

(Translation)

Restricted

**Elderly Commission  
Minutes of the 54<sup>th</sup> Meeting**

Room 2005, 20/F, Murray Building, Garden Road, Central

2:30 p.m., 13 June 2008 (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, JP

Dr LAM Ching-choi, JP

Mr CHAN Chi-yuk, Kenneth

Mr MA Chan-hang, Leo

Dr YAM Yin-chun, Loretta, BBS

Dr WONG Yee-him, John

Ms Sandra LEE, JP

Permanent Secretary for Food and Health

Mr Stephen Fisher, JP

Director of Social Welfare

Mr LIU King-leung, Tony

Representative of Secretary for Transport and  
Housing/Director of Housing

Dr NG Ping-sum, Sammy

Representative of Director of Health

Dr Daisy DAI

Representative of Chief Executive of Hospital

Authority

**In Attendance:**

Mr TANG Kwok-wai, Paul, JP	Permanent Secretary for Labour and Welfare	
Ms CHENG Lai-sheung, Winnie	Community Nursing Nurse Specialist Caritas Medical Centre	(Matters Arising)
Miss WONG Lai-chun	Chief Executive Officer and Executive Director Hong Kong Housing Society	} Agenda Item 3
Mr Francis LAW	Director (Property Development) Hong Kong Housing Society	
Mr Daniel LAU	General Manager (Planning and Development) Hong Kong Housing Society	
Mr Benny HUI	Senior Manager (Planning and Development) Hong Kong Housing Society	
Ms YIP Man-kuen, Carol, JP	Deputy Secretary for Labour and Welfare	
Ms HO Siu-ping, Betty	Principal Assistant Secretary for Labour and Welfare	
Mrs Kathy NG	Assistant Director (Elderly) Social Welfare Department	
Mr FU Tsun Hung	Chief Social Work Officer Social Welfare Department	
Miss Sheila KONG	Chief Social Work Officer Social Welfare Department	
Mr. LAM Ding Fung	Chief Social Work Officer Social Welfare Department	
Ms. YAN Yuen Mei, May	Chief Social Work Officer Social Welfare Department	
Ms TANG Lai-fan	Senior Social Work Officer Social Welfare Department	
Mr HEUNG Wing-keung	Senior Social Work Officer Social Welfare Department	
Miss CHAN Sau-ming	Senior Social Work Officer Social Welfare Department	
Ms LEUNG Mei-wah	Senior Social Work Officer Social Welfare Department	

Miss CHEUNG Yun-ping, Mary	Senior Social Work Officer Social Welfare Department
Ms KWAN Shuk-yee, Nancy	Senior Social Work Officer Social Welfare Department
Mr YAM Mun-ho	Senior Social Work Officer Social Welfare Department
Ms KWAN Yuen-yuk, Rosemary	Senior Social Work Officer Social Welfare Department
Miss CHAN Nga-sze, Joyce	Assistant Secretary for Labour and Welfare
Ms CHEUNG Chung-sze, Joyce	Assistant Secretary for Labour and Welfare
Mr YIP Ka-sing, Tony	Assistant Secretary for Labour and Welfare
Mr Henry LAI	Assistant Secretary for Labour and Welfare
Miss MOK Tik-shan, Elizabeth	Chief Executive Officer Labour and Welfare Bureau
Ms LI Wing-hang, Amanda	Executive Officer Labour and Welfare Bureau

**Absent with Apologies:**

Prof Jean WOO  
Mr CHAN Han-pan  
Prof CHIU Fung-kum, Helen  
Rev LAU Wai-ling, Dorothy, BBS, JP

**Secretary**

Mr CHEUNG Doi-ching                      Principal Assistant Secretary for Labour and Welfare

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Dr LEONG Che-hung, the Chairman, welcomed Members to the meeting.

