



**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	
Mrs Kathy NG	Assistant Director (Elderly), Social Welfare Department	
Ms Grace CHAN	Chief Social Work Officer, Social Welfare Department	
Ms MAK Suk-kwan, Lorensa	Senior 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	
Mr NG Wah-keung, Augustine	Assistant Director of Planning	} In Attendance for Agenda Item 3
Ms KIANG Kam-yin, Ginger	Senior Town Planner, Planning Department	
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 LAW Hok-yin, Anson	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 POON Ming-soo, Bonita	Executive Officer, Health, Welfare and Food Bureau	

**Absent with Apologies:**

Prof Iris CHI, BBS, JP  
Dr LUM Shun-sui, Susie  
Secretary for Health, Welfare and Food  
Secretary for Education and Manpower

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The Chairman welcomed everyone to the meeting.

**Agenda Item 1: Confirmation of the Minutes of the 41st Meeting**

2. The Hong Kong Housing Society (HKHS) proposed the following amendments to the draft minutes of the 41<sup>st</sup> meeting:

Paragraph 4 should be amended to read:

“...on the introduction of a Building Management and Maintenance Scheme (BMMS), which would span over 10 years through partnership between the two parties, **with a funding of \$3 billion from HKHS.**”

Paragraph 7(3) should be amended to read:

“**HKHS would brief owners clearly** on the procedures, as well as the pros and cons of forming OCs.”

Paragraph 7(6) should be amended to read:

“Under HKHS’s Home Renovation Loan Scheme, when loans are granted to **elderly owners** with financial difficulties, ...and recover the **outstanding loan** only upon the transfer of ownership of the property.”

Members accepted HKHS’ proposed amendments to the minutes of the last meeting and endorsed the amended minutes of the 41<sup>st</sup> meeting.

## **Agenda Item 2: Matters Arising**

### **Paragraphs 17 and 18 of the Minutes of the 41<sup>st</sup> Meeting**

#### **Any Other Business**

3. As a follow-up on the Government's position towards the provision of medical activities/health checks by elderly centres to their members, the Department of Health (DH), Social Welfare Department (SWD) and Housing Department (HD) had prepared an information paper and would update Members on the progress under Agenda Item 4 below.

### **Paragraphs 30 and 31 of the Minutes of the 40th Meeting**

#### **Traffic Accidents and Elders**

4. The Chairman said it was suggested in the 40th Meeting that stickers in bright colours should be provided to elders for adhesion onto their walking sticks, so as to alert drivers when they were crossing the road. A Member had also suggested that road safety patrols in schools and elderly centre conduct drills together.

5. In its reply to the Elderly Commission (EC), the Road Safety Council said that they had referred the suggestion of joint drills between the road safety patrols in schools and those in elderly centres to the Road Safety Association for consideration. As for the provision of road safety stickers in bright colours, the Council had reservation about the suggestion. They were worried that requiring the Police to provide elders with reflective stickers would cause greater risks to elders, as some elders might believe wrongly that they had priority in crossing roads, and thereby putting their life at risks. Copies of the Council's letter were tabled at the meeting. Members had no further comments on the reply.

### **Agenda Item 3: Presentation by Planning Department on Elderly Housing**

(Discussion Paper No. EC/D/01-05)

6. Mr Augustine NG, Assistant Director of Planning, briefed Members on the in-house study on elderly housing conducted by the Planning Department (Plan D) recently. The study looked into elders' housing needs and how the Government should facilitate the provision of elderly housing. Mr Augustine NG presented to Members the study findings and the issues emerging during the study through a PowerPoint presentation. He invited Members' comments on the issues as highlighted in the study.

