

**Elderly Commission**  
**Minutes of the 86<sup>th</sup> Meeting**

Conference Room 4, G/F, Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong  
10:00 a.m., 1 February 2016 (Monday)

**Present:**

**Chairman**

Prof CHAN Cheung-ming, Alfred, SBS, JP

**Members**

Mrs CHAN LUI Ling-yee, Lilian

Ms CHAN Man-ki, Maggie, MH, JP

Miss CHAN Man-yee, Grace

Mr CHEUNG Leong

Mr LAM Hoi-cheung, Victor

Prof LEE Tze-fan, Diana

Mr SHIE Wai-hung, Henry

Mrs SO CHAN Wai-hang, Susan, BBS

Mr WONG Fan-foung, Jackson, MH

Mr WONG Kit-loong

Mrs WONG WONG Yu-sum, Doris

Dr YEUNG Ka-ching

Mr YUEN Ming-fai, Richard, JP

Permanent Secretary for Food & Health  
(Health)

Ms Carol YIP, JP

Director of Social Welfare

Ms PANG Kit-ling

Assistant Director of Social Welfare  
(Elderly)

Dr LI Mun-pik, Teresa

Assistant Director of Health (Family  
and Elderly Health Services)  
Department of Health

Mr HSU Kam-lung, Virgil

Chief Housing Manager/Management  
(Support Services) 2, Housing  
Department

Dr Tony HA

Senior Manager (Elderly and Palliative  
Care), Hospital Authority

**In attendance:**

Mr CHEN Yee, Donald, JP

Deputy Secretary for Labour and  
Welfare

Mr TSE Ling-chun, Steve

Principal Assistant Secretary for Labour  
and Welfare

Ms CHEUNG Jick-man, Lilian

Chief Social Work Officer, Social

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| Ms CHU Wing-yin, Diana      | Welfare Department<br>Chief Social Work Officer, Social<br>Welfare Department |
| Mr TSE Shu-to, Sebastian    | Chief Social Work Officer, Social<br>Welfare Department                       |
| Miss YIP Hau-yu, Hannah     | Chief Social Work Officer, Social<br>Welfare Department                       |
| Ms HO Suk-fun               | Senior Social Work Officer, Social<br>Welfare Department                      |
| Ms NG Lai-sheung, Ruby      | Senior Social Work Officer, Social<br>Welfare Department                      |
| Ms LAM Bun-gee              | Senior Social Work Officer, Social<br>Welfare Department                      |
| Ms YU Siu-ngan, Tammy       | Senior Social Work Officer, Social<br>Welfare Department                      |
| Miss LO Chung-man, Florence | Assistant Secretary for Labour and<br>Welfare                                 |
| Mr TO Yick-ting, Justin     | Assistant Secretary for Labour and<br>Welfare                                 |
| Miss WONG Kwan-ye, Jenny    | Assistant Secretary for Labour and<br>Welfare                                 |
| Mr CHU Chi-ho, Marco        | Assistant Secretary for Labour and<br>Welfare                                 |
| Ms LEE Ngan-chau, Martina   | Chief Executive Officer, Labour and<br>Welfare Bureau                         |
| Miss HO Wing-wa, Vitinie    | Executive Officer, Labour and Welfare<br>Bureau                               |

**Absent with apologies:**

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| Dr LAM Ching-choi, BBS, JP  | Vice-chairman                                 |
| Miss TAM Kam-lan, Annie, JP | Permanent Secretary for Labour and<br>Welfare |
| Dr TSE Man-wah, Doris       |   |
| Dr TUNG Sau-ying, MH        |   |
| Mr WONG Tai-lun, Kenneth    |   |

**Secretary**

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| Mr CHONG Kwok-wing, Gordon | Principal Assistant Secretary for Labour<br>and Welfare |
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Prof Alfred CHAN Cheung-ming, the Chairman, welcomed Members to the meeting.

2. The Chairman reminded Members to make a declaration when there was a potential conflict between their own interests and the matters to be discussed.

