

Elderly Commission

Minutes of the 104th Meeting

Conference Room 4, G/F, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
10 a.m., 24 March 2021 (Wednesday)

Present:

Chairman

Dr LAM Ching-choi, SBS, JP

Members

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

Dr LOU Wei-qun, Vivian

Mrs SO CHAN Wai-hang, Susan, BBS

Mr WONG Kit-loong

Mr WONG Tai-lun, Kenneth

Dr YEUNG Ka-ching

Ms YU Chui-yee, BBS, MH

Ms CHANG King-yiu, JP

Dr CHUI Tak-yi, JP

Mr Gordon LEUNG, JP

Dr FUNG Yu-kei, Anne

Ms LAI Suet-kwai

Permanent Secretary for Labour and Welfare

Under Secretary for Food and Health

Director of Social Welfare

Assistant Director of Health (Elderly Health)

Chief Manager/Management (Support Services 2), Housing Department

Dr HA King-hang, Tony Chief Manager (Primary and Community Services), Hospital Authority

In attendance:

Ms KWOK Wai-ling, Polly, JP	Deputy Secretary for Labour and Welfare (Welfare) 2
Ms LAW Lai-tan, Linda	Principal Assistant Secretary for Labour and Welfare (Welfare) 3
Mr TAN Tick-yee	Deputy Director of Social Welfare (Services) (Acting)/Assistant Director of Social Welfare (Elderly)
Mrs SHEK CHAN Lai-wah, Judy	Chief Social Work Officer (Licensing and Regulation), Social Welfare Department
Mr FU Ka-shing, Jodan	Assistant Secretary for Labour and Welfare (Special Duties)
Ms LEE Ngan-chau, Martina	Chief Executive Manager, Labour and Welfare Bureau
Ms KWAN Yee-ting, Elaine	Executive Officer (Welfare) 4, Labour and Welfare Bureau

Absent with apologies:

Ms CHAN Mei-kit, Maggie, MH
Dr PANG Fei-chau
Dr TSE Man-wah, Doris

Secretary

Mr CHONG Kwok-wing, Gordon	Principal Assistant Secretary for Labour and Welfare (Welfare) 4
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Dr LAM Ching-choi, the Chairman, welcomed Members to the meeting. In particular, he extended a welcome to Ms KWOK Wai-ling, Polly, Deputy Secretary for Labour and Welfare and Dr CHUI Tak-yi, Under Secretary for Food and Health, who attended the meeting of the Commission for the first time. On behalf of the

Commission, he expressed a sincere gratitude to Ms LO Dak-wai, Alexandra, who retired from the Commission in February, for her contribution during her tenure.

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 102nd meeting

3. Given the Coronavirus Disease 2019 (COVID-19) epidemic, the 103rd meeting had been conducted by circulation of papers and hence no minutes had been taken. The minutes of the 102nd meeting had yet to be confirmed.

4. As Members had not proposed any amendments to the Chinese and English versions of the draft minutes of the 102nd meeting issued by the Secretariat on 13 July 2020, the minutes were confirmed at this meeting.

Agenda item 2: Matters arising

5. There were no matters arising from the minutes of the 102nd meeting.

Agenda item 3: Briefing on relevant initiatives in the 2021-22 Budget

(Information Paper No. EC/I/01-02/21)

6. Ms KWOK Wai-ling, Polly, Deputy Secretary for Labour and Welfare, and Dr CHUI Tak-yi, Under Secretary for Food and Health, briefed Members on the initiatives related to elderly welfare in the 2021-22 Budget with the aid of a PowerPoint presentation.

