

## **Family Council**

### **Elderly Services Programme Plan**

#### **PURPOSE**

This paper provides background information to facilitate Members' discussion of the presentation to be made by the Labour and Welfare Bureau (LWB) on the Elderly Services Programme Plan (ESPP). A paper and Powerpoint presentation prepared by LWB is at [Annex](#).

#### **BACKGROUND**

2. In the light of the rapidly ageing population, the Elderly Commission has formulated the ESSP which comprises four strategic directions as underpinned by 20 recommendations to cope with the identified challenges such as shrinking workforce and family carers, surge in demand for subsidised long-term care services, the imbalance in the number of applications for subsidised Community Care Services and Residential Care Services, change in users' socio-demographic profile and aspirations for elderly services, and increasing expenditure on elderly services. Details are at paragraphs 10 to 17 of LWB's paper at Annex.

3. The ESPP is considered to have positive impact on family in that its recommendations will improve the provision and planning of elderly services, thereby strengthening the support provided to families and the society as a whole in meeting the long-term care needs of elderly persons. Furthermore, the strategic direction on promoting and facilitating "ageing-in-place" in the ESPP should help uphold the value of family support and intergenerational solidarity.

## **ADVICE SOUGHT**

4. Members are invited to note the content of LWB's presentation and provide views.

**Family Council Secretariat  
September 2017**

**For discussion on  
19 September 2017**

## **Family Council**

### **Elderly Services Programme Plan**

#### **Purpose**

This paper briefs Members on the findings and recommendations of the Elderly Services Programme Plan (ESPP) formulated by the Elderly Commission (EC).

#### **Background**

2. The Hong Kong population is ageing fast. According to the latest population projections announced in September 2017, our population will increase from 7.34 million in 2016 to a peak of 8.22 million in 2043 and then decline to 7.78 million by 2064. Meanwhile, the size of elderly population (i.e. aged 65 and above) will increase at a much faster rate, rising from 1.16 million in 2016 to 2.55 million in 2043, and further to 2.63 million in 2064. As the rapidly ageing population is expected to bring about challenges to the provision of long-term care (LTC) services, there is a pressing need for the Government to enhance its medium and long-term planning for elderly services. The Government therefore tasked the EC in 2014 to formulate the ESPP.

3. After three stages of public engagement and deliberation, the EC completed and submitted the ESPP to the Government in June 2017. The Government has subsequently announced its in-principle acceptance of the recommendations of the ESPP. The key findings and recommendations are set out in paragraphs 4 to 17 below. A full list of the recommendations is set out in Appendix III to the ESPP.

## Challenges to Elderly Services

4. The ESPP notes that elderly services in Hong Kong are facing the major challenges as set out below.

### *Surge in service demand, shrinking workforce and less family carers*

5. Demand for subsidised LTC services is expected to increase drastically as the number of elderly persons increases and the average elderly person becomes older.<sup>1</sup> The ESPP projects that the total demand for subsidised LTC (comprising community care services (CCS) and residential care services (RCS)) will increase from the current 60 000 service places to around 78 000 in 2030, and then reaching a peak of around 124 600 in 2051. In addition, the elderly dependency ratio is expected to increase drastically from 198 in 2014 (around 1 elderly person per 5 working age persons) to 425 in 2030 (around 1 elderly person per 2.4 working age persons), and then to 567 in 2064 (around 1 elderly person per 1.8 working age persons). Moreover, the average household size has decreased 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 for elderly persons, leading to an even greater demand for formal LTC services.

### *Imbalance between CCS and RCS*

6. There is currently an imbalance in the number of applications for subsidised RCS and CCS. Although “ageing-in-place” has long been the Government’s policy and most elderly persons prefer ageing in the community rather than institutional settings, in reality, around 95% of elderly persons applying for subsidised LTC services opt for waitlisting for subsidised RCS.<sup>2</sup> The ESPP considers that the existing inadequacy of CCS in certain areas, namely the support for elderly persons discharged from hospitals and support for elderly persons with mild impairment, is a contributory factor to the high demand for RCS. The

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<sup>1</sup> While the size of the overall elderly population is expected to increase to 2.4 times of that in 2015 by 2064, the size of “old-olds” (i.e. those aged 85 or above) is expected to grow even faster (4.7 times). Compared to “young-olds” (i.e. those above 65 and below 85), “old-olds” are much more likely to require LTC services. In the three years from 2012-13 to 2014-15, the average percentage of “young-olds” requiring subsidised RCS ranged from 0.6% to 6.2% (actual percentage depends on the exact age of the elderly), while that for “old-olds” ranged from 12.1% to 25.5%. The situation is similar for subsidised CCS, with older elderly persons significantly more likely to require services.

<sup>2</sup> Including both elderly persons who opt to be waitlisted for both CCS and RCS at the same time, and elderly persons who choose to only apply for RCS but not CCS.

