Elderly Commission
Minutes of the 98th Meeting

Conference Room 4, G/F, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
10:00 a.m., 3 April 2019 (Wednesday)

Present:

Chairman
Dr LAM Ching-choi, BBS, JP

Members
Ms CHAN Yee-ching, Tammy
Mr CHUA Hoi-wai
Mr LAM Hoi-cheung, Victor, JP
Prof LEE Tze-fan, Diana, JP
Ms LI Fai, Grace
Dr PANG Fei-chau
Mrs SO CHAN Wai-hang, Susan, BBS
Mr WONG Kit-loong
Dr YEUNG Ka-ching

Ms TSE Man-yee, Elizabeth, JP	Permanent Secretary for Food and Health (Health)
Ms Carol YIP, JP	Director of Social Welfare
Mr WONG Chung-yan, Johann, JP	Deputy Secretary for Labour and Welfare
Mr YEUNG Yiu-fai, Ricky	Assistant Director of Housing (Estate Management) (1)
Dr LI Mun-pik, Teresa	Assistant Director of Health (Elderly Health Service)
Dr HA King-hang, Tony	Chief Manager (Primary and Community Services), Hospital Authority

In attendance:

Mr WU Chia-chun, Desmond	Principal Assistant Secretary for Labour and Welfare (Acting)
Mr TAN Tick-yee	Assistant Director of Social Welfare (Elderly)
Mr TSE Shu-to, Sebastian	Chief Social Work Officer, Social Welfare Department
Mr CHENG Cho-hong	Senior Social Work Officer, Social Welfare Department

Dr KWAN See-lai , Janet	Senior Medical and Health Officer (Health Care Voucher), Department of Health
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
Ms LEE Ngan-chau, Martina	Chief Executive Officer, Labour and Welfare Bureau
Miss LEUNG Pui-yin, Sam	Executive Officer, Labour and Welfare Bureau

Agenda item 3

Prof LUM Yat-sang, Terry	Head, Department of Social Work and Social Administration of the University of Hong Kong
Dr TANG Yee-man, Jennifer	Research Assistant Professor, Sau Po Centre on Ageing of the University of Hong Kong
Miss Mandy LAU	Research Coordinator, Sau Po Centre on Ageing of the University of Hong Kong

Agenda item 4

Mr LEE Wing-hong	Chief Architect (Advisory and Statutory Compliance), Architectural Services Department
Mr YUE Hon-man, Albert	Senior Architect (Advisory and Statutory Compliance)1, Architectural Services Department

Absent with apologies:
Ms CHAN Mei-kit, Maggie, MH
Mr CHEUNG Leong
Ms CHUNG Wai-yee, Diana
Ms LO Dak-wai, Alexandra, JP
Dr LOU Wei-qun, Vivian
Dr TSE Man-wah, Doris
Mr WONG Tai-lun, Kenneth

Secretary

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

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    <u>Dr LAM Ching-choi</u>, the Chairman, welcomed Members to the meeting.   In

particular, he extended his welcome to <u>Mr Ricky YEUNG Yiu-fai</u>, the new Assistant Director of Housing (Estate Management) 1 and <u>Mr Desmond WU Chia-chun</u>, Principal Assistant Secretary for Labour and Welfare Bureau (Acting), who first attended a meeting of the Commission.

2.   The <u>Chairman</u> 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 97th meeting

3.   As Members had not proposed any amendments to the Chinese (revised) and English versions of the draft minutes issued by the Secretariat on 19 March 2019, the minutes were confirmed.

Agenda item 2: Matters arising

4.   There were no matters arising from the minutes of the 97th meeting.

Agenda item 3: Progress of Updating of the Standardised Care Need Assessment Mechanism for Elderly Services

5.   <u>Mr TAN Tick-yee,</u> Assistant Director of Social Welfare (Elderly), said that the Social Welfare Department (SWD) had commissioned the Sau Po Centre on Ageing of the University of Hong Kong (Sau Po Centre) in November 2013 to carry out a project on the enhancement of the infrastructure of long-term care in Hong Kong.   The objectives of the project were, among others, to update the assessment tool adopted under the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES), and to develop an assessment system that could better reflect the current care needs of the elderly.   For the purpose of this updating, the SWD had also taken reference from the relevant recommendations set out in the Elderly Services Programme Plan on the enhancement of SCNAMES and its assessment tool and improvements to the service matching mechanism. He invited <u>Prof Terry LUM Yat-sang</u>, Head of the Department of Social Work and Social Administration of the University of Hong Kong, to brief Members on the progress of updating SCNAMES.

