

**Elderly Commission**  
**Minutes of the 70th Meeting**

Conference Room 4, G/F., Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong  
2:30 p.m., 10 February 2012 (Friday)

**Present:**

**Chairman**

Prof CHAN Cheung-ming, Alfred, BBS, JP

**Vice-chairman**

Dr LAM Ching-choi, BBS, JP

**Members**

Dr CHAN Hon-wai, Felix

Mrs CHAN LUI Ling-yee, Lilian

Dr CHENG Kam-chung, JP, MH

Dr CHEUNG Moon-wah

Dr CHONG Ming-lin, Alice

Ms FUNG Yuk-kuen, Sylvia

Mr MA Ching-hang, Patrick, BBS, JP

Mr MA Kam-wah, Timothy

Mr SHIE Wai-hung, Henry

Dr TUNG Sau-ying

Mr WONG Fan-foung, Jackson, MH

Dr WONG Yee-him, John

Mrs WONG WONG Yu-sum, Doris

Mr WU Moon-hoi, Marco, SBS

Mr YAU How-boa, Stephen, BBS, JP, MH

Mr TANG Kwok-wai, Paul, JP

Permanent Secretary for Labour and Welfare

Mr YUEN Ming-fai, Richard, JP

Permanent Secretary for Food and Health (Health)

Mr NIP Tak-kuen, Patrick, JP

Director of Social Welfare

Mr LEE Kwok-wing, Albert, JP	Representative of Secretary for Transport and Housing / Director of Housing
Dr LEUNG Sze-lee, Shirley	Representative of Director of Health
Dr DAI Siu-kwan, Daisy	Representative of Chief Executive of the Hospital Authority

**In attendance:**

Ms YOUNG Bick-kwan, Irene, JP	Deputy Secretary for Labour and Welfare	
Mrs CHEUNG FUNG Wing-ping, Angelina	Principal Assistant Secretary for Labour and Welfare	
Miss LI Yuen-wah, Cecilla	Assistant Director Social Welfare Department	
Dr NG Ping-sum, Sammy	Senior Medical and Health Officer Department of Health	
Miss LAU Sze-mun, Shirley	Assistant Secretary for Labour and Welfare	
Mr LI Ngo-chuen, Leo	Assistant Secretary for Labour and Welfare	
Mr LO Chun-hang, Simpson	Assistant Secretary for Labour and Welfare	
Mr SHEUNG Zhen-ting, Kieron	Assistant Secretary for Labour and Welfare	
Miss MOK Tik-shan, Elizabeth	Chief Executive Officer Labour and Welfare Bureau	
Ms LI Wing-hang, Amanda	Executive Officer Labour and Welfare Bureau	
Dr LEE Ha-yun, Libby	Chief Manager (Strategy, Service Planning and Knowledge Management) Hospital Authority [Agenda Item 3]	
Mr LAU King-shing, Daniel	Director (Development and Marketing) Hong Kong Housing Society	} Agenda Item 4
Mr HUI Hung-kit, Benny	Senior Manager (Planning and Development) Hong Kong Housing Society	

**Absent with apologies:**

Ms CHAN Man-ki, Maggie

**Secretary**

Mrs CHAN CHOY Bo-chun, Polly	Principal Assistant Secretary for Labour and Welfare
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Prof Alfred CHAN Cheung-ming, the Chairman, welcomed Members to the meeting. He reminded Members to make a declaration of interest when they had a potential conflict of interest with the matters to be discussed.

### **Agenda item 1: Confirmation of the minutes of the 69th meeting**

2. As Members had not proposed any amendments to the revised draft minutes in Chinese and the first draft minutes in English, both issued by the Secretariat on 6 February, the minutes were confirmed.

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

#### Paragraph 23 of the minutes of the 69th meeting

3. Mr Timothy MA Kam-wah, Chairman of the Working Group on Active Ageing (WGAA), said that the WGAA had scrutinised 70 funding applications for the new round of the Neighbourhood Active Ageing Project. Of these applications, 50 were approved and 1 rejected. As for the remaining 19 applications, the Social Welfare Department (SWD) was clarifying and following up with the applicants on issues of concern. Upon completion of the above work, it was expected that the Project could be rolled out in April this year.

