

Elderly Commission
Minutes of the 62nd Meeting

Room 118, 1/F., East Wing, CGO, Lower Albert Road, Central
9:30 a.m. , 4 March 2010 (Thursday)

Present:

Chairman

Dr the Honourable LEONG Che-hung, GBS, JP

Members

Prof CHAN Cheung-ming, Alfred, BBS, JP

Mr CHAN Chi-yuk, Kenneth

Mr CHAN Han-pan

Dr CHAN Hon-wai, Felix

Dr CHEUNG Moon-wah

Dr CHONG Ming-lin, Alice

Ms FUNG Yuk-kuen, Sylvia

Rev LAU Wai-ling, Dorothy, BBS, JP

Mr MA Chan-hang, Leo

Mr MA Ching-hang, Patrick, BBS

Mr MA Kam-wah, Timothy

Dr WONG Yee-him, John

Mr WU Moon-hoi, Marco, SBS

Dr YAM Yin-chun, Loretta, BBS

Mr YAU How-boa, Stephen, BBS, JP

Ms LEE Suk-yea, 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 LEE Kwok-wing, Albert, JP Representative of Secretary for Transport and Housing/Director of Housing

Dr CHAN Wai-man, JP Representative of Director of Health

In attendance:

Mr LUK Kar-kin, Bruno	Principal Assistant Secretary for Food and Health	}	Agenda Item 4
Miss YU Pui-chi, Theresa	Assistant Secretary for Food and Health		
Ms LEUNG Yee-mei, Maggie	Executive Director, The Hong Kong Society for the Aged	}	Agenda Item 5
Mr WONG Chi-kit, Schwinger	Project Manager, The Hong Kong Society for the Aged		
Mr WONG Chi-kwong, Tony	Chief Systems Manager (Digital Inclusion), Office of the Government Chief Information Officer		

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 TANG Lai-fan	Senior 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
Ms KWAN Yuen-yuk, Rosemary	Senior Social Work Officer Social Welfare Department
Dr NG Ping-sum, Sammy	Senior Medical and Health Officer Department of Health
Mr HA Kwok-fung, Bryan	Assistant Secretary for Labour and Welfare
Miss LEE Wing-tung, Jessica	Assistant Secretary for Labour and Welfare
Miss LAM Chin-kiu, Crystal	Assistant Secretary for Labour and Welfare

influenza vaccination. Among them, 12 254 people were elders living in residential care homes for the elderly (RCHEs). As advised by experts, the second peak of the pandemic was yet to come. The Administration would stay vigilant and adopt contingency measures when necessary.

Paragraph 36 of the minutes of the 61st meeting

4. Ms HO Siu-ping, Betty, Principal Assistant Secretary for Labour and Welfare, said that 11 Members had indicated interest in joining the overseas visit to Australia during the period from 27 April to 1 May. According to the latest plan, the delegation would visit local agencies engaged in different areas of work, such as residential and community care for the elderly, accreditation for RCHEs and promotion of active ageing. The Bureau was liaising with the relevant agencies. The Secretariat would provide a detailed visit itinerary and other relevant information to Members in due course.

Agenda Item 3: Briefing on relevant initiatives in the 2010-11 Budget

5. Ms YOUNG Bick-kwan, Irene, Deputy Secretary for Labour and Welfare, briefed Members on elderly-related initiatives in the 2010-11 Budget with the aid of a powerpoint presentation. She also drew Members' attention to paragraphs 138 and 139 of the Budget which mentioned the Elderly Commission's (EC) work on elderly care.

6. The Chairman was pleased to note that the supporting measures for the elderly contained in the Budget were those advocated by the EC all along. Apart from some one-off relief measures, the Budget had also proposed long-term measures such as the home care pilot scheme for frail elders, which was in line with the objective of "ageing in place" as promoted by the EC.

7. The Chairman said that the Labour and Welfare Bureau (LWB) had undertaken to allocate resources to commission a consultancy study on community care services for the elderly as proposed at the last meeting. He suggested that a steering committee be set up under the Commission to oversee the study. Members were welcome to participate in this committee. Furthermore, the Chairman said that the EC, the consultant of the Study on Residential Care Services for the Elderly and the representatives of LWB had briefed the LegCo Panel on Welfare Services on the report of the Study and listened to views from deputations at its meetings in January and February this year respectively.