7. Members were in general supportive of the findings and considered it a forward-looking study. Their comments were as follows:

#### Land Use Issues

- (a) if the Government wished to attract the participation of the private sector in the development of elderly housing, it should consider making land available to private developers by auction. Also, it should re-examine whether "nil premium" was the only way to attract private developers.
- (b) As private developers were in a better position to assess the return of their investments in elderly housing, the Government could consider allowing private developers to determine the proportion of elderly housing flats in a development project.
- (c) Though some private developers were interested in developing elderly housing, they might not proceed due to land premium issues and market uncertainty. In encouraging private sector participation, the Government should proactively rationalize inconsistencies in related policies, in addition to providing development

incentives and guidelines, such as specifying in the land grant or sale conditions the requirement for elderly housing within a development.

- (d) The public and private sectors should avoid developing similar elderly housing products, as this would limit the development prospect and profit margins of both sectors. The public sector should refrain from entering the market, lest it would affect the growth of the private market.
- (e) Apart from public and private housing, it might be worthwhile to consider the roles of non-profit-making organizations in the provision of housing. Non-profit-making organizations might bring in new ideas and new initiatives.
- (f) The Government could make reference to the priority housing scheme for extended family in Singapore which enabled the elders to live near their children and interact with people of all ages in the community.

#### Elders' housing requirements

- (g) Elders differed in terms of needs, preference and affordability. Therefore, elderly housing should be diversified. There should be private and public ones. Also, there should be luxurious and standard ones. This would provide elders with more choices, and attract the participation of private developers in different size.
- (h) Different elders have different living requirements. Some elders might prefer to live next to other elders when their children had grown up. There were also studies showing that physically-fit elders generally preferred living in a community with a good mix of people at all ages.

## Success Factors For Elderly Housing

(i) Members were of the view that the elderly housing market had yet to take shape in Hong Kong and developers' experiences and awareness on elderly housing were rather limited. The following factors were relevant to the healthy development of an elderly housing market:

- whether the locations were suitable for elders. Converting industrial buildings into elderly housing might not be too attractive to elders.
- whether the units were spacious and whether they provide privacy.
- whether the housing design and supporting facilities were appropriate; for example, whether the provision of recreational and social activities as well as health care services was sufficient.
- many elders had assets which had exceeded the asset limit of the "Senior Citizen Residence Scheme". As a result, they were not eligible for the Scheme. It would be desirable to review the upper asset limits of the Scheme.
- elders were generally unwilling to sell their properties. It would be desirable if there were other financial instruments, such as "Reverse Mortgage", "Viatical Settlements" and "Annuity Plan" available in the market for elders to turn to.

## Other Issues

(j) the coming generation of elders would likely be better educated and economically more well off. It was necessary to tap their potential consumption powers .

(k) the Government might consider introducing new policies which would facilitate elders to liquidize their properties.

(l) the Government might consider letting HKHS provide long-term property management service for private elderly housing. This would be a win-win situation to both HKHS and the Government.

8. The Chairman added that EC had discussed the issue of “reverse mortgage” a few years ago, and had sought the views of a consultant on this. The consultant pointed out that properties owned by elders in Hong Kong were mostly situated in multi-storey buildings in old urban areas with low market value. He considered it rather impractical to introduce “reverse mortgage” in Hong Kong.

9. The Chairman remarked that HD should take into account the fact that most elders preferred flats with self-contained bathrooms and kitchens to flats requiring the sharing of these facilities when designing public housing. Besides, as housing units for elders were not particularly in short supply, the future focus should be on enhancing the design. With longer life expectancy, the demand of elders for medical and health care services would increase as they became frailer when getting older. Housing design should be tailor-made for their needs. On the other hand, over 90% of elders were in good health. Apart from providing them with suitable housing units, sufficient facilities and space should be available to elders to enhance their quality of life.

(Mrs Peggy LAM left the meeting at this juncture.)

10. Mr LAU Kai-hung, Deputy Director of Housing, welcomed the study conducted by Plan D. He said that the “Cheerful Court” developed by HKHS under the “Senior Citizen Residence Scheme” offered a wide range of facilities and was conveniently located. The



low take-up rate was probably due to the high selling prices of the flats and the income and assets limits, which had limited the number of eligible buyers.

