

32nd Meeting of the Elderly Commission
Summary for Press Briefing

The Elderly Commission (EC) held its 32nd meeting today (14 April 2003) with the following items on the agenda:

(1) Relevance of the Population Policy to Social Welfare

- The Social Welfare Department (SWD) briefed EC and sought Members' advice on the specific recommendations relating to social welfare as set out in the Report of the Task Force on Population Policy (the Report).
- The key objective of Hong Kong's population policy is to secure and nurture a population which sustains our development as a knowledge-based economy. We should strive to improve the overall quality of our population to meet our vision of Hong Kong as a knowledge-based economy and world-class city, and aim to redress population ageing, foster the concept of active and healthy ageing, promote social integration of new arrivals, and ensure the long-term sustainability of our economic growth.
- The major recommendations relevant to social welfare are as follows:
 - Under training and other needs of new arrivals –
 - To foster closer partnership between the Government and non-governmental organisations (NGOs) to identify and address the needs of new arrivals in Hong Kong.
 - Under elderly policy –
 - To revisit and redefine the notion of retirement and old age.
 - To continue to develop programmes that promote active and healthy ageing.
 - To develop a sustainable financial support system for the needy elderly.
 - Under eligibility for public benefits –
 - To adopt the principle of “seven-year” residence requirement for providing social benefits heavily subsidized by public funds. To consider tightening up the eligibility criterion for Comprehensive Social Security Assistance (CSSA) so that such benefits should, from a future date, be available only to residents who comply with the seven-year residence rule (except for children under the age of 18; current residents in Hong Kong will not be affected by this rule).

- To review in the longer term access to subsidized benefits by residents absent from Hong Kong for a long period of time.
- Under portability of benefits –
 - To address, in the longer term, the issue of portability of public benefits taking into account the pace of our economic integration with the Pearl River Delta (PRD).
 - To examine in detail the cost implications of portable benefits for the Government fiscal position and the local economy.
- In particular, the EC noted that the Government planned to implement the changes in the residence requirements for CSSA benefits as stated in the report before the end of this financial year.

(2) Subsidy Arrangements for Residential Care Services for Frail Elders

The Government briefed EC on the problems with existing arrangements in providing subsidized residential care services for frail elders and sought EC's initial advice on the proposal to develop a Fee Assistance Scheme (FAS):

- EC noted the significant public resource input (expenditure on welfare programme for elders has increased from \$0.6 billion in 93-94 to \$3.6 billion in 03-04) by the government in the provision of service for elders over the past decade . The existing system to meet the long term care needs of elders is clearly not sustainable having regard to the serious fiscal deficit of the Government and the increasing demands from an ageing population.
- EC members were briefed on the problems in the existing arrangement in providing subsidized residential care services:
 - While the bulk of residential care places are in the private sector, there are significant differences in the services provided by private and public sector service providers. Subvented homes of non-governmental organizations (NGOs) are subject to the Social Welfare Department's (SWD's) performance monitoring, operate from purpose-built premises and at a high cost; whereas private homes vary significantly in quality and prices. As private homes are generally perceived by elders and their families to be inferior to subvented homes, even elders who can afford to pay tend to seek admission into subvented homes run by NGOs.
 - Admission to subsidized residential care home service is currently regulated through a waiting list administered by SWD on a first-come-first-served basis subject to the standardized care need assessment mechanism. However, there is

no assessment on the financial needs of these elders or their families. There is also no mechanism to allow those who can afford to shoulder a greater responsibility of the care costs. The preference for subvented homes and the lack of financial assessment have resulted in elders who are relatively well off enjoying highly subsidized residential care services as long as they can afford to wait. On the other hand, frail elders who have little or no means tend to fall onto the Comprehensive Social Security Assistance (CSSA) system to meet their long term care needs. The present system of allocating subsidized residential care services clearly fails to utilize limited public resources in an equitable manner. In fact, the Director of Audit has suggested in his report in March last year (Report No. 38) that the Government conduct a comprehensive review of subsidized residential care services.