8. Members put forward the following questions and views on the elderly-related measures in the Budget:

- (a) The Administration had mentioned that an additional recurrent expenditure of \$93 million would be allocated to provide about 740 additional subsidised nursing home (NH) places through purchasing vacant places from self-financing homes, etc. However, there were at present only a total of about 3 000 NH places in the territory and the occupancy rate was very high. Had the Social Welfare Department (SWD) assessed the current vacancy rate of NH places and examined how to ensure that sufficient NH places could be purchased from the market in the new financial year?
- (b) There was a substantial disparity between the supply of NH places and that of Care and Attention (C&A) places, with the former accounting for about 4% and the latter about 96%. Had the Government studied the cause of such difference and examined ways to increase the supply of NH places?
- (c) Members were pleased to note that the Government had taken forward the pilot scheme to provide home care services for frail elders waiting for NH

places. At present, many elders on the Central Waiting List for Long Term Care Services were assessed to have a “dual option” (i.e. they could choose to receive residential or community care services), and were waiting for admission to RCHEs. Why did the Administration not target the pilot scheme at those elders with a “dual option” so as to enable them to age in place rather than living in RCHEs?

- (d) In rolling out the home care services, the Administration should pay attention to the training, supply and coordination of the manpower required (e.g. professionals such as occupational therapists, physiotherapists, nurses).
- (e) It was suggested that consideration be given to cover under the home care pilot scheme frail elders who were in unstable health conditions and required frequent hospitalisation but were not waiting for NH places.
- (f) It was suggested that a mechanism be set up to inform healthcare staff in hospitals of their elderly patients who were waiting for NH places, so that they could to introduce the new home care services to these elders.
- (g) Members agreed that the capability of RCHEs in drug management should be enhanced, and suggested that the Community Geriatric Assessment Team of the Hospital Authority (HA) should co-operate with pharmacists in hospitals to render support to RCHEs.
- (h) It was suggested that domestic helpers, who played an important role in elderly care, be included as targets of carer training.
- (i) It was suggested that a review mechanism be developed for the home care pilot scheme.

- (j) Noting that only 70% of the RCHEs were currently covered by visiting medical service, it was suggested that the coverage of the service be extended to all RCHEs.

9. In response, the Chairman said that the recommendations on how to enhance community care services would be studied by the consultant team and further discussed by the EC after completion of the study. As for manpower resources required for home care services, the Chairman hoped that retirees could be trained at district level to support the relevant services. In this regard, Prof CHAN Cheung-ming, Alfred, the Vice-Chairman, pointed out that retirees could help take care of elders ageing in the community under the guidance of professionals. The District-based Scheme on Carer Training mentioned in the Budget was also moving in this direction. Besides, The Open University of Hong Kong would launch a training programme for enrolled nurses. The training programme had passed internal academic accreditation and was expected to commence in September this year to train 100 enrolled nurses to assist in the provision of community care services. The Chairman thanked Mr CHAN Chi-yuk, Kenneth, for his assistance in offering placements in private RCHEs for trainees under the programme.

10. The LWB and the SWD noted EC's views and responded as follows:

- (a) In view of the strong demand for NH places from elders, the Administration's strategy was to focus its efforts on increasing the provision of such places. Of the 740 additional subsidised NH places, about half were provided through increasing the proportion of NH places in existing contract RCHEs (i.e. from the current level of 50% on average to 90%), and the other 380 additional NH places would be vacant places to be purchased from self-financing NHs and RCHEs. The SWD had exchanged views with some non-governmental

organisations (NGOs) operating self-financing NHs and RCHEs on the plan to purchase NH places, and they all indicated support. As such, the SWD would purchase NH places in phases according to the supply of such places in the market.

- (b) The home care pilot scheme targeted at elders living at home and waiting for NH places. Under the pilot scheme, appropriate and effective support would be provided for elders in accordance with the user-based principle. An interim review would be conducted for the pilot scheme and a final evaluation would be done after the completion of the scheme.

