

Elderly Commission
Minutes of the 102nd Meeting

Conference Room 6, G/F, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
3:00 p.m., 20 May 2020 (Wednesday)

Present:

Chairman

Dr LAM Ching-choi, SBS, JP

Members

Ms CHAN Mei-kit, Maggie, MH

Ms CHAN Yee-ching, Tammy

Mr CHEUNG Leong

Mr CHUA Hoi-wai, JP

Ms CHUNG Wai-yee, Diana

Prof LEE Tze-fan, Diana, JP

Ms LI Fai, Grace

Ms LO Dak-wai, Alexandra, JP

Dr LOU Wei-qun, Vivian

Dr PANG Fei-chau

Mrs SO CHAN Wai-hang, Susan, BBS

Mr WONG Kit-loong

Dr YEUNG Ka-ching

Ms CHANG King-yiu, JP

Mr Gordon LEUNG, JP

Mr FUNG Pan-chung, Chris

Dr FUNG Yu-kei, Anne

Mr LUK Tsz-wai, Ian

Dr HA King-hang, Tony

Permanent Secretary for Labour and Welfare

Director of Social Welfare

Principal Assistant Secretary for Food and Health (Health)

Assistant Director of Health (Elderly Health)

Assistant Director of Housing (Estate Management) (1)

Chief Manager (Primary and Community Services), Hospital Authority

In attendance:

Mr WONG Chung-yan, Johann, JP

Ms LAW Lai-tan, Linda

Mr TAN Tick-ye

Deputy Secretary for Labour and Welfare

Principal Assistant Secretary for Labour and Welfare

Assistant Director of Social Welfare (Elderly)

Ms FUNG Man-yu, May	Chief Social Work Officer, Social Welfare Department
Ms FUNG Shuk-man, Wendy	Chief Social Work Officer, Social Welfare Department
Mr WU Chia-chun, Desmond	Assistant Secretary for Labour and Welfare
Mr CHAN Pak-lam, Ashley	Assistant Secretary for Labour and Welfare
Ms LEE Ngan-chau, Martina	Chief Executive Manager, Labour and Welfare Bureau
Miss LEUNG Pui-yin, Sam	Executive Officer, Labour and Welfare Bureau

Agenda item 3

Prof LUM Yat-sang, Terry	Head, Department of Social Work and Social Administration of The University of Hong Kong
Miss Mandy LAU	Research Coordinator, Sau Po Centre on Ageing of The University of Hong Kong

Agenda item 4

Mr WONG Kwok-chun, Alex	Assistant Director of Social Welfare (Subventions)
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Absent with apologies:

Dr TSE Man-wah, Doris
 Mr WONG Tai-lun, Kenneth
 Ms YU Chui-ye, BBS, MH

Secretary

Mr CHONG Kwok-wing, Gordon	Principal Assistant Secretary for Labour and Welfare
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Dr LAM Ching-choi, the Chairman, welcomed Members to the meeting. In particular, he extended his welcome to Mr Gordon LEUNG, Director of Social Welfare, who attended the meeting of the Commission for the first time.

2. The Chairman reminded Members to make a declaration when there was a potential conflict between their own interests and the matters to be discussed.

Agenda item 1: Confirmation of the minutes of the 101st meeting

3. As Members had not proposed any amendments to the Chinese and English versions of the draft minutes issued by the Secretariat on 12 February 2020, the minutes were confirmed.

Agenda item 2: Matters arising

4. There were no matters arising from the minutes of the 101st meeting.

Agenda item 3: Updating of the Standardised Care Need Assessment Mechanism for Elderly Services

(Information Paper No. EC/I/01/20)

5. Mr TAN Tick-ye, Assistant Director of Social Welfare (Elderly), said that the Sau Po Centre on Ageing of The University of Hong Kong (Sau Po Centre) had completed the updating of the assessment tool adopted under the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES) from MDS-HC v 2.0 to interRAI-HC v 9.3 in early 2019. In parallel, the long-term care service matching system had been updated to enable the Social Welfare Department (SWD) to better demarcate the various long-term care needs of the elderly, including community care services (CCS) and residential care services (RCS). To fine-tune SCNAMES, the SWD and the Sau Po Centre had held 18 meetings and sharing sessions since February 2019 to exchange views with various stakeholders through different channels, with the participation of more than 2 000 persons. Subsequent to the reports made by the SWD and the Sau Po Centre at the 98th meeting of the Commission, he invited Prof LUM Yat-sang, Terry, Head of the Department of Social Work and Social Administration of The University of Hong Kong, to brief Members on the latest progress on the updating of SCNAMES.

