

**Elderly Commission**  
**Minutes of the 106th Meeting**

Conference Room 3, G/F, Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong  
10 a.m., 19 November 2021 (Friday)

**Present:**

**Chairman**

Dr LAM Ching-choi, SBS, JP

**Members**

Dr BAI Xue

Dr CHAN Chi-kau, Johnnie Casire, SBS, JP

Ms CHAN Mei-kit, Maggie, MH

Ms CHAN Yee-ching, Tammy

Mr CHUA Hoi-wai, JP

Dr HUI Elsie

Prof LAM Chiu-wa, Linda

Mr LAU Tat-chuen

Ms LI Fai, Grace

Mr LIT Hoo-yin, Horace

Dr LOU Wei-qun, Vivian

Dr LUK Ka-hay, James

Mr MA Heng, Theodore

Mr SIU King-wai, Kyrus

Ms WONG Chor-kei, Macy

Ms LAU Yim, Alice, JP

Mr LEUNG Chung-tai, Gordon, JP

Miss YUEN Wai-yin, Amy, JP

Dr FUNG Yu-kei, Anne

Mrs TANG FUNG Shuk-yin

Dr HA King-hang, Tony

Permanent Secretary for Labour and Welfare

Director of Social Welfare

Deputy Secretary for Food and Health (Health) 2

Assistant Director of Health (Elderly Health)

Assistant Director of Housing (Estate Management) 1

Chief Manager (Primary and Community Services), Hospital Authority

**In attendance:**

Ms KWOK Wai-ling, Polly, JP	Deputy Secretary for Labour and Welfare (Welfare) 2
Ms LAW Lai-tan, Linda	Principal Assistant Secretary for Labour and Welfare (Welfare) 3
Mr TAN Tick-yee	Assistant Director of Social Welfare (Elderly)
Ms LEE Ngan-chau, Martina	Chief Executive Manager, Labour and Welfare Bureau

**Absent with apologies:**

Ms YU Chui-yee, BBS, MH

**Secretary**

Mr CHONG Kwok-wing, Gordon	Principal Assistant Secretary for Labour and Welfare (Welfare) 4
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Dr LAM Ching-choi, the Chairman, welcomed all Members, in particular the ten newly appointed members, to the meeting. He also extended welcome to Ms LAU Yim, Alice, the new Permanent Secretary for Labour and Welfare for attending the meeting.

2. The Chairman pointed out to Members that the Elderly Commission (EC) was mainly tasked with the responsibility to advise the Government on policies concerning the elderly. In addition to representatives from the Labour and Welfare Bureau (LWB) and the Food and Health Bureau (FHB) as well as departments under their purview, representative from the Housing Department (HD) also took part in the EC's multi-faceted work. He hoped that Members could actively participate in the discussions on various aspects of elderly care policies.

3. The Chairman said that visits would be arranged for Members from time to time so that they might see for themselves various elderly care facilities. In this connection, visits to the "Elderly Home" of the Hong Kong Housing Society ("HKHS") and the Jockey Club "Age at Home" Gerontechnology Education and Rental Service Centre would be held in December 2021. The former was a mock-up flat designed to cater for the needs of the elderly and the disabled, while the latter was aimed at promoting the use of gerontechnology, a major trend in the elderly care sector. The Chairman encouraged Members to join the visits.

4. The Chairman reminded Members to make a declaration when there was a potential conflict between their own interests and the matters to be discussed.

**Agenda item 1: Confirmation of the minutes of the 105th meeting**

5. As Members (including former Members who had attended the 105th meeting) had not proposed any amendments to the Chinese and English versions of the draft minutes of the 105th meeting issued by the Secretariat on 2 November 2021, the minutes were confirmed.

