

(Translation)

Restricted

**Elderly Commission
Minutes of the 55th Meeting**

Room 2005, 20/F, Murray Building, Garden Road, Central
2:30 p.m., 24 October 2008 (Friday)

Present:

Chairman

Dr the Honourable LEONG Che-hung, GBS, JP

Members

Prof Jean WOO

Mr CHAN Iu-seng, Star, BBS, JP

Mr CHAN Chi-yuk, Kenneth

Prof CHIU Fung kum, Helen

Dr WONG Yee-him, John

Ms Sandra LEE, JP

Permanent Secretary for Food and Health

Mr Stephen Fisher, JP

Director of Social Welfare

Mr. LAU Kai Hung

Representative of Secretary for Transport and
Housing/Director of Housing

Dr. CHAN Wai Man

Representative of Director of Health

In Attendance:

Mr TANG Kwok-wai, Paul, JP

Permanent Secretary for Labour and Welfare

Dr LUM Shun-sui, Susie

(Agenda Item 2)

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
Mr. LAM Ding Fung	Chief Social Work Officer Social Welfare Department
Ms. YAN Yuen Mei, May	Chief 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
Mr YAM Mun-ho	Senior Social Work Officer Social Welfare Department
Ms KWAN Yuen-yuk, Rosemary	Senior Social Work Officer Social Welfare Department
Mr YIP Ka-sing, Tony	Assistant Secretary for Food and Health
Miss CHAN Nga-sze, Joyce	Assistant Secretary for Labour and Welfare
Mr. CHIN Cheuk Hong, Ian	Assistant Secretary for Labour and Welfare
Ms CHEUNG Chung-sze, Joyce	Senior Economist Labour and Welfare Bureau
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 CHAN Cheung-ming, Alfred, BBS, JP

Mr CHAN Han-pan

Dr LAM Ching-choi, BBS, JP

Rev LAU Wai-ling, Dorothy, BBS, JP

Mr MA Chan-hang, Leo

Dr YAM Yin-chun, Loretta, BBS

Chief Executive of Hospital Authority

Secretary

Mr D C CHEUNG

Principal Assistant Secretary for Labour and Welfare

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

Agenda Item 1: Confirmation of the Minutes of the 54th Meeting

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

Agenda Item 2: Matters Arising

Paragraph 8 of the Minutes of the 54th Meeting

3. Dr Susie LUM reported that with the support of the Elderly Commission (EC) and the Labour and Welfare Bureau (LWB), the Care Enhancement Pilot Project for Aged Care (the Pilot Project) was formally launched on 28 August this year. The first part of the Pilot Project was a “Certificate in Competency Enhancement Programme for Health Workers” course provided by the Institute of Health Care of the Hospital Authority (HA). The course had progressed well and 30 trainees had completed about one-third of the theory classes. They would start the supervised clinical practice at residential care homes for the elderly

(RCHEs) in early November to practise catherization, insertion of nasogastric tube and giving intramuscular or subcutaneous injection (i.e. “Two Tubes and One Injection”) under the supervision of nurses.

4. Dr LUM said that the Steering Committee on the Pilot Project met on 12 August and 14 October to discuss matters such as the progress of the Pilot Project, financial arrangements, insurance, recruitment of community nurses, consultation with the Nursing Council and the review of the Pilot Project. To allow more trainees to continue practising “Two Tubes and One Injection” after the completion of the certificate course, the Steering Committee planned to recruit more community nurses from HA to provide supervision, in addition to the Visiting Advanced Practice Nurses originally provided under the Pilot Project. It was expected that all 30 trainees would be able to practise “Two Tubes and One Injection” under the “Advanced Care Package”.

5. On insurance arrangements, Dr LUM reported that HA would be responsible for arranging insurance for trainees under the certificate course. During their subsequent practices under the “Advanced Care Package”, their respective RCHEs would also take out insurance for them. Regarding consultation with the Nursing Council, the Steering Committee had provided relevant information on the Pilot Project to Professor WONG Kwok-shing, Chairman of the Nursing Board, for reference. The Steering Committee would continue to maintain communication and liaison with relevant stakeholders, and would discuss arrangements for the review of the Pilot Project at its next meeting to be held on 11 November.