6. Prof LUM said that in updating SCNAMES, the Sau Po Centre had collected and studied a large amount of data. After careful consideration of various stakeholders' opinions, the SWD and the Sau Po Centre suggested further enhancements to SCNAMES by incorporating certain factors into the updated assessment of long-term care service needs, such as singleton elderly persons, elderly couples without other family members, carers' stress and home environmental risks, etc. For elderly persons

who were recommended matching CCS under the updated SCNAMES, they could seek a re-assessment any time when their health conditions deteriorated. If they were recommended RCS after re-assessment, the original date of their application for long-term care services would be deemed by the SWD to be the date they were waitlisted for RCS, regardless of whether they were already waitlisting for, receiving or had ceased receiving subsidised CCS. This arrangement can allow elderly persons to use CCS with peace of mind without an immediate urge to apply for RCS.

7. Mr TAN continued by saying that the Government expected to brief the Panel on Welfare Services of the Legislative Council and the Steering Group of the Project on Enhancement of the Infrastructure of Long-term Care in Hong Kong in the second quarter of this year. The SWD would, within this year, update the computer system and the Manual of Procedures on Registration and Allocation of Long Term Care Services, and arrange bridging training programmes on the use of the updated assessment tool for serving accredited assessors and train up new accredited assessors for the implementation of the updated SCNAMES in the first quarter of 2021. To familiarise front-line social workers and assessors with the updated service matching mechanism and application procedures, the SWD would arrange regional briefings for them before the launch of the new mechanism.

8. After the briefing, the Chairman and Members put forward the following views and questions:

- (a) Noting that the updated assessment tool and long-term care service matching system would adopt more electronic features, which would enhance accuracy and fairness, Members hoped that the updated SCNAMES would be launched as soon as possible.
- (b) It was suggested that the Government might consider allowing elderly persons, who had been matched with RCS upon assessment while waitlisting for or receiving subsidised CCS, to be waitlisted for subsidised RCS with an “active” status if they so wished, without waiting until their health conditions deteriorated or their family and community services could not provide sufficient care for them, so as to ease their worries.
- (c) It was suggested that the Government should expedite the provision of bridging training for accredited assessors in order to ensure that they would be capable of using the updated SCNAMES in assessing elderly persons in

need.

- (d) A Member wished to know when the results of care service matching would be made known to elderly persons after assessment and how various factors would be weighed in the assessment results under the updated SCNAMES.
- (e) It was suggested that the Government could make good use of the care service data collected through the updated assessment tool to enhance future service planning.
- (f) In addition to arranging briefing sessions for assessors and front-line workers, the SWD might also explain the updating of SCNAMES to welfare organisations so that more stakeholders could learn about the proposed enhancements

9. In response to Members' views and questions, Mr TAN and Prof LUM replied as follows:

- (a) Under the enhanced SCNAMES, if elderly persons were matched with RCS upon assessment, they could, while applying and waitlisting for such subsidised services, be waitlisted for and receive subsidised CCS in parallel. Under such circumstances, the status of their application for subsidised RCS would be temporarily changed to "inactive". They might request to reinstate the "active" status of their application for subsidised RCS whenever necessary without the need to be waitlisted for the services afresh. In other words, their position in the RCS waiting list would not be affected. In this way, elderly persons would feel more at ease in using CCS.
- (b) The Sau Po Centre had been arranging two-day bridging training programmes, which covered the use of the updated assessment tool and case studies, for serving accredited assessors. Those who had completed the programme had to undergo an examination and assessment. About 1 000 serving accredited assessors had completed the programme to date.
- (c) The SWD estimated that about 2 000 active accredited assessors would be available after completing the bridging training programme. Moreover, the SWD would continue offering full training programmes to new assessors to

increase the number of accredited assessors.