ESPP also notes that a large number of cases (around 60% of assessment results) are assessed under the Social Welfare Departments (SWD)'s Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES) as "dual-option" cases, which are cases with care needs that could be met by CCS and yet still allowed to apply for RCS. The ESPP considers that the current assessment tool and service matching mechanism may not be sensitive enough to distinguish the care needs between CCS and RCS users, and this may have contributed to the imbalance between CCS and RCS.

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

7. The ESPP considers that the coming generations of elderly persons are expected to have higher educational attainment, better financial conditions and greater expectations on elderly services. These elderly persons are also likely to expect more autonomy in deciding the services they receive, and demand a higher level of involvement in organising their own activities. Their interests and aspirations will also be more diversified.

*Increasing expenditure on elderly services*

8. At present, LTC service in Hong Kong is largely provided universally and heavily subsidised by the Government. On average, about 80 to 90% of the unit service cost of CCS and RCS is borne by the Government. According to the 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 and the shrinking labour force, there is a need to re-examine the current mode of funding which relies almost entirely on public funds.

**Strategic Directions and Key Recommendations**

9. In the light of the challenges set out in paragraphs 5 to 8 above, the ESPP proposes the adoption of four strategic directions, with significantly strengthening CCS (Strategic Direction 1) being the primary strategy. A total of 20 recommendations are put forward in the ESPP.

*Strategic Direction 1: Achieve “ageing in place” and reduce institutionalisation rate through significantly strengthening CCS*

10. Strategic Direction 1 seeks to address, inter alia, the challenges of the increase in LTC demand and the over-reliance on subsidised RCS by focusing on strengthening CCS to facilitate ageing-in-place, as well as enhancing the long-term premises and manpower planning for elderly services to prepare for the increase in service demand.

11. On encouraging ageing in place, the ESPP notes that there are currently two major areas for improvement in CCS, namely enhancing the transitional care support to elderly persons discharged from hospitals and strengthening the support to elderly persons with mild impairment to slow down their health deterioration, with a view to reducing or deferring their need for higher level of care. Moreover, the ESPP has examined the delivery of other service elements and proposed measures which include enhancing respite and other carer support measures, improving services for elderly persons with dementia and strengthening end-of-life care services. In addition to the above measures, the ESPP notes that the assessment tool and service matching mechanism of the SWD’s SCNAMES are being refined to better demarcate the needs for CCS and RCS. It is expected that all these measures will help facilitate the implementation of “ageing-in-place” policy.

12. As for long-term premises and manpower planning, the ESPP recommends that population-based planning ratios be reinstated for various types of elderly services in the Hong Kong Planning Standards and Guidelines (HKPSG) and an “estate-based” approach be adopted in the planning process, whereby substantial residential developments should in general have sites and premises reserved for provision of elderly services. A set of indicative planning ratios<sup>3</sup> has been suggested for further deliberation in accordance with the established mechanism of amending the HKPSG. Further, the ESPP recommends that the schedules of accommodation of SWD’s elderly facilities should be reviewed regularly to meet the changing profile and service needs of the ageing population.

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<sup>3</sup> The ESPP has come up with the indicative planning ratios for the year 2026 that 21.4 subsidised RCS places and 14.8 subsidised CCS places should be provided for every 1 000 elderly persons aged 65 or above.

The ESPP has also proposed planning standards for District Elderly Community Centres (DECCs) and Neighbourhood Elderly Centres (NECs). The planning standards proposed are as follows –

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

13. On manpower needs, the ESPP has come up with a host of measures to facilitate staff recruitment and retention, including enriching the job of care workers, expanding the career path of workers in the elderly service sector, better use of technology and electro-mechanical equipment, strengthening training of staff and promotion of the image of the elderly care industry. It also recommends that more flexible importation of labour for care workers be explored at least as a transitional or interim measure.

14. While the focus of Strategic Direction 1 is on enhancing CCS and strengthening long-term service planning, the ESPP notes that many stakeholders considered that the quality of RCS should be improved. The ESPP hence recommends that measures to ensure the quality of residential care homes for the elderly should be strengthened. In particular, the Residential Care Homes (Elderly Persons) Ordinance (Cap 459) should be reviewed as soon as possible. The ESPP also acknowledges that the manpower shortage faced by the elderly service sector has been a major limiting factor to improving service quality.

*Strategic Direction 2: Enable informed choices and timely access to quality services*

15. Strategic Direction 2 addresses the expected demographic change in the elderly population, whereby the newer generations of elderly persons are expected to be better educated and have higher expectations on the degree of autonomy in service selection and quality of the services. Major recommendations include: developing a case management model in the elderly services sector, under which service users would be assisted by case managers for better service coordination, smoother service transition and better informed on choices of service; adopting information and communication technologies for enhancing accessibility to information; and encouraging initiatives in public-private partnership.

