

(Translation)

Restricted

**Elderly Commission**  
**Minutes of the 45<sup>th</sup> Meeting**

Room 1201, Murray Building, Garden Road, Central  
9:30 a.m., 23 February 2006 (Thursday)

**Present:**

**Chairman**

Dr the Honourable LEONG Che-hung, GBS, JP

**Vice-Chairman**

Prof CHAN Cheung-ming, Alfred, JP

**Members**

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

Prof Jean WOO

Mr CHAN Chi-yuk, Kenneth

Mr CHAN Han-pan

Prof CHIU Fung-kum, Helen

Rev LAU Wai-ling, Dorothy, JP

Mr MA Chan-hang, Leo

Dr YAM Yin-chun, Loretta, BBS

Mr TANG Kwok-wai, Paul, JP

Mr LAU Kai-hung, JP

Dr CHAN Wai-man, JP

Dr Daisy DAI

Director of Social Welfare

Representative of Director of Housing

Representative of Director of Health

Representative of Chief Executive, Hospital  
Authority

**In Attendance:**

Ms Salina YAN	Deputy Secretary for Health, Welfare and Food
Mr FUNG Kin-yip, Eugene	Principal Assistant Secretary for Health, Welfare and Food
Mrs Kathy NG	Assistant Director (Elderly), Social Welfare Department
Mr LAM Ka-tai	Chief Social Work Officer, Social Welfare Department
Mrs Senna SMITH	Executive Manager, Social Welfare Department
Ms CHAN Suk-ki, Grace	Senior Social Work Officer, Social Welfare Department
Mrs KWOK LI Mung-ye, Helen	Senior Social Work Officer, Social Welfare Department
Ms LEUNG Mei-wah	Senior 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-ke, May-ke	Senior Medical and Health Officer, Department of Health
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 AU Kai-fung, Albert	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:**

Secretary for Education and Manpower

**Secretary**

Mr CHEUNG Doi-ching  
Principal Assistant Secretary for Health, Welfare and Food

\*\*\*\*\*

The Chairman, Dr the Honourable LEONG Che-hung, welcomed everyone to the meeting.

2. He said that he had discussed with Dr York CHOW, Secretary for Health, Welfare and Food, the work focus of the Elderly Commission (EC) in the coming year, which would include:

- (i) To enhance the existing community care services and carer support services in respect of the long-term care (LTC) service model, with a view to realising “ageing in place”.
- (ii) To promote active ageing.
- (iii) To engage the EC in the discussion on the health care financing options to be put forward by the Health and Medical Development Advisory Committee.

**Agenda Item 1: Confirmation of the Minutes of the 44<sup>th</sup> Meeting**

3. The Secretariat had received the Chairman’s proposed amendments to the draft minutes of the last meeting. The amendments were tabled at the meeting and the amended minutes were endorsed.

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

### **Paragraph 6 of the Minutes of the 44th Meeting**

#### **Enrolled Nurse Training Programme for the Welfare Sector**

4. Mrs Kathy NG, Assistant Director of Social Welfare, made a powerpoint presentation on the profile of the 110 candidates selected for the enrolled nurse training programme. It was noted that 80% of them were currently serving in the social welfare sector. The course would commence on 6 March 2006. Seven successful candidates had decided not to enroll into the course for personal reasons. The Social Welfare Department (SWD) would maintain the number of students at 110 by selecting seven suitable candidates from the waiting list to fill the vacancies.

5. The Chairman remarked that the course had attracted more than 2 000 applicants, showing that there was a demand for the course in the market. He suggested that SWD and the Hospital Authority (HA) should run the course for a second time.

## **Agenda Item 3: Waiver Application for Patients Attending Specialist Out-patient Clinics (SOPCs) and General Out-patient Clinics (GOPCs) of HA**

---

6. Dr Daisy DAI, Senior Executive Manager of the HA, briefed Members on the medical fee waiver arrangements for pre-scheduled appointments at GOPCs with effect from 1 December 2005 by way of a powerpoint presentation.