7. Ms KWOK said that the estimated recurrent expenditure on elderly services in the 2021-22 financial year was around \$14.2 billion, an increase of about 20% as compared with the revised estimate of around \$11.9 billion in the previous financial year (i.e. 2020-21) and an increase of almost 85% as compared with the approximately \$7.7 billion in 2017-18. On the provision of elderly services, the Government would continue to implement the recommendations set out in the Elderly Services Programme Plan with the aim of providing appropriate long-term care services for elderly persons in need. To improve such services, the Government would provide an additional 1 500 places under the Integrated Home Care Services (Frail Cases) to support ageing in place

for frail elderly persons. The initiative, to be implemented starting from April 2021, would involve an annual recurrent expenditure of about \$150 million. Besides, the Government would continue to purchase additional EA1 places from eligible residential care homes for the elderly (RCHEs) under the Enhanced Bought Place Scheme to provide a total of 5 000 additional places progressively from 2019-20. At present, the Government was taking forward 66 development projects to provide new contract RCHEs and day care centres/units for the elderly with a view to gradually providing about 8 800 residential care places and about 2 800 subsidised day care service places in the coming few years. The Hong Kong Housing Authority and the Hong Kong Housing Society had started to explore reserving for the Government about 5% of the total domestic gross floor area in suitable future public housing development projects for welfare uses, particularly RCHEs which were much-needed in the community, based on the premise that public housing supply and other ancillary facilities would not be affected.

8. On social security for the elderly, the government expenditure in this area was estimated to be as high as \$50.3 billion in 2021-22, an increase of nearly 70% as compared with \$30 billion five years ago (i.e. in 2016-17). Currently, about 1.05 million elderly persons aged 65 or above were recipients of social security payments, accounting for nearly 75% of the elderly population in Hong Kong. In addition, as announced in the 2021-22 Budget, an extra allowance equaling half of a month of the payment or allowance would be provided for recipients of standard rate Comprehensive Social Security Assistance payments, Old Age Allowance, Old Age Living Allowance and Disability Allowance. The extra payment was expected to benefit about 1.51 million recipients of social security payments, including the said 1.05 million elderly persons aged 65 or above.

9. On the support to the Hospital Authority (HA), Dr CHUI said that the Government would continue to increase the recurrent funding for the HA progressively on a triennium basis having regard to population growth and demographic changes. The recurrent funding provided for the HA in 2021-22 was \$80.7 billion, an increase of 4.7% as compared with the 2020-21 revised estimate (\$77 billion). The funding would be used to enhance a series of healthcare services such as increasing the number of public hospital beds and operating theatre sessions, enhancing endoscopy examination and diagnostic radiological service, providing additional quotas for general out-patient consultation and specialist out-patient attendances, as well as enhancing cancer diagnostic and therapy services which included extending service hours for radiotherapy, recruiting additional Cancer Case Managers and providing one-stop

diagnostic service at clusters on a pilot basis to streamline and expedite the diagnostic process through enhanced co-ordination among disciplinary teams.

10. The Government would also sustain its effort in promoting district-based primary healthcare services, with a view to enhancing the public's capability in self health management and providing community support for chronic patients. Following the commissioning of the first District Health Centre (DHC) in 2019 in Kwai Tsing District, the Government was pressing ahead with the setting up of DHCs in six other districts. It was expected that the one in Sham Shui Po would commence service this year, and the other five in the following year. Besides, the Government had allocated about \$600 million last year to subsidise the setting up of smaller-scale interim "DHC Express" by non-governmental organisations (NGOs) in the remaining 11 districts, with a view to expediting the provision of primary healthcare services across the territory. It was expected that the "DHC Express" in the 11 districts would commence service in the fourth quarter of this year.

11. Meanwhile, the Government would provide additional funding of \$156 million (including recurrent funding of \$147 million) for addressing the escalating demand for psychiatric services across different age groups in both hospital and community settings. The initiatives included developing child and adolescent psychiatric services in both Hong Kong East and Kowloon Central Clusters by phases, strengthening collaboration with paediatricians and multi-disciplinary professional training, expanding the Student Mental Health Support Scheme to cover more schools for the enhancement of mental health services for children and adolescents; recruiting additional case managers to strengthen community psychiatric services; enhancing psychogeriatric outreach services to address the mental health needs of the elderly persons; and supporting the upcoming service commencement of the redeveloped Kwai Chung Hospital.