- The CSSA scheme aims at bringing the income of needy individuals and families up to a level to meet their basic needs. CSSA is administered on a household basis and when assessing a family's eligibility for CSSA, we take into account the resources and the needs of the whole family. However, when elders are admitted to residential care homes, the family members could easily shift the full responsibility of supporting the elders to the Government by declaring that they are unable to provide financial support for their elders. This goes against Government's policy to encourage family members to provide care and support for their elders. It is also a known fact that some private home operators encourage elders to apply for CSSA if they are not already in receipt of it to ensure a regular and stable income.
- As at end December 2002, there were 39 900 elderly CSSA recipients residing in residential care homes, comprising 21 600 in non-subsidized places in private homes and 18 300 in subsidized places in NGO homes and Bought Place Scheme (BPS)/Enhanced Bought Place Scheme (EBPS) places. This means that Government is subsidizing a total of about 47 800 places through one form or another (comprising 26 200 subsidized places including BPS/EBPS places plus 21 600 elders in private homes on CSSA), paying for the full costs of 70% of all elders on subsidized residential care services. It is estimated that this is costing the Government a total of \$4.4 billion under the elderly programme and the social security programme. However, in terms of service matching and regulation of service standards, SWD has control over only the 26 200 subsidized places and NOT the 21 600 places resided by elders on CSSA.
- The Government subsidy to elders through CSSA and waiting list for subsidized places vary significantly. For example, for CSSA elders in subvented care and attention homes of NGOs, Government is paying for the subvention cost of \$8,474 and through CSSA, the fees charged at \$1,605 or \$1,813 and 'pocket money' ranging from \$1,279 to \$1,611, adding up to a total cost to Government

of over \$11,000 a month per person. On the other hand, the average CSSA benefits paid to an elder in a private home are only \$5,800 a month. It is thus questionable whether the current dual system of meeting frail elders' residential care needs is value for money.

- To address these issues and as stated in the 2003 Policy Agenda, Government aims at developing a FAS for residential care services for frail elders:
 - FAS is conceptually simple: the government will subsidize eligible elders who have care and financial needs direct, say, in the form of a 'voucher', to enable them to receive residential care services at homes of their own choice. In layman terms, FAS is 'money following the user' as opposed to the conventional mode of providing Government subsidized services by funding the service providers and then operating a system to match users to these services.
 - FAS is not a new concept in welfare services. Subsidized child-care to parents in need is currently provided through a Child Care Centres Fee Assistance Scheme. Since March 2002, SWD has also piloted a 'voucher' scheme in providing subsidized After School Care Programme to support single parent CSSA recipients to work.

- EC noted that the Government has identified several key issues to address in the development of the FAS. They include:
 - Basis to assess the financial needs of elders.
 - Eligibility of residential care homes to participate in the FAS.
 - Education of elders and information on RCHes to help elders and their carers to select the suitable homes.
 - Level of fee assistance that would be fair to home operators from both the public and private sectors bearing in mind their different operating environment.
 - Issue of co-payment.
 - Change in subsidy mode for existing subvented homes with a view to bringing them under the FAS.

- Having regard to the complexity of the issues involved, Government will progressively develop the FAS and issue papers on individual issues for consultation with EC and other stakeholders.

(3) **Promoting Elderly Health in Elderly Health Services, Department of Health**

- The Department of Health (DH) briefed EC on the approach adopted by Elderly Health Services (EHS) in its activities to promote elderly health, and highlighted some programmes that have been undertaken.

- Pursuant to the Health Care Reform, DH has redefined its roles to those of advisor, regulatory, health advocacy and promotion, and disease prevention and control, while less attention would be put on direct service provision. The following health promotion principles and approaches are adopted by DH –
 - In line with the World Health Organisation’s recommendation, DH adopts a life course approach to health promotion, targeting preventive efforts at the key health determinants at critical stages throughout a person’s lifespan.
 - An evidence-based approach is used in each stage of the development and implementation of health promotion activities spanning from needs assessment, priority setting, and delivery of intervention, to programme evaluation.
 - Strong emphasis is put on the mobilisation of stakeholders through encouraging intersectoral collaboration and community participation to facilitate the creation of a supportive environment for health promotion efforts.

- Consistent with the above direction, EHS has also strengthened its health promotion activities. A structured exercise programme for elders and dietetic service for private and self-financing elderly homes have been launched under the Healthy Ageing Campaign. Both have been shown to be well-received and preliminary evaluation results were encouraging. New programmes to promote psychosocial health of elders have also been developed and include the production of a resource book on psychosocial health, a video on communication skills for carers, and the launching of an e-card competition to promote intergenerational cohesion and mutual care and concern.

- Pilot projects are being developed using a more focused and needs oriented approach to target at the specific needs of different client groups including community elders, institutionalized elders, and the general public. Media publicity will also be strengthened.

- In future, EHS will continue to use a risk-based and targeted approach in promoting health. As EHS becomes increasingly recognised as a reputable source of health information and advice on elderly health, there is opportunity for it to develop into a resource centre for elderly health, facilitating further intersectoral collaboration and dissemination of evidence-based information on good practices.

