

Elderly Commission
Minutes of the 60th Meeting

Room 2005, 20/F, Murray Building, Garden Road, Central

2:30 p.m., 23 October 2009 (Friday)

Present:

Chairman

Dr the Honourable LEONG Che-hung, GBS, JP

Members

Prof CHAN Cheung-ming, Alfred, BBS, JP

Mr CHAN Chi-yuk, Kenneth

Prof CHIU Fung-kum, Helen

Rev LAU Wai-ling, Dorothy, BBS, JP

Mr MA Chan-hang, Leo

Dr YAM Yin-chun, Loretta, BBS

Dr WONG Yee-him, John

Ms FUNG Yuk-kuen, Sylvia

Dr CHENG Kam-chung, JP

Dr CHEUNG Moon-wah

Mr MA Ching-hang, Patrick, BBS

Mr MA Kam-wah, Timothy

Mr YAU How-boa, Stephen, BBS, JP

Ms LEE Suk-yee, Sandra, JP

Permanent Secretary for Food and Health

Mr TANG Kwok-wai, Paul, JP

Permanent Secretary for Labour and Welfare

Mr NIP Tak-kuen, Patrick, JP

Director of Social Welfare

Mr LIU King-leung

Representative of Secretary for Transport and Housing/Director of Housing

Dr CHAN Wai-man, JP

Representative of Director of Health

Dr Daisy DAI

Representative of Chief Executive of
Hospital Authority

In Attendance:

Ms YOUNG Bick-kwan, Irene

Deputy Secretary for Labour and Welfare

Ms HO Siu-ping, Betty

Principal Assistant Secretary for Labour
and Welfare

Mrs Kathy NG, JP

Assistant Director
Social Welfare Department

Mr NGAN Man-por

Chief Social Work Officer
Social Welfare Department

Miss Sheila KONG

Chief Social Work Officer
Social Welfare Department

Ms YAN Yuen-mei, May

Chief Social Work Officer
Social Welfare Department

Ms CHAN Sau-ming

Senior Social Work Officer
Social Welfare Department

Ms LEUNG Mei-wah

Senior Social Work Officer
Social Welfare Department

Miss CHEUNG Yun-ping, Mary

Senior Social Work Officer
Social Welfare Department

Ms KWAN Shuk-ye, Nancy

Senior Social Work Officer
Social Welfare Department

Mr YAM Mun-ho

Senior Social Work Officer
Social Welfare Department

Ms KWAN Yuen-yuk, Rosemary

Senior Social Work Officer
Social Welfare Department

Ms SHUM Yan-yan, Connie

Senior Social Work Officer (Acting)
Social Welfare Department

Mr HA Kwok-fung, Bryan

Assistant Secretary for Labour and Welfare

Miss LEE Wing-tung, Jessica

Assistant Secretary for Labour and Welfare

Mr LO Chun-hang, Simpson

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

Absent with Apologies:

Prof Jean WOO

Mr CHAN Han-pan

Dr CHAN Hon-wai, Felix

Dr CHONG Ming-lin, Alice

Mr WU Moon-hoi, Marco, SBS

Secretary

Mrs CHAN CHOY Bo-chun, Polly

Principal Assistant Secretary for Labour
and Welfare

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Dr LEONG Che-hung, the Chairman, welcomed Members to the meeting.

Agenda Item 1: Confirmation of the Minutes of the 59th Meeting

2. Based on some Members' suggestions, the Secretariat had made amendments to the draft minutes of the last meeting and re-distributed the amended minutes to Members for consideration on 22 October. As Members had not proposed any further amendments at this meeting, the minutes of the last meeting were endorsed.

Agenda Item 2: Matters Arising

Paragraph 11 of the Minutes of the 59th Meeting

3. Ms Sandra LEE, Permanent Secretary for Food and Health, thanked Members for their assistance in promoting the Vaccination Programme 2009-2010, which had been

launched on 19 October. Private doctors were now enrolling in the “Elderly Vaccination Subsidy Scheme”, and the Department of Health (DH) was liaising with Visiting Medical Practitioners to provide vaccination for elders living in residential care homes for the elderly (RCHEs). As for the human swine influenza (HSI) vaccines, procurement was underway. The Bureau expected to report to Members on the progress of the HSI vaccination programme at the next meeting.