#### Paragraph 26 of the minutes of the 69th meeting

4. The Secretariat would shortly invite Members, by way of circulation, to give their views on the content of the new Golden Age TV series of Radio Television Hong Kong.

### **Agenda item 3: Briefing on relevant initiatives in the 2012-13 Budget**

#### *Elderly welfare*

5. Ms Irene YOUNG Bick-kwan, Deputy Secretary for Labour and Welfare, briefed Members on initiatives relating to elderly welfare in the 2012-13 Budget with the aid of a powerpoint presentation.

6. Members generally welcomed the various initiatives for improving elderly care services in the Budget. They raised the following questions and views:

### Support for demented elders

- (a) Would the residential care homes for the elderly (RCHEs)/day care centres for the elderly (DEs) granted with the Dementia Supplement (DS) be required to submit reports to the Government on how to use DS?
- (b) Had the Government assessed the additional manpower demand arising from the provision of DS? Given the current shortage of professional nursing staff, RCHEs might encounter difficulties in recruiting staff.
- (c) It was proposed that DS, apart from being used for employing additional professional staff and procuring relevant services, could also be used for providing treatment and training for demented patients, supporting their carers and enhancing training for frontline staff.
- (d) It was noted that the Government had allocated considerable resources for supporting demented patients. However, the Government would still need to put more resources into public education, and formulate a more comprehensive policy to promote the development of relevant services.

### Improving the facilities of elderly centres

- (e) Would the Government centralise the handling of the improvement works for all elderly centres, and commission professionals to render advice to individual centres?
- (f) The Government, when planning for this project, could consider inviting relevant professional institutions (e.g. The Hong Kong Institute of Architects) and the Hong Kong Housing Society (HKHS), which had assisted local communities to perform minor works, to be honorary advisers.
- (g) Before making improvements to facilities and procuring equipment, the elderly centres should consult occupational therapists and service users so that the installations to be put in place would be safe and fit for use, and the centres would be adorned with more local characteristics.
- (h) Why would it take six years long to improve the facilities of 250 elderly centres?

- (i) Given the lead time for the tendering exercise for the improvement works, the project cost would be higher than estimated if the material costs rose in the interim. It was hoped that the Government could earmark sufficient provisions having regard to the above circumstances.
- (j) Given the increasing number of their members, many elderly centres had already become overcrowded. The Government should consider increasing the floor area of these centres.

#### Community care services

- (k) Had the Government implemented new initiatives or services, in response to the recommendations made by this Commission in the report of the consultancy study on community care services for the elderly?
- (l) It was glad to note that the Government would increase the service quota. However, the additional 500 places under the Enhanced Home and Community Care Services (EHCCS) and 185 DE places would not be sufficient to meet the service demand. It was proposed that the Government should set the service quota in accordance with the actual size of the elderly population.
- (m) Consideration should be given to arranging appropriate training for home care services staff.

#### Residential care services

- (n) Although more than 2600 subsidised residential places for the elderly would commence operation during the period from 2011-12 to 2014-15, the rate of the increase could not catch up with the growth of the elderly population. The Government should allocate more resources to shorten the waiting time of elders for residential care places. Besides, the Government could consider converting vacant factory buildings into RCHEs or DEs, and provide more respite services.

#### Social security

- (o) The Government had provided additional payments to social security recipients for consecutive years. If the amount of Comprehensive Social

Security Assistance was not sufficient to meet the basic needs, the Government should conduct a review rather than repeating the above measure.

#### Others

- (p) The Government should encourage the public to take out healthcare insurance as early as possible, so that they would not have to fully rely on public healthcare services when they reached old age. However, the Budget had not offered incentives (e.g. tax concessions) in this regard.
- (q) The Government should offer special tax reductions to help middle class people hire foreign domestic helpers to look after elders with chronic illness at home, so as to reduce the demand for RCHE places and achieve the objective of aging in place.
- (r) Instead of allocating funds for implementing various elderly care services on the basis of “keeping expenditure within limits of revenue”, the Government should grant subsidies for elderly care services in accordance with the actual demand of those services.
- (s) As the Government had repeatedly increased the rates of the Infirmary Care Supplement and DS for subsidised RCHEs in recent years, the gap between the amount of subsidies for these RCHEs and those for nursing homes had been narrowing. The Government should review whether the gap between the amounts of subsidies for these two types of homes was still reasonable and whether adjustments were necessary.