7. Dr Dai briefed Members about the present medical fee waiver mechanism, and pointed out that recipients of Comprehensive Social Security Assistance (CSSA) would be exempted from payment of medical fee at GOPCs. Non-CSSA recipients who had

difficulties paying the medical fees for hospitalisation might apply for a waiver on a one-off or regular basis when attending SOPCs as well as accident and emergency (but not GOPC) services. With effect from December 2005, the HA had extended the coverage of the time-specific waiver to include pre-scheduled follow-up appointments at GOPCs. At present, those eligible and attending pre-scheduled follow-up appointments at GOPCs might also receive a waiver for a period of six months at the maximum. The elderly and those who had difficulties moving around might even be issued with a waiver certificate covering a period of 12 months at the maximum.

8. Members noted and welcomed the new arrangement of HA. They also put forward the following questions/ comments:

- (i) If the waiver was about to expire, would the medical social worker (MSW) take the initiative to reapply the medical fee waiver for the patient? Was it necessary for the patient to initiate the application?
- (ii) If a patient receiving fee waiver contracted another disease during the waiver period, was it necessary for him/her to apply for another fee waiver?
- (iii) How long would it take to obtain a fee waiver application? When should the patient apply for a new waiver before the old one expire?
- (iv) For a patient who had already obtained a fee waiver with the help of a social worker of an Integrated Family Service Centre (IFSC), was it necessary for him/her to make another application to MSWs?

9. Dr DAI made the following response:

- (i) The MSW would, having regard to patients' circumstances, assist them in applying for time-specific waivers during their follow up appointments.
- (ii) Patients with fee waivers granted by specialties of hospitals could also enjoy fee waivers in their follow up appointments at another specialty.
- (iii) The processing time required for a fee waiver application would, to a certain extent, depend on the readiness of the patient's family members in submitting the necessary documentary proof to the MSW.
- (iv) For patients who had been granted fee waivers through social workers of IFSCs, they need not make another application to the MSW.

10. Dr DAI also informed the meeting that to ease the queuing situation, a pilot scheme of telephone appointment system was launched for the general out-patient clinics on Hong Kong Island in December last year. The HA would conduct a review in six months to decide if such service would be extended to the general out-patient service in other districts.

11. The Vice-Chairman pointed out that the EC learned from a private residential care home for the elderly (RCHE) that when their staff accompanied the residents to the general out-patient clinic for consultation, the clinic could only offer two consultation chips to them, which simply could not meet their demand.

12. Dr DAI appreciated the needs of the elderly in private homes for general out-patient service. However, the HA had to strike a balance between their needs and those of other general out-patient service users. The staff of the HA would make appropriate arrangements

according to the situation. She also mentioned that the Office of the Ombudsman had looked into the allocation of consultation chips for the general out-patient clinics in response to some public complaints, but the Office came to the same view that the arrangements should be left to HA's discretion.

**Agenda Item 4: Progress on the work of the Working Group on Long Term Care (LTC) Model and the Working Group on Active Ageing (WGAA)**

---

13. The Chairman invited Dr LAM Ching-choi, Chairman of the Working Group on LTC Model, and Prof Alfred CHAN, Chairman of the WGAA, to update Members about the progress of the two working groups respectively.

14. Members put forward the following views on Long Term Care model:

Staff Training Plan and Promotion Prospect:

- (i) Despite the availability of some training programmes designed specifically for health care personnel, including the Enrolled Nurse Training Programme for the Welfare Sector jointly organised by the SWD and the HA, the EC should still give further thought to the professional training for health care personnel in the long run due to the shortage of professional health care personnel in the market.
- (ii) Training courses for frontline health care personnel available in the market included: Associate Degree in Health and Social Care for Form 5 graduates offered by the Hong Kong College of Technology last year; 3-year Higher Diploma in Community Education (Gerontology) for Form 5 graduates

offered by the Hong Kong Institute of Vocational Education of the Vocational Training Council. Upon completion of the courses, students would qualify for health workers or they could join an associate-degree programme. Also, the Hong Kong Council for Academic Accreditation would accredit the relevant courses offered by the Employees Retraining Board. Training opportunities for frontline staff were, therefore, considered sufficient on the whole. However, it was noted that similar courses were run by different institutions. In this regard, the Education and Manpower Bureau (EMB) should act as a coordinator to ensure the quality of both the courses and the teaching staff. In addition, there should be more training opportunities for professional staff such as doctors, nurses and physiotherapists.

