

**Elderly Commission**  
**Minutes of the 39<sup>th</sup> Meeting**

Room 2005, Murray Building, Garden Road, Central  
3:00 p.m., 16 September 2004 (Thursday)

**Present:**

**Chairman**

The Hon TAM Yiu-chung, GBS, JP

**Vice-chairman**

Dr E K YEOH, JP

Secretary for Health, Welfare and Food

**Members**

Mrs LAM PEI Yu-dja, Peggy, GBS, JP

Dr WU Wai-yung, Raymond, GBS, JP

Prof CHAN Cheung-ming, Alfred, JP

Mr LAI Kam-cheung, Michael, JP

Mr WONG Hong-yuen, Peter, GBS, JP

Dr NG Yau-yung, JP

Dr LUM Shun-sui, Susie

Ms WONG Yiu-ming, Anita

Mr CHAN Iu-seng, Star, BBS

Dr LAM Ching-choi, JP

Prof Jean WOO

Mrs Agnes ALLCOCK, JP	Acting Director of Social Welfare
Mr LAU Kai-hung, JP	Representative of Director of Housing
Dr CHAN Wai-man, JP	Representative of Director of Health
<b>Secretary</b>	
Mrs Brenda FUNG	Principal Assistant Secretary for Health, Welfare and Food
<b><u>In Attendance:</u></b>	
Ms Salina YAN	Deputy Secretary for Health, Welfare and Food
Mr Eugene FUNG	Principal Assistant Secretary for Health, Welfare and Food
Mrs Kathy NG	Assistant Director of Social Welfare
Mrs YUK KWOK Lai-sum	Chief Social Work Officer, Social Welfare Department
Mr LAM Ka-tai	Chief Social Work Officer, Social Welfare Department
Mrs CHANG LAM Sook-yee	Senior Social Work Officer, Social Welfare Department
Mrs KWOK LI Mung-ye, Helen	Senior Social Work Officer, Social Welfare Department
Dr CHAN Ching-nin, Clive	Senior Medical and Health Officer, Department of Health
Dr THAM May-ked	Senior Medical and Health Officer, Department of Health

Ms LOW Looi-Looi	Senior Research Scientist, Health, Welfare and Food Bureau
Mr HUEN Chi-wai, Freeman	Assistant Secretary for Health, Welfare and Food
Mr LAW Hok-yin, Anson	Assistant Secretary for Health, Welfare and Food
Mr WONG Chor-fung, David	Assistant Secretary for Health, Welfare and Food
Ms Rosaline WONG	Chief Executive Officer, Health, Welfare and Food Bureau
Ms CHAN Oi-fun, Rainbow	Senior Executive Officer, Health, Welfare and Food Bureau

**Absent with Apologies:**

Prof Iris CHI, BBS, JP  
 Secretary for Education and Manpower  
 Chief Executive, Hospital Authority

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**Personnel Changes**

The Chairman reported the following personnel changes: former Member Mr WAN Man-ye had left the Elderly Commission (EC) on 30 July 2004 upon expiry of his tenure; Mr Patrick NIP, former Deputy Secretary for Health, Welfare and Food, took up the post of Deputy Director, Beijing Office on 20 August 2004; and Dr E K YEOH, in the capacity of the Secretary for Health, Welfare and Food (SHWF), attended the EC meeting for

the last time. The Commission recorded a vote of thanks to Mr WAN, Dr YEOH and Mr NIP for their contribution to EC and also took the opportunity to welcome a new EC Member, Prof Jean WOO, the newly appointed DS(ES), Ms Salina YAN, and CEO(ES), Ms Rosaline WONG.

### **Congratulations**

2. The Commission congratulated Prof Iris CHI, who was awarded the Bronze Bauhinia Star in July 2004, Dr NG Yau-yung, who was appointed Justice of the Peace, and EC Chairman, the Hon TAM Yiu-chung, who was re-elected as Legislative Councillor.

### **Agenda Item 1: Confirmation of Minutes of the 38<sup>th</sup> Meeting**

3. The minutes of the last meeting were endorsed without amendments.

### **Agenda Item 2: Matters Arising**

4. The Chairman said as Members would discuss at length the two agenda items for the present meeting, the items on road safety for elders and supply of nurses arising from the last meeting would be discussed at the next meeting.

