

## **Elderly Commission**

### **Minutes of the 66<sup>th</sup> Meeting**

Room 118, 1/F, East Wing, Central Government Offices, Lower Albert Road, Central

9:30 a.m., 10 March 2011 (Thursday)

#### **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 CHEUNG Moon-wah

Prof CHIU Fung-kum, Helen

Dr CHONG Ming-lin, Alice

Ms FUNG Yuk-kuen, Sylvia

Rev LAU Wai-ling, Dorothy, BBS, JP

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-yee, Sandra, JP

Permanent Secretary for Food and Health

Ms YOUNG Bick-kwan, Irene, JP

Representative of Secretary for Labour and Welfare

Mr NIP Tak-kuen, Patrick, JP

Director of Social Welfare

Dr LEUNG Sze-lee, Shirley

Representative of Director of Health

Mr LUI Kwong-fai

Representative of Secretary for Transport and Housing / Director of Housing

**In attendance:**

Ms HO Siu-ping, Betty

Principal Assistant Secretary for Labour and Welfare

Mrs Kathy NG, JP

Assistant Director  
Social Welfare Department

Mr WONG Yuk-tong

Chief Social Work Officer  
Social Welfare Department

Ms YAN Yuen-mei, May

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
Ms CHEUNG Yun-ping, Mary	Senior Social Work Officer Social Welfare Department
Mr TAN Tick-yee	Senior Social Work Officer Social Welfare Department
Ms LI Wing-sze, Grace	Senior Social Work Officer Social Welfare Department
Ms KWAN Yuen-yuk, Rosemary	Senior Social Work Officer Social Welfare Department
Mrs CHOY WONG Lai-chun, Sarah	Senior Social Work Officer Social Welfare Department
Dr NG Ping-sum, Sammy	Senior Medical and Health Officer Department of Health
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 3]

**Absent with apologies:**

Mr CHAN Han-pan

Dr CHENG Kam-chung, JP

Mr MA Chan-hang, Leo

Chief Executive of Hospital Authority

**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, particularly Dr Shirley LEUNG, the new Assistant Director of Health. He also thanked Dr CHAN Wai-man, the retired Assistant Director of Health, for her significant contribution to the Commission during her tenure.

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

**Agenda item 1: Confirmation of the minutes of the 65th meeting**

3. As Members had not proposed any amendments to the Chinese and English versions of the draft minutes issued by the Secretariat on 1 and 7 March of this year respectively, the minutes were confirmed.

**Agenda item 2: Matters arising**

**Paragraph 5 of the minutes of the 65th meeting**

4. A briefing on the interim review report on the Elderly Health Care Voucher Pilot Scheme (the EHCV Scheme) would be given by the Food and Health Bureau (FHB) under

Paragraphs 6-10 of the minutes of the 65th meeting

5. Mr Chris SUN, Principal Assistant Secretary for Food and Health, said that FHB had received 18 applications from different non-governmental organisations (NGOs) as at 24 January 2011. After preliminary assessment, 17 of these applications were found to have met the eligibility criteria. It was expected that about 27 dental outreach teams would commence their services in stages starting from April this year and about 54 000 institutionalised older persons residing in residential care homes for the elderly (RCHEs) and service users of Day Care Centres for the Elderly (DEs) would benefit. FHB was discussing the service details with the remaining applicant.

Paragraphs 11-15 of the minutes of the 65th meeting

6. Mr SUN said that the Primary Care Campaign would be launched in April this year.

Paragraph 25 of the minutes of the 65th meeting

7. The Chairman said that at the invitation of the Labour and Welfare Bureau (LWB), the Hong Kong Mortgage Corporation Limited briefed this Commission on the Reverse Mortgage Pilot Scheme on 16 February 2011.

**Agenda item 3: Briefing on relevant initiatives in the 2011-12 Budget**

*Medical and health services*

8. Ms Sandra LEE, Permanent Secretary for Food and Health, briefed Members firstly

on initiatives relating to medical and health services in the 2011-12 Budget with the aid of a powerpoint presentation.

