**Elderly Commission**
**Minutes of the 90th Meeting**

Conference Room 1, G/F, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
3:00 p.m., 8 February 2017 (Wednesday)

**Present:**

**Chairman**
Dr LAM Ching-choi, BBS, 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, JP
Prof LEE Tze-fan, Diana, JP
Dr Vivian LOU Wei-qun
Mr SHIE Wai-hung, Henry
Mrs SO CHAN Wai-hang, Susan, BBS
Dr TSE Man-wah, Doris
Mr WONG Fan-foung, Jackson, BBS, MH
Mr WONG Kit-loong
Mr WONG Tai-lun, Kenneth
Mrs WONG WONG Yu-sum, Doris
Dr YEUNG Ka-ching

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| Miss TAM Kam-lan, Annie, GBS, JP | Permanent Secretary for Labour and Welfare |
| Mr NIP Tak-kuen, Patrick, JP | Permanent Secretary for Food and Health (Health) |
| Ms Carol YIP, JP | Director of Social Welfare |
| Ms PANG Kit-ling | Assistant Director of Social Welfare (Elderly) |
| Mr TSOI Wai-tong, Martin | Assistant Director of Housing (Estate Management) (1) |
| Dr LI Mun-pik, Teresa | Assistant Director of Health (Family and Elderly Health Services) |
| Dr MAW Kit-chee, Christina | Chief Manager (Primary and Community Services), Hospital Authority |

**In attendance:**

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| Mr CHEN Yee, Donald, JP | Deputy Secretary for Labour and Welfare |
| Miss CHANG Lai-chu, Stella | Principal Assistant 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 Welfare Department |
| Ms CHU Wing-yin, Diana | Chief Social Work Officer, Social Welfare Department |
| Ms HO Suk-fun | Senior Social Work Officer, Social Welfare Department |
| Ms NG Lai-sheung, Ruby | Senior Social Work Officer, Social Welfare Department |
| Ms POON Hau-yuk | Senior Social Work Officer, Social Welfare Department |
| Ms YEW Suet-yi, Mary | Senior Social Work Officer, Social Welfare Department |
| Ms YU Siu-ngan, Tammy | Senior Social Work Officer, Social Welfare Department |
| Ms CHAN Sin-yee | Social Work Officer, Social Welfare Department |
| Miss LO Chung-man, Florence | Assistant Secretary for Labour and Welfare |
| Mr POON Leung-hoi, Leo | Assistant Secretary for Labour and Welfare |
| Ms LEE Ngan-chau, Martina | Chief Executive Officer, Labour and Welfare Bureau |
| Miss LEE Hoi-kei, Jacqueline | Executive Officer, Labour and Welfare Bureau |
| Miss LEUNG Pui-yin, Sam | Executive Officer, Labour and Welfare Bureau |

**Absent with apologies:**

Dr TUNG Sau-ying, MH

**Secretary**

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| Mr CHONG Kwok-wing, Gordon | Principal Assistant Secretary for Labour and Welfare |

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Dr LAM Ching-choi, 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 89th meeting**

3. As Members had not proposed any amendments to the Chinese and English versions of the draft minutes issued by the Secretariat on 20 January and 2 February 2017 respectively, the minutes were confirmed.

**Agenda item 2: Matters arising**

4. There were no matters arising from the minutes of the 89th meeting.

**Agenda item 3: Briefing on relevant initiatives in the 2017 Policy Address**

5. Mr Donald CHEN Yee, Deputy Secretary for Labour and Welfare, briefed Members on the policies and initiatives relating to the elderly services under the purview of the Labour and Welfare Bureau in the 2017 Policy Address with a powerpoint presentation. Mr CHEN said that the Government had all along been adopting a proactive approach in handling population ageing in Hong Kong and making forward planning for the implementation of various policy initiatives, such as formulating the Elderly Services Programme Plan (ESPP) and implementing the Special Scheme on Privately Owned Sites for Welfare Uses. The objective of the Government's elderly services was to enable senior citizens to live with dignity and provide them with the necessary support to promote their sense of belonging, sense of security and sense of worthiness. The Government would continue to implement a spectrum of measures to strengthen elderly services on all fronts so as to promote age-friendly communities and active ageing while catering for the service needs of frail elderly persons. Under the policy of "ageing in place as the core, institutional care as back-up", the Government would endeavour to provide quality and cost-effective long-term care services for elderly persons in need. The estimated recurrent expenditure on elderly services was $7.4 billion for the financial year 2016-17, representing an increase of 49% over 2012-13. The Government would continue to strengthen its collaboration with the Commission in the planning for and provision of appropriate elderly services.