**Agenda item 2: Matters arising**

6. There were no matters arising from the 105th meeting.

**Agenda item 3: Briefing on relevant initiatives in the 2021 Policy Address**

7. Ms KWOK Wai-ling, Polly, Deputy Secretary for Labour and Welfare (Welfare) 2, briefed Members on policy initiatives related to elderly welfare in the Chief Executive's 2021 Policy Address with the aid of a PowerPoint presentation. Miss YUEN Wai-yin, Amy, Deputy Secretary for Food and Health (Health) 2, then briefed Members on policy initiatives related to elderly healthcare in the Policy Address.

8. After the briefing, the Chairman and Members put forward the following views and questions:

- (a) the strengthening of medical-social collaboration was mentioned twice in the Policy Address. In view of the prevailing fiscal position, the broad direction for this initiative should be exploring ways to better co-ordinate various services. Through collaboration and the use of technology and innovation to enhance cost-effectiveness, the services for the elderly would be more comprehensive and sustainable;
- (b) the Government's initiative to merge the Normal and Higher Old Age Living Allowance (OALA), which would allow more eligible elderly persons to receive payment at the Higher OALA rate, was welcomed. As the Government had mentioned in January 2020 that the asset limit of OALA would be relaxed to \$500,000 for singleton elderly persons, a Member enquired whether the plan to relax the limit was still in the pipeline;
- (c) the Government's initiative to explore extending the Residential Care Services Scheme in Guangdong to cover other eligible residential care homes for the elderly (RCHEs) in Mainland cities within the Guangdong-Hong Kong-Macao Greater Bay Area (GBA)

was welcomed. Members wished to know how monitoring would be carried out on RCHEs set up in Mainland cities by non-governmental or private organisations of Hong Kong and the quality of service would be safeguarded;

- (d) a Member enquired in addition to the requirements regarding minimum staffing and area of floor space per resident, whether requirements of relevant measures introduced during the epidemic, e.g. the enhancement of ventilation facilities, would be included in the Government's amendment bill in respect of RCHEs and residential care homes for persons with disabilities (RCHDs) to be introduced into the Legislative Council in 2022;
- (e) while most of the resources of the social welfare sector had been spent on manpower expenditure in recent years, the expected results had yet to be achieved. Serious manpower shortage had been seen in certain grades such as physiotherapists, occupational therapists and nurses. The Government might consider replacing the role of physiotherapists with that of Chinese medicine practitioners (CMPs) in the field of elderly rehabilitation so as to alleviate the manpower shortage in some grades of the elderly care sector;
- (f) it was hoped that the Pilot Scheme on Support for Elderly Persons Discharged from Public Hospitals after Treatment would be extended to cover more districts. A Member indicated that the Scheme had been effective in reducing the risk of emergency re-admission of elderly persons to hospital within a short span of time;
- (g) a Member welcomed the initiative announced in the Policy Address that premises equivalent to about 5% of the total domestic gross floor area in suitable public housing developments under the Hong Kong Housing Authority (HKHA) and the HKHS would be set aside for welfare purposes in the future and enquired about the mechanism for allocating the 5% reserved floor area. Another Member remarked that as several hundred thousands of residential units would be provided under the Northern Metropolis plan in the next two decades, stakeholders might relay their views to the HKHA at the land planning stage. To cater for the demand for social welfare facilities in society, the HKHA would do its best to accommodate the views in working out the budget, planning and designing for the housing developments, as long as specific restrictions and safety considerations were met; and
- (h) a Member noted that many RCHEs in public housing estates were located in close proximity to refuse collection chambers and hoped that the HKHA could improve the relevant planning and design. A Member supplemented that it was unavoidable to set

up certain facilities near refuse collection chambers since such chambers should be provided in every housing estate. He further said that the HKHA's Building Committee would consider a number of factors at the stage of project design, with emergency access being one of them. Locations to be accessed by ambulances should be well-planned and details should comply with the Hong Kong Planning Standards and Guidelines. A Member noted that welfare facilities in housing estates were mostly located in a welfare block in the recent decade. In view of the new policy of increasing the percentage of total domestic gross floor area to be set aside for welfare purposes, the Member asked whether different welfare facilities would still be located in a welfare block. The Member also opined that exploring ways to facilitate the locating of service premises by different service users would be a major challenge for the HKHA's Building Committee. [Dr CHAN Chi-kau, Johnnie Casire declared that he was the Chairman of the HKHA's Building Committee.]

