digital inclusion and enable them to have better health management.

- *Efforts to help elderly to make better use of ICT should be further enhanced and with better collaboration between SWD and the Office of the Government Chief Information Officer (OGCIO) in enhancing digital inclusion. (See also Recommendation 3b)*

Recommendation 18c – Use of ICT should be expanded to enhance the quality of care delivery.

- *Promotion of the participation in the Electronic Health Record Sharing System (eHRSS) by the social welfare sector should be encouraged, e.g. in RCHEs, DECC/NEC depending on their future role in health promotion.*

- *General policy support should continue to be provided to the development of pilot projects in promoting the use of assistive technology, ICT, and telehealth for both elderly users and service providers to enhance the quality of life of elderly and better health management, and to address the problem of manpower shortage.*

- *Consideration may be given to developing a knowledge hub to provide most up-to-date ICT application in elderly services to the front-line workers. Whether such knowledge hub can be extended to users and whether users can subscribe to the information provided through push technology can further be explored.*

Services for ethnic minority (EM) and people with special needs

7.13　Although the EM community constitutes a minority in the Hong Kong population, there is also the emerging trend of aging within the EM community. Thus, elderly services should also cater for the needs of elderly persons of the EM community. There are currently language, culture and other barriers for EM elderly people to access social services.

7.14　There is a need to explore the provision of special services in districts in which these EM people concentrate. Specifically the existing mainstream service delivery system should be enhanced to enable EM elderly people to access needed services.

7.15   Some stakeholders considered that elderly service should be extended to persons with disabilities (PwDs) before reaching the old age, particularly persons with intellectual disabilities, who show symptoms of ageing faster than ordinary elderly people. The Working Group considers that, to a large extent and given their different needs from elderly persons, it is more beneficial for PwDs to receive specialised care and support in the context of rehabilitation services. The Working Group notes from stakeholders that these PwDs and their family members are facing various issues (e.g. long waiting time for services) and expect a strengthening of services available to them. In this connection, the Working Group notes that the Government will start formulating a new Rehabilitation Programme Plan (RPP) after the completion of the ESPP[11]. As it is possible that some of the recommendations of the new RPP may require changes to elderly services, the Working Group recommends that the Government should keep in view the progress of the formulation of the new RPP, and ESPP should take note of the findings of the new RPP when it is updated in future.

7.16   The following recommendations are made:

Recommendation 19 – The interface between mainstream elderly services and existing services for people from minority groups or people with special needs should be strengthened to enable provision of suitable support for service users from different backgrounds

• *The Government may consider providing training and replacement grants to elderly service care workers to serve EMs (e.g. on language, cultural sensitivity) or elderly persons with special needs (e.g. dementia, hearing and speech impairment).*

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[11]2017 Policy Address.

Chapter 8

Implementation

8.1　　The Working Group proposes that the recommendations should be followed up on having regard to their priority. Those that could bring about immediate impacts should be implemented soonest, while recommendations that concern systematic reviews of current practices and service delivery systems that involve more complicated and interlocking systems and multiple stakeholders from various sectors should be implemented in the medium to long term (Appendix III). The Working Group is nevertheless aware that the implementation of certain recommendations might hinge on the progress of other studies and pilot projects being or to be mounted (e.g. the LTC Infrastructure Review) etc.

8.2　　The ESPP lays the foundation and blueprint for improvement and further development of various elderly services.　To keep up with changing social circumstances, it should be reviewed regularly and suitable platforms such as the EC should be involved in conducting such reviews.

Recommendation 20 – The ESPP should encompass goals and objectives that should be kept track of on a regular basis, with adequate stakeholders' participation in the planning, implementation and evaluation at the district level and territory-wide levels

- *The Government should consider the ESPP as a living document and the goals and objectives contained therein should be kept track of regularly and updated suitably.*

- *The SWD's district planning mechanism should be enhanced to facilitate the engagement of stakeholders in the community and the district service coordinating committees, so as to review and monitor the progress of the various aspects of the ESPP in their respective districts.*

Terms of Reference and Membership of
the Working Group on Elderly Services Programme Plan

Terms of Reference

To assist the Elderly Commission in the formulation of the Elderly Services Programme Plan.

Membership

	Name	Background
Chairman:	Prof CHAN Cheung-ming Alfred *(until 31.3.2016)*	Academic
	Dr LAM Ching-choi *(from 20.4.2016)*	Medical and Social Service
Member:	Dr CHAN Hon-wai, Felix *(until 29.7.2016)*	Medical
	Miss CHAN Man-yee, Grace	Social Service
	Mrs CHAN LUI Ling-yee, Lilian	Education and Social Service
	Dr CHEUNG Moon-wah *(until 29.7.2016)*	Housing
	Dr CHONG Ming-lin, Alice *(until 29.7.2016)*	Academic
	Prof FUNG Yuk-kuen, Sylvia *(until 31.3.2015)*	Academic
	Dr LAM Ching-choi *(until 19.4.2016)*	Medical and Social Service
	Dr LOU Wei-qun, Vivian *(from 20.4.2016)*	Academic
	Mr MA Kam-wah, Timothy *(until 29.7.2016)*	Social Service
	Mr SHIE Wai-hung, Henry	Commercial and Social Service
	Dr TSE Man-wah, Doris *(from 30.7.2016)*	Medical
	Mr WONG Fan-foung, Jackson	Commercial

	Mrs WONG WONG Yu-sum, Doris	Social Service
	Mr YAU How-boa, Stephen *(until 29.7.2016)*	Social Service
	Dr YEUNG Ka-ching *(from 30.7.2016)*	Academic
Co-opted Member:	Dr Crystal CHENG Lai-ling	Social Service
	Ms Anita WONG	Social Service
	Ms CHOW Mee-tim	Social Service
	Mr Kenneth CHAN Chi-yuk	Commercial and Social Service
	Mr LEE Pak-ying Richard	Commercial and Social Service

Official Representative:

Secretary for Labour and Welfare or representative

Secretary for Food and Health or representative

Secretary for Transport and Housing / Director of Housing or representative
Director of Social Welfare or representative

Director of Health or representative

Chief Executive, Hospital Authority or representative

Secretary:
Principal Assistant Secretary for Labour and Welfare (Special Duties), Labour and Welfare Bureau

**Projection on Demand for Subsidised Long-term Care Services and
Methodology for Deriving the Indicative Planning Ratios**

Purpose

To provide a long term planning for the provision of elderly services up to 2030, a projection on subsidised LTC services[12] demand was prepared having regard to the population projections up to 2064. Based on the projection results, a set of indicative planning ratios aimed at meeting the projected demand in 2026 is derived and put forward in Recommendation 13a. This appendix elaborates on the methodology for working out the service demand projections and indicative planning ratios.

Estimating the total demand for subsidised LTC services

2.   Service demand projections are made based on the service statistics of SWD and the waitlisting situation for subsidised LTC services on the CWL. Since the care needs of elderly persons vary with age, the projections made are cohort-based using the number of service users plus the number of waitlistees by 5-year age cohorts in the three years of 2012-13, 2013-14 and 2014-15 as the basis for calculation. These figures reflect the behaviour of the persons in "expressing" the demand for service and the objective and subjective factors underlying such demand[13], and thus, can be conceptualised as the "expressed" demand of the elderly[14].

3.   To estimate the total expressed demand for subsidised LTC services, the following formulae are adopted:

Total service demand in a year of projection

= Sum of service demand of all elderly age cohorts in the year of projection, where

Service demand for an age cohort

= Existing demand rate of that cohort × projected population of the cohort in the year of projection

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[12] Covering the four existing LTC services namely subsidised C&A places, subsidised NH places, subsidised home-based CCS and subsidised centre-based CCS

[13] Take RCS as an example, the objective factors may include frailty of the elderly person, availability of carers and other sources of formal and informal support, living conditions and financial means. Subjective factors include the elderly persons' and their family members' psychological reaction to the above 'objective factors', values and preferences. Furthermore, other factors such as the knowledge and accessibility of services, and the waiting time required to obtain service are all variables affecting the projection on service demand.

[14] Due to the volatility of objective and subjective factors leading to elderly persons applying for subsidised LTC services, there is no commonly accepted methodology for estimating the "actual demand". In fact, it is also doubtful if such notion exists in the first place.

4.　　The existing demand rate for each age cohort, which broadly represents the percentage of elderly persons in that cohort in need of subsidised LTC services, is calculated by: (i) taking the sum of the number of elderly persons already receiving subsidised LTC services and the number of CWL waitlistees in that cohort); and then (ii) divide the sum by the total number of elderly persons in that cohort.　Figures of the three years of 2012-13, 2013-14 and 2014-15 are used in deriving the existing demand rates[15].　Some adjustments are also made to take into account factors such as: some elderly persons may reject an offer of subsidised RCS when provided with one (as reflected in existing service statistics), invalid cases, and the existing arrangement of "inactive" cases.

5.　　The following table shows the adjusted demand rates for subsidised CCS and RCS calculated when the projections were prepared:

Age	Adjusted demand rates	
	RCS	CCS
60-64	0.18%	0.02%
65-69	0.55%	0.11%
70-74	1.33%	0.38%
75-79	2.88%	0.58%
80-84	6.20%	1.51%
85-89	12.11%	4.15%
90-94	18.22%	8.55%
95-99	20.98%	12.22%
100+[16]	25.45%	15.65%

6.　　The total service demand calculated using the formulae in paragraph 3 and the adjusted demand rates shown in paragraph 5 are "baseline" figures only.　These "baseline" figures are not forward looking as they are calculated solely based on existing service statistics.

7.　　As noted in Chapter 2, there is currently an imbalance between the usage and provision of subsidised CCS and RCS in Hong Kong.　The Working Group notes that the review of the assessment tool and service matching mechanism of SCNAMES[17], alongside the recommended strengthening of CCS[18] will help improve this situation by reducing the overreliance on RCS.　A number of assumptions have therefore been made to take the above, as well as the expected social and demographic changes to the elderly population (depicted also in Chapter 2) into account.