- (d) The Sau Po Centre suggested that assessors should, after conducting the assessment, review and explain to elderly persons in detail their long-term care service needs and service matching results as soon as possible.
- (e) The updated care service matching system would provide long-term care service matching based on the “resource utilisation group score”, which indicated the elderly person’s clinical features and care needs, as well as the “impairment score”, which measured the elderly person’s level of functional impairment in late-loss activities of daily living. Other factors for consideration would include cognitive impairment, behavioural problems, clinically complex condition and needs for special or intensive care, singleton elderly persons, elderly couples without other family members, carers’ stress and home environmental risks, etc.
- (f) After the launch of the updated SCNAMES, the Government would make reference of relevant assessment data for future service planning and review.
- (g) In addition to accredited assessors and front-line social workers, the SWD and the Sau Po Centre had also exchanged views with other stakeholders, including non-governmental organisations (NGOs) providing elderly services, associations for social workers, elderly persons, carers, concern groups and the Hong Kong Council of Social Service, on the fine-tuning of SCNAMES. Furthermore, the SWD had planned to brief the updated SCNAMES in the meeting of the Steering Group of the Project on Enhancement of the Infrastructure of Long-term Care in Hong Kong, which included representatives from various welfare organisations, to ensure that NGOs providing elderly services were aware of the updated assessment tool and service matching system under the enhanced SCNAMES.

10. The Chairman extended his gratitude to the Sau Po Centre for making strenuous efforts in reviewing and updating SCNAMES, and considered that the latest proposed enhancements had aptly responded to the concerns expressed by various stakeholders during the consultation. He hoped that the updated SCNAMES would be implemented as scheduled so that the SWD could review the matching of assessed elderly persons and various long-term care services in a more accurate manner, and priority would be

given to elderly persons most in need of the services.

Agenda item 4: Anti-epidemic measures in the elderly service sector

(Information Paper No. EC/I/02/20)

11. Mr WONG Kwok-chun, Alex, Assistant Director of Social Welfare (Subventions), briefed Members on Information Paper No. EC/I/02/20 with the aid of a PowerPoint presentation, setting out the operation of the elderly service sector (including home-based, centre-based and residential care services as well as flexible arrangements on service requirements under the Funding and Service Agreements) and relevant anti-epidemic measures (including guidelines on epidemic control, enhancing surveillance programme in the community, various special allowances and provision of face masks for residential care homes for the elderly (RCHEs)) during the coronavirus disease 2019 (COVID-19) epidemic.

12. Members expressed gratitude and appreciation to the SWD for its arduous efforts in providing anti-epidemic support for the elderly service sector, and raised the following suggestions, views and questions:

- (a) A Member would like to know the visiting arrangements in residential care homes (RCHs) under the Guidelines for Residential Care Homes for the Elderly or Persons with Disabilities for the Prevention of Coronavirus Disease (COVID-19) issued by the Centre for Health Protection (CHP) of the Department of Health (DH).
- (b) It was hoped that the Government would consider extending its anti-epidemic support measures, such as the provision of face masks, special allowances and free COVID-19 testing, to cover home care workers so as to safeguard the health of both staff and service users.
- (c) As RCHEs had suspended taking in new residents during the epidemic, some of the private RCHEs participating in the Enhanced Bought Place Scheme (EBPS) might not be able to achieve the enrolment rate of 92% as required by the SWD. It was expected that the Government would exercise flexibility in this regard.
- (d) It was hoped that the Government would consider expanding the target

beneficiaries of the Special Allowance for Residential Service Staff to staff of private RCHs.

- (e) Noting that the Government's Anti-virus Coating Subsidy, which had been offered to RCHs, was not targeted at combating the novel coronavirus, a Member expressed concern over its effectiveness.
- (f) As the epidemic situation had become stabilised, it was time for the Government to review, plan forward and sum up experiences to enhance the arrangements of various elderly services (including RCS, CCS, day care services, district elderly community centres and neighbourhood elderly centres, etc.) under the epidemic in preparation for any possible second wave of outbreak in the future. The aim was to maintain normal delivery of services as far as possible so as to minimise the impact on the lives of the elderly while strengthening infection control.
- (g) It was suggested that the Government should further expand the scope of virus testing to cover all new residents of RCHes and residents newly discharged from hospitals to minimise the risk of cluster infection in RCHes.
- (h) A Member was concerned about the impact of the epidemic on the mental health of elderly persons, and suggested the setting up of an information platform to compile information and advice on mental health and emotion management during the epidemic and provide guidelines on best practices.
- (i) A Member enquired about quarantine arrangements in case of an outbreak in RCHs.
- (j) As a long-term measure, the Government might consider building RCHs specifically for providing respite service for elderly persons. It would meet the community's demand for the service on the one hand, and might serve as a temporary quarantine centre specifically for elderly residents in case of an outbreak in RCHs on the other.
- (k) Amid the challenges posed by the outbreak, many elderly service units had made use of various communications technologies to help maintain the operation of some services. It was suggested that the Government might

further promote the application of such technologies, particularly in services catering for elderly singletons, families of elderly doubletons and carers.