9. In response to Members' views and questions, Mr LEUNG Chung-tai, Gordon, Director of Social Welfare, Ms KWOK, Deputy Secretary for Labour and Welfare (Welfare) 2, Miss YUEN, Deputy Secretary for Food and Health (Health) 2, Mr TAN Tick-yee, Assistant Director of Social Welfare (Elderly) and Mrs TANG FUNG Shuk-yin, Assistant Director of Housing (Estate Management) 1, replied collectively as follows:

- (a) the Chief Executive indicated in her 2020 Policy Address Supplement that the Government would reassess the timetable for implementing the OALA enhancement measures in light of their significant financial implications. The Chief Executive's 2021 Policy Address then proposed the initiative to merge the Normal and Higher OALA. As for the relaxation of the asset limits, the Government would reconsider it at appropriate juncture;
- (b) in exploring the extension of the Residential Care Services Scheme in Guangdong to cover other eligible RCHEs in Mainland cities within the GBA, the Government would make reference to the mode of monitoring for the two RCHEs currently participating in the scheme for considering ways to safeguard the quality of participating RCHEs in the future. For example, participating RCHEs should be existing RCHEs so that the Social Welfare Department (SWD) might conduct site visits to these RCHEs to learn about their environment and operation. The SWD would also conduct annual inspections of the facilities and operation of these RCHEs and ask the residents who had come from Hong Kong about their life there to ensure the quality of service;

- (c) on the issue of ventilation of RCHEs arising from the COVID-19 epidemic, the SWD would further discuss with the Buildings Department having regard to the prevailing requirements imposed on new and existing RCHEs;
- (d) in response to the development of primary healthcare, the FHB had been discussing with universities, institutes/organisations which provide nursing training programmes and the Nursing Council of Hong Kong on possible adjustments of the curriculum of nursing training programmes so that apart from understanding work in the healthcare system, nurses might also be aware of the work in the social welfare environment and willing to join the sector;
- (e) about 2% of the total domestic gross floor area set aside by the HKHA and the HKHS for welfare purposes would be increased to about 5% in the future. Depending on the needs of various districts, the HKHA and the HKHS would try their best to meet the requirements of floor area regarding RCHEs and other social welfare projects which were in keen demand. Taking into consideration the different demand for social welfare services in the existing urban population and the new population in new towns, the SWD had asked the HD and the HKHA to provide information on the total floor areas and locations distribution of housing developments expected to complete in the coming years with a view to understanding the demographic structure and movement of population in various districts; and
- (f) RCHEs were set up on the lower floors of public housing blocks due to height restrictions, while refuse collection chamber was usually located on the ground floor of each housing block. The HD would look into specific cases with relevant Member after the meeting.

10. The Chairman supported the idea of introducing Chinese medicine into residential care services. In view of the ample supply of CMPs, it would be worth exploring how CMPs could help improve primary healthcare services. The social welfare sector could also be inspired by exploring how CMPs' training, particularly in the areas of tui-na and acupuncture, might be conducive to their role in the provision of rehabilitative therapy.

11. The Chairman and members also put forward the following views and questions on the healthcare policy initiatives in the Chief Executive's 2021 Policy Address:

- (a) a Member appreciated the Policy Address for its comprehensive coverage as apart from putting forward measures to improve various care services and primary healthcare,

initiatives on mental health were also included. Since many elderly persons and carers had been overwhelmingly stressed during the epidemic, the Government might consider rendering support to this group of people by making good use of technology;

