

LCQ17: Support for elderly persons and persons with disabilities discharged from hospital

Following is a question by the Hon Leung Yiu-chung and a written reply by the Secretary for Labour and Welfare, Dr Law Chi-kwong, in the Legislative Council today (February 27):

Question:

Currently, the Government collaborates with the Hospital Authority in implementing the Integrated Discharge Support Programme for Elderly Patients (IDSP) to provide a range of support services for high-risk elderly persons who are newly discharged from public hospitals, with an aim to reduce the rate of their unplanned readmission to hospital. In addition, the Community Care Fund (CCF) rolled out in February 2018 the Pilot Scheme on Support for Elderly Persons Discharged from Public Hospitals after Treatment (the Pilot Scheme). The Pilot Scheme, which will last for three years, targets at people aged 60 or above who are newly discharged from public hospitals and have been assessed by medical staff to be in need of transitional care services and support but are not covered by IDSP. In this connection, will the Government inform this Council:

(1) of the following information on IDSP: (i) a list of the non-governmental organisations operating the Home Support Teams (HSTs), (ii) the number of HSTs, (iii) the contents of the support services, (iv) a list of the public hospitals and specialty departments participating in IDSP, and (v) in each of the past five years, the number of participants, total expenditure, as well as the number of users, expenditure and unit cost of each support service;

(2) of the method for calculating the rate of unplanned readmission of elderly persons to hospital, as well as the effectiveness of IDSP in reducing such rate in the past five years;

(3) of the following information on the Pilot Scheme since its launch: (a) the number of participants, together with a breakdown by the co-payment category to which they belonged, (b) the contents and number of users of each service, (c) a list of the public hospitals and specialty departments participating in the Scheme, and (d) the number of participants who have left the Scheme, with a breakdown by the following reasons for leaving (set out in a table):

- (i) no suitable service providers/service packages,
- (ii) expiry of the service period,
- (iii) to be/having been admitted to/receiving subsidised community care services or subsidised/private residential care services,
- (iv) deceased,
- (v) having carers, such as family members or domestic helpers, and
- (vi) other reasons (such as hospitalisation, out of town, etc.);

(4) how the Government caters for the need for support of persons with disabilities (PWDs) living in the community upon their discharge from hospitals; whether it will regard PWDs as the service targets of IDSP and the Pilot Scheme; if so, of the details; if not, the reasons for that;

(5) given that those participants of the Pilot Scheme who are still in need of care and support after the six-month service period may only apply for Integrated Home Care Services or Enhanced Home and Community Care Services, but the waiting time for these two care services is rather long at present, whether the authorities have put in place any mechanism to ensure that there will not be a gap in services; if so, of the details; if not, whether they will put in place such a mechanism;

(6) given that a funding of about \$226 million has been provided by CCF for the implementation of the Pilot Scheme, of (i) the total expenditure incurred so far, together with a breakdown by expenditure item, (ii) the current number of service places provided, and (iii) the current unit cost of service; and

(7) given that the Social Welfare Department will commission a consultant to evaluate the effectiveness of the Pilot Scheme, of the number, names and background information of the members of the consultant team commissioned as well as the estimated expenditure on the consultant fees?

Reply:

President,

My reply to the Member's question is as follows:

(1) Through a multi-disciplinary approach, the Integrated Discharge Support Programme for Elderly Patients (IDSP) mainly provides transitional one-stop integrated support services to medical patients aged 60 or above who are discharged from hospitals and have higher risk of unplanned re-admission to hospital. Under IDSP, each/each group of participating hospital(s) of the Hospital Authority (HA) has set up a Discharge Planning Team (DPT) comprising doctors, nurses, occupational therapists, physiotherapists, etc. to formulate personalised discharge plans for patients to be discharged. Each DPT also partners with one Home Support Team (HST) operated by a non-governmental organisation (NGO) commissioned by HA which mainly comprises social workers and care workers. DPT, in collaboration with HST, provides post-discharge support for the patients, for example referring needy patients to HA's geriatric day hospitals for nursing care and rehabilitation services, providing transitional home support services through NGOs, etc. Training and support are also provided for the carers of the patients so as to facilitate their ageing-in-place. In the past five years, about 33 000 persons participated in IDSP each year.