6. Mr Patrick NIP Tak-kuen, Permanent Secretary for Food and Health (Health), briefed Members on the health policy initiatives relating to the elderly in the 2017 Policy Address with a powerpoint presentation. Mr NIP said that Hong Kong had a dual track healthcare system comprising both the public and private sectors. Apart from devoting resources to public healthcare services, the Government also facilitated the development of the private healthcare sector. To further improve the healthcare services for the elderly persons, the Government had proposed a series of measures, which included enhancing the Elderly Health Care Voucher Scheme, enabling eligible Old Age Living Allowance (OALA) recipients to receive free public healthcare services, providing free or subsidised 13-valent pneumococcal conjugate vaccine (PCV13) for high-risk elderly persons, and increasing the manpower of the Elderly Health Service (EHS) of the Department of Health (DH) with a view to enhancing the service capacity of the elderly health centres (EHCs) and visiting health teams. To enhance public healthcare services, starting from the coming financial year, the Government would provide an additional annual recurrent funding of $2 billion for the Hospital Authority (HA) so that the HA could expand its capacity to meet the rising demand for healthcare services. Consideration would also be given to formulating a more robust policy and legislative framework to facilitate the planning for end-of-life care and the provision of palliative care outside hospital settings. The Government would continue to carry out the Ten-year Hospital Development Plan and promote the further development of private hospitals. Moreover, medical-social collaboration would be strengthened by implementing the Dementia Community Support Scheme and other pilot programmes jointly organised by the EHCs of the DH and non-governmental organisations (NGOs).

7. After the briefing, the Chairman and Members raised the following suggestions and views on the initiatives:

***Care for the elderly***

Increasing the number of subsidised residential care places for the elderly

(a) The provision of residential care places for the elderly should be increased. In parallel, soft publicity targeting at families with elderly members should be launched to remind them of their responsibility for looking after and caring for their elderly members. This would be helpful in monitoring the service quality of residential care homes for the elderly (RCHEs) while making RCHE residents feel being cared and loved by their families.

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

(b) The Commission was pleased to note that the Government would continue to upgrade the existing 1 200 EA2 places under the Enhanced Bought Place Scheme to EA1 places of better quality so as to increase the supply of higher quality subsidised places. However, the existing mechanism which provided for the annual review of and adjustment to purchase prices did not take into account the fees paid by RCHE residents. As a result, the adjustments often fell short of meeting the RCHEs' increasing operational costs. It was hoped that the Government would review the mechanism in the future.

Strengthening inspection and monitoring of RCHEs

(c) To address public concerns about the service quality of RCHEs, the Social Welfare Department (SWD) should make public information on the number of inspections at individual RCHEs, non-compliant items identified and prosecution figures so that members of the public could have a better idea of not only the services provided by RCHEs, but also whether the existing inspection and monitoring system was operating effectively.

(d) To improve the service quality of RCHEs, the SWD's monitoring efforts alone were not enough. Community surveillance and the influence of consumers' choice should also be taken into account, and the problem should be tackled at its roots. A website should be set up to rate the service quality of individual RCHEs so as to encourage those of poorer quality to improve their services while giving proper recognition to the quality ones.

(e) Given the high threshold for prosecuting non-compliant RCHEs, more stringent enforcement and prosecution actions should be taken to enhance the deterrent effect. In addition, uploading information about RCHEs (including the number of warnings received by them) on the Internet could also help improve the standard of services.

Enhancing social security

(f) Members welcomed the Government's efforts to abolish the requirement that the relatives of an elderly person who applied for CSSA on an individual basis (e.g. an elderly person not living with his/her children) had to declare whether they were providing the applicant with financial support (the so-called "bad son

statement"). A Member would like to know more about the implementation of the new arrangement and its implications for the vetting of CSSA applications.

(g) Although the so-called "bad son statement" arrangement had been abolished, an elderly person living with his/her family members still had to apply for CSSA on a household basis. As a result, those who had financial needs and were living with their family members might not be protected.