11. Mr Lau added that currently it took elders on the waiting list less than one year to be allocated public housing. At present there were about 490 000 elders living in public housing and about 5 000 on the waiting list for public housing. He projected that 20 000 small self-contained public flats would be completed by HD in the next five years to meet the housing demand of the low income elders.

12. As elders preferred living in small public flats with self-contained kitchens and toilets and interact with different age groups, HD had adopted the development direction of building more small flats for elders since 2000. HD also commissioned the University of Hong Kong to study the housing demand and preference of the elders and arranged study trips to the Mainland. The findings of the study affirmed that elders preferred to live with different age groups and receive medical care in the community. He hoped that the above background information on public housing policy would be useful reference to Plan D.

13. Ms Salina YAN, Deputy Secretary for Health, Welfare and Food, said that thanks to the relentless efforts of HD and other relevant departments, 60% of the elders in Hong Kong were living in public housing and the waiting time for elders to be allocated public housing was shortened to less than one year. These had also helped laid a solid foundation for elderly housing policy. She also showed appreciation to Plan D for looking at the issue of elderly housing from a long-term planning perspective. She said that HWFB would continue to explore the provision of elderly housing with an open mind, in consultation with relevant policy bureau(x)/department(s) and organization(s).

14. Mr Augustine NG thanked Members for their valuable opinions. He said that most of the views which Members had made had in fact been looked into during the study.

Relevant details could be found in the Study Report and the Executive Summary. Mr Augustine NG stressed that a private market could address the different housing needs of elders and provide more housing choices for them, and could have a role to play in the elderly housing market. As far as he knew, though there was a potential market for elderly housing, private developers were concerned about the risks involved, particularly the possible competition from similar housing developments implemented or subsidized by the Government.

15. Mr Ng said he was mindful that “reverse mortgage” involved operational risks. He said that there were cases in other countries whereby lawsuits were filed by the children who repudiated the “reverse mortgage” made by their parents during their life time. For the development of a “reverse mortgage” market, the Government might have to play an active role to ensure its stability. Plan D would incorporate relevant information of “reverse mortgage” into the Consultation Report for reference.

16. Plan D had consulted the Real Estate Developers’ Association on elderly housing development. The Association remarked that the Government should cease subsidizing elderly housing developments to make room for the development of a private market. Overseas experience showed that elderly housing had rather good market potential. But a wide range of financial arrangements had to be available to help elders liquidize their assets with a view to helping elders enhance their quality of life. Mr Augustine NG said Plan D had prepared hard copies of the Study Report and Executive Summary and would make them available to interested Members via the EC Secretariat.

[Note: Copies of the Executive Summary were distributed to all members after the meeting.]

17. The Chairman thanked Mr Augustine NG and Ms Ginger KIANG for their presentation. He said that Plan D was welcomed to brief Members again in future if there were any further study in elderly housing.

[Mr Augustine NG and Ms Ginger KIANG of the Planning Department left the meeting at this juncture.]

**Agenda Item 4: Government's position towards the provision of  
medical activities/health checks by elderly centres**

(Information Paper No. EC/I/02-05)

18. During the last meeting, Members exchanged views with DH, SWD and HD on the legal liability and matters of concern arising from the provision of health care-related activities/health checks in elderly centres for their members. The departments concerned undertook to explain the Government's position to the elderly centres and provide them with relevant guidelines. On behalf of DH, SWD and HD, Dr CHAN Wai-man, Assistant Director of Health gave Members an account of the follow-up actions taken.

19. The Chairman thanked DH for the briefing. He added that elders preferred health checks to health talks. He said it seemed alright for elderly centres to provide simple health checks for elders, but that elderly centres providing influenza vaccinations for elders might be the concern of estate doctors.