### **Agenda item 1: Confirmation of the minutes of the 85<sup>th</sup> meeting**

3. As Members had not proposed any amendments to the Chinese (revised) and English (revised) versions of the draft minutes issued by the Secretariat on 29 January 2016, the minutes were confirmed.

### **Agenda item 2: Matters arising**

4. There were no matters arising from the minutes of the 85<sup>th</sup> meeting.

### **Agenda item 3: Briefing on relevant initiatives in the 2016 Policy Address**

5. Mr Donald CHEN Yee, Deputy Secretary for Labour and Welfare, briefed Members on the initiatives relating to elderly services of the Labour and Welfare Bureau (LWB) in the 2016 Policy Address with a powerpoint presentation (Annex 1). Mr CHEN said that the Government had adopted a proactive approach to tackling population ageing in Hong Kong. The objective in elderly services was to provide the necessary support for the elderly to promote their sense of belonging, security and worthiness. The Government would continue to implement a wide spectrum of initiatives to strengthen elderly services on all fronts. Moreover, efforts would be made to actively promote an age-friendly community and active ageing while taking care of the needs of frail elders. In line with its policy of promoting “ageing in place as the core, institutional care as back-up”, the Government strived to provide quality and cost-effective long-term care services for those elders in need.

6. Mr Richard YUEN Ming-fai, Permanent Secretary for Food and Health (Health), then briefed Members on the health policy initiatives relating to the elderly in the 2016 Policy Address with a powerpoint presentation (Annex 2). Mr YUEN said that with a view to reducing the pressure put by an ageing population on the public healthcare system, the Government had to prepare early by formulating long-term and comprehensive plans for hospital development. As such, one of the major healthcare initiatives in the 2016 Policy Address was to devise a ten-year hospital development

plan to make resource allocation more secure. With the plan in place, the Hospital Authority (HA) could make early arrangements for healthcare manpower, provide adequate training and bring in the necessary healthcare facilities and technologies so that sufficient manpower and facilities would be available to meet the service demand upon completion of the new hospitals and redevelopment or expansion projects. The Government had devised, in collaboration with HA, an overall hospital development plan under which 18 major hospital projects would be taken forward in the coming decade to increase and enhance public healthcare facilities. The Government would provide financial resources by setting aside \$200 billion in the coming ten years to support the implementation of the projects concerned.

7. After the briefings, the Chairman and Members raised the following suggestions and views:

### ***Care for the elderly***

#### Overall direction

- (a) The Government was thanked for incessantly devoting resources to facilitating the progressive implementation of elderly-related services and initiatives as announced in the Policy Addresses of the past three years, and introducing measures for building an age-friendly environment in the 2016 Policy Address, including the provision of toilet compartments for priority use by elderly people and additional chairs or priority seats for the elderly in public facilities such as wet markets, swimming pools, sports centres, etc. to facilitate the elderly to move around.

#### Supporting ageing in place

- (b) It was pleased to note that the Government would launch a pilot scheme under the Lotteries Fund to provide training for foreign domestic helpers (FDHs) with a view to enhancing their knowledge and skills in taking care of elderly persons. The Government might consider upgrading the training level so that those FDHs who had completed the training programme could be given a recognised qualification. The Government might also consider including qualified FDHs as providers of community care services under the Pilot Scheme on Community Care Service Voucher for the Elderly so that qualified FDHs would receive additional

allowances as an incentive to take proper care of the elderly, thereby achieving the aim of ageing in place.

- (c) It was pleased to note that under the Second Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly, private operators with at least 12 months of proven experience in providing community care services for the elderly were allowed to join the scheme as recognised service providers. However, the arrangement still fell short of the expectation of most private operators to join the scheme with no prerequisite. It was suggested that the Government should provide more direction and guidelines in respect of public-private partnership, such as how to determine the levels of service charge and the standards of services provided by private operators for a better basis for collaboration.
- (d) Recognising the importance of family support to ageing in place, the Government should provide family members of elderly persons with the knowledge/training on elderly care or step up publicity to enhance people's awareness of any abnormalities in the physical conditions or behaviour of their elderly (such as emotional changes and loss of memory). This would facilitate early identification of problems as well as timely treatment and assistance.
- (e) Apart from rendering support to elderly persons suffering from dementia, the Government should provide more assistance for those elderly persons with emotional and mental illness and step up publicity in this respect.

