Elderly Commission
Minutes of the 40th Meeting

Room 2005, Murray Building, Garden Road, Central
2:30 p.m., 29 November 2004 (Monday)

Present:

Chairman

The Hon TAM Yiu-chung, GBS, JP

Vice-chairman

Dr Y N CHOW, York, SBS, JP	Secretary for Health, Welfare and Food

Members

Mrs LAM PEI Yu-dja, Peggy, GBS, JP	
Dr WU Wai-yung, Raymond, GBS, JP	
Mr LAI Kam-cheung, Michael, JP	
Dr NG Yau-yung, JP	
Dr LUM Shun-sui, Susie	
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
Dr LAM Ping-yan, JP	Director of Health
Dr HO Shiu-wei, William, JP	Chief Executive, Hospital Authority
Mr LAM Saint-kit, Byron	Representative of Education and Manpower Bureau
Mr LAI Ip-cheung	Representative of Director of Housing

Secretary

Mrs Brenda FUNG	Principal Assistant Secretary for Health, Welfare and Food

In Attendance:

Ms Salina YAN	Deputy Secretary for Health, Welfare and Food
Mr Eugene FUNG	Principal Assistant Secretary for Health, Welfare and Food
Dr CHAN Wai-man, JP	Assistant Director of Health
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
Dr Daisy DAI	Senior Executive Manager, Hospital Authority
Mrs Kathy NG	Assistant Director of Social Welfare
Ms Grace CHAN	Chief Social Work Officer, Social Welfare Department
Mr LAM Ka-tai	Chief Social Work Officer, Social Welfare Department
Mrs KWOK LI Mung-yee, Helen	Senior Social Work Officer, Social Welfare Department
Mr CHO Tat-wai	Project Manager (SB), Education and Manpower Bureau (In Attendance for Agenda Item 2)
Ms CHAU Ying-yu	Chief Inspector of Police (In Attendance for Agenda Item 4)
Ms LOW Looi-Looi	Senior Research Scientist, Health, Welfare and Food Bureau
Mr HUEN Chi-wai, Freeman	Assistant Secretary for Health, Welfare and Food
Mr WONG Chor-fung, David	Assistant Secretary for Health, Welfare and Food
Ms Rosaline WONG	Chief Executive Officer, Health, Welfare and Food Bureau
Ms CHAN Oi-fun, Rainbow	Senior Executive Officer, Health, Welfare and Food Bureau
Ms POON Ming-soo, Bonita	Executive Officer, Health, Welfare and Food Bureau

Absent with Apologies:

Prof Iris CHI, BBS, JP

Prof CHAN Cheung-ming, Alfred, JP

Mr WONG Hong-yuen, Peter, GBS, JP

Prof Jean WOO

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The Chairman welcomed Dr York CHOW, the new Secretary for Health, Welfare and Food (SHWF), and Dr LAM Ping-yan, Director of Health for attending the meeting of the Elderly Commission (EC) for the first time. He invited Dr CHOW to share his thoughts with the meeting. The Chairman also welcomed Ms CHAU Ying-yu, Chief Inspector of Police (CIP), who would brief EC on a paper prepared for Agenda Item 4.

2. Dr CHOW started by expressing gratitude to all Members for their contributions to EC over the years. He said that over the past few weeks since his assumption of office, he had met a number of stakeholders from the welfare sector and also went into the community to grasp the situation of needy elders on the ground. He pointed out that the focus of the Bureau's elderly policy would be to provide care for elders in need. It was also planned that district-based elements would be built into the existing services of the Bureau so as to make them more responsive to local demands. In the year ahead, the Health, Welfare and Food Bureau (HWFB) would discuss with the Social Welfare Department (SWD), the Department of Health (DH) and the Hospital Authority (HA) on ways to enhance coordination among players in the district level, such as considering the establishment of district committees to coordinate the provision of welfare and health services, and enhancing cooperation with

elderly service providers, including both the non-governmental organisations (NGOs) and the private sector, within each district.

