

Elderly Commission
Minutes of the 96th Meeting

Conference Room 1, G/F, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
3:00 p.m., 14 September 2018 (Friday)

Present:

Chairman

Dr LAM Ching-choi, BBS, JP

Members

Ms CHAN Mei-kit, Maggie, MH

Ms CHAN Yee-ching, Tammy

Mr CHEUNG Leong

Mr CHUA Hoi-wai

Ms LI Fai, Grace

Mrs SO CHAN Wai-hang, Susan, BBS

Dr TSE Man-wah, Doris

Mr WONG Kit-loong

Mr WONG Tai-lun, Kenneth

Ms TSE Man-yee, Elizabeth, JP

Mr WONG Chung-yan, Johann, JP

Mr TAN Tick-ye

Mr TSOI Wai-tong, Martin

Dr LI Mun-pik, Teresa

Dr HA King-hang

Permanent Secretary for Food and Health (Health)

Deputy Secretary for Labour and Welfare

Assistant Director of Social Welfare (Elderly)

Assistant Director of Housing (Estate Management) (1)

Assistant Director of Health (Family and Elderly Health Services)

Senior Manager (Elderly and Palliative Care), Hospital Authority

In attendance:

Miss CHANG Lai-chu, Stella

Ms WOO Mei-hing, Patricia

Ms TAM Chui-king, Winnie

Dr SO Shuk-kuen, Joanna

Principal Assistant Secretary for Labour and Welfare

Chief Social Work Officer, Social Welfare Department

Senior Social Work Officer, Social Welfare Department

Senior Medical and Health Officer (Elderly Health Service), Department of Health

Mr Huggin TANG	Assistant Secretary for Labour and Welfare
Mr LEUNG Sing-lung, Edric	Assistant Secretary for Labour and Welfare
Ms MAK Ka-ying, Carren	Assistant Secretary for Labour and Welfare
Miss YU Sin-ting, Cindy	Assistant Secretary for Labour and Welfare
Mrs CHAN WONG Kit-ming, Annie	Chief Executive Officer, Labour and Welfare Bureau
Miss LEUNG Pui-yin, Sam	Executive Officer, Labour and Welfare Bureau
Mr LEUNG Fuk-ling, David	Executive Officer, Labour and Welfare Bureau

Agenda item 3

Ms AU Wan-sze, Wendy	Principal Assistant Secretary for Food and Health (Health)
Mr WU Yeung-key, Jimmy	Director (District Health Centre Team), Food and Health Bureau

Agenda item 4

Miss TAI Shuk-yiu, Leonia, JP	Deputy Secretary for Labour and Welfare
Ms TAM Pui-wah, Alice	Chief Transport Officer (Fare Scheme), Transport Department
Mr CHOI Sau-yuk	Director, Asia Consulting Group Limited
Mr Edmond CHOI	Principal Consultant, Asia Consulting Group Limited
Ms Helen SUN	Senior Consultant, Asia Consulting Group Limited

Absent with apologies:

Ms CHUNG Wai-yee, Diana
 Mr LAM Hoi-cheung, Victor, JP
 Prof LEE Tze-fan, Diana, JP
 Ms LO Dak-wai, Alexandra, JP
 Dr LOU Wei-qun, Vivian
 Dr PANG Fei-chau
 Dr YEUNG Ka-ching

Secretary

Ms LEE Ngan-chau, Martina	Chief Executive Officer, Labour and Welfare Bureau
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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 95th meeting

3. As Members had not proposed any amendments to the Chinese and English versions of the draft minutes issued by the Secretariat on 17 August 2018 and 10 September 2018 respectively, the minutes were confirmed.

Agenda item 2: Matters arising

4. There were no matters arising from the minutes of the 95th meeting.

Agenda item 3: District Health Centre Pilot Project in Kwai Tsing District

5. Mr Jimmy WU Yeung-key, Director of the District Health Centre Team, Food and Health Bureau (FHB), briefed Members on the District Health Centre Pilot Project in Kwai Tsing District (the Pilot Project) and its implementation progress through a PowerPoint presentation. Mr WU said, as announced by the Chief Executive in the 2017 Policy Address, the FHB would set up the first district health centre (DHC) with a brand new operation mode in Kwai Tsing District within two years. The Government would provide funding for the centre according to the needs and characteristics of the district, with a view to enhancing public awareness of disease prevention and their capability in self-management of health through public-private partnership, providing support for the chronically ill as well as relieving the pressure on specialist and hospital services. The DHC would operate through “district-based public-private partnership” and “medical-social collaboration”, and its scope of services would be determined by reference to various health data. By way of tender, the FHB would identify a non-government entity to operate the DHC. The operator would be required to run a Core Centre and five Satellite Centres, employ a Core Team and develop a DHC Network of Service Providers (i.e. to recruit and manage the DHC Network Service Providers in the Kwai Tsing District or in the three districts immediately adjoining Kwai Tsing, namely Tsuen Wan, Shatin and Sham Shui Po). The operator would also work with non-governmental organisations (NGOs) in the community in partnership to enhance the local support network, and to handle daily operation, referrals of patients and conduct effectiveness evaluations through a designated electronic platform. Services offered by the