(Action: the Secretariat)

### **Agenda Item 3: Strategic Framework for Elderly Services**

(Discussion Paper No. EC/D/05-04)

5. Dr E K YEOH, SHWF, took Members through Discussion Paper 05-04 by way of a Powerpoint presentation. Dr YEOH said that in face of the challenges posed by an ageing population, coupled with our unique internal and external circumstances, HWFB commenced a round of consultation among the stakeholders and experts in April this year in a bid to enlist

their assistance in developing a strategic framework for social welfare policies. The framework would apply to various programmes under social welfare policies, which certainly included the elderly services. He invited inputs from Members and interested parties to fine-tune the strategic framework.

6. Members made the following comments:

- (a) With regard to ensuring financial security for the elderly, our focus should not be placed solely on the three-pillar model advocated by the World Bank. Personal decisions and personal retirement plans carried equal weight as well.
- (b) From a macro perspective, the international community shared the view that ageing population was a global challenge which must be dealt with through international collaboration and cross-sectoral efforts, in order to have consensus and workable solutions. At present, many international organisations sought to solve the problem in a common direction. On the other hand, local and non-public organisations pursued individual agendas and provided a great variety of services and support. As for the role of the government, most countries had not squared up to issues of ageing. In this respect, the Hong Kong Government had done quite a good job and provided a comprehensive scope of services. It was in a position to play a leading role in the region with regard to, for instance, the quality assurance system and long-term care.
- (c) Commend SHWF for his valuable contribution during his term of office, particularly in elderly services and enhancing the interface between the welfare and medical services. The Government should continue fine-tuning the relevant soft infrastructure.

- (d) It was difficult for the Government to shoulder the bill for the social welfare expenditure alone. A small government should be the correct approach to the problem. The strategic framework was appropriate, and when put into practice, the EC could take a leading role while the Government could co-ordinate and promote various services so that they would not become too segregated.
- (e) The public generally rely too heavily on residential care service. The Government should step up its publicity on existing community care and support services and provide the public, especially the middle class, with information on various types of services available. In addition, the Government should also ensure that its policy encourages elders to age at home.
- (f) The supply of nurses and training for them were far from adequate. To help relieve the shortage of nurses in residential care homes for the elderly (RCHEs), it was suggested that the Government should consider, on top of the health worker grade, creating a new grade and provide necessary training to them.
- (g) Appreciated that the Discussion Paper did not see the ageing population and elderly education in a negative light. It was hoped that the Government would regard the elders as valuable resources and make clear how it would promote elderly education in its blueprint for future development. Feasible options included converting vacant primary schools into elders' universities so as to utilise the existing resources more systematically, and exploring ways to involve retired professionals in the development of elderly education.

- (h) It was considered that the Government should enhance its publicity drive to inform the public of its substantial investment in elderly services. Members agreed that the Government should review its position in the delivery of elderly services to ascertain which part of the services should still be taken up by the Government and which part could be provided by other sectors.
- (i) As the Mandatory Provident Fund was only applicable to salary earners, the Government should provide retirement protection to non-salary earners including housewives.
- (j) Regarding health and long-term care, the private sector/private medical practitioners should be seen as an important partner and the cooperation between public and private practitioners should be enhanced. For example, the community geriatric assessment teams might refer more patients to private practitioners as appropriate where better cost-effectiveness could be achieved. Long-term care, on the other hand, should not only cover care-giving, but also preventive health care, such as the provision of medical assessment service to the middle-aged.
- (k) As for the financing options, consideration should be given to effecting a reform in due course to allow tripartite participation of individuals, the private and public sectors, which would ensure the sustainable development of the whole health care and long-term care system. The Government should also introduce well-defined policies to support the reform.
- (l) Cooperation among bureaux/departments should be enhanced. For example, in the case of education and barrier-free environment, relevant

bureaux/departments should be urged to complement their action plans with the elderly policies.