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[15]　Specifically, a set of demand rates covering all age cohorts is calculated for each of the three years of 2012-13, 2013-14 and 2014-15.　A weighted average is then calculated using the three sets of demand rates for the three reference years concerned.　The weights are 1, 2, and 3, with 3 given to the most recent year of 2014-15.

[16]　Assuming no one survives beyond 110.

[17]　Vide Recommendation 8.

[18]　Vide Recommendations 4, 5 and 6.

8. These assumptions are:

i. The updating of the assessment tool and fine-tuning of the service matching mechanism of SCNAMES and the various measures to strengthen CCS are expected to impact the future assessment results (i.e. elderly persons already receiving services will not be affected). Specifically, in future, the percentage of "dual-option" cases[19] will be minimal, and half of the cases that would have been assessed as "dual-option" under the existing SCNAMES will instead become CCS cases. The other half will become RCS cases. In other words, the adjusted demand rates for subsidised RCS will be reduced, while the adjusted demand rates for subsidised CCS will correspondingly increase.

ii. It will take around 15 years for the assumption on (i) above to fully take effect, as the new service matching mechanism will only apply to new cases and it takes time for all cases in the system to become the "post-SCNAMES-review" cases.

iii. It is estimated that half of the increase in life expectancy of elderly persons are due to improved physical health and thus will translate into a delay in the starting age for requiring LTC services.

iv. The demand rates for LTC services for each age cohort of elderly will decrease by 1% each year[20] due to changes in social demographic factors, e.g. improved

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[19] "Dual-option" cases are those where the elderly person is assessed to have care needs that can either be met by CCS or RCS. As noted in Chapter 2, "dual-option" cases make up the majority of the assessment results. While elderly persons assessed as "dual-option" cases can have the care needed fully met via CCS, these elderly persons are allowed to opt for subsidised RCS as well. In fact, most of the "dual-option" cases will end up choosing only RCS, or choosing to apply for both RCS and CCS at same time.

Given that the updated assessment tool and service matching mechanism should be able to make a clear demarcation on the necessity for RCS, it is expected that those assessed as "dual-option" cases under the existing arrangements would become "CCS only" cases or "RCS only" cases.

While it may be the case that the status of "dual-option" will no longer be used under the new arrangements or will be reserved for only a small percentage of borderline cases, it does not mean that elderly persons will not be allowed the choice to remain in the community if they are assessed to be "RCS only". In fact, it is expected that even with the new assessment tool and service matching mechanism, "RCS only" cases will still be allowed to apply for CCS either as the only selected service option or as an interim support measure while the elderly is on the waiting list. This is in line with the overall direction of "ageing in place".

[20] In other words, the percentage of elderly persons from each age cohort in need of LTC services will drop by 1% each year. For instance, the table under paragraph 5 above shows that some 7.71% of elderly persons from the age cohort of 80-84 are forecasted to be in need of LTC services (CCS and RCS included) in the base years and after adjustments. The rate slightly decreases to around 7.63% (99% of 7.71%) in the first year of projection.
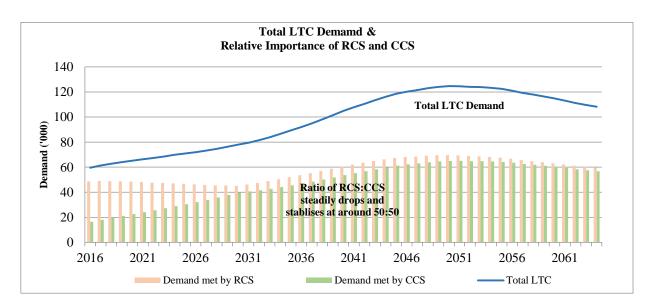
It should however be stressed that even with improved health and socio-economic status of the elderly, the total demand for LTC services in terms of number of service places needed will still be higher in the future as compared to the present. This is because the total number of elderly persons and their average age are expected to increase.

health of the elderly, enhanced measures in health promotion, better social-economic status of future generations of elderly[21].

Key results of the projections

9. The results of the projection show a drastic increase of total LTC demand from around 60 000 in 2016 to some 108 000 in 2064, with a peak service demand of around 125 000 places in around 2051 (i.e. double of the current demand).

10. Based on the above assumptions, the following are the key results of the projected service demand:

	Total Demand ('000)										
	2016	**2021**	**2026**	**2031**	**2036**	**2041**	**2046**	**2051**	**2056**	**2061**	**2064**
CCS	16	24	32	41	47	55	62	65	63	59	57
RCS	49	48	46	46	54	62	68	69	67	62	60
Total LTC[22]	60	66	72	80	92	108	120	125	121	113	108
CCS:RCS ratio	1:3.1	1:2	1:1.4	1:1.1							

11. The projection also reflects a gradual shift in the CCS:RCS ratio from around 1:3 in 2016 to 2:3 in 2026. The increasing share of CCS in provision of subsidised LTC services is expected to continue until it becomes stabilised at around 1:1 in 2031.

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[21] Literature on associations between socio-economic status and health of the elderly suggests that elderly persons with higher education level and better financial means are more likely to have higher "health self-managemet consciousness", which helps them plan, control and regulate health promoting behaviour. References: Chen et al (2014). The correlation between socio-economic status and health self-management in the elderly. *International Journal of Nursing Sciences*, 1(4), p.410-415; Feinstein et al (2006). What are the effects of education on health?, *Measuring the effects of education on health and civic engagement: proceedings of the Copenhagen Symposium.*

[22] The total demand is not equal to the sum of CCS and RCS demand. The reason is that "active" cases that are simultaneously waiting for CCS and RCS, or "active" cases that are waitlisted for RCS while using subsidised CCS are counted in both the CCS and RCS demand projections.

Methodology for Deriving the Indicative Planning Ratios

HKPSG and existing planning standards

12. The HKPSG provides criteria for determining the scale, location and site requirements of various land uses and facilities. Similar to other community facilities, the HKPSG have sections on the planning for elderly facilities including Social Centres for the Elderly[23], DECCs, NECs, DEs/DCUs and RCHEs. It is noted that while population-based planning ratios for elderly facilities were provided in the past, though the practice was stopped subsequently. At present, for DECCs, NECs and DEs/DCUs, the HKPSG states that the planning for these facilities should take into account various factors such as the size of the elderly population, demographic characteristics, geographical factors, existing service provision and service demand. In the case of RCHEs, it is stated that the supply of subsidised RCHEs should take into account factors such as demand, resources and the availability of premises.

Expected shortfall of subsidised LTC places

13. As illustrated by the demand projections, the supply of subsidised LTC services will have to increase significantly in order to meet the increasing demand resulting from the ageing population. The increase in service supply will also need to be supported by a corresponding increase in supply of sites and premises that are suitable for service provision. The following table presents the number of existing and planned provision of subsidised LTC places as of June 2016.

	Subsidised RCS [Note 1]	Subsidised CCS [Note 1]
Existing places	26 553	11 404
Planned provision (through new subsidised RCHEs and DEs)	1 265[Note 2]	758[Note 3]
Special Scheme	4 175 [Note 4]	2 009 [Note 5]
Total existing and planned supply [Note 6]	**31 993**	**14 171**

Note 1: The Pilot Residential Care Services Scheme in Guangdong, the Pilot Scheme on CCSV and the proposed Pilot Scheme on RCSV are not included as these schemes are pilot programmes in nature.

Note 2: This includes 6 RCHEs that are expected to come into operation before 2018-19, and 13 projects that have suitable location or premises reserved. Based on preliminary estimates as of June 2016, 8 of these 13 projects are expected to come into operation by around 2023-24 while the remaining 5 projects have yet to have concrete completion dates.

Note 3: This includes 2 projects that are expected to come into operation before 2018-19, and 11 projects that have suitable location or premises reserved. Based on preliminary estimates as of June 2016, 8 of these 11 projects are expected to come into operation by around 2023-24 while the 3 remaining projects have yet to have concrete completion dates. The above information concerns centre-based CCS (i.e. DE/DCUs) only since information on new home-based CCS places (i.e. EHCCS/IHCS(FC)) is not available. A possible reason for this is that under the existing arrangements, the planning horizon for new home-based CCS places is much
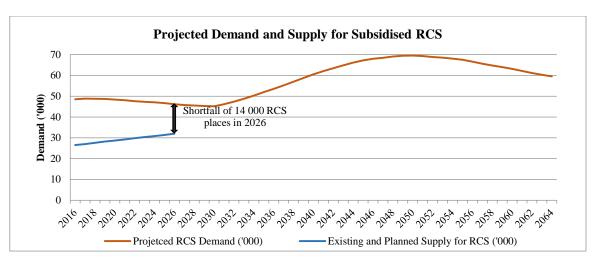
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23 The Government has since 2014-15 provided additional recurrent funding to upgrade SEs to NECs. The HKPSG also reflects the intention to upgrading SEs to NECs and hence simply states that "there will not be any new provision of SEs".
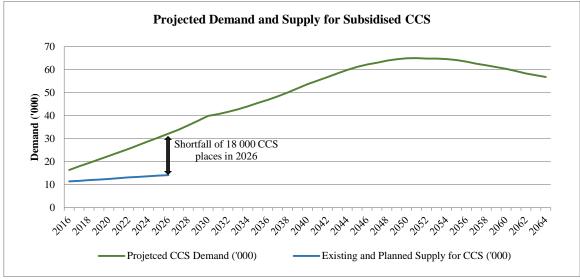
shorter as new services mainly require additional financial resources (for covering staff and operating costs), and premises and space is less of a limiting factor.