3. Dr CHOW said that in view of the increasing average life span of the local population, HWFB would strive to improve the quality of life of the elders. HWFB would step up collaboration with other sectors. Family-oriented social services would be delivered as far as possible, whereas the residential care service would give priority to elders living in the community. In addition, he also hoped that adequate Chinese medicine services would be made available to meet the demand of elders. In summing up, Dr CHOW thanked Members once again for their participation and looked forward to their continuous and valuable input to EC in future.

Agenda Item 1: Confirmation of the Minutes of the 39th Meeting

4. The Secretariat received from HA some additional information supplementary to paragraph 7 of the draft minutes of the last meeting on elderly suicide as follows: "HA had conducted recent studies on the subject. Only 15% of elders who committed suicide had previously received psychiatric treatment. About 75-80% of elders did consult and receive treatment from a doctor (general practitioner) about one month before suicide." Members had no further comments and the minutes of the last meeting were endorsed.

Agenda Item 2: Matters Arising

Paragraphs 15 to 18 of the Minutes of the 38th Meeting

The demand and supply of nurses during the ensuing years

5. In response to concerns expressed by Members at a previous meeting about the current shortage of nurses in Hong Kong, Dr LUM Shun-sui, Susie (also Senior Executive

Manager (Nursing) of HA) furnished the Secretariat with an information paper on the demand and supply of nurses at the present stage and during the ensuing years. The Secretariat had forwarded the paper to Members for reference before the meeting. Dr LUM briefed the meeting on the content of the paper.

6. With regard to the paper, Members put forward their views/questions as follows:

(a) A prudent approach should be adopted in the planning for manpower resource and staffing, having regard to the fact that universities in Hong Kong adopt a three-year curriculum.

(b) Did the practicum training for nurses have to be conducted in a specific clinical setting? If residential care homes for the elderly (RCHEs) wanted to recruit student nurses, did they have to be qualified in a clinical setting for providing practicum training for nurses and register with SWD? To Members' knowledge, many private RCHEs were keen to employ student nurses.

(c) Was it possible for nurses who participated in the HA or DH's voluntary retirement schemes to re-enter the nursing profession? What were the restrictions under the current system?

(d) With the increasing demand for nurses and the higher expectation of their expertise, it might be a viable solution for RCHEs to address the shortage of nurses by recruiting additional health care personnel to handle work which required no nursing background. However, only competent and responsible health care personnel should be recruited. By expanding the roles of the health care personnel, nurses equipped with professional skills could be

released to concentrate on their own field of work. On the other hand, it was also crucial to maintain the same sense of responsibility among these two groups of personnel.

(e) Enhancing the standard of the entire nursing profession was a step in the right direction. Providing general training to nurses alone is not good enough. Moreover, given the popularity of the courses for enrolled nurses, consideration could be given to opening up the running of such courses to institutions other than universities to enable more people to join the nursing force.

(f) Had SWD stopped running its Health Worker Training Course?

(g) The welfare and health sectors could be better coordinated. For example, as nurses employed by hospitals tended to be better paid than those by RCHEs, many nurses with associate degree considered working in hospitals as their first choice. The Administration could consider training a group of nurses specifically for RCHEs to resolve the problems of recruitment difficulty and high turnover. Moreover, many elders who received medical treatment in hospital with the aid of advanced medical apparatus still required constant attendance by nurses when they returned to RCHEs. Therefore, nurses working in RCHEs should enhance themselves in terms of skill and knowledge to provide effective follow-up care.

7. In response, Dr LUM said that the Nursing Council of Hong Kong shared the view that the scope of work handled by a nurse had become wider, and to cope with the changes, clinical practicum training ground should not be restricted to hospitals. As long as the institutions, such as RCHEs, reached an agreement with the universities which organised

nurse training programmes, they could apply to the Nursing Council of Hong Kong to serve as a venue for clinical practicum training.

8. Dr William HO, Chief Executive of HA, clarified that nurses who joined the voluntary retirement scheme were, like other civil servants who opted for early retirement, not allowed to work in their same posts in the same organisations after their retirement. However, they could work in other organisations, such as NGOs.