6.   Prof LUM said that the Sau Po Centre had updated the assessment tool under SCNAMES from MDS-HC v 2.0 to interRAI-HC v 9.3 and developed a more effective care service matching system to enhance long-term care service matching and the application of clinical data in care services.   He briefed Members through a PowerPoint presentation on the development method for interRAI-HC v 9.3, the calculation method for its Casemix Score and the additional considerations required, as well as the recommendations on long-term care services according to the assessment results.

7.   Mr TAN stated that the SWD had consulted stakeholders earlier this year about the proposed updating of SCNAMES.   They generally agreed that the updating of the assessment tool would help effectively reflect the elderly persons' needs for long term care services.   On the details of implementation, the SWD planned to conduct a one-off conversion to the new assessment tool (i.e. interRAI-HC v 9.3) and process the wait-listing applications submitted through the old assessment tool by applying the grandfathering concept.   Mr TAN explained that the updating of SCNAMES would not affect the actual arrangement of service matching.   Under the new mechanism, if elderly persons were recommended for residential care services (RCS), the status of their RCS cases could be changed to "inactive" regardless of whether they had applied for community care services (CCS) or not, or whether they had been waiting for or using the services.   These elderly persons might reinstate the "active" status of their RCS cases if needed in the future, without the need to wait all over again.   Compared with the existing mechanism that did not allow elderly persons who had not applied for CCS to have the status of their RCS cases changed to "inactive", the new mechanism would provide elderly persons with more flexibility in choosing the most appropriate time for them to receive RCS.   Besides, elderly persons recommended for CCS could be put on the RCS waiting list upon re-assessment if their health conditions deteriorated while waiting for CCS.   They would not need to submit fresh applications and wait for RCS all over again.   Elderly persons who had been using CCS could also be put on the RCS waiting list upon re-assessment of their health conditions while using CCS, which was in line with the existing mechanism.   The SWD would update the computer system and the Manual of Procedures on Registration and Allocation of Long Term Care Services, and arrange bridging training programmes on the use of the updated assessment tool for serving accredited assessors from April to November this year.   It was expected that the updated SCNAMES would be officially launched, and interRAI-HC v 9.3 and the updated service matching mechanism would be adopted in December.

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

(a)   Had the Sau Po Centre conducted any in-depth real-life testing in the development of interRAI-HC v 9.3 to ensure that the updated SCNAMES would provide accurate assessments of the elderly persons' needs for long-term care services?

(b)   It was suggested that upon the official launch of the updated SCNAMES, timely reviews of the actual effectiveness of the assessment tool and the service matching mechanism should be conducted and fine-tuning of the system should be made as necessary.

(c)   It was hoped that sufficient nurses, occupational therapists and physiotherapists would be trained as accredited assessors to conduct assessments for elderly persons having impairment at a moderate level or above.

(d)   A Member asked about the arrangement for the bridging training programmes for assessors and the time needed for assessing a case after the assessment tool was updated.

(e)   A Member wished to know the implications of the updated SCNAMES on the future demands for different long-term care services.

9.   In response to the views and questions put forward by Members, Ms Carol YIP, Director of Social Welfare, Mr TAN, Prof LUM and Ms Mandy LAU, Research Coordinator, the Sau Po Centre, replied as follows:

(a)   interRAI-HC v 9.3 was an internationally recognised and effective assessment tool to identify long-term care needs.   In developing the new assessment tool and service matching mechanism, the Sau Po Centre engaged all stakeholders through various channels, including the collection of views from service providers and other members of the sector by ways of focus group and steering committee discussions.   Such views had been incorporated in the modifications to the assessment tool and service matching mechanism in the later stage for testing to ensure that interRAI-HC v 9.3 was effective in matching local elderly persons with appropriate long-term care services.