*Strategic Direction 3: Further streamline and promote integrated service delivery*

16. While the focus of the ESPP is on welfare services provided by SWD, there are a number of interfacing issues with the healthcare and housing sectors that may affect the effectiveness of the welfare services provided. Strategic Direction 3 recommends stepping up the effective partnership among pivotal players in the interface among welfare, healthcare and housing sectors, as well as enhancing the service delivery and integration of a number of existing subsidised CCS. The proposed development of a case management model mentioned in paragraph 15 above would also facilitate more effective interfacing between the welfare and other sectors.

*Strategic Direction 4: Ensure financial sustainability and accountability of elderly services*

17. Strategic Direction 4 identifies the need to improve the financial sustainability of elderly services given that the existing services are heavily subsidised and the demand for subsidised services would increase along with the ageing population. The ESPP recommends a more forward-looking approach in the use of public expenditure on elderly services and three development directions have been proposed for further consideration, i.e. continuing to explore co-payment arrangements for subsidised services that are commensurate with affordability; strengthening measures in enabling welfare organisations in operating self-financing services; and exploring other alternative LTC financing options such as LTC insurance. Nonetheless, the ESPP notes that it will take time for the community to reach a consensus on alternative LTC financing options and this should be taken as a longer-term initiative.

**Way Forward**

18. The Government accepts in principle the recommendations of the ESPP and will make arrangements for the implementation of the ESPP. In fact, we have already taken forward some priority initiatives in strengthening CCS. For instance, we will launch two pilot schemes to support elderly persons discharged from public hospitals after treatment and elderly persons with mild impairment.

19. For other ESPP recommendations, the Government will consider and implement them having regard to the priority suggested in



the ESPP (Appendix III to the ESPP). Most of the recommendations will be taken forward in the short-term in around one to two years, whereas some others will be followed up in the medium-to-long term (in three years and beyond). The EC will monitor the implementation of these recommendations. Moreover, as recommended in the ESPP, the Government will consider the ESPP as a “living document”, whereby the goals and objectives contained therein will be kept track of regularly and updated at suitable juncture.

### **Advice Sought**

20. Members are invited to note the findings and recommendations of the ESPP.

**Labour and Welfare Bureau  
Social Welfare Department  
September 2017**

2017年9月19日  
討論文件

## 家庭議會

### 安老服務計劃方案

#### 目的

本文件向委員簡介安老事務委員會（安委會）所籌劃的《安老服務計劃方案》（《計劃方案》）的結果以及各項建議。

#### 背景

2. 香港人口正急速老化。根據 2017 年 9 月最新公布的人口推算，預期香港人口會由 2016 年的 734 萬增加至 2043 年 822 萬的頂峯，然後回落至 2064 年的 778 萬。與此同時，長者人口（即 65 歲及以上人士）的增長速度將遠高於其他年齡組別，由 2016 年的 116 萬增加至 2043 年的 255 萬，再遞增至 2064 年的 263 萬。由於人口的急速老化預期會為長期護理服務帶來挑戰，政府有迫切需要加強安老服務的中長遠規劃。政府因此於 2014 年委託安委會籌劃《計劃方案》。

3. 在進行三階段的公眾參與活動及討論後，安委會已於 2017 年 6 月完成並向政府提交《計劃方案》。政府其後宣布原則上接納《計劃方案》的建議。《計劃方案》的主要結論和建議載於第 4 至 17 段。《計劃方案》的附錄 III 載列了各項建議。

#### 安老服務面對的挑戰

4. 《計劃方案》留意到，本港安老服務正面對以下重大挑戰。

##### *服務需求急升、勞動力下降及家庭照顧者減少*

5. 鑑於長者人口增加，加上未來長者的平均年齡亦會上升，預計資助長期護理服務的需求將大幅提高。<sup>1</sup>《計劃方案》推算

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<sup>1</sup> 到了 2064 年，整體長者人口預期會有所增加，人數是 2015 年的 2.4 倍，其中「老老」（即 85 歲或以上人士）的人數增長速度預期會更快（4.7 倍）。與「初老」（即 65 歲以上至 85 歲以下人士）比較，「老老」需要長期護理服務的機會大很多。在 2012/13 至 2014/15 年度這三年間，約 0.6%

資助長期護理服務（當中包括社區照顧服務和院舍照顧服務）的總需求會上升，所需的服務名額將由現時的 60 000 個增至 2030 年的約 78 000 個，到 2051 年更會達到約 124 600 個的頂峯。此外，老年撫養比率預計會由 2014 年的 198（約每 5 名適齡工作人士撫養一名長者）大幅上升至 2030 年的 425（約每 2.4 名適齡工作人士撫養一名長者），到 2064 年再上升至 567（約每 1.8 名適齡工作人士撫養一名長者）。再者，家庭住戶平均人數亦正在下降，由 1981 年的 3.9 人下降至 2011 年的 2.9 人，並預計到 2024 年更會下降至 2.8 人。工作人口不斷下降，意味着本地可成為正規服務照顧員的人數也正在縮減，而平均家庭住戶人數下跌，則表示能為長者提供照顧支援的家庭成員人數將會愈來愈少，令社會對正規長期護理服務的需求更大。