9. Mr SUN then briefed Members specifically on the EHCV Scheme which was one of the ongoing initiatives. He said that the interim review on the EHCV Scheme showed that about 80% of the elders who used the vouchers were satisfied with the Scheme. However, about 70% of the elders used the vouchers for episodic care, which was different from the use of such vouchers the Bureau originally envisaged for preventive care. In general, elders used one to two vouchers each time, and three quarters of the elders chose a service provider for repeated patronage. Besides, the survey revealed that elders' response to the co-payment concept was not very satisfactory. Having regard to the review findings, FHB proposed to extend the EHCV Scheme for another three years until the end of 2014, and increase the annual voucher amount from \$250 to \$500. Besides, FHB would enhance the data collection function of the eHealth System by, for example, requiring service providers to record the amount of fees shared by elders for each consultation that involved the use of health care vouchers and to keep a more detailed record of their reasons for seeking medical consultation. To promote preventive care, FHB would also explore together with service providers the provision of health check services in a mode similar to that of elderly health centres at affordable prices. Furthermore, FHB would include optometrist care services in addition to the existing nine categories of service providers participating in the EHCV Scheme.

10. The Chairman and other Members raised the following questions and views:

## The EHCV Scheme

- (a) Only 47% of the eligible elders had applied for the vouchers. Why did other elders not apply for the vouchers?
  
- (b) FHB required service providers to keep a detailed record of the reasons for elders seeking medical consultation and the amount of fees shared by them. This would inevitably add to the workload of private doctors and might lead to the misunderstanding that the Bureau was investigating, through this survey, whether individual doctors had raised charges as a result of the increase in the amount of subsidy of the vouchers. It was suggested that the Hong Kong Medical Association (HKMA) should be consulted on such requirement first.
  
- (c) As health check services provided by elderly health centres involved complicated procedures, private doctors might not be able to provide similar services. Since the fees of such services were also not low, elders might use up all their vouchers in just one single visit.
  
- (d) The inclusion of optometrist services in the EHCV Scheme might give rise to disputes between ophthalmologists and optometrists over the scope of services of primary care professionals.
  
- (e) Elders were generally worried that the amount of subsidy of the vouchers would not be sufficient to meet their medical expenditure. It was thus suggested that the Government should make it clear to the public that the vouchers aimed to offer elders an alternative to the public healthcare system. Elders could continue to use

public healthcare services as and when needed. Besides, it was also suggested that the Government should emphasise in publicity that the scope of the vouchers covered physiotherapy and occupational therapy, etc., and encourage elders to use the vouchers for preventive care such as body check.

- (f) As the capability of hearing was important to elders in maintaining their self-care ability and in the prevention of falls, it was suggested that audiologists be included as a category of service providers under the EHCV Scheme.
  
- (g) Would consideration be given to lowering the eligible age for elders participating in the EHCV Scheme?

#### Other initiatives in the Budget

- (h) It was mentioned in the Budget that “the psychogeriatric services will be extended to cover about 80 additional RCHEs”. What was the current coverage of psychogeriatric services provided at RCHEs?
  
- (i) Were users of joint replacement services mostly elders? What were the waiting time for such services and the fees required?
  
- (j) The Budget stated that additional resources would be earmarked for the Hospital Authority (HA) to recruit 300 additional nurses. Would this lead to a shortage of nurses in NGOs?
  
- (k) Apart from the healthcare sector, nurses also played a vital role in the welfare sector



(e.g. RCHEs). Hence, it was suggested that the Government should conduct an overall planning on the supply of nurses (including graduate and non-graduate nurses). Besides, the wastage problem of doctors in public hospitals was increasingly serious.

(l) The Budget proposed to increase the duty on cigarettes by \$0.5 per stick. What would be the increase in duty on cigars?

(m) It was suggested that the income from tobacco duty should be used to cover the expenditure on smoking cessation services and smoking ban. Besides, enforcement actions should be stepped up to combat cigarette smuggling.