(Post-meeting note: the 3rd meeting of the Steering Committee was held on 11 November. As endorsed by the Steering Committee, HA would conduct the review of the Pilot Project. HA was drawing up a proposal for the review.)

6. The Chairman thanked Dr LUM and the Steering Committee for their work. He also expressed his gratitude to Mr CHAN Chi-yuk for assisting in the liaison with private RCHEs and insurance arrangements. He stressed that the Pilot Project was not meant to replace the role of nurses but to train up staff to assist in the nursing work of RCHEs. He suggested that the Steering Committee should further discuss the need to amend the Code of Practice for Residential Care Homes (Elderly Persons) in the long run and matters such as staff establishment at its next meeting.

Paragraph 10 of the Minutes of the 54th Meeting

7. Ms Sandra LEE, Permanent Secretary for Food and Health, said that the Health Care Voucher Scheme for the Elderly would be formally launched on 1 January 2009. She stressed that no prior registration was required of the elders. They only had to show their identity cards when they used the service for the first time and the service providers would make registration and open a health care voucher account for them. Ms LEE said that application for enrollment from service providers was invited as from 30 September 2008. As at 23 October, nearly 1 100 service providers covering the following 9 service categories had enrolled:

	<u>No. of persons enrolled</u>
Medical practitioners	718
Chinese medicine practitioners	201
Dentists	69
Physiotherapists	75
Medical laboratories	4
Radiotherapists	5
Enrolled nurses	8

Registered nurses	2
Chiropractors	7

8. The Chairman was glad to note the favorable response from service providers in the healthcare sector, especially quite a number of the Chinese medicine practitioners were included.

Paragraph 20 of the Minutes of the 54th Meeting

9-10. The item was reported under separate confidential cover.

Agenda Item 3: Briefing on the 2008-09 Policy Address

11. Ms Carol YIP, Deputy Secretary for Labour and Welfare, briefed Members on the parts relating to the elderly policy in the 2008-09 Policy Address by way of PowerPoint presentation. Ms YIP pointed out that the pilot projects or new initiatives implemented by the Government over the years were premised on the four major principles of “promoting active ageing”, “encouraging ageing in the community”, “promoting continuum of care” and “targeting resources at elders most in need”. In the area of elderly services, this year’s Policy Address proposed new initiatives on promoting ageing in the community and residential care services. Regarding ageing in the community, the Policy Address proposed to provide additional subsidised day care places and home-based services for elders and extend the District-based Trial Scheme on Carer Training to all districts in Hong Kong to further enhance support for the carers. As for residential care services, the Policy Address proposed to provide additional subsidised residential care places through new contract homes and the Enhanced Bought Place Scheme, and enhance the care for infirm and demented elders in RCHEs. The Policy Agenda also covered a variety of on-going initiatives, including promoting active ageing, upgrading subvented residential care places to provide long-term

care for elders, enhancing support for singleton and hidden elders, providing integrated support services to elderly hospital discharges, improving elder's home conditions, training enrolled nurses for the welfare sector and conducting long-term planning for subsidised residential care services for the elderly.

12. Ms YIP also reported the latest progress of the Review of Old Age Allowance (OAA) and briefed Members on the Chief Executive's announcement of his decision to shelve the idea for a means test for OAA. The Government would review the sustainability of the OAA policy in the context of our ageing population in due course when the circumstances were more conducive to discussion.