### *社區照顧服務與院舍照顧服務之間出現不平衡情況*

6. 目前資助院舍照顧服務與資助社區照顧服務兩者的申請數目出現不平衡情況。雖然「居家安老」是政府一直以來的政策，而大多數長者都希望在社區而非院舍安老，但實際上，在申請資助長期護理服務的長者中，約有 95% 都選擇輪候資助院舍照顧服務。<sup>2</sup>《計劃方案》指出，社區照顧服務現時在若干方面（包括為離院長者和身體機能有輕度缺損的長者提供的支援）尚有不足，可能是造成上述不平衡情況的原因。《計劃方案》亦注意到社會福利署（社署）的「安老服務統一評估機制」（「統評機制」）中有大量個案（佔超過 60% 的評估結果）獲評估為「雙重選擇」個案。這些個案雖然可透過社區照顧服務獲得充分照顧，但他們仍然可以選擇輪候院舍照顧服務。《計劃方案》認為現時的護理需要評估和服務配對機制，在分辨使用者的護理需要是適合社區照顧服務還是院舍照顧服務時或許未夠精細，並這可能是導致社區照顧服務與院舍照顧服務之間出現不平衡的原因之一。

### *使用者的社會經濟狀況和對安老服務的期望的轉變*

7. 《計劃方案》認為，未來世代的長者預期會有較高的教育

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至 6.2% 的「初老」（實際比率視乎長者的確實年齡而定）需要資助院舍照顧服務，而「老老」則有約 12.1% 至 25.5% 需要有關服務。資助社區照顧服務的情況相若，即年邁長者明顯有較大機會需要有關服務。

<sup>2</sup> 這個數字包括選擇同時輪候社區照顧服務及院舍照顧服務的長者，以及選擇只申請院舍照顧服務而不考慮社區照顧服務的長者。

水平和較佳的經濟條件，對安老服務亦有較高的期望。此外，他們在選用服務時，很可能希望享有更大的自主權，而在籌劃自己的活動時，也可能要求有更多參與。他們的興趣及期望亦會更趨多元化。

### *安老服務開支增加*

8. 現時香港的長期護理服務大部分都以普及形式提供，並由政府大幅資助。社區照顧服務和院舍照顧服務的單位服務成本平均約有 80%至 90%是由政府承擔。長遠財政計劃工作小組在 2014 年 3 月發表報告，根據報告所載有關公共財政的財政可持續性評估，即使我們假設沒有通脹，也不推行改善服務措施，到了約 2029 至 30 年度，政府仍可能要開始面對結構性赤字問題。鑑於長期護理服務需求預計會激增，加上勞動人口萎縮，我們須重新檢視現時幾乎完全依賴公帑提供資助的模式。

### **策略方針和主要建議**

9. 鑑於上文第 5 至 8 段所述的挑戰，《計劃方案》提出採用四個策略方針，並把加強社區照顧服務（策略方針一）定為首要策略。《計劃方案》亦提出了合共 20 項的建議。

#### *策略方針一：大幅加強社區照顧服務以達至居家安老和減低住院比率*

10. 為應對包括長期護理服務需求增加和過度依賴資助院舍照顧服務等多項挑戰，策略方針一提出促進社區照顧服務，以助長者居家安老，並就安老服務加強處所和人手方面的長遠規劃，為應付增加的服務需求作好準備。

11. 在鼓勵居家安老方面，《計劃方案》留意到，目前資助社區照顧服務主要有兩個可改善的地方，分別是加強為離院長者提供過渡期護理支援，以及加強支援身體機能有輕度缺損的長者，從而減慢其身體機能衰退，以期減少或延緩他們對較高程度護理服務的需要。此外，《計劃方案》亦檢視了其他服務元素，並提出其他有助長者居家安老的措施，例如加強暫託服務及其他照顧者支援措施、改善提供予認知障礙症長者的服務以及加強善終照顧服務。除上述措施外，《計劃方案》留意到社署正在更新其「統評機制」的評估工具和服務配對機制，目標是更有效地區分社區照顧服務及院舍照顧服務的需要。以上各項措施預計會有助落實

居家安老的政策。

12. 至於處所和人手的長遠規劃，《計劃方案》建議重新在《香港規劃標準與準則》(《規劃標準》)，為各類安老服務加入以人口為本的規劃比率，以及在規劃過程中採用「屋苑為本」模式，即大型住宅發展項目一般應預留場地和處所來提供安老服務。《計劃方案》提出一套規劃比率作參考，供當局按既定機制修訂《規劃標準》時作進一步討論。<sup>3</sup> 此外，《計劃方案》建議定期檢討社署的安老設施明細表，以配合長者不斷轉變的老化狀況和服務需求。