20. Dr. CHAN added that many elderly centres had commissioned the United Christian Nethersole Community Health Service to provide vaccination services to their elder members. Their services were in accordance with professional and legal requirements. It was also noted that many elders would take vaccination from private practitioners. According to

DH's data, there was an increase in the number of influenza vaccination for elders in the past two years because of these services.

21. A Member remarked that organisations concerned should be reminded to consider taking out insurance coverage prior to the provision of vaccinations against influenza to the elderly. If medical services were provided in the absence of a registered medical practitioner, it would be difficult for the organization to bear the liabilities when there were accidents. It would be equally difficult for the victims to make claims.

22. A Member pointed out that the recent incident was mainly the result of elders receiving subsidised vaccinations at concessionary prices at the elderly centres. It was noted that most elders were reluctant to pay for the vaccinations at market price. If the elderly centres would work with estate doctors and invite them to their centres to provide free health checks to elders and conduct health talks, it would bring customers to estate doctors.

23. Mr LAU Kai-hung added that HD had approached the Chairman of the Practising Estate Doctors Association, and the latter considered the “one centre, one doctor” concept worth further pursuing. HD had also liaised with the NGO in Wah Fu Estate, with a view to enhancing collaboration among various stakeholders to avoid misunderstandings.

24. A Member was of the view that elderly centres could integrate welfare services with health education, by providing preliminary medical services. He suggested that parties concerned should take the opportunity of this incident to pursue the “one centre, one doctor” concept. He proposed that SWD should follow up the recommendation.

25. In response, Mrs Kathy NG, Assistant Director of Social Welfare, pointed out that at an exchange forum on the issue of elderly centres providing medical/health activities held last

month, SWD had encouraged elderly centres to initiate collaboration and foster good neighbourhood relationship with doctors in their respective districts for mutual benefits.

[Prof Jean WOO left the meeting at this juncture.]

26. Dr CHAN Wai-man said that the Centre for Health Protection encouraged elders to receive influenza vaccination. In addition, the Elderly Health Services would launch health education and publicity campaigns on vaccination, and would continue to provide elders in residential care homes for the elderly (RCHEs) with free vaccination. While noting that medical check ups were popular in the community, elderly centres should be made aware of the risks and liabilities involved. DH did not encourage elders to undergo unnecessary health checks. To help elders to prevent diseases and enjoy good health, DH would, with the support of elderly centres, continue to provide health education programmes like quit smoking and falls prevention for elders.

27. Members shared Dr CHAN's views that elderly centres could do more on disease prevention.

[Mr Peter WONG left the meeting at this juncture.]

## **Agenda Item 5: Any Other Business**

### **Supply and Demand of Nurses**

28. Further to the presentation of an information paper in the 40<sup>th</sup> meeting by Dr LUM Shun-sui, Susie (Dr Lum is also the Senior Executive Manager (Nursing) of the Hospital Authority (HA)) on the supply and demand of nurses in the coming years, Member had the following views:

- (a) In view of an aging population and with many new RCHEs coming into operation, demand for nursing staff in the welfare sector had been on the increase. New RCHEs were required to have registered nurses (RNs) and enrolled nurses (ENs) in proportion to their capacity in order to be licensed by SWD. But HA had stopped organizing training programmes on ENs some years ago. Also, because of the overall natural wastage of nurses and HA's need to fill the vacancies of nurses arising from its voluntary early retirement scheme, there was a severe shortage of nurses in the welfare sector.
- (b) The welfare sector generally considered that ENs were better in terms of nursing knowledge and skills than health care workers. But ENs were in acute shortage. In order to perform nursing duties, the social welfare sector had to recruit RNs at higher salaries. However, they also had difficulties in recruiting RNs.
- (c) Members noted that training for nurses was moving towards Degree level. However, nurses were required not only in hospitals, but also in RCHEs and community care services. RCHEs and community care services required additional nurses. They also require the nurses to have good nursing knowledge and good interpersonal skills. It was therefore imperative that we identified alternative ways to address such needs. One possible option was to design training programmes for nurses catered specifically for the welfare sector. Since it took time to train nurses, health care workers might assist in the interim. Another possible way was to assign non-nursing-specific duties to health care workers so that nurses could be released to concentrate on work they were professionally trained for.