- (b) as regards supporting the development of life and health technology, a Member hoped that the Hospital Authority (HA) would, apart from exploring the use of clinical data for research and development, consider sharing such data with that compiled by the social welfare sector (e.g. data on health conditions of elderly persons and the effects of different services on them) to achieve better medical-social collaboration. The scope of life technology, as mentioned in the Policy Address, was so broad that gerontechnology also fell within its coverage. The Chairman hoped that stakeholders could discuss more on fostering the development of the relevant ecosystem; and
- (c) a Member enquired about the arrangements for advance directives and whether the drafting of the legislation for facilitating dying in place for the terminally ill in RCHEs could be completed in 2022 and the bill could be passed in the same year. Besides, a Member pointed out that while community support service was being provided under the Jockey Club End-of-Life Community Care Project, the manpower arrangements and legislative requirements regarding advance directives and dying in place were still inadequate. The Hong Kong Jockey Club would extend this project for four years to tie in with the implementation of the relevant legislation.

12. Miss YUEN, Deputy Secretary for Food and Health (Health) 2, said that the FHB would complete the drafting of the bill relating to advance directives in due course for submission to the next term of the Legislative Council for scrutiny. The FHB would continue to liaise with stakeholders on the relevant bill. The Chairman added that if stakeholders had no objection to the draft legislation, its passage in the Legislative Council would be facilitated. Members of the sector should therefore have more discussions on the drafting of the relevant bill for reaching a consensus, thereby expediting the legislative process.

13. The Chairman opined that there was still a long way to go in enhancing medical-social collaboration through data sharing between the social welfare sector and the HA. He also indicated that the blueprint for primary healthcare services to be launched by the FHB would include subjects like manpower training and hoped that Members could provide their opinions in this aspect.

#### **Agenda item 4: Progress of COVID-19 vaccination in residential care homes for the elderly**

14. With the aid of a PowerPoint presentation, Mr TAN, Assistant Director of Social Welfare (Elderly), briefed Members on the status and progress of COVID-19 vaccination for residents and staff in RCHEs. Mr TAN said that while the implementation of the COVID-19 Vaccination Programme was led by the Civil Service Bureau, numerous policy bureaux and departments including the LWB, the FHB, the Department of Health (DH) and the SWD, as well as the HA, were also involved. As to the Outreach Vaccination Arrangement for Residential Care Homes (Outreach Vaccination Arrangement), the SWD had invited the participation of some 1 100 residential care homes (RCHs) across the territory in end February and July 2021 respectively with a view to administering COVID-19 vaccines to the residents and staff. In the first round of the arrangement, BioNTech vaccines were administered by HA's outreach teams while Sinovac vaccines by visiting medical officers (VMOs) arranged by the DH. In the second round, Sinovac vaccines were administered by VMOs arranged by the DH. Apart from receiving vaccination at RCHs under the Outreach Vaccination Arrangement, residents might also get vaccinated at Community Vaccination Centres or other venues. As at 8 November 2021, around 10% of the residents of RCHEs had completed vaccination.

15. The Government launched on 29 September 2021 the "Assess and Vaccinate" pilot programme under which VMOs had been arranged to conduct health assessments for residents in ten participating RCHs and give health talks or provide consultations for the residents and their family members before administering Sinovac vaccines to residents. Drawing on the experience from the pilot programme, the Government implemented the full-fledged "Assess and Vaccinate" programme (the programme) in some 1 100 RCHs across the territory on 25 October 2021. Under the programme, VMOs would take initiative to conduct health assessments for RCH residents and give health talks or provide consultations for residents in need and their family members before administering vaccines to suitable residents. Under normal circumstances, suitable residents would receive vaccination shortly after they/their family members had gained a better understanding of the programme and their concerns had been eased. Participating VMOs would receive a "talk/consultation allowance" from the DH in addition to the subsidies granted separately for each job. In cases where the visiting medical practitioner/VMO of a RCH was not able to participate in the programme, a healthcare institution arranged by the Government would provide health assessments, health talks/consultations and vaccination services direct at the RCH. As at 15 November 2021, about 420 out of some 800 RCHEs in the territory had decided to arrange for their visiting medical practitioners/VMOs to participate in the programme and the actual work had commenced progressively. Separately, about 380 RCHEs had requested visiting services of healthcare institutions arranged by the Government. The healthcare institutions were expected to commence the actual work in those RCHEs in late November 2021 at the earliest.



