

Elderly Commission

Minutes of the 38th Meeting

Room 2005, Murray Building, Garden Road, Central

2:30 p.m., 14 June 2004 (Monday)

Present:

Chairman

The Hon TAM Yiu-chung, GBS, JP

Vice-Chairman

Mrs Carrie YAU, JP

Permanent Secretary for Health, Welfare and Food (Representative of Secretary for Health, Welfare and Food)

Members

Prof Iris CHI, JP

Mrs LAM PEI Yu-dja, Peggy, GBS, JP

Mr WAN Man-yee, BBS, JP

Dr WU Wai-yung, Raymond, GBS, JP

Mr LAI Kam-cheung, Michael, JP

Dr NG Yau-yung

Ms WONG Yiu-ming, Anita

Mr CHAN Iu-seng, Star, BBS

Dr LAM Ching-choi, JP

Mr TANG Kwok-wai, Paul, JP

Director of Social Welfare

Mr LAU Kai-hung, JP

Representative of Director of Housing

Dr CHAN Wai-man, JP

Representative of Director of Health

Secretary

Mrs Brenda FUNG

Principal Assistant Secretary for Health, Welfare and Food

In Attendance:

Dr Edward LEUNG	Working Group on the Pilot Project on Accreditation System for Residential Care Services for the Elders in Hong Kong	} In Attendance for Agenda Item 3
Dr NGAN Man-hung, Raymond	Working Group on the Pilot Project on Accreditation System for Residential Care Services for the Elders in Hong Kong	
Mrs Victoria KWOK	Working Group on the Pilot Project on Accreditation System for Residential Care Services for the Elders in Hong Kong	
Mrs TSANG YUNG Man-yiu, Diana	Working Group on the Pilot Project on Accreditation System for Residential Care Services for the Elders in Hong Kong	
Mr NIP Tak-kuen, Patrick, JP	Deputy Secretary for Health, Welfare and Food	
Mr Eugene FUNG	Principal Assistant Secretary for Health, Welfare and Food	
Mrs Kathy NG	Assistant Director of Social Welfare	
Mr LAM Ka-tai	Chief Social Work Officer, Social Welfare Department	
Ms LUNG Siu-kit	Chief Social Work Officer, Social Welfare Department	
Mrs KWOK LI Mung-ye, Helen	Senior Social Work Officer, Social Welfare Department	
Mrs Gloria LEE	Senior Social Work Officer, Social Welfare Department	
Ms IP Siu-ming	Senior Social Work Officer, Social Welfare Department	
Ms Maggie LEUNG	Social Work Officer, Social Welfare Department	
Dr CHAN Ching-nin, Clive	Senior Medical and Health Officer, Department of Health	
Dr THAM May-ked	Senior Medical and Health Officer, Department of Health	
Ms LOW Looi-looi	Senior Research Scientist, Health, Welfare and Food Bureau	
Mr HUNG Leung-bun, John	Assistant Secretary for Health, Welfare and Food	
Mr HUEN Chi-wai, Freeman	Assistant Secretary for Health, Welfare and Food	
Mr WONG Chor-fung, David	Assistant Secretary for Health, Welfare and Food	
Mr KWOK Fung-king	Chief Executive Officer, Health, Welfare and Food Bureau	

Ms CHAN Oi-fun, Rainbow

Senior Executive Officer, Health, Welfare and
Food Bureau

Absent with Apologies:

Prof CHAN Cheung-ming, Alfred, JP

Mr WONG Hong-yuen, Peter, GBS, JP

Dr LUM Shun-sui, Susie

Secretary for Education and Manpower

Chief Executive, Hospital Authority

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Agenda Item 1: Confirmation of the Minutes of the 37th Meeting

Proposed amendments to the Chinese version of the draft minutes of the last meeting were tabled at the meeting. The amended minutes were endorsed.

Agenda Item 2: Matters Arising

Paragraphs 27 & 28 of the Minutes of the 37th Meeting

Road Safety for Elderly Scavengers

2. Regarding road safety for the elderly, the Chairman reported that according to the 2003 road traffic accident statistics, pedestrians accounted for half of the 202 deaths from traffic accidents and nearly 70% of those pedestrians were people aged 60 or above. In order to enhance road safety for elders, the Social Welfare Department (SWD) and the Department of Health (DH) had been working with the Road Safety Campaign Committee to step up the promotion of road safety awareness among elders. Since the last meeting, SWD had advised elder service providers to consider setting up elder road safety patrols, invited police officers

to give road safety talks and organised visits to the “road safety towns”. DH was also planning a series of publicity measures on road safety to be introduced in July 2004.