7. Ms YOUNG, Mr Patrick NIP Tak-kuen, Director of Social Welfare, Miss Cecilla LI Yuen-wah, Assistant Director of Social Welfare and Mr Richard YUEN Ming-fai, Permanent Secretary for Food and Health (Health), responded as follows:

#### Support for demented patients

- (a) Service units could make use of DS to hire professionals (e.g. social workers, nurses and occupational therapists) or procure relevant services to provide care and training for demented patients. DEs could also make use of DS to provide training for demented patients. All beneficiary units were required to submit reports to SWD on the use of DS.

- (b) Service units could use DS flexibly to hire professional nursing staff according to their service needs. The Government had not prescribed the number and ratio of the relevant staff.
- (c) The Labour and Welfare Bureau had been working closely with the Food and Health Bureau (FHB) to support demented patients. The increase in DS put forward by the Budget was only one of the measures. Other on-going tasks included public education, treatment, long-term care, etc. The two bureaux would continue to coordinate their supporting work on all fronts.

#### Improving the facilities of elderly centres

- (d) SWD would make reference to the experience gained in carrying out modernisation works in Integrated Children and Youth Services Centres when coordinating improvement works for the 250 elderly centres. For example, it would consider allowing beneficiary organisations to seek one-off funding support, and encourage organisations which had carried out improvement works to share their experience or offer advice.
- (e) SWD had been actively identifying larger premises for elderly centres which were short of space, or helping them set up sub-bases.
- (f) SWD would remind organisations to listen more to views of service users, so that the renovated facilities would suit their needs and have local characteristics.
- (g) 250 elderly centres (including all subvented elderly centres in Hong Kong) were involved in the improvement works programme. Services would certainly be affected if the works were carried out concurrently. A phased approach was therefore necessary.

#### Community care services

- (h) The Government had adopted the most important recommendation in the report of the consultancy study of this Commission, i.e. the implementation of a pilot scheme on community care service voucher for the elderly. Under the scheme, elders could choose to use DE services and home care services at the same time, which was in response to another recommendation of the report on the coordination of both types of services. As for other recommendations such as the extension of service hours, currently DEs had,

in general, been catering for elders' needs as far as practicable by providing services to them outside regular hours.

- (i) The Government had taken into account the demand for community care services before deciding on the number of additional places. In fact, the number of elders currently waiting for EHCCS was less than 400, which would be outnumbered by the additional places to be offered in 2012-13.

#### Residential care services

- (j) The waiting time could be substantially reduced if the elders waiting for residential care places had made no specific requests. On the other hand, starting from 1 March this year, SWD would make use of subsidised casual vacancies under the Enhanced Bought Place Scheme to provide more respite places. Admission of elders with urgent needs could be arranged.

#### Others

- (k) FHB had launched two public consultations on the healthcare financing reform. One of the consensuses was to support the implementation of a voluntary private health insurance scheme. The Financial Secretary had already earmarked \$50 billion from the fiscal reserves to take forward this scheme. The Bureau had also set up the Healthcare Planning and Development Office which would, in light of the views collected in the public consultations, commission a consultancy study to further examine how to enhance regulation of the private health insurance market and encourage the public to take out private health insurance.
- (l) The Budget proposed to increase the dependent parents/grandparents allowance and the allowance for living with parents/grandparents by \$2,000 respectively. Besides, where the parents/grandparents were residing in RCHEs, the deduction ceiling for elderly residential care expenses would be raised by \$4,000. These measures were aimed to encourage people to take care of their elderly family members.

### ***Medical and health***

8. Dr Libby LEE Ha-yun, Chief Manager of Hospital Authority (HA), briefed Members on initiatives relating to medical and health services in the 2012-13 Budget with the aid of a powerpoint presentation.