#### Residential care home services for the elderly

- (f) The Government was thanked for listening to the views of the elderly care service sector and putting forward a number of measures in the 2016 Policy Address to enhance the service quality of residential care homes for the elderly (RCHEs).

#### Increasing the number of subsidised places of higher quality under the Enhanced Bought Place Scheme

- (g) The elderly care service sector had all along regarded the Enhanced Bought Place Scheme (EBPS) as an effective means to improve the service quality of RCHEs. It was pleased to note that the Government

would, starting from 2016-17, progressively convert 1 200 existing EA2 places under EBPS to EA1 places of higher quality so as to increase the supply of higher-quality subsidised places. It was hoped that the Government would continue to increase the provision of EA1 places in the future, thereby encouraging EA2 homes to upgrade their service quality.

#### Strengthening inspection and monitoring of RCHEs

- (h) It was pleased to note that the Social Welfare Department (SWD) would strengthen the inspection and monitoring of RCHEs by implementing measures such as setting up dedicated inspectorate teams.
- (i) Would the newly formed inspectorate teams invite Justices of the Peace to take part in the inspections following the existing practice of inspecting subvented RCHEs?
- (j) To address the public's concern over the service quality of private RCHEs, SWD should, apart from setting up dedicated inspectorate teams to strengthen the inspection and monitoring of RCHEs, consider releasing data and information on inspections such as inspection frequency and improvement made by the RCHEs concerned, so that members of the public could learn more about the services provided by individual RCHEs. This would not only give recognition to those RCHEs meeting the required service standards, but also provide the public with a better understanding of the improvement measures taken by non-compliant RCHEs and the related progress.
- (k) SWD should consider, based on inspection findings, drawing up a ranking list of RCHEs according to their service quality. This would encourage RCHEs of unsatisfactory quality to improve their service quality while giving recognition to the quality ones.
- (l) Additional manpower and resources should be deployed to strengthen the inspection and monitoring of RCHEs. Moreover, the inspectorate teams should, after carrying out inspections, follow up on the progress made by non-compliant RCHEs in improving their services on a regular basis.

- (m) Given that many RCHEs had failed to take effective preventive measures against respiratory diseases (such as poor awareness of the importance of keeping hands clean to prevent infection), the inspectorate teams should examine the RCHEs' preventive measures against respiratory diseases as part of their inspection routine to ensure compliance of the required standards. This would help enhance the standard of health protection and disease prevention in RCHEs, thereby lowering the risk of infectious disease outbreak.

#### Manpower resources in care services

- (n) It was pleased to note that the Government would tackle the manpower shortage in the care service sector through the Supplementary Labour Scheme, the Navigation Scheme for Young Persons in Care Services, nurse training programmes for the welfare sector and provision of subsidies for those pursuing postgraduate studies in physiotherapy and occupational therapy. In addition to focusing on the number of trainees, the Government and the elderly care service sector should also put emphasis on the quality of basic training.

#### Building an age-friendly community

- (o) LWB was thanked for actively promoting the vision of age-friendly community. Some elderly persons considered the initiatives relating to elderly services put forward in the 2016 Policy Address as recognition of and respect for the efforts they had made in the past. Initiatives such as providing public toilets for priority use by the elderly and additional elderly priority seats in public facilities had taken account of their needs in daily life. Some elderly persons expressed they would work together with young people to promote the spirit of a caring community.

#### Formulating the Elderly Services Programme Plan (ESPP)

- (p) The Government had put in place a variety of policy initiatives in respect of elderly services, but elderly people, Third Age citizens and overseas elderly service providers had little understanding of these initiatives. When formulating the ESPP, the Government should consolidate and re-package the relevant policy initiatives, and enhance the promotion and publicity efforts.

