

Community Care Fund Dementia Community Support Scheme Interim Evaluation Report

Purpose

This paper reports the results of the interim evaluation of the “Dementia Community Support Scheme” under the Community Care Fund (CCF).

Background

2. The Commission on Poverty 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 Centres¹ (DECCs) participate 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 is 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.

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, Wanchai, Tuen Mun and Yuen Long districts.

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

- (a) patients diagnosed by HA of having mild or moderate dementia; or
- (b) members of DECCs suspected of suffering from early dementia.

Subject to the number of suitable cases and the number of elderly persons giving consent to participate in the Pilot Scheme, the target number of beneficiaries under the Pilot Scheme is 2 000 persons².

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), the Old Age Living Allowance (OALA), or medical fee waiver³ granted by public hospitals, 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, 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.

Interim 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. The specific objectives of the evaluative

² As at 31 July 2018, the Pilot Scheme provided support services to 1 746 elderly persons.

³ Excluding persons receiving one-off medical fee waiver.

study are to: (1) understand the implementation, mechanisms of impact and contextual factors of the “medical-social collaboration” model and other core components of the Pilot Scheme; and (2) explore structure and workflow indicators in order to predict the intermediate and potential long-term impact of the Pilot Scheme.

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).

8. For the qualitative study, HKU conducted individual interviews and focus groups at the beginning of the Pilot Scheme (baseline) and will repeat 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. As at August 2017, a total of 59 people participated in the baseline qualitative study, including 29 service providers (staff of DECCs and HA) and 30 service users (family carers). All 20 DECCs and four HA clusters sent representatives to join the service provider focus groups/interviews. The 30 family carers came from nine DECCs in four HA clusters. This interim report is about the initial findings of the baseline qualitative study.

10. For the quantitative study, HKU will use the service and the administrative data of the Pilot Scheme to delineate changes in intermediate and potential long-term outcomes, and to explore factors associated with these changes. HKU will collect data on persons with dementia and their carers receiving the service of the Pilot Scheme from the DECCs. During the evaluation period (between June 2017 and August 2018), HKU will collect sample data of up to 1 000 people with dementia and their carers participating in

the Pilot Scheme. The final report will have detailed analysis on the quantitative findings and making reference to other dementia community support services with a view to evaluating the Pilot Scheme.

Initial observations

11. The interim report points out that during the initial stage of implementation, the Pilot Scheme has already been well received by service users, with positive feedback and suggestions in fine-tuning the logistic arrangement. The key strengths, concerns and suggestions arising from the baseline study are illustrated in the ensuing paragraphs. Detailed qualitative analysis will be provided in the final report.

(I) Key strengths

Promoting social connection and psychosocial care

12. Family carers commended on the opportunities for the persons with dementia to join group activities, develop friendship with other group members, and DECC staff. Many of them expressed the wish for their parents or spouses to be able to continue the newly developed relationships by going to the same group beyond the service period. Through organised activities (e.g. carer training) or informal social interactions (e.g. waiting time outside of the activity room), carers expressed gratitude and appreciation for the opportunity to learn the care skills and practical communication tips, and to gain mutual support from fellow carers.

Enhanced “medical-social collaboration”

13. A majority of the service providers from both DECCs and HA agreed that “medical-social collaboration” was enhanced through the Pilot Scheme. Some attributed this to a closer partnership developed arising from the shared responsibility for the persons with dementia; tasks that require close

coordination and communication; cross-learning among different professions in the multidisciplinary team; and the effective platform of case conference, which promotes information sharing from various sources about the persons with dementia, and as a result provides a better picture of their needs to facilitate formulation of more tailor-made care and intervention strategies. The injection of healthcare element in community support services appears to have some spill-over effects beyond the Pilot Scheme.

Strong organisation support and input

14. High level of organisation support was recognised and appreciated by DECC staff in facilitating the implementation of the Pilot Scheme. The organisations generally put a high priority on the Pilot Scheme compared with other programmes. For the smooth implementation of the Pilot Scheme, the organisations allocated the needed space and facilities, made flexible arrangement to accommodate for short-noticed tasks, and mobilised resources to facilitate the implementation of the Pilot Scheme (e.g. internally deploying trained volunteers and helpers to support the Pilot Scheme).

(II) Concerns

Service continuity

15. Family carers expressed a strong wish for the continuation of the Pilot Scheme but at the same time worried that persons with dementia might revert to their previous, suboptimal state once the Pilot Scheme ends, with previous efforts in cognitive stimulation and relationship building wasted. On the other hand, service providers were concerned about the case overload situation in DECCs in future.

Case identification and recruitment

16. Some Advanced Practice Nurses (APNs) of HA considered that being able to identify suitable service users is crucial to the success of the Pilot

Scheme. The difficulties of case identification and recruitment were less reported by APNs with better support from their hospital team (e.g. APNs having clinicians to help identify potentially suitable cases during their consultation and make referrals to APNs for follow-up).