**Agenda Item 1: Confirmation of the Minutes of the 53<sup>rd</sup> Meeting**

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

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

### **Paragraph 8 of the Minutes of the 53rd Meeting**

3. The Chairman invited Dr Susie LUM to brief Members on the progress of the study on improving the skills of health workers and enhancing their training. Dr LUM said that a Steering Committee would be set up to launch the Pilot Project. Members of the Steering Committee would comprise representatives from the social welfare and health care sectors as well as operators of private residential care homes and other stakeholders. The Working Group already consulted the industry on the Pilot Project and had the support of Community Nurses and the Community Geriatric Assessment Team (CGAT) of the Hospital Authority (HA). Consultation with the Hong Kong Council of Social Service would be considered upon further development of the Pilot Project. As the training of health workers was not under the purview of the Nursing Council, the Working Group was of the view that it was not necessary to consult the Nursing Council at the present stage.

4. Dr LUM said that the principles on skill transfer developed by international bodies (such as international organisations of nurses, occupational therapists and dentists) would be taken into account under the Pilot Project, including establishment of a skills-based career framework and conduct of on-going evaluations on health service outcome, service efficiency and effectiveness etc. Under the proposed Pilot Project, serving health workers would be given seven months' training on skills enhancement (including 172 hours of theory classes), followed by two weeks of supervised clinical practice. This would be complemented by an Advanced Care Package (ACP) under which Visiting Advanced Practice Nurses (VAPNs) would give support on supervision and disease management to health workers whose skills had been enhanced. With 30 health workers to be recruited from private residential care homes for the elderly (RCHEs), the one-year Pilot Project was scheduled to start in August

2008 and complete in August 2009. It would then be followed by a review to be conducted between September and November 2009. The budget of the whole Pilot Project was \$1.2 million. As to the content of the training programme, apart from enhancement of basic skills, training in other areas such as care management, health assessment, risk management, nutritional care, mental health etc. would also be included to make the training comprehensive. Health workers who had completed the training would be awarded a certificate under the Skills Upgrading Scheme by the Institute of Health Care of HA.

5. Members generally supported the proposed mode of operation of the Pilot Project and the composition of the Steering Committee. Members had the following views/concerns:

- (a) The issue of professional liability insurance.
- (b) What was the level of skills that could be attained by health workers after completion of the training and what legal liability would be involved as regards the future operation?
- (c) Suggested deletion of the word “Community” from the title of the Pilot Project so that its title would be changed to “Care Enhancement Pilot Project for Aged Care”.

6. Dr LUM/other Members responded as follows:

- (a) According to the experience of the insurance sector, in general, the maximum insurance coverage available to RCHEs was \$1 million. For this reason, it was a feasible option to set the insurance coverage at \$15,000 per person for 30 health workers as currently proposed for the Pilot Project. Dr LUM would look into the matter with Mr MA Chan-hang after the meeting to find out whether the seven private residential care homes which would offer practical training for health

workers under the Pilot Project needed to take out additional professional liability insurance for the health workers under training.

- (b) After completion of professional training, health workers could perform such duties as catheterisation, insertion of nasogastric tube, giving intramuscular and subcutaneous injection under the supervision of a VAPN. The Steering Committee would first take stock of the experience of the Pilot Project before making a decision on the way forward. It would also look into the need to amend the Code of Practice for Residential Care Homes (Elderly Persons) so as to ensure that health workers who had completed their training could perform their enhanced functions in residential care homes.

7. On the issue of financial resources, Ms Carol YIP, Deputy Secretary for Labour and Welfare, said that funds had been earmarked by the Labour and Welfare Bureau (LWB) for the Pilot Project.

8. The Chairman summed up Members' views and supported the proposal to implement the Pilot Project for health worker training. He also agreed to the views of the Working Group that at the present stage, it was not necessary to consult the Nursing Council. The Chairman proposed that the Steering Committee should write to advise the Nursing Council of the Pilot Project before its roll-out.

[Post-meeting note: 30 health workers have been recruited for the Pilot Project and the training programme will commence in late August 2008. At present, 16 RCHEs have agreed to offer their premises as venues for supervised clinical practice. The Steering Committee on the implementation of the Pilot Project will convene a meeting in mid August 2008 to discuss the progress and financial requirement arrangements of the Pilot Project.]