(b)   All assessment data and service recommendations would be stored in the relevant computer system upon the launch of the updated SCNAMES.   The Sau Po Centre could conduct regular reviews and make the necessary fine-tuning or modifications on the basis of the relevant data and information.

(c)   The Sau Po Centre would arrange bridging training programmes on the use of the updated assessment tool for about 1 000 serving accredited assessors from April to November this year.   Under SCNAMES, accredited assessors included social workers, nurses, occupational therapists and physiotherapists.   The five existing regional Standardised Care Need Assessment Management Offices (Elderly Services) of the SWD would be responsible for the training and assessment of new assessors in the future.   The SWD welcomed nominations from non-governmental organisations for enroling the staff of their service units on the training programmes.

(d)   The time required for the assessment of a case would depend on the health condition of the elderly person concerned.   Under normal circumstances, an accredited assessor could complete an assessment in 1 to 1.5 hours.

(e)   With enhanced use of clinical data, SCNAMES could accurately identify the long-term care service needs of elderly persons and more effectively differentiate their needs for CCS or RCS, so that every elderly person with long-term care service needs could be matched with a single recommended service that suited his/her needs.   The enhanced service matching mechanism could ensure that elderly persons most in need would be given priority and premature institutionalisation could be prevented.   Under SCNAMES, the demand for CCS would increase.   In this connection, the SWD would review the existing community care and support services for the elderly to address the service demand for ageing in place.

10.   The Chairman thanked the Sau Po Centre for making strenuous efforts in reviewing and updating the assessment tool under SCNAMES in the past few years.   He hoped that, upon the official launch of the updated SCNAMES, the needs of elderly persons for CCS or RCS could be more effectively differentiated and priority would be given to elderly persons most in need of the services.   To cope with the increasing demand for CCS, he hoped that Members could think out of the box in exploring how CCS or home care services could be strengthened, and how the services could further complement the development of primary healthcare and age-friendly community, so as to promote ageing in place and prevent premature institutionalisation.   To help Members be better prepared for media or public enquiries on relevant issues, the Chairman suggested that the SWD should provide detailed background information on the updating of SCNAMES in due course for Members' reference.

Agenda item 4: The Architectural Services Department's briefing on "Elderly-friendly Design Guidelines"

11.　Mr LEE Wing-hong, Chief Architect (Advisory and Statutory Compliance), Architectural Services Department (ArchSD), briefed Members on the Elderly-Friendly Design Guidelines (Design Guidelines) just published by the ArchSD with the aid of a PowerPoint presentation.　Mr LEE remarked that as indicated in the 2016 Policy Address, the Government would make continuous efforts to develop Hong Kong into an age-friendly city with a comfortable and safe living environment for the elderly and promote active ageing.　In June 2016, the ArchSD developed the first Design Guidelines which provided recommendations on elderly-friendly designs to address age-related deterioration in hearing, visual, locomotive and cognitive abilities.　They served as guidelines for designing building projects undertaken by the ArchSD.　To further raise the awareness of elderly-friendly designs within the department and better address the needs of the elderly in its projects, the ArchSD commissioned a consultant in October 2017 to collect data about local and overseas cases for analysis and to conduct a study through organising local seminars, workshops, briefings and questionnaire surveys.　On the basis of the findings, the enhanced Design Guidelines revolve around four over-arching principles, i.e. "Safety, Support, Cognition and Wellbeing", was developed.

12.　Mr Albert YUE Hon-man, Senior Architect (Advisory and Statutory Compliance) 1, the ArchSD, then briefed Members on the Design Guidelines, including the general design considerations in six aspects, namely master layout planning, circulation, interior space, fixtures and furniture, amenities and outdoor space; and the design considerations for specific building types, including residential healthcare facilities, recreation and sports facilities, performance venues, public transport facilities, markets and columbaria.

13.　After the briefing made by the ArchSD, the Chairman and Members raised the following recommendations and questions:

(a)　A Member enquired how the ArchSD would publicise the Design Guidelines.