Location, space and support worker for physical frailty

17. Some service providers from DECCs expressed concerns that DECCs might not have the needed space and manpower to support those with physical frailty and disability. Some DECCs in difficult-to-access sites (e.g. on a steep slope) pose challenges in arranging supporting staff, transportation and/or escort services for physically frail elderly persons. Family carers also expressed concerns whether they could still manage to escort the elderly persons to the DECCs when the physical health of the persons with dementia, or that of their own (especially for elder spouse), deteriorate further.

(III) Suggestions

Roadmap of dementia community support service

18. Service providers called for a clear positioning of DECC in community health and social care. The interim report suggests that the following should be taken into account: (a) when a patient's condition changes, at which point DECC is no longer the ideal service setting, requiring a transition to other community care services; (b) the priority for DECCs to be involved in care of clinical population versus preventive health service for subclinical population (e.g. mild cognitive impairment); (c) service continuity with specialised and/or infusion model; and (d) the role that Neighbourhood Elderly Centres could play in the dementia community support service.

Communication and support from HA and SWD

19. Service providers noted that clusters with stronger support from HA clinicians reported smoother operation, better service quality, and higher efficiency. Some service providers acknowledged the substantial help they had received from SWD staff. To further strengthen the support of HA and SWD, the interim report points out that administrative support can be enhanced and logistics streamlined, to allow better use of professional staff and their skills in providing support services to elderly persons with dementia and their carers.

Further strengthening of “medical-social collaboration”

20. To further strengthen the “medical-social collaboration” platform established under the Pilot Scheme, the interim report suggests that the feasibility of information sharing between healthcare and social care sectors should be explored so as to support the same persons with dementia. The interim report also recommends a stronger co-development element in the service design with a view to harnessing the unique strengths of both healthcare and social care sectors in the community support.

Conclusions

21. Preliminary observations made by HKU at the initial service commencement phase of the Pilot Scheme suggest generally effective implementation. These observations include positive feedback from service users, strong support from frontline service providers, and appreciation of the newly formed medical-social collaboration model from both healthcare and social care sectors. Specifically, service users appreciate the social connection opportunities provided in the Pilot Scheme and service providers recognise that the pressing needs in the community are addressed by the Pilot Scheme. HA and DECC staff also agreed that care quality can be further enhanced by a closer collaboration and interdisciplinary exchange.

22. The three key concerns and suggestions raised by service users and service providers are forward-looking. In the interim report, the suggestions made by HKU to address these concerns in the long run include (1) developing a roadmap for dementia community support service and exploring the role of DECC in the community support and care services, which could address the concerns on service continuity and the support to frail elderly persons; (2) enhancing communication and support from HA and SWD to facilitate the operations, streamline the administration, as well as to enhance the efficiency in the identification of suitable cases; and (3) further strengthening the established medical-social collaboration by harnessing the strengths and expertise from both sectors, as well as information sharing for greater synergy. These are important considerations for further implementation of the service beyond the Pilot Scheme.

23. HKU points out that some issues important for further development of the service have not been covered in this interim report. These include resources implications arising from support services of the Pilot Scheme; further capacity building of participating staff; outcomes of service users; effects of IT applications; resources deployed for transportation arrangements; service sustainability; intention of ageing in place; and involvement of primary care. HKU will further study these issues and report in the final report to facilitate the Government to consider the way forward and further refinements of the related services.

24. HKU agrees that the Pilot Scheme, as part of a comprehensive societal response to dementia care needs proposed by the Review Committee on Mental Health, is apparently the prototype of a starting point for a continuum of care and support services provided by both healthcare and social care sectors, gradually connecting people with dementia and their families from community support services to community care services that provide enhanced care to those with dementia as their cognitive impairment and frailty level progresses with time. Community support services for the elderly, such as DECCs, thus represent a useful platform that can facilitate prolonged integration of people with mild dementia into the community, before day care centres for the elderly

or residential care is required. HKU points out that the value of the service model of the Pilot Scheme against promoting integration of service users into community living, such as promoting social relationship with community members with no dementia, shall be further explored. To this end, HKU will, in the final report, put a focus on the potential roles and capacity of social workers in actively facilitating integration of people with mild dementia, and the degree of infusion of healthcare services into the social care settings for supporting persons with mild or moderate dementia.

Follow-up work

25. The Policy Address announced in October 2017 raised that the Pilot Scheme would be incorporated into the Government's regular assistance programmes and extended to 41 DECCs in the territory. The Government will continue to gain experience from the actual operations during the pilot period and make reference to the results of the evaluation, with a view to further enhancing the services after the Pilot Scheme is incorporated into the Government's regular assistance programmes. The Government has reserved recurrent allocation⁴ for incorporating the scheme into its regular assistance programmes. The Task Force on Dementia Community Support Scheme led by FHB has started the related preparation work.

26. The final evaluation report of the Pilot Scheme is expected to be completed in end 2018. FHB will report the results of the final report to the CCF Task Force.

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⁴ SWD has been allocated with an additional annual recurrent provision of about \$84 million, covering manpower resources for each DECC, programme expenses and training subsidy; FHB has also allocated an annual provision of about \$21 million to HA for recruiting additional nurses and support personnel, as well as for covering service-related expenses.