(h) It was reported that the amount of standard rates per month an elderly CSSA recipient aged between 60 and 64 could receive would be reduced by about $1,000 after the eligibility age for elderly CSSA was raised from 60 to 65. A Member asked whether it was the case.

(i) The Commission shared the view that raising the eligibility age for elderly CSSA to 65 was a policy in the right direction as it would direct the focus of community discussion to the extension of retirement age. By recognising that people aged between 60 and 64 were still able to work, the Government could encourage private companies to hire people in that age group and follow the Government's practice of extending the retirement age to 65.

Others

(j) In response to the change in eligible age for elderly CSSA, the Government could consider revising and standardising the definition of old age across different service areas for the sake of consistency.

***Healthcare***

Enhancing the services provided by community geriatric assessment teams

(a) As regards the outreach medical services provided for the elderly persons, it was hoped that the HA would continue to enhance the coverage of the service provided by the community geriatric assessment teams so that more RCHE residents could benefit from the services.

Medical-social collaboration

(b) Taking into account the huge demand for healthcare services arising from the ageing population, strengthening disease prevention should be one of the Government's key initiatives in the future. At present, the membership quotas for EHCs in the 18 districts were limited. As the welfare sector was operating more than 200 district elderly community centres (DECCs) and neighbourhood elderly centres in the community, the Government could promote complementary services by optimising the use of available resources of the two sectors through medical-social collaboration so as to intensify the disease prevention efforts for the elderly persons in the community.

Mental health policy

(c) The mental health of elderly persons was another issue worthy of concern. A Member enquired how the Government would strengthen its preventive care in mental health services.

8. In response to the suggestions and views raised by Members, Mr NIP, Miss Annie TAM Kam-lan, Permanent Secretary for Labour and Welfare, Ms Carol YIP, Director of Social Welfare, and Ms PANG Kit-ling, Assistant Director of Social Welfare, replied as follows:

***Care for the elderly***

Strengthening inspection and monitoring of RCHEs

(a) The SWD attached great importance to the service quality of RCHEs. All inspections were carried out in a comprehensive and thorough manner to ensure that the services provided for RCHE residents were of an acceptable standard. At present, the average number of inspections conducted by the SWD staff for individual private RCHEs was seven a year while that for private RCHEs with non-compliance record was ten or even more.

(b) If any RCHEs failed to comply with the requirements set out in the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459), the Residential Care Homes (Elderly Persons) Regulation (Cap. 459 Sub. Leg. A) or the Code of Practice for Residential Care Homes (Elderly Persons), the SWD would consider issuing warning letters, giving orders for remedial actions or taking prosecutions, depending on the nature and severity of irregularities. The SWD would launch in due course the SWD Elderly Information Website, a dedicated

website on long-term care services for elderly persons. It would provide one-stop information about the licensing and services of all RCHEs licensed under the Residential Care Homes (Elderly Persons) Ordinance, including records of conviction under the Residential Care Homes (Elderly Persons) Ordinance and/or the Residential Care Homes (Elderly Persons) Regulation, so as to increase the transparency of the services of RCHEs and make the monitoring mechanism more open.

(c) The SWD would set up a dedicated multi-disciplinary inspectorate team to formulate strategies and action plans for monitoring RCHEs with serious irregularities or poor track records. The department would also engage, in contract terms, retired officers of disciplinary forces with rich experience and skills in investigation to assist the inspectorate teams in carrying out inspections at RCHEs and strictly enforcing the law.

(d) The SWD planned to set up a designated team to handle complaints against RCHEs. Apart from conducting independent investigations, the team would also take follow-up actions on substantiated complaint cases, including imposition of appropriate sanctions against the RCHEs concerned, depending on the nature and severity of irregularities.

(e) The SWD would enhance RCHEs' quality of management and services on all fronts. RCHEs would be encouraged to join on a voluntary basis accreditation schemes administered by independent bodies and a list of RCHEs participating in the accreditation schemes would be uploaded to the SWD's website for public reference. The SWD had also set up the Service Quality Group for RCHEs, the members of which would conduct regular visits to RCHEs to make observations and suggestions on their facilities and services, with a view to improving their service quality.

(f) To enhance the quality of home managers, the SWD was considering the introduction of qualification requirements for newly recruited home managers and requiring them to complete specified training on home management. For those serving managers with home management experience but without professional qualifications, the SWD was exploring, in collaboration with the Qualifications Framework (QF) Secretariat, the development of a QF Level 4 training programme for upgrading their management ability and skills.