3. Members made the following observations:

- (a) Fatal traffic accident involving elderly scavengers was not merely a road safety problem. The Government should look at, and investigate into, the matter from a wider perspective, such as the circumstances behind elder scavenging; whether scavenging was common among elders; and what was the stance of the Government on the problem.
- (b) It was necessary to conduct focused studies on issues like whether the large proportion (nearly 70%) of elder pedestrians involved in fatal traffic accidents was attributable to poor vision and mobility; whether the incidence of traffic accidents involving elder pedestrians differed from one district to another; and whether such accidents had any relevance to scavenging.
- (c) In view of the fact that traffic accidents involving elder scavengers had become a continuing problem, the Government might consider tackling the problem by making environmental improvements to existing pedestrian crossing facilities, including examining whether the running period of pedestrian signals was too short and whether escalators should be provided to complement footbridges.
- (d) On the other hand, if the elders were employed to work as scavengers, their employers should take out insurance for them and make necessary arrangements to keep them from working on busy roads as far as possible.

- (e) To promote road safety for elders, for example, the Elderly Commission (EC) should take into account the needs of both elders and other road users, and put forward well-thought-out and workable proposals to the government for the formulation of appropriate policies.
4. Mr Paul TANG, Director of Social Welfare, reiterated that the Government had provided a safety net for those without the financial means to meet their basic necessities. The causes for scavenging among elders could be multiple, but the most pressing task at the moment was to raise road safety awareness among elders.
5. The Chairman concluded that EC should submit to the Government their well-thought-out proposals for policy formulation. As regards road safety for elders, it was incumbent on all government departments involved to keep up their effort in road safety promotion and publicity. On the number of road traffic accidents, the relevant departments should make more in-depth analysis. As for the problem of scavenging among elders, it would be advisable for the government to conduct a study and then report to EC in due course.

Paragraph 11 of the Minutes of the 37th Meeting

Rent Allowance for Elderly Scheme (RAES)

6. A Member enquired whether, among the 600 RAES applications, there was any indication of a correlation between the elders' application for rent allowance and their need to live in the urban area for easy access to workplace.
7. Mr LAU kai-hung, Deputy Director of Housing, replied that RAES was originally intended to give elders more choices. But the department had phased out the scheme owing to poor response. The existing beneficiaries would not be affected. The elders who were on

the Waiting List could also opt to wait for housing in the urban area. On the other hand, the Government would carry out a comprehensive review of the RAES, including applications from both elders group and non-elders group.

Agenda Item 3: The Pilot Project on Accreditation System for Residential Care Services for Elders in Hong Kong

(Information Paper No. EC/I/04-04)

8. Dr Edward LEUNG, Chairman of the Working Group on the Pilot Project on Accreditation System for Residential Care Services for Elders in Hong Kong, gave a PowerPoint presentation on the background and operation of the Pilot Project, and the conclusion and recommendations of the Hong Kong Association of Gerontology (HKAG) on introducing an accreditation system in Hong Kong.

9. Members raised the following questions:

- (a) One of the objectives of the Pilot Project was to serve as a service quality reference benchmark for the Government and the community in the procurement of non-subsidised residential care home services. What specific recommendations were made in the Report to achieve the objective?
- (b) The draft Executive Summary recommended that organisations directly involved in aged care service should not serve as accreditation bodies. In this connection, were organisations providing training on aged care also unsuitable to assume the role of an accreditation body?
- (c) What were the legal liabilities of the accreditation body?

- (d) In the context of voluntary participation, would local non-subsidised residential care homes for the elderly (RCHEs) be willing to undergo accreditation?
- (e) What was the rationale behind the recommendation for allowing RCHEs to join the accreditation system on a voluntary basis instead of making it mandatory?
- (f) What follow-up actions would be taken if RCHEs undergoing accreditation on a voluntary basis failed to meet the standards?
- (g) Would a penalty and reward system be incorporated in the accreditation system to motivate more RCHEs to participate in the system and make continuous improvement?

10. Dr Edward LEUNG responded as follows:

- (a) Accreditation results and other information (such as the names of the accredited RCHEs, the items in respect of which the RCHEs had passed the assessment, and their areas of excellence) would be disseminated to the Government, RCHE operators, professionals and consumers through the press, promotional leaflets and the website, with a view to facilitating the selection of RCHEs.
- (b) Organisations providing training on aged care are not “direct providers of aged care services” by definition.
- (c) The accreditation body would be liable to litigation under common law practice.
- (d) The experience of the two pilot accreditation exercises showed that RCHEs would be willing to participate voluntarily in the accreditation exercise and pay for the accreditation fees, as they realized that undergoing accreditation would help them

enhance quality and trustworthiness. HKAG believed that RCHEs would continue to participate actively when the accreditation system was fully implemented in future.

