

## **Elderly Commission Minutes of the 61st Meeting**

Room 118, 1/F, East Wing, CGO, Lower Albert Road, Central  
2:30 p.m., 10 December 2009 (Thursday)

### **Present:**

#### **Chairman**

Dr the Honourable LEONG Che-hung, GBS, JP

#### **Members**

Prof CHAN Cheung-ming, Alfred, BBS, JP

Prof Jean WOO

Mr CHAN Chi-yuk, Kenneth

Mr CHAN Han-pan

Prof CHIU Fung-kum, Helen

Rev LAU Wai-ling, Dorothy, BBS, JP

Mr MA Chan-hang, Leo

Dr YAM Yin-chun, Loretta, BBS

Dr WONG Yee-him, John

Ms FUNG Yuk-kuen, Sylvia

Dr CHAN Hon-wai, Felix

Dr CHENG Kam-chung, JP

Dr CHEUNG Moon-wah

Dr CHONG Ming-lin, Alice

Mr MA Ching-hang, Patrick, BBS

Mr MA Kam-wah, Timothy

Ms LEE Suk-yea, Sandra, JP

Mr TANG Kwok-wai, Paul, JP

Mr NIP Tak-kuen, Patrick, JP

Mr LEE Cert-quinn

Dr CHAN Wai-man, JP

Permanent Secretary for Food and Health

Permanent Secretary for Labour and  
Welfare

Director of Social Welfare

Representative of Secretary for Transport  
and Housing/Director of Housing

Representative of Director of Health

Dr Daisy DAI

Representative of Chief Executive of  
Hospital Authority

**In Attendance:**

Ms LAM Shuet-lai, Shirley	Principal Assistant Secretary for Food and Health	} Agenda Item 3
Dr Ernest CHUI	Associate Professor Department of Social Work and Social Administration The University of Hong Kong	} Agenda Item 4
Dr CHAN Wai-chi	Senior Medical Officer, Castle Peak Hospital	} Agenda Item 5
Ms YOUNG Bick-kwan, Irene	Deputy Secretary for Labour and Welfare	
Ms HO Siu-ping, Betty	Principal Assistant Secretary for Labour and Welfare	
Mrs Kathy NG, JP	Assistant Director Social Welfare Department	
Mr NGAN Man-por	Chief Social Work Officer Social Welfare Department	
Ms YAN Yuen-mei, May	Chief Social Work Officer Social Welfare Department	
Mr LAM Ding-fung	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	
Ms CHAN Sau-ming	Senior Social Work Officer Social Welfare Department	
Ms LEUNG Mei-wah	Senior Social Work Officer Social Welfare Department	
Ms KWAN Yuen-yuk, Rosemary	Senior Social Work Officer Social Welfare Department	
Ms SIN Yuk-ching, Polly	Social Work Officer Social Welfare Department	
Mr HA Kwok-fung, Bryan	Assistant Secretary for Labour and Welfare	
Miss LEE Wing-tung, Jessica	Assistant Secretary for Labour and Welfare	
Mr LO Chun-hang, Simpson	Assistant Secretary for Labour and Welfare	
Miss LAM Chin-kiu, Crystal	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:**

Mr WU Moon-hoi, Marco, SBS  
Mr YAU How-boa, Stephen, BBS, JP

**Secretary**

Mrs CHAN CHOY Bo-chun, Polly                      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 60<sup>th</sup> Meeting**

2.            As Members had not proposed any amendments to the draft minutes in Chinese and English of the last meeting issued by the Secretariat on 7 and 9 December respectively, the minutes were endorsed.

**Agenda Item 2: Matters arising**

Paragraph 3 of the minutes of the 60<sup>th</sup> meeting

3.            The Chairman said that Ms Sandra LEE, Permanent Secretary for Food and Health, would update Members on the Human Swine Influenza Vaccination Programme (HSIVP) under Agenda Item 3.