11. Concerning the EHCV Scheme, Ms LEE and Mr SUN of FHB responded as follows:

(a) FHB and the Department of Health (DH) had helped elders in RCHEs and DEs open voucher accounts on previous occasion. However, some elders did not apply for the vouchers possibly because they were financially better-off or the doctors they usually consulted did not join the EHCV Scheme. The Bureau was basically satisfied with the subscription rate of 47% among eligible elders.

(b) In accordance with the user-friendly principle, while enhancing the data collection function of the eHealth system, FHB would also provide facilitation to private doctors so that they could input the amount of fees shared by elders for each consultation involving the use of health care vouchers and the specific information on healthcare services in a fast and convenient way.

- (c) Private doctors could consider working with NGOs to provide health check services. It was understood that charges for similar services currently provided by NGOs in the market were lower than \$1,000.
- (d) FHB had consulted the HKMA on the inclusion of optometrist care services, including clarification with the Association that the Bureau had no intention to change the respective scope of professional services of ophthalmologists and optometrists through the EHCV Scheme.
- (e) The Scheme was targeted at registered healthcare professionals. As audiologists were currently not required to register, FHB at this stage had not considered including them as a category of service providers under the EHCV Scheme.
- (f) The EHCV Scheme aimed to provide elders with partial subsidy, enabling them to choose within their local communities the private primary healthcare services that best suited their needs. This could help enhance the primary healthcare services provided for the elderly and promote the concept of family doctor, so as to provide elders with an alternative to the existing public primary care services. FHB would continue to step up publicity, including emphasising that the existing public healthcare services available to the elderly would not be reduced and that needy elders could still use public healthcare services, with a view to removing public misunderstanding about the EHCV Scheme.
- (g) At present, elders aged 70 or above could join the EHCV Scheme without going through a means test. Those who were not eligible to join the Scheme could still

use primary care services provided by elderly health centres under DH and general out-patient clinics and community health centres under HA.

12. The responses of Ms LEE and Mr SUN of FHB, and Mrs Kathy NG, Assistant Director of Social Welfare, on other initiatives in the Budget were as follows:

- (a) The psychogeriatric outreach services of HA were providing psychogeriatric services to about 125 RCHEs in the territory. It was envisaged that about 80 additional RCHEs would be provided with such services within this year. By then, psychogeriatric services would be provided to about 205 RCHEs, which accounted for 30% of the some 700 RCHEs in Hong Kong.
- (b) FHB would provide information in writing on the waiting time and fees for joint replacement services after the meeting.

[Post-meeting note: The information provided by FHB on the waiting time and fees for joint replacement services was as follows:

As at 2009-10, there were about 5 100 patients on the waiting list for joint replacement surgeries at HA's hospitals, and the notional waiting time was about 33 months. To meet the increasing service demand and shorten the waiting time for the surgeries, HA had allocated additional resources for setting up a joint replacement centre in the Hong Kong Buddhist Hospital and Yan Chai Hospital in 2010-11 and 2011-12 respectively. Fees for the services provided by these centres would be charged at HA's standard rate i.e. \$100 per day for in-patient services for "eligible persons".]

- (c) FHB, DH and LWB assessed regularly the demand for nurses from their respective services and reflected such demand to the University Grants Committee through the Education Bureau (EDB) for reference by educational institutions in planning the relevant courses. Ms FUNG Yuk-kuen, Sylvia, Chief Manager (Nursing) / Chief Nurse Executive of HA and a EC member, also said that HA had re-opened the nursing schools in 2008, and the first batch of over 300 registered nurse students would graduate within this year. It was expected that vacancies in the market would be filled up gradually. Besides, HA trained about 200 enrolled nurses for the Social Welfare Department (SWD) each year. These nurses could serve the social welfare sector after graduation.
- (d) Apart from the fact that a certain number of medical graduates would join the medical profession each year, HA and FHB had been retaining doctors in the public healthcare system in recent years through personnel management measures, such as the creation of additional promotion posts.
- (e) The increase in duty rates for cigars was 41.14%, the same as that for cigarettes and other tobacco products.