13. 在人手需求方面，《計劃方案》提出一系列有助招聘和挽留員工的措施，包括令護理員的工作更多元化、擴闊安老服務從業員的工作前景、善用科技和電子機械設備、加強員工培訓及提升安老業界的形象。《計劃方案》亦建議考慮在輸入照顧員時提供更大彈性，以作為短期增加整體人力供應的措施。

14. 雖然策略方針一的焦點在於加強社區照顧服務和長遠服務規劃，但《計劃方案》留意到，公眾普遍關注院舍照顧服務的質素，包括院舍的實際環境、護理員人手是否足夠和護理服務的質素。因此，《計劃方案》建議加強措施，確保安老院舍的質素，特別是要盡快檢討《安老院條例》(第 459 章)。《計劃方案》也認為，安老業界人手短缺是改善服務質素的一個主要障礙。

#### *策略方針二：確保知情選擇及為長者適時提供具質素的服務*

15. 策略方針二旨在回應長者人口特徵的預期轉變，即預期未來世代的長者會有較高的教育水平，對選用服務的自主權和服務的質素亦會有較高期望。主要建議包括：推動安老服務業界發展個案管理模式，由個案經理為服務使用者提供支援，以加強服務之間的協調、令服務銜接更為暢順，並讓服務使用者在選用服務時更能作出知情的選擇；善用資訊和通訊科技，發放易於取閱的

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<sup>3</sup> 《計劃方案》建議 2026 年的規劃比率作參考，即每 1 000 名 65 歲或以上的長者，須有 21.4 個資助院舍照顧服務宿位和 14.8 個資助社區照顧服務名額。

《計劃方案》亦就長者地區中心和長者鄰舍中心建議了一套規劃標準。有關標準如下：

- (i) 人口達 170 000 人的新住宅區設有一間長者地區中心；以及
- (ii) 如情況適合，每個新建或重建的公共屋邨有一間長者鄰舍中心，而每個新的私人屋苑，若其人口達 15 000 至 20 000 人，亦應設有一間長者鄰舍中心。

資訊；以及鼓勵公私營合作項目。

### *策略方針三：進一步提升服務效率並整合各項服務*

16. 雖然《計劃方案》的焦點在於社署提供的福利服務，惟多項關乎福利服務與醫療及房屋界別服務之間的銜接事宜，有可能影響該等福利服務的成效。策略方針三建議主要持份者加強合作，確保福利、醫療和房屋界別之間的服務能有效地銜接；以及改善和整合多項現有的資助社區照顧服務。上文第 15 段所述的個案管理模式發展建議，也有助促進社福界與其他界別之間的服務銜接。

### *策略方針四：確保安老服務在財政上可持續並鼓勵責任承擔*

17. 鑑於現有服務獲政府大幅資助，加上資助安老服務的需求會隨人口老化而增加，策略方針四提出有需要改善安老服務的財政可持續性。《計劃方案》建議在安老服務的公共開支方面採取更為前瞻的做法，並提出三個方向供政府再作考慮，即繼續研究與支付能力相稱的資助安老服務共同付款安排；加強措施讓社福機構可以營辦自負盈虧服務；以及探討其他長期護理服務的財政安排（例如長期護理服務保險）。然而，《計劃方案》留意到，社會將需要一些時間才可就長期護理服務的其他財政安排達成共識，因此有關的探討應視作較為長遠的工作。

## **未來路向**

18. 政府原則上接納《計劃方案》的建議，並將就推行《計劃方案》作出安排。事實上，我們已優先進行一些措施以加強社區照顧服務。例如政府將推行兩項試驗計劃，支援在公立醫院接受治療後離院的長者及身體機能有輕度缺損的長者。

19. 至於《計劃方案》的其他建議，政府將考慮如何落實，並會參考《計劃方案》中就建議落實優次提出的意見（《計劃方案》附錄 III）。大部份建議的跟進工作會在一至兩年內的短期展開，而部份建議的跟進工作會則會在中長期進行（三年或以後）。安委會將監察建議的實施。此外，政府會按《計劃方案》的建議，將《計劃方案》視為「活文件」，即定期檢視《計劃方案》各項目標的進度，以及按需要適當地作出調整。

## 徵詢意見

20. 請委員備悉《計劃方案》的結果以及各項建議。

勞工及福利局  
社會福利署  
2017年9月

# 《安老服務計劃方案》

二零一七年九月十九日

## 簡介內容

- \* 《安老服務計劃方案》背景
- \* 安老服務面對的挑戰及應對策略
- \* 《計劃方案》主要建議
- \* 建議的推行時間表



# 《安老服務計劃方案》背景

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## 背景簡介

- \* 行政長官在2014年1月的《施政報告》中委託安老事務委員會（安委會）籌劃《安老服務計劃方案》（《計劃方案》）
- \* 委聘香港大學社會工作及社會行政學系的顧問團隊推展有關工作
- \* 安委會已於2017年6月完成並向政府提交《計劃方案》。政府其後宣布原則上接納《計劃方案》的建議