- (m) As regards the prevention of elderly suicide, it was reckoned that the resources invested by the Government did not commensurate with what had been achieved. The Government should carry out studies as to how to reach and help those who were most in need.
- (n) A Member affirmed that previous efforts of the Government and the Commission had helped drive down the elderly suicide rate. However, there was still room for improvement in areas like promoting the images and sense of self-esteem of elders, and the provision of tailor-made counselling.

7. In response, Dr YEOH said that elderly suicide was no different from other social problems such as domestic violence, which was attributable to the common risk factors such as the capability of individuals and their families as well as the adequacy of the social network. He pointed out that, according to the data available, most of the elders who committed suicide had previously received psychiatric treatment in clinics under the Hospital Authority (HA). He hoped to get hold of further data and study how to strengthen the follow-up services for these high-risk elders by pooling resources to help and support them. On the other hand, the Government would review the existing services and maintain communication with the social welfare sector and experts in relevant disciplines. The aim was to strengthen coordination and research efforts among interested parties in developing appropriate policies.

[Supplementary information from HA: HA had conducted recent studies on the subject. Only 15% of elders who committed suicide had previously received psychiatric treatment.



About 75-80% of elders did consult and receive treatment from a doctor (GP) about one month before suicide.]

8. Mr LAU Kai-hung, Deputy Director of Housing, informed the meeting that the Housing Department (HD) had all along been in support of the strategy on elderly services and would arrange housing for the elderly bearing in mind the objectives of achieving “a sense of belonging” and “a sense of security” among the elders. Regarding the housing design, HD had adopted the universal design concept and the average space per person for the newly occupied premises was 12 square metres. In terms of community care, HD had, for the sake of encouraging elders to rely less on residential care services, offered a wide range of options and concessionary measures, including the Senior Citizens Housing and Families with Elderly Persons Priority Schemes.

9. Some Members shared with the meeting the discussion on population ageing conducted in the 7<sup>th</sup> Global Conference held in Singapore by the International Federation on Ageing. Ms Salina YAN, the Deputy Secretary for Health, Welfare and Food added that HWFB and representatives of social welfare organisations had briefed the conference on the elderly policy and services of Hong Kong. A detailed report about the conference would be submitted to Members for information in due course.

(Action : HWFB)

10. The Chairman made the following conclusion:

- (a) Good achievements were seen in the cross-sectoral coordination of elderly services, particularly in respect of health and welfare, but the Government should continue to strengthen coordination among all parties concerned.

- (b) Other bureaux/departments' attention to the elderly policy was still inadequate. In this connection, the Commission would invite relevant bureau secretaries to attend EC meetings in turn. The aim was to bring home to them the importance of taking into account the element of population ageing in the process of policy formulation. HD's housing policy in general was in line with the elderly policy, but further fine-tuning was still required when it came to implementation.
  
- (c) Hong Kong provided quality medical and elderly services. Nevertheless, the ageing population had brought about new demand for related services. Given its stringent financial position, the Government was faced with the challenge of making the services sustainable. The Government should spare no effort in developing a financing system, which would involve tripartite participation of the Government, business sector and the public and be acceptable to the whole community, particularly the grass-roots.

(Action: HWFB)

11. Dr YEOH said that in terms of charging policy the most important thing was to channel resources reasonably to those most in need. In determining the level of service charges, we should consider three aspects:

- (a) affordability of the users;
  
- (b) services requiring full or partial payment by the users; and
  
- (c) establishment of a fee waiver mechanism.

Dr YEOH pointed out that DH might need to evolve from the role of direct service provider to that of an advisor and facilitator in future. HWFB would also explore the long-term care financing arrangements.

(Action: HWFB)

[Mr WONG Hong-yuen, Peter, Dr WU Wai-yung, Raymond, Mrs LAM PEI Yu-dja, Peggy and Mr LAU Kai-hung left the meeting when the Agenda Item was under discussion.]

#### **Agenda Item 4: Outbreak of Gastroenteritis in the Shui Oi Convalescent Home**

12. The Chairman explained that it was not a common practice for the Commission to discuss individual incidents, but for the outbreak of gastroenteritis in the Shui On Convalescent Home (the Home), which had aroused extensive concern, the Commission decided to look into the incident.