13. Mr SUN added that the launching ceremony for the Primary Care Campaign would be held at Citywalk, Tsuen Wan on 10 April. Members were cordially invited to attend the event.

### *Elderly welfare*

14. Ms Irene YOUNG, Deputy Secretary for Labour and Welfare, briefed Members on

the various initiatives relating to elderly welfare in the 2011-12 Budget with the aid of a powerpoint presentation.

15. Members generally welcomed the measures for improving elderly services as proposed in the Budget. They raised the following questions and views:

- (a) Was the community living supplement payable to all elderly recipients of Comprehensive Social Security Assistance (CSSA)?
- (b) The Budget proposed allocating additional resources for RCHEs offering EA1 places under the Enhanced Bought Place Scheme to provide physiotherapy treatment and rehabilitation training for the elderly. However, given the current shortage of physiotherapists and occupational therapists in the market, the cost of procuring their services would be very high and the additional resources might not be adequate. Besides, due to the manpower shortage of other healthcare professions, physiotherapists and occupational therapists were often required to assist healthcare professionals in case management work.
- (c) It was suggested that the Hong Kong Polytechnic University (PolyU) should consider providing enhancement courses for rehabilitation assistants so that they could assist occupational therapists and physiotherapists in some of their duties, and could also upgrade their professional skills for better career prospect. Besides, it was suggested that the Government should explore the feasibility of creating non-degree ranks for the relevant professions.
- (d) While the demand of RCHEs for outreach healthcare services provided by the

Community Geriatric Assessment Teams (CGATs) was growing as the Government increased the provision of RCHE places each year, the manpower of the CGATs did not increase and was thus unable to meet the demand of RCHEs. In response, Dr Loretta YAM, Cluster Chief Executive (Hong Kong East Cluster) and a EC Member, said that her Cluster had provided telephone follow-up service to some frail elders residing in RCHEs after they were discharged from hospitals. The service had effectively reduced the elders' chance of readmission. She hoped that this service could be extended to other clusters to reduce the workload of the CGATs.

- (e) In general, it was suggested that the Government should conduct an overall manpower planning review of all healthcare professions.
- (f) The study on “Community Care Services for the Elderly” undertaken by The University of Hong Kong as commissioned by this Commission was about to complete. It was hoped that the 2011 Policy Address would include pilot schemes related to ageing in place or community care, which would help implement the long-term planning of the relevant policies.
- (g) Members highly appreciated the Government's efforts in taking forward community care services and fully implementing the Integrated Discharge Support Programme for Elderly Patients. However, they were worried that elders might encounter difficulties in transportation when they went out to receive the various services, and hoped that the Government could explore measures to arrange transportation for elders who aged in place. It was also suggested that district resources (e.g. District Councils, NGOs, etc.) should be utilised in organising

more activities for elders at the community level to promote active and healthy ageing, so as to reduce or delay their need for high-care services.

- (h) As the Government had been advocating the allocation of limited resources to those most in need, it was suggested that a fund be set up in accordance with this principle to subsidise needy elders in using long-term care services.
- (i) There was not much room for increasing the number of RCHEs despite the society's growing demand in recent years. The number of private RCHEs might even drop as a result of the rising rent and the implementation of the minimum wage. The Chairman expressed concern over the difficulties faced by private RCHEs and their service standard, and hoped that this Commission would follow up on the development of private RCHEs in future.
- (j) It was suggested that the Government should consider incorporating RCHEs into town planning standards. For example, public housing estates and major private housing estates should be required to reserve space for RCHE use.

16. Ms YOUNG and Mr Patrick NIP, Director of Social Welfare, responded as follows:

- (a) At present, the community living supplement was payable to severely disabled CSSA recipients. The Budget proposed to extend the supplement to cover all CSSA recipients aged 60 or above who lived in the community and increase the monthly supplement from the existing \$120 to \$250.

- (b) The PolyU would increase places for training physiotherapists and occupational therapists in the three school years starting from 2012, and was exploring ways to increase the manpower of such professions before these students graduated (e.g. by organising self-financing courses).
  