- (e) It was not appropriate to introduce a mandatory accreditation system at the present stage, as the majority of the RCHEs would have difficulties to fully comply with the accreditation standards. A voluntary accreditation system however had the advantage of enabling the RCHE operators to make adjustments in response to market demand and improve their service quality gradually. It would also enable the licensing authority to raise the licensing standards on a progressive basis.
 - (f) It was likely that most RCHEs voluntarily participating in the accreditation exercise were able or close to meeting the accreditation standards. Apart from making assessments, the assessors would also advise the RCHEs on the improvement measures that should be taken. Most of the RCHEs would likely pass the accreditation after they had made improvements upon the advice of the assessors.
 - (g) It would be difficult for the accreditation body to introduce a mechanism to reward participating RCHEs and impose penalties on non-participating ones. However, in face of the increasingly fierce competition, RCHEs would likely be willing to undergo accreditation with a view to further enhancing their service quality.
11. In respect of HKAG's recommendations, Members made the following comments:
- (a) The report was comprehensive. The proposed accreditation procedures had taken into account the experiences of other economies, the importance of soliciting the support and recognition of the sector in order to ensure the smooth implementation

of the system, the importance to develop a system which could cope with market changes, and the importance of assessing the feasibility of implementing the system.

- (b) the Government should take note of the following when deliberating on HKAG's recommendations:
- (i) Consider the long-term objectives of implementing the accreditation system, the time frame for achieving the objectives, and the role of Government as a facilitator;
 - (ii) The accreditation system should initially be operated on a voluntary basis;
 - (iii) The need to legislate should only be contemplated after the accreditation mechanism had been put in place for a certain period of time; and
 - (iv) Consideration should be given to making the accreditation system consistent and compatible with similar international accreditation systems in order to minimise interface and benchmarking problems in future.
- (c) Almost all of the 40 standards were in line with the basic requirements for RCHEs. To help those RCHEs of poorer quality to enhance their service standards, the Government might consider deploying resources to help them enhance manpower development and developing codes of practice and guidelines.
- (d) To encourage RCHEs to undergo accreditation, consideration should be given to linking subsidisation with accreditation in the long run. The Government might also consider providing subsidy to RCHEs to cover part of the assessment costs.

- (e) The Chinese title of the scheme could be further fine-tuned to bring out more fully the positive meaning of accreditation.
- (f) Considerations might be given to exempting RCHEs which met the accreditation standards from the assessment visits as required by SWD in the context of implementing the “Service Quality Standards”.

12. Mr Paul TANG remarked that RCHEs were presently regulated by a licensing system under the Residential Care Homes (Elderly Persons) Ordinance and its subsidiary legislation. The licensing conditions served to ensure that the basic RCHE standards were met. The proposed accreditation standards were more stringent than the basic requirements of the licensing conditions. This would help promote continuous improvement among RCHEs. The Government would map out the way forward after listening to comments from different sectors on the implementation of the accreditation system. At the present moment, SWD was inclined towards the idea of having a non-statutory independent body to take up the role of an accreditation body for operating a voluntary accreditation system. In the longer term, the Government could consider improving the quality of RCHEs by raising the licensing standards.

13. The Chairman concluded by saying that the report was comprehensive. EC supported the full implementation of a voluntary accreditation system for RCHEs in Hong Kong, and also agreed that the accreditation body should be a non-statutory independent body.

[Dr CHAN Wai-man, Mr WAN Man-ye, Mrs Carrie YAU, Mr LAU Kai-hung and Prof Iris CHI left the meeting when this Agenda Item was under discussion.]

Agenda Item 4: Conversion of Self-care Hostel and Home for the Aged Places into Long Term Care (LTC) Places

(Discussion Paper EC/D/03-04)

14. Mrs Kathy NG, Assistant Director of Social Welfare, took Members through Discussion Paper EC/D/03-04 with the aid of PowerPoint.

15. Members put forward the following questions/opinions:

- (a) What was the impact of the conversion exercise on staffing. For operators requiring reprovisioning of premises, what would be the amount of subvention?
- (b) Did the Task Group include representatives from staff unions?
- (c) Long-term care (LTC) involved the provision of different levels of care to an elder in a seamless and continuous manner. In places such as Japan and the USA, the amount of subsidy was set on a scale from five to more than 40 levels, taking into account the level of frailty of the elders. Could a single unit cost provide operators with sufficient resources to cater for the need of frail elders without compromising service quality?
- (d) Nurses were in short supply and the conversion would add to an even greater demand for nurses. The Government should take prompt action to address the problem and map out a long-term plan.
- (e) The Administration should project the number of LTC places to be converted in the first year, with a view to assessing the impact on the demand for nurses.