9. Mrs Kathy NG, Assistant Director of Social Welfare, remarked that SWD had received requests from many organisations to run their own health worker training courses. In view of these requests, SWD had stopped organising such courses itself, and had granted approval to seven or eight organisations, such as the Sau Po Centre on Ageing of the University of Hong Kong, the Hong Kong Association of Gerontology, the Red Cross and the St John Ambulance Brigade, to run the courses. In fact, the number of health worker training places was on the rise.

10. Mr Byron LAM, Principle Assistant Secretary for Education and Manpower, added that on the training of medical and health care workers, the Education and Manpower Bureau (EMB) had allocated $400 million for launching the Skills Upgrading Scheme three years ago, targeting at industries with good development prospects but engaged with a substantial number of low skilled and less educated workers who are in need of skills upgrading. EMB had admitted Elderly Care industry under the Scheme and would admit Medical and Health Care industry to the Scheme shortly, in order to provide more training to the frontline health care workers.

11. In response to the Chairman's question on the issues arising from the upgrading of nursing programmes to degree level, including whether such courses could meet the demand for enrolled nurses from RCHEs, Dr CHOW pointed out that the problem related to the

shortage of nurses would likely remain over the ensuing one to two years, but the situation would ease from the third year onwards, i.e. 2005-06. Therefore, it was incumbent upon the Administration to explore ways to manage the shortfall over these two years. In addition, government policies should also be responsive to the aspirations of a large number of nurses in the Mainland who wished to work in Hong Kong.

12. Dr CHOW added that the mode of training should dovetail with future service model. As nursing service would move towards community health care model and even outreaching service model, nurses had to upgrade their professional standard in order to be fully prepared for delivering services in the community.

Paragraph 6(g) of the Minutes of the 39th Meeting

The Development of Elderly Education

13. Mr Byron LAM responded to a suggestion made at the last EC meeting. He remarked that it had long been the practice of EMB to decide on the future use of a vacant school premise according to its floor area, condition and facilities, etc. If the school premise was in good condition and suitable for the purpose of improving education quality, it would be reserved for internal re-allocation, otherwise it would be returned to the Lands Department or the Government Property Agency, whichever was appropriate depending on the circumstances, for further actions. Those who were interested in leasing government property could submit applications to the departments concerned direct. On top of vacant school premises, EMB also encouraged organisations to flexibly utilise community resources when conducting elderly education programmes such as usage of the community resource centres at the district level. The Administration also provided funding to support elderly education. For instance, funds were allocated to some NGOs for running elderly education programmes under the "Adult Education Subvention Scheme", and the Student Financial

Assistance Agency also provides financial assistance to the people in need via the Non-Means-Tested Loan Scheme. Elders who enrolled in recognised programmes could apply to the Agency for interest-bearing loan. As far as he knew, HWFB had intended, with the approval of the Hong Kong Jockey Club Charities Trust, to allocate a sum of more than $1 million to the promotion of elder learning out of the uncommitted funds of more than $6 million from the Healthy Ageing Campaign.

14. The Chairman remarked that with decreasing birth rate, it was envisaged that more school buildings would be left vacant over time, and such vacant buildings should be put into good use. Regarding the age restriction for the Continuing Education Fund, EC was in favour of relaxing the age restriction so that people over 60 can also benefit from the Fund. For the uncommitted funds in the Healthy Ageing Campaign, EC would still need to discuss the usage of the funds with the Task Group on Active Ageing.

15. A Member claimed that there was a lack of space in many elderly centres catering for elderly learning, and suggested that EMB should encourage cooperation between schools and community organisations to promote elderly education programmes.

16. Mr LAM responded that EMB also encouraged voluntary organisations to approach schools direct if they wished to use the premises after school hours. However, the Chairman mentioned that though many schools were willing to let others use their premises during weekends, the charges they imposed on air-conditioning and miscellaneous items were fairly high. As such, EC hoped that EMB could provide elders with more rooms and opportunities for activities, to facilitate the development of elderly education

[Mr Byron LAM and Mr CHO Tat-wai of EMB left the meeting at this juncture.]

