

**Elderly Commission**  
**Minutes of the 76<sup>th</sup> Meeting**

Conference Room 4, G/F, Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong  
9:30 a.m., 9 September 2013 (Monday)

**Present:**

**Chairman**

Prof CHAN Cheung-ming, Alfred, BBS, JP

**Vice-chairman**

Dr LAM Ching-choi, BBS, JP

**Members**

Dr CHAN Hon-wai, Felix, JP

Ms CHAN Man-ki, Maggie, MH

Miss CHAN Man-yea, Grace

Mrs CHAN LUI Ling-yea, Lilian

Dr CHENG Kam-chung, JP, MH

Dr CHEUNG Moon-wah

Dr CHONG Ming-lin, Alice, MH

Prof FUNG Yuk-kuen, Sylvia, BBS

Mr MA Ching-hang, Patrick, BBS, JP

Mr MA Kam-wah, Timothy, JP

Mr SHIE Wai-hung, Henry

Dr TUNG Sau-ying

Mr WONG Fan-foung, Jackson, MH

Mrs WONG WONG Yu-sum, Doris

Mr YAU How-boa, Stephen, SBS, BBS, JP, MH

Miss TAM Kam-lan, Annie, JP

Miss TSE Siu-wa, Janice, JP

Ms YIP Man-kuen, Carol, JP

Mr LEE Kwok-wing, Albert, JP

Dr LEUNG Sze-lee, Shirley

Dr Daisy DAI

Permanent Secretary for Labour and Welfare

Deputy Secretary for Food and Health

Director of Social Welfare

Deputy Director of Housing

Assistant Director of Health

Chief Manager (Primary and Community Services), Hospital Authority

**In attendance:**

Mr CHEN Yee, Donald

Miss LI Yuen-wah, Cecilla

Mr LIT Hoo-yin, Horace

Deputy Secretary for Labour and Welfare

Assistant Director of Social Welfare

Acting Principal Assistant Secretary for Labour and Welfare

Ms CHEUNG Jick-man, Lilian

Chief Social Work Officer, Social Welfare Department

Ms NG Lai-sheung, Ruby

Senior Social Work Officer, Social Welfare

Dr CHAN Ching-nin, Clive	Department Senior Medical and Health Officer, Department of Health
Dr MAW Kit-chee, Christina	Senior Executive Manager (Elderly and Community Care), Hospital Authority
Ms LEE Kai-ying, Iris	Assistant Secretary for Labour and Welfare
Miss TSANG Tik-yee, Florence	Assistant Secretary for Labour and Welfare
Miss MOK Tik-shan, Elizabeth	Chief Executive Officer, Labour and Welfare Bureau
Miss HO Wing-wa, Vitinie	Executive Officer, Labour and Welfare Bureau
<b><u>Secretary</u></b> Mr CHOW Wing-hang	Principal Assistant Secretary for Labour and Welfare

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Prof Alfred CHAN Cheung-ming, the Chairman, welcomed Members to the meeting, in particular Ms YIP Man-kuen, Carol, the new Director of Social Welfare, and Miss Grace CHAN Man-yee, the newly appointed member. The Chairman also thanked Mr Marco WU Moon-hoi for his significant contribution to this Commission during his tenure in the past four years.

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

**Agenda item 1: Confirmation of the minutes of the 75th meeting**

3. As Members had not proposed any amendments to the Chinese and English versions of the draft minutes issued by the Secretariat on 22 August and 4 September 2013 respectively, the minutes were confirmed.

**Agenda item 2: Matters arising**

Paragraph 17 of the minutes of the 75th meeting

Study trip to New York

4. Mr CHOW Wing-hang, Secretary of the Commission, said that the study trip to New York had taken place in July 2013. The three study groups had already submitted reports on their respective areas of study. The Secretariat was consolidating the information concerned and preparing a draft overall report, which would be circulated to Members in due course.

5. Based on the observations in New York made by participating Members, the Chairman and Members raised the following views and suggestions in respect of the implementation of an age-friendly community project in Hong Kong:

- (a) The publicity strategies adopted by the government of New York City to promote age-friendly initiatives were very successful and of reference value. In fact, Hong Kong had also put in place a number of age-friendly measures in various areas such as housing, transportation and welfare. The Government should step up its publicity efforts to strengthen public awareness and understanding of these age-friendly measures.
- (b) Reference could be made to New York City's experience in encouraging the retired professionals to take part in the promotion of age-friendly policies.
- (c) In implementing the age-friendly measures in local districts, communication with mutual aid committees, owners' corporations and property management offices of housing estates should be enhanced to disseminate the message of caring for the elderly. This would help reduce their resistance to the provision and enhancement of elderly facilities in their districts. Besides, housing estates which had age-friendly measures in place to cater for their ageing population (e.g. Shek Pai Wan Estate in Aberdeen) could be invited to share their successful experience in taking forward actions and initiatives in caring for the elderly.
- (d) Based on the experience of the Museum of Modern Art in New York, liaison could be made with the Leisure and Culture Services Department concerning the introduction of museum guided tours exclusively for the elderly (including elderly with dementia) and their carers so as to stimulate the cognitive ability of the elderly through art appreciation activities or even to delay their development of dementia as well as foster communication among dementia peers.
- (e) Safety was of the utmost importance in an age-friendly community. As traffic accidents involving elderly persons were not uncommon in Hong Kong, there was a need to enhance publicity to raise road safety awareness among the elderly.
- (f) Given the diverse characteristics and needs of the 18 districts in Hong Kong, each district might consider implementing its own age-friendly community project at local level, or using the platform of "healthy city" established in each district to co-ordinate and implement various age-friendly measures.
- (g) Taking into account the past experience in introducing age-friendly measures at community level, the elderly people should be encouraged to participate in the