16. Mrs Kathy NG responded as follows:

- (a) As operators were required to provide long-term care for elders after conversion, their staff composition would tip in favour of a greater number of care workers. Comparatively speaking, they would demand fewer welfare workers. In view of the changes in the skills requirements, the Administration had met with the trade and staff unions. Operators were also fully aware of the situation and were making arrangements to upgrade the skills of their staff as early as possible, including provision of training for welfare workers to be qualified as health workers/care workers. On the issue of subsidy, the conversion exercise would be based on a cost-neutral approach. Operators which had opted for conversion would continue to receive the current amount of subsidy after the conversion. Conversion works incurred non-recurrent expenditures which would be covered by capital grants from the Lotteries Fund. SWD would work with the Lotteries Fund where necessary to assist operators to secure funding for the conversion works at different stages.
- (b) Members of the Task Group included representatives from the Health, Welfare and Food Bureau and SWD, the management of various operating agencies, an academic (who was also an EC member) and a representative from the Hong Kong Council of Social Service. There were other channels for the Administration to collect the views of the various staff unions.
- (c) Some operators had expressed that setting subsidies at too many levels would complicate the whole subvention system. The Government would make reference to the methods for calculating costs in contract homes when working out the single unit cost. Broadly speaking, every two vacant Self-care Hostel or Home for the Aged places would be converted into one LTC place. Some of the hostels or homes might have additional “unfunded” places after the conversion exercise. Operators could make use of this spare capacity to provide self-financing places.

The portfolio of LTC places would have a combination of care and attention places and nursing home places.

- (d) To address the shortage of nurses, arrangements had been made to increase the number of places in the diploma course for registered nurses by 100 in 2004, with special reference on the nursing skills in the welfare sector.
- (e) According to SWD's estimate, there would be 20 or more vacancies in about 20 homes in the first year of the conversion exercise on the basis of a vacancies-led approach. If all the vacancies were converted, there would be about 200 converted LTC places in the first year. As the LTC places created in a home would be first allocated to its current residents who were assessed to be in need of LTC, staffing in those homes could generally remain unchanged. It was expected that the impact on the demand for nurses would not be too great in the initial stage of conversion.

17. Mr Paul TANG stressed that the conversion exercise would be a long-term and progressive process, and the demand for nurses by the converted homes would not surge abruptly. The Government would also make corresponding adjustments to the training programmes for nurses. He reiterated that the Government did not favour complicated categorisation in LTC services and proposed to adopt a single unit cost.

18. Mr Patrick NIP, Deputy Secretary for Health, Welfare and Food, added that the Government would make corresponding adjustments in terms of nurse training, such as incorporating into the curriculum the knowledge and skills required in providing LTC in the welfare sector. To give Members a clearer picture of the demand and supply of nurses during the ensuing years, he undertook to provide an information paper for Members' reference.

[Dr Raymond WU and Mrs Peggy LAM left the meeting when this Agenda Item was under discussion.]

Agenda Item 5: Any Other Business

19. The Chairman reported that two information notes, involving a brief analysis of the attendance and participants' response to a questionnaire survey at the Healthy Ageing Seminar and the Conference on Filial Piety and Respect of the Elderly, were tabled for Members' information. The Conference would be jointly organised by the China Ageing Development Foundation, the (Hong Kong) Institute of Social Service Development, EC and Sau Po Centre on Ageing of the University of Hong Kong from 30 November to 2 December 2004. The Secretariat would later provide Members with further details of the Conference.

Health Care Financing Study

20. A Member noted from recent press reports that a report on the health care financing study had been released by the Government. As the contents of the report might have a bearing on the medical charges for elders, it was hoped that EC could be furnished with information for reference.

21. In response, Mr Patrick NIP said that a paper entitled "Studies on Health Care Financing and Feasibility of a Medical Savings Scheme in Hong Kong" had been submitted to the Legislative Council Panel on Health Services for discussion at the meeting on 14 June 2004. The paper sought to report to panel members the initial key findings of the study. The Secretariat could provide Members with the paper after the meeting. Since the issue was very complicated, and the new financing arrangement would bring about far-reaching socio-economic implications for Hong Kong, it would take some time to carry out further study. At the present stage, the government was open-minded and would listen to the views

of different sectors. When more details on the new options, if any, were available, the Government would again consult the Legislative Council, relevant sectors and members of the public.

(Action: the Secretariat)

[Post-meeting note: The Secretariat provided Members with the paper entitled “Studies on Health Care Financing and Feasibility of a Medical Savings Scheme in Hong Kong” which had been submitted to the Legislative Council Panel on Health Services.]

Date of Next Meeting

22. The next EC meeting would be held on 27 September 2004 (Monday).

Time of Adjournment

23. The meeting was adjourned at 5:20 p.m.

Health, Welfare and Food Bureau

30 June 2004