11. Ms Sandra LEE, Permanent Secretary for Food and Health, briefed Members on initiatives relating to health care matters in the Budget with the aid of a powerpoint presentation. Regarding the proposal to enhance support for dischargees as mentioned in the Budget, the Chairman said that the Administration had adopted the EC's recommendations and was implementing the Integrated Discharge Support Trial Programme for Elderly Patients. The trial programme would be completed in the middle of this year, and then a review would be conducted to decide on the way forward. Besides, the Chairman was pleased to note that the Government and the dental profession would jointly enhance primary dental services from which the elderly could benefit.

12. Members raised the following questions and views:

- (a) Given the long waiting time for outpatient mental health services (including services for dementia patients and prevention of elderly suicide), it was suggested that public-private partnership should be strengthened to shorten the waiting time in order to facilitate the provision of early treatment to the elderly.

- (b) It was suggested to enhance extensively and specifically the promotion of a healthy lifestyle and to educate the public on the need to establish a healthy lifestyle since childhood.
- (c) It was suggested to enhance support for chronic patients with financial difficulties, so that they could receive timely treatment in public hospitals even if they could not afford private healthcare services.
- (d) Primary dental services were currently provided by a number of NGOs. Consideration could be given to utilising these existing resources for enhancing the services.

13. In response to Members' concern for demented patients, the Chairman recognised that early identification of patients was necessary in order to provide appropriate treatment for them in accordance with their conditions, and that support for carers should be enhanced. He suggested that the Working Group on Long Term Care Model of the EC should further study the subject and encouraged interested Members to participate in the study.

Agenda Item 4: Consultation Paper on the Introduction of the Concept of Advance Directives in Hong Kong

14. Mr LUK Kar-kin, Bruno, Principal Assistant Secretary for Food and Health, briefed Members on the Consultation Paper on the Introduction of the Concept of Advance Directives in Hong Kong.

15. Members expressed support for the Law Reform Commission's (LRC) recommendation to introduce the concept of advance directives in Hong Kong. They raised the following questions and views:

- (a) It was necessary to enable the public to have a clear understanding of the difference between advance directives and euthanasia, as well as the advantages (e.g. how an advance directive would help resolve problems which might arise from not making one) and disadvantages (e.g. patients in a coma would be unable to alter their advance directives) of advance directives to patients themselves, their family and other related parties.
- (b) It was a common practice in the Chinese community that a person would consult his/her relatives before making a decision. It seemed that advance directives, which allowed a patient's right of self-determination to prevail over the wishes of his/her relatives, were inconsistent with the above practice. Even if the patient had made an advance directive, the possibility that his/her relatives might still argue over the decision on treatment could not be ruled out.
- (c) At present, many elders living in RCHEs were comatose or in a vegetative state. Assuming that they had all made an advance directive, the healthcare staff could in view of the directive remove the tubes providing nutrition for sustaining their life and let them die naturally. From this point of view, euthanasia and advance directives actually involved quite similar actions and outcomes although they were two different concepts.
- (d) It seemed that the Consultation Paper had not clearly explained whether family members of a patient would be subject to legal sanction if they did not comply with the patient's advance directive. If negative, an advance directive would become a document with no binding effect.

- (e) According to Q9 of the Other Frequently Asked Questions in the Information Package for the Public on Advance Directives (Draft) in Annex C of the Consultation Paper, healthcare providers had to work with all the information available to them in order to know whether a patient had changed his/her mind about treatment. They should talk to the family to find out if the patient had said or documented anything that might contradict the advance directive. However, if different family members had different views on the wishes that the patient had expressed, healthcare staff would still be at a loss as to what to do. Patients who wished to make an advance directive should be encouraged to talk to their relatives and express their wish to reject life-sustaining treatment. This would conceivably help avoid the above problem.
- (f) As there were still many uncertainties about advance directives, it was not an opportune time to proceed with legislation on the matter. The Government should enhance public education and conduct extensive discussions first to give the public a clearer and deeper understanding of advance directives.
- (g) Apart from elders, the concept of advance directives should also be promoted to doctors and social workers.
- (h) To ensure that the wishes of those who had made an advance directive were properly recorded, consideration could be given to requiring the original copies of the relevant documents be kept by the Guardianship Board.
- (i) Negative and leading expressions, for instance, “even if it is merely a burdensome prolonging life”, were found in the information package for the public on the concept of advance directives. It was suggested that such

expressions should be avoided as far as possible in future promotional materials.