Enhancing social security

(g) Following the announcement of the 2017 Policy Address, the SWD abolished on 1 February 2017 the administrative arrangement of requiring the family or relatives of an elderly person who applied for CSSA on an individual basis to declare whether they were providing the applicant with financial support. The new measure would not affect the vetting of the CSSA applications by the SWD. There were no statistics showing that it had any direct implication on the number of elderly CSSA applications. The SWD would keep in view the situation after the new measure was implemented.

(h) The CSSA Scheme aimed to provide financial assistance for families and individuals in need and assist them in meeting their basic needs in daily living. As families were the building blocks of society, CSSA applicants living with their family members were normally required to make their applications on a household basis. However, under certain special circumstances, particularly where an elderly applicant had poor relationship with his/her family members or the children of an applicant were unable to provide support for special reasons, the SWD would consider the application on a case-by-case basis and might allow the applicant to apply for CSSA on an individual basis

(i) In view of the improved average life expectancy and the policy of encouraging young-olds to stay in the workforce, the Government had proposed to raise the eligibility age for elderly CSSA from 60 to 65, which would be in line with its population policy direction of extending the retirement age. Elderly persons aged between 60 and 64 who were receiving the CSSA before the new policy took effect would not be affected. However, the revised definition of old age would apply to them when they re-applied for the CSSA after having left the CSSA net. The new policy would not affect the amount of CSSA payable to disabled persons or persons in ill health, i.e. the CSSA they received, irrespective of their age, would be the same as that payable to elderly CSSA recipients, which was higher than that payable to able-bodied adults.

(j) Upon implementation of the new policy, the Government would provide employment assistance services to able-bodied CSSA recipients aged between 60 and 64 with working capacity to enhance their employability and help them sustain their employment.

Others

(k) Age was not the sole consideration when the Government decided the service

targets for its policy initiatives. In view of the wide range of elderly services, it would be necessary to maintain flexibility in the mechanism to ensure that elderly persons with different needs were able to receive appropriate services according to their practical circumstances.

***Healthcare***

Medical-social collaboration

(a) It was agreed that medical-social collaboration was the direction for the future development of the elderly services in Hong Kong so that the medical needs of the elderly persons could be met in parallel with the improvement of the quality of elderly services in the community. Launched in February 2017 on a pilot basis, the Dementia Community Support Scheme (support scheme) would strengthen community care and support services by adopting a medical-social collaboration model. Elderly persons with mild or moderate dementia would receive appropriate services in the community through the DECCs, while their carers would also be provided with relevant support. At the same time, staff working in the DECCs could have training and practice opportunities through the support scheme, which would enhance their understanding on dementia and facilitate them to provide effective support to the elderly persons and their carers in the community.

(b) The HA was planning to strengthen, in collaboration with the SWD, the full range of transitional community care services and the necessary support for elderly persons discharged from public hospitals after treatment to enable them to age in place after the transitional period.

(c) Regarding primary healthcare services, elderly persons with chronic diseases could receive appropriate multi-disciplinary care services under various chronic disease management programmes administered by the HA. As regard community-based services, the Government would continue to explore ways to collaborate with NGOs so as to optimise the use of local infrastructures and resources, and strengthen care and support services in the community. The Visiting Health Teams under the DH would organise health promotion activities to help elderly persons living in the community enhance their health awareness and self-care ability.

(d) The Government was working on a number of pilot projects involving

Community Health Centres and was making efforts to strengthen the centres' collaboration with private doctors in the community as part of the Government's policy initiative on enhancing primary healthcare.

Mental health policy

(e) The Review Committee on Mental Health (Review Committee) was conducting a review of the existing mental health policy with a view to helping the Government map out future policy direction. The review report was expected to be completed in the first half of 2017. Meanwhile, before the publication of the report, the Government had, based on the preliminary recommendations made by the Review Committee, implemented measures to provide mental health services targeting at students, adolescents, adults and elderly persons, which included two pilot schemes, namely the Student Mental Health Support Scheme and Dementia Community Support Scheme.

(f) The DH was running a three-year territory-wide mental health promotion programme to increase public engagement in promoting mental well-being and enhance the public's knowledge and understanding of mental health. Mental Health Month, a large-scale publicity campaign, was held annually to raise public awareness of mental health.