### **Paragraph 9 of the Minutes of the 53rd Meeting**

9. It was proposed in the 2008-09 Budget that recipients of Comprehensive Social Security Assistance (CSSA) and Disability Allowance would be provided with one additional month of standard rate CSSA payments and one additional month of allowance respectively while Old Age Allowance recipients would be provided with a one-off grant of \$3,000. Ms YIP said that the above additional payments would be made to the recipients on 16 June by way of the current payment methods (i.e. usually by way of autopay to deposit the money into designated bank accounts). The relevant arrangements would be made known to the public by a press release on 13 June.

### **Paragraphs 14-18 of the Minutes of the 53<sup>rd</sup> Meeting**

10. Ms Sandra LEE, Permanent Secretary for Food and Health, said that the Health Care Voucher Scheme for the Elderly would be formally launched in early 2009 and the Electronic Health Care Voucher System would come into operation before October this year for registration of service providers. Ms LEE emphasised that no prior registration was required for the elders and that the service providers could make registration and open a health care voucher account for them when they used the service for the first time. Ms LEE would arrange a demonstration on the use of the Electronic Health Care Voucher System at the meeting of the Elderly Commission (EC) in October this year. She requested Members to help explain the operation of the Health Care Voucher Scheme to the welfare sector and RCHEs.

**Agenda Item 3: Presentation by the Hong Kong Housing Society on the Proposed Elderly Housing Project in Tanner Hill**

11. The Chairman thanked Miss WONG Lai-chun, Chief Executive Officer and Executive Director of the Hong Kong Housing Society (HS), and other representatives of HS for attending the EC meeting and briefing Members on the project.

12. Miss WONG said that HS had implemented two pilots under the Senior Citizens Residence (SEN) Scheme which were well received. To address the housing needs of the elderly as proposed by the Chief Executive in the 2007 Policy Address, HS would develop an elderly housing project on the Hong Kong Island. Mr Daniel LAU, General Manager (Planning and Development) of HS, introduced the details of the project by way of PowerPoint presentation. Noting that Hong Kong's population was ageing, he said elders (particularly those from the middle-class) had specific housing needs. Apart from designing the hardware facilities, comprehensive supporting facilities such as recreational and healthcare facilities should also be provided in the elderly housing project so as to promote the objectives of healthy ageing and ageing in the community.

13. Mr LAU pointed out that the proposed elderly housing project would be provided in a vacant site of HS in Tanner Hill, North Point. The formation and piling works of the site had been completed. Apart from some 750 private housing units of different sizes and layout, the project also included an elderly hub which would provide comprehensive care services, such as an RCHE which could accommodate 60 to 80 elders, a day care centre, a medical centre, a fitness centre, a library, shops, a cafeteria, a multi-purpose hall and a restaurant. HS anticipated that the elderly housing units would mainly target at elders with better financial means and would be rented to elders under the "user-pays" principle. The facilities of the elderly hub would be jointly managed by HS and some non-governmental organisations



(NGOs) to provide community support services for the residents as well as the elders of the neighbouring communities.

14. HS was discussing with relevant government departments the concerned issues such as modification of land lease and the land premium. It was also in discussion with the Town Planning Board (TPB) on the height limit. HS estimated that the construction cost would amount to \$1 billion (excluding the land premium). Any surplus generated from the future operation of the project would be ploughed back to the project.

15. On the other hand, HS was contemplating the development of an Integrated Elderly Community Project in Tin Shui Wai (TSW) Area 115 (near the Hong Kong Wetland Park) with a view to revitalising TSW, creating more local employment opportunities, and boosting consumer spending and economic development in the district. Apart from serving the elderly, the project would also provide medical, recreational, training and education services for different sectors of the community, such as the youth, women, the unemployed and new immigrants. Under the plan, housing would be provided for elders with better financial means. Other facilities, including a health centre, a hotel/guesthouse, a day nursery/kindergarten and comprehensive recreational, education and training facilities, would also be provided for residents, local community as well as tourists from the Mainland to make TSW a more harmonious community.