- (d) Apart from training nurses, it was also necessary to consider the career development of professionally trained nurses in the welfare sector. Otherwise nurses would still end up working in hospitals.
- (e) Members suggested the Secretary for Health, Welfare and Food to recommend to the Health and Medical Development Advisory Committee to train more nurses to meet the demand of the welfare sector.

29. Ms Salina YAN, Deputy Secretary for Health, Welfare and Food, said that there would be over 500 student nurses graduating in the coming years. HA would not absorb all of the graduates, and so some of them might serve in the social welfare sector. Also, some private hospitals had re-launched training programmes on enrolled nurses to cope with service demand.

30. In response to Member's enquiry about the required number of nurses in RCHEs, Mrs Kathy NG, Assistant Director of Social Welfare, pointed out that pursuant to the Residential Care Homes (Elderly Persons) Regulation, RCHEs could swap the number of nurses and health care workers in meeting the staffing requirement. Care and attention homes, which were under the ambit of the Licensing Office of Residential Care Homes for the Elderly of SWD, could employ health care workers. She went on to report on the measures and the progress of SWD in addressing the shortage of nurses:

- (a) Both the Queen Elizabeth Hospital Nursing School and the School of Nursing of the Hong Kong Polytechnic University had been running three-year higher diploma programmes in nursing, each with over 100 (*105 for QEH and 160 for HKPU*) nursing students expected to be graduated in September this year. The programmes under the Queen Elizabeth Hospital were specifically designed for RNs to serve in the social welfare sector. SWD, in conjunction with HA and HWFB,

would hold two career talks for this batch of student nurses in June this year and brief them on the different types of elderly and rehabilitation services in the social welfare sector, such as RCHEs and Rehabilitation Service Centres for people with disabilities. In-service senior nurses would be invited to introduce their work to the students and encourage them to join the social welfare sector upon their graduation and acquisition of the necessary qualifications. For welfare organisations which wished to recruit nurses, SWD would also assist them by distributing their promotional leaflets and job application forms to the student nurses attending the talks.

- (b) A career talk would be arranged through announcement via the Association of Hong Kong Nursing Staff for 800 nurses who had retired under the voluntary early retirement scheme of HA with a view to attracting them to return to the nursing profession.
- (c) Discussions had been held with HWFB and HA on the feasibility of resuming the training of ENs.
- (d) Large light-box advertisements would be put up at MTR stations to appeal to nurses to serve in the welfare sector.

31. Mr Paul TANG, Director of Social Welfare, agreed that a special type of nurses might be needed for the welfare sector. However, the Nursing Council of Hong Kong was currently working on the upgrading of nurses training programmes to Degree level. The Nursing Council had to be involved in considering the feasibility of training a special type of nurses for the welfare sector. SWD would also work out a long-term strategy with HWFB and HA and consider the feasibility of resuming the training of ENs to tackle the existing manpower shortage problem.



32. Ms YAN of HWFB said that consideration could be given to arranging student nurses in Degree training courses to practise in institutions like RCHEs or Rehabilitation Service Centres for people with disabilities, with a view to increasing their exposure to the welfare sector. Consideration could also be given to introducing specialized training on top of the degree courses. The Bureau would explore all options with relevant departments and organisations.

33. The Chairman suggested HWFB to prepare a discussion paper on nurses training and career development of nurses for the next meeting.

(Action: HWFB)

#### **Date of Next Meeting**

34. The next EC meeting would be held on 12 September 2005 (Monday).

[Post-meeting note : The next EC meeting is rescheduled to 26 September 2005 (Monday).]

#### **Time of Adjournment**

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

24 June 2005