(b)　The Design Guidelines were considered a good reference for the construction of housing for the elderly in the future.　However, these guidelines were not part of the legislation and had no binding effect on private developers.　It was thus recommended that the Government should, in the light of the ArchSD's experience in implementing the Design Guidelines, consider incorporating some appropriate contents into relevant design manuals of the Buildings Department

or including them as mandatory conditions so as to promote a wider application of the Design Guidelines.

(c)   Would the ArchSD apply the Design Guidelines in hospital designs? Had the needs of carers of the elderly and elderly persons with dementia been covered in the Design Guidelines?

(d)   The Government might consider introducing an elderly-friendly design accreditation/recognition scheme as an incentive to encourage private developers to apply the Design Guidelines in their building projects to create a more comfortable and safer environment for the elderly that would cater for their physical and mental needs.

(e)   It was suggested that enhancing privacy protection for the elderly could be added as one of the design considerations for residential care homes for the elderly (RCHEs) in the Design Guidelines. In designing RCHEs, the ArchSD might consider using less partition walls in construction to avoid wastage in case they were found not suitable.

(f)   It was suggested that the meaning of "Cognition", one of the four overarching principles highlighted in "Safety, Support, Cognition and Wellbeing", should cover the wisdom of the elderly in addition to their cognitive ability, so that elements that would stimulate learning could be incorporated in elderly-friendly designs.

(g)   The ArchSD was expected to review and refine the Design Guidelines in a timely manner according to the needs of the elderly and the development of elderly services for the reference of all parties concerned.

14.   In response to the suggestions and questions raised by Members, Mr LEE replied as follows:

(a)   The ArchSD had taken the lead in adopting the Design Guidelines in its building projects, including those undertaken by commissioned consultants and those by Design and Build contractors. It also planned to review the implementation and effectiveness of the Design Guidelines a year later to see if further enhancement of the guidelines would be needed and consider promotion of the guidelines beyond the department.

(b)   All public building projects undertaken by the ArchSD, including hospitals,

would be taken forward with reference to the Design Guidelines.   However, the Design Guidelines would not serve as hard and fast indicators given the unique requirements and planning needs of each individual project.

(c)   The needs of elderly persons were of primary concern in the development of the Design Guidelines.   That said, some of the recommendations set out in the guidelines, including those on the design considerations for corridors and toilets, did cater for the needs of carers and elderly persons with dementia in addition to those of the elderly in general.

(d)   At present, the recommendations relevant to RCHEs in the Design Guidelines were mainly on ways to provide space serving the daily needs of the elderly in the designs, including recommendations encouraging personalised designs and enhanced privacy in a bid to create a more comfortable and friendly living environment for elderly persons residing in RCHEs.   Besides, the ArchSD would actively discuss with operators design arrangements during the design and construction stages of RCHEs.   If prior discussions could not be arranged, the ArchSD would assess, by adopting the mode of conceptual design, whether the designs could provide sufficient space for accommodating the necessary facilities.   Unnecessary walls and partitions would also be avoided to allow operators to make adjustments according to their practical needs.

15.   The Chairman thanked the ArchSD for its contribution in promoting elderly-friendly designs, and asked the ArchSD to provide the Design Guidelines for Members' reference after the meeting.
(Post-meeting note: The Design Guidelines provided by the ArchSD was sent to Members on 4 April 2019.)

Agenda item 5: Latest developments of the Elderly Health Care Voucher Scheme
(Discussion Paper No. EC/D/01-19)

16.   Ms Elizabeth TSE Man-yee, Permanent Secretary for Food and Health (Health), said that as indicated in the 2019-20 Budget, the Government had proposed, as one of the relief measures, to provide an additional $1,000 worth of vouchers on a one-off basis for the elderly eligible for the Elderly Health Care Voucher (EHCV) Scheme and raise the accumulation limit of vouchers from $5,000 to $8,000 in 2019 to allow users greater flexibility.   Upon the passage of the Appropriation Bill, the above measures would be implemented as soon as

possible.   Ms TSE further said that after the Food and Health Bureau had briefed Members on the latest implementation of the EHCV Scheme in the last meeting, the Department of Health (DH) completed a review of the scheme in the first quarter of this year, and reported to the Legislative Council Panel on Health Services on 18 March this year on the review findings and proposed enhancement measures.   She invited Dr Teresa LI Mun-pik, Assistant Director of Health (Elderly Health Service), to brief Members with the aid of a PowerPoint presentation on the Discussion Paper No. 01-19 relating to the DH's review findings and the relevant enhancement measures to the EHCV Scheme.

