Community Care Fund
Dementia Community Support Scheme
Final Evaluation Report

Purpose

This paper reports the results of the final evaluation of the "Dementia Community Support Scheme" under the assistance programme of Community Care Fund (CCF).

Background

2. The Commission on Poverty (CoP) approved a budget of $98.88 million under the CCF at its meeting on 31 August 2016 for the Food and Health Bureau (FHB), in collaboration with the Hospital Authority (HA) and the Social Welfare Department (SWD), to launch a two-year pilot scheme named "Dementia Community Support Scheme" (the Pilot Scheme). Four HA clusters and 20 District Elderly Community Centres[1] (DECCs) participated in the Pilot Scheme to provide support services to elderly persons with mild or moderate dementia and their carers in the community through a "medical-social collaboration" model. The Pilot Scheme was implemented from February 2017 to January 2019.

3. Apart from developing a "medical-social collaboration" model and enhancing the community dementia support services, the Pilot Scheme also aims to enhance the capacity of the staff of DECCs in handling dementia cases in the community, enhance the healthcare element in the services of the DECCs and increase the use of information technology through the service delivery under the Pilot Scheme.

4. The target users of the Pilot Scheme are elderly persons aged 60 or above who are:

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[1] The four HA clusters include Hong Kong East Cluster, Kowloon East Cluster, New Territories East Cluster and New Territories West Cluster; the 20 DECCs are located at Sha Tin, Tai Po, Tseung Kwan O, Kwun Tong, Eastern, Wan Chai, Tuen Mun and Yuen Long districts.

(a) patients diagnosed with mild or moderate dementia and referred by Geriatric/Psycho-geriatric Teams of HA; or
(b) members of DECCs suspected of having features of early dementia.

The target number of beneficiaries under the Pilot Scheme is 2 000 persons. As at 31 January 2019, the Pilot Scheme had provided services to 2 065 elderly persons. The disbursement and administrative fees provided by CCF is about $83.25 million and $3.78 million respectively.

5. To avoid elderly persons to go through complicated screening and means test procedures so as to encourage more elderly persons to participate in the Pilot Scheme, those who are recipients of the Comprehensive Social Security Assistance (CSSA), Normal/ Higher Old Age Living Allowance (Normal/Higher OALA), or holders of medical fee waiver[2] granted by public hospitals or clinics, at the time they join the Pilot Scheme can receive services of the Pilot Scheme free of charge during the two-year pilot period. For elderly persons not receiving CSSA, Normal/Higher OALA or medical fee waiver, they can also join the Pilot Scheme by paying a monthly fee of $250 for receiving support services and participating in relevant programmes provided by the DECC in the month concerned.

Final Evaluation

6. FHB has commissioned the Sau Po Centre on Ageing of the University of Hong Kong (HKU) to conduct evaluation study for the Pilot Scheme. This evaluation study aims to provide data on the "medical-social collaboration" process so as to recommend refinements to the service model and the way forward of the services. FHB reported the interim evaluation findings to the CCF Task Force and CoP in June 2018.

7. HKU adopted a mixed-method research consisting of a qualitative study (focus groups and individual interviews) and a quantitative study (prospective, naturalistic follow-up study using services and administrative data).

[2] Excluding persons receiving one-off medical fee waiver.

8. For the qualitative study, HKU conducted individual interviews and focus groups at the beginning of the Pilot Scheme (baseline) and repeated the process after one year (follow-up) of service commencement. The baseline study aims to explore potential mechanisms of impact, contextual factors, and identify foreseen practical challenges and opportunities in implementing the Pilot Scheme. The follow-up study aims to consolidate lessons learned in the implementation process and stakeholders' opinions on further service implementation.

9. HKU conducted 20 focus groups and 16 individual interviews between June 2017 and September 2018. A total of 59 people participated in the baseline and 67 people in the follow-up qualitative study. All 20 DECCs and four HA clusters sent representatives to join the service provider focus groups/interviews. The family carers came from DECCs covering all four HA clusters.

10. For the quantitative study, HKU collected data on persons with dementia and their carers receiving the services of the Pilot Scheme from the 20 DECCs between June 2017 and August 2018. These data included assessments done for 1 385 participants of the Pilot Scheme at service intake, as well as data of those having completed the service and six-month follow up assessment.

Observations

(1) Medical-social collaboration

11. The findings of the qualitative study suggested that a partnership between frontline medical and social service providers had evolved over one year of piloting. Difficulties and challenges in collaboration reported in the baseline study were largely resolved at one-year follow up, with responses demonstrating mutual understanding and appreciation between the two sectors as well as work satisfaction arising from the provision of service under the Pilot Scheme.