Paragraph 25 of the Minutes of the 59th Meeting

4. The Chairman proposed to set up a task force to discuss how to enhance support for demented elders, including how to identify such elders at an early stage so that appropriate treatment could be provided to help delay and alleviate their deterioration, and how to enhance other support services, etc.

Paragraph 41 of the Minutes of the 59th Meeting

5. The Chairman was pleased to note the series of new initiatives on elderly services in the Chief Executive’s 2009-10 Policy Address. A detailed briefing would be given by the Labour and Welfare Bureau (LWB) under the next agenda item.

Paragraph 44 of the Minutes of the 59th Meeting

6. The Chairman informed Members that the views expressed at the last meeting on the Consultation Paper of the Hong Kong Law Reform Commission (LRC) – Enduring Powers of Attorney: Personal Care had been consolidated by the Secretariat and submitted to LRC.

[Post-meeting note: The reply letter to the LRC had been distributed to Members for reference by e-mail on 8 October.]

Agenda Item 3: Briefing on the 2009-10 Policy Address

7. Ms YOUNG Bick-kwan, Irene, Deputy Secretary for Labour and Welfare, briefed Members on the initiatives relating to elderly care in the 2009-10 Policy Address with the aid of a powerpoint presentation. Ms YOUNG pointed out that the Government's elderly care policy was premised on the four basic principles of "encouraging ageing in place", "providing continuum of care", "allocating resources to elders most in need" and "promoting active ageing". This year's Policy Address proposed a number of new initiatives to support elders who aged in place and their carers. These included examining ways to improve home care services for the elderly through a more flexible mode of service delivery, providing additional subsidised day care places and extending the District-based Scheme on Carer Training. Regarding residential care services, the Policy Address proposed to accelerate the provision of subsidised Nursing Home (NH) places and places with continuum of care through a novel approach, and to continue with the development of new contract homes. In addition, the Government planned to launch a pilot scheme to provide RCHEs with visiting pharmacist services. As for the promotion of active ageing, the Government had allocated \$10 million for establishing the Elder Academy Development Foundation and would set up a committee to process funding applications and develop strategies and measures for the sustainable development of the Elder Academy Scheme. Besides, the Government would also subsidise a non-governmental organisation (NGO) to develop a dedicated portal for the elderly, so as to provide one-stop information on elderly services.

8. Ms YOUNG said that apart from the new initiatives, the Policy Agenda also covered a number of ongoing initiatives, namely, upgrading subvented residential care places to provide long-term care for elders, enhancing support for singleton and hidden elders, providing integrated support to elderly hospital discharges, improving elders' home conditions and training additional enrolled nurses for the welfare sector.

9. Ms Sandra LEE then briefed Members on the initiatives in respect of health care matters as set out in the Policy Address. Ms LEE said that the Government was actively promoting primary care services, including the establishment of a “Primary Care Directory”, and the development of conceptual models and clinical protocols for reference and implementation by different healthcare sectors with a view to enhancing preventive care services. The Government also planned to develop clinical protocols for more common chronic diseases (such as diabetes mellitus and hypertension), and provide subsidies for patients of such diseases so that they could choose to use private healthcare services in order to free up resources in the public medical sector for those in genuine need. The Government would also actively promote the development of “Community Health Centres” where a team of healthcare professionals comprising doctors, nurses, physiotherapists and dietitians, etc. would provide comprehensive primary care services for patients (particularly elders). The Government was identifying partners for launching pilot schemes in the districts in due course.

10. Ms LEE said that the Government was also conducting a comprehensive review on the regulation of pharmaceutical products to improve the whole process from the manufacturing of medicines to medication. It was expected that the review report would be completed by end of this year.

11. The Chairman and Members raised the following questions and views on the initiatives in respect of health care matters:

- (a) What was the difference between the scheme to provide subsidies for chronic patients to encourage them to use private healthcare services and the “Elderly Health Care Voucher Scheme”?

- (b) The existing elderly health centres operated by the DH in the 18 districts were very popular, with demand outstripping supply. Could the proposed “Community Health Centres” help address such demand?
- (c) In view of the heavy demand for the 18 elderly health centres, could more resources be allocated to expand this aspect of the services?
- (d) Would the review on pharmaceutical products cover drug handling in RCHEs?
- (e) In view of the shortage of healthcare professionals in recent years, particularly the paramedical personnel in the welfare sector such as physiotherapists and occupational therapists, what was the Government’s strategy to resolve this problem?
- (f) What would be the specific mode of operation of the “Community Health Centres”? Would they be healthcare- or welfare-oriented ?
- (g) Many chronic illnesses would cause pain which involved many psychological factors. Would the “Community Health Centres” also provide services such as clinical psychological treatment and stress management, etc.?