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# 制定「計劃方案」的整體概念

- \* 《計劃方案》為一份**活文件**，可於未來進行**適時檢討**
- \* 內容大綱：
  - 涵蓋安老服務的**策略方針**，並盡可能提出**具體可行的項目建議**
  - 臚列安老服務目前相關背景、服務**需求推算**、分析目前及潛在的**問題及挑戰**、社會關注及期望、並提出**針對性建議**
- \* 《計劃方案》的**建議**可按情況於**短期內或條件成熟後**推行

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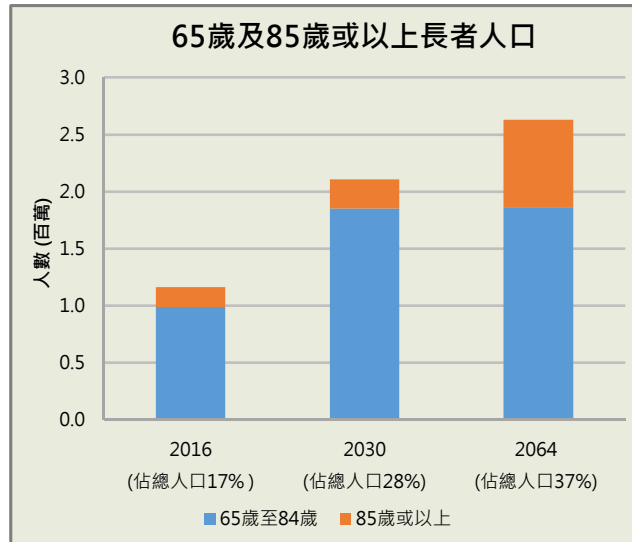
## 安老服務面對的挑戰 及應對策略

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# 主要挑戰 (一)

## \* 長期護理服務需求急升

- 長者人口增加
- 長者平均年齡上升，令人均服務需求上升
- 家庭照顧者減少，需要以正規服務代替
- 本地勞動力下降，服務在質和量方面都較難提升



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資料來源：政府統計處《香港人口推算2017-2066》

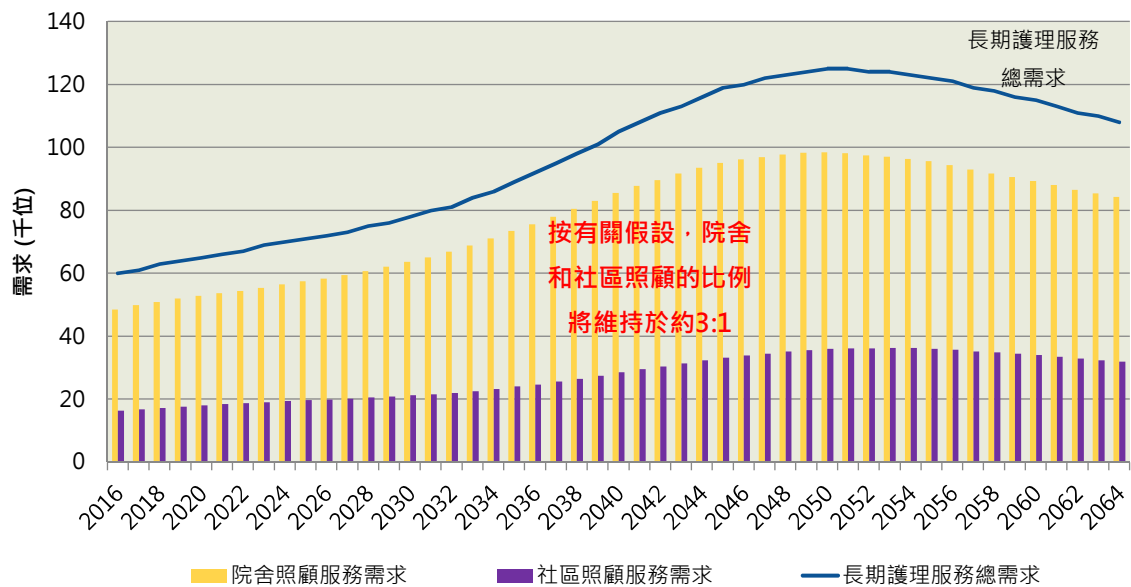
# 主要挑戰 (二)