16. Members appreciated the two projects on the whole, especially HS's proposed Integrated Elderly Community Project in TSW, which could help revitalise the community by bringing in elders with spending power, and enhance the positive image of the elders. Members had the following views/questions on the above two projects:

- (a) As the elderly housing units under the Tanner Hill project would be for lease only, would it be different from the two existing elderly housing schemes offered by HS?
- (b) How could the projects enhance family harmony?
- (c) It was proposed that HS set aside some units in the project for visitors (e.g. the residents' children who returned from overseas to visit them) for short-term accommodation.
- (d) Some Members suggested that the services of the elderly community health centre under the Tanner Hill project could be provided by a number of NGOs. Taking Tang Shiu Kin Hospital as an example, services now provided by NGOs in the hospital included a Chinese medicine clinic, a dental clinic, an Alzheimer's Disease centre, and a child development centre, etc.
- (e) Ms Sandra LEE also suggested that HS should look into ways to enhance the primary healthcare services under the new projects so as to tie in with the direction of the proposed healthcare reform put forward by the Administration.

17. HS responded as follows:

- (a) Currently, units of the Cheerful Court and Jolly Place under HS were leased to the elderly on a "lease-for-life" basis. Residential units under the Tanner Hill and TSW projects would also be offered for lease only, and not for sale. This was to ensure that the units would be occupied by the elderly.

- (b) As the projects included healthcare facilities to provide comprehensive care services for the elderly, their children would feel comfortable to have the elders moving into the units. Besides, the restaurant facilities under the projects would provide convenience to the residents' children who visit the elders during weekends. A day nursery/kindergarten would also be provided in the proposed TSW project which would help promote intergenerational harmony.
- (c) HS would consider reserving some units for accommodation of visitors under the new projects.

18. Regarding the progress of the two projects, Miss WONG explained that HS was actively negotiating details of the Tanner Hill project with the government departments concerned, while the TSW project was still at the conceptual design stage. The Chairman thanked Miss Wong and other HS representatives for attending the meeting and said that further views from Members on the projects, if any, would be provided to HS for consideration.

#### **Agenda Item 4: Elderly Commission's Study on Residential Care Services for the Elderly**

(Information Paper No. EC/I/01-08)

19-20. The item was reported under separate confidential cover.

#### **Agenda Item 5: Progress Report of the Working Group on Long-term Care Model**

21. The Chairman invited Dr LAM Ching-choi, chairman of the Working Group, to report on the work progress.

22. Dr LAM reported that the Working Group met on 11 June to discuss how to further improve the community care and support services for the elderly so as to facilitate "ageing in

the community”. As the EC had commissioned a study on Residential Care Services for the Elderly to explore ways to achieve the policy objective of “ageing in the community” while optimising the residential care services for the elderly, the Working Group considered it advisable to discuss how to improve the existing community care and support services for the elderly first before exploring the longer-term policy initiatives upon the completion of the study. The Working Group had collected through Ms WONG Yiu-ming the views of frontline workers on community care and support services for the elderly, and identified some areas which could be improved in a relatively short time for discussion. The Social Welfare Department (SWD) agreed that there was room for improvement in these service areas and would actively consider the following:

- (a) Increasing the space provision for the day care centres for the elderly (D/Es);
- (b) Providing furniture and equipment which would better meet the needs of the elders in D/Es;
- (c) Reviewing the requirements in respect of the “turnover rate” and “discharge rate” in the Funding and Service Agreement of D/Es;
- (d) Reviewing the existing arrangements under which subsidised RCHEs were allowed to decide whether to provide respite places or not;
- (e) Reviewing the effectiveness of the District-based Trial Scheme on Carer Training and considering a further expansion of the “carer” scheme; and
- (f) Enhancing communication with the elderly service operators, including explaining in detail to them the elderly-related housing policies and priority allocation scheme, the positioning and roles of the District Elderly Community Centres etc.