12. Responses from Ms LEE were as follows:

- (a) The “Elderly Health Care Voucher Scheme” and the scheme to provide subsidies for chronic patients (including elders and other patients) were two different schemes. An elder who was also a chronic patient could receive subsidies separately under the two schemes.

- (b) The existing elderly health centres operated by the DH mainly provided preventive nursing service, whereas the proposed “Community Health Centres” would provide support services apart from doctor consultation for chronic patients, such as physiotherapy, occupational therapy, dietetic service and pain management, etc. Besides, the proposed centres would complement with the “Patient Empowerment Programme” to help patients ease their symptoms through adjustments in daily life. All patients, whether attending public or private hospitals, could obtain such support.
- (c) The Government had no plan yet to significantly expand the services of the elderly health centres, but hoped that the “Elderly Health Care Voucher Scheme” could effectively encourage some of the elders to use private healthcare services.
- (d) The review on pharmaceutical products covered the whole process of medicine regulation in Hong Kong, from the importation or local manufacturing, distribution to procurement and supply of medicines in the public and private healthcare systems. However, drug handling in RCHEs was not covered. The Government was planning to tighten the process of medicine regulation, including imposing strict requirements on clear procurement records to avoid errors during the medicine delivery process on the one hand, and facilitate the tracking of sources and early recall of medicines when problems arose on the other so as to ensure the safety of patients.
- (e) The Food and Health Bureau reviewed the supply and demand of healthcare professionals at regular intervals to estimate the need to increase training

places for healthcare workers. The data and proposal would then be submitted to the University Grants Committee through the Education Bureau for consideration. The Government would offer four sites for development of private hospital for public auction in due course. It was expected that this would cause a significant increase in demand for healthcare workers. In this connection, the Bureau was also prepared to re-estimate the supply and demand of healthcare workers in due course.

- (f) As the concept of “Community Health Centre” was developed from the perspective of healthcare rather than welfare, the scheme was healthcare-oriented, but the participation of social welfare service units was also welcomed. This scheme mainly aimed at encouraging patients to pay attention to their health, take care of themselves and make greater use of primary care services so as to reduce the need for hospital admissions.

- (g) The Government was identifying service partners for setting up “Community Health Centres”. It was anticipated that clinical psychologist and stress management services might not be covered in the short run. However, the Government adopted an open attitude with regard to the categories of service partners. Besides, given the possible difficulties in allocating land for constructing a single building, the Government had come up with the idea of a “virtual” “Community Health Centre” model, i.e. to identify welfare organisations in the districts to jointly establish “Community Health Centres”, and liaise with local doctors and healthcare providers through the internet to establish a district healthcare service network for providing services to local patients.

13. The Chairman thanked Ms Lee for her briefing. While noting that the Bureau had no fixed plan on the implementation of the “Community Health Centre” scheme, he said that the views raised by Members would contribute to the development of the scheme.

14. On elderly care policy, the Chairman first of all encouraged Members to attend the “Launching Ceremony of the Elder Academy Development Foundation cum 2009-10 Elder Academy Commencement Ceremony” to be held at Loke Yew Hall of The University of Hong Kong on 2 November. Besides, he said that while many new initiatives proposed in the Policy Address were related to residential care services, community care services were also important in achieving the Government’s policy objective of ageing in place, which was also the direction advocated by this Commission.

15. Regarding the part on elderly care policy in the Policy Address, the Chairman and Members raised the following questions and views:

- (a) The Policy Address mentioned about increasing the proportion of NH places in the existing subsidised contract RCHEs. Did it mean that the number of care-and-attention (C&A) places in those RCHEs would be reduced correspondingly? Besides, how would the manpower demand arising from the increase in NH places be met?
- (b) Some elders switched from waiting for C&A places to NH places as their physical conditions deteriorated while waiting. In that case, would they be placed at the end of the queue? If yes, could their waiting time for C&A places be taken into account to shorten their waiting time for NH places?
- (c) The Policy Address proposed to develop the six industries and make available sites for private hospital development. Could these sites provide areas for

building RCHEs? Also, could the development of RCHEs in vacant industrial buildings be studied?