- (q) It was recommended to organise large-scale annual events with themes like “Elderly Fun Day” or “Sport Day for the Elderly”. Activities and celebration events would be held in all 18 districts on the event day to promote the message of “caring and respect for the elderly” and help publicise the relevant elderly schemes and measures implemented by the Government and welfare organisations (e.g. mobile clinics, Chinese medicine out-patient services and medical appointment escort service for the elderly). A member was of the view that as organising large-scale publicity events would involve substantial resources, it might be more cost-effective to use the resources to promote or enhance the existing measures for the elderly.

Exploring the feasibility of introducing residential care service vouchers for the elderly

- (r) It was noted that the Government intended to implement the Pilot Scheme on Residential Care Service Voucher for the Elderly and issue 500 vouchers to offer an additional option for elderly persons on the waiting list for subsidised residential care services. Had the Government finalised the details of the Pilot Scheme?

Increasing the number of subsidised residential care places

- (s) According to the discussion paper, the conversion or redevelopment project of Wong Chuk Hang Hospital was the policy initiative of the LWB instead of the Food and Health Bureau (FHB). Did it mean that Wong Chuk Hang Hospital would essentially become an RCHE with welfare facilities which provided nursing and infirmary care services after its conversion or redevelopment?

Others

- (t) Taking account of the manpower shortage in the welfare and care service sectors, it shared the view that the Government should take actions to remove the barriers that deterred women from entering or remaining in the job market. These actions included increasing the number of full-day service places for children aged below three at child care centres in the community so as to support parents who were unable to take care of their children due to work commitments or other reasons.



- (u) It was noted that children aged 0-3 were included as target users of child care services. However, infants aged 0-6 months should not be covered by the services as eligible employees were entitled to paid maternity leave under the existing Employment Ordinance and newborns should normally be taken care of by their mothers. A Member pointed out that some mothers were not fit to take care of their newborns due to health or emotional issues after childbirth. Child care services could offer support to these mothers and greater efforts should be made to promote such services.

## ***Healthcare***

### Improving healthcare schemes for elderly people

- (a) It is suggested that the Government should enhance its community healthcare services for elderly people. For example, the Government might explore the possibility of setting up day clinics for the elderly at various elderly health centres (EHCs) under the Department of Health (DH) or elderly centres operated by welfare organisations so as to reduce elderly patients' waiting time for out-patient services offered by hospitals.

### Ten-year hospital development plan

- (b) It was pleased to note that the redevelopment or expansion of Our Lady of Maryknoll Hospital (OLMH) had been included in the ten-year hospital development plan. Wong Tai Sin was one of the districts with the highest proportion of elderly population. Local residents generally agreed that healthcare services should focus on elderly people in the district. However, there was only a limited supply of land for development in the vicinity of OLMH, and some other government departments such as the Water Supplies Department and the Fire Services Department were also looking for land to build their own facilities in the district. In view of this, the Government should finalise the redevelopment details of OLMH as soon as possible.
- (c) Had the Government earmarked financial resources for the redevelopment of Kwong Wah Hospital?

### Enhancing the services provided by community geriatric assessment teams

- (d) The outreach medical services provided by the community geriatric assessment teams (CGATs) of the HA could effectively reduce the risks of contracting diseases (e.g. cold and influenza) by RCHE residents when they sought medical consultation at hospitals. About 60 RCHEs had yet to benefit from the services. It was hoped that HA would tackle the shortage of healthcare manpower and continue to enhance the services to have more RCHEs covered by CGATs' visits.
- (e) Some RCHEs newly established had reserved spaces and purchased relevant equipment (e.g. computers and x-ray view boxes) for the use of CGATs during their visits.

### Pilot scheme on dementia care services

- (f) It was pleased to note that FHB had planned to implement a pilot scheme on dementia care for the elderly and community support services based on a medical-social collaboration model. Medical-social collaboration was worth supporting as it was essential to the future development of elderly services. It was hoped that the Government would continue to promote such collaboration model by extending it to other service areas such as case management of chronic illness.
- (g) The Community Care Fund (CCF) had been providing funding support for programmes but had rarely granted funding to a specific type of service direct. Was there anything special about the pilot scheme that it was directly funded by CCF?
- (h) It was noted that the Expert Group on Dementia under the Review Committee on Mental Health had completed the review of the delivery model of existing care services for the elderly and community support services and would release its report shortly. It is suggested that the proposed dementia care for the elderly and community support services should interface with the recommendations made by the Expert Group in its report.