16. Mr TAN further remarked that a one-off special allowance for vaccination of \$800 had been provided via RCHEs / RCHDs / nursing homes / day service units attached to the premises of RCHEs or RCHDs for each eligible staff member who had completed COVID-19 vaccination on or before 31 August 2021. In addition, the compulsory testing period had been shortened from 14 days to ten days since 25 June 2021, and further to seven days from 4 August 2021 onwards. Since 1 September 2021, the aforementioned staff members who had not been vaccinated and did not have medical certificates certifying that they were unfit to receive COVID-19 vaccination owing to health reasons were required to undergo compulsory testing at their own expense. As at 19 October 2021, over 90% of the staff members had completed vaccination.

17. After the briefing given by Mr TAN, Assistant Director of Social Welfare (Elderly), the Chairman and Members put forward the following views and questions:

- (a) a Member appreciated the SWD's good analysis on the status and progress of COVID-19 vaccination for residents and staff of RCHEs. Another Member praised the efforts made by the SWD, the DH, and the HA in boosting the vaccination rate among the elderly. Given the great influence of the media and family doctors on the vaccination among the elderly, Members hoped that the Government would step up its publicity efforts and illustrate in a simple way so that elderly persons might understand that the COVID-19 vaccination was no different from influenza vaccination. The media and family doctors might then help disseminate positive messages and motivate the elderly to receive vaccination; and
- (b) a Member shared with the meeting the experience of inviting doctors specialised in family medicine and geriatrics to deliver talks in districts for encouraging elderly persons in good health to receive COVID-19 vaccination. The Member also suggested that similar promotional and explanatory work should be carried out for residents of RCHEs and their family members. The Chairman thanked the Hong Kong Geriatrics Society for providing support at the district level to promote vaccination among the elderly.

18. In response to Members' views and questions, Mr TAN, Assistant Director of Social Welfare (Elderly) and Dr FUNG Yu-kei, Anne, Assistant Director of Health (Elderly Health) replied collectively as follows:

- (a) the advice of family doctors in helping elderly persons to make decision to receive COVID-19 vaccination was well noted. The DH had, in collaboration with various professional groups such as the Federation of Medical Societies of Hong Kong and the

Hong Kong Geriatrics Society, drawn up guidelines to assist family doctors and other primary healthcare doctors in conducting assessment for elderly persons and encouraging more elderly persons to receive vaccination; and

- (b) regarding the COVID-19 vaccination arrangements at RCHEs, Mr TAN said that even though family members of residents had no objection, the will of the elderly residents would still be considered. If elderly residents had the ability to express their will, RCHEs should obtain their consent before arranging for their vaccination.

#### **Agenda item 5: Progress reports by Working Groups and Committee**

19. Mr CHONG Kwok-wing, Gordon, Secretary to the Commission, briefed Members on the work of two working groups, namely the Working Group on Elderly Services Programme Plan and the Working Group on Ageing in Place, as well as the Committee on Elder Academy Development Foundation. The Chairman encouraged Members to support and participate in the relevant work.

20. The Chairman said that the 6th meeting of the Working Group on Ageing in Place had been held in July 2021 to discuss the Support for Carers Project and the implementation of the public education activities related to dementia.

#### **Agenda item 6: Any other business**

21. A Member considered that the universal design in residential units contributed greatly to ageing in place and suggested that the Working Group on Ageing in Place should follow up on the promotion of the universal design in domestic units after Members' visits to the "Elderly Home" of the HKHS and the Jockey Club "Age at Home" Gerontechnology Education and Rental Service Centre in December 2021.

#### **Time of adjournment**

22. The meeting was adjourned at 12 noon.

#### **Date of next meeting**

23. Members will be notified of the date of the next meeting in due course.

December 2021