At present, the HA hospitals participating in IDSP and the NGOs operating the partnering HSTs (a total of 13 teams) are as follows:

	Hospital/ group of hospitals participating in IDSP	NGO operating HST which partners with the hospital/group of hospitals on the left column
1.	Pamela Youde Nethersole Eastern Hospital and Ruttonjee Hospital	Methodist Centre
2.	Queen Mary Hospital	Aberdeen Kai-fong Welfare Association Social Service Centre
3.	Kwong Wah Hospital	The Salvation Army
4.	Queen Elizabeth Hospital	The Neighbourhood Advice-Action Council
5.	Tseung Kwan O Hospital	Haven of Hope Christian Service
6.	United Christian Hospital	Haven of Hope Christian Service
7.	Caritas Medical Centre	Caritas – Hong Kong
8.	Princess Margaret Hospital and North Lantau Hospital	The Hong Kong Society for the Aged
9.	Yan Chai Hospital	Hong Kong Sheng Kung Hui Lady MacLehose Centre
10.	Alice Ho Miu Ling Nethersole Hospital	Tung Wah Group of Hospitals
11.	North District Hospital	Hong Kong Young Women's Christian Association
12.	Prince of Wales Hospital	The Evangelical Lutheran Church of Hong Kong (Evangelical Lutheran Church Social Service – Hong Kong)
13.	Tuen Mun Hospital and Pok Oi Hospital	The Evangelical Lutheran Church of Hong Kong (Evangelical Lutheran Church Social Service – Hong Kong)

In the past five years, the annual total expenditure of IDSP is as follows:

Year	Total expenditure (\$million)
2014-15	171.6
2015-16	176.2
2016-17	182.7
2017-18	187.3
2018-19 (revised estimate)	192.4

HA does not keep information on the expenditure and unit cost of each type of support service provided under IDSP.

(2) HA had evaluated the effectiveness of IDSP based on the data collected during its trial run. The results showed that there were significant reductions in the number of Accident and Emergency (A&E) attendance and the number of admission to hospital via A&E by patients participating in IDSP. There were also improvements in the measuring indicators of their functional capacity, ability in performing daily self-care activities, and quality of life, such as the Barthel Index and the SF12: Physical Component and Mental Component Summary Scale. In view of the effectiveness of IDSP, the scheme was regularised since 2012 and implemented across the territory. HA has continued to collect users' opinions on HSTs through a questionnaire.

(3), (5), (6) and (7) The Pilot Scheme on Support for Elderly Persons Discharged from Public Hospitals After Treatment (Pilot Scheme) has been implemented since February 2018. There are two types of services under the Pilot Scheme, namely transitional residential care services (TRCS) and transitional community care and support services (TCCS). The services provided under TRCS include basic and special nursing care, meal services, personal care services, regular visits by registered doctors, regular social recreational activities and laundry service, etc. On the other hand, the services provided under TCCS include basic and special nursing care, personal care, rehabilitation exercise, day care services, support services for carers, respite services, counselling, 24-hour emergency support, environmental risk assessment and home modifications, carer training and support services, home care and meal delivery, transportation and escort services, etc.

The Pilot Scheme is implemented in ten hospitals (United Christian Hospital, Tseung Kwan O Hospital, Haven of Hope Hospital, Prince of Wales Hospital, Alice Ho Miu Ling Nethersole Hospital, North District Hospital, Shatin Hospital, Tai Po Hospital, Tuen Mun Hospital and Pok Oi Hospital) of three Clusters under HA (Kowloon East Cluster, New Territories East Cluster and New Territories West Cluster). The Pilot Scheme does not require that participants ought to be under any particular specialty departments.