13. In response to Members' suggestions, views and questions, Mr FUNG Pan-chung, Chris, Principal Assistant Secretary for Food and Health (Health), Mr WONG, Mr TAN and Dr FUNG Yu-kei, Anne, Assistant Director of Health (Elderly Health), replied as follows:

- (a) As laid down in the updated Guidelines for Residential Care Homes for the Elderly or Persons with Disabilities for the Prevention of Coronavirus Disease (COVID-19) issued by the CHP on 15 May 2020, RCHs should, while maintaining social distancing and infection control measures, implement limited visiting arrangements which included limiting the numbers of visitors for each resident and at any one time to reduce crowded situation inside the institution, minimise the duration of stay of visitors, check body temperature of visitors and request them to perform hand hygiene and wear a surgical mask before entry, and implement appropriate measures to ensure that a proper social distance was maintained between visitors and others.
- (b) The SWD had been providing face masks for recognised service providers (RSPs) of home care services. Every home care worker was provided with two face masks and shields every day in support of their ongoing delivery of services.
- (c) To strengthen the monitoring of the spread of COVID-19 in the community, the CHP would further extend the Enhanced Laboratory Surveillance Programme to cover higher-risk groups working in RCHEs, RCHs for persons with disabilities and nursing homes. Each of these institutions would be provided with specimen containers and invited to arrange for three of their staff members to provide deep throat saliva specimens for testing. A total of about 3 300 staff members of these institutions would be tested. Priority would be given to those who came in close contact with residents on a routine basis, such as nurses, health workers and care workers. In light of these testing results, the DH would evaluate and decide on the next stage of testing strategy.

- (d) As various special arrangements had been made under the epidemic, the SWD would take into full account the impact of the epidemic on services provided by private RCHs participating in EBPS in assessing their compliance with service requirements in the future, and exercise flexibility in this regard.
- (e) To assist the elderly service sector in fighting the epidemic together, the Government had implemented a host of anti-epidemic measures, many of which covered all private RCHEs across the territory. These included, among others, the provision of face masks for residential service units, the provision of a one-off special allowance for manpower support, and supporting RCHEs to give their premises an anti-virus coating spray.
- (f) Disinfection products against the novel coronavirus with local certification had not yet been available on the market. The anti-virus coating provided for RCHs under the Government's subsidy should have met certain specific requirements, including being effective in killing viruses and/or reducing virus activity. It was therefore believed that the anti-virus coating could enhance the prevention of the epidemic in RCHs.
- (g) The DH had set up a thematic webpage on COVID-19 and Mental Health in its Mental Health Infostation to provide members of the public with one-stop information on mental health, including advice on handling negative emotions and psychological stress during the outbreak, as well as feature topics on elderly mental health. In addition, the Advisory Committee on Mental Health would discuss the mental health needs of the general public during the COVID-19 epidemic, as well as co-ordinate and follow up on the implementation of measures related to mental health services.
- (h) Relevant government bureaux/departments had discussed and preliminarily drawn up corresponding action plans for evacuation and quarantine under different circumstances in case of an outbreak in a RCH, including identifying suitable places for quarantine of close contacts and other relevant parties.

Agenda item 5: The Pilot Scheme on Community Care Service Voucher for the Elderly

14. With the aid of a PowerPoint presentation, Mr TAN Tick-ye, Assistant Director of Social Welfare (Elderly), briefed Members on the proposals for implementing the Third Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly (the Pilot Scheme). Mr TAN said that the Pilot Scheme, which had been launched in phases by the SWD since September 2013, aimed to test the viability of the “money-following-the-user” funding approach where the Government provided subsidy directly to service users (instead of service providers) in the form of a service voucher, thereby enabling them to choose CCS that suited their needs. The Pilot Scheme might encourage participation from different types of service providers and provided incentive for them to enhance flexibility and diversity of CCS, as well as to improve service quality, so as to be more responsive to the users’ needs. As at March 2020, a total of 173 RSPs had participated in the Pilot Scheme, with 4 237 elderly persons being current users of CCS vouchers.

