

**33<sup>rd</sup> Meeting of the Elderly Commission**  
**Summary for Press Briefing**

The Elderly Commission (EC) held its 33<sup>rd</sup> meeting today (23 June 2003) with the following items on the agenda:

**(1) Operation of Residential Care Homes for the Elderly in Premises subject to Deed of Mutual Covenant**

The EC was briefed on the regulation of Residential Care Homes for the Elderly (RCHEs) operating in premises subject to Deed of Mutual Covenant (DMC), with particular reference to a recent High Court judgment in which the Incorporated Owners (IOs) of the building were granted an injunction restraining the operator from using the premises in the building as RCHE on the basis of a provision in its DMC :

- EC noted that as at 30 April 2003, there were 123 subvented RCHEs with 48 being located in purpose-built premises and 75 at public housing estates (PHEs) not subject to DMC. In addition, there were 575 private RCHEs with a total capacity of 45 000 and an enrolment of 31 000 elderly residents. Other than about 50 private RCHEs located in New Territories Exempted Houses, nine in low rise buildings with single owner, two in PHEs and another 16 in Government owned premises, it is believed that the majority of the remaining around 495 private RCHEs are located in commercial or residential buildings under co-ownership governed by DMC.
  
- In processing licence applications, the Licensing Office of Residential Care Homes for the Elderly under Social Welfare Department (SWD) assesses the applications against the requirements laid down in the Residential Care Homes (Elderly Persons) Ordinance (the Ordinance), its subsidiary regulations, and the Code of Practice regarding aspects like location, design, structure, safety measures, staffing, fire precautions, space and care standard. According to legal advice obtained by SWD, it is not proper for the licensing authority to use licensing power to enforce any provisions in a DMC, which is a private agreement that defines and regulates the rights, interests, entitlements, responsibilities and obligations among co-owners of the building, to which the Government is not a party. Despite this, SWD has issued clear and specific information and warnings to applicants about the requirement to comply with the lease conditions and DMC in the Code of Practice.

- SWD has sought legal advice subsequent to the recent court ruling, which reaffirms that enforcement of DMC is not among the objects of the Ordinance and that the Director of Social Welfare can maintain the existing policy of not taking into account the terms of DMC in considering whether to issue, renew, suspend or cancel RCHE licences.
  
- EC noted that the majority of private RCHEs set up in private developments maintain good communication and co-operation with other owners/residents and co-exist harmoniously with the IOs concerned (if any). Disputes between owners/residents and the RCHE operators resulting in lawsuits are the exception rather than the norm. Government departments concerned would continue to endeavor to mediate in such disputes to enable smooth operation of RCHEs in private buildings.
  
- EC was informed that in the event that a court order is made restraining the use of certain premises as RCHE on grounds that such use is in breach of the DMC of the building, SWD would closely monitor the situation and provide assistance to the elderly residents as necessary. As regards the RCHE affected by the recent court ruling, it is understood that the home operator is still considering to appeal against the court decision. The home operator has also indicated that contingency arrangements will be made to decant the elderly residents by either relocating the RCHE to nearby suitable premises or by transferring them to branch homes under mutual consent. If necessary, SWD will provide assistance to ensure alternative welfare arrangement for the affected elderly residents. As at 30 April 2003, there were 45 000 places in 575 private RCHEs with an average occupancy of about 70%. There is thus sufficient supply in the market to meet the care needs of elders affected.
  
- As a long term objective, the Government is of the view that RCHEs should preferably operate in purpose-built premises. In consultation with the EC, the Government has launched various initiatives to increase the supply of quality RCHE premises :
  - The Government will continue to build RCHE premises or to pay developers to build on the Government's behalf and on an entrustment basis;
  - The Governemnt has opened up Government supplied purpose-built RCHE premises at nominal rent for competitive bidding by both non-governmental organisations and the private sector. Since December 2001, five RCHEs have been contracted out with a total of 504 subsidized places and 213 non-subsidized places providing continuum of care up to nursing home level; and

- The Government is finalizing details of a premium concession scheme to encourage developers to incorporate purpose-built RCHE premises in their new private developments.
- However, private buildings will remain an important source of premises for private RCHEs. On the advice of the EC, Lands Department has since February 2001 expressly disallowed prohibition of RCHE in DMCs for new residential developments where commercial uses are normally permitted in the lowest three floors.