12. The Chairman and Members welcomed the various initiatives for improving elderly services as mentioned in the Budget. After the briefing, they put forward the following views and questions:

- (a) In view of the great demand for RCHE places and the resulting long waiting time, the Government was expected to strengthen the relevant service to meet the acute demand in the community. The Commission hoped to learn more about the details of the 66 development projects being implemented by the Government, such as the schedule or plan for completion;

- (b) in recent years, there had seen quite a lot of discussions about the “Self-Supporting Care Model” (SSC Model), which encouraged more choice-making by elderly persons about their daily living so that they might take better care of themselves and their dignity be preserved. Moreover, by adopting the SSC Model, RCHE staff could witness improvement in the elderly person’s self-care ability, leading to greater job satisfaction and sense of achievement which might help retain talent and attract newcomers to the sector. To meet the public’s expectation on elderly services, the Government might consider, apart from increasing the number of RCHEs, conducting studies on subjects relating to the elderly persons’ quality of life, and promoting the concept by drawing reference from trial findings in Europe, the United States, Japan and Taiwan;

[Post-meeting note: Online information shows that SSC Model aims at providing support for elderly persons to resolve practical problems in daily functioning through training and care model, and helping them enhance and restore independent living skills, thereby improving their quality of life.

This concept has been applied in various countries and regions such as Japan, the United Kingdom, the United States and Australia. It is understood that in recent years, some NGOs in Hong Kong have been piloting SSC Model in their RCHEs to various extents, e.g. providing training and ancillary tools to help elderly persons improve their physical functioning so as to minimise the risk of fall and reduce the need to apply physical restraints such as safety vests.

The Social Welfare Department (SWD) plans to organise experience sharing session under the training and development programme in 2021-22. Speakers will share their views on SSC Model with management and professional personnel (including social workers, nurses, physiotherapists, occupational therapists, etc.) of NGOs and private RCHEs, as well as staff of SWD.]

- (c) the Government might consider enhancing efficiency of projects through application of technology and refinement of procedures. Using a mega RCHE project as a blueprint, in designing new RCHEs, the Government should collect and utilise the data and information concerning the elderly service sector with a view to exploring design options which might improve the operational process and service mode of RCHEs;
- (d) the growth in the number of elderly persons aged 85 or above would reach its peak

in 2034. The Government should consider commencing programmes which were in line with the principle of “shared responsibility of care” as set out in the Elderly Services Programme Plan as soon as possible, so as to alleviate the long-term fiscal burden of the Government;

- (e) the Government should address the manpower problem in RCHEs lest the service quality be impaired. “Work trial on a short-term basis” could be an option worth exploring as the initiative might not only offer an opportunity for the jobless/unemployed to join the sector, but also help changing the negative perception on the sector for those who participated in work trials, but also. Furthermore, upon implementation of the amended legislation in the future, the Government should consider assisting small-scale RCHEs in coping with the risk of closing down should they fail to meet the statutory minimum requirements on floor space per resident, and make early arrangements for the affected elderly persons to relocate to other RCHEs;
- (f) the Government might consider introducing various types of gerontechnology facilities to develop brand new smart RCHEs on a trial basis so as to attract young people to join the sector;
- (g) on land supply, the Government might consider converting old car parks in public housing estates into RCHEs to expedite the provision of additional places so as to address the issue of supply shortage. On policy formulation, the Government should allow more room for development in the private market and actively promote the policy of ageing in place to address the problem at root; and
- (h) the Government should also enhance the public’s understanding of primary healthcare from a macro perspective, particularly the concept of preventive primary healthcare, in order to address long-term care needs associated with an ageing population.

13. In response to Members’ views and questions, Ms CHANG King-yiu, Permanent Secretary for Labour and Welfare, Mr Gordon LEUNG, Director of Social Welfare, Mr TAN Tick-ye, Deputy Director of Social Welfare (Acting) and Ms KWOK replied collectively as follows:

- (a) The Government would report to the Panel on Welfare Services of the Legislative Council and the public on the progress of the 66 development projects in a timely

manner. Among the 8 800 RCHE places to be provided, there would be about 5 400 subsidised places and 3 400 non-subsidised places. The progress might vary among projects, but relevant welfare facilities had been included in the development plans. Among these were the development of several mega RCHEs, which would help substantially in satisfying the needs for residential care places for the elderly. While the operation of such large-scale RCHEs would incur huge amounts of recurrent expenditure, the SWD had taken special steps in project planning with a view to minimising the impacts of short-term economic factors in Hong Kong on the progress of development. Despite the prevailing unfavourable economic environment and overall budgetary constraints of the Government, the Labour and Welfare Bureau (LWB) and the SWD would endeavour to secure resources for the projects;

