

Elderly Commission
Minutes of the 64th Meeting

Room 601, 6/F, West Wing, Central Government Offices, 11 Ice House Street, Central
2:30 p.m., 27 October 2010 (Wednesday)

Present:

Chairman

Dr the Honourable LEONG Che-hung, GBM, GBS, JP

Vice-chairman

Prof CHAN Cheung-ming, Alfred, BBS, JP

Members

Mr CHAN Chi-yuk, Kenneth

Dr CHAN Hon-wai, Felix

Dr CHENG Kam-chung, JP

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

Mr CHEUNG Kin-chung, Matthew,
GBS, JP

Secretary for Labour and Welfare

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
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 NG MA Kam-han, Kathy, 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
Mr LAM Ding-fung	Chief Social Work Officer Social Welfare Department
Miss LAM Ching-wa, Nora	Senior Social Work Officer Social Welfare Department
Mr HEUNG Wing-keung	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 LI Wing-sze, Grace	Senior Social Work Officer Social Welfare Department

Dr LAM Chau-kuen, Yonnie	Senior Medical and Health Officer Department of Health
Miss LAU Sze-mun, Shirley	Assistant Secretary for Labour and Welfare
Miss LEE Wing-tung, Jessica	Assistant Secretary for Labour and Welfare
Mr LI Ngo-chuen, Leo	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
Mr SUN Yuk-han, Chris	Principal Assistant Secretary for Food and Health [Agenda Item 4]

Absent with apologies:

Mr CHAN Han-pan
Prof CHIU Fung-kum, Helen

Secretary

Mrs CHAN CHOY Bo-chun, Polly Principal Assistant Secretary for Labour and Welfare

Dr LEONG Che-hung, the Chairman, welcomed Members to the meeting. He also welcomed the two new Assistant Secretaries for Labour and Welfare, Miss Shirley LAU and Mr Leo LI, and thanked the two former Assistant Secretaries, Mr Bryan HA and Miss Crystal LAM, for their past support for the work of the Elderly Commission (EC). Furthermore, he thanked Prof Jean WOO, who had retired, for her significant contribution to the EC during her tenure in the past six years.

2. The Chairman reminded Members to make a disclosure of interests when they had a potential conflict of interest with the matters to be discussed.

Agenda Item 1: Confirmation of the minutes of the 63rd meeting

3. As Members had not proposed any amendments to the Chinese and English versions of the draft minutes issued by the Secretariat on 7 September and 21 October respectively, the minutes were confirmed.

Agenda Item 2: Matters arising

Paragraph 6 of the minutes of the 63rd meeting

4. The Chairman said that the Secretariat had compiled a detailed report on the EC's visit to Sydney, Australia, and had issued the report to Members for reference on 21 October 2010.

Paragraph 8 of the minutes of the 63rd meeting

5. Mrs Polly CHAN, Principal Assistant Secretary for Labour and Welfare, said that the dedicated portal for the elderly developed by The Hong Kong Society for the Aged (SAGE) had come into operation in June this year. The hit rate was a bit less than satisfactory since the portal was just newly set up. SAGE would launch a host of promotional activities (e.g. production of a promotional video) for the portal shortly, and step up promotion to relevant welfare organisations and elderly service units.

Paragraph 10 of the minutes of the 63rd meeting

6. Regarding the request of the Kwai Chung Estate Resident's Right Concern Group for the provision of an elderly centre in Kwai Chung Estate, Mrs Kathy NG, Assistant Director of Social Welfare, said that a well-established welfare organisation was planning to set up a service centre called "family joy centre" in a unit of about 300 m² in Kwai Chung

Estate for organising activities that would promote care for the elderly and intergenerational harmony. The Concern Group welcomed this project, and the Social Welfare Department (SWD) had already recommended to the Housing Department (HD) that the above-mentioned unit be assigned to that welfare organisation to facilitate an early commencement of service. Besides, SWD was discussing with another welfare organisation on the provision of elderly services in a vacant unit of about 120 m² in Kwai Chung Estate.

Paragraph 11 of the minutes of the 63rd meeting

7. Mr Timothy MA, Chairman of the Working Group on Active Ageing (WGAA), said that a pre-retirement planning activity entitled “Golden Age Delight” would be held at Olympian City 2 on 6 and 7 November this year. The programme for the first day included an opening ceremony and a talk show by retirees/prospective retirees to share their relevant experience. The programme for the second day included performance by elders engaged in continuous learning and a sharing session on lifelong learning. Retirement-related information and products would also be displayed. A roving exhibition of such information would be held subsequently in four venues under the Leisure and Cultural Services Department. Mr Timothy MA cordially invited Members to attend the event.