- (j) It was suggested that elders should be given an idea of the situation in the final stage of their life and the life-sustaining treatment they might receive through photos, videos and discussions, etc. so as to enhance their understanding of these issues and help them determine whether an advance directive should be made.

16. Dr Felix CHAN said that the majority of geriatricians supported the concept of advance directives. The Hong Kong Geriatrics Society had also held in-depth discussions on advance directives and made a submission to the LRC. Advance directives would be useful to healthcare staff in making decisions on the treatment of patients. In case the views of a patient's family members differed from his/her advance directive, healthcare staff would be guided by the best interest of the patient in giving the appropriate treatment.

17. Mr LUK thanked Members for their views. In response to some Members' views that it was necessary to encourage patients to communicate with their family members before making an advance directive, he said that this would be highlighted in the future information package for the public on advance directives.

18. The Chairman said that the EC supported in principle the introduction of the concept of advance directives in Hong Kong and considered that the concept should be promoted as a part of end-of-life care. However, as Hong Kong people were not yet familiar with the concept of advance directives, public education had to be strengthened to enable a better understanding of advance directives. At this stage, it would be premature to formulate a statutory framework and to embark on any legislative process for advance directives.

Agenda Item 5: Elderly Portal: Progress update

19. The Chairman invited Ms LEUNG Yee-mei, Maggie, Executive Director of The Hong Kong Society for the Aged (SAGE), to update Members on the latest progress of the elderly portal project. Ms LEUNG said that the Office of the Government Chief Information Officer (OCGIO) agreed in September 2009 that SAGE would be responsible for developing a dedicated portal for the elderly to encourage more elders to make good use of information technology to improve their livelihood and actively participate in online activities, so as to expand their circles of life and keep abreast of the latest development in the community. The elderly portal would integrate information on elderly services and create an elderly manpower repository. It would also incorporate information on government departments, NGOs and silver hair enterprises. The service targets of the portal included elders, their family and carers, and NGOs relating to elderly services. To meet the needs of the elderly, SAGE had conducted a survey to understand elders' purpose of accessing the internet and their areas of interest.

20. Mr WONG Chi-kit, Schwinger, Project Manager of SAGE, added that given the varied needs of the major targets of the portal, different homepages would be designed for the above three types of targets respectively. The homepage for elders would come in simple edition and expert edition, with the former specially designed for elders who were not familiar with the use of computer.

21. Ms LEUNG said that the tentative Chinese and English names of the portal were “長青網” and “Evergreen” respectively. The website address would be www.e123.hk, of which “e” could mean elderly or easy. SAGE would report regularly to OCGIO on the progress of development of the portal. An advisory committee comprising representatives from the Hong Kong Council of Social Service, elderly service sector, information technology

sector, OCGIO and LWB had been set up to provide strategic recommendations on the portal. SAGE was planning to appoint an artist as the “Cyber Commander” and to recruit volunteers as “Cyber Navigators” to promote the portal. It would also promote the portal to welfare organisations and district elderly centres, etc., and seek sponsorship from the business community to ensure the sustainability of the portal.

22. The Chairman and Members raised the following questions and views:

- (a) It seemed that the website address www.e123.hk failed to highlight the relevance of the portal to elders.
- (b) “長青” in the portal’s name “長青網” could mean both elders and youths. This was in line with the concept of intergenerational harmony actively promoted by the EC. However, careful consideration should be given to whether “Evergreen” should be used as the English name of the portal, as it was the same as the English name of a commercial organisation and the name of a local environmental project.
- (c) As information was one of the major areas of interest of elders, it was suggested that an icon for searching information be added to the homepage for elders.
- (d) It was suggested that the number of men and women appearing in the photos on the homepage should be as balanced as possible.
- (e) It was suggested that the portal should have an English version, and that language tools should be provided to facilitate use by minority groups.