age-friendly community project which should be built on and highlight the concerns of the elderly people in the district, including the provision of leisure and cultural facilities (such as parks), public facilities (such as markets) and complementary healthcare facilities and services.

6. The Chairman concluded that the Commission unanimously supported the implementation of age-friendly community projects at district level and would continue to examine and discuss the implementation strategies for the initiative.

**Agenda 3: Pilot Scheme on Elderly Carer Living Allowance for Low-income Families**  
**(Discussion Paper No.EC/D/01-13)**

7. The item was reported under separate confidential cover.

**Agenda item 4: 2014-15 Elderly Welfare Services Suggestions and Priorities**  
**(Discussion Paper No. EC/D/02-13)**

8. Mr CHEN briefed Members on the Discussion Paper No. EC/D/02-13.

9. Mr CHEN said that the Labour and Welfare Bureau (LWB) had engaged the Social Welfare Advisory Committee (SWAC) to study the long-term social welfare planning in Hong Kong. The aim of the study was to ensure that social welfare policies and services in Hong Kong could provide timely and effective response to the changing welfare needs of the community. In July 2011, the SWAC submitted a report entitled Long-term Social Welfare Planning in Hong Kong. Apart from setting out a series of guiding principles and strategic directions in respect of the future welfare development, the report also suggested improving the planning arrangements so that regular consultation and planning for the future development and delivery of welfare services would be conducted annually at district, central and advisory committee (including the Elderly Commission) levels. In this connection, the SWD would collect views from districts on an annual basis through respective District Social Welfare Officers, and the Hong Kong Council of Social Service (HKCSS) would assist in consolidating proposals on elderly services submitted by various stakeholders at the social welfare organisation level. The SWD had already held a working meeting with the HKCSS and its member organisations on 6 June 2013 to discuss and exchange views on the priorities of welfare services for the coming year.

10. Mr CHEN mentioned that the comments made by welfare organisations and relevant stakeholders on the 2014-15 Elderly Welfare Services Suggestions and Priorities covered three main areas, namely community support services, home care services and residential care services. Many of these suggestions were consonant with the subjects of concern of this Commission.

On community care support services, one of the comments made by the welfare organisations and relevant stakeholders was that the Administration should enhance the support for carers of the elderly, such as introducing the elderly carer allowance. At the meeting held on 12 March 2013, this Commission preliminarily discussed the idea of introducing the elderly carer allowance, and the LWB also sought the views of this Commission on the Pilot Scheme of Carer Allowance for the Elderly at this meeting. On home care services, the welfare organisations and relevant stakeholders were of the view that the Administration should continue to strengthen relevant services on this front. In fact, apart from making continuous efforts to increase the provision of day care places for the elderly in the conventional funding mode, the Administration also accepted the suggestions made by the Commission in 2011 by launching a pilot scheme to provide subsidised community care services with a new funding mode by adopting the “money-follows-the-user” approach. Under the pilot scheme, subsidised services would be provided in the form of service vouchers. The SWD had launched the first phase of the Pilot Scheme on Community Care Service Voucher for the Elderly in September this year. On residential care services, many stakeholders were of the view that, taking into account the ageing population and the increasing demand for subsidised residential care places in the community, the Administration should rationalise the operation of the Standardised Care Need Assessment Mechanism for Elderly Services so as to accord priority to the elderly most in need in the provision of residential care services. This suggestion was in line with the conclusion of this consultancy study on Hong Kong’s residential care services for the elderly published by this Commission in 2009. Many stakeholders also considered that a stable supply of care workers was essential to the quality of residential care services for the elderly. They suggested that the career prospect of primary care personnel should be further promoted by improving the promotion ladder. This Commission had discussed the manpower supply for and the development of elderly care service on a number of occasions, and noted that the Education Bureau has already assisted the establishment of the Elderly Care Service Industry Training Advisory Committee in February 2012 to take forward the qualification framework for the sector. Also, the Lotteries Fund granted funding to the Open University of Hong Kong (OUHK) and the Yuen Yuen Institute in May this year for the implementation of two pilot schemes respectively in three years starting from 2013-14. The schemes aimed to attract newcomers to work in residential care homes for the elderly by adopting the “first-hire-then-train” approach and setting up promotion ladders. Subsidies would be provided for the young employees to enrol in the two-year part-time Diploma in Health Studies (Community Health Care) in the OUHK, paving the way for their career pursuit in the social welfare sector.