## \* 過度依賴院舍照顧服務

- 長者普遍希望居家安老。事實上：
  - 65%長者經評估可透過社區照顧服務，繼續在社區生活
  - 在申請資助長期護理服務的長者中，95%都選擇輪候資助院舍照顧服務
- 結果：院舍照顧服務和社區照顧服務長期維持近3：1比例，進一步加劇資助宿位不足的情況
- 原因：
  - 現時服務需要評估和服務配對機制未能清楚區分院舍照顧服務和社區照顧服務的服務需要
  - 社區照顧服務仍需改善，例如：離開醫院的長者、輕度身體缺損長者

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長期護理服務總需求以及  
院舍照顧服務和社區照顧服務的分布 ( 假設服務使用模式不轉變 )



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## 主要挑戰 (三)及(四)

- \* 服務使用者的人口特徵和對安老服務期望的轉變
  - 較高的教育水平
  - 較佳的經濟條件
  - 較高的服務期望
  - 更大自主權選擇決定服務內容
- \* 安老服務開支增加
  - 現時約80%至90%服務成本由政府承擔
  - 預計未來需求激增，加上勞動人口萎縮

# 應對策略

挑戰	策略方針
長期護理服務需求急升	<b>策略方針1:</b> 加強社區照顧服務以達至居家安老和減少住院比率
過度依賴院舍照顧服務	<ul style="list-style-type: none"><li>- <b>減少整體服務需求:</b> 具預防性質的社區照顧服務、健康推廣</li><li>- <b>減少院舍服務比率:</b> 強化社區照顧服務</li><li>- <b>確保有足夠服務供應:</b> 加強處所和人手規劃</li></ul> <b>策略方針3:</b> 進一步提升服務效率並整合各項服務
社會經濟狀況和服務期望的轉變	<ul style="list-style-type: none"><li>- <b>理順不同服務間的配合:</b> 減少過早入住院舍的情況</li></ul> <b>策略方針2:</b> 確保知情選擇及為長者適時提供具質素的服務
安老服務開支增加	<ul style="list-style-type: none"><li>- <b>提升服務質素、更大自主性的服務模式</b></li></ul> <b>策略方針4:</b> 進一步確保安老服務的財政可持續性並鼓勵責任承擔
	<ul style="list-style-type: none"><li>- <b>提出三種方式, 加強長遠財政可持續性</b></li></ul>

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# 主要建議

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## 策略方針1:加強社區照顧服務以達至居家安老和減少住院比率

- \* 在減少長期護理服務需求，以及降低院舍服務比率方面的重點建議：
  - 加強社區照顧服務，以確保長者盡可能於社區生活，減少不必要入住院舍 (建議4)
  - 為預防健康衰退，應加強為輕度程度缺損的長者提供適合的服務，如優化綜合家居照顧服務(普通個案)，以服務輕度程度缺損的長者為重點 (建議4a)
  - 加強對離開醫院的長者的過渡性護理支援，以協助他們留於社區和預防過早入住院舍 (建議5b)
  - 改善社署的服務需求評估工具，以及改善服務配對機制 (建議8)

## 策略方針1:加強社區照顧服務以達至居家安老和減少住院比率

- \* 在加強人手規劃方面的重點建議：
  - 建立更可持續的安老服務勞動力，以面對安老服務需求上升及對服務更高的期望
    - 改善聘用條件和提升工作環境
    - 令服務更為現代化和推廣電動機械設備的使用
    - 推廣護理行業的正面形象
    - 吸引兼職員工加入
    - 考慮在輸入照顧員時提供更大彈性 (建議12a)
  - 透過探討成立地區為本的专业團隊 (建議12b)
  - 吸引更多人成為非正規護老者(包括外傭)並加強其培訓 (建議12c)

## 策略方針1:加強社區照顧服務以達至居家安老和減少住院比率

### \* 在加強處所規劃方面的重點建議：

- 重新在《香港規劃標準與準則》加入**安老服務的規劃比率**(建議13a)：

服務類別	規劃比率的參考數值
院舍照顧服務	每1 000名65歲或以上的長者有21.4個床位
社區照顧服務	每1 000名65歲或以上的長者有14.8個服務名額
長者地區中心	人口達170 000人的新住宅區設有一間長者地區中心
長者鄰舍中心	每個新建或重建的公共屋邨有一間長者鄰舍中心，而每個新住宅區，若其私人屋苑部分的人口達15 000至20 000人，亦應設有一間長者鄰舍中心

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## 策略方針1:加強社區照顧服務以達至居家安老和減少住院比率

