

(Translation)

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**Elderly Commission
Minutes of the 49th Meeting**

Room 2005, 20/F, Murray Building, Garden Road, Central
2:30 p.m., 2 March 2007 (Friday)

Present:

Chairman

Dr the Honourable LEONG Che-hung, GBS, JP

Vice-Chairman

Prof CHAN Cheung-ming, Alfred, BBS, JP

Members

Dr LUM Shun-sui, Susie

Ms WONG Yiu-ming, Anita

Mr CHAN Iu-seng, Star, BBS

Dr LAM Ching-choi, JP

Mr CHAN Han-pan

Mr CHAN Chi-yuk, Kenneth

Prof CHIU Fung-kum, Helen

Rev LAU Wai-ling, Dorothy, JP

Dr YAM Yin-chun, Loretta, BBS

Dr WONG Yee-him, John

Mr TANG Kwok-wai, Paul, JP

Director of Social Welfare

Mr LAU Kai-hung, JP

Representative of Secretary for Housing, Planning and
Lands / Director of Housing

Dr CHAN Wai-man, JP

Representative of Director of Health

Dr Daisy DAI

Representative of Chief Executive of Hospital
Authority

In Attendance:

Ms Sandra LEE, JP	Permanent Secretary for Health and Welfare
Ms YIP Man-kuen, Carol, JP	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
Mrs YUK KWOK Lai-sum, Kitty	Chief Social Work Officer Social Welfare Department
Mr LAM Ka-tai	Chief Social Work Officer Social Welfare Department
Mr FU Tsun-hung	Chief Social Work Officer Social Welfare Department
Mrs Senna SMITH	Executive Manager Social Welfare Department
Ms KWAN Yuen-yuk, Rosemary	Senior Social Work Officer Social Welfare Department
Dr YIP Sum	Medical and Health Officer Department of Health
Ms LOW Looi-looi	Senior Research Scientist Health, Welfare and Food Bureau
Miss CHAN Nga-sze, Joyce	Assistant Secretary for Health, Welfare and Food
Mr CHIN Cheuk-hong, Ian	Assistant Secretary for Health, Welfare and Food
Ms Rosaline WONG	Chief Executive Officer Health, Welfare and Food Bureau

Absent with Apologies:

Prof Jean WOO
Mr MA Chan-hang, Leo
Secretary for Education and Manpower

Secretary

Mr D.C. CHEUNG
Principal Assistant Secretary for
Health, Welfare and Food

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The Chairman, Dr the Honourable LEONG Che-hung, welcomed all to the meeting. Albeit the Lunar New Year was drawing to a close, the Chairman would still like to take the opportunity to wish all present a prosperous and successful year. He especially extended his thanks to Mr Paul TANG, Director of Social Welfare, for his efforts in elderly services over the years. Mr TANG would take up a new post in the Economic Development and Labour Bureau next month.

Agenda Item 1: Confirmation of the Minutes of the 48th Meeting

2. The minutes of the last meeting were endorsed without amendments.

Agenda Item 2: Matters Arising

Paragraph 9 of the minutes of the 48th meeting

Drug Management in Residential Care Homes for the Elderly (RCHEs)

3. Dr CHAN Wai-man, Assistant Director of Health, reported to Members that the Department of Health (DH) and the Social Welfare Department (SWD) co-organised briefing sessions on Drug Management in RCHEs in 4 regions, namely, Hong Kong, Kowloon, New Territories East and New Territories West, in February and March 2007. Copies of the *Operational Manual on Drug Management in RCHEs 2007* (the Manual) were distributed on the spot to representatives of RCHEs who attended the briefing sessions. Representatives from the Practising Pharmacists Association of Hong Kong (the Association) also briefed the participants on drug knowledge and on the Visiting Pharmacists Programme in RCHEs (the Programme) to be implemented later in RCHEs, which was designed to further enhance the drug management capacity of RCHEs and provide them with assistance where necessary. The briefing sessions drew active participation from the sector, which also indicated interest in the Programme.

4. In response to the Chairman's enquiry about the Programme, Dr CHAN said that preparations by the Association for the Programme were underway. She added that in its reply to a question raised by RCHE staff at the briefing, the Association said that no fees would be charged for the visits for the time being, but it did not rule out the possibility of doing so in the future.

