

The 64th Meeting of the Elderly Commission **Press Summary**

The Elderly Commission held its 64th meeting today (27 October 2010) with the following items on the agenda -

(1) Briefing on relevant initiatives in the 2010-11 Policy Address

Elderly Care and Support

- The Commission welcomed the new initiatives relating to elderly care services in the Chief Executive's 2010-11 Policy Address, acknowledging that they suited elders' need.
- The Commission agreed with the Government that "ageing in place" was an important policy direction for elderly care, and was pleased that the Government decided to make the Integrated Discharge Support Programme for Elderly Patients a regular service and extend its coverage to all districts. The Commission has been a strong advocate of this service model which encourages collaboration between the welfare and healthcare sectors.
- The Commission also welcomed other initiatives such as increasing the provision of subsidised community and residential care places, and strengthening the support to demented elders through raising the the Dementia Supplement (DS) for service providers and extending the Hospital Authority's psycho-geriatric outreach services. It noted in particular that DS would, for the first time, cover day care centers in addition to residential care homes for the elderly, which was a significant step forward.
- Regarding social security benefits for elders, the Commission welcomed the Government's initiative to substantially relax the limit of absence from Hong Kong for Old Age Allowance from the present 240 days to 305 days a year, thus enabling elderly recipients to receive a full-year allowance as long as they have resided in Hong Kong for 60 days a year. The Commission was of the view that this policy would provide our senior citizens with greater flexibility in travelling out of Hong Kong for various reasons.
- The Commission was also glad to know that the Government would study the feasibility of setting up a maintenance allowance for our senior citizens who choose to retire on the Mainland.

Healthcare

- The Commission welcomed the Government's efforts to continue increasing its public health expenditure, improve public healthcare, and enhance service capacity for relieving the waiting queue for some public healthcare services (such as cataract surgery, joint replacement, magnetic resonance imaging and computerised tomography scanning, etc.).
- The Commission welcomed the Government's initiative to strengthen the provision of preventive primary care services as well as mental health services and support for the elderly. The Commission also welcomed the Government's continued implementation of the subsidy scheme for the elderly to receive seasonal influenza and pneumococcal vaccinations to minimise elders' risk of being infected with these communicable diseases.
- The Commission welcomed the Government's initiative to earmark \$1 billion to extend or enhance the Elderly Healthcare Voucher Pilot Scheme having regard to interim review findings on this Scheme. The Commission agreed that the implementation of the Scheme helped promote the concept of sharing the costs of healthcare with the patients, and hence facilitating more effective utilisation of public healthcare resources.

(2) Second Stage Public Consultation on Healthcare Reform

- The Commission supported the Government in taking forward the healthcare reform, and welcomed the Government to continue to put in more resources for healthcare for implementing healthcare service reforms and improving public healthcare services to enhance the standard and quality of healthcare services provided to the public, in particular the elderly.
- The Commission supported the Government's proposal to implement a voluntary and government-regulated Health Protection Scheme to provide the public with choices of value-for-money private healthcare services, enabling public resources to be focused on priority services to take care of the low-income and under-privileged groups. The Commission agreed with the Government's proposal to consider making use of the \$50 billion earmarked in the fiscal reserve for providing incentives for those who would subscribe to the Scheme, as well as enabling high-risk individuals to get insured and subsidising continuous protection for the public after retirement.

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