8. In response to the suggestions and comments made by Members, Mr CHEN, Mr YUEN, Ms Carol YIP, Director of Social Welfare, and Dr Teresa LI Mun-pik,

Assistant Director of Health (Family and Elderly Health Services), replied as follows:

### *Care for the elderly*

#### Roles played by the private sector in elderly services

- (a) As private RCHEs played an important role in the delivery of elderly services, the Government had all along taken various measures to encourage and motivate them to enhance their service quality. The Government also appreciated the contribution of private RCHEs to elderly services.
- (b) SWD had discussed with the Employees Retraining Board (ERB) the content of curriculum of the training programmes for the management staff of RCHEs. Managers of private RCHEs could actively take part in the programmes after it was rolled out by ERB this year.
- (c) Under the Second Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly, only private operators with at least 12 months of proven experience in providing community care services for the elderly were allowed to join the scheme as recognised service providers. The purpose was to ensure the service quality of participating operators. SWD would keep in view the implementation of the scheme, and review it in a timely manner to examine the feasibility of allowing more private operators to participate in the scheme.

#### Strengthening inspection and monitoring of RCHEs

- (d) SWD had been attaching great importance to the service quality of RCHEs. At present, SWD staff inspected private RCHEs seven times a year on average. Private RCHEs found to be non-compliant in the past would even be inspected more than 10 times.
- (e) Through the dedicated inspectorate teams newly set up, SWD would formulate strategies and step up inspection of RCHEs with unsatisfactory performance; conduct more follow-up inspections by inspectorates; and strengthen training for managers and staff of private RCHEs, prosecution of non-compliant RCHEs and transparency of service information of RCHEs in the territory. Based on a pre-compiled inspection checklist,

the dedicated inspectorate teams would also carefully examine services of RCHEs to see if they were up to the required standards.

- (f) SWD had no plan of inviting Justices of the Peace to join the dedicated inspectorate teams in the inspections of RCHEs at this stage.
- (g) The service quality of staff was of the utmost importance to the services of RCHEs. For instance, respect and care for the elderly was not something that could be achieved by staff training alone. It was hoped that private RCHEs would start from establishing their service philosophy and culture, and encourage their staff to improve the quality of their services. The private elderly care service sector could also give due recognition to the efforts made by outstanding staff or RCHEs.

#### Supporting ageing in place

- (h) The pilot scheme which aimed to provide FDHs with training to enhance their knowledge and skills in taking care of elderly persons was still at a preliminary stage. LWB would discuss the implementation details of the scheme with the departments concerned in due course.

#### Exploring the feasibility of introducing residential care service vouchers for the elderly

- (i) To address the public's concern over the service quality of RCHEs, the Working Group on Long Term Care Model under this Commission had commissioned a consultant team from the University of Hong Kong to further examine the preliminary recommendations made, particularly in the area of quality assurance. The consultant team would submit its findings and recommendations to the Working Group for consideration in due course.

#### Increasing the number of subsidised residential care places

- (j) LWB, FHB and HA had commenced discussion on the service positioning of Wong Chuk Hang Hospital after its conversion or redevelopment, and would explore the possibility of converting or redeveloping the hospital, which now mainly provided extended care, into an RCHE with more residential places or other welfare service

facilities.

### Others

- (k) While it was agreed that newborns should be taken care of by their mothers, as some women were unable or unfit to take care of their babies after childbirth due to physical, emotional or other reasons, including infants aged 0-3 as target users of child care services could help meet the needs of different people.