(2) Capacity building

12. In terms of capacity building, service providers regarded the collaboration as adding value to their work, with cross-learning among professionals

across sectors and disciplines. Although different paces of capacity building and readiness in providing dementia community support were noted, all participating DECCs achieved or over-achieved the target number of beneficiaries as at the end of the Pilot Scheme.

(3) Participants' functioning level

13. Persons with dementia in the Pilot Scheme had relatively stable decline in their functioning level with reference to the expected natural decline trajectory. The decline was slower in those who had attended all sessions, and those with milder dementia at baseline. Quality of life of the persons with dementia and their carers was maintained throughout the observation period, despite decreasing function and increasing symptom severity.

(4) Carer burden

14. Service quality of the Pilot Scheme was regarded as good or excellent by 90% of the carers. Throughout the observation period, carer burden had improved significantly. Carer burden seemed to be relieved mainly due to the positive effects of the Pilot Scheme services on the persons with dementia and the respite opportunities for carers during group sessions arranged for the persons with dementia. However, their distress level increased from service completion to six-month follow up. Carers had expectation for continued service.

(5) Ageing-in-place intention

15. Carers expressed the need for continued service in the same format and site. For those participants of the Pilot Scheme who continued to receive regular DECC non-cognitive services (e.g. canteen, physical exercise groups, etc.), their carers perceived a higher ageing-in-place likelihood, suggesting a higher level of confidence of the carers on the role of regular community services that supports ageing-in-place of elderly persons with dementia.

(6) Potential of social inclusion

16. From the qualitative findings, implementation of the Pilot Scheme in

DECCs did not lead to social inclusion and some evidence of stigma and discrimination was noted among other DECC members. As the Pilot Scheme was implemented in DECCs, if participants continue to join DECC programmes which require lower cognitive requirements (e.g. physical exercise groups) after completing the Pilot Scheme service, there would be more opportunities for them to have direct personal contact with other DECC members. Along with enhanced public education and promotion, extension programmes, if suitably designed and led by trained staff, should have the potential to achieve social inclusion and dementia-friendly community in the long run.

(7) Service demand

17. During the pilot period, most of the participants accessed the service through HA referral. Service providers in DECCs considered that clinicians' inputs were necessary. The support to non-HA cases by DECCs was not only limited by a lack of medical inputs but also the increased demand on professional skills of the staff.

18. Having the observation of carers' expressed need for continued service after completing the programmes of the Pilot Scheme, it is expected that there will be an increase in service demand in the long run due to high service user satisfaction. It is possible that the early community support provided by the Dementia Community Support Scheme (DCSS) will eventually offset or reduce the needs for other services (e.g. hospital admission due to fall, premature institutionalisation, etc.), when a mature system is in place with DCSS as part of a tiered service in the continuum of care.

Conclusions and Recommendations

19. To conclude, the Pilot Scheme has developed a medical-social collaboration model and enhanced the capacity of the staff of non-governmental organisations in providing community support services to elderly persons with mild or moderate dementia and their carers. Benefits were observed in persons with dementia and carers, and lessons learned by service providers as to the service structures and processes that are more conducive to benefiting persons with dementia and carers. Riding on these groundworks, HKU recommends that in the long run,

the strategies in the following paragraphs can be considered to further enhance the impact.

(1) Expansion of service reach

20. To expand the service reach while maintaining quality, HKU agrees that the service be expanded to seven HA clusters and 41 DECCs upon completion of the Pilot Scheme in January 2019, and recommends that for longer-term development, further expansion by covering more beneficiaries and extending service reach, such as gradual increase the proportion of non-HA cases in the support services, expansion of case pool, etc. be considered. The Government has incorporated the Pilot Scheme into Government's regular assistance programme upon the end of the Pilot Scheme and will extend the services to seven HA clusters and 41 DECCs in May 2019. The Task Force on DCSS (DCSS Task Force) led by FHB will continue to monitor the operations of the scheme after regularisation with a view to exploring the feasibility of further service expansion.