- (b) as mentioned in the Chief Executive's 2020 Policy Address, the Government would increase the plot ratio of future public housing projects so that 5% of the gross floor area could be set aside for the provision of social welfare facilities. The Government's initial idea was that such social welfare facilities would mainly include residential facilities for the elderly, which should help alleviating the shortage problem. In addition, the Government was making preparation for the legislative amendment exercise on the residential care home-related ordinances, which would be submitted to the Legislative Council for scrutiny in due course. These amendments included providing a transitional arrangement to allow the sector to comply with the amended minimum statutory requirement on area per resident within an eight-year grace period;
- (c) on the premise of safeguarding employment priority for local workers, the Government would continue to process private RCHEs' applications for importation of workers in accordance with the established mechanism to ease the long-standing manpower shortage problem faced by the sector. The Government had discussed with the Employees Retraining Board the provision of more relevant courses and greater flexibility for trainees to attract the unemployed/jobless to join the sector. The "Love Upgrading Special Scheme" was also launched to further enhance the support to job seekers and employees affected by economic downturn for skills enhancement. Trainees who had completed full-time vocational skills courses would be provided with follow-up placement services. The Government would keep the situation in view closely and explore with the sector, if necessary, how more job seekers could be attracted to join the sector; and

[Post-meeting note: The LWB has collated information on training programmes for attracting job seekers to take up posts of frontline care staff in the elderly service sector. For details, please refer to the supplementary note enclosed with the minutes of meeting.]

- (d) a number of operators of contract RCHEs had introduced various gerontechnology and relevant equipment for assisting staff in taking care of the elderly or carrying out administrative work in RCHEs.

Agenda item 4: Elderly services under the coronavirus disease 2019 epidemic

(Information Paper No. EC/I/03/21)

14. Mr TAN briefed Members on Information Paper No. EC/I/03/21 which set out the operation of the elderly service sector and relevant anti-epidemic measures adopted during the COVID-19 epidemic. Besides, the SWD had sent letters to invite the first batch of ten RCHEs and the remaining 1 102 residential care homes (RCHs) to join the Outreach Vaccination Arrangement for RCHs under the COVID-19 Vaccination Programme (Outreach Vaccination Arrangement), which would commence in late March at the earliest.

[Post-meeting note: Outreach Vaccination Arrangement for RCHs commenced on 13 April 2021.]

15. The Chairman and 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) With the collaboration of the SWD, the elderly service sector had managed to maintain service delivery by overcoming all sorts of constraints through various means during the epidemic in order to meet the most basic needs of the elderly persons. It was, however, unfortunate that the more cautious approach adopted at the early stage of the epidemic had created a rather negative image of the sector. The Government might further explore the application of technology in elderly services with a view to maintaining services for the elderly persons in case of any contingencies in the future;
- (b) it was appreciated that the Government had created an additional 1 000 temporary

posts to cope with the surge in workload during the outbreak of the epidemic. However, these temporary posts were not filled up due to unattractive salaries. It was hoped that the Government would continue to explore different options for attracting young people to join the elderly service sector;

- (c) the community in general were anxious about COVID-19 vaccination, hence the take-up rate among members of the public (including elderly persons who aged in place) was not high. The Government might consider providing more incentives for the public to receive vaccination and enhance RCHEs' understanding of vaccination arrangements in order to ease the worries of residents and their families;
- (d) the Government should maintain communication with the elderly service sector and explore relaxing the visiting arrangements and measures for RCHEs from the scientific perspective without resorting to mandatory vaccination of the public (including elderly persons and their families) which might cause resentment;
- (e) as the epidemic developed, the number of elderly persons getting infected in RCHEs had seen a drop. On staff infections, the number of those working at private RCHEs was lower than that at subvented RCHEs. On the whole, however, outbreaks at small-scale RCHEs were more serious. The Government should try to find out the underlying reasons and see whether the ventilation system of these RCHEs was a contributory factor;
- (f) the Government might consider allocating resources to elderly education to enhance health awareness. This could strengthen the self-protection ability of the elderly persons on the one hand and contribute to public health protection on the other; and
- (g) in implementing the COVID-19 Vaccination Programme in RCHs, the Government and the HA should arrange manpower in advance to handle cases of elderly residents having adverse reactions after vaccination.