DHC would focus on primary prevention (i.e. health promotion), secondary prevention (i.e. health risk assessment) and tertiary prevention (i.e. chronic disease management and community rehabilitation). For each DHC approved medical consultation, the Government would offer a flat-rate subsidy of \$250 while the balance would be paid by the patient. As for other allied health services, a patient would only have to pay no more than the maximum charge set by the Government for each service, and the remaining service cost would be covered by government subsidies.

6. Mr WU continued that the Government would set up a Management Committee, to be chaired by a directorate officer of the FHB and with the participation of the local community, to provide guidance and oversight of the operator. The operator had to comply with guidelines imposed by the FHB for the effective administrative and financial management of the DHC. The Management Committee would report to the Secretary for Food and Health and seek advice and strategic directives from the Steering Committee on Primary Healthcare Development. The FHB just launched a tendering exercise on 12 September and planned to identify the operator by the first quarter of 2019 and commission the DHC Core Centre by the third quarter of 2019.

7. After the briefing, the Chairman and Members put forward the following views and questions:

- (a) It was suggested that in designing the work flow for service delivery for the DHC, the Government could provide incentives such as shortened waiting time for healthcare services to attract members of the public to use the DHC's services, thereby alleviating the pressure on public hospitals.
- (b) A Member enquired about the charging arrangements for patients receiving the Comprehensive Social Security Assistance (CSSA) or the Old Age Living Allowance (OALA).
- (c) The Government should step up publicity to enhance the residents' knowing and understanding of the services and roles of the DHC.
- (d) A Member enquired about the estimated service capacity of the DHC.
- (e) What kind of organisations would be expected to submit a tender for the Pilot Project? And, would the successful bidder be financially and operationally sustainable?

- (f) The Government might consider commissioning a third party to conduct an independent evaluation of the Pilot Project in the future to ensure an objective and comprehensive assessment of its effectiveness and recommendations for improvement could be made.
8. In response to the views and questions put forward by Members, Ms Elizabeth TSE Man-ye, Permanent Secretary for Food and Health (Health), and Mr WU replied as follows:
- (a) To attract members of the public who were receiving hospital services to use the DHC's services, patients referred by the Hospital Authority (HA) would only need to pay a fee comparable to that for the rehabilitation services of the HA, i.e. \$100 for each attendance.
- (b) Patients receiving the CSSA or the Higher OALA would be eligible to use the DHC's services free of charge.
- (c) The FHB had taken active steps to plan for the publicity of the DHC, and prepared to liaise and co-operate with various stakeholders, including organisations providing relevant services as well as hospitals and healthcare service providers in the district, to promote the DHC's services among residents of Kwai Tsing District and the wider community through different types of activities. Besides, the operator would also launch outreach activities to enhance their connection with the general public, particularly the "hard-to-reach" population.
- (d) The Government had not set a cap on the number of clients to be served by the DHC. Nevertheless, projections based on data, the annual attendance at the DHC was initially estimated to be around 20 000.
- (e) There was already a good mix of family doctors, allied health professionals and primary healthcare programmes at the district level. However, their services were not necessarily co-ordinated and accessibility might be limited. The DHC proposed by the Government would serve as a hub with multiple service points, and would offer a good range of co-ordinated care and support services that could be alternatives to hospital services. The concept of a network – whether in terms of service providers or IT infrastructure – would be fundamental for the DHC to function properly.
- (f) The DHC would serve as a resource hub, and strive to maximise its reach through physical or electronic channels and offer personalised health information for the

community. It would also serve as a resource centre for providing healthcare services information to visitors. For example, patients in need of services would be referred to service providers or other community partners in the DHC network that provide relevant services.

- (g) Stakeholders of different sectors, including potential service providers which might be NGOs or private organisations, had been invited to attend public consultation meetings organised by the Government.
- (h) To guarantee the quality of service of the DHC, service quality would be the major consideration in the evaluation of tenders, accounting for 70% of the total score. On the other hand, the Government was committing substantial resources for the contract under this new mode of primary healthcare service delivery, with a cap of annual operating expenditure as high as \$100 million and a total contract sum of \$350 million respectively. To ensure effective use of public funds, price assessment would account for 30% of the total score.
- (i) A working group had been set up under the Steering Committee on Primary Healthcare Development to work out how the Pilot Project could be evaluated. The Government also planned to commission an independent agency to conduct a comprehensive evaluation of the Pilot Project and to put forward improvement recommendations on its structure and mode of service.