**Agenda item 4: Two pilot schemes under the Community Care Fund: 1) Transitional care and support for elderly persons discharged from public hospitals; and 2) Home care and support for elderly persons with mild impairment**

9. Ms PANG Kit-ling, Assistant Director of Social Welfare (Elderly), said the 2017 Policy Address had announced that the Government would invite the Community Care Fund (CCF) to consider the implementation of two pilot schemes to support elderly persons discharged from public hospitals after treatment and those with mild impairment respectively, with a view to enhancing community care services and facilitating "Ageing in Place" of elderly persons.

10. Ms PANG started with a briefing for Members on the Pilot Scheme on Support for Elderly Persons Discharged from Public Hospitals after Treatment with a powerpoint presentation. She said that the pilot scheme was to support elderly persons who were currently not covered by the existing Integrated Discharge Support Programme for Elderly Patients (IDSP) but were in need of transitional care and support according to the

assessment of the HA's medical staff. By adopting a "medical-social collaboration" approach, the pilot scheme would enable them to continue ageing in place in a familiar community after receiving the necessary services during the transitional period, thus preventing premature institutionalisation. Working closely with the HA, the Centralised Team set up by the SWD would make post-discharge transitional care and support services planning for the elderly persons referred by the HA. Temporary residential care service and/or community care and support services for the elderly persons would be provided by appropriate service providers for a period of not more than six months. During the formulation of discharge support plans, the Centralised Team would assist in reviewing the post-discharge support for the elderly persons, provide information on service providers and help the elderly persons select service providers and service packages that suit their needs. Eligible elderly persons could use the service vouchers issued under the pilot scheme to choose suitable service providers and service packages under a co-payment arrangement. During the provision of services, the Centralised Team would hold case conferences with service providers on a regular basis so as to keep in view the elderly persons' needs for community care and support services. The Centralised Team would also deploy relevant assessment tools to evaluate their post-transitional service needs and make service referrals as appropriate. Those in need of long-term care services would be arranged to undergo assessments under the Standardised Care Need Assessment Mechanism for Elderly Services and apply for the existing regular community care and support services. The aim was to ensure that the elderly persons could be matched with the required services seamlessly where practicable. Under special circumstances, staff and service providers might have the discretion to consider extending the service period of transitional care and support to slightly more than six months in the light of the actual conditions of individual cases. It was preliminarily estimated that the pilot scheme could provide support for a total of no less than 3 200 elderly persons in three years. The total estimated funding requirement (covering the transitional residential care and community care and support services, staffing expenses and administration costs) was around $220 million. The Government proposed to roll out the pilot scheme in the first quarter of 2018 for a period of three years.

11. Ms PANG continued with a powerpoint presentation to brief Members on the Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment. She said that the Integrated Home Care Services (IHCS) (Ordinary Cases) funded by the SWD currently provided a range of home-based community care services for elderly persons, including provision of meals and home services, etc. As at the end of September 2016, about 17 200 elderly persons were receiving the services and around 4 000 were on the waiting list. Under the pilot scheme, the SWD would commission a consultant to design

and introduce a simple and standardised assessment tool; and to provide training for assessors for service providers participating in the pilot scheme. The training aimed to enable the assessors to identify elderly persons with mild impairment and their service needs based on objective and comprehensive criteria, so that appropriate community care services could be provided for them. The service targets of the pilot scheme were elderly persons living in the community, assessed to be of mild impairment under the new assessment tool and with a household income not exceeding a specified percentage of the Median Monthly Domestic Household Income. By adopting a case management approach, the pilot scheme would require the service providers to discuss with eligible elderly persons and formulate personalised care plans for them with reference to the assessment results. Eligible elderly persons could choose suitable service providers and service packages based on their needs under a co-payment arrangement. Social workers of the service providers would be required to keep their cases under regular review to ensure the provision of appropriate services for elderly persons. The SWD would liaise closely with various service providers when working out the operational details of the pilot scheme. During the implementation of the pilot scheme, the SWD would continue to maintain contact with the service providers, monitor their service quality and identify room for service optimisation. It was preliminarily estimated that the pilot scheme could provide 4 000 service places in three years. The estimated funding requirement was around $380 million (covering subsidies for services, staffing expenses of service providers, equipment expenses and administration costs, consultant fees for formulating the assessment tool and the SWD's administration costs). The Government proposed to roll out the three-year pilot scheme in the fourth quarter of 2017.