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

8. Mr Matthew CHEUNG, Secretary for Labour and Welfare, said that many initiatives relating to the elderly in this year’s Policy Address were proposed with reference to previous suggestions of the EC. He took this opportunity to extend his gratitude to the EC. Mr Matthew CHEUNG further briefed Members on the various new initiatives, including making the Integrated Discharge Support Programme for Elderly Patients (IDSP) a regular service and extending its coverage from the present three districts to the entire territory; substantially increasing the number of subsidised home care and day care places for the elderly; increasing

the number of subsidised places in existing and new residential care homes for the elderly (RCHEs), and purchasing more high quality places (EA1 places) through the Enhanced Bought Place Scheme (EBPS); relaxing the permissible limit of absence from Hong Kong (absence limit) for Old Age Allowance (OAA) and Disability Allowance (DA); as well as studying the feasibility of providing a maintenance allowance for elders who resided on the Mainland, etc. He hoped that the EC would continue to provide valuable views and suggestions on elderly care services.

9. Ms Irene YOUNG, Deputy Secretary for Labour and Welfare, then gave Members a more detailed briefing on parts in the Policy Address relevant to the elderly care policy and social security with the aid of a powerpoint presentation. She highlighted that the new initiatives relating to elderly care services had catered for the service needs of an ageing society, of which there were two focuses : one was the need for an early and full provision of suitable elderly care services, and an increase in various existing service places, taking into account the rapid increase of the elderly population. The other focus was the need to strengthen services for demented elders, having regard to the fact that dementia would become more common as a result of a longer average life expectancy and that demented patients had special care needs.

10. The Chairman and Members raised the following questions and views on the relevant initiatives:

The IDSP

(a) Since when would the IDSP be extended to all districts in Hong Kong? Would it become a regular service? Would the financial resources required for extending the Programme be absorbed by the Government or provided by the Hospital

Authority (HA)? Were there sufficient community care service places to continue to support elders who had participated in the Programme to live in the community?

- (b) The interim report on the IDSP had not provided data to explain whether the Programme could reduce the percentage of discharged elders who were later admitted to RCHEs, and enhance the quality of life of elderly discharges. It was expected that the review report would include these details to serve as indicators of the effectiveness of the IDSP.
- (c) HA had already launched a telephone follow-up service for frail discharges. However, the discharges in need of this service were more than expected. It was suggested that these discharges be categorised so that those with a higher risk of re-admission to hospitals would be followed up under the IDSP.

Dementia Supplement and other support services for demented patients

- (d) It was agreed that a Dementia Supplement be provided to subvented day care centres for the elderly. However, the Government needed to render more support to carers of demented patients to help relieve their pressure.
- (e) Many demented patients were not admitted to subvented RCHEs or private RCHEs under the EBPS. Would the Government consider providing the Dementia Supplement to their residing RCHEs?
- (f) It was suggested that a telephone hotline be set up to provide comprehensive information on dementia services.

Increasing the number of subsidised RCHE places

- (g) Apart from purchasing more places under the EBPS, the Government should build more RCHEs to substantially reduce the current waiting time of elders for admission to RCHEs. The new RCHEs should provide diversified services, with a view to enabling the elderly residents to receive more comprehensive care.
- (h) The waiting time and the number of applicants for subvented RCHEs would hopefully be reduced if the Government could allocate more resources for purchasing places and clearly inform elders of their chance of successful admission to subvented RCHEs, thus enabling them to understand the situation and make alternative choices.
- (i) The present unit subsidy for the Government to purchase EA1 places from private RCHEs were 7% lower than the unit subsidy a decade ago. Would the Government review the unit subsidy while increasing the purchase of such places?

Relaxing the absence limit for OAA

- (j) Members highly agreed with the measure to significantly reduce the minimum residence period for entitlement to a full-year payment of OAA, considering this would help elders reunite with their relatives on the Mainland and also bring convenience to elders who chose to live on the Mainland for long periods. However, many people not living in Hong Kong for a considerable period had already surrendered their public housing flats to HD and might have no relatives in Hong Kong. HD should consider providing temporary accommodation in Hong Kong to help them meet the minimum residence requirement, and hence the eligibility criterion for a full-year payment.

- (k) What was the additional financial expenditure incurred in relaxing the absence limit for OAA?

