

## LCQ15: Home and community care services for the elderly and persons with disabilities

Following is a question by the Dr Hon Fernando Cheung and a written reply by the Secretary for Labour and Welfare, Dr Law Chi-kwong, in the Legislative Council today (February 20):

Question:

Despite a pledge, made by the Chief Executive (CE) in her speech in delivering her Policy Address in October 2017, to reduce to zero the waiting time for home and community care services, frail elderly persons, persons with disabilities (PWDs) and needy people currently have to wait for a long time for such services. In the past two years, a number of tragedies occurred one after another in which carers, owing to the excessive pressure in single-handedly taking care of their chronically ill family members at home, killed the family members and themselves. With the population of Hong Kong ageing continuously, it is anticipated that there will be increasing demands for the Integrated Home Care Services, which target at elderly persons, PWDs and other needy people (Category 1 services), and the Enhanced Home and Community Care Services, which target at frail elderly persons (Category 2 services). In this connection, will the Government inform this Council:

(1) of the following details regarding the Ordinary Cases under Category 1 services in each of the past 10 years: (i) number of persons receiving the services, (ii) unit cost, (iii) number of persons waiting for the services, (iv) average waiting time, (v) number of persons who stopped waiting due to deterioration in health conditions or deaths, and (vi) number of persons who stopped waiting due to other reasons (with a tabulated breakdown by the three types of service targets, namely elderly persons, PWDs and other needy people);

(2) of the following details regarding the Frail Cases under Category 1 services in each of the past 10 years: (i) number of persons receiving the services, (ii) unit cost, (iii) number of persons waiting for the services, (iv) average waiting time, (v) number of persons who stopped waiting due to deterioration in health conditions or deaths, and (vi) number of persons who stopped waiting due to other reasons (with a tabulated breakdown by the two types of service targets, namely elderly persons and PWDs);

(3) of the following details regarding Category 2 services in each of the past 10 years: (i) number of persons receiving the services, (ii) unit cost, (iii) number of persons waiting for the services, (iv) average waiting time, (v) number of persons who stopped waiting due to deterioration in health conditions or deaths, and (vi) number of persons who stopped waiting due to other reasons (set out in a table);

(4) in respect of the service teams for the two categories of services respectively, of the average (i) staffing establishment and, among them, the respective numbers of full-time and part-time staff members, (ii) ratios of manpower to cases handled, (iii) payroll expenses, and (iv) year-end vacancy rates, in each of the past 10 years (set out in a table); if such information is not available, of the basis on which CE made a remark at a Question and Answer Session of this Council early last month that community care services were facing a shortage of manpower;

(5) whether it has gained an understanding of the office spaces needed by the service teams for the two categories of services, and the criteria adopted for calculating such space requirements, and whether it proactively looked for, in the past 10 years, suitable spaces in idle government lands/properties in various districts for accommodating these service teams; if not, of the justifications for CE to make a remark at the aforesaid Question and Answer Session that community care services were facing a shortage of lands; and

(6) whether it has assessed the demands for the two categories of services in the coming 10 years, taking into account the ageing population of Hong Kong; if so, of the details; if not, the reasons for that; whether it has plans to set up additional service teams in various districts to cope with the demands; if so, of the details (including the districts in which additional service teams will be set up, and the specific criteria adopted for determining the districts concerned and the division of labour); regarding those districts in which no additional service teams will be set up, of the specific plans (e.g. increasing manpower and providing more vehicles for transportation) to cope with the ever-increasing demands through enhancing the existing service teams, and the criteria adopted for formulating such plans?

Reply:

President,

My reply to Dr Hon Cheung's question is as follows:

(1) According to the Social Welfare Department (SWD)'s information, the respective annual number of cases served and number of persons on the waiting list under the Integrated Home Care Services (Ordinary Cases) (IHCS(OC)) for elderly persons, persons with disabilities, and individuals and families with social needs, and the unit cost of the Integrated Home Care Services (Ordinary Cases and Frail Cases) (IHCS(OC and FC)) in the past five years are set out in the table below:

Financial year	Annual number of cases served			Number of persons on the waiting list (Note 1)			Average monthly cost per case (\$)
	Elderly persons	Persons with disabilities	Individuals and families with social needs	Elderly persons	Persons with disabilities	Individuals and families with social needs	IHCS(OC and FC) (Note 2)
2013-14	23 356	1 951	431	4 971	271	95	1,597
2014-15	23 483	1 780	424	4 372	252	86	1,745
2015-16	23 255	1 629	390	3 670	204	79	1,838
2016-17	23 448	1 535	376	3 759	167	72	1,904
2017-18	23 338	1 374	367	4 029	198	96	1,939 (Revised Estimate)
2018-19 (as at end-September 2018)	19 880	1 233	290	2 964	178	99	2,070 (Estimate)

(Note 1) The waiting list for IHCS(OC) is kept and managed by non-governmental organisations (NGOs) operating the service.

(Note 2) The SWD does not keep the average monthly cost per case of IHCS(OC) and the Integrated Home Care Services (Frail Cases) (IHCS(FC)) separately.

The SWD does not have information on the average waiting time for IHCS(OC) and the number of persons who ceased waiting for IHCS(OC) due to deterioration in health conditions, deaths or other reasons.