12. Ms PANG said that the Government would brief the Legislative Council Panel on Welfare Services on the above two pilot schemes and had planned to submit the proposals to the CCF Task Force under the Commission on Poverty (CoP) for consideration in May 2017. Subject to the views of the Task Force, the proposals would then be submitted to the CoP for endorsement. In addition, the SWD would commission a consultant to review the effectiveness of the two pilot schemes and the review was expected to be completed by late 2019. Long-term planning for the relevant services would be conducted in the light of the review findings.

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

(a) The services to be offered by the two pilot schemes were similar to those provided under the existing IDSP and the IHCS. However, the pilot schemes

and existing services would be operated under two separate systems, with different referral and payment arrangements. To avoid confusion to elderly persons, the Government should step up its publicity efforts and the frontline staff concerned should explain clearly to elderly persons the differences between the pilot schemes and those programmes already in place. Besides, Members enquired how the Government would take forward the provision of services and whether the existing programmes would be integrated with the new pilot schemes in the long run.

(b) Orthopaedic patients who needed longer time to recover were mainly elderly persons with hip joint injuries. As a general practice, this kind of elderly patients would be allowed to stay in hospital for a longer time for enhanced rehabilitation training so as to reduce their likelihood of institutionalisation. However, this had put hospitals under heavy pressure. The provision of temporary residential care services under the Pilot Scheme on Support for Elderly Persons Discharged from Public Hospitals after Treatment should have a clear objective, i.e. to enable elderly patients to recover and return home after receiving transitional care services. This would be the essence of "Ageing in Place", an objective worthy of support. From a rehabilitation point of view, the time allowed for orthopaedic patients with poorer conditions to stay in hospital should be shorter as they were highly unlikely to recover from their impairment. On the contrary, those with minor impairment and being more likely to recover should be allowed to stay in hospital so that they could receive rehabilitation training and return home upon recovery. Therefore, the decision on whether an elderly person discharged from hospital should receive care services under the pilot scheme would not be in line with the concept of rehabilitation if it was made solely on the basis of level of impairment. Besides, the factor of community environment should also be taken into account when assessing whether an elderly person discharged from hospital was eligible to participate in the pilot scheme. For example, some elderly patients were living in old buildings without lifts. They were unlikely to benefit from the pilot scheme because they were unable to return home after being discharged from hospital even though their level of impairment was low. Therefore, the primary consideration should be whether elderly patients were able to age in place after receiving the transitional support services.

(c) To ensure that the elderly patients discharged from hospital could receive appropriate rehabilitation services, the HA should strengthen communication with the parties concerned when making recommendations about the referral of elderly patients to RCHEs. This could improve case management and achieve

better interface between services.

(d) The Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment focused on providing home care and support services for elderly persons in need. The Government could incorporate preventive elements in the services to prevent elderly persons with mild impairment from deteriorating into moderate or severe impairment.

(e) In view of the huge workload currently faced by the IHCS teams and the long waiting lists for services, a Member asked why the Government did not make reference to the mode of current community care service vouchers to invite new service providers for implementing the Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment.

(f) The effectiveness of transitional care services had been proved by previous studies. The views collected from the public engagement exercise for the ESPP also reflected that there was a need to strengthen transitional care services. The Member enquired why the Government still implemented the scheme on a pilot basis.

(g) It was the opportune time to launch the pilot schemes because even the discussions on the ESPP's recommendations had not been able to come up with an optimal option for deliver the concerned elderly services. Therefore, the pilot schemes should first be introduced in the near future so that long-term planning for future elderly services could be developed on the basis of the review findings of these pilot schemes.

14. In response to the suggestions, views and questions raised by Members, Miss TAM, Ms PANG and Dr Christina MAW Kit-chee, Chief Manager (Primary and Community Services) of the HA, replied as follows:

(a) The existing IDSP primarily served the elderly persons newly discharged from HA hospitals who were at high risk of unplanned re-admission to hospital (mainly elderly patients in medical wards) as assessed by the HA's medical staff. On the contrary, the pilot scheme was designed to support elderly patients not covered by the existing IDSP (such as elderly patients in orthopaedic wards) and provide them with enhanced pre-discharge planning and post-discharge rehabilitation and support services. When carrying out the assessment, medical staff of the HA would take into account these elderly patients' practical needs and a number of factors to make appropriate referral

recommendations. As the pilot scheme was still at the drafting stage, the HA would continue to discuss the details with its frontline staff and the SWD.