Agenda item 4: Comprehensive Review of the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities

9. Miss Leonia TAI Shuk-yiu, Deputy Secretary for Labour and Welfare, remarked that the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities (the Scheme) had been implemented in phases since June 2012 with the aim of helping build a caring and inclusive society by encouraging the elderly and persons with disabilities to participate more in community activities. The Scheme enabled the elderly and eligible persons with disabilities to enjoy a concessionary fare of \$2 per trip to travel on the domestic Mass Transit Railway lines, franchised buses, ferries and green minibuses. Under the Scheme, which was administered by the Transport Department, the participating public transport operators (the operators) were reimbursed the revenue forgone as a result of implementing the Scheme on an accountable and reimbursement basis. Due to an ageing population, both the number of beneficiaries and the expense incurred under the

Scheme had been on the rise every year. In 2018-19, the estimated reimbursement of revenue forgone to the operators by the Government under the Scheme was around \$1.3 billion. In order to evaluate the effectiveness, mode of operation, regulatory mechanism and sustainability of the Scheme since its implementation, the Government had commissioned Asia Consulting Group Limited (Asia Consulting) in August 2018 to conduct a comprehensive review of the Scheme.

10. Mr CHOI Sau-yuk, Director of Asia Consulting, briefed Members on details of the review through a PowerPoint presentation. Mr CHOI said that the scope of review would cover the following areas: literature review and overseas experience study; public engagement; evaluating the current mode of operation, and effectiveness and scope of the Scheme; projecting the medium- to long-term financial implications under different scenarios; examining the funding models for payment to the operators; evaluating the sustainability and cost-effectiveness; examining anti-abuse and other administrative measures; and evaluating the implications of new electronic payment systems for the Scheme. Mr CHOI presented the methodology for reviewing various areas and remarked that the review would be expected to last for 15 months. The inception, interim and final reports would be submitted to the Government in November 2018, June 2019 and November 2019 respectively.

11. Having listened to the briefing, the Chairman and Members raised the following suggestions, views and questions:

- (a) It was suggested that the evaluation of the effectiveness of the current scheme should cover, as far as possible, qualitative research on the purposes of the trips subsidised by the Scheme with a view to gauging more comprehensively the positive impacts of the Scheme on the elderly's participation in community activities and the improvement in their quality of life.
- (b) To ensure financial sustainability of the Scheme, it was suggested that the Government might explore options enabling participating operators to share a portion/a higher proportion of fare concession. Specifically, statistics on person trips and revenue gained by the operators since the implementation of the Scheme should be examined, and analyses of the travelling patterns of the beneficiaries in terms of the time of the day, routes and districts travelled, and modes of public transport used should be conducted. On the basis of such findings, negotiations could be made with the operators concerning the fare differential to be reimbursed by the Government under the Scheme in the future.

- (c) The Government might explore how the statistics on person trips made under the Scheme, which were obtained from Octopus Cards Limited, could be transformed into big data for use in conducting more social studies concerning the elderly to facilitate the planning and enhancement of relevant policies.

12. Miss TAI and Mr CHOI responded as follows:

- (a) The aim of the Scheme was to help build a caring and inclusive society by encouraging the elderly and persons with disabilities to participate more in community activities. The review would evaluate the effectiveness of the Scheme in the light of the policy objective by analysing the relevant statistics and collecting views about the Scheme from beneficiaries through public engagement activities.
- (b) Asia Consulting was considering what statistics would be required to be obtained from Octopus Cards Limited for the purpose of analysis.
- (c) The Government would, on the basis of the review findings, consider options to enhance the Scheme, including whether it would be necessary to further negotiate with participating operators about arrangements for reimbursing the revenue forgone.

Agenda Item 5: Progress Reports by Working Groups and Committee

13. There were no reports on this occasion.

Agenda Item 6: Any other business

14. Ms Grace LI Fai, a Member, declared that she was the operator of a contract residential care home for the elderly (RCHE). As regards the initiative proposed in the 2017 Policy Agenda on providing additional resources for subsidised elderly service units to increase the salaries of personal care workers and home helpers, Ms LI conveyed the concerns of the operators of contract RCHEs that following implementation of the initiative, contract RCHEs might face an outflow of staff as a result of not being able to receive the subsidy immediately. In response, Mr TAN Tick-ye, Assistant Director of Social Welfare (Elderly), indicated that the scope of subsidy covered contract RCHEs. Subject to the relevant terms and conditions of the service contracts, the Social Welfare Department would,

upon renewal of existing contracts or retendering, provide additional resources for contract RCHEs to increase the salaries of personal care workers by two pay points.

Time of adjournment

15. The meeting was adjourned at 4:50 p.m.

Date of next meeting

16. The next meeting was tentatively scheduled for 19 December 2018.

November 2018