(2) and (3) According to the SWD's information, the respective annual number of cases served, number of persons on the waiting list, average waiting time and number of elderly persons who passed away while waiting for services under IHCS(FC) and the Enhanced Home and Community Care Services (EHCCS), and the unit cost of EHCCS in the past five years are set out in the table below:

Financial year	Annual number of cases served		Number of persons on the waiting list (Note 4) (Note 5)	Average waiting time (in months) (based on the average of the past three months) (Note 4) (Note 5)	Number of elderly persons who passed away while waiting for the services (Note 4)	Average monthly cost per case (\$)
	IHCS(FC) (Note 3)	EHCCS				EHCCS (Note 6)
2013-14	1 455	7 552	2 185	7	33	3,687

2014-15	1 441	8 077	2 698	9	33	3,875
2015-16	1 466	9 806	2 840	7	44	4,471
2016-17	1 461	9 562	4 504	11	37	4,533
2017-18	1 436	9 721	5 819	15	36	4,641 (Revised Estimate)
2018-19 (as at end- September 2018)	1 290	8 373	7 351	16	21	5,483 (Estimate)

(Note 3) The number of cases served under IHCS(FC) includes cases of elderly persons and persons with disabilities.

(Note 4) Frail elderly persons who have been confirmed as moderately or severely impaired under the Standardised Care Need Assessment Mechanism for Elderly Services could wait for IHCS(FC) and/or EHCCS.

(Note 5) Number of persons on the waiting list for IHCS(FC) and EHCCS includes cases of elderly persons and persons with disabilities.

(Note 6) The average monthly cost per case for IHCS(FC) is shown in the table in the answer for Part (1).

The above figures on the number of persons on the waiting list do not include elderly persons being classified as inactive cases because of their participation in the Pilot Scheme on Community Care Service Voucher for the Elderly. In addition, the SWD does not have information on the number of persons with disabilities who passed away while waiting for IHCS(FC), and the number of persons who ceased waiting for IHCS(FC) and EHCCS due to deterioration in health conditions or other reasons.

(4) Under the Lump Sum Grant Subvention System, NGOs operating IHCS have the flexibility to deploy the subvention obtained and arrange suitable staffing, as long as they ensure service quality and achieve the service output standards and outcome requirements as stipulated in the Funding and Service Agreements. On the other hand, according to the contract terms for EHCCS, NGOs operating the service have the flexibility to deploy the allocated resources in arranging suitable staffing, including social workers, nurses, occupational therapists and other supporting staff, to ensure service quality and meet service needs.

The SWD does not have information on the average wage and vacancy rate of individual IHCS and EHCCS teams.

To understand the manpower situation of frontline care staff in subsidised welfare services, the SWD issued a questionnaire to 69 subvented NGOs providing elderly and/or rehabilitation services in the territory in August 2017 to collect data. According to the information provided by NGOs, as at 31 July 2017, the vacancy rate of the posts of personal care workers (PCWs), home helpers (HHs) and ward attendants (WAs) were 18.0%, 18.8% and 15.8% respectively.

Since June 2018, the SWD has provided additional recurrent resources for service units of subsidised elderly services, rehabilitation services, and family and child welfare services to enhance the remunerations of the recognised posts of frontline care staff, including PCWs, HHs and WAs, i.e. providing resources for two additional salary points on top of the existing allocations, thereby enabling these subsidised service units to recruit and retain staff more effectively. The SWD has conducted a survey to gauge NGOs' utilisation of the additional resources on increasing the remunerations of frontline care staff, and the manpower situation of frontline care staff after such increase.

(5) and (6) At present, operators of IHCS and EHCCS would set up necessary premises according to their individual needs, for example their service boundary coverage, service content, service quota, etc. These two types of services mainly provide elderly persons with home-based care and support services, for example meal services, home care services (such as personal care and simple nursing care), rehabilitation exercises, etc. Although the space requirement of their premises is normally smaller in comparison to residential care homes for the elderly and day care centres/units for the elderly, we are aware that service operators are facing certain difficulties in searching for suitable places for service provision. The SWD has all along been closely communicating with the subvented organisations operating IHCS, so as to provide appropriate assistance to the service teams in need. As regards EHCCS, NGOs must set up their premises and offices to operate the relevant services in accordance with the requirements set out in the Service Specifications. Rent and rate subsidies of the premises are included in the service fees.

In face of an ageing population, there is a huge demand for community care services, in particular home care services. To this end, the Government has all along been paying close attention to the situation and suitably increasing resources and implementing measures to meet the demand. For instance, the Government launched the Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment in December 2017 to provide further assessments for elderly persons waitlisting for IHCS(OC) throughout the territory and offer additional service quota for those elderly persons assessed to be of mild impairment. It is estimated that 4 000 service quota will be provided within three years under the pilot scheme.

In addition, it was announced in the Chief Executive's 2018 Policy Address that the Government planned to provide an additional 2 000 service quota under EHCCS within 2019, bringing the total number of service quota to over 9 000. The Government will arrange for distribution of the additional service quota among districts as appropriate according to such factors as the supply and demand in individual districts, service boundary coverage and operational conditions of the existing 34 service teams, the overall condition of home care services provided for frail elderly persons, etc.

Besides, the Government provided the population-based planning ratios for elderly services in the Hong Kong Planning Standards and Guidelines in

December 2018. This facilitates early reservation of suitable sites for provision of elderly services and facilities, including subsidised community care services, by the SWD and relevant departments (for example the Planning Department and Housing Department) in planning new residential development projects.