Agenda Item 3: Provision of Infirmary Care for Elders in a Non-hospital Setting

(Discussion Paper No. EC/D/06-04)

17. Mrs Kathy NG took Members through Discussion Paper No. EC/D/06-04 with the aid of PowerPoint.

18. Members put forward comments/questions as follows:

(a) While the philosophy behind the scheme was worth supporting, it was politically a risky experiment and would require enormous medical support and expenses. Moreover, professional staff was required in the care for infirm elders, to assist and deal with emergency cases. Any mishap could lead to disastrous results. Careful and detailed planning was necessary to enhance public acceptance of the scheme.

(b) HA's infirmary places were equipped with a full range of medical support. As such, the transfer of these services to a community setting might trigger many problems, such as whether the operators would provide hospice care service and would arrange for the issue of death certificates for deceased residents. In addition, there was also concern over the absence of well-established operators with adequate medical support to run these infirmary services.

(c) What types of infirm elders would be admitted to the institutions? Would risk assessments be carried out?

(d) There was concern over the inadequate medical support for the operators under the trial scheme. SWD was requested to provide a breakdown of items such as staffing, facilities and medical support.

(e) There were suggestions that the committee responsible for monitoring the performance of the operators should include representatives from the operators.

(f) There was concern over a three-year contract with a possible extension up to a maximum period of six years, lest this would have an adverse effect on the development of long-term care services.

(g) The scheme was on the right track in terms of optimum use of resources. However, for the scheme to succeed, operators should devise a set of effective indicators to ensure that their infirmary care services were up to standard, and that they would not readily transfer their residents back to a hospital setting once their health condition slightly deteriorated, hence passing the operating cost onto hospitals. In this connection, operators should play a "gate-keeping" role with adequate support from the Administration.

(h) How many resources could the scheme save for the Government?

(i) With the introduction of the scheme, to what extent could the waiting time be shortened for applicants on the Central Infirmary Waiting List (CIWL)?

(j) What was the Government's objective in launching this scheme? Was it the Government's plan that all the infirmary care services would be provided in care-and-attention homes operated by welfare institutions?

(k) Discussions on the collaborations between the health and welfare sectors to provide long-term care services for the elderly had been on the agenda for more than ten years. It was time to turn the idea progressively into practice.

Most importantly, HA should render support to the service operators. As for the issue of death certificates, it should be specified upon the commencement of the scheme whether a family doctor or a visiting medical officer should take up such a responsibility.

19. Mr Paul TANG, Director of Social Welfare, responded as follows:

(a) Provision of infirmary care for elders in a non-hospital setting was not a new initiative. Existing RCHEs had been taking care of infirm elders on the CIWL.

(b) Some NGOs had expressed interest in joining the trial scheme, and SWD had confidence in the ability of these NGOs.

(c) Since this was a trial scheme, SWD had set the term of contract at three years to facilitate further review. Those who performed well in the contract should have a competitive edge over other tenderers in future bidding.

(d) The monitoring committee would consider involving participating operators in future review. This could facilitate the committee members to understand the specific problems arising from the provision of infirmary care for elders in a non-hospital setting, and what necessary arrangements had to be made. Yet, for the sake of fairness in the vetting of tenders, it was not appropriate to involve representatives of NGOs in the selection process.

20. Mrs NG added that the target users of the services under this trial scheme would not include the five categories of medically unstable infirm elders listed on Page 16 of the PowerPoint presentation. Only medically stable infirm elders aged 65 or above and on the CIWL would be selected for the services. SWD was also well aware of the importance of

medical support. Therefore, when calculating the unit cost per infirmary place under the trial scheme, SWD had taken into account the expenditure on medical support, including the cost of purchasing medical services from the Community Geriatric Assessment Teams or private practitioners. Furthermore, SWD had already raised the point with HA that the Community Geriatric Assessment Teams should render medical support to the infirmary service providers operating in their respective districts as far as possible. Mrs NG also pointed out that SWD would not make it compulsory for the operators to provide hospice service. However, tenderers which could offer such a service and had doctors to sign and issue death certificates would undoubtedly have an edge over the other tenderers.

[The Chairman left the meeting at this juncture to attend a LegCo Panel Meeting on Constitutional Affairs. As SHWF would also need to leave the meeting shortly, Ms Salina YAN, Deputy Secretary for Health, Welfare and Food, stood in for the Chairman.]