Paragraph 7 of the minutes of the 60th meeting

4. The Chairman said that the first meeting of the Committee on Elder Academy Development Foundation would be held shortly. As for the development of the dedicated portal for the elderly, the Office of the Government Chief Information Officer had assessed all the submissions from interested organisations earlier and decided to accept the proposal from The Hong Kong Society for the Aged (SAGE). Mrs CHAN CHOY Bo-chun, Polly in her capacity as both Secretary to the Elderly Commission (EC) and Principal Assistant Secretary for Labour and Welfare would, on behalf of the EC and Labour and Welfare Bureau (LWB) respectively, join the advisory committee set up by SAGE to provide strategic inputs and monitor the progress of development of the portal. She would consult the EC on relevant business as appropriate.

Paragraph 17 of the minutes of the 60th meeting

5. The Chairman said that the report on the Consultancy Study on Residential Care Services for the Elderly would be discussed under Agenda Item 4.

**Agenda Item 3: Human Swine Influenza Vaccination Programme**

6. With the aid of a powerpoint presentation, Ms Sandra LEE, Permanent Secretary for Food and Health, briefed Members on the HSIVP, including its objectives, target groups, programme details, places of vaccination, vaccination services provided by the public and private sectors, as well as publicity programmes.

7. After Ms LEE's briefing, Members raised the following questions concerning the HSIVP:

- (a) As the HSI vaccine was a new vaccine, and there were cases of death resulting from side effects of the vaccination in overseas countries, quite a number of queries concerning the vaccination had been raised in the community. Had the Government put in place any mechanism to monitor the possible side effects of the vaccination?
- (b) Were recipients required to sign any consent form before vaccination?
- (c) What were the vaccination arrangements for residents of residential care homes for the elderly (RCHEs) who could not sign the consent form on their own because of cognitive impairment?
- (d) Would a repeated vaccination affect health?
- (e) Could non-Hong Kong residents receive free or subsidised vaccination?
- (f) Could private doctors purchase vaccines from overseas themselves?
- (g) The Government had procured three million doses of vaccines. Could the unused vaccines, if any, be returned to the manufacturer?

8. Ms LEE and Dr CHAN Wai-man, Assistant Director of Health, responded as follows:

- (a) The Centre for Health Protection would monitor whether there were side effects on members of the public who had received the vaccination. Besides, the Administration would commission a university to conduct an independent study on the health conditions of members of the public after vaccination. The Department

of Health (DH) would promote the HSIVP and clarify misunderstanding shortly through promotional leaflets, posters, television and radio, etc.

- (b) As with any other vaccination programmes, members of the public had to sign a simple consent form when they received HSI vaccination. A leaflet explaining the possible side effects of the vaccination was attached to the consent form. The signing of the consent form by the recipients (or parents of children receiving vaccination) meant that they had understood the possible side effects of the vaccination. However, it did not mean that the Government would deny its responsibilities for the consequences of side effects. Members of the public could still receive vaccination even if they were not willing to sign the consent form.
- (c) According to the past experience of DH's elderly health service in providing seasonal flu vaccination for elders in RCHEs, since RCHE staff would assist in explaining the efficacy of the vaccines, the coverage rate among RCHE residents reached a highly satisfactory level of 93%. Based on this experience, the Government did not foresee any particular difficulties in administering HSI vaccination for RCHE residents. Besides, RCHEs would normally sign letters of consent on behalf of their residents as necessary when these residents sought medical consultation, received treatment or vaccination.
- (d) From the medical point of view, there would not be adverse consequences even in case of a repeated vaccination.
- (e) Non-Hong Kong residents were not entitled to free or subsidised vaccination under the HSIVP, but they could get vaccination at private clinics at their own expense.

The vaccines procured by the Government should be sufficient to meet the needs of Hong Kong residents who were in the target groups.

(f) At present, overseas manufacturers of flu vaccines agreed to provide vaccines for the Government only, and all imported vaccines could only be used after registration with the DH. The Government had already arranged to provide vaccines for private medical practitioners.