9. Dr Daisy DAI Siu-kwan, Chief Manager of HA, then reported on the various support services provided by HA for elderly patients. She said that in 2011-12, the Integrated Discharge Support Programme for Elderly Patients had been fully implemented in 15 hospitals under HA with accident and emergency department, benefiting about 33000 high-risk discharged elderly patients each year. Besides, for rolling out this Programme, HA had increased the number of geriatric day hospital places by 156. The relevant hospital clusters had also partnered with 12 non-governmental organisations (NGOs) to provide home care services for discharged elders. HA had also set up patient support call centres in recent years, making telephone calls mainly by nurses to help discharged patients address the problems (e.g. problems about medicine) they encountered after discharge, with a view to reducing their risk of re-admission. At present, there were more than 35000 elderly patients on the register for such service. Besides, the psychogeriatric outreach teams were now providing services to half of the RCHEs in Hong Kong. HA would actively secure resources to cover more RCHEs. Furthermore, HA had been providing palliative services for cancer patients. Its service targets had recently included patients with end-stage renal failure. HA had already adopted a case management approach in providing community support services for about 6000 discharged elders each year. HA also enhanced the management of chronic diseases through a multi-disciplinary treatment model.

10. The Chairman and other Members raised the following questions and views:

Support for demented patients

- (a) It was proposed that HA further enhance support for demented patients so that they could be diagnosed and prescribed with medication early, their degeneration process could slow down, and the quality of life of them and their carers be enhanced.
- (b) It was proposed that HA's Drug Formulary and the list of drugs covered by the Samaritan Fund be expanded to enable elders with mild to moderate dementia to receive appropriate drug therapy as early as possible.
- (c) It was noted that the Working Group on Primary Care under FHB was preparing a reference framework on primary care for elderly patients, which included dementia and ways of identifying patients at an early stage. It was hoped that the Working Group would pool together experts in the field to conduct in-depth studies on the subjects under an evidence-based approach.
- (d) It was proposed that publicity and public education on dementia be stepped up to raise community awareness on the disease.

Others

- (e) Currently, services of fall prevention clinics were only available in some clusters of HA. It was proposed that such services be enhanced.
- (f) It was pleased to note that the Government would inject \$10 billion into the Samaritan Fund to benefit more people who were on self-financed drugs or medical items (especially elders with chronic illnesses).

11. Dr DAI responded as follows:

Support for demented patients

- (a) HA attached great importance to the support for demented patients. It would collaborate with SWD, etc. to study ways on enhancing services in this regard.
- (b) HA conducted periodic reviews on the Drug Formulary, taking into account factors including the safety of the drugs, scientific evidence on efficacy, the use of the drugs worldwide, and the impacts of updating the Formulary on Hong Kong's healthcare services, etc.

Others

- (c) Fall prevention clinic was a new initiative of primary care service. It was launched on a pilot basis by individual clusters according to their own circumstances. HA had conducted a review on the pilot scheme. The clusters would, taking into account the findings of the review, consider whether the service should be enhanced.

12. In conclusion, the Chairman said that "ageing in place" had been the Government's policy as well as the wish of elders. Early identification of illnesses and medical intervention at the initial stage might reduce elders' demand for residential care services in future. As regards a Member's suggestion of stepping up public education on dementia, the Chairman said that the content of the compulsory health courses for elder academies had already included introduction to dementia. SWD had also offered relevant training to carers of elders.

#### **Agenda item 4: Any other business**

##### Elderly housing project of HKHS

13. The Chairman thanked Mr Daniel LAU King-shing, Director of HKHS, and Mr Benny HUI Hung-kit, Senior Manager of HKHS, for attending the meeting to introduce the newly rolled-out elderly housing project. EC Members Mr Marco WU Moon-hoi and Dr CHEUNG Moon-wah declared their capacity as the Vice Chairman and General Manager of HKHS respectively.

14. Mr LAU first gave a brief account of the service areas of HKHS and its previous elderly housing projects. He said that the Chief Executive stated in his 2007 Policy Address that it was necessary to continue the comprehensive home care approach in the provision of elderly housing. The survey conducted by HKHS in 2010 also showed that elderly people who were financially better off had demands for quality retirement living. In this connection, HKHS had made reference to successful overseas experience in planning for the Joyous Living Scheme, a quality retirement living project that met the needs of local retirees. Under the Scheme, the project at Tanner Hill would offer a metropolitan lifestyle. A total of about 590 residential units would be provided with complementary facilities such as professional care home (including places for demented patients), DE, rehabilitation centre, wellness centre, club house, as well as restaurant and retail store. The Wetland Park Road Project in North West New Territories would offer a country club lifestyle. A total of about 950 residential units would be provided. Apart from leisure facilities and skilled care services, hotel and serviced apartments would also be provided to allow temporary accommodation of residents' friends and relatives.