- (d) It was suggested that sites be reserved for RCHEs in future public housing development projects.
- (e) Had the Government considered buying vacant residential care places from self-financing RCHEs in the Pearl River Delta region?
- (f) In view of the different designs of C&A homes and NHs, why did the Government not build NHs directly instead of converting C&A homes into NHs?
- (g) Did the Government have any long-term planning and targets regarding the supply of and waiting time for RCHE places?
- (h) While enhancing residential and community care services, we should also strengthen the training of concerned staff as a complimentary measure. It was suggested that reference be drawn from overseas experience to re-examine the job areas of staff at different levels and provide them with appropriate training to enable them to take up a wider variety of duties, with a view to alleviating the manpower shortage.
- (i) It was suggested that the existing restriction on the enrolment rates of subvented RCHEs as set out in the “Funding and Service Agreements” be relaxed to allow over-enrolment of elders who had passed the assessment and were ready to be admitted to RCHEs, so that admission could be arranged for them as soon as the vacant places became available. This would also help shorten the unoccupied period of such places.

- (j) It was suggested that resources be allocated by the Government to procure industrial buildings proximate to residential areas for use by welfare organisations/social enterprises to provide community care and other services. Besides, vacant school premises could also be allocated to welfare organisations for developing services or as “Community Health Centres”.
- (k) It was suggested that support for demented elders and their carers be enhanced, and the existing supplement to NGOs for providing special services to demented elders be incorporated into the subsidies for mainstream service. It was also suggested that an independent study be conducted on the support for demented elders and their carers, as well as the support required by elders for “ageing in place”, and to examine the suitability of existing services and the direction of service development in future.
- (l) It was suggested that additional resources be allocated to upgrade the facilities of elderly centres, so as to keep them modernised and better suit elders’ needs.
- (m) It was learnt that the Tung Wah Group of Hospitals (TWGHs) had commissioned The University of Hong Kong to conduct a study on home care for demented elders. The Government might invite TWGHs to share the findings of their study in future.
- (n) It was recognised that while the provision of visiting pharmacist services for RCHEs could improve the flow of drug handling, the drug management systems of RCHEs were equally important. It was therefore suggested that visiting pharmacist services should also include helping the RCHEs upgrade their drug management systems so as to reduce the chances of errors.

- (o) Apart from the above comments, a Member, who was absent with apologies, had submitted written comments before the meeting. The comments were extracted as follows:

Many of the old public housing estates built some 30 to 40 years ago were not designed to cater for the current needs of elders. It was proposed that these old public housing blocks be turned into quality RCHEs through adaptive re-use and refurbishment of existing structures or partial redevelopment. The provision of RCHEs within public housing estates would enable the residents to maintain their community linkage, and was in line with the Government's policy objective of promoting 'ageing in place'. Besides, the Government so far had done little in providing housing schemes for middle-class elders, and the housing projects launched recently by the Hong Kong Housing Society for these elders were not sufficient to meet the demand. Members were suggested to refer to the study report on Housing for the Elderly commissioned by the Bauhinia Foundation Research Centre to understand the demand of middle-class elders for housing and related services.

16. Government representatives thanked the Chairman and Members for their views. Their responses were consolidated as follow:

- (a) Ms YOUNG Bick-kwan, Irene said that in view of the considerable demand for NH places, the Policy Address highlighted that resources would be targeted at increasing the supply of such places. However, the supply of residential care places not only hinged on the Government's provision of resources, but also involved land supply, as well as factors such as whether self-financing RCHEs could provide places to meet the demand. As regards

C&A places, five new contract homes would be built in the next three years. Sites had also been reserved in some land development projects for constructing RCHEs. Besides, the Government would, if necessary, continue to increase the supply of subsidised residential care places through the Enhanced Bought Place Scheme. The Government would make appropriate resource allocation in next year's Budget, and the exact number of additional places to be provided could only be confirmed by then. Apart from the direct provision of subsidised places, the Government also provided subsidy, through other means, for elders to use elderly services. Some elders also used their Comprehensive Social Security Assistance payment to cover the fees for residing in private RCHEs.