Note 4: As mentioned above, based on the proposals submitted by NGOs, the Special Scheme is expected to provide some 7 000 additional RCS places which will comprise subvented places and self-financing places. It is observed that for new subsidised RCHEs completed in recent years, 60% of the places are provided as subsidised places while 40% are self-financing places. It is assumed that the same 60:40 ratio will be applied to the new RCS places under the Special Scheme as well.

Note 5: Unlike subsidised RCS, there is no existing practice of applying the 60:40 (or any other ratios) to new centre-based CCS places. The 2 009 figure tabulated above therefore represents the number of new places to be provided under the Special Scheme based on proposals submitted by NGOs.

Note 6: For some of the new subsidised RCHE/DE projects, there is currently no concrete completion date (see Notes 2 and 3 above). The same also applies to some of the Special Scheme projects. That said, it is observed based on past experience, the development of a new elderly facility often take around 10 years (though in many cases, the time needed can be much shorter) from site identification to actual service provision. It is therefore assumed that the total existing and planned supply shown in the table above may be available in around 2026, barring any slippage in the developments.

14. Taking into account the new places to be provided through the construction of new subsidised RCHEs and DEs and the Special Scheme, the supply of subsidised RCS and CCS places are expected to increase to around 32 000 and 14 200 respectively by 2026 the earliest, barring any slippage in the development. The supply will still fall short of the projected RCS and CCS demand for 2026 of 46 000 and 32 000 places respectively, and the shortfall is 14 000 for RCS and 18 000 for CCS. In other words, there will be a need to identify and reserve even more sites and premises[24]. The following charts compare the projected demand for subsidised RCS and CCS with the existing and planned provision tabulated above.

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[24] Meeting the projected RCS and CCS shortfall in subsidised places would entail additional land requirement brought about by the construction of additional contract homes and day care centres/units. It should also be noted that under the existing practice, non-subsidised places are also provided by contract homes and will therefore add to the land requirement. On the other hand part of the land requirement may be offset by initiatives which capitalise on capacities available in the non-subsidised sector, such as the Enhanced Bought Place Scheme and the two pilot schemes on CCSV and RCSV. While further development of the voucher model will and should be considered subject to evaluation of the pilot schemes, it is noted that both pilot schemes are still in the early stage and therefore the discussion on premises and space assumes that most subsidised LTC places will continue to be provided through "traditional" means in the foreseeable future.

As regards non-subsidised places provided by private homes, the Working Group notes that there are currently insufficient service statistics to assess how many of these persons could reach the threshold of receiving subsidised LTC service since the residents are not required to undergo SWD's SCNAMES, and hence its impact on the demand for subsidised service is unclear at present. The Working Group has therefore recommended in Recommendation 13c that more detailed service statistics in both subsidised and non-subsidised sectors should be collected so that the situation of both sectors could be taken into account in future planning reviews and updates.

Projected Demand and Supply for Subsidised RCS

Shortfall of 14 000 RCS places in 2026

Projected RCS Demand ('000) — Existing and Planned Supply for RCS ('000)

Projected Demand and Supply for Subsidised CCS

Shortfall of 18 000 CCS places in 2026

Projected CCS Demand ('000) — Existing and Planned Supply for CCS ('000)

Note: As mentioned in Note 6 to the table in paragraph 13, there are uncertainties on the completion dates for some of the new subsidised RCHEs and DEs being planned by SWD, as well as some of the projects proposed by NGOs under the Special Scheme. In preparing the projected service supply, the following assumptions were made:

(i)   for projects with available completion dates, the new places to be provided are included in the corresponding year;

(ii)   for new RCHEs and DEs being planned by SWD but without concrete completion dates, it is assumed that half of the new places involved will come into service in 2024-25 and the other half in 2025-2026. The reason behind this assumption is that the projects with known completion date are expected to be ready before the end of 2023-24, implying that projects without known completion dates will likely come into operation later than 2023-24; and

(iii) for Special Scheme projects, it is assumed that the new subsidised places will come into operation evenly in the ten years for 2016-17 to 2025-26.

15.   While the above charts may shed some light on the magnitude of the challenges ahead, they should be interpreted with caution.   Firstly, there are uncertainties and limitations to the projected demand and supply figures. On the demand side, the projections can be affected by changes in the socio-economic conditions of the future generations of elderly persons, the Government's effort in health promotion, etc. These factors have been discussed in the section on demand projections. On the supply side, the projected supply represents only the position as

of June 2016 and the Government will continue to identify more suitable sites and premises for service provision. The projected supply also assumes that around 40% of the new RCS places to be provided by the new subsidised RCHEs and Special Scheme projects will be self-financing and not be used directly to meet the projected LTC demand (see Notes 4 and 5 to the table in paragraph 13). Also, as the Government is expected to continue to provide subsidised LTC service through a multi-pronged approach, which includes purchasing places under the EBPS and the Nursing Home Place Purchase Scheme, and the pilot voucher schemes for CCS and RCS, construction of new subsidised RCHEs and DEs should not be taken as the only method to meet the supply shortfall.

Need for reinstating population-based planning ratios

16.   The development process of elderly facilities takes time. On average, the process can take as long as around 10 years. To allow early identification and reservation of sites and premises for elderly services, the best approach is to include population-based planning ratios on elderly facilities in the HKPSG. This will allow the Planning Department (PlanD), Housing Department and Urban Renewal Authority to be able to include a suitable number of sites and premises to provide the required number of facilities in the earliest stage of planning in development or redevelopment, especially given the many competing uses that Government, Institution or Community (G/IC) sites have[25].

Overall approach for developing planning ratios

17.   For elderly services, the use of planning ratios is based on the idea that by reserving a sufficient number of suitable sites today, there will be a sufficient number of service places once the sites are developed into elderly facilities. Based on past experience, the development of a new elderly facility can take as much as around 10 years (though in many cases, the time needed can be much shorter) from site identification to actual service provision. Therefore, the planning ratio applied by SWD and PlanD today should aim at reserving sites that can meet the service demand 10 years later. For example, if we adopt the current year (i.e. 2016) as the base year, the planning ratio should be based on the projected service demand for 2026. If a shorter planning horizon (say 5 years) is adopted, there may not be sufficient time for the reserved sites to be developed; if a longer planning horizon (say 15 or 20 years) is adopted, there is a risk that the projected demand may not be sufficiently accurate for actual site reservation since the accuracy of long-term projections are vulnerable to socio-economic changes. In view of the above, a 10-year planning horizon appears to be a suitable choice for deriving the planning ratios.

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[25]   G/IC sites have a wide range of uses. They are used for facilities such as basic Government services, hospitals and public clinics, schools, community halls, libraries, and basically all types of welfare facilities. Many of these facilities have population-based planning ratios in the HKPSG.

18. When a population based planning ratio is applied for site reservation, relevant departments will multiply the ratio with the "planned population" figure of the district/community concerned to determine how many service places that particular district/community needs. The current "planned population" adopts the population projection for the year of 2031[26]. To ensure that the number of sites reserved will be able to cater for the projected service needs and assuming 2016 is adopted as the base year, the planning ratios can be calculated as follows:

Calculation of the planning ratio:
  i. The projected demand for subsidised LTC places is 46 000 for RCS and 32 000 for CCS.
  ii. Formula: $\dfrac{projected\ demand\ in\ 2026}{projected\ elderly\ population\ in\ 2031}$
  iii. The figures derived from the above formula are:
  RCS: 21.4 beds per 1 000 elderly persons aged 65 or above
  CCS: 14.8 service places per per 1 000 elderly persons aged 65 or above

Key considerations in the formula:

  i. Figure in 2026 is used as the nominator since it is expected that sites reserved in 2016 needs around 10 years to prepare and services can be provided in 2026.
  ii. Figure in 2031 is used as the denominator since this is 2031 figures are currently used as references in sites reservation
  iii. The actual sites reservation in service provision is:
  $\dfrac{projected\ demand\ in\ 2026}{\sout{projected\ elderly\ population\ in\ 2031}} \times \sout{projected\ elderly\ population\ in\ 2031}$
  = projected service needs in 2026
  iv. The planning ratio after 2026 will be reviewed regularly to reflect the increased in demand
  v. The above formula does not apply to the current scenario (such as multiplying by the current elderly population)

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19. The calculations shown above apply only to subsidised LTC services. For DECCs and NECs, the considerations for service planning are slightly different. The key elements of service provision are the accessibility of such service units to the elderly living in the community, and having a centre with sufficient facilities that can handle the increased service needs. Adopting planning ratios per elderly population for these service units may result in establishing service units that are very close to each other, possibly with overlapping catchment areas.

20. Furthermore, in most urban areas, the coverage of existing DECCs and NECs with reasonable accessibility to the elderly living in the community is already quite extensive. That said, given the rapidly ageing population and the growing importance of health promotion and community support services provided by DECCs and NECs in reducing the LTC need of elderly persons, it is still advisable to lay down some broad principles on the provision and location of DECCs and NECs in the HKPSG to ensure that a similar network of DECCs and NECs are available in other areas such as new

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[26] The year of 2031 is known as the "design year" for the "planned population" figures. The "design year" is updated from time to time.

towns, new and redeveloped PRH estates. Another factor that needs to be considered in the reservation of sites and premises for DECCs and NECs is the SoA.

21. Given the considerations in paragraphs 19 and 20 above, the Working Group recommends the following for the planning of DECCs and NECs:

i. To ensure that new towns and redeveloped areas will continue to have an extensive network of DECCs and NECs, the following planning standards are proposed:

   DECC
   There should be one DECC in each new residential area with a population of 170 000.

   NEC
   Where appropriate, there should be one NEC in each new and redeveloped PRH estate and in private housing areas that are located in new residential areas and have a population of 15 000 to 20 000 persons.

ii. For areas already served by existing networks of DECCs and NECs, the SoAs of welfare premises for elderly services (in particular DECCS and NECs) should be reviewed and improved from time to time to allow operators to have enough facilities and space for use in provisioning and re-provisioning to provide services and to meet the growing demand.