- (iii) It was also very important to provide training to attract professionals as well as middle management personnel to join the LTC service and to lead frontline staff.
- (iv) It would help to retain staff if professional carers were given a clear vision of the development of their respective professions, and their promotion and career prospects. It would be worthwhile for the EC to discuss further in this regard.

#### Grade structure

- (v) Apart from nurses, there were only health care workers under the existing grade structure and LTC service. Consideration could be given to developing training programme with Vocational Training Council to create



other grade(s) on top of the health workers with nurses as heads of the structure, thereby putting in place a promotion ladder to attract serving members to stay in the service.

### Social Education

- (vi) The Government might consider adopting the practices in some foreign countries whereby high schools students were required to participate in social services before graduation. The arrangement would provide young people with an opportunity to think about working in social service sectors upon graduation. The EC agreed that the EMB should be invited in the future meetings for discussion on this issue.
- (vii) The EC should consider promoting the notion of respecting the elders from a sociocultural perspective so that young people would appreciate that it would be both their duties and honour to take care of the elders.

### Others

- (viii) Consideration should be given to hiring housewives as part-time health care workers.
- (ix) Workers at RCHEs were under huge work pressure, but gained little recognition from the community. This had given rise to problems such as job-switching and brain drain. Meanwhile, RCHEs were also facing recruitment difficulties. Therefore, more social recognition should be given to workers at RCHEs.

- (x) Currently, there was mismatch of subsidised elderly services under the Standardised Care Need Assessment Mechanism.

15. Ms Salina YAN, Deputy Secretary for Health, Welfare and Food said that the issue of training LTC services workers could be discussed in future meetings as a special item and representatives of the relevant bureau(x)/department(s) might be invited for their inputs. Dr LAM said that the Working Group on LTC Model would follow up the issue concerning the Standardised Care Need Assessment Mechanism.

16. Members put forward the following views on the WGAA:

- (i) The WGAA should forward the Television and Radio Announcement of Public Interest (API) to Members upon the completion of production for their comments.
- (ii) It was proposed that the API must aim at, among others, altering the general public perspective of the elders while highlighting their contribution and ability.

17. Prof Alfred CHAN supported the views and said that he would follow up the above proposals.

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

#### **Arrangements on Burial Expenses of Deceased Elderly**

18. The Chairman inquired the SWD about the arrangements on burial expenses of deceased elderly.

19. Mrs Kathy NG told Members that a maximum of \$10,310 burial grant, adjustable in accordance with Consumer Price Index (A), was available under the CSSA scheme. She added that some non-government organisations (NGOs) would provide elders with information on will making, legacy arrangement, funeral ceremony and hospice counselling. Some NGOs would also make early funeral plans and arrangements for elders who needed such services and conduct their funeral services in accordance with their wish after their death.

[Post-meeting Note: The rate of burial grant was revised from \$10,310 to \$10,430 w.e.f. 1 April 2006.]

20. Mrs NG said that the SWD would arrange for hundreds of NGO staff to attend a seminar given by an Australian expert on palliative care and hospice services.

21. Members had the following questions/views on these services:

(i) The elderly often worried that they could not afford their own funeral expenses. For elders who were not CSSA recipients, could assistance be provided to them by the SWD or other organisations.

(ii) Besides the burial expenses, the elderly would also worry that after the expiry of their burial ground tenancies, they have no relatives to deal with the matters of tenancy renewal or grave transfer for them.

22. Mrs NG said that in addition to Hong Kong Sheng Kung Hui Welfare Council, Tung Wah Group of Hospitals and Caritas-Hong Kong, which had set up funds providing burial subsidy to needy elderly, some charitable funds of the SWD, like the Kwan Fong Trust

Fund for the Needy and Tang Shiu Kin and Ho Tim Charitable Fund, might also provide assistance.