(2) **An Update on Support for Vulnerable Elders**

- The SWD briefed EC on recent developments in the provision of programmes / services supporting vulnerable elders in the prevention and tackling of elder suicide and elder abuse.
- According to the statistics provided by the Coroner's Court, in 2002, the number of elderly suicide deaths (aged 60 and above) was 241, which represents a drop of 11% as compared with 2001 (270).
- Currently there is no central registry to collect information on elder abuse cases. Under two three-year pilot projects on prevention and handling of elder abuse, two non-governmental organizations (NGOs) have handled a total of 161 elder abuse cases from April 2001 to April 2003.
- In order to reduce the vulnerability of elders to abuse and suicide, a variety of services e.g. educational and developmental programmes, outreaching to hard-to-reach elders, counselling for individual elders and their carers, and carer support service, etc. have been strengthened through the re-engineering of community services for elders, implementing the Opportunities for the Elderly Project on a regular basis and the continuous launching of the Healthy Ageing Campaign.
- The progress made by different special projects/programmes on elderly suicide and elder abuse includes:

(a) **Live Life – Joint Project on Prevention of Elderly Suicide**

This three-year project has been implemented by SWD, the Hong Kong Council of Social Service and the Hong Kong Psychogeriatric Association since mid 2001. A total of 46 district-based Community Education Programmes were conducted from March to December 2002 and 13 episodes

of radio programmes have been broadcast with the production of a CD for these programmes. Besides, from December 2001 to March 2003, 413 calls to the hotline have been handled, while 32 elders received intensive counselling from social service units 58 elders have attended for psycho-geriatric treatment at the Life Clinic under the three-tier Co-ordinated Model.

(b) Elderly Suicide Prevention Programme

This programme has been launched by the Hospital Authority (HA) since October 2002. Five Elderly Suicide Prevention Teams were set up at Castle Peak Hospital, Kwai Chung Hospital, Pamela Youde Nethersole Hospital, North District Hospital and Kowloon Hospital in 2002-03, and two more teams at Queen Mary Hospital and United Christian Hospital will be set up in 2003-04. In 2002-03, the fast-track clinics recorded a total of about 1 063 attendances.

(c) Pilot Projects on Prevention and Handling of Elder Abuse

Community education, volunteer training and direct services are provided under these two projects launched by the Haven of Hope Christian Service and Hong Kong Caritas since April 2001. Up to April 2003, 161 elder abuse cases have been handled, 511 community education programmes have been organized, over 36 sets of resource/training materials have been developed and 709 trained volunteers have participated in visiting services/programmes.

(d) Project on Elder Abuse Research and Protocol (EARP)

- The Hong Kong Christian Service (HKCS) has launched a two-year project since February 2002 to conduct research, develop a multi-professional protocol and an elder abuse registry on elder abuse.
- The research was conducted with the aims of devising a social definition of elder abuse, investigating the prevalence of elder abuse in Hong Kong and collecting data to identify the profile of known elder abuse cases. HKCS has recommended measures to combat elder abuse which include adopting a family approach, initiating multi-level and multi-disciplinary intervention, promoting community education and conducting further researches to enhance understanding of other related issues e.g. elder abuse in institution. HKCS is now refining the research report taking into account the views of concerned parties including the Working Group on Elder Abuse.
- A multi-professional protocol was developed, and a six-month pilot run has been conducted since end of January 2003 in Shamshuipo, Kwai Tsing and Tsuen Wan districts to ensure the applicability of the protocol.

The protocol will be further refined upon the completion of the pilot run.

- Action is underway to develop a computerized programme for the elder abuse registry - 'Central Information System on Elder Abuse Cases' to capture information on elder abuse cases. The whole system will be transferred to SWD for administration after being developed around end of 2003. The operation of the System is expected to start in 2004.
- EC also noted the contributions of other projects/programmes and the strengthened support for families in combating elderly suicide and elder abuse. Among them, the theme on elder abuse has been included in the publicity campaign entitled 'Strengthening Families and Combating Violence'. Apart from the production of publicity materials which have been displayed at the roadsides, public housing estates, market places, MTR stations, etc., a Television Announcement of Public Interest on elder abuse has been broadcast on television since 13 January 2003.
- Different training programmes have also been organized by SWD, HA and NGOs to equip the professionals and health care workers with relevant knowledge and skills in the prevention and handling of elderly suicide and elder abuse.