List of Short, Medium to Long Term Recommendations

Recommendation	Short-term	Medium-to-long term
Recommendation 1 – Public education should be strengthened to promote positive image of elderly persons, enhance their status and role in society, and foster positive inter-generational relations. • *Specifically, consideration should be given to arranging more inter-generational programmes in schools, youth organisations, business sector, etc. Topics on elements of ageing and inter-generational interaction should also be included in primary and secondary school learning activities where appropriate. There should also be public awareness programmes/campaigns to eliminate misunderstanding and stereotypes about elderly persons.*	✓	
Recommendation 2 – Service coverage should be based on age-related needs of the users and take into account the purposes of and resource implications on different types of services. • *Specifically, different age requirements should be respectively set for active ageing programmes, community support services and LTC services directly provided to elderly persons. There should also be flexibility in age criteria to take into account the individual circumstances of the elderly.* • *It is proposed that for active ageing programmes, community support services (i.e. DECCs and NECs), and other initiatives promoting healthy lifestyle, the age requirement for elderly persons should be 60 but with flexibility to include those aged 55-59. For LTC services (i.e. CCS including DE/DCUs, IHCS, EHCCS and RCS) provided directly to elderly persons, the age requirement should be 65 and above, with flexibility allowed for those aged between 60 and 64, subject to a confirmed care need.*	✓ ✓	
Recommendation 3 – Efforts should be made to promote active ageing and healthy ageing and development of age-friendly environment.		

Recommendation	Short-term	Medium-to-long term
Recommendation 3a – Promotion of healthy lifestyle should be of paramount importance in improving the quality of life of elderly persons and reducing the risk of age-related diseases. • *Specifically, DECCs and NECs should enhance their role in the promotion of active and healthy ageing, and the development of an age-friendly city.*	✓	
• *With the changes in functions of DECCs and NECs in the past and the enhancement proposed in ESPP, consideration may be given to reviewing the roles and functions of DECCs and NECs in due course.*		✓
Recommendation 3b – Opportunities should be provided to encourage elderly persons to live to their full potential, promote active lifestyle and to encourage empowerment. • *More support should be provided to elderly persons to participate in continuous learning and promoting other learning activities, such as by relaxing the age limit for the Continuing Education Fund and exploring means to help elderly persons with limited financial means to have internet access at their homes.(See also Recommendation 18b)*	✓	
• *A self-programming group model could be adopted to promote more self-directed learning in empowering the elderly persons to initiate, organise and manage their own learning or volunteer programmes by providing necessary support, funding and facilities.*	✓	
• *The model of social enterprises should be encouraged as one of the possible strategies of engaging elderly persons in working for gainful employment. Optional or flexible retirement mechanisms (e.g. part-time work for elderly or employment with flexible working hours) as practiced in some developed economies should also be considered to allow more choices for older employees.*	✓	
Recommendation 3c – Efforts should be made to promote retirement planning to better prepare retirees to plan for their post-retirement life. • *DECCs and NECs should aim at including more retirement planning programmes as part of their developmental activities for those who are preparing to retire.*	✓	
Recommendation 4 – CCS should be strengthened to ensure that elderly persons are able to stay in the community for as long as possible and unnecessary institutionalisation is avoided. Specifically:		

Recommendation	Short-term	Medium-to-long term
Recommendation 4a – For prevention of health deterioration, provision of suitable services to elderly persons with mild impairment should be strengthened, such as through enhancing the IHCS(OC) to focus on these elderly persons.		
• *There may be a need to explore improvement in providing services to elderly persons with frailty not reaching the moderate to severe level (i.e. the threshold for LTC services).*	✓	
• *A simplified version of the standardised need assessment tool should be developed to identify the mildly frail elderly to be given higher priority in receiving services under IHCS(OC).*	✓	
• *Further study to project demand for care services for mild impairment should be explored, with reference to data gathered from the use of the simplified standard need assessment tool.*		✓
Recommendation 4b – The catchment areas of IHCS(FC) and EHCCS should be reviewed to increase efficiency while maintaining a degree of choices for users. The funding modes of IHCS and EHCCS should also be reviewed, having regard to the effectiveness of different existing service modes.	✓	
Recommendation 4c – Further efforts are required to create a comprehensive quality assurance system so as to guide future efforts of the government, and service providers toward effective quality monitoring and continuous service improvement.		
• *The SWD should keep in view the results of the SCNAMES assessment tool review under the LTC Infrastructure Review and take into consideration the relevant recommendations on quality assurance of CCS and RCS. (See also recommendations 7 and 8)*		✓
Recommendation 5 – Respite and emergency placement services should be enhanced. ***Recommendation 5a – Designated respite places and casual vacancies should be fully utilised to strengthen the support to carers. Improvement should be made to facilitate timely access to service.***		

Recommendation	Short-term	Medium-to-long term
• *Respite services should continue to focus on providing short-term relief to carers, and ways to facilitate and encourage the use of such services should be explored. Specifically, SWD should consider developing a district-based pre-registration system for potential service users of respite service to streamline the admission procedure. For example, as a start, the pre-registration system may be made available for elderly persons who are on CWL or currently using CCS. It is noted that Phase 2 of the Pilot Scheme on CCSV has been expanded to cover residential respite services. The experience gained in the pilot scheme would also be a useful reference for the further development of respite service.*	✓	
• *The SWD should explore the possibility of setting up a real-time vacancy enquiry system for designated residential respite service.*	✓	
Recommendation 5b – Transitional care support to elderly persons discharged from hospitals should be enhanced to assist them to stay in the community and prevent premature institutionalisation.		
• *Transitional care services should aim at providing the necessary rehabilitation and suitable care services (CCS and temporary RCS) to discharged elderly patients. The service should be extended to cover elderly persons who are discharged from hospitals and have a transient need for more intensive care but may not have high hospital re-admission risks. The accessibility of medical social service in hospitals should be promoted and taken into account in developing the transitional care support service to ensure that the to-be-discharged patients will be able to access the necessary information.*	✓	
Recommendation 5c – Emergency placement services should continue to target on elderly persons with urgent care needs and under unforeseen or crisis situation, such as those with immediate care needs due to social reasons.		
• *With transitional care needs met by an enhanced discharge service programme, emergency placement services should focus on other cases with urgent care needs.*	✓	
Recommendation 5d – Further study on the demand for respite, transitional care and emergency placement services should be considered. Moreover, the possibility of better using non-subsidised places to provide such services should be explored.		

Recommendation	Short-term	Medium-to-long term
• As there is currently no comprehensive statistics on the demand for respite, transitional care and emergency placement services, consideration should be given to studying their potential demand as a first step. For respite and emergency placement services, both would take up subsidised places. In view of the long waiting list for subsidised RCS, the use of non-subsidised RCS places for provision of subsidised respite, transitional and emergency placement services should be explored subject to the findings of the study on service demand. Possible sources of such non-subsidised places would be existing non-subsidised places in EBPS, contract homes, self-financing homes and subvented homes. Since respite and emergency placement services are in principle provided on a temporary basis, necessary follow-up arrangements (e.g. devising a care plan before discharge from respite or emergency placement) and support may need to be given to the elderly and family members, possibly with some form of case management service. Since there could be many interfacing issues that need to be resolved, consideration could be given to implementing a pilot project as a first step.		✓
Recommendation 5e – Day respite that integrates formal and informal system of care at neighbourhood level should be strengthened.		
• Collaboration between agencies providing home care and informal care network (e.g. volunteers and neighbours) should be strengthened in developing day respite at neighbourhood level. Support should be provided to mobilise neighbours to assist in providing temporary attendance or household chores to elderly persons in need while family carers can be relieved temporarily (e.g. exploring the development of the "elder-sitting service" by informal support network). (See also recommendation 12c)		✓
Recommendation 6 – Services to support family carers should be enhanced.		
• Services to support carers in assisting the elderly persons to remain in the community should be strengthened, with greater flexibility, variety and choices to meet specific needs. For instance, further expansion of services to cover odd hours and holidays should be explored.	✓	
• The adequacy of home-based training to family carers should be examined and ways should be explored to strengthen these services where necessary. Measure should also be explored to provide specific carer training to FDHs to enhance their capability in taking up their carer role. (See also recommendation 12c)	✓	

Recommendation	Short-term	Medium-to-long term
Recommendation 7 – Measures to ensure the quality of RCS should be strengthened. • *Specifically, existing service quality assurance measures should be continued and strengthened where possible. For example, the current model of Service Quality Groups should be expanded to cover the whole territory, and the names of RCHEs participating should be made available to the public.* • *In addition to measures to alleviate the manpower shortage, suitable measures to assist operators in meeting higher service standard should also be implemented, including incentives for RCHEs to join independent service quality accreditation scheme to enhance their service quality.* • *SWD should keep in view the SCNAMES assessment tool review under the LTC Infrastructure Review and the expected deliverable should be taken into account in the development of a comprehensive quality assurance system covered in Recommendation 4c.* ***Recommendation 7a – The RCHE Ordinance (Cap 459) should be reviewed as soon as possible.***	✓ ✓ ✓	 ✓
Recommendation 8 – Improvements should be made to SCNAMES assessment tool and the service matching mechanism. • *Specifically, improvements should be made to better demarcate the needs for CCS and RCS, as well as care needs arising from cognitive impairment when updating the assessment tools.* • *After updating the assessment tool, SWD should review the LTC service matching mechanism to ensure priority be given to those most in need.* • *To provide "peace of mind" to subsidised RCS applicants and thereby reduce premature institutionalisation, consideration should be given to extending the scope of "inactive" cases so that elderly persons not applying for or using subsidised CCS may also choose to become "inactive".*	✓ ✓ ✓	
Recommendation 9 – Efforts should be made to explore developing a case management model. • Based on the experience of the various pilot projects (e.g. Pilot Scheme on CCSV, Pilot Scheme on Carer Allowance, and Pilot Scheme on RCSV) that have elements of case management, a coherent model of case management service should be developed at the		✓

Recommendation	Short-term	Medium-to-long term
conclusion of these pilot projects. In developing a case management model, components that may consider include: specifications on the roles and functions of case management (e.g. assessing, planning, facilitating and advocating in making choice for service), and ensuring a collaborative process and effective communication between the case management office/team/individual, service users (and his/her family carers), and service workers.		