15. Mr LAU pointed out that HKHS had to pay land premium at market value for the sites of the two elderly housing projects at Tanner Hill and Wetland Park Road. Applicants had to be aged 60 or above, and would not be subject to any income test or asset limits. The residential units would be leased by either a long lease (the longest tenure might last for the lifetime of the tenant) or a short-term tenancy, both subject to an advanced lump sum payment - an Entry Contribution or rental payments. Other daily expenses such as rates and management fees, etc. should be borne by tenants. In case of early termination of tenancy, certain portion of the Entry Contribution would be refunded to the tenants based on the pre-defined model at the time of subscription. Detailed terms of leasing had yet to be worked out and would be announced in due course.

16. Mr LAU said that HKHS was contemplating the development of a single residential building in Shau Kei Wan, with private residential units on the upper levels and residential units for the elderly and ancillary facilities at the base. Meanwhile, HKHS was redeveloping

Ming Wah Building in Shau Kei Wan. The redeveloped building would provide residential units and service facilities for the elderly. These two projects, which were designed for the middle-income and low-income groups respectively, were aimed to facilitate mutual care between elders and their family members so as to achieve the objectives of ageing in place and promoting intergenerational harmony.

17. The Chairman and Members raised the following questions and views on the Joyous Living Scheme:

- (a) Would the spouse of an applicant, who was very young (e.g. 20-odd years old), be eligible for living in the residential unit? Besides, could the young spouse be allowed to maintain the tenancy of the residential unit after the death of the applicant?
- (b) Could an elder allow his/her family members to live in his/her rental unit?
- (c) Could non-Hong Kong residents (e.g. elders from the Mainland) apply for the residential units?
- (d) What would be the rate of the Entry Contribution?
- (e) Could elders who possessed properties pledge their properties with HKHS as collateral to secure reverse mortgage, and then live in the residential units under HKHS projects on a trial basis? This would save elders from the need to sell their properties. In case they could not adapt to the new living environment, they could move back to their original residence.
- (f) It was proposed that HKHS allow non-governmental organisations to provide outreach services under the Wetland Park Road project.

18. Mr LAU responded as follows:

- (a) Joyous Living was an elderly housing project which provided a small number of residential units. Under the Government's land grant provisions, only persons aged 60 or above were eligible. This said, if the age difference between a couple was small (e.g. one party aged 60 or above and the other aged 50 or above), HKHS would consider handling the case with flexibility. If one party of the couple moved into an RCHE or passed away during the tenancy period, his/her spouse who was aged 60 or above could maintain the tenancy of the residential unit.

- (b) HKHS would strictly guard against the abuse of residential units by family members of elders, but might give consideration to allowing them to stay temporarily.
- (c) HKHS would carefully consider whether or not to accept applications for the residential units from non-Hong Kong residents and residents who did not take up permanent residence in Hong Kong (such as those who had emigrated overseas, Mainlanders, etc.). However, priority would certainly be given to applications from Hong Kong residents.
- (d) HKHS had not yet worked out the rate of the Entry Contribution, which would be determined with reference to the prevailing market rent at the time of subscription, the age of the tenant, the size and the location of the unit, etc.
- (e) HKHS would consider allowing elders to live in the residential units on a “trial” basis. According to past experience in the Senior Citizens Residence Scheme, elders normally got adjusted to the new lifestyle after moving into the residential units. However, given that the main function of HKHS was to provide housing and that reverse mortgage service was a financial arrangement, HKHS would not consider providing such service for the time being.

19. Mr Marco WU, EC Member and Vice-chairman of HKHS, added that no government subvention was involved in the Joyous Living Scheme. The pace of development of non-subsidized elderly housing in Hong Kong was relatively slow compared with that of other big cities. By implementing the Scheme on a pilot basis, it was the intention of HKHS to create a pioneering effect. He stressed that apart from providing elderly housing, the more important purpose of the Joyous Living Scheme was to provide one-stop services that met the needs of elders so as to facilitate their ageing in place.

20. The Chairman thanked the representatives of HKHS for attending the meeting, and welcomed the development of more elderly housing projects by HKHS in future.

#### **Date of the next meeting**

21. The next meeting was tentatively scheduled for 12 June 2012.

#### **Time of adjournment**

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

March 2012