As at end-January 2019, there were a total of 471 persons aged 60 or above receiving services under the Pilot Scheme. The number of persons by co-payment categories and the number of persons using the two types of services mentioned above are as follows:

Co-payment Categories (Rate of Co-payment Amount)	No. of Persons	Service Type under the Pilot Scheme	No. of Persons
I (5%)	69	TRCS	272
II (8%)	236		
III (12%)	57	TCCS	166

IV (16%)	69		
V (25%)	10	Both	33
VI (40%)	30		
Total :	471	Total :	471

Furthermore, amongst the aforementioned 471 persons aged 60 or above participating in the Pilot Scheme, 277 of them left the Pilot Scheme after receiving the services under it, but none of them left due to expiry of the service period. The breakdown of the number of participants leaving the Pilot Scheme by reasons for leaving is as follows:

Reason for Leaving the Pilot Scheme	No. of Persons
Living independently or being looked after by family	167
Being allocated with places in subsidised / private residential care services	41
Being allocated with places in subsidised community care and support services	32
Passing away	18
Others (including being hospitalised, leaving Hong Kong, etc.)	19
Total:	277

Under the Pilot Scheme, the Social Welfare Department (SWD) has set up a Discharge Support Team (DST) mainly comprising social workers to assess the needs of the participants after receiving transitional services and make necessary referral to connect them to other subsidised community care and support services seamlessly upon their leaving the Pilot Scheme as far as possible.

As at end-January 2019, the amount of subsidy disbursement for the Pilot Scheme was about \$14.4 million (including about \$8 million for subsidising the provision of services for the participants, about \$5.6 million for the staff cost of SWD's DST, and about \$0.8 million for the evaluation study and administration fee). It is estimated that the Pilot Scheme will provide services for at least 3 200 persons aged 60 or above within three years. SWD does not have information on the current unit cost of service.

SWD commissioned the Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong to conduct an evaluation on the Pilot Scheme in June 2018. The consultation team is led by Professor Yeoh Eng-kiong, Professor of Public Health of the Faculty of Medicine of the Chinese University of Hong Kong. Other major members of the consultation team include two other Professors of the Jockey Club School of Public Health and Primary Care, as well as several researchers. The total cost of the

consultancy study is about \$2.95 million.

(4) Apart from community support services for the elderly, SWD has all along endeavoured to provide appropriate community support and day care services for persons with disabilities living in the community through provision of various kinds of subsidised community support services, so as to strengthen their independent living capacity and facilitate their continuous living at home and integration into the community. At present, there are four SWD-subsented community rehabilitation day centres in Hong Kong, Kowloon, New Territories East and New Territories West respectively, providing services for newly discharged patients who still require continuous rehabilitation training with a view to raising their functional and self-care abilities and assisting them in continuously living in the community. Discharged patients who are aged 15 or above and suffering from stroke, neurological or physical impairments or other physical illnesses affecting their functional performance are eligible to receive the services of community rehabilitation day centres with referrals made by medical officers/occupational therapists/physiotherapists of HA.

In respect of persons with severe disabilities in need of home care service, SWD through the Home Care Service for Persons with Severe Disabilities (HCS) and the Integrated Support Service for Persons with Severe Physical Disabilities (ISS) provides a package of home-based services including personal care, nursing care, rehabilitation training services etc., in order to help relieve the pressure of their family members/carers and improve their quality of living.

Without any age limit, both HCS and ISS have introduced the case management service to provide one-stop support service for persons with disabilities and their family members/carers, and to plan and co-ordinate inter-disciplinary services, so that persons with disabilities may receive timely and necessary rehabilitation and welfare service at different life stages. ISS also provides special subsidy for persons with severe physical disabilities having intensive care need and meeting the eligibility criteria to relieve their financial burden on medical equipment and medical consumables.