- (f) It was suggested that an audible edition of the portal should be provided as some elders had poor vision.
- (g) The HA had recently launched a website on health information – the Smart Patient Website. It was suggested that the elderly portal would be linked to it.
- (h) It was suggested to appoint an elderly artist who knew how to use the internet to be another spokesperson for the portal.
- (i) It was suggested to use elder academies as a platform to promote the portal. Members also hoped that the manpower repository of the portal could facilitate the recruitment of volunteers to provide service for elder academies.
- (j) As elders would often encounter technical problems when they used the portal, it was necessary to provide convenient support services for them.
- (k) It was suggested that elders, apart from using computers at elderly centres, should also be encouraged to use Community Cyber Points under the Home Affairs Department.
- (l) If advertisements for products and services would be placed in the portal, it should be noted that some products or services might not be suitable for use by elders or for promotion in the portal.

23. Ms LEUNG and Mr WONG thanked Members for their views. Their preliminary responses to some of the views were as follows:

- (a) The website address www.e123.hk was selected in the hope that it would be simple and easy for elders to remember (particularly those who did not understand English).
- (b) The portal would be available in simplified Chinese character and traditional Chinese character versions first. The English version would be launched in the next stage.
- (c) Volunteers would be recruited from universities and elderly centres, and trained to be “Cyber Navigators” to teach elders how to use computers.
- (d) What they had just presented to Members was only the draft homepage of the portal. After listening to the views of different parties, further improvements would be made.
- (e) Since the targets of the portal included “prospective” elders aged 40 or above, they hoped to appoint a middle-aged artist as spokesperson. However, consideration could also be given to appointing persons of different ages and from different strata as spokespersons.

24. The Chairman invited the EC Secretariat to continue to follow up on the progress of the portal with OCGIO and SAGE, and report the progress to the EC after discussing with the two agencies having regard to the views expressed by Members (e.g. matters relating to the portal’s English name, spokespersons, languages, advertisement arrangements, etc.).

Agenda Item 6: Any other business

The campaign to rename “癡呆症”

25. The Chairman said that the Jockey Club Centre for Positive Ageing considered that the name “癡呆症” might have negative connotation. The organisation therefore initiated a campaign to rename the disease and appealed for support from the EC. Members unanimously agreed that the EC would be a supporting organisation for this campaign.

The survey conducted by LegCo Member CHEUNG Kwok-che on public perception of the EC and on citizens’ friendliness to elders

26. The Secretariat had circulated the report on the survey to Members through e-mail on 13 January 2010. Members noted the contents of the report.

Closure of private RCHEs

27. The Chairman said that recently there were media reports about the closure of some private RCHEs due to rising rental costs. However, according to his understanding, some private RCHEs had commenced operation at the same time. Given that the overall supply of residential places was still sufficient, elders in need of residential places in private RCHEs had not been affected.

Construction of lifts/escalators at sloping paths frequently used by elders

28. The Chairman said that some deputations had petitioned to the LegCo recently to request for the construction of lifts/escalators at paths or staircases built on slopes (e.g. the staircase connecting Kwai Chung Estate and Kwai Hing) and frequently used by elders. He had written to the Transport and Housing Bureau (THB) earlier to express his concern and

was given a positive response. He hoped that the Secretariat would follow up with THB on this matter and update Members at the next meeting.

The Family Council's study on neglect of the elderly

29. The Chairman said that Prof CHAN Cheung-ming Alfred, the Vice-chairman, was considering to conduct a study on neglect of the elderly for the Family Council in the capacity of an academic of the Lingnan University from the family perspective. Prof CHAN said that he would brief Members on the progress and findings of the study in due course if he accepted this assignment.

Activity on pre-retirement planning

30. Ms YOUNG Bick-kwan, Irene, Deputy Secretary for Labour and Welfare, hoped that the Working Group on Active Ageing (WGAA) would help organise the activity on pre-retirement planning to be held in October/November this year. Mrs CHAN CHOY Bo-chun, Polly, Principal Assistant Secretary for Labour and Welfare, said that the Secretariat had commenced initial preparatory work for the activity (e.g. making enquiries about application for venues) and would consult members of the WGAA on an overall plan for the activity at its meeting in April this year.

Date of next meeting

31. The next EC meeting was tentatively scheduled for 6 May 2010.

Time of adjournment

32. The meeting was adjourned at 11:50 a.m.

April 2010