- (b) Mr TANG Kwok-wai, Paul, Permanent Secretary for Labour and Welfare, added that hostels for elderly were built in the past for elders in good physical conditions. However, since such hostels were no longer provided, the operators had to redeploy their resources to take care of elders with long-term care (LTC) needs. Therefore, places without LTC element had to be converted into places providing C&A and NH level of care (i.e. continuum of care). In fact, both C&A and NH places were provided in newly built contract homes. As to whether the waiting time could be shortened, it depended on a number of factors, including the number of elders on the waiting list, and the number of elders who had passed the assessment on physical conditions and were confirmed to have LTC needs, etc.
- (c) Mrs Kathy NG, Assistant Director of the Social Welfare Department (SWD), explained that SWD had been conducting assessments on the physical conditions of elders applying for RCHEs to ascertain their LTC needs.

Based on the date that an elder was confirmed to have LTC need, he/she would be arranged to wait for subsidised C&A and NH place. Elders having to switch from waiting for C&A places to NH places due to health deterioration would not be placed at the end of the NH queue. However, as the waiting time for NH places was generally longer than that of C&A places, these elders might have to wait for some time before they could be admitted to NHs. Besides, while the admission rate of subsidised RCHEs was set at 95% under the existing requirements, the actual admission rate had generally reached 97% to 98%. SWD had arranged a standby waiting list for RCHEs, so that interview appointments could be made with elders on the standby list as soon as a vacant place came up. However, as it took time to make appointments with elders and arrange body checks for them, there would inevitably be a small number of temporary vacant places. Nevertheless, RCHEs could make use of such places to provide respite services for needy elders in the community.

- (d) Ms Sandra LEE said that the Government would, by end of this year, openly invite expression of interest from the market to develop private hospitals at the four reserved sites. The Government would require the service of these private hospitals to reach a certain level, but would not rule out the provision of residential care services in hospitals on top of medical services.
- (e) Mr TANG said that currently if developers set aside parts of their domestic/commercial buildings for RCHE purposes, the concerned areas would be exempted from the payment of land premium. However, if RCHEs were situated in industrial buildings, issues such as fire safety, the overall layout of the building, and whether the living environment was

desirable should be considered. As for a Member's proposal to purchase vacant places from RCHEs outside Hong Kong, this would involve other complicated issues such as the licensing and regulation of concerned RCHEs, standard of facilities, supporting medical facilities, transportation arrangements and elders' wishes, etc. The Government did not consider that it was opportune to implement such proposal at present, but would not rule out its feasibility in the long run.

- (f) Mr TANG continued to point out that the Government encouraged owners of vacant industrial buildings to alter the usage of their buildings so as to maximise the potential of these buildings. However, the Government had no plan to use public resources to procure industrial buildings for the provision of community care services. The EC could first identify community care services which needed to be expanded, and further consider the proposal when suitable industrial buildings were identified for the provision of such services in future. On the other hand, SWD was discussing with EDB to convert some vacant school premises for social welfare purposes. However, the number of vacant school premises was limited, and there was a great demand for these premises among various government departments. Mr LIU King Leung of the Housing Department also said that the Housing Authority had a total of eight industrial buildings, of which one had recently been returned to the Government pending demolition, another one had been included in the demolition plan, and the other six were having a very high occupancy rate (over 95% on average). Given the frequent industrial activities in these industrial buildings, the environment might not be suitable for social welfare uses.

- (g) In response to a Member's views on the scheme of visiting pharmacist services, Mr Paul TANG advised that one of the objectives of the scheme was to help RCHEs upgrade their drug management system.

17. In conclusion, the Chairman hoped that the Working Group on LTC Model would commission a study on how to enhance home care support services for the elderly, and submit to this Commission the consultant's study report on residential care services for the elderly.

Agenda Item 4: Any other business

18. A Member reported that the Hospital Authority (HA) had implemented a pilot scheme in the Hong Kong East Cluster to provide telephone follow-up service for frail elderly dischargees, so as to reduce the risks of hospital re-admission. HA had extended the scheme to cover the Kowloon Central Cluster and the New Territories East Cluster, and would extend the service to all districts by the end of March 2010. It was hoped that the scheme could complement the Integrated Discharge Support Trial Programme for Elderly Patients (the Programme) to minimise hospital re-admissions of elderly dischargees.

19. The Secretariat had made arrangement for Members to visit the pilot project in Tuen Mun under the Programme on 4 November. The Chairman appealed to Members to join the visit.

Date of Next Meeting

20. The next EC meeting was tentatively scheduled for 10 December 2009.

Time of Adjournment

21. The meeting was adjourned at 4:15 p.m.

November 2009