5. The Chairman hoped that the Manual could help enhance the drug management capacity of RCHE staff.

Agenda Item 3: 2007-08 Budget

6. Ms Carol Yip, Deputy Secretary for Health, Welfare and Food, briefed Members on the new initiatives on elderly services announced in the 2007-08 Budget by way of a Powerpoint presentation. The Chairman said that the Budget had responded to the idea of active ageing advocated by the Elderly Commission (EC) by, among others, rendering assistance to singleton elders, streamlining arrangements for elderly hospital discharges and increasing the number of subsidised residential care places.

7. Members noted the new initiatives for support for the elderly and made the following enquiries/views:

I. More contact with hidden and singleton elders

Establishing effective network and mechanism

- (i) Hidden elders would consult medical practitioners in case of health problems. Medical social workers (MSWs) were more likely to be in contact with them. In this case, it was believed that MSWs could help to network with these elders by

referring them to elderly centres through the establishment of an effective referral mechanism.

- (ii) It was necessary to establish a database to capture data maintained by various organisations/government departments concerned on singleton/hidden elders, including mutual aid committees and owners' corporations of the housing estates managed by the Housing Department (HD), schools and churches, etc. to facilitate planning of support services to these elders. Volunteers could have a role to play as well in providing the support. It was believed that with the database in place, it would not be difficult to get hold of information about such volunteers and have the volunteers organised to contact hidden/singleton elders.
- (iii) To reach out to hidden elders, it was important to earn their trust and small local organisations were best placed to achieve this. These organisations could be incorporated in the network to enhance the effectiveness of this area of work.

Forms of assistance

- (iv) Elders living in poverty might also be hidden elders. These elders were in need of financial hardship but might be reluctant to seek social security assistance out of a sense of dignity. To address this problem, it was proposed that a fund be set up where social workers of non-governmental organisations (NGOs) could have a free hand to render assistance flexibly to these elders by, say, paying the fees for these elders for participating in activities as well as their traveling and daily expenses.
- (v) "Sweeping" operations in public housing estates were an effective way to reach out hidden elders. However, it was noted that in recent years entrance gates were installed in housing estates for security reason and protection of privacy.

Furthermore, security guards might not allow such activities in these estates. It was much more difficult for the “sweeping” operations to be carried out now than in the past. The question of whether the Housing Department had any measures to facilitate contact with hidden elders was raised in this connection.

Resources

- (vi) A performance pledge should be made with the provision of newly provided resources, e.g. the number of elders to be contacted so that elderly centres could work on that basis. On the other hand, a successful contact with a hidden or singleton elder was only the first step of a series of follow-up actions. In view of the heavy workload of elderly centres, more resources were needed in order to cope with the additional workload arising from the follow-up actions.
- (vii) Some hidden elders who had psychiatric problems, such as depression and mild dementia, were reluctant to seek medical help. Even if the social workers could successfully contact them, it was hard to persuade them to receive medical treatment, and therefore outreach services by psychiatrists/psychiatric nurses were needed. The Government could provide relevant support in this respect.
- (viii) Resources were always limited. The first priority was to locate the hidden elders, provide them with necessary services (such as medical or welfare services), and review the allocation of resources.
- (ix) Experience showed that reliance on neighbourhood elderly centres and district elderly community centres alone to contact and support singleton/hidden elders was ineffective. It would be better to collaborate with other organisations and the SWD could take actions in this direction.

8. In response to Members' views on "sweeping" operations, Mr. LAU Kai-hung, Deputy Director of Housing, said that individual blocks in public housing estates had set up their Mutual Aid Committees (MAC). The Department would encourage the MACs and NGOs to organise more activities for hidden elders through the Estate Management Advisory Committee (EMAC). Visits by NGOs to hidden elders could also be arranged with the EMAC.

9. Mr Paul TANG added that SWD had planned to provide an additional social worker to each elderly centre. Rather than relying solely on social workers to locate hidden elders, the main duty of the social workers was to build up a comprehensive network to get in touch with elders by strengthening coordination with various stakeholders, collaborating with various groups and mobilising volunteers including elderly volunteers, staff from the HD or even staff from the private sector, such as the Hong Kong and China Gas Company Limited. Elders living in poverty might not know that they could apply for the Comprehensive Social Security Assistance (CSSA) and they might need other people to help them eliminate their psychological obstacles in this regard. With as many as 30 types of allowances available to needy elders under the CSSA scheme, their basic living needs should be sufficiently met. Noting that hidden elders needed financial assistance and emotional support, he said that the plan aimed at establishing contact with hidden and singleton elders and facilitating their re-integration into the community. The fees charged for the activities organised by elderly centres were generally low. For elders with financial difficulties, the centres might also exercise their discretion to waive the fees for them and enable them to come out of social isolation and participate in community activities.