### \* 在加強處所規劃方面的重點建議：

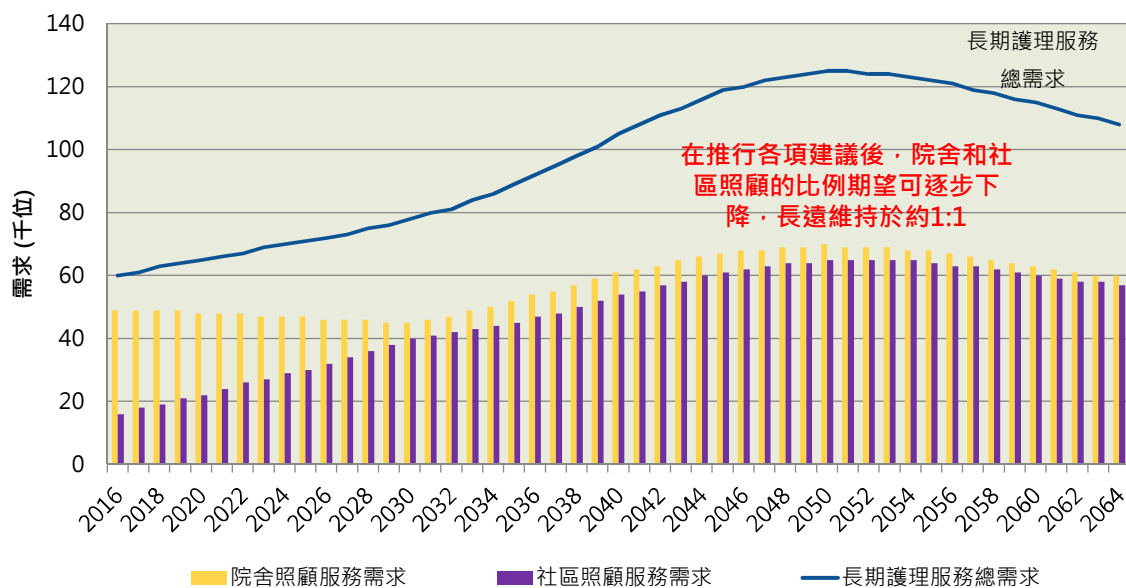
- **定期檢視安老服務處所的設施明細表**，以確保營運者有足夠的設施和空間去提供服務和面對正在增加的需求 (建議13b)
- 考慮採用「**屋苑為本**」的方式以提供服務和物色場所 (建議14a)

### \* 其他建議：

- 加強**暫托服務**、**護老者支援**
- 加強在**認知障礙症**、**善終照顧**等方面的支援
- 提升院舍服務質素 (包括**檢討《安老院條例》**)

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長期護理服務總需求以及  
院舍照顧服務和社區照顧服務的分布 (在推行各項建議後)



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## 策略方針2及策略方針3

### \* 策略方針2: 確保知情選擇及為長者適時提供具質素的服務

- 探討個案管理模式的發展 (建議9)
- 應分配資源改善安老服務使用者和提供者對資訊科技的使用，以提升生活質素和服務質素、成效和效率 (建議18)

### \* 策略方針3: 進一步提升服務效率並整合各項服務

- 加強對離院長者的支援
- 繼續擴大外展服務的覆蓋範圍
- 加強醫院和社區服務機構之間的協調
- 改善社區的長者友善環境 (建議16)

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## 策略方針4:進一步確保安老服務的 財政可持續性並鼓勵責任承擔

- 於安老服務的公共支出方面採取更具**前瞻性**的方法，以應對長者人口的社會經濟狀況的改變，以及推廣較公平地**共同承擔長期護理服務的開支**，可考慮的方向包括：
  - i. 與支付能力相稱的**共同付款**
  - ii. 加強非政府機構營運**自負盈虧服務**的措施
  - iii. 考慮開展其他**長期護理服務財政安排**的探討  
(建議15)

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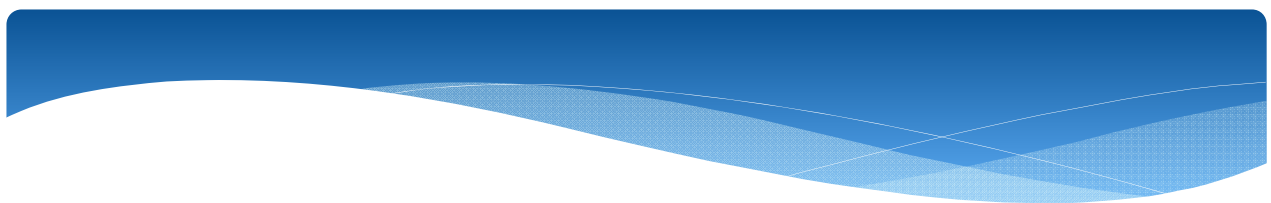
## 推行時間表

### 一般原則

- \* 推出建議時間可分為「**短期**」或「**中長期**」
- \* 一般而言，**短期**推出的建議可在《計劃方案》頒布後一至兩年內展開跟進工作，佔所有建議的大部份
- \* **中長期**推出的建議則為那些**需要時間作進一步研究、進行資料分析或需要考慮執行時序**的項目

註: 推行時間表詳情見《計劃方案》附錄三

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**謝謝！**