

**29th Meeting of the Elderly Commission**  
**Summary for Press Briefing**

The Elderly Commission (EC) held its 29th meeting today (13 June 2002) with the following three items on the agenda:

**(1) Residential Services for the Elderly**

- EC discussed the Administration's paper on the policy direction and initiatives for long term care, including residential care.

*Short to Medium Term Issues*

- The key initiatives for the next few years are:
  - (a) establishing a single point of entry for all subsidized long term care services in 2003, so that elders no longer require to queue up for different types of residential and community care services, and long term care services for elders will be matched in accordance with the care needs as assessed by the standardized care need assessment tool;
  - (b) phasing out self-care hostels (S/Cs) and homes for the aged (H/As). To better meet the needs of the elders, their needs will be assessed and met through community support services or housing as appropriate;
  - (c) strengthening community care through enhancing and re-engineering existing services;
  - (d) for residential care, moving towards building one type of residential care home which provides continuum of care services. To achieve this objective, all contracted homes put out for open tendering will include requirements for continuum of care and provide additional places for elders of nursing home frailty;
  - (e) implementing measures to improve the supply of quality private care homes in the market. These include disseminating information on care homes to the public; commissioning a two-year pilot study on establishment of an accreditation system for care homes in Hong Kong; selecting operators through open tendering for all new care home premises supplied by government with a much greater emphasis on quality rather than price; and encouraging the private sector to provide quality care home premises in their developments;
  - (f) putting emphasis on manpower training and improving training programmes. Examples include from 2002-2003 to 2005-2006 a total of 1,760 multi-skilled training places for care workers and a total of 760 and 680 training places on care for demented elders respectively for care workers/home helpers and professional staff; 1,080 first aid certificate training places for staff working in care homes and 684 training places for health workers in 2002-2003. In addition, there are seven health worker courses being run by various organizations on a self-financing basis which

- are approved by the Director of Social Welfare.
- (g) strengthening licensing and monitoring of care homes. The Social Welfare Department will work closely with the Department of Health to step up monitoring of healthcare services in care homes; and
  - (h) building more self-contained small flats; adopting universal design in housing flats; and formulating a strategy for provision of self-contained flats for elderly people who are capable of living in the community.

#### Longer Term Issues

- On financing long term care, EC noted the Administration will in the longer term:
  - (a) explore a more rational and effective basis for funding long term care services, including the possibility of introducing a long term care insurance scheme;
  - (b) One option being considered is the setting up of a new subsidy arrangement for the residential care programme, which allows elders more say in the choice of care homes, flexibility to contribute more to their own care costs, and a quick access to such service; and
  - (c) Given this is a complex subject, the Administration will need some time to work out the details and implications, including the basis for determining level of co-payment for using subsidized services; the factor of affordability; and provision of clear information to assist elders and their families to make informed choices.
  
- On infirmary care, EC noted:
  - (a) existing infirmary beds in hospitals admit patients for two purposes: long term care for applicants of Central Infirmary Waiting List, and extended care for infirm patients from acute hospitals;
  - (b) the total number of infirmary beds increased from 1,915 in 1996/97 to 2,851 in 2001/2002, representing a ratio of 3.8 infirmary beds per 1,000 elders aged 65 or above. The total number of infirmary beds will be further increased by 100 to 2,951 by March 2003, and the ratio will be correspondingly increased to 3.9 infirmary beds per 1,000 elders;
  - (c) the planning ratio of 5 infirmary beds per 1,000 elders was adopted over twenty years ago by the Medical Development Advisory Committee of the previous Medical and Health Department in 1981. Since then, there have been significant developments in the provision of medical and care services for frail elders. These include the planning mechanism for provision of hospital beds with the establishment of the Hospital Authority in 1991, and progressive implementation of the concept of 'continuum of care' in both residential and community care services;
  - (d) the Administration considers the original ratio of 5 infirmary beds per 1,000 elders is no longer appropriate and should be reviewed in light of these developments. The Administration further considers the review should also cover the changing need for infirmary beds, and the Hospital Authority's role in the provision of such beds; and
  - (e) on transfer of infirmary beds from the hospital to non-hospital setting, the

Administration will further explore the various aspects, which include target groups, costing, and the level of care and support services.

- The EC was advised that in implementing any major new strategy, the Administration will consult and take into account the views of relevant parties, and pay heed to the appropriate pace of introduction. The Administration will in due course seek EC's views on specific proposals.