10. Ms Carol YIP pointed out that in the 2007-08 Budget, an additional allocation of \$20 million had been earmarked to promote mental health among elders through enhanced outreach services. When hidden or singleton elders with mental illness were located,

outreaching teams would refer them to the Hospital Authority (HA) hospitals for treatment. Similar referral would also be made if any elders with mental illness were found in district elderly centres. In response to a Member's concerns about the additional burden stemming from increased workload on the already understaffed elderly centres after hidden or singleton elders were located, Ms Carol YIP remarked that the HWFB and the SWD would closely monitor the situation, and the SWD would work with the elderly centres to develop a performance pledge on the use of new resources.

11. Mrs Kathy NG, Assistant Director of Social Welfare, agreed that NGOs would have an increased workload arising from their contacts with more hidden/singleton elders. The SWD would explore with the neighbourhood elderly centres and district elderly community centres on how their service agreements could be revised. The SWD would certainly review the increase in workload and work out ways to alleviate the situation.

12. In conclusion, the Chairman hoped that the allocation could be well spent for the benefit of the hidden/singleton elders with genuine needs.

II. Provision of more subsidised residential care places

13. Members raised the following enquiries/views on the provision of more subsidised residential care places:

- (i) The number of elders waitlisted for subsidised residential care places had not been decreased after the introduction of the central waiting list. Was it because home care services had yet to reduce elders' demands for residential care places.
- (ii) While it was recognised that it was impossible for the Government to go on increasing the number of subsidised residential care places, the Government should be prepared to deal with problems arising from the ageing population and strive to

reduce the waiting time for the subsidised residential care places so that elderly hospital dischargees in need of long-term care would not be deprived of appropriate care services.

- (iii) In the long run, the Government should attract investment from the private sector in the provision of residential care services, making available more choices for elders in non-subsidised residential care places.

14. In response to the question about the waiting list, Mr Paul TANG replied that some applicants had been on the waiting list prior to the introduction of the standardised assessment mechanism and had yet to receive a physical assessment while some applicants, though suitable for living either in RCHEs or in the community, still wished to remain on the waiting list for subsidised places out of long-term consideration. There were 2 types of subsidised residential care places, one being provided by subvented and contract homes and the other by private homes participating in the Enhanced Bought Place Scheme (EBPS). Both were subsidised by the Government. The subsidised places offered by private homes participating in the EBPS were of acceptable standard, and the waiting time for this type of subsidised places was only 9 months. As most of the RCHEs at present were privately run, it would be unrealistic to expect that the demand should be met solely by subsidised places. It was therefore of importance to explore ways to improve the service quality of private homes in order to cater for the needs of our ageing population. Another viable alternative was to enhance home care services.

III. Support for elderly hospital dischargees

15. The Chairman invited Dr Daisy Dai to brief Members by a Powerpoint presentation on the HA's one-stop pilot scheme to be carried out in 2 districts.

16. Members noted the HA's scheme and raised the following enquiries/views:
- (i) Whether the scheme would cover elders being admitted/returning to RCHEs after discharged from hospital.
 - (ii) For the 3 000 elder beneficiaries under the scheme per year, did it refer to a different group of elders each year and in that case, the total number of beneficiaries would reach 12 000 in 4 years.
 - (iii) For some elders who had difficulties in making transport arrangements to and from geriatric day hospitals as they were either singleton or unaccompanied during daytime, whether a review could be made in this respect, so as to identify an economical and effective way to meet their transport needs and help them go to hospitals for follow-up consultation.
 - (iv) The Community Geriatric Assessment Team (CGAT) under the HA had been set up for 14 years, it was time to review the mechanism concerned with a view to expanding its functions. Would the scope of the review cover manpower needs, and whether the CGAT should take on medical practitioners other than geriatricians.
 - (v) It was proposed that hospitals provide some emergency support to families with elderly members and teach them how to take care of elders, in order to reduce the need of sending their elderly members to residential care homes eventually instead of taking care of them at home.
 - (vi) The success of the scheme hinged on the effective coordination between hospitals and the welfare sector, through which the hospital re-admission rate of elderly hospital discharges could be reduced.

(vii) In view of the lack of institutions providing rehabilitation care or respite service specifically for elders in our community at present, it would be advisable for the Government to provide resources to institutions for introducing such services as it would help improve the effectiveness of community care.