17.   Dr LI said that, according to the latest review findings, the EHCV Scheme was well received by elderly users, as shown by the utilisation, and the knowledge and attitudes of elderly persons towards the scheme.   Its intended objective, which was providing subsidies for elderly persons to choose appropriate private primary healthcare services as additional choices, was largely achieved.   To ensure that the vouchers could continue to serve the policy objective of promoting primary healthcare effectively, the Government would uphold the existing principles, i.e. vouchers should not be used for inpatient services, day surgery procedures, medical insurance premiums, services provided by the Hospital Authority or the DH, and the sole purchase of medication or medical products etc.   In alignment with the above key principles and taking into consideration the review findings, the Government would introduce a series of targeted enhancement measures as follows: allowing the use of vouchers at District Health Centres; implementing measures, in addition to regular publicity efforts, to empower elderly persons to make informed choices and use vouchers wisely; continuing to adopt a risk-based approach in carrying out monitoring work while taking steps to strengthen the monitoring system and enhance the hotline service for receiving and handling complaints and enquiries from the public; capping the amount of vouchers that could be spent on optometry services at $2,000 every two years to avoid over-concentration of use of vouchers on a particular type of service and enable elderly persons to have a more balanced use of vouchers on different types of services; regularising the Pilot Scheme at the University of Hong Kong – Shenzhen Hospital; and streamlining enrolment procedures for healthcare service providers.

18.   The Commission noted the latest developments of the EHCV Scheme and supported the proposed enhancement measures to be implemented by the Government.   The Chairman concluded that with the progressive establishment of District Health Centres in various districts across the territory in the future, it was hoped that elderly persons would make good use of the services to be provided by District Health Centres in the areas of disease prevention, management of chronic conditions and rehabilitation, which coupled with the effective use of vouchers would help relieve the pressure on specialist and hospital services,

thereby achieving the objective of the EHCV Scheme to promote primary healthcare services more effectively.

Agenda Item 6: Progress Reports by Working Groups and Committee

Working Group on Elderly Services Programme Plan

19.   The Chairman said that the Working Group on Elderly Services Programme Plan had held a meeting on 6 March 2019 to review the progress of follow-up work on various recommendations in the Elderly Services Programme Plan.   The next meeting was tentatively scheduled for the third quarter of 2019.

Working Group on Ageing in Place

20.   The Chairman said that the Working Group on Ageing in Place had held its second meeting on 23 January 2019 to discuss the implementation progress of two pilot schemes under the Community Care Fund, namely the Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment and the Pilot Scheme on Support for Elderly Persons Discharged from Public Hospitals after Treatment.

Committee on Elder Academy Development Foundation

21.   Mr Gordon CHONG Kwok-wing, Secretary to the Commission, reported that the Committee on Elder Academy Development Foundation had held its seventh meeting on 15 March 2019.   Members were informed of the latest work progress of the three sub-committees under its purview, namely the Vetting Sub-committee, the Investment Sub-committee and the Sub-committee on Publicity and Development.   The existing funding mechanism was also reviewed at the meeting.

22.   Mr CHONG continued that since 2019, the Hong Kong University of Science and Technology (HKUST) had made some of its undergraduate programmes available for elders to sit in on lectures, providing them with opportunities to pursue in-depth, academic post-secondary studies together with HKUST students, thereby achieving the objective of lifelong learning and inter-generational harmony.   A total of seven post-secondary institutions, including the HKUST, were currently participating in the Elder Academy Scheme.

<u>Agenda Item 7: Any other business</u>

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

<u>Time of adjournment</u>

24.   The meeting was adjourned at 12:20 p.m.

<u>Date of next meeting</u>

25.   The next meeting was tentatively scheduled for 21 June 2019.
(Post-meeting note: The next meeting was scheduled for 26 June 2019.)

June 2019