Recommendation 10 – Services for elderly persons with dementia should be strengthened. The issue of dementia should be considered as an integral part in the whole spectrum of elderly services and a multidisciplinary approach should be adopted.
 	
• *Closer collaboration should be encouraged between the healthcare system and the welfare sector in the provision of services for dementia. SWD should make reference to the findings and recommendations of the Expert Group on Dementia under the Review Committee on*
• *Mental Health in devising the future development of services for elderly persons with dementia. Due consideration should be given to aspects such as public education, carer training, staff training, etc.*
• *Some directions that could be considered include:*
  i. *enhancing workers' knowledge and skills in early detection of dementia (including mild cognitive impairment cases) at elderly centres at neighbourhood level (i.e. NECs) and in making timely referral to appropriate services;*
  ii. *strengthening training in early detection, management and care of dementia in elderly service units, in particular CCS; and*
  iii. *strengthening education and training for elderly persons and family carers in early detection of dementia.*
	✓
	
	✓	

Recommendation 11 – Quality EOL care should be strengthened as an integral part of elderly services. • *In due course, SWD should make reference to the findings of the FHB's commissioned study as appropriate and work with both the healthcare and welfare sectors to ensure that suitable support is available to elderly persons receiving elderly services. FHB's commissioned study will review the healthcare services supporting elderly people with chronic diseases, recommend service models to, among other things, enable elderly to*	✓	

Recommendation	Short-term	Medium-to-long term
receive care and age in place, and recommend changes including legislation if required and measures to foster a community culture to facilitate the implementation of the recommended EOL care. Reference should also be made to other initiatives by NGOs, in particular, in welfare-healthcare collaboration and development of EOL care models in different service settings.		
Recommendation 12 – A more sustainable workforce should be built up to meet the increasing demand and higher expectations for elderly services. ***Recommendation 12a – Measures to improve recruitment, retention, working condition, and career development of staff in elderly service should be explored.*** • *Having regard to the challenges in recruitment and retention of LTC workers, a multi-pronged approach should be adopted to address the problem.*	✓	
• *Measures to improve the employment conditions, as well as the work conditions of care worker should be explored. Possible directions to consider include enriching the jobs of care workers at various levels, so as to enhance their job satisfaction and to advance their skill set. Good practices in the sector should also be promoted and the design of residential homes should be made more homelike.*	✓	
• *Expanding the career path of for workers in the elderly service sector. The QF and SCS should be recognised by the elderly service sector to facilitate the building up of career ladder of care industry workers at various levels.*	✓	
• *The possibility of better use of technology and electro-mechanical equipment to promote occupational safety and health and thereby reduce wear and tear and risk of injuries among care staff should be explored. In considering the use of technology, due regard should be given to factors such as the need for reengineering of work process, funding, user-friendliness, etc. It is hoped that through better use of technology and equipment, the effectiveness of service delivery can be improved.*	✓	
• *Promotional work on the positive image of the industry should be enhanced, e.g. available public resources should be fully utilised to promote a positive image of the industry, strengthen training, and to attract new entrants to join the industry. Consideration may also be given to setting up an elderly service industry academy or designating an organisation to spearhead the promotion of a positive image of the care industry and facilitate the training of care staff and FDHs.*	✓	

Recommendation	Short-term	Medium-to-long term
• *The Government should explore ways to attract part-time workers to serve and to be trained as care workers in RCS and CCS.*	✓	
• *Another possible direction that should be explored is more flexible importation of labour for care worker staff at least as a transitional/interim measure to increase the overall manpower supply.*	✓	
Recommendation 12b – The structure of professional staff should be fine-tuned to enable more flexible staff deployment and maximisation of staff input.		
• *The possibility of setting up district-based teams of professionals (in particular OTs and PTs) to serve multiple service units within the district should be explored.*		✓
Recommendation 12c – Recruitment and training of informal care providers should be strengthened.		
• *Other sources of informal care providers, e.g. neighbours, volunteers, etc. should be explored to serve as "elder sitters" for providing non-personal care services e.g. escort, cleaning etc. to elderly persons in the community, provided that insurance, protection, training, monitoring, support etc. are in place. (See also recommendation 5e)*	✓	
• *In view of the potential role of FDHs as the key carer of the elderly persons, measures should be taken to enable them to receive the relevant training. The feasibility of providing subsidies to families with limited financial capability for hiring FDHs to provide care support to their frail elderly persons at home may also be explored. (See also recommendation 6)*		✓
Recommendation 12d – There should be ongoing monitoring and evaluation of the manpower measures.		
• *Effectiveness of the above measures should be monitored and data should be collected to facilitate future manpower planning.*		✓
Recommendation 13 – Planning ratios and SoA for elderly services should be reviewed to respond to changing needs. ***Recommendation 13a – Planning ratios for elderly services should be reinstated into the HKPSG.*** • *The relevant planning ratios for DECCs and NECs, RCS and CCS should be reinstated into the HKPSG and such planning ratios should be reviewed from time to time (say, every 5 years) and where appropriate, adjust the ratios to reflect changing demographic structure of our elderly population.*	✓	

Recommendation	Short-term	Medium-to-long term
• *Based on the service demand projections, a set of indicative planning ratios is suggested. It should, however, be noted that the suggested indicative ratios are calculated for the long term planning purpose having regard to the population and service demand in 2026 and the ratios cannot be applied to today's population for comparison. Besides, these figures may need to be adjusted in view of the uncertainties involved in the projected service demand and supply. Furthermore, it is noted that the inclusion of planning ratios in the HKPSG typically requires scrutiny by relevant government departments and the approval of the Committee on Planning and Land Development and its subcommittee.* *RCS (i.e. subsidised C&A and NH places)* – *Continuum of Care places: 21.4 beds per 1 000 elderly persons aged 65 or above. This translates into a target total supply of around 46 200 beds in 2026. These beds can be provided through different methods, such as contract/subvented RCHEs, bought place schemes and voucher schemes. The planning ratio should be applied both territory-wide and in individual districts.* *CCS (i.e. subsidised home and centre-based CCS for elderly persons with moderate or severe impairment)* – *CCS places: 14.8 places per 1 000 elderly persons aged 65 or above. This translates into a target total supply of around 32 100 places in 2026. These places can be provided through different methods, such as subsidised DEs, home care services and voucher schemes. The planning ratio should be applied both territory-wide and in individual districts.* *DECC and NEC* – *Where appropriate, there should be one NEC in each new and redeveloped PRH estate and in private housing areas with a population of 15 000 to 20 000 persons in new residential areas.* – *There should be one DECC in each new residential area with a population of 170 000.*		
Recommendation 13b – The SoA of welfare premises for elderly services, such as NECs/DECCs should be reviewed and improved from time to time to allow operators to have enough facilities and space for use in provisioning and re-provisioning to provide services and to meet the growing demand.	✓	

Recommendation	Short-term	Medium-to-long term
• *Meal services should be considered as an essential part of NEC services and should be taken into consideration in the review of SoA of NEC.* ***Recommendation 13c – More detailed service statistics in both the subsidised and non-subsidised sectors should be collected so that the situation of both sectors could be taken into account in future planning reviews and updates.***	✓	✓
Recommendation 14 – There should be forward planning in the identification of sites for the provision of premises for accommodating the increasing number of elderly service facilities. ***Recommendation 14a – Approach for identification of sites for provision of elderly services should be enhanced.*** • *The Government should consider adopting an "estate-based" approach in service provision and site identification.* ***Recommendation 14b – SWD should step up its effort in identification of sites and premises for service provision*** • *SWD should be more proactive in identifying potential welfare premise sites to cater for the increasing demand for elderly service sites. In particular, SWD should regularly review with relevant departments to see if there are suitable sites that can be used to meet outstanding needs for welfare premises. Furthermore, SWD's district offices should have a more systematic management of information about facilities needed in their own districts such that they will be in a better position to identify vacant premises suitable to be used as new and re-provisioned service units and additional bases for under-provided service units.*	✓ ✓	
Recommendation 15 – A more forward looking approach should be adopted in public expenditure on elderly services in responding to the changing socio-economic profile of the elderly population and in promoting a more equitable sharing of financing LTC in the current population and across generations, including: i. ***Co-payment for services commensurate with affordability:*** *In view of the changing socio-economic profile of the older population in coming decades, there can be different levels of fees (co-payment) and government subsidy for different user groups. The Government may need to review the fee schedules of various types of service, in particular the LTC services. The evaluation of the Pilot Scheme on CCSV and the findings*		✓