(g) Vaccines procured by the Government could not be returned to the manufacturer even if they were not used up.

9. In conclusion, the Chairman said that the HSIVP merited the EC's support from the perspective of public health. He invited FHB to further update Members on the HSIVP in due course.

#### **Agenda Item 4: Consultancy Study on Residential Care Services for the Elderly**

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

#### **Agenda Item 5: Sharing session on the Hospital Authority's Mobile Cognitive Assessment Clinic Project**

24. The Chairman invited Dr CHAN Wai-chi of the Castle Peak Hospital to share with the EC the HA's experience in the mobile cognitive assessment clinic project.

25. Dr CHAN said that dementia was the most common neurodegenerative disorder. Over 10% of elders in developed countries suffered from this disease, and its incidence rate

in developing countries was also increasing drastically and was expected to surpass that of developed countries very soon. As for Hong Kong, a study conducted in 1998 on the prevalence rate of dementia showed that 6.1% of the elders aged 70 or above and living in the community suffered from dementia. Subsequently, a territory-wide study conducted in 2005 revealed that the percentage of elders in the community suffering from dementia had reached 9.3%. The situation had aroused concerns.

26. Dr CHAN pointed out that memory clinic service for demented patients had been introduced in the United States since 1970s. The Castle Peak Hospital and Tuen Mun Hospital jointly launched a pilot project on memory clinic in 1995, under which medical services were mainly provided by doctors. In 2001, the Castle Peak Hospital further invited occupational therapists and nurses to assist in delivering cross-disciplinary professional services, including providing early diagnosis, educating patients and their family members on dementia, administering medication, and assisting patients in coping with behavioural and psychological symptoms, etc. The first review was conducted more than three years after the implementation of the project. It was found that, of the some 200 elders suffering from memory problems who received treatment under the project, many had other common symptoms including mania, depression, hallucination, delusion, etc. Patients were aged 80 on average and were mostly women. Most of the patients could be diagnosed as a particular type of dementia, while minority of them were diagnosed as having mild cognitive impairment. Although most of the cases were rated with intermediate scores in simple cognitive tests, some cases were rated with very low scores and this was worrying. The existing medication was more effective to demented patients in the initial and middle stages, but less effective to those who received treatment too late. Besides, about two-thirds of the cases had already been classified as intermediate to severely demented when they were referred the first time to the memory clinic. The patients had developed various



behavioural/psychological symptoms, such as delusion, aggression, indifference and agitation, etc., bringing immense pressure to their family members and carers.

27. Dr CHAN said that with the subsidy of the SK YEE Medical Foundation, a three-year project on mobile cognitive assessment clinic was launched by the Castle Peak Hospital in late 2003 in Tuen Mun, Yuen Long and Tin Shui Wai to enable early identification of elders in the community with cognitive problems, so as to provide them with regular assessments and home visits, and to provide cognitive training for patients at an early stage of dementia. The mobile cognitive assessment clinic also arranged seminars for elders and staff of district elderly centres. It also provided information on dementia on its website so as to enhance elders' and staff members' knowledge of the disease.

28. Dr CHAN said that the second review on the mobile cognitive assessment clinic project was conducted in June 2006. It was found that after the introduction of service, there was an increase in the number of cases with early symptoms but a decrease in the number of middle-to-late stage cases. Besides, most of the 38 elders who had completed cognitive training showed an improvement in their memory, and their family members and carers were generally satisfied with the service. At present, the mobile cognitive assessment clinic had become an ongoing service. Referrals had increased significantly, thus the waiting time for treatment had also become longer. In view of this, the clinic accorded priority to the more severe and urgent cases and referred other cases to general psychogeriatric clinics or clinics jointly operated with non-governmental organisations (NGOs).