21. Dr William HO pointed out that the scheme sought to rectify the existing mismatch between infirmary beds and patients. At present, many elders staying in infirmary beds in HA hospitals were, after medical treatment, confirmed by doctors as medically stable and did not require further infirmary care in a hospital setting. Nevertheless, there were cases where elders in need of hospital-based infirmary care were still waiting to be admitted to infirmary places in hospitals. The scheme would help cut the waiting time for elders in need of hospital-based infirmary care, while transferring infirm elders not requiring constant infirmary care in a hospital setting to welfare institutions outside hospitals.

22. Dr York CHOW stressed that all experiments had risks, but the risk would even be higher for elders in need of infirmary care in a hospital setting to be denied such a service. He pointed out that the scheme would help forge cooperation between the welfare and

medical sectors, and would also alleviate the shortage of infirmary places. He hoped Members could keep an open mind on this scheme.

23. Ms Salina YAN, Deputy Secretary for Health, Welfare and Food, drew Members' attention to the fact that the trial scheme would be carried out on a voluntary basis. SWD would arrange infirmary places for the elders on the CIWL through this scheme only after securing their consent or the consent of their family members.

[Dr York CHOW, SHWF, left the meeting at this juncture.]

24. Dr Daisy DAI, Senior Executive Manager of HA, clarified that HA would continue to provide infirmary care services to those medically unstable infirm elders who had to be readmitted from time to time to hospitals for medical treatment, including those elders who relied on breathing apparatus. HA had earlier consulted the welfare sector on the criteria categorizing medically frail and stable elders and the criteria was generally agreeable among welfare workers.

25. Dr LAM Ping-yan, Director of Health, remarked that the infirmary care services to be provided under the trial scheme would be monitored by DH. As a general practice, when a resident passed away in a RCHE, the police would carry out site enquiry. The verification and issue of a death certificate by a doctor would suffice under normal circumstances, otherwise the person-in-charge would only need to attend a death enquiry conducted at a mortuary. If a RCHE could confirm that the deceased elder was a long-stay chronic patient, the doctor would normally agree to recommend to the Coroner's Court that an autopsy be exempted.

26. Mr TANG added that the issue of death certificates by operators under the trial scheme as mentioned by SHWF was still under consideration as a step forward in future. At

the present stage, the trial scheme would only focus on the arrangement of providing medically stable elders with infirmary services. In case of any change in their condition, they would be transferred to hospital for treatment if necessary. He reckoned that sufficient resources would be allocated to operators under the trial scheme, which might well serve as a platform for testing the market.

27. Ms YAN summed up the discussion by stating that the scheme was still at the consultation and tender drafting stage. The Administration was ready to further discuss details of its implementation with the operators. She agreed that to minimise the risk involved, the trial scheme would rely on close collaboration with the medical profession. She said that HWFB and SWD would exchange views with the stakeholders on the trial scheme.

(Action: HWFB)

[Dr LAM Ping-yan, Director of Health, Dr William HO, Chief Executive of HA, and Mr Michael LAI, EC Member, left the meeting at this juncture.]

Agenda Item 4: Traffic Accidents and Elders

(Information Paper No. EC/I/05-04)

28. Dr CHAN Wai-man, Assistant Director of Health, took Members through Information Paper No. 05-04 on traffic accident casualties, causes of accidents and various items under the Road Safety Campaign.

29. Ms CHAU Ying-yu, CIP, briefed Members on the work of the Road Safety Council and related activities organised by the Hong Kong Police Force, including talks, bus parades and visits to the Road Safety City, etc.

30. Members had the following comments/enquiries:

(a) It was suggested that bright-coloured walking sticks should be used by elders to alert drivers (written submission). A Member also raised the point that elders should be encouraged to use walking sticks fitted with small light bulbs.

(b) It would be quite difficult for elderly centres to form their own elderly road safety patrols because they did not have any staff specially employed to learn the necessary techniques to train elders. The only alternative was for elders to train elders. More support from the Hong Kong Police Force or Road Safety Council was required, for example, in the form of deploying officers to train elderly volunteers, especially the relatively younger or newly retired seniors, to become trainers.