Recommendation	Short-term	Medium-to-long term
of the feasibility study on the Pilot Scheme on RCSV should provide more evidence for the planning of service directions in the future. ii. ***Consider exploring measures to facilitate NGOs to provide self-financing services:*** *The Government should consider exploring further measures to facilitate NGOs to provide self-financing services to cater for the needs and demands of those elderly persons who can afford higher fees, so that the limited places of subvented services could be allocated to those with more genuine need. Special Scheme which helps NGOs make better use of their land is a good example in this direction. As for the involvement of the private sector, recommendations have been proposed in the section on "public-private partnership".*		✓
iii. ***Consider exploring alternative LTC financing options:*** *While the introduction of co-payment for services should be continued or further enhanced in the short run, the Government, in the longer term, may consider re-opening the explorations into various possible ways of financing elderly service, including contributory savings such as LTC insurance for long term planning and preparation. These may provide additional or even alternative modes of financing for different groups of users with varying levels of LTC needs, aspirations, and affordability.*		✓
Recommendation 16 – More effective partnership should be forged among pivotal players in the interface between welfare, healthcare and housing. • *EC should continue to serve as a platform facilitating coordination among bureaux, departments and authorities at policy-level with regular review on progress.*	✓	
• *For the interface between healthcare and welfare services, apart from enhancing the support to discharged elderly patients (vide Recommendation 5b) and continuing the efforts in expanding the coverage of outreaching services, coordination between hospitals and community service operators could be strengthened, in particular in the community and cluster levels.*	✓	
• *For the interface between the housing and welfare sectors, consideration should be given to improving the age-friendliness of the community. Possible directions include encouraging private developments to provide more elderly service facilities and incorporation of more barrier free design elements.*	✓	

Recommendation	Short-term	Medium-to-long term
Recommendation 17 – The role of the private sector should be recognised and public private partnership should be encouraged. • *The Government should encourage initiatives in public private partnership, such as making accessible examples of good practices, utilising the potentials of private operators in filling up the service gap. Findings from the review on the Pilot Schemes on CCSV and RCSV should be duly considered and the future development of the voucher system should be explored.*		✓
Recommendation 18 – Efforts should be made and resources be deployed to further enhance the utilisation of information and ICT by both elderly service users and service providers in promoting quality of life and service quality, effectiveness and efficiency. **Recommendation 18a – An integrated service provider interface with the LDS built on the LDS data base with enhanced SCNAMES functions is to be explored.** • *The idea to launch a Central Information System for elderly service is not to be pursued for the time being. However, with the updated SCNAMES assessment tool and the availability of more detailed "Minimum Data Set - Home Care" information for care planning purposes, a more integrated service provider interface with the LDS system built on the LDS data base with enhanced SCNAMES functions can be further explored.* • *Enhancement of the future LDS should be explored to make better use of the information available and provide more information to users and service providers where appropriate.*		✓ ✓
Recommendation 18b – Efforts should be made to enhance elderly persons to effectively use ICT to enhance digital inclusion and enable them to have better health management. • *Efforts to help elderly to make better use of ICT should be further enhanced and with better collaborations between SWD and the OGCIO in enhancing digital inclusion. (See also recommendation 3b)* **Recommendation 18c – Use of ICT should be expanded to enhance the quality of care delivery.** • *Promotion of the participation in the eHRSS by the social welfare sector should be encouraged, e.g. in RCHEs, DECC/NEC depending on their future role in health promotion.*	✓ ✓	

Recommendation	Short-term	Medium-to-long term
• *General policy support should continue to be provided to the development of pilot projects in promoting the use of assistive technology, ICT, and telehealth for both elderly users and service providers to enhance the quality of life of elderly and better health management, and to address the problem of manpower shortage.*	✓	
• *Consideration may be given to developing a knowledge hub to provide most up-to-date ICT application in elderly services to the front-line workers. Whether such knowledge hub can be extended to users and whether users can subscribe to the information provided through push technology can further be explored.*		✓
Recommendation 19 – The interface between mainstream elderly services and existing services for people from minority groups or people with special needs should be strengthened to enable provision of suitable support for service users from different backgrounds • *The Government may consider providing training and replacement grants to elderly service care workers to serve EMs (e.g. on language, cultural sensitivity) or elderly persons with special needs (e.g. dementia, hearing and speech impairment).*	✓	
Recommendation 20 – The ESPP should encompass goals and objectives that should be kept track of on a regular basis, with adequate stakeholders' participation in the planning, implementation and evaluation at the district level and territory-wide levels. • *The Government should consider the ESPP as a living document and the goals and objectives contained therein should be kept track of regularly and updated suitably.* • *The SWD's district planning mechanism should be enhanced to facilitate the engagement of stakeholders in the community and the district service coordinating committees, so as to review and monitor the progress of the various aspects of the ESPP in their respective districts.*	✓ ✓	

List of Strategic Directions and Recommendations

Key Strategic Directions and Recommendations
Strategic Direction 1 **Achieve "ageing in place" and reduce institutionalisation rate through significantly strengthening CCS**
Sub-directions and Initial Recommendations
(i) Promote age-friendly environment, healthy lifestyle and active social participation
Recommendation 1 – Public education should be strengthened to promote positive image of elderly persons, enhance their status and role in society, and foster positive inter-generational relations. • Specifically, consideration should be given to arranging more inter-generational programmes in schools, youth organisations, business sector, etc. Topics on elements of ageing and inter-generational interaction should also be included in primary and secondary school learning activities where appropriate. There should also be public awareness programmes/campaigns to eliminate misunderstanding and stereotypes about elderly persons.
Recommendation 3 – Efforts should be made to promote active ageing and healthy ageing and development of age-friendly environment. **Recommendation 3a – Promotion of healthy lifestyle should be of paramount importance in improving the quality of life of elderly persons and reducing the risk of age-related diseases.** • Specifically, DECCs and NECs should enhance their role in the promotion of active and healthy ageing; and the development of an age-friendly city. • With the changes in function of DECCs and NECs in the past and the enhancement proposed in ESPP, consideration may be given to reviewing the roles and functions of DECCs and NECs in due course. **Recommendation 3b – Opportunities should be provided to encourage elderly persons to live to their full potential, promote active lifestyle and to encourage empowerment.** • More support should be provided to elderly persons to participate in continuous learning and promoting other learning activities, such as by relaxing the age limit for the Continuing Education Fund and exploring means to help elderly persons with limited financial means to have internet access at their homes. (See also Recommendation 18b) • A self-programming group model could be adopted to promote more self-directed learning in empowering the elderly persons to initiate, organise and manage their own learning or volunteer programs by providing necessary support, funding and facilities. • The model of social enterprises should be encouraged as one of the possible strategies of engaging elderly persons in working for gainful employment. Optional or flexible retirement mechanisms (e.g. part-time work for elderly or employment with flexible working hours) as

Key Strategic Directions and Recommendations

practiced in some developed economies should also be considered to allow more choices for older employees.

Recommendation 3c – Efforts should be made to promote retirement planning to better prepare retirees to plan about their post-retirement life.

- DECCs and NECs should aim at including more retirement planning programmes as part of their developmental activities for those who are preparing to retire.

Recommendation 18b – Efforts should be made to enhance elderly persons to effectively use ICT to enhance digital inclusion and enable them to have better health management.

- Efforts to help elderly to make better use of ICT should be further enhanced and with better collaborations between SWD and the OGCIO in enhancing digital inclusion. (See also Recommendation 3b)

(ii) Strengthen health maintenance, reduction in health risks and illness prevention

Recommendation 4 – CCS should be strengthened to ensure that elderly persons are able to stay in the community for as long as possible and unnecessary institutionalisation is avoided.

Recommendation 4a – For prevention of health deterioration, provision of suitable services to elderly persons with mild impairments should be strengthened, such as through enhancing IHCS(OC) to focus on these elderly persons.

- There may be a need to explore improvement in providing services to elderly persons with frailty not reaching the moderate to severe level (i.e. the threshold for LTC services).
- A simplified version of the standardised need assessment tool should be developed to identify the mildly frail elderly to be given higher priority in receiving services under IHCS(OC).
- Further study to project demand for care services for mild impairment should be explored, with reference to data gathered from the use of the simplified standard need assessment tool.

(iii) Forward planning in provision of elderly services

Recommendation 13 – Planning ratios and schedules of accommodation for elderly services should be reviewed to respond to changing needs.

Recommendation 13a – Planning ratios for elderly services should be reinstated into the HKPSG.

- The relevant planning ratios for DECCs and NECs, RCS and CCS should be reinstated into the HKPSG and such planning ratios should be reviewed from time to time (say, every 5 years) and where appropriate, adjust the ratios to reflect changing demographic structure of our elderly population.
- Based on the service demand projections, a set of indicative planning ratios is suggested. It should, however, be noted that the suggested indicative ratios are calculated for the long term planning purpose having regard to the population and service demand in 2026 and the ratios cannot be applied to today's population for comparison. Besides, these figures may need to be adjusted in view of the uncertainties

Key Strategic Directions and Recommendations

involved in the projected service demand and supply. Furthermore, it is noted that the inclusion of planning ratios in the HKPSG typically requires scrutiny by relevant government departments and the approval of the Committee on Planning and Land Development and its subcommittee.

RCS (i.e. subsidised C&A and NH places)

- Continuum of Care places: 21.4 beds per 1 000 elderly persons aged 65 or above. This translates into a target total supply of around 46 200 beds in 2026. These beds can be provided through different methods, such as contract/subvented RCHEs, bought place schemes and voucher schemes. The planning ratio should be applied both territory-wide and in individual districts.

CCS (i.e. subsidised home and centre-based CCS for elderly persons with moderate or severe impairment)

- CCS places: 14.8 places per 1 000 elderly persons aged 65 or above. This translates into a target total supply of around 32 100 places in 2026. These places can be provided through different methods, such as subsidised DEs, home care services and voucher schemes. The planning ratio should be applied both territory-wide and in individual districts.

DECC and NEC

- Where appropriate, there should be one NEC in each new and redeveloped PRH estate and in private housing areas with a population of 15 000 to 20 000 persons in new residential areas.

- There should be one DECC in each new residential area with a population of 170 000.

Recommendation 13b – The SoA of welfare premises for elderly services, such as NECs/DECCs should be reviewed and improved from time to time to allow operators to have enough facilities and space for use in provisioning and re-provisioning to provide services and to meet the growing demand.