## **(2) Re-engineering Community Support Services for Elders**

- EC was briefed on the development of new integrated elderly day projects. A total of 15 such projects have been launched since 2001-02. In addition, the Social Welfare Department (SWD) has plans to integrate day care services into new residential care homes for the elderly where appropriate and in districts with proven service demands.
- EC discussed SWD's re-engineering plan of community support services for elders.
- SWD plans to rationalize and re-engineer a wide spectrum of community support services for elders including:
  - (a) Social centers (S/Es) will be invited to consider transforming into neighbourhood elderly centers (NECs) to perform extended functions like educational and developmental services, volunteer mobilization, outreaching and networking, and health education and healthy lifestyle promotion. SWD is prepared to allocate additional resources to facilitate the evolution of S/Es into NECs with expanded functions but these are unlikely to make up in full the current shortfall in subvention to these centers. For those S/Es relying on the Community Chest for funding, it is hoped that any outstanding shortfall arising from the Chest's withdrawal of funding will be met by the agencies through fund-raising or other channels;
  - (b) Multi-service centers (M/Es) will be invited to transform into district elderly community centers (DECCs) with expanded functions like coordination and support role, case management, carer support, linkage with health services and community education. SWD will be prepared to provide M/Es with additional resources to assist them in the evolution process. Again, these are unlikely to make up in full the current shortfall in subvention to these centers and for M/Es affected by the Community Chest's withdrawal of funding, any outstanding shortfall will have to be met by the agencies through fund-raising or other channels;
  - (c) Home help teams (HHTs) will be invited to upgrade their functions to serve a number of frail and disabled clients of moderate and severe impairment levels. SWD will allocate additional resources for this purpose; and
  - (d) Existing home care and meal services will be revamped through upgrading of and in-situ expansion in existing HHTs.

- SWD will hold briefings with NGOs concerned and issue guiding principles and parameters for the re-engineering exercise in July/August 2002. NGOs will be invited to submit detailed proposals working among themselves and with SWD's District Social Welfare Officers by October 2002. The aim is to announce the results by January 2003 so that the expanded and new services may commence in February 2003.

**(3) Report on the Second World Assembly on Ageing**

- The EC received a report on the Hong Kong Special Administrative Region (HKSAR) Government's attendance at the Second World Assembly on Ageing organized by the United Nations (UN) held from 8-12 April 2002 in Madrid, Spain.
- The First World Assembly on Ageing was held in 1982 in Vienna. The Second World Assembly was held in Madrid in April 2002 with the participation of over 1 200 delegates from 159 countries. A delegation of the HKSAR Government, comprising representatives from the Health and Welfare Bureau, Social Welfare Department, Department of Health and the Hospital Authority, also attended the Assembly as part of the Chinese delegation. It circulated a paper (which can be viewed at [www.info.gov.hk/hwb](http://www.info.gov.hk/hwb)) at the Assembly to present the HKSAR Government's strategies and efforts in the past five years to improve the quality of life of our elderly, and outline future directions to meet the rising challenges of an ageing population.
- The Assembly adopted the Political Declaration (the Declaration) and the International Plan of Action on Ageing 2002 (the Plan). The Plan aims to respond to the opportunities and challenges of population ageing in the 21st century and promote the development of a society for all ages. It calls for changes in attitudes, policies and practices at all levels in all sectors, and promotes a new recognition that ageing is not simply an issue of health, social security and welfare but that it is closely related to the overall development and economic policies. It also stresses the need to promote a positive approach to ageing and to overcome the negative stereotypes associated with it. Implementation of the Plan will be followed up by the UN Commission for Social Development for future review by the UN General Assembly. Full texts of the Declaration and the Plan can be viewed at [www.un.org/esa/socdev/ageing/waa](http://www.un.org/esa/socdev/ageing/waa).
- The World Health Organisation, in preparation for the Assembly, has published a paper "Active Ageing – A Policy Framework" (the Framework), offering a policy framework on a life course approach to active ageing. It requires action on three basic pillars, including health, participation and security. A copy of the paper can be viewed at [www.who.int/hpr/ageing](http://www.who.int/hpr/ageing).

- The Plan and the Framework provide useful reference for mapping out our strategy to respond to the challenges and opportunities of an ageing population. The EC's Symposium on Challenges and Opportunities of an Ageing Population held on 8 June 2002 has provided useful thoughts and findings on the issue in a local context. With findings of both the Assembly and the Symposium, the EC would deliberate on the next step regarding the development of a strategy for an ageing population in Hong Kong.

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