(3) **Central Waiting List for Long Term Care Services for the Elderly**

- The SWD updated EC on the implementation of the Standardized Care Need Assessment Mechanism for Elderly Services (SCNAM(ES)), and the progress made in establishing a central waiting list (CWL) for all subsidized long term care (LTC) services.
- EC noted that in the light of the positive implementation experience of SCNAM(ES), and as pledged in the 2001 Policy Address Booklet on Care for Elders, SWD is in the process of establishing a single entry point for applications for subsidized LTC services, i.e. a CWL. SWD has made good progress and plans to put the new system in place within the latter half of 2003.
- At present, applications for residential care services are centrally administered by SWD, whereas applications for different types of home and community care services are managed by different parties, including non-governmental organizations and SWD's SCNAM(ES) Offices. This situation is not satisfactory in particular from the point of view of elders who are required to approach different service units in order to apply and waitlist for different services. CWL aims to centralize applications for all subsidized LTC services under the umbrella of SWD.

- On implementation of CWL, elders will no longer need to go through multiple registration and assessment procedures, or to queue up for LTC services not suitable for their needs. Rather, they will apply to a single point and assessment will be conducted at the time of application. Those assessed to have care needs will be registered on CWL and provided with or waitlisted for the appropriate services as applicable. Elders assessed to have no care needs will be referred to other district-based support services as necessary.
- However, the new arrangements will not apply to applicants already on existing waiting lists for residential and community care services prior to implementation of CWL. Their applications will be automatically transferred to the new system. In line with current practice, these applications will undergo assessment when they are called for admission to the services which they waitlist for, and the appropriate services arranged in accordance with the assessment results.
- CWL will cover community care services including Integrated Home Care Services in respect of frail cases, enhanced home and community care services and day care centres for the elderly; and residential care services comprising homes for the aged (for applicants prior to 1 January 2003), care and attention homes and nursing homes.
- SWD will brief the relevant committees and frontline workers and service providers prior to implementation of CWL.

(4) **Work Relating to the Prevention of Spread of SARS for the Elderly**

- The Department of Health (DH) briefed EC on the the overall situation of Severe Acute Respiratory Syndrome (SARS) among elders and updates Members on the work by DH, HA and the SWD relating to the prevention of the spread of SARS among elders, in particular in RCHEs.
- EC noted that the Elderly Health Services (EHS) of DH have been delivering health talks on prevention of respiratory infections to elders and carers in both the community and residential care settings. As at 14 June, health talks for elders and carers covered 285 elderly service units in the community and 689 RCHEs, with over 52 600 attendances.
- EC also noted that various measures have been implemented in the community to prevent the spread of SARS among the elderly:

- SWD has helped the community to overcome the SARS crisis through its various service units, ranging from promoting environmental hygiene in the welfare service units to offering assistance to individuals and families directly affected by SARS. Elderly patients on discharge from hospitals are closely monitored by Medical Social Workers (MSWs) in terms of their social, emotional and financial needs.
- To address the concerns of elders about SARS, clinics under DH and HA allow relatives of elders to collect repeat prescriptions without requiring elders to attend medical follow-up.
- To prevent cross infection while serving elders in the community, HA reorganized its outreach services, including segregation of in-patient and outreach teams and enhanced support to community-based care.
- During the Easter holidays, a number of NGOs together with several government departments launched a territory-wide cleansing campaign. Volunteers were mobilized to help elders in need to carry out the cleansing work.
- DH issued a set of guidelines for use by staff of organizations and volunteers who may visit elders in their homes, which include health messages and SARS prevention measures tailor-made for the elders.
- In the light of an outbreak in the Lower Ngau Tau Kok Estate and noting that a large proportion of the residents in the Estate are elders living alone, SWD's Kwun Tong District Office together with the Housing Department and supported by NGOs serving elders in the district mounted a large scale outreaching programme to the elderly residents reminding them to take the necessary precautionary measures.
- As at end of May, some 35 000 outreaching visits were made to 60 000 elders by 3 000 staff from SWD and NGOs as well as 7 500 volunteers.
- Community support in the form of donation of face masks and cleansing materials, as well as cash were distributed in the districts to address the needs of elderly vulnerable group.
- With the support of SWD, the Hong Kong Jockey Club Charities Trust allocated \$20 million as special grants to be disbursed to day service units and home-based services to provide extra resources for welfare agencies to implement preventive measures to prevent the spread of SARS. By early June, a total of \$17.1 million was disbursed to some 1 150 service units in 148 NGOs including 418 community support services units for elders.
- Under Operation CARE, a total of 42 NGOs or local organizations are commissioned to help create 4 500 jobs in household cleansing and repair services for three months from June for elders living alone and vulnerable groups. We expect over 100 000 elders and vulnerable families will benefit from this package.