11. The Chairman said that most of the views raised by welfare organisations and relevant stakeholders in respect of the 2014-15 elderly welfare services suggestions and priorities had all along been issues of concern to this Commission. Their views were also in line with the way forward for developing elderly services. Members had no other comments on the Discussion

**Agenda item 5: Elderly Health Assessment Pilot Programme**

12. Dr Shirley LEUNG Sze-lee, Assistant Director of Health, gave a powerpoint presentation on the Elderly Health Assessment Pilot Programme (Pilot Programme). Dr LEUNG said that the two-year Pilot Programme was launched in July 2013 in collaboration with nine non-governmental organisations (NGOs) to provide voluntary, protocol-based and subsidised health assessment for the elderly. The Pilot Programme would identify health risk factors (including lifestyle practices) and hidden diseases of the elderly so that the risk factors and health problems identified could be managed in a timely and targeted manner to help the elderly stay healthy. The Pilot Programme was mainly based on the Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings developed by the Working Group on Primary Care under the Department of Health (DH). Its three components were baseline health assessment, follow-up consultations and health promotion. All elderly aged 70 or above who held valid Hong Kong identity cards were eligible to join the Pilot Programme. Under the Pilot Programme, a subsidy of \$1,200 would be given to the NGOs concerned for every elderly person receiving the health assessment service and each participating elderly person would be required to make a co-payment of \$100. However, for those receiving the Comprehensive Social Security Assistance and those covered by the medical fee waiver mechanism of public hospital/clinic or the SWD, the \$100 co-payment would be waived. Where appropriate, the elderly could use their Elderly Health Care Vouchers to make the co-payment and pay the cost of any additional examination items/further follow-up consultations. The Government had earmarked \$12 million for the Pilot Programme to provide health assessment for about 10 000 elderly persons. During the first six months of implementing the Pilot Programme, priority would be given to the elderly with special needs (i.e. those who had never received any health assessment, singleton elderly and hidden elderly). Upon completion of the Pilot Programme, the Administration would evaluate the effectiveness of the Pilot Programme to determine whether it should continue. If the Pilot Programme was to continue, the Administration would consider issues such as extending its coverage and enhancing its mode of operation.

13. Ms Janice TSE Siu-wa, Deputy Secretary for Food and Health, said that the Administration would like to promote the concept of primary care and family doctor through the Pilot Programme, and incorporate the Programme as an integral part of primary care services. This, together with the use of health care vouchers, would allow the elderly to receive “preventive care” services.

14. After the briefing, the Chairman and Members raised the following questions and

views:

- (a) It was pleased to learn that the Government had launched the Pilot Programme through the medical-welfare collaboration.
- (b) Would the Pilot Programme keep a record of the number of elderly persons referred to other public or private healthcare institutions for follow-up after receiving the health assessment?
- (c) Upon completion of the first six-month trial period, would the age requirement be lowered to 65 so that more elderly people would benefit from the Pilot Programme?
- (d) The Administration should step up its publicity efforts to let more elderly persons know about the Pilot Programme.
- (e) The Pilot Programme would operate in the form of medical-welfare collaboration but the professional training for social workers in general did not cover health knowledge and concepts. As such, it was suggested that relevant training be provided by the DH for the social workers concerned.

15. Dr LEUNG and Miss TSE responded as follows:

- (a) The Administration had set up an electronic record platform for the Pilot Programme so that participating NGOs could keep records of case information and data, including the number of referral cases.
- (b) As the elderly with special needs were the targeted service group during the first six months of implementing the Pilot Programme, applications submitted by other eligible elderly persons would be put on a waiting list. After the six-month trial period, the service would be open to all eligible elderly persons until the 10 000 quota were exhausted. Upon completion of the entire programme, the Administration would conduct an overall review to examine, among other things, the age requirement for eligible elderly recipients.
- (c) All the participating NGOs were very experienced in community work and could certainly help promote the Pilot Programme in their respective communities. Through community networks established by NGOs, the Administration also hoped to identify those elderly persons who were relatively fragile in health but could not afford to consult family doctors and include them in the Pilot Programme.

## **Agenda item 6: Any other business**

### **Work progress of the Committee on Elder Academy Development Foundation**

16. Mr CHOW Wing-hang said that the Vetting Sub-committee under the Elder Academy Development Foundation Committee had scrutinised three applications in the first round of funding application for 2013-14 at its meeting held on 11 July 2013. Approval was given to two of the applications, namely the Hong Kong Institute of Education's continuation of the scholarship scheme for training the trainers for elderly education and the New Territories West Elder Academies Cluster's plan to establish a co-ordination office for the cross-district elderly learning pilot scheme. The remaining application for the provision of first aid course for the elderly was not approved.

### **Date of next meeting**

17. The next meeting was tentatively scheduled for January 2014.  
(Post-meeting note: The next meeting would be held on 10 December 2013.)

### **Time of adjournment**

18. The meeting was adjourned at 12:18 p.m.

October 2013