(c) A Member suggested that road safety patrols from schools and elderly centres could practise drills together. This would not only enrich their knowledge of road safety but also promote intergenerational solidarity. But another Member held that heavy schoolwork on the part of the students might not make suggestion workable.

(d) The Transport Department should enhance their promotion efforts on proper driving manner and encourage drivers to be considerate towards the elderly.

(e) As distribution of elders varied by district, would thematic and intensive promotional drive be mounted in certain districts, such as Sham Shui Po and Tai Kok Tsui, where there was a large proportion of elderly population?

31. CIP CHAU responded as follows:

(a) Elders attending road safety talks would always be reminded to wear light-coloured clothes and bring bright-coloured umbrellas or walking sticks while going out to alert drivers. They would also be reminded to cross the road with the aid of an umbrella while bearing in mind not to block inadvertently their own sight with the umbrella. Consideration would be given to ordering bright-coloured road safety stickers for elders to place on their walking sticks, and as a supportive measure, choosing bright-coloured souvenirs such as environmental bags.

(b) CIP CHAU would relay Members' opinions on the elderly road safety patrol to the Hong Kong Road Safety Patrol for their consideration. The Road Safety Section of the Hong Kong Police Force would also render assistance and arrange road safety talks for elders.

(c) Since 2001, the Road Safety Council had focused its publicity campaign on "smart driving" with drivers as its main target. Through publicity and education, the Council expected drivers to improve their driving manner, be considerate, drive safe, and shoulder with others the responsibility of enhancing road safety. In the meantime, the Council also carried out publicity on the safety of pedestrians and cyclists, spreading the message of "Road safety-Everyone's responsibility" to all road users and calling for concerted efforts to promote road safety in Hong Kong.

(d) The Road Safety Unit of the Hong Kong Police Force comprised of five groups responsible for promoting road safety in five respective police traffic regions. Each group was overseen by a Senior Inspector of Police who would

coordinate the work on road safety publicity and education in the light of the traffic condition and characteristics of the region.

[Mr Paul TANG, Director of Social Welfare, Dr Raymond WU, Mrs Peggy LAM, and CIP CHAU Ying-yu of the Hong Kong Police Force left the meeting when the Agenda Item was under discussion.]

Agenda Item 5: Any Other Business

The Issue of "Chips for the Elderly"

32. In response to a question raised by the Chairman on whether HA had recently stopped the practice of issuing "chips for the elderly", Dr Daisy DAI replied that the practice was in place as early as the days when the general out-patient clinics were operated by DH. The practice remained unchanged after the handover of these general out-patient clinics to HA, which meant that a certain number of chips were reserved daily for elders queuing up for medical service.

Progress Report on the Task Group on Active Ageing

33. The Secretary Mrs Brenda FUNG said that the Progress Report on the Task Group on Active Ageing and a book entitled "50's Love Letters" were tabled for Members' reference. She invited Members to advise on the use of the uncommitted funds of more than $6 million from the Healthy Ageing Campaign. The Task Group on Active Ageing would consider all the views they received and finalise the future work plan in due course.

Guardianship Board

34. A Member pointed out that the upper limit of $9,500 authorised by the Guardianship Board for a guardian to make financial decisions on behalf of a mentally incapacitated person was insufficient. She held that since most of the persons under guardianship were elders with dementia, the upper limit was not sufficient to provide them with better residential homes. She proposed that the Guardianship Board be invited to brief Members at the next EC meeting on the operation of the Board and its requirements relating to maintenance for persons under guardianship.

35. Mrs Brenda FUNG said that according to the initial reply of the Commissioner for Rehabilitation, the existing mental health legislation did stipulate a monthly limit of $9,500. However, if the relatives of the person under guardianship, SWD or other guardians considered the amount to be too small, they might apply to the court for a higher limit. Records showed that the court had handled such cases before. Moreover, the Commissioner for Rehabilitation appreciated the sector's concern and would consider Members' views, among other things, in future amendments.

Date of Next Meeting

36. The next EC meeting would be held on 22 February 2005 (Tuesday).

Time of Adjournment

37. The meeting was adjourned at 5:55 p.m.

Health, Welfare and Food Bureau

8 February 2004