15. To further strengthen community care and support services, the Government planned to provide an additional 1 000 vouchers, bringing the total to 8 000 in 2020-21, so as to serve more elderly persons in need. The SWD also proposed to introduce in the Third Phase of the Pilot Scheme a series of enhancement measures, including refinements to the eligibility criteria for RSPs to increase service supply, removing tiered voucher values to enhance flexibility of service packages to allow service users to use the vouchers according to their needs, inviting eligible elderly persons to join the Pilot Scheme once they had been put on the Central Waiting List instead of sending invitations in batches, and the building of an electronic information exchange platform between the SWD and RSPs to enhance service effectiveness and facilitate service planning. Mr TAN added that the SWD would apply from the Lotteries Fund for funding to subsidise the Third Phase of the Pilot Scheme while undertaking preparatory work, with a view to launching the Third Phase of the Pilot Scheme in October 2020.

16. After the briefing, the Chairman and Members put forward the following views and questions:

- (a) Upon implementation of the enhanced measures, case management, which included introducing, co-ordinating and reviewing necessary CCS for elderly persons, would become more important. Had the costs of such services been included in the value of the vouchers?

- (b) A Member enquired whether RSPs would be allowed to provide only specialised services upon enhancement of the information technology system, and considered this conducive to enhancing service effectiveness.
- (c) It was suggested that the SWD could invite organisations providing home/community end-of-life care services to apply to join the Third Phase of the Pilot Scheme, thereby taking forward the “dying in place” initiative.
- (d) Noting that the eligibility criteria for RSPs would be refined to cover private healthcare facilities with relevant service experience, a Member sought explanation on the definition of relevant service experience; whether there would be any differences between the services of private organisations and other NGOs/non-profit-making organisations; whether additional fees would be charged for services provided by private organisations; and whether SWD would monitor services of private organisations.
- (e) How to obtain information on the existing RSPs in each district?

17. In response to Members’ views and questions, Mr TAN replied as follows:

- (a) After consulting the participating RSPs of the Second Phase of the Pilot Scheme, the SWD proposed to removed tiered voucher values and establish the floor and ceiling values instead to allow service users more freedom to choose services according to their needs. This would also save the administrative efforts and costs originally required from RSPs for working out service packages for elderly persons in accordance with voucher values.
- (b) The SWD had invited views of existing RSPs to plan for the enhancement of the information technology system with a view to building an electronic information exchange platform that would be easily accessible for both the SWD and the RSPs. The SWD would study, on the basis of this system, how service users might receive both centre-based and home-based services that suited their needs in parallel from RSPs offering only either of these services, and further explore with RSPs the feasibility of providing different modes of service following the launch of the new system.
- (c) To ensure quality of service, only private healthcare facilities with experience

in providing care/rehabilitation services were eligible to apply to join the Pilot Scheme.

- (d) Currently, a total of 15 private organisations were participating in the Second Phase of the Pilot Scheme. Their scope of services was similar to the CCS provided by NGOs/non-profit-making organisations. The SWD had implemented a set of standardised monitoring measures on all RSPs and capped the fee for each recognised service. However, elderly persons might make additional payments to RSPs to purchase extra services above the service package values or outside the recognised service scope.
- (e) A list of all RSPs under the Pilot Scheme by district and information of their services had been uploaded onto the SWD's website.

Agenda Item 6: Progress reports by Working Groups and Committee

Working Group on Ageing in Place

18. The Chairman said that the Working Group on Ageing in Place would discuss the support services for elderly persons with dementia and their carers in its next meeting. Members who were interested in the subject but not yet a member of the Working Group could sign up. The Secretariat of the Working Group would inform Members of the detailed arrangements for the meeting as soon as possible.

Committee on Elder Academy Development Foundation

19. Mr CHONG Kwok-wing, Gordon, Secretary to the Commission, reported that the closing date for submission of the first round of funding applications under the Elder Academy Development Foundation in 2020 had been extended to June 30 to provide sufficient time for sponsoring bodies of primary and secondary schools, post-secondary institutions and organisations which might be affected by COVID-19 epidemic to prepare their submissions. The Committee on Elder Academy Development Foundation would keep the situation in view and announce arrangements for this year's second round of funding in due course.

Agenda Item 7: Any other business

20. Member Dr LOU Wei-qun, Vivian said that the social welfare sector was getting more concerned about problems associated with the increasingly use of information and communication technology in service delivery, such as cyber security and data privacy issues. She expected that the Government would put forward a discussion on the subject at an appropriate juncture.

Time of adjournment

21. The meeting was adjourned at 5:20 p.m.

Date of next meeting

22. The date of the next meeting would be announced in due course.
(Post-meeting note: The next meeting was tentatively scheduled for 6 August 2020.)

July 2020