Ageing population

- (l) It was suggested that the Steering Committee on Population Policy (Steering Committee) chaired by the Chief Secretary for Administration should comprise representatives from the EC so that macro and professional views on the ageing population could be provided to the Steering Committee.
- (m) Currently, many elders in Hong Kong were healthy, educated and capable. The Government should formulate policies, such as introducing flexible retirement age and training elders for voluntary service, to encourage elders to epitomise the spirit of active aging.
- (n) It was suggested that the feasibility of introducing a universal retirement protection scheme be explored.

11. Mr Matthew CHEUNG responded as follows:

- (a) The IDSP would be extended to all districts within two years. It was anticipated that 33 000 elders would be served each year. The Government would provide financial resources for extending the Programme, and would continue to allocate resources for increasing the number of community care services places.
- (b) The Government had no plan to provide the Dementia Supplement to other private RCHEs for the moment.

- (c) The Government would purchase more EA1 places from private RCHEs. This would not only encourage private RCHEs to enhance their service quality but also encourage more elders to choose the RCHEs participating in the EBPS, thereby shortening the overall waiting time for subsidised places.
- (d) Target beneficiaries of the relaxation of absence limit for OAA were existing OAA recipients. As at present they had to live in Hong Kong for at least 90 days to be eligible for a full-year allowance, they were expected to have an accommodation in Hong Kong. As to whether the absence limit before and after application for OAA would be completely removed, as a judicial review of the existing policy was underway, we would consider the way forward when the situation became clearer.
- (e) Assuming that the relaxation would not create an abundance of new applications, an additional financial burden of about \$7 million would be incurred.
- (f) The Steering Committee was an internal body of the Government which did not comprise any unofficial members. As a member of the Steering Committee, the Secretary for Labour and Welfare would relay the views of the EC to the Steering Committee as appropriate.
- (g) It was agreed that elders were valuable manpower resources. Hence, the Government should examine in detail how to enable healthy and capable elders to continue to give full play to their strength and contribute to society.
- (h) Universal retirement protection and flexible retirement age were related issues which were both complex and controversial. The former involved the Mandatory Provident Fund system which had been in operation for many years. The Central Policy Unit of the Government was conducting a study on the sustainability of the

three-pillar model for retirement protection in Hong Kong. The views of different sectors of the community would be taken into account during the process.

12. Mr Paul TANG, Permanent Secretary for Labour and Welfare, added that the controversial issue of racial discrimination would arise if Chinese elders who retired in their home towns (i.e. the Mainland) were allowed to receive OAA without having to reside in Hong Kong, whereas non-Chinese elders who retired in their home towns (i.e. other countries) could not enjoy the same benefit. He also clarified that by relaxing the absence limit for OAA, the Administration aimed to give greater flexibility to elders who travelled outside Hong Kong owing to various reasons, instead of encouraging them to stay out of Hong Kong. As for the shortage of RCHE places, the long-term solution was to further develop and strengthen community care services so as to offer elders an alternative to residing in RCHEs. Hence, SWD would substantially increase the number of community care services places in the coming year. This would complement the implementation of the IDSP through the provision of home care services for elderly dischargees with long-term care needs, with a view to minimising their chance of re-admission to hospitals or premature admission to RCHEs.

13. Regarding the unit subsidy of residential care places, Mr Patrick NIP, Director of Social Welfare, said that the Government would make adjustments in accordance with the existing mechanism.

14. Ms Sandra LEE, Permanent Secretary for Food and Health, then briefed Members on the initiatives relating to medical and health services in the Policy Address with the aid of a powerpoint presentation. Ms Lee said that the initiatives on medical and health services set out in this year's Policy Address mainly aimed to continuously take forward the healthcare reforms implemented since 2008. She then gave a detailed briefing on various initiatives

such as strengthening healthcare services (particularly primary services), the Elderly Health Care Voucher Pilot Scheme, enhancing mental health services, and the Elderly Vaccination Subsidy Scheme.