23. The Working Group considered that the above proposals, if implemented, would enhance the relevant services to better meet the needs of the users and help promote “ageing in the community”.

24. The Secretariat of the Working Group would follow up the above proposals with SWD and report on the progress in due course.

### **Agenda Item 6: Any Other Business**

#### **Integrated Discharge Support Programme for Elderly Patients**

25. The Chairman invited Dr Daisy DAI, Chief Manager of Hospital Authority, to brief Members on the Integrated Discharge Support Programme for Elderly Patients.

26. Dr DAI, by way of PowerPoint presentation, briefed Members on the Programme, including the process of screening pre-discharge elders for the Programme, the major categories and data of participating elders, etc. She explained that participating hospitals would submit a statistical report to the Steering Committee on a quarterly basis. The report would provide information on the number of elders who had been screened/recruited/discharged from the Programme, the number of elders referred to the Home Support Teams (HSTs), statistics on types of services provided by the HSTs and on other services provided by HA. Dr DAI explained that effectiveness of the Programme would be reviewed against a series of data and indicators, including the average length of stay in hospitals, the ratio of patients referred for rehabilitation training under the Programme, the number of hospital readmissions (including Accident and Emergency (A&E) and non-A&E admissions) within 90 days of discharge, the index on the quality of life of patients upon discharge and during the follow-up period, and the stress level of carers, etc.

27. Members had the following views/questions:

- (a) Members were concerned about whether the review mechanism, apart from providing statistics on readmission of discharged elders, could reveal whether discharged elders would age in the community or be admitted to RCHEs.
- (b) Some Members considered that the stress level of carers would not be reduced simply by the Programme. It was suggested that the review should also explore whether the Programme could enhance the skills and confidence of carers so as to reduce the patients' needs for readmission to hospitals.
- (c) Members generally suggested to keep track of the whereabouts of discharged elders after the 90-day follow-up period, e.g. through phone calls or reporting on the elders' latest situation by NGOs, particularly on whether the elders could age in the community.
- (d) It was suggested that the home support for discharged elders who lived alone or lacked family support should be strengthened.

28. Dr DAI responded as follows:

- (a) The existing review mechanism of the Programme could reveal the whereabouts of elders upon discharge from hospitals. Dr DAI initially opined that given the many factors that would lead to elders' admission to RCHEs, there might not be a direct relevance between the continuous monitoring of discharged elders' whereabouts after the 90-day follow-up period and the effectiveness of the Programme. However, as it was one of the major objectives of the Programme to support discharged elders to age in the community, Dr DAI would consider ways to collect information on elders' whereabouts after 180 days of discharge.

- (b) Dr DAI would confirm after the meeting whether the review mechanism had covered the assessment indicators on carers' skills and confidence, etc.
- (c) It was agreed that elderly singletons had a higher risk of readmission to hospitals after discharge. Home support for elderly singletons would be strengthened under the Programme.

29. In summing up Members' views, the Chairman emphasised that the Programme provided integrated support services for discharged elders to reduce their risk of hospital readmission. It was hoped that the objective of supporting elders to age in the community could be achieved. He suggested HA to consider collecting data on elders' whereabouts after 180 days of discharge so as to enhance the effectiveness of the Programme. Dr DAI agreed to actively consider Members' suggestions.

30. Ms Betty HO, Principal Assistant Secretary for Labour and Welfare, added that Tuen Mun District had been identified for implementation of the third pilot scheme, with service expected to commence in the third quarter of 2009.

[Post-meeting note: Dr DAI agreed to collect data on elders' whereabouts after 180 days of discharge, particularly on whether they could continue to age in the community. Dr DAI would examine the implementation details with the officers-in-charge of the first and second pilots.]