13. The Chairman said that EC's work was premised on two main principles. Firstly, the provision of elderly services was not only the responsibility of the Government but also that of the whole community. Secondly, public funds should be used to help those most in need. He noted that the Policy Address and Policy Agenda covered a wide array of initiatives for the elderly and considered that image building for elders, promotion of community cooperation and continued provision of long term care services, etc. were also areas of work to which EC attached much importance. He expressed appreciation for the Administration's support to the programmes taken forward by EC in recent years and would like to take this opportunity to thank all Members of EC and officers of the relevant government bureaux/departments. EC indicated understanding of the Chief Executive's decision to shelve the review of OAA in response to public views, and hoped that there would be an opportunity for review some other time in future.

14. Ms Sandra LEE, by way of PowerPoint presentation, then briefed Members on the initiatives in respect of health matters as set out in the Policy Address. Ms LEE remarked that the Food and Health Bureau (FHB) conducted the first-stage public consultation on

healthcare reform from March to June this year. Work was in hand to consolidate submissions from various sectors and further conduct a questionnaire survey on the healthcare reform proposals. It was expected that the report on the first-stage public consultation would be released early next year, and that the second-stage public consultation (on healthcare reform and financing in particular) would be launched in the first half of next year. Ms LEE reiterated that the healthcare reform initiatives were in line with and in support of the elderly policy. One of the main objectives of the healthcare reform was to enhance primary care services to prevent diseases and stabilise the conditions of chronic patients, so as to reduce their admissions to hospital in support of the concept of “ageing in the community”. In this connection, FHB would set up a Working Group on Primary Care to assist in the development of basic models for primary care services and establishment of a family doctor register. Besides, the new concept of “community health centre” would also be explored in the healthcare reform. At the community level, efforts would be made to coordinate public/private sectors and non-government organisations (NGOs) to form multi-disciplinary teams to provide one-stop primary care services for the public, including elders and disadvantaged groups. Through the “Pilot Patient Empowerment Programme”, frontline staff of NGOs would be trained to educate patients on self-management and improvement of lifestyle. The programme also aimed to strengthen the education, care and support for chronic patients. In addition, pilot projects would be implemented to provide subsidies for patients with specified diseases for private healthcare services, thereby relieving the waiting queue for public healthcare services. Ms LEE said that elders would be the major beneficiaries of the new health initiatives set out in the Policy Address. She would report further to Members once there was a more concrete proposal on “community health centre”.

15. Members had the following views/questions on the initiatives in respect of the elderly policy and health initiatives as set out in the Policy Address:

- (a) A Member opined that the initiatives in respect of elderly care and healthcare services in the Policy Address were most needed by the community. Moreover, as elders were one of the major targets of healthcare services, the initiatives were considered very appropriate.
- (b) In response to the public's view that the elderly welfare initiatives outlined in the Policy Address were inadequate, a Member opined that such an impression might have arisen from the fact that the Policy Address devoted a considerable length to the Review of OAA under elderly welfare. In fact, the Policy Agenda had put forth a number of on-going initiatives which could be widely publicised at the district level.
- (c) Referring to the initiative to enhance medical social services for persons with mental problems as set out in the Policy Address, a Member pointed out that the waiting time of new cases for psychiatric services was very long. Given the saturation of the psychiatric services and the relatively small number of new doctors joining the psychiatric specialty, the Administration should consider referring the less serious cases on the waiting list to general practitioners through a public-private partnership approach. It was also suggested that suitable general practitioners should be identified for psychiatric training.
- (d) In view of the wide variety of mental illnesses which could not be dealt with just by the efforts of doctors, a Member suggested that consideration could be given to introducing the "Step Care Approach", which was adopted in foreign countries, under the concept of "community health centre".

- (e) A Member enquired about the exact number of additional subsidised residential care places for the elderly to be provided in new contract homes and under the “Enhanced Bought Place Scheme” as mentioned in the Policy Address.