29. The Chairman thanked Dr CHAN for his briefing. He agreed that early identification of dementia was necessary; and that adequate care should be provided to

dementia patients according to their condition, and support should be provided to carers to alleviate their stress. He and other Members raised questions and views as follows:

- (a) What insights would the experience from the mobile cognitive assessment clinic project provide for other service units in Hong Kong?
- (b) At present, facilities for diagnosing dementia in Hong Kong were insufficient. Due to limited resources, HA's general out-patient clinics might not be able to conduct detailed assessment for every patient and the charges of private specialists were quite high.
- (c) It was suggested that the Government should start from social education to enhance public awareness of dementia, so as to enable early detection and treatment. Besides, it was also suggested that dementia be formally included as a chronic disease. A Member commented that it was more likely for better educated people to neglect the early symptoms of dementia. When they were actually aware of the disease, they were often already at the middle-to-late stage of it.
- (d) It was suggested that home care support should be enhanced to alleviate the pressure on carers.
- (e) Apart from the Department of Psychiatry, the geriatric specialty of the Department of Medicine also provided memory clinic service, as the loss of cognitive ability involved not only dementia but many other medical problems which required cross-profession diagnosis and treatment. Early detection of the disease could facilitate early treatment and alleviate deterioration.

30. In response, Dr CHAN said that the Castle Peak Hospital had conducted a study to see why elders did not use its psychiatric services. The findings showed that elders resisted seeking psychiatric treatment for fear that they would be labelled. The Hospital therefore considered it necessary to first let elders gradually accept psychiatric services. Besides, given that some patients attending the memory clinic were from other districts, the provision of similar services in other districts might facilitate more patients to seek treatment.

31. The Chairman suggested that the Pilot Neighbourhood Active Ageing Project be expanded to identify demented patients at the neighbourhood level. Besides, he also suggested that the EC should examine ways to provide more support to demented patients.

#### **Agenda Item 6: Any other business**

32. Ms YOUNG Bick-kwan, Irene, Deputy Secretary for Labour and Welfare, said that in support of the EC's action plan, the Secretariat planned to organise a seminar and an exhibition between late October and early November 2010 (before the Senior Citizens' Day) to brief the general public (in particular those soon-to-be retirees) on how to plan for their post-retirement life. The seminar would cover topics such as health information, psychological preparation, housing arrangements and financial management and investment, etc. An exhibition could be held concurrently to introduce retirement-related products and services. Mrs CHAN CHOY Bo-chun, Polly, Principal Assistant Secretary for Labour and Welfare, then briefed Members on the initial ideas of the activities such as the venues, time and approach.

33. The Chairman expressed support for the above ideas and suggested that if NGOs or research institutions organised seminars of a more academic nature to examine retirement-related issues from a deeper perspective, the EC might consider supporting these activities.

34. Besides, Ms YOUNG noted that Members would like to learn more about the overseas experience in providing community care services for the elderly and therefore suggested organising a visit to Australia for Members in 2010. Ms Betty HO, Principal Assistant Secretary for Labour and Welfare, then briefed Members on the preliminary ideas of this overseas visit. She said that both the residential and community care services in Australia were very comprehensive. Members could take this opportunity to understand the practices of LTC need assessment, RCHE accreditation, financing of LTC services (including means tests and co-payment arrangement), etc. in Australia. The Secretariat suggested that Members might consider visiting some local service units and meeting with service operators, accreditation bodies and government representatives. The overseas visit was tentatively scheduled to be held between April and May 2010 for three to four days. Members were welcomed to make suggestions on the visit programme.

35. A Member said that the EC might consider visiting a self-financing organisation in Australia which operated business such as publication, banking, insurance, healthcare services, etc. in a manner similar to a social enterprise and served clients aged 50 or above.

36. Ms YOUNG added that the overseas visit delegation was expected to comprise about 15 Members. The Bureau would pay for the air tickets (economy class) and accommodation expenses. She encouraged Members to join the visit. In case the number of participants was more than 15, the additional costs might need to be shared amongst Members. The Chairman encouraged Members to actively participate and agreed that detailed arrangements be discussed later.

#### **Date of the next meeting**

37. The next EC meeting was tentatively scheduled for 4 March 2010.

**Time of adjournment**

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

February 2010