15. The Chairman and Members raised the following questions and views on the initiatives relating to medical and health services:

- (a) Some elderly mental patients living in private RCHEs of a lower quality or a smaller scale could neither benefit from any psychogeriatric outreach services nor out-patient clinical service in their residing districts, as government-subsidized psychogeriatric services were not available in some districts (e.g. Mong Kok and Sham Shui Po). Furthermore, as the Government's general out-patient clinics did not provide certain basic psychogeriatric drugs, some elderly mental patients seeking consultation at such clinics would not be prescribed with the drugs they needed. Some hospital clusters even indicated that patients of Alzheimer's Disease had to purchase drugs on their own.
- (b) In what districts were participating doctors of the Elderly Health Care Voucher Pilot Scheme located at present? If there were only a small number of participating doctors in the districts with a high concentration of elderly people, it would be difficult to achieve the objectives of the Scheme. Some doctors reportedly withdrew from the Scheme because of the complicated procedures involved in the opening of health care voucher accounts for elders. Would the Bureau fine-tune the implementation details of the Scheme? Could it step up efforts in promoting to elders the various healthcare services for which health care vouchers could be used?

- (c) Would the interim review on the Elderly Health Care Voucher Pilot Scheme examine whether elders, who had used the health care vouchers, had established a continued relationship with their doctors?
- (d) It was suggested that the targets of the psychogeriatric outreach services should include frontline staff in the social welfare sector and private doctors so as to enhance their ability to handle dementia cases.
- (e) It was suggested that dementia be covered by the Public-private Chronic Disease Management Shared Care Programme.

16. Ms Sandra LEE responded as follows:

- (a) The Bureau was promoting primary care in conjunction with HA. Hence, general out-patient clinics would be provided with specialist drugs, including psychiatric drugs.
- (b) The Bureau had provided a demonstration for participating doctors of the Elderly Health Care Voucher Pilot Scheme on the operation of the electronic platform of the e-Health system. The Senior Citizen Home Safety Association was invited last year to register and open health care voucher accounts for all elders in RCHEs and elderly centres. The Bureau would provide information to the EC in due course to set out the geographical distribution of doctors participating in the Elderly Healthcare Voucher Pilot Scheme.
- (c) One of the items in the interim review of the Elderly Health Care Voucher Pilot Scheme was whether elders using the vouchers had developed a continued relationship with their doctors. According to preliminary findings, the Scheme was not successful in achieving the objective of enabling elders to develop a long-

term relationship with their doctors. The Bureau would continue to encourage doctors to reach out to their patients proactively through measures for promoting primary care, so as to develop a long-term relationship with them.

- (d) Consideration could be given to extending the Public-private Chronic Disease Management Shared Care Programme to demented patients until and unless doctors who were sufficiently capable of treating dementia were willing to participate.

17. Mr Patrick NIP added that in support of HA's plan to extend the Case Management Programme for persons with severe mental illness, the Integrated Community Centre for Mental Wellness under SWD would make corresponding arrangements to provide bridging service. Besides, adjustments would be made to rehabilitation services provided by schools and SWD to dovetail with HA's efforts to enhance support for autistic children.

Agenda Item 4: Healthcare Reform Second Stage Public Consultation

18. With the aid of a powerpoint presentation, Mr Chris SUN, Principal Assistant Secretary for Food and Health, briefed Members on the details of the voluntary Health Protection Scheme (HPS) in the Healthcare Reform Second Stage Public Consultation.

19. The Chairman and Members supported the introduction of the HPS and raised the following questions and views on the Scheme:

- (a) The major attraction of the HPS was that people could get insured irrespective of their age and pre-existing medical conditions. However, its attractiveness might be affected by the fact that the in-patient coverage offered by the Scheme was not of the highest quality.

- (b) The Bureau was requested to elaborate in detail the benefits of the HPS for the present generation of the elderly. As these elders might not have sufficient economic means to take out medical insurance, the HPS was in fact meant for the future generations of the elderly. The Bureau should conduct long-term planning from this perspective.
- (c) What was the minimum number of participants required for the introduction of the HPS?
- (d) The public might be bewildered by the many insurance plans offered under the proposed HPS, and did not know how to choose a plan that suited themselves. Some might even give up participating in the Scheme. It was therefore suggested that only a single insurance plan be offered during the initial stage of implementation. More insurance choices should follow only after the public had gradually got used to the Scheme.
- (e) It was noted that while the HPS was also open to mental patients, it would be practically difficult for participating mental patients to claim in-patient benefits in full as private hospitals generally only assigned first class wards to mental patients.
- (f) At present, health protection for civil servants was provided by the Government. Could civil servants choose to join the HPS?
- (g) The insurance sector was basically supportive of the HPS. However, it was proposed to regulate the underwriters only but not healthcare service providers under the Scheme. This seemed unfair to the insurance sector.
- (h) The premium for standard health insurance plans as set out in the consultation document on the HPS only included risk premium and had not taken into account

the operating costs and profits of the underwriters. It was envisaged that the public might have to pay higher premium for insurance when the Scheme was launched in future.