16. Responses to Members’ views were as follows:

- (a) Ms LEE said that the Government anticipated an increasing need for public healthcare services in face of the economic downturn. While the Government would like to allocate more resources to the HA to meet the demand for psychiatric services, this could not completely solve the problem. As noted from discussions with specialists in family medicine, not all general practitioners were willing to provide services to psychiatric patients referred to them, taking into account factors such as consultation hours, personal decision and professional training. The Bureau was exploring and seeking a feasible and appropriate solution to this problem.
- (b) Ms YIP said that the Policy Address had mapped out the broad policy direction of the Government for the coming year, yet the number of additional subsidised residential care places for the elderly would be finalised in the upcoming Budget.

17. The Chairman suggested that, in exploring the new concept of “community health centre”, consideration could be given to examining ways to link up and collaborate with the organisations participating in the “Pilot Neighbourhood Active Ageing Project” launched by EC, so as to provide a better support network at the district level. Ms LEE agreed that the participation of district organisations was important, particularly to the potential participants of the “Pilot Patient Empowerment Programme” who were most in need of support from the

local NGOs. FHB would further discuss and exchange views with EC once there was a more concrete proposal.

Agenda Item 4 : Any Other Business

Paper FC 19/2008

18. Mr D C CHEUNG, Principal Assistant Secretary for Labour and Welfare, reported that the paper had been issued to Members and views were received from two Members (Dr Daisy DAI and Dr WONG Yee-him). Dr Daisy DAI generally supported that the EC should continue to pay attention to the welfare of elders. She considered that apart from residential care services for the elderly, community care and support services were also important on EC's agenda.

19. Dr WONG Yee-him said that it was a good idea for the Family Council (FC) to advocate family-based care for the elderly. However, he expressed concern that FC would take over most of EC's functions.

20. In response, the Chairman said the paper had already explained that all family-related issues would be discussed and implemented by FC while issues not directly related to family would be discussed and implemented by the respective Commissions (including EC). The Chairman considered that it was a good idea to achieve functional integration between FC and the three Commissions and that a review on the operational practicability should be conducted after a period of implementation. He clarified that FC was not meant to take over EC's functions. As for funding, he believed that EC, as an advisory body, would be provided with the necessary resources by the Bureau for initiating various programmes. He also took this opportunity to thank LWB and FHB for the operational and financial support they rendered to EC over the past years.

21. Mr Paul TANG, Permanent Secretary for Labour and Welfare, said that the resources required by EC for the implementation of programmes on elderly or healthcare services in future would continue to be provided by LWB or FHB. While it remained to be discussed whether FC would provide resources to EC, there would certainly be considerable room for cooperation between FC and EC in the future.

22. Mr CHEUNG added that several Members who were absent today, including Prof CHAN Cheung-ming, Dr LAM Ching-choi and Dr YAM Yin-chun, had indicated support for the direction outlined in the paper.

Progress Report of the Working Group on Long-term Care Model

23. In the absence of Dr LAM Ching-choi, Chairman of the Working Group, Ms Betty HO reported the work progress on his behalf. Ms HO said that the Working Group held a meeting on 22 October to discuss or follow up on the following matters:

- (a) A detailed analysis of the District-based Trial Scheme on Carer Training by SWD showed that the scheme was very successful in terms of the number of trainees, the number of carers and the head count of elders receiving the services. As such, the scheme would be extended to all District Elderly Community Centres in the territory shortly.
- (b) SWD was discussing with the departments concerned the proposal to increase the space provision of Day Care Centres for the Elderly (D/Es). Besides, SWD had sought funding of more than \$7 million from the Lotteries Fund to provide subsidies for D/Es to acquire anti-wandering systems for demented elders and equipment for multi-sensory treatment. SWD would also review

and update the furniture and equipment list for D/Es on a regular basis to meet the needs of the elderly.

- (c) SWD would discuss with subvented RCHEs concerned the proposal to publicize the vacancy situation of designated respite places in SWD's website, so that frontline social workers could liaise with the RCHEs concerned and the elders in need so as to fully utilise the vacant designated respite places.