16. In response to Members' suggestions, views and questions, Ms KWOK, Dr CHUI, Mr LEUNG, Mr TAN and Dr HA King-hang, Tony, Chief Manager (Primary and Community Services), HA replied as follows:

- (a) The SWD noted that in large-scale RCHEs, anti-epidemic arrangements were more properly made in general and social distancing measures were more strictly enforced, thereby achieving better anti-epidemic results;

- (b) the SWD launched a time-limited programme in December last year to provide subsidies to arrange nurses to conduct on-site assessment on infection control measures at RCHs, teach RCH staff anti-epidemic knowledge and skills, arrange technical engineering teams to conduct on-site ventilation assessments and make recommendations on ventilation improvement. Meanwhile, the Hong Kong Jockey Club Charities Trust would offer a one-off allowance (subject to a capped amount) for all RCHEs to purchase equipment to improve ventilation and strengthen support to residents. The programme was welcomed by RCHEs;
- (c) the SWD had co-ordinated with the Department of Health (DH) and the HA to carry out the Outreach Vaccination Arrangement in batches. The administration of the Comirnaty vaccines was to be arranged by the HA whereas that of the Sinovac vaccines would be done by visiting medical officers (VMOs) participating in the DH's Residential Care Home Vaccination Programme. The HA would arrange staff to conduct site visits to RCHs which participated in the Outreach Vaccination Arrangement to ensure suitability of the venue. On the vaccination day, elderly residents would be arranged to rest for 30 minutes after vaccination in areas within the sight of the healthcare personnel for observation of any adverse reactions and timely provision of assistance. Should an elderly resident subsequently feel unwell, the RCHE could contact the visiting medical practitioner concerned direct for medical consultation, or call an ambulance to send the resident to hospital in case the visiting medical practitioner could not be contacted; and
- (d) the SWD and the DH had earlier explained the vaccination workflow of the Sinovac vaccines to representatives of RCHs participating in the Outreach Vaccination Arrangement using online means. Relevant information (including guide on the vaccination workflow) had also been provided for RCHs' reference. The DH had uploaded the list of VMOs enrolled in the Residential Care Home Vaccination Programme to the thematic website of COVID-19 Vaccination Programme. RCHs might choose a suitable VMO to provide the vaccination service for their elderly residents.

Agenda item 5: Progress reports by Working Groups and Committee

Working Group on Elderly Services Programme Plan

17. The Chairman said that the 17th meeting of the Working Group on Elderly Services Programme Plan had been cancelled due to the epidemic and the next meeting was tentatively scheduled for the second quarter of 2021. The Secretariat of the Working Group would report on the implementation of the Elderly Services Programme Plan at the next meeting of the Commission.

Working Group on Ageing in Place

18. The Chairman said that the 5th meeting of the Working Group on Ageing in Place had been held in January this year to discuss the support services for elderly persons with dementia and their carers as well as the Hong Kong Mental Morbidity Survey for Older People.

Committee on Elder Academy Development Foundation

19. Mr CHONG Kwok-wing, Gordon, Secretary to the Commission, reported that courses and activities organised by elder academies had inevitably been affected during the epidemic. To reduce risks of cross-infection due to social contact, some of their courses and activities had been held online instead. The Committee on Elder Academy Development Foundation would keep the situation in view and make corresponding arrangements in a timely manner.

Agenda Item 6: Any other business

20. There was no other business for discussion at the meeting.

Time of adjournment

21. The meeting was adjourned at 12:20 p.m.

Date of next meeting

22. The next meeting was tentatively scheduled for 23 June 2021.

April 2021