(b) The HA would also arrange outreach rehabilitation services for those discharged elderly patients in need of such services.

(c) When formulating the implementation details of the pilot schemes, the Government would take into account the views of different stakeholders. The Government would actively consider incorporating preventive measures in the services provided for elderly persons under the Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment. One example would be recommending the elderly persons to receive services which could help prevent functional deterioration.

(d) According to the SWD's understanding, NGOs currently providing the IHCS (Ordinary Cases) had reflected that it was difficult to increase their service capacity mainly due to shortage of resources. Under the pilot schemes, service fees would be shared between the Government and the elderly participants under the co-payment arrangement. As a result, the service providers could use the payments to increase their manpower for better meeting the service demand. The IHCS teams participating in the pilot scheme would also be given additional resources to hire appropriate staff (e.g. social workers and/or nurses) to carry out the assessment for elderly applicants and provide case management services.

(e) At present, the length of waiting lists varied from one service team to another. Some elderly persons might have to wait for a longer period of time. The pilot scheme would allow greater flexibility for them to freely choose and change their service packages on a monthly basis according to their practical needs. They would also be allowed to choose the service providers operating in their residential districts so that the service teams could optimise the use of resources and provide the necessary services for elderly persons in a timely manner.

(f) The objective of taking forward the scheme on a pilot basis was to explore in what way and manner the transitional support services could be provided most efficiently and cost-effectively. Different from the pilot scheme in terms of objectives and target users, the existing IDSP would continue as it was. Upon completion of the three-year pilot period, the Government would make long-term and holistic planning for the relevant services in the light of the review findings, including consideration on consolidating the different

schemes, with a view to rationalising the mode of service delivery.

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

Working Group on Elderly Services Programme Plan

15. The Chairman said that at its 11th meeting held on 24 January 2017, the Working Group on ESPP discussed the preliminary analysis made by the consultant team from the University of Hong Kong on the views collected from the public engagement exercise of the Consensus Building Stage. The consultation period of the Consensus Building Stage ended on 6 February 2017. The consultant team was preparing a report for that stage and the draft ESPP, both of which would be submitted for the Working Group's consideration in due course.

Working Group on Active Ageing

16. Mr Gordon CHONG Kwok-wing, Secretary to the Commission, informed the meeting that with the encouragement of the Government to implement age-friendly community projects at the district level, a variety of subsidised projects relating to promoting age-friendly communities were being carried out in 18 districts. At present, Tsuen Wan, Kwai Tsing, Sai Kung and the Southern District were accredited by the World Health Organization as age-friendly communities. Several other districts had also submitted their applications.

Committee on Elder Academy Development Foundation

17. Mr CHONG said that the Vetting Sub-committee of the Elder Academy Development Foundation (EADF) had held a meeting on 15 December 2016 to vet the applications in the second round of funding applications for 2016-17. The EADF Committee had unanimously endorsed the recommendations of the Vetting Sub-committee, and funding would be allocated to 29 successful applicants in mid-February 2017.

**Agenda Item 6: Any other business**

Study trip to Tokyo

18. The Chairman said that the Commission would conduct a study trip to Tokyo, Japan

from 6 to 10 March 2017. The Secretariat had circulated the preliminary itinerary for Members' information. Information on the policies for the elderly persons in Japan and background briefs on the institutions to be visited would be prepared for Members' reference in advance of the trip.

Visit to a public rental housing estate of the Housing Department

19. A visit to Yau Lai Estate, Yau Tong was arranged by the Housing Department (HD) on 17 January 2017 to facilitate Members' understanding of the housing facilities for elderly tenants. A Member pointed out that as the visit mainly focused on housing units adopting the universal design, they were not enlightened on how the HD promoted "Ageing in Place" in its planning for public rental housing (PRH) estates. The Chairman suggested HD to brief Members on its PRH design in supporting the policy of "Ageing in Place" regarding long-term housing planning strategy in due course.

**Time of adjournment**

20. The meeting was adjourned at 6:10 p.m.

**Date of next meeting**

21. The next meeting was tentatively scheduled for 16 June 2017.
(Post-meeting note: The next meeting was re-scheduled for 23 June 2017.)

May 2017