Progress Report of the Working Group on Active Ageing

24. Mr D C CHEUNG reported that EC further launched the "Pilot Neighbourhood Active Ageing Project (PNAAP) – Caring for Elders" following the PNAAP launched in early 2008. With the support of SWD staff and District Social Welfare Officers, 18 district projects had been launched since September this year to promote care for elders and elder abuse prevention through education, prevention and support, as well as the setting up of elderly caring groups. He expected that the Project as a whole could reach out 82 000 elders and their family members. LWB would allocate \$ 2 million for the implementation of the Project.

25. In addition, Mr CHEUNG said that EC had commenced its review on the PNAAP. He also thanked Mr CHAN Iu-seng for sponsoring the "fortune bags" to encourage elders participating in the Project. Mr CHAN and two other members of the Working Group, Mrs Eliza LEUNG and Dr Carol MA, would participate in the review and examine ways to motivate elderly volunteers to promote mutual help among elders at neighbourhood level on the platform provided by the Project.

26. The Chairman particularly thanked the education sector, welfare organisations and staff of the Bureau for their support and contribution to the Elder Academy, the PNAAP and the “PNAAP – Caring for Elders”.

Distribution of drugs at RCHEs

27. Given the wide media coverage on incidents of improper drug distribution in RCHEs recently, the Chairman invited Mrs Kathy NG, Assistant Director (Elderly) of SWD, to brief Members on the latest development of the case. Mrs NG said that since the introduction of the referral system between SWD and the Toxicology Reference Laboratory of HA in 2006, 51 cases involving RCHE elderly residents taking hypoglycemic medication by mistake had been identified. These cases were referred to SWD for investigation and follow-up. After investigation, 34 of these cases were found to involve negligence on the part of RCHE staff, whereas the causes for the remaining cases could not be identified. Some other cases were still under investigation.

28. Mrs NG pointed out that as most elderly residents in RCHEs had to take an assortment of drugs, the staff had to possess the knowledge and skills on drug-handling, as well as a conscientious attitude and a great deal of concentration in distributing drugs. A drug management manual for RCHEs was compiled by SWD, HA and the Department of Health (DH) in 2007 to provide clear guidelines on the major procedures of drug management, including storage, preparation, dispensation, verification and distribution of drugs. Besides, SWD sought DH’s assistance in organising three talks in October to reinforce the knowledge and skills of RCHE staff in drug management. A total of about 1 000 RCHE staff attended the talks. Given the high staff turnover in RCHEs, SWD was discussing with DH to provide drug management training courses at regular intervals. The aim was to enhance the training for the newly recruited health workers or those who changed jobs, so as to ensure that they had

sufficient knowledge and skills to cope with the work in their new posts. Mrs NG would discuss with Mr CHAN Chi-yuk the arrangements for engaging these health workers to participate in such training courses.

29. Dr CHAN Wai-man, Assistant Director of Health, said that DH's Visiting Health Teams had looked into the drug-handling situation of RCHEs in 2006 and early 2008 respectively. The performance of most RCHEs was found to have improved this year, even though the performance of some RCHEs was still unsatisfactory. DH therefore highlighted the points to note to RCHE staff during the talks jointly organised with SWD as mentioned above. DH would continue to monitor the common problems of RCHE staff and give them proper guidance. She agreed with Mrs NG's observation that many elders living in RCHEs took a number of different drugs at the same time and suggested EC to explore ways to encourage HA's doctors to prescribe less medication to elders as far as possible. However, Dr CHAN reckoned that it might not be easy to implement the above suggestion as elders at RCHEs usually suffered from a number of illnesses.

A new book entitled "Protecting your knees to prevent degenerative knee disease"

30. Dr Chan introduced the new book entitled "Practical tips on prevention and care of knee arthritis" published by DH to help the public acquire more in-depth health knowledge. She welcomed Members' views and invited Members to help promote the book.

Date of Next Meeting

31. The next EC meeting would be held in December 2008.

[Pos-meeting note: The next EC meeting has been rescheduled for January 2009.]

Time of Adjournment

32. The meeting was adjourned at 4:10 p.m.

19 January 2009