### ***Healthcare***

#### Improving healthcare schemes for elderly people

- (a) To reduce elderly people's reliance on public out-patient services and enhance their awareness of the importance of primary care, the Government had announced in the 2014 Policy Address the introduction of the General Out-patient Clinic Public-Private Partnership Programme. Under the programme, patients with chronic disease who required regular follow-up consultations at public general out-patient clinics would have the option to receive primary care services from the private sector. This would help HA manage the increasing demand for services, improve patients' access to primary care services, and promote family doctor concept and the use of territory-wide electronic health record. At present, the programme was piloted in Kwun Tong, Wong Tai Sin and Tuen Mun. HA would closely monitor and review the implementation of the programme. In the light of the review findings, the programme might be extended in stages to more districts.
- (b) DH was currently operating 18 EHCs to provide primary care services for the elderly with a family medicine and multi-disciplinary approach, aiming to help elderly persons in the prevention, early identification and proper management of diseases. Elderly persons aged 65 or above were eligible to enrol as EHC members and receive integrated primary health care services including health assessment (physical examination), counselling, health education and curative treatment provided by the EHCs. The EHCs provided health assessment for around 40 000 elderly persons per year. As one could not rely on the EHCs alone to address the healthcare needs of all elderly people, DH would like to encourage more

private doctors to provide primary care services for elderly people in the community based on the approach adopted by the EHCs. In addition, in order to shorten the waiting time for EHC services, DH had been given additional resources to create one additional clinical team in 2014-15 and another one in 2015-16 so as to increase service capacity. Furthermore, the 18 Visiting Health Teams under DH worked in collaboration with other elderly services providers to help elderly people living in the community enhance their health awareness and self-care ability through health promotion activities. These teams also provided training for carers of elderly persons to enhance their health knowledge and skills of elderly care. All the outreach services provided by the teams were free of charge.

- (c) DH also launched the two-year Elderly Health Assessment Pilot Programme in collaboration with nine non-governmental organisations (NGOs) to provide voluntary, protocol-based and subsidised health assessment for the elderly in July 2013. The programme aimed to identify health risk factors (including lifestyle practices) and health problems of the elderly so that timely interventions could be provided accordingly to help elderly people stay healthy. The programme provided a total of 10 000 quota but the response of the elderly was not as good as expected. DH was conducting a review to chart the way forward for the programme.

#### Ten-year hospital development plan

- (d) HA had reviewed and assessed the long-term development directions of OLMH, and concluded that OLMH should take the role of a non-acute hospital focusing on the provision of ambulatory healthcare services. HA would plan the redevelopment of OLMH along this line, with a view to finalising the redevelopment plan as soon as possible. Moreover, the Government had confirmed the development of an acute general hospital in the Kai Tak Development Area to provide clinical services of major specialties, including accident and emergency services.
- (e) The redevelopment of Kwong Wah Hospital was included in the ten-year hospital development plan.

9. In conclusion, the Chairman reminded Members to remain impartial when they

responded to media or public enquiries about the Government's elderly policies. He agreed that family support was essential to ageing in place and it was important to equip the family members concerned with knowledge about elderly care. However, the task could not be done by this Commission alone. Joint efforts of different policy bureaux of the Government were equally crucial. The Chairman, who also chaired the Expert Group on Dementia under the Review Committee on Mental Health, pointed out that a report on care services for dementia patients would soon be released. Incorporating a wide spectrum of views and suggestions from the welfare sector, the report would propose to introduce a pilot scheme on community support services for elderly with dementia which would serve as an ideal platform to facilitate medical-social collaboration.

**Agenda item 4: Pilot Scheme on Living Allowance for Carers of the Elderly Persons from Low Income Families**

(Discussion Paper No. EC/D/01-16)

10. With the aid of a powerpoint presentation, Ms PANG Kit-ling, Assistant Director of Social Welfare, briefed Members on the Discussion Paper No. 01-16 regarding the implementation of the Pilot Scheme on Living Allowance for Carers of the Elderly Persons from Low Income Families (Pilot Scheme). Ms PANG said that on 24 March 2014, the Commission on Poverty had endorsed the allocation of fund from CCF to SWD for rolling out the two-year Pilot Scheme on 30 June 2014 to provide carers of elderly persons from low-income families with a living allowance. Under the Pilot Scheme, eligible carers of elderly persons were granted a monthly living allowance of \$2,000 while those carers who took care of more than one elderly person were allowed to receive a maximum allowance of \$4,000 per month. Originally scheduled to end on 31 May 2016, the two-year Pilot Scheme was set to benefit a total of 2 000 eligible carers. To apply for the living allowance, a carer had to meet the following criteria:

- 1) The elderly person(s) being taken care of should live in Hong Kong, should have been assessed under Standardised Care Need Assessment Mechanism for Elderly Services as having impairment at moderate or severe level, and was/were on the Central Waiting List for subsidised long-term care services (i.e. residential and/or community care services) as at end-December 2013;
- 2) The elderly person(s) being taken care of should be living in the community without using any residential care services or receiving

prolonged in-patient treatment in hospital when the carer concerned applies for or receives the living allowance;

- 3) The carer should be capable of taking up the care-giving role and should take care of the elderly person concerned not less than 80 hours per month. The total working hours should be at least 120 hours per month if the carer takes care of more than one elderly person;
- 4) The carer should be a Hong Kong resident living in Hong Kong and is not engaged in any form of employment relationship with the elderly person(s) whom he/she takes care of;
- 5) The carer is not a recipient of Comprehensive Social Security Assistance (CSSA) or Old Age Living Allowance; and
- 6) The carer is from a low-income family with monthly household income (excluding assets) not exceeding 75% of the relevant median monthly domestic household income in Hong Kong.

District elderly community centres (DECCs) and neighbourhood elderly centres (NECs) were responsible for providing carers receiving the allowance with the necessary follow-up support services, which included referral/training arrangements, home visits to follow up care-giving work, and counselling on a need basis. SWD had approved 33 NGOs which were operators of DECCs and/or NECs as recognised service providers for the Pilot Scheme. There were 125 centres in the territory offering the related services. The elderly persons being taken care of were allowed to apply for/continue to wait for long-term care services or use any subsidised community care services while their carers were receiving the living allowance.

11. Ms PANG continued that SWD had issued letters to about 20 300 elderly persons, inviting their carers to join the Pilot Scheme. As at 31 January 2015 (i.e. the closing date for application), SWD received more than 2 900 applications of which around 920 were found to be ineligible or were later withdrawn. During the implementation of the Pilot Scheme, living allowance was granted for 1 997 eligible cases. As at end-December 2015, 1 500 carers were still receiving the living allowance while those of the remaining 497 cases had withdrawn from the Pilot Scheme for various reasons, for example, the elderly person being taken care of had been admitted to an RCHE, the carer had become a CSSA recipient or the elderly



person concerned had passed away. Amongst the eligible cases, 96% of the carers took care of one elderly person, while 85% of the elderly persons being taken care of lived with their carers. Around 70% of the elderly persons concerned were taken care of by their children and 22% by their spouses. Since the launch of the Pilot Scheme, the service centres had provided the necessary support and follow-up services for more than 2 000 elderly persons being taken care of. These services included home visits as well as training and counselling for carers.

12. Ms PANG said that in order to assess the effectiveness and impact of the Pilot Scheme, SWD had commissioned the Sau Po Centre on Ageing (COA) of The University of Hong Kong to conduct an evaluation study. The evaluation report was expected to be completed before October 2016. Based on the findings and recommendations of the report, SWD would formulate the way forward for the Pilot Scheme. Separately, the Inter-departmental Working Group on Review of the Disability Allowance co-ordinated by LWB had reviewed the eligibility criteria for the Disability Allowance. In the light of the recommendations made in the review, SWD would seek CCF's financial support for a pilot scheme on living allowance for carers of persons with disabilities. Scheduled for introduction in October 2016, the proposed scheme would run for two years. SWD also proposed to invite COA to conduct a similar evaluation for the scheme. Taking account of the above timetable, SWD suggested extending the First Phase of the Pilot Scheme to September 2016 and commencing the Second Phase in October 2016 to run until end-September 2018. As such, the time frame of the Pilot Scheme could tie in with the proposed scheme on living allowance for carers of persons with disabilities. In addition, to benefit more eligible carers of elderly persons, SWD suggested granting living allowance to an additional 2 000 eligible carers in the Second Phase of the Pilot Scheme, bringing the total number of beneficiaries to 4 000 carers over the two phases. During the four-month extension period from June to September 2016, SWD would invite applications for living allowance under the Second Phase of the Pilot Scheme (covering the 24 months from October 2016 to end-September 2018). Recipients of carer allowance in the First Phase would continue to receive the allowance during the four-month extension period. They were also allowed to apply for living allowance under the Second Phase. SWD would contact all the existing recognised service providers to confirm whether they would continue to provide services for the Pilot Scheme. SWD would also invite the 49 social centres for the elderly which had been given additional resources for upgrading to NECs since October 2014 to join the Pilot Scheme. This could help provide more service points to support carers of elderly persons.