- Meal services should be considered as an essential part of NEC services and should be taken into consideration in the review of SoA of NEC.

Recommendation 13c – More detailed service statistics in both the subsidised and non-subsidised sectors should be collected so that the situation of both sectors could be taken into account in future planning reviews and updates.

Recommendation 14 – There should be forward planning in the identification of sites for the provision of premises for accommodating the increasing number of elderly service facilities.

Recommendation 14a –Approach for identification of sites for provision of elderly services should be enhanced.

- The Government should consider adopting an "estate-based" approach in service provision and site identification.

Recommendation 14b – SWD should step up its effort in identification of sites and premises for service provision.

- SWD should be more proactive in identifying potential welfare premise sites to cater for the increasing demand for elderly service sites. In particular, SWD should regularly review with relevant departments to see if there are suitable sites that can be used to meet outstanding

Key Strategic Directions and Recommendations
needs for welfare premises. Furthermore, SWD's district offices should have a more systematic management of information about facilities needed in their own districts such that they will be in a better position to identify vacant premises suitable to be used as new and re-provisioned service units and additional bases for under-provided service units.
(iv) <u>Strengthen infrastructure in manpower and training</u>
Recommendation 12 – A more sustainable workforce should be built up to meet the increasing demand and higher expectations for elderly services.
Recommendation 12a – Measures to improve recruitment, retention, working condition, and career development of staff in elderly service should be explored. • Having regard to the challenges in recruitment and retention of LTC workers, a multi-pronged approach should be adopted to address the problem. • Measures to improve the employment conditions, as well as the work conditions of care worker should be explored. Possible directions to consider include enriching the jobs of care workers at various levels, so as to enhance their job satisfaction and to advance their skill set. Good practices in the sector should also be promoted and the design of residential homes should be made more homelike. • Expanding the career path of for workers in the elderly service sector. The QF and SCS should be recognised by the elderly service sector to facilitate the building up of career ladder of care industry workers at various levels. • The possibility of better use of technology and electro-mechanical equipment to promote occupational safety and health and thereby reduce wear and tear and risk of injuries among care staff should be explored. In considering the use of technology, due regard should be given to factors such as the need for reengineering of work process, funding, user-friendliness, etc. It is hoped that through better use of technology and equipment, the effectiveness of service delivery can be improved. • Promotional work on the positive image of the industry should be enhanced, e.g. available public resources should be fully utilised to promote a positive image of the industry, strengthen training, and to attract new entrants to join the industry. Consideration may also be given to setting up an elderly service industry academy or designating an organisation to spearhead the promotion of a positive image of the care industry and facilitate the training of care staff and FDHs. • The Government should explore ways to attract part-time workers to serve and to be trained as care workers in RCS and CCS. • Another possible direction that should be explored is more flexible importation of labour for care worker staff at least as a transitional/interim measure to increase the overall manpower supply.
Recommendation 12b – The structure of professional staff should be fine-tuned to enable more flexible staff deployment and maximisation of staff input. • The possibility of setting up district-based teams of professionals (in particular OTs and PTs) to serve multiple service units within the district should be explored.

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Recommendation 12c – Recruitment and training of informal care providers should be strengthened.

- Other sources of informal care providers, e.g. neighbours, volunteers, etc. should be explored to serve as "elder sitters" for providing non-personal care services e.g. escort, cleaning etc. to elderly persons in the community, provided that insurance, protection, training, monitoring, support etc. are in place. (See also recommendation 5e)

- In view of the potential role of FDHs as the key carer of the elderly persons, measures should be taken to enable them to receive the relevant training. The feasibility of providing subsidies to families with limited financial capability for hiring FDHs to providing care support to their frail elderly persons at home may also be explored. (See recommendation 6)

Recommendation 12d –There should be ongoing monitoring and evaluation of the manpower measures.

- Effectiveness of the above measures should be monitored and data should be collected to facilitate future manpower planning.

(v) Improvement in Identification and meeting the care needs of elderly persons

Recommendation 8 – Improvements should be made to SCNAMES assessment tool and the service matching mechanism.

- Specifically, improvements should be made to better demarcate the needs for CCS and RCS, as well as care needs arising from cognitive impairment when updating the assessment tools.

- After updating the assessment tool, SWD should review the LTC service matching mechanism to ensure priority be given to those most in need.

- To provide "peace of mind" to subsidised RCS applicants and thereby reduce premature institutionalisation, consideration should be given to extending the scope of "inactive" cases so that elderly persons not applying for or using subsidised CCS may also choose to become "inactive".

Recommendation 10 – Services for elderly persons with dementia should be strengthened. The issue of dementia should be considered as an integral part in the whole spectrum of elderly services and a multidisciplinary approach should be adopted.

- Closer collaboration should be encouraged between the healthcare system and the welfare sector in the provision of services for dementia. SWD should make reference to the findings and recommendations of the Expert Group on Dementia under the Review Committee on Mental Health in devising the future development of services for elderly persons with dementia. Due consideration should be given to aspects such as public education, carer training, staff training, etc.

- Some directions that could be considered include:

i. Enhancing workers' knowledge and skills in early detection of dementia (including mild cognitive impairment cases) at elderly centres at neighbourhood level (i.e. NECs) and in making timely referral to appropriate services;

ii. strengthening training in early detection, management and care of dementia in elderly service units, in particular CCS; and

iii. strengthening education and training for elderly persons and family carers in early detection of dementia.

Key Strategic Directions and Recommendations

Recommendation 19 – The interface between mainstream elderly services and existing services for people from minority groups or people with special needs should be strengthened to enable provision of suitable support for service users from different backgrounds

- The Government may consider providing training and replacement grants to elderly service care workers to serve EMs (e.g. on language, cultural sensitivity) or elderly persons with special needs (e.g. dementia, hearing and speech impairment).

(vi) <u>Improvement in quality of service</u>

Recommendation 4c – Further efforts are required to create a comprehensive quality assurance system so as to guide future efforts of the government, and service providers toward effective quality monitoring and continuous service improvement.

- The SWD should keep in view the results of the SCNAMES assessment tool review under the LTC Infrastructure Review and take into consideration the relevant recommendations on quality assurance of CCS and RCS. (See also recommendations 7 and 8)

Recommendation 7 – Measures to ensure the quality of RCS should be strengthened.

- Specifically, existing service quality assurance measures should be continued and strengthened where possible. For example, the current model of Service Quality Groups should be expanded to cover the whole territory, and the names of RCHEs participating should be made available to the public.
- In addition to measures to alleviate the manpower shortage, suitable measures to assist operators in meeting higher service standard should also be implemented, including incentives for RCHEs to join independent service quality accreditation scheme to enhance their service quality.
- SWD should keep in view the SCNAMES assessment tool review under the LTC Infrastructure Review and the expected deliverable should be *taken into account* in the development of a comprehensive quality assurance system covered in Recommendation 4c.

Recommendation 7a – The RCHE Ordinance (Cap 459) should be reviewed as soon as possible.

Recommendation 17 – The role of the private sector should be recognised and public private partnership should be encouraged.

- The Government should encourage initiatives in public private partnership, such as making accessible examples of good practices, utilising the potentials of private operators in filling up the service gap. Findings from the review on the Pilot Schemes on CCSV and RCSV should be duly considered and the future development of the voucher system should be explored.

Recommendation 18 – Efforts should be made and resources deployed to further enhance the utilisation of information and ICT by both elderly service users and service providers in promoting quality of life and service quality, effectiveness and efficiency.

Recommendation 18c – Use of ICT should be expanded to enhance the quality of care delivery.

- Promotion of the participation in eHRSS by the social welfare sector should be encouraged, e.g. in RCHEs, DECC/NEC depending on their future role in health promotion.

Key Strategic Directions and Recommendations
- General policy support should continue to be provided to the development of pilot projects in promoting the use of assistive technology, ICT, and telehealth for both elderly users and service providers to enhance the quality of life of elderly and better health management, and to address the problem of manpower shortage.   - Consideration may be given to developing a knowledge hub to provide most up-to-date developments in elderly services to the front-line workers. Whether such knowledge hub can be extended to users and whether users can subscribe to the information provided through push technology can further be explored.
(vii) <u>A more coherent continuum of care</u>
Recommendation 5 – Respite and emergency placement services should be enhanced.
Recommendation 5a – Designated respite places and casual vacancies should be fully utilised to strengthen the support to carers. Improvement should be made to facilitate timely access to service.   - Respite services should continue to focus on providing short-term relief to carers, and ways to facilitate and encourage the use of such services should be explored. Specifically, SWD should consider developing a district-based pre-registration system for potential service users of respite service to streamline the admission procedure. For example, as a start, the pre-registration system may be made available for elderly persons who are on CWL or currently using CCS. It is noted that Phase 2 of the Pilot Scheme on CCSV will be expanded to cover residential respite services. The experience gained in the pilot scheme would also be a useful reference for the further development of respite service.   - The SWD should explore the possibility of setting up a real-time vacancy enquiry system for designated residential respite service.
Recommendation 5b – Transitional care support to elderly persons discharged from hospitals should be enhanced to assist them to stay in the community and prevent premature institutionalisation.   Transitional care services should aim at providing the necessary rehabilitation and suitable care services (CCS and temporary RCS) to discharged elderly patients. The service should be extended to cover elderly persons who are discharged from hospitals and have a transient need for more intensive care but may not have high hospital re-admission risks. The accessibility of medical social service in hospitals should be promoted and taken into account in developing the transitional care support service to ensure that the to-be-discharged patients will be able to access the necessary information.
Recommendation 5c – Emergency placement services should continue to target elderly persons with urgent care needs and under unforeseen or crisis situation, such as those with immediate care needs due to social reasons.   With transitional care needs met by an enhanced discharge service programme, emergency placement services should focus on other cases with urgent care needs.