- (i) In recent years, many specialists had shifted from the public to the private healthcare system. Upon the implementation of the HPS, the demand for private healthcare services would certainly increase. More healthcare personnel of public hospitals might find their way to the private sector by then. What was the Bureau's strategy to cope with this?

20. Ms Sandra LEE responded as follows:

- (a) The Bureau did not expect that most of the elders of the present generation would join the HPS. What we hoped to achieve was that some members of the public would reduce the use of public healthcare services after joining the HPS, thus freeing up resources to enable elders more relying on the public healthcare services to benefit indirectly. Young people who joined the HPS early and stayed insured continuously would get more government subsidies. This could enable them to obtain effective health protection without having to pay the higher premium for their age when they got old.
- (b) According to the actuarial consultant's estimate, the HPS could be successfully implemented with 500 000 subscribers.
- (c) Upon completion of the Second Stage Public Consultation on Healthcare Reform, the Bureau would work out the specific details of the HPS. The Civil Service Bureau would then consult the serving and retired civil servants on the specific Scheme. If civil servants had any comments on the proposed HPS at this stage,

they could submit their views to the Food and Health Bureau during the consultation period.

- (d) The Government was not trying to fully regulate the healthcare insurance market. As government funding would be provided for the public to join the HPS, it was incumbent on the Government to regulate the standard health insurance products offered by insurance institutions under the HPS so as to ensure the proper use of public funds.
- (e) The Bureau had also made projections on the manpower demand for the healthcare and social welfare sectors in preparing the Healthcare Reform Consultation Document. Discussion with the Education Bureau on the provision of more post-secondary places to train up adequate manpower was underway. Besides, the Government had provided additional resources to HA to subsidise serving healthcare personnel to receive specialist training.

21. In conclusion, the Chairman said that the EC supported the introduction of the healthcare reform and welcomed the Government to continue to put in more resources for improving public healthcare services. The EC also supported the Government's proposal to implement a voluntary and government-regulated HPS to provide the public with more choices of private healthcare services, as well as enable public resources to be focused on priority services for taking care of elders most in need.

Agenda item 5: Any other business

Work Progress of the WGAA

22. Mrs Polly CHAN said that the WGAA discussed how to implement a new round of "Neighbourhood Active Ageing Projects" at its meeting held on 7 October this year. There

would be two projects in this **new round**: one to liaise with incorporated owners, owners' committees, property management companies and relevant resident organisations, and enlist their help in recruiting volunteers for non-governmental organisations operating the projects, rendering support to the volunteer teams and even co-organising activities (e.g. concern visits), for the promotion of active ageing and a caring neighbourhood, as well as identifying cases of hidden elders for follow-up as appropriate; and the other to highlight the importance of care from family and friends in assisting elders to lead an active life and establishing a neighbourhood support network.

Work progress of the Committee on Elder Academy Development Foundation (the Foundation Committee)

23. Mrs Polly CHAN said that the Foundation Committee launched the first round invitation for funding applications on 31 May this year. One of the activities recommended for funding support by the Foundation Committee was a sports day to be held by Yan Chai Hospital on Senior Citizens Day on 21 November this year to promote intergenerational harmony. Yan Chai Hospital would issue letters to invite Members to attend the event.

24. The Chairman added that the Foundation Committee had received a total of 14 applications in the first round of funding applications. A paper on the assessment results and funding proposals was being circulated. If the proposals were endorsed by the Foundation Committee, there would be 108 elder academies in operation in the current school year. The Chairman was glad to note that one of the elder academies to be established was run by a government school. The second round of funding applications for this year had commenced and the closing date was 30 November.

Work progress of the Working group on Long Term Care Model (WGLTCM)

25. Prof Alfred CHAN, Chairman of the WGLTCM, said that the questionnaire survey of the study on community care services for the elderly which was conducted by the consultant team led by Dr Ernest CHUI of the Department of Social Work and Social Administration of the University of Hong Kong, had almost been completed, and the relevant data was being analysed. The Steering Committee on the study would report the progress to the EC at the next meeting.

Date of the next meeting

26. The next meeting was tentatively scheduled for 8 December 2010. [Post-meeting note: The next meeting was finally scheduled for 5 January 2011.]

Time of Adjournment

27. The meeting was adjourned at 5:15 p.m.

December 2010