17. Dr DAI's response to Members' views/enquiries was as follows:

- (i) The target clients of the scheme were mainly elders in the community since elders in RCHEs would be followed up by the CGAT of the HA, which had firm grasp of these elders' situation regarding their admission to/discharge from hospital;
- (ii) The time required for following up the cases of elders in need of support might differ according to their individual situations. For elders who required frequent hospitalization, support service still had to be provided to them in the subsequent year. For this reason, a careful calculation had to be made to ascertain the actual number of beneficiaries under the scheme.

18. Ms Sandra LEE, Permanent Secretary for Health and Welfare, said that the HWFB attached great importance as to how the additional resources could be effectively utilised under the proposed one-stop support scheme for the elderly hospital discharges and proposed that an ad hoc working group be set up under the EC to work out the implementation details of the scheme. She was aware of the transport difficulties elders encountered when they sought follow-up consultation, and had approached the Hong Kong Jockey Club for funding support for additional Rehabuses. She hoped that all these issues could be tackled from a macro-perspective to ensure that the scheme would be carried out effectively and thoroughly, which would give a stronger justification for seeking additional resources in future.

19. The Chairman agreed that an ad hoc working group should be set up in the light of the fact that the scope of the scheme was quite extensive. He hoped that the working group could be set up as soon as possible so that concrete recommendations could be made during the summer time.

Agenda Item 4: Progress Report of the Working Group on Active Ageing (WGAA)

20. The Chairman invited Prof Alfred Chan, Chairman of the WGAA, to report on the progress of the Working Group.

21. Prof Chan reported that the WGAA's Seminar on the Pilot Elder Learning Scheme cum Launching Ceremony of the Elder Academy was held at Yan Chai Hospital Chan Iu Seng Primary School in Tseung Kwan O on 3 February 2007. There were 400 participants. Among them were representatives from schools and NGOs as well as 200 elders. A number of agencies showcased some programmes concerned to illustrate how school-based elder learning could open up new opportunities for intergenerational solidarity and cross-sectoral cooperation. Application for the establishment of Elder Academy was now open until 3 March 2007. As at today, 10 applications had been received. In the immediate future, the WGAA would focus on publicity efforts on the promotion of Active Ageing, including 6 Active Ageing projects to be co-organised with the Radio Television Hong Kong and concerned government departments/agencies at a cost of around \$2 million with financial support from the HWFB. Highlights of these projects were: Story of Hong Kong; Elder Community Work Project; Variety Show at the Academy of Performing Arts; Golden Age Series V; APIs on television; and Media Award for Reporting on Promoting Active Ageing (tentative titles). Members interested in assisting the events could contact the Secretariat.

22. The WGAA would also explore how to take forward the promotion of Senior Citizen Card and provide incentives for the business sector to care for the elderly. A

member of the Working Group briefed Members on an inter-secondary school drama competition to be organised by Cadenza, aiming to encourage students to care for the elderly and promote a positive concept of ageing. The WGAA was in support of the programme and would deliberate on the EC's role in it.

Agenda Item 5: Any Other Business

Meeting with Monitoring Alliance on Elderly Policies

23. The Chairman reported that, together with 2 Members, he met with the representatives of Monitoring Alliance on Elderly Policies (MAEP) in February this year. It was very encouraging to note that their views on elderly services coincided with those of EC. Representatives of the MAEP also expressed their hope that the EC could enhance its transparency. In this regard, he had explained to the representatives that the EC's work had been quite transparent in that its agenda was uploaded onto EC's web site prior to each meeting and the media would be informed of any decision made after the meeting.

Family Commission

24. A member would like to know the progress on the setting up of the Family Commission as mentioned in the Policy Address delivered by the Chief Executive and whether the matter would be tabled for discussion by the EC. Ms Sandra LEE replied that a Steering Committee on Study of Family Commission (Steering Committee) had been established and the EC Chairman was one of the members. The Steering Committee would provide its report to the EC for discussion in due course.

25. The Chairman explained that what was stated in the Policy Address was to study the need to set up a Family Commission, not to set up a Family Commission. Hence, the Steering Committee had been focusing its discussion on issues relating to family values and

the mode of operation to be adopted, if a Family Commission was to be established. The Steering Committee was expected to complete its report next month and by then, the report would be discussed by the EC to see how the EC could co-operate.

Date of Next Meeting

26. The next EC meeting would be held on 28 June 2007 (Thursday).

Time of Adjournment

27. The meeting was adjourned at 5:15 p.m.

2 April 2007