Key Strategic Directions and Recommendations

Recommendation 5d – Further study on the demand for respite, transitional care and emergency placement services should be considered. Moreover, the possibility of better using non-subsidised places to provide such services should be explored.

- As there is currently no comprehensive statistics on the demand for respite, transitional care and emergency placement services, consideration should be given to studying their potential demand as a first step. For respite and emergency placement services, both would take up subsidised places. In view of the long-waiting list for subsidised RCS, the use of non-subsidised RCS places for provision of subsidised respite, transitional and emergency placement services should be explored subject to the findings of the study on service demand. Possible sources of such non-subsidised places would be existing non-subsidised places in EBPS, contract homes, self-financing homes and subvented homes. Since respite and emergency placement services are by nature provided on a temporary basis, necessary follow-up arrangements (e.g. devising a care plan before discharge from respite or emergency placement) and support may need to be given to the elderly and family members, possibly with some form of case management service. Since there could be many interfacing issues that need to be resolved, consideration could be given to implementing a pilot project as a first step.

Recommendation 5e – Day respite that integrates formal and informal system of care at neighbourhood level should be strengthened.

- Collaboration between agencies providing home care and informal care network (e.g. volunteers and neighbours) should be strengthened in developing day respite at neighbourhood level. Support should be provided to mobilise neighbours to assist in providing temporary attendance or household chores to elderly persons in need while family carers can be relieved temporarily (e.g. exploring the development of the "elder-sitting service" by informal support network). (See also recommendation 12c)

Recommendation 6 – Services to support family carers should be enhanced.

- Services to support carers in assisting the elderly persons to remain in the community should be strengthened, with greater flexibility, variety and choices to meet specific needs. For instance, further expansion of services to cover odd hours and holidays should be explored.

- The adequacy of home-based training to family carers should be examined and ways should be explored to strengthen these services where necessary. Measure should also be explored to provide specific carer training to FDHs to enhance their capability in taking up their caregiver role. (See also recommendation 12c)

Recommendation 11 – Quality EOL care should be strengthened as an integral part of elderly services.

- In due course, SWD should make reference to the findings of the FHB's study as appropriate and work with both the healthcare and welfare sectors to ensure that suitable support is available to elderly persons receiving elderly services. FHB's commissioned study will review the healthcare services supporting elderly people with chronic diseases, recommend service models to, among other things, enable elderly to receive care and age in place, and recommend changes including legislation if required and measures to foster a community culture to facilitate the implementation of the recommended EOL care. Reference should also be made to other initiatives by NGOs, in particular, in welfare-healthcare collaboration and development of EOL care models in different service settings.

Key Strategic Directions and Recommendations
Strategic Direction 2 **Enable informed choices and timely access to quality services.**

Recommendation 9 – Efforts should be made to explore developing a case management model.

- Based on the experience of the various pilot projects (e.g. Pilot Scheme on CCSV, Pilot Scheme on Carer Allowance, and Pilot Scheme on RCSV) that have elements of case management, a coherent model of case management service should be developed at the conclusion of these pilot projects. In developing a case management model, components that may consider include: specifications on the roles and functions of case management (e.g. assessing, planning, facilitating and advocating in making choice for service), and ensuring a collaborative process and effective communication between the case management office/team/individual, service users (and his/her family caregivers), and service workers.

Recommendation 5a – Designated respite places and casual vacancies should be fully utilised to strengthen the support to carers. Improvement should be made to facilitate timely access to service.

- Respite services should continue to focus on providing short-term relief to carers, and ways to facilitate and encourage the use of such services should be explored. Specifically, SWD should consider developing a district-based pre-registration system for potential service users of respite service to streamline the admission procedure. For example, as a start, the pre-registration system may be made available for elderly persons who are on CWL or currently using CCS. It is noted that Phase 2 of the Pilot Scheme on CCSV will be expanded to cover residential respite services. The experience gained in the pilot scheme would also be a useful reference for the further development of respite service.

- The SWD should explore the possibility of setting up a real-time vacancy enquiry system for designated residential respite service.

Recommendation 18a – An integrated service provider interface with the LDS built on the LDS data base with enhanced SCNAMES functions is to be explored.

- The idea to launch a central CIS for elderly service is not to be pursued for the time being. However, with the updated SCNAMES assessment tool and the availability of more detailed "Minimum Data Set - Home Care" information for care planning purposes, a more integrated service provider interface with the LDS system built on the LDS data base with enhanced SCNAMES functions can be further explored.

- Enhancement of the future LDS should be explored to make better use of the information available and provide more information to users and service providers where appropriate.

Key Strategic Directions and Recommendations

Recommendation 18c – Use of ICT should be expanded to enhance the quality of care delivery.

- Promotion of the participation in the eHRSS by the social welfare sector should be encouraged, e.g. in RCHEs, DECC/NEC depending on their future role in health promotion.

- General policy support should continue to be provided to the development of pilot projects in promoting the use of assistive technology, ICT, and telehealth for both elderly users and service providers to enhance the quality of life of elderly and better health management, and to address the problem of manpower shortage.

- Consideration may be given to developing a knowledge hub to provide most up-to-date developments in elderly services to the front-line workers. Whether such knowledge hub can be extended to users and whether users can subscribe to the information provided through push technology can further be explored.

Recommendation 17 – The role of the private sector should be recognised and public private partnership should be encouraged.

- The Government should encourage initiatives in public private partnership, such as making accessible examples of good practices, utilising the potentials of private operators in filling up the service gap. Findings from the review on the Pilot Schemes on CCSV and RCSV should be duly considered and the future development of the voucher system should be explored.

Strategic Direction 3
Further streamline and promote integrated service delivery

Recommendation 16 –More effective partnership should be forged among pivotal players in the interface between welfare, healthcare and housing.

- EC should continue to serve as a platform facilitating coordination among bureaux, departments and authorities at policy-level with regular review on progress.

- For the interface between healthcare and welfare services, apart from enhancing the support to discharged elderly patients (vide Recommendation 5b) and continuing the efforts in expanding the coverage of outreaching services, coordination between hospitals and community service operators could be strengthened, in particular in the community and cluster levels.

- For the interface between the housing and welfare sectors, consideration should be given on improving the age-friendliness of the community. Possible directions include encouraging private developments to provide more elderly service facilities and incorporation of more barrier free design elements.

Recommendation 9 – Efforts should be made to explore developing a case management model.

- Based on the experience of the various pilot projects (e.g. Pilot Scheme on CCSV, Pilot Scheme on Carer Allowance, and Pilot Scheme on RCSV) that have elements of case management, a coherent model of case management service should be developed at the conclusion of these pilot projects. In developing a case management model, components that may consider include: specifications on the roles and

functions of case management (e.g. assessing, planning, facilitating and advocating in making choice for service), and ensuring a collaborative process and effective communication between the case management office/team/individual, service users (and his/her family caregivers), and service workers.

Recommendation 4b – The catchment areas of IHCS(FC) and EHCCS should be reviewed to increase efficiency while maintaining a degree of choices for users. The funding modes of IHCS and EHCCS should also be reviewed, having regard to the effectiveness of different existing service modes.

Strategic Direction 4
Ensure financial sustainability and accountability of elderly services

Recommendation 15 – A more forward looking approach should be adopted in public expenditure on elderly services in responding to the changing socio-economic profile of the older population and in promoting a more equitable sharing of financing LTC in the current population and across generations, including:

i. **Co-payment for services commensurate with affordability:** In view of the changing socio-economic profile of the older population in coming decades, there can be different levels of fees (co-payment) and government subsidy for different user groups. The Government may need to review the fee schedules of various types of service, in particular the LTC services. The evaluation of the Pilot Scheme on CCSV and the findings of the feasibility study on the Pilot Scheme on RCSV should provide more evidence for the planning of service directions in the future.

ii. **Consider exploring measures to facilitate NGOs to provide self-financing services:** The Government should consider exploring further measures to facilitate NGOs to provide self-financing services to cater for the needs and demands of those elderly persons who can afford higher fees, so that the limited places of subvented services could be allocated to those with more genuine need. Special Scheme which helps NGOs make better use of their land is a good example in this direction.   As for the involvement of the private sector, recommendations have been proposed in the section on "public-private partnership".

iii. **Consider exploring alternative LTC financing options**: While the introduction of co-payment for services should be continued or further enhanced in the short run, the Government, in the longer term, may consider re-opening the explorations into various possible ways of financing elderly service, including contributory savings such as LTC insurance for long term planning and preparation. These may provide additional or even alternative modes of financing for different groups of users with varying levels of LTC needs, aspirations, and affordability.

Key Strategic Directions and Recommendations
Other Recommendations
Recommendation 2 – Service coverage should be based on age-related needs of the users and take into account the purposes of and resource implications on different types of services. • Specifically, different age requirements should be respectively set for active ageing programmes, community support services and LTC services directly provided to elderly persons. There should also be flexibility in age criteria to take into account the individual circumstances of the elderly. • It is proposed that for active ageing programmes, community support services (i.e. DECCs and NECs), and other initiatives promoting healthy lifestyle, the age requirement for elderly persons should be 60 but with flexibility to include those aged 55-59. For LTC services (i.e. CCS including DE/DCUs, IHCS, EHCCS and RCS) provided directly to elderly persons, the age requirement should be 65 and above, with flexibility allowed for those aged between 60 and 64, subject to a confirmed care need.
Recommendation 20 – The ESPP should encompass goals and objectives that should be kept track of on a regular basis, with adequate stakeholders' participation in the planning, implementation and evaluation at the district level and territory-wide levels. • The Government should consider the ESPP as a living document and the goals and objectives contained therein should be kept track of regularly and updated suitably. • The SWD's district planning mechanism should be enhanced to facilitate the engagement of stakeholders in the community and the district service coordinating committees, so as to review and monitor the progress of the various aspects of the ESPP in their respective districts.