**Development of Elder Academies at Tertiary Institutions and Invitation for a New Round of Applications for Setting up Elder Academies from Primary and Secondary Schools**

31. Mr D C CHEUNG, Principal Assistant Secretary for Labour and Welfare, reported that the proposal of further expansion of elder academies to tertiary institutions was endorsed

at the meeting of the Working Group on Active Ageing on 12 June. Both the Hong Kong Institute of Education (HKIEd) and the City University of Hong Kong (CityU) would implement their proposals on running elder academy courses. CityU would provide more than 200 sit-in student places for elders, while HKIEd would relax the age limit for course enrollment. The secretariat would arrange a press conference after the meeting and invite CityU and HKIEd to introduce the features of their elder academy courses. Mr CHEUNG said that the secretariat would continue to actively approach the sponsoring bodies of primary and secondary schools and he believed that more and more of them would apply for running elder academies in future. He also invited Members to further promote the Elder Academy Scheme through their own networks.

32. Mr CHEUNG said that RTHK Radio 5 would produce two episodes of radio programme on courses taught by elderly professors to be broadcast on Radio 1 and Radio 5 in December 2008. As regards publicity activities, a commencement ceremony for the Elder Academy would be held at Loke Yew Hall of the University of Hong Kong in mid-September, at which a list of newly established elder academies would be announced and certificates on study and volunteer service awards for the past year would be presented. The secretariat would also set up a dedicated website for the Elder Academy, produce prospectus and launch radio and TV Announcements of Public Interests to step up efforts in promoting a learning culture among elders.

[Post-meeting note: The 2008-09 Elder Academy Commencement Ceremony is scheduled for the afternoon of 29 September (Monday) at Loke Yew Hall of the University of Hong Kong.]

### **Pilot Neighbourhood Active Ageing Project**

33. Mr CHEUNG reported that the proposal to implement the “Pilot Neighbourhood Active Ageing Project – Caring for the Elders” was also endorsed at the meeting of the



Working Group on Active Ageing on 12 June. Mr CHEUNG said that the EC had always been concerned about elder abuse. The “Pilot Neighbourhood Active Ageing Project” launched by the EC early this year aimed to promote the concept of “active ageing” and foster the neighbourhood spirit of mutual support. The project received positive initial response from the district NGOs and District Social Welfare Officers. We planned to implement 18 “Pilot Neighbourhood Active Ageing Project – Caring for the Elders” throughout the territory.

The work included:

- (a) Setting up elderly caring groups, with elder volunteers mobilised by social workers to provide support for the needy families and elders in the community and prevent elder abuse; and
- (b) Bringing home the message of respecting and caring for the elders through radio plays based on real cases.

### **Training Courses for Enrolled Nurses (General)/Enrolled Nurses (Psychiatric) in the Welfare Sector**

34. Mrs Kathy NG, Assistant Director of SWD, reported that the graduation ceremony of the first class of the training course for enrolled nurse for the welfare sector was held on 18 April this year. There were a total of 96 graduates, including 70 general trainees and 26 psychiatric trainees. As at 31 May, about 70% of the graduates had joined the welfare sector, about 20% were working in the non-welfare sector (private hospitals) and the remaining 10% were temporarily employed on contract terms by HA or not in employment. SWD would continue to monitor the employment situation of the graduates in the welfare sector.

35. The second and third training classes commenced in November 2006 and December 2007 respectively. The fourth and fifth classes would commence in October this year and at

end of 2009 respectively. Except for the fourth class which would provide 160 training places, the other classes would each provide 110 training places. The five training classes would provide a total of 600 places.

36. As it was expected that the shortage of nurses in the welfare sector could not be resolved shortly, SWD would commission HA to organise three more training classes between 2009 and 2011, providing a total of 330 training places. Mrs NG was also glad to know that HA Nursing Schools had run enrolled nurse programme again in a bid to increase the overall supply of enrolled nurses.

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

37. The next EC meeting would be held in October 2008.

[Post-meeting note: The next EC meeting would be scheduled on 24 October 2008 (Friday).]

#### **Time of Adjournment**

38. The meeting was adjourned at 4:30 p.m.

20 October 2008