- Family Support Networking Team of SWD will continue reaching out to the elders, assessing their needs and referring them to the appropriate community support services.
- EC further noted the preventive measures adopted in RCHEs:
  - Guidelines on prevention of spread of SARS and infection control measures were issued to all RCHEs and briefings held for RCHE operators.
  - The Licensing Office of Residential Care for the Elderly (LORCHE) of SWD has been monitoring the situation of RCHEs vigilantly to ensure compliance with the guidelines. SWD also completed a round of concern visits to some 730 RCHEs in April, during which educational pamphlets and gift packs of protective materials, including 90 000 gloves, 90 000 clinical masks and 1 600 bottles each of bleach and liquid soap were distributed to all RCHEs. After the concern visits, SWD also acquired ear thermometers, face shields, goggles, anti-microbial hand rinse, and other protective gears for distribution to all RCHEs.
  - In view of their physical and staffing constraints, priority has been put on private RCHEs for health education and training of carers by the Visiting Health Teams (VHTs) of DH. In addition to issuing written guidelines to all RCHEs on home isolation measures where necessary, the EHS under DH has conducted medical surveillance and provided health advice on infection control for RCHEs with suspected or confirmed SARS cases. LORCHE of SWD has also been liaising closely with DH on these cases. On-site visits are conducted and ongoing support, advice and psychological counseling are provided as necessary by both DH and SWD during the medical surveillance period.
  - To reduce hospital admission by RCHE residents, HA has strengthened coverage of its Community Geriatric Assessment Teams (CGATs) to RCHEs through collaboration with general practitioners in the private sector. As at 2 June, with the support of the Hong Kong Medical Association, 100 private general practitioners were appointed as honorary Visiting Medical Officers to pay regular visits to RCHEs in order to reduce hospital admissions.
  - To prevent cross infection, SWD requires RCHEs make ‘cohorting’ arrangements for residents discharged from hospitals. For those RCHEs with difficulty in implementing isolation measures, the MSWs would work out alternative placements in consultation with the relatives. For instance, for hospitalized elders from private homes with poor isolation facilities, HA would make necessary arrangements to enable the elders concerned to stay in hospitals for a longer period before discharge.



- Looking ahead, DH, HA and SWD will continue to work closely together aiming in particular at elders at risk in both the residential and community settings. The measures include –
  - Through the enhanced coverage of CGAT to RCHEs, HA will continue with its efforts to work closely with the RCHEs to avoid inappropriate hospitalization, and thereby reducing the risk of exposure to the disease.
  - DH/HA/SWD will strengthen their liaison with the operators of RCHEs with hospitalized cases with a view to providing the elders concerned with holistic and appropriate care.
  - DH and SWD will continue with their general support to RCHEs to protect both residents and staff, which include updating guidelines on environmental hygiene and good practice in infection control, rendering advice on contingency arrangements in case RCHEs have an infected case, and providing other types of support including protective materials where necessary.
  - DH and SWD will continue with their supportive measures for elders and their families, and for staff serving elders, in the community, in particular to provide assistance to those vulnerable elders with adverse social circumstances. HA will also continue to enhance its community care services to reduce hospital attendances of elders.