(4) Measures in respect of Elders in the Atypical Pneumonia outbreak

- The EC noted action taken by the following departments in respect of elders in the atypical pneumonia outbreak:

Department of Health

- The Department of Health (DH) provides health advice to the general public and those involved in the prevention of atypical pneumonia (AP), especially those serving elders in the community and elderly care homes. Health talks have been conducted at elder service centres, radio and TV programmes and the 18 Elderly Health Centers with follow-up counseling as appropriate.
- DH is also developing guidelines for staff of various organizations and volunteers who may visit elders in their homes. These will include messages specific to elders' needs, e.g. attention to fall prevention, and will be disseminated to NGOs through the Social Welfare Department (SWD), Housing Department and other interested parties.
- Letters were sent to all Residential Care Homes for the Elderly (RCHEs) through SWD on 13 March 2003 to remind them of the preventive measures to be taken as well as the Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly and People with Disabilities.
- Health talks have been offered to all RCHEs since early March 2003. This will be reinforced with guidelines on infection control measures for carers. DH will also be providing resource support such as liquid soap and disposable gloves to elder care homes so as to emphasize the importance of personal hygiene in the prevention of AP.
- In view of the outbreak of AP at Amoy Garden, all private RCHEs in Kwun Tong and Nga Tau Kok areas have been approached by Visiting Health Team nurses to see if there might be RCHE residents with relatives living in Amoy Garden, and whether health advice might be required.
- For RCHE with AP cases, we will help in giving advice on home confinement measures and medical surveillance of residents and staff.
- An inter-departmental meeting has been convened among parties in elderly service to co-ordinate health advice for community-dwelling and institutionalized elders.

Social Welfare Department

- SWD is distributing face masks to customers visiting its offices, particularly CSSA recipients attending the Social Security Field Units. To date, over 720,000 face masks have been purchased for distribution to SWD staff and customers.
- Ever since the outbreak of AP virus, the inspectors of the Licensing Office have strengthened their advisory and monitoring roles in particular on health care and environmental hygiene of RCHEs.
- On 9 and 10 April 2003, a special operation to provide home visits and special

house cleaning services was mounted at Lower Ngau Tau Kok Estate. Supported by Housing Department's cleansing team and housing managers, SWD and six NGOs serving that area visited all households in Blocks 8 to 14 to distribute masks and other materials, as well as cleansing elders' housing flats, as required.

- SWD has mobilized its district networks to distribute face masks and cleaning materials to people in need. For example, volunteers of support teams for the elderly and some integrated home care services teams have been distributing face masks and other cleaning materials to elders during visits or meal delivery.
- SWD has also received offers of cash donations from businesses which it will channel to NGOs, particularly those serving elders.
- An Emergency Financial Assistance Scheme provides prompt financial assistance to needy persons who are placed in isolation or are required to turn up for Department of Health's health surveillance, subject to proof that they are not currently engaged in full-time jobs with regular income. To date, a total of 374 applications have been received involving a total amount of about \$300,000.

Housing Department

- The Housing Department (HD) is carrying out extensive cleansing and disinfection work at all public housing estates.
- Upon confirmation of AP cases in Lower Ngau Tau Kok Estate II, where 1 600 of the 4 400 households are elder families, HD has taken immediate action to improve environmental hygiene, including extensive cleansing and disinfection at the estate and cleansing of lift cars, control panels and handrails. Messages on AP are widely publicized by posting notices at ground floor lobbies and distributing pamphlets to every household. Household visits to elders were made in collaboration with SWD, the Home Affairs Department and NGOs to brief them on personal hygiene and preventive measures to take, provide counseling service, cleansing kits and face masks, as well as household cleansing and disinfection services upon request.
- HD would continue monitor the situation and render assistance to families in need. Families in need of assistance are requested to approach the estate office.

Hospital Authority

- To minimize the need for elders to visit hospitals, the Hospital Authority (HA) has reduced hospital activities for elders for non-emergencies, non-cancer matters, specialist out-patient clinics/ward follow-up and geriatric day hospital services.
- Elders may send representatives for drug refill.

- Reorganization of outreach services, including segregation of in-patient and outreach teams, protection against cross infection, triage for drug refill, teleconsultation, and enhanced support to community-based care.
- Triage support to RCHEs with exposure to AP.
- Guidance Notes specifically prepared by geriatricians for infection control and step-up precautions in RCHEs with confirmed/suspected AP.
- Information sharing among departments and service providers.

*

*

*