13. After the briefing, Members raised the following suggestions and views:

- (a) The Pilot Scheme could facilitate ageing in place and ensure that attentive care was given to those elderly persons waiting for long-term care services. This could also pave the way for providing elderly care training for FDHs in the future.
- (b) The Pilot Scheme could help reduce the number of elderly persons on the waiting list for long-term care services. It was hoped that COA would complete the evaluation report of the Pilot Scheme as early as possible so that the Working Group on Elderly Services Programme Plan under the Commission and the consultant team concerned could use it as reference for the formulation of the Programme Plan.

14. In response to the suggestions and comments made by Members, Ms PANG replied as follows:

- (a) The elderly persons being taken care of under the Pilot Scheme could continue to wait for long-term care services according to their needs and would not be removed from the waiting list. SWD would commission COA to analyse the concerns of those elderly people who were offered long-term care services after they had been taken care of by carers who joined the Pilot Scheme. According to SWD's preliminary observation, a small number of elderly persons whose carers were participants of the Pilot Scheme had decided to delay their plan for institutionalisation and remain on the waiting list for long-term care services.

#### **Agenda Item 5: Progress Reports by Working Groups and Committee**

##### Working Group on Long Term Care Model – Exploring the Feasibility of Introducing the Residential Care Service Voucher for the Elderly

15. Mr Steve TSE Ling-chun, Principal Assistant Secretary for Labour and Welfare, said that the consultant team had briefed Members on the Second Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly at the meeting of the working group on 28 December 2015.

##### Working Group on Elderly Services Programme Plan

16. The Chairman, who also chaired the Working Group on Elderly Services Programme Plan, said that the working group had held three meetings (i.e. the 4th, 5th

and 6th meetings) during the period from November to December 2015, at which the strategic directions of the Programme Plan and the preliminary recommendations on eight of the discussion themes were deliberated. The working group would meet again to discuss the recommendations on the remaining key areas and the plan relating to the next stage of public engagement exercise.

#### Working Group on Active Ageing

17. Mr Gordon CHONG Kwok-wing, Secretary to the Commission, said that the Working Group on Active Ageing would discuss and provide views on the details of the initiative of providing additional resources for District Councils to promote the building of age-friendly communities at the district level.

#### Committee on Elder Academy Development Foundation

18. Mr CHONG said that the Elder Academy Development Foundation had received a total of 12 applications in the second round of funding applications for 2015-16. The applications were vetted by the Vetting Sub-committee at its meeting on 10 December 2015, and the recommendations made by the Vetting Sub-committee were endorsed by the Committee on Elder Academy Development Foundation (EADF Committee). Funding was allocated to seven successful applicants in January 2016. The applicant of one application was required to submit additional information to the Vetting Sub-committee for further consideration. The remaining four applications had been rejected for various reasons, including failure to meet the original purpose of the Elder Academy Scheme or cost-effectiveness concern.

19. Mr CHONG said that the task force set up under the Vetting Sub-committee to follow up the recommendations of Audit Reports had met on 22 December 2015 to discuss the Audit Commission's recommendations on the operation and management of the Foundation. The proposals made by the task force at the meeting on the follow-up measures were noted by the EADF Committee.

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

20. There was no other business for discussion at the meeting.

#### **Time of adjournment**

21. The meeting was adjourned at 12:00 noon.

**Date of next meeting**

22. The next meeting was tentatively scheduled for 19 April 2016.

March 2016