- (c) The Government would continue to increase subsidised residential care places through various means. In view of the pivotal role played by private RCHEs in the provision of elderly care services, the Budget proposed an increase not only in the number of EA1 places to be purchased but also in the amount of subsidy for EA1 places, so that RCHEs could arrange physiotherapy treatment and rehabilitation training for elders. These measures would help enhance the service quality of private RCHEs. SWD would continue to maintain close liaison with the sector and monitor the provision of places by private RCHEs and their development.

17. In conclusion, the Chairman said he was pleased to note that most of this Commission's suggestions on elderly care issues were supported by the Government in recent years. In particular, he emphasised the need to conduct an overall manpower review of the healthcare professions with a view to meeting the needs of society and taking forward the government policies. He hoped that the Administration could set up qualification frameworks for the healthcare and social welfare professions to provide bridging ladders between different levels of qualifications. He also hoped that District Councils would enhance their roles at the district level to provide more appropriate services for the elderly.

**Agenda item 4: Any other business**



Work progress of the Working Group on Active Ageing (WGAA)

18. Mr Timothy MA, Chairman of WGAA, said that WGAA planned to organise a sharing session for the first and second phases cum launching ceremony for the latest phase of the Neighbourhood Active Aging Project in July this year.

Work progress of the Working Group on Long-term Care Model (WGLCM)

19. Prof Alfred CHAN, Chairman of WGLTCM, said that data collection work for the study on “Community Care Services for the Elderly” undertaken by The University of Hong Kong as commissioned by this Commission had been completed. WGLTCM would thoroughly discuss the overall development direction of community care services for the elderly in due course.

20. Furthermore, Prof CHAN said that this Commission was actively exploring with LWB and EDB the development of a qualification framework for the elderly care profession to map out the professional bridging ladder for industry workers at different levels.

21. Prof CHAN also said that WGLTCM was actively exploring with relevant government departments and organisations ways to provide more comprehensive support services for demented patients through collaboration between the welfare and healthcare sectors.

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

### Foundation Committee)

22. Mrs Polly CHAN, Principal Assistant Secretary for Labour and Welfare, said that the second round of funding applications had been approved by the Vetting Sub-committee under the Foundation Committee. Including the four new elder academies with funding approval for establishment in secondary schools, the number of elder academies operating in primary and secondary schools would increase to 109. Besides, the Strategic Development Sub-committee under the Foundation Committee would meet soon to explore the strategy for furthering the Elder Academy Scheme.

### The elderly portal

23. Mrs CHAN said that the advisory committee on the elderly portal was examining the way forward for the second phase of the project and considering proposals on how to optimise the portal technically. The Hong Kong Society for the Aged planned to give a briefing at the next meeting of this Commission.

### The Family Council

24. The Chairman said that the Secretariat had earlier submitted a report on this Commission's work to the Family Council, and had circulated the report to Members via e-mail for reference.

### The Golden Age TV Series

25. A Member expressed appreciation for the latest Golden Age TV Series produced

by Radio Television Hong Kong (RTHK), saying that it helped promote the message of active aging, and suggested that the series be broadcasted in more public places (e.g. schools, clinics, social welfare organisations, etc.). Mrs CHAN said that the series could be reviewed at RTHK's website. The Secretariat would follow up with RTHK on whether the broadcast of such programme in public places would involve copyright issues. [Post-meeting note: RTHK welcomed the suggestion and advised that the programme could be broadcasted in public places if consent was obtained from RTHK beforehand.]

#### Pilot Scheme on Outreach Support for Elderly Owners

26. Mr MA said that the Senior Citizen Home Safety Association, having submitted a proposal, had been invited by the Development Bureau in January this year to implement the Pilot Scheme on Outreach Support Service for Elderly Owners which provided information and support services relevant to property acquisition for elderly owners.

#### Date of the next meeting

27. The next meeting was scheduled for 23 June 2011. [Post-meeting note: The date of the next meeting was subsequently changed to 15 June 2011.]

#### Time of adjournment

28. The meeting was adjourned at 11:20 a.m.

May 2011