(2) Enhancement of service effectiveness and cost-effectiveness

21. To enhance service effectiveness and cost-effectiveness, HKU recommends that subject to service demand and supply, case prioritisation be considered on a need basis; a mechanism of quality assurance with carer burden as an outcome indicator for service benchmarking be established; a multi-disciplinary team with at least 2.5 full-time equivalent staff at DECCs as well as organisation's deployment (e.g. using "Other Charges") of 1 full-time equivalent supporting staff be maintained/considered; fixed venues and suitable number of sessions be provided; geographical proximity be ensured, or transportation and escort service to facilitate attendance be provided. As core professionals providing support services in the Pilot Scheme did not include clinicians, it is suggested that HA clinicians' inputs be made reference to when delivering the service in future.

22. With reference to the actual operations of the Pilot Scheme, FHB has reviewed and updated the Operations Guideline, which includes updates on prioritisation and service hours based on the needs and conditions of individual cases, retention of assessment tool on carer burden, inclusion of arrangements for

transportation and escort service, etc. DECCs and HA clusters are also provided with additional recurrent resources to enhance manpower and services. FHB will continue to monitor the operations of the scheme, including inputs of professional staff and service needs, through DCSS Task Force.

(3) Maintenance of standard of effectiveness and service quality

23. To ensure standard of effectiveness and service quality across the entire support service, FHB, making reference to HKU's recommendations, has added suitable assessment tools for use under the scheme so as to understand more about the change of conditions of the participants. The service providers will make use of the existing mechanism to jointly review the assessment results and discuss the care plans with a view to ensuring the service standard. FHB also agrees to HKU's recommendation that routine service and outcome data could be used as reference for review of service quality and service planning in future. As regards the recommendation on incorporating some suitable evidence-based interventions into current protocol as standard service, FHB would explore its feasibility through DCSS Task Force in due course.

(4) Enhancement of long-term impact on carers' quality of life and ageing-in-place intention

24. To enhance the long-term impact of the service of the scheme on carers' quality of life and ageing-in-place intention, HKU recommends earlier engagement in service as soon as the person receives dementia diagnosis; equipping carers with coping skills and linkage with community resources to enhance self-efficacy and management of behavioural and psychological symptoms of dementia; and provision of regular post-programme service with low cognitive requirement in the same service unit. These recommendations are addressed through service regularisation which provides more timely support services to suitable cases as well as through DECCs which encourages elderly persons who have completed the service of the scheme to continue to join suitable programmes in DECCs.

(5) Enhancement of long-term impact on dementia friendliness

25. Making use of the potential of social inclusion extended from the

services of the Scheme, HKU suggests that DECC staff be equipped with knowledge and skills in anti-stigma work, with provision of resources to facilitate the promotion of social inclusion of persons with dementia in the community elderly service settings. Other strategies such as the involvement of healthy DECC members as volunteers, publicity work on the role and function of DECCs in providing dementia support services, and campaigns to raise public awareness on dementia in the larger context. SWD has launched the "Dementia Friendly Community Campaign" (the Campaign) from September 2018. This Campaign, which aims to enhance public awareness and knowledge on dementia through promotion and public education and thus achieve the goal of building a dementia friendly community for persons with dementia and their carers, has addressed the aforesaid recommendation.

(6) Enhancement of long-term impact on service responsiveness

26. To enhance the long-term impact on service responsiveness, the Government would explore HKU's recommendation on making use of the role of DECCs in the community to promote dementia community support in the long run as well as the feasibility of forming an alliance between DECCs and Neighbourhood Elderly Centres to provide dementia community support services in a collaborative effort.

(7) Enhancement of long-term impact on service sustainability

27. For the enhancement of long-term impact on service sustainability, HKU suggests that strategies of clinician involvement in the support of non-HA cases be explored; some successfully tested strategies in other long-term care pilot schemes be made reference to; and a mechanism of integrating the service of the DCSS into the long-term care system be explored; linking the routine data used in this service with other existing service databases and where applicable, feasibility of integrating or streamlining the use of assessment tools in different services be explored. In the long run when need arises, the Government may consider commissioning a separate research study to review the service alignment, develop service road map and operation manual, and ultimately a dementia care policy to ensure responsive, effective, and sustainable service. The Government will make reference to these recommendations when considering the long-term development of the services.

Follow-up work

28. The Pilot Scheme completed on 31 January 2019. According to the 2017 October Policy Address, the Government has incorporated the Pilot Scheme into its regular assistance programmes in February 2019 and will extend the services to all 41 DECCs in the territory in May 2019. DCSS can be considered a successful starting point in the dementia care pathway which spans from mild, moderate, to severe stage of dementia. The Government will make reference to the recommendations of the evaluation report and continue to monitor the actual operations through DCSS Task Force with a view to further refining the services provided under the regularised DCSS.

Food and Health Bureau
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