### **The 2006-07 Budget**

23. Ms Salina YAN briefed Members on the Government's allocation of provision to elderly services in 2006-07 through a powerpoint presentation. She said that recurrent government expenditure on social welfare in 2006-07 would be \$34.6 billion, an increase of \$2.3 billion over the Revised Estimate of 2005-06. Out of the \$34.6 billion, \$24.5 billion was for CSSA and Social Security Allowance. Among it, \$3.32 billion would be spent on elderly services, representing an increase of \$150 million over the 2005-06 Revised Estimate. Furthermore, the Financial Secretary would allocate an additional \$20 million to SWD from 2006-07 onwards, to strengthen home care services for the elders in need with a view to bringing forward the concept of "community-based services"..

24. Mr Paul TANG, Director of Social Welfare, briefed Members on the SWD's work priorities and new initiatives in the coming year, including:

- (i) To enhance home care services for the elders and help them age at home. SWD planned to use the above-mentioned additional allocation of \$20 million to increase the service provision of household cleaning, meal delivery and escort services with a view to providing home care services to more elders with shorter waiting time. SWD would discuss with the providers of Integrated Home Care Services on how to increase the service provision in order to ease the waiting time.

- (ii) To continue with the evaluation study on the service effectiveness of the elderly centres and satisfaction level of their users upon the re-engineering of community support services.
- (iii) To formulate proposals for the provision of infirmary care for elders in a non-hospital setting on a trial basis.
- (iv) To strengthen the manpower of the Licensing Office of Residential Care Homes for the Elderly to tighten inspection, handle complaints and implement the newly revised Code of Practice for Residential Care Homes (Elderly Persons).
- (v) To launch the Enrolled Nurse Training Programme in the welfare sector in March 2006.
- (vi) To continue to convert self-care hostel and home for the aged places into care and attention places to provide a continuum of care.
- (vii) To continue to provide supportive services to the elders and their carers through District Elderly Community Centres and Neighbourhood Elderly Centres.

25. Members put forward the following questions/comments:

- (i) Whether the Government's additional allocation of \$20 million would go to Integrated Home Care Services or be used to provide Enhanced Home and Community Care Services.

- (ii) Would the Government consider allowing the private sector to participate in the provision of home care services.
- (iii) The charges for home care services for elders in general were low. There were also no eligibility criteria governing the users in terms of their frailty. For these reasons, consideration should be given to subjecting them to means tests.

26. Mr TANG said that as SWD had enhanced the service volume of seven of the Enhanced Home and Community Care Services Teams in December 2005, the additional allocation of \$20 million would be used to increase the service volume of the home care services for elders in general with the objective of reducing the queuing time and shortening the waiting list. He said that the SWD encouraged part-time workers to join the elderly home care services in order to relieve the manpower shortage due to long travelling time required in providing the services. The 'New Dawn' Project under the CSSA scheme catering for single parents also encouraged single parents to engage themselves in this kind of part-time job.

27. Mrs NG added that the degree of participation of the private sector in residential care services differed significantly from its participation in the home care services. She pointed out that two-thirds of residential care services were currently provided by private homes, and they were well positioned to bid for contracts of subsidised residential care services. Home care services, on the contrary, were still in their infancy in the private market. Services provided by private organisations were fragmented and small-scale. Therefore, SWD would only consider opening up this market to the private sector when the time and conditions were mature.

28. Mrs NG pointed out that since home care services for elders in general were not subject to physical assessment, elders with no physical impairment were also eligible for the services. In addition, the price differentiation between users of different economic status was narrow. This had led to a situation whereby elders and families who could afford private services would also look for subsidized services. She agreed that there was room for improvement and that the charging scheme might be subject to review and adjustment in the future. Thoughts would be given to, for example, raising the fees for users who were more financially well-off and encouraging elders who could afford privately-run home care services to shift to the private market in order to ensure that public resources were targeted at the most needy elders.

29. Dr LAM said that the Working Group on LTC Model would look into the above issues.

### **Date of Next Meeting**

30. The next EC meeting would be held on 18 May 2006 (Thursday).

### **Time of Adjournment**

31. The meeting was adjourned at 12:08 p.m.

6 March 2006