13. Mrs Agnes ALLCOCK, Acting DSW gave Members an account of the incident, the handling of the incident by SWD and the follow-up actions through a PowerPoint presentation.

14. In response to queries on the impact of the relocation exercise, the remedial actions, sanctions and the licensing system, Mrs Kathy NG, Assistant Director of Social Welfare, replied that a total of 31 elders had been relocated from the Home on 10 September 2004 to the Cheung Muk Tau Holiday Centre for the Elders, nearby RCHEs and hospitals. Elders staying at hospitals were followed up by medical social workers while others were each followed up by a social worker who filed daily progress reports to SWD. The reports indicated that the elders and their families were satisfied with the arrangement. As a long-term arrangement, the elders in need of subsidised residential services had been put on the Central Waiting List, and would be provided with emergency placement where possible.

SWD was seeking legal advice from the Department of Justice with a view to taking actions against the Home, which included ordering the Home to implement remedial measures to ensure that it had the necessary facilities to safeguard the well-being of the residents; revoking or suspending the licence; ordering cessation of use of the premises as a RCHE; and early termination or revising the agreement under the Enhanced Bought Place Scheme. SWD had also sought legal advice on various previous occasions to clarify its role in disputes over the ownership of RCHE premises under the Residential Care Homes (Elderly Persons) Ordinance. According to the legal advice, as the deed of mutual covenant was a private agreement, SWD, being the licensing authority, had no right to intervene. As regards this particular incident, SWD had sought the advice of the Department of Justice again to clarify its responsibility in the examination of the ownership of the premises under the Residential Care Homes (Elderly Persons) Ordinance and would review the practice as appropriate.

15. A Member raised the point that RCHE operators should not be granted a licence, unless they fulfilled various specific requirements, including having the ownership and the right of use of the premises in question, and meeting hygiene standards, etc. The Chairman pointed out that the requirement of having the ownership of the premises would place operators of small-scale homes in a less favourable position, and held that the right of use would suffice for the purpose.

16. A Member pointed out that the existing licensing system for RCHEs had laid down detailed operational requirements and RCHE operators had to observe them. He suggested that vigorous enforcement action be taken by SWD to prosecute irregularities, including the revocation of licences of those in breach of the requirements.

17. Mrs Kathy NG replied that SWD would continue to strengthen the software of RCHEs, such as to provide more training to RCHE staff, disseminate RCHE information to

the public, improve communication, and step up inspection of RCHEs which repeatedly breached the licensing conditions, and take prosecution actions as appropriate.

18. Dr CHAN Wai-man, Assistant Director of Health, said that regular visits were made by DH's visiting health teams to private RCHEs to enhance their quality. For example, the teams gave advice to RCHEs on the development and proper maintenance of personal health records for the elderly; provided training to the infection control officers that SWD has been recommended to ask each RCHE to appoint; and set up an information exchange mechanism with SWD. She expected that the implementation of the accreditation system for RCHEs would further raise the service quality of RCHEs in Hong Kong.

19. Ms Salina YAN remarked that HWFB would study carefully the investigation reports on the Shui Oi incident submitted by SWD and DH and make public the findings and proposed follow-up actions in due course.

(Action: HWFB)

[Dr LAM Ching-choi, Prof Jean WOO and Mr LAI Kam-cheung, Michael, left the meeting when the Agenda Item was under discussion.]

[Post-meeting Note: The Secretariat distributed to Members a press release captioned "Government will help elderly homes enhance infection control" issued by HWFB. SWD and DH's reports on the Shui Oi incident were accessible via the websites of HWFB (<http://www.hwfb.gov.hk>), SWD (<http://www.info.gov.hk/swd/>) and DH (<http://www.info.gov.hk/dh/>).]

#### **Agenda Item 5: Any Other Business**

20. Members did not raise other subjects for discussion.

**Date of Next Meeting**

21. The next EC meeting would be held on 29 November 2004 (Monday).

**Time of Adjournment**

22. The meeting was adjourned at 5:40 p.m.

Health, Welfare and Food Bureau

6 October 2004