

Elderly Commission
Minutes of the 83rd Meeting

Conference Room 4, G/F, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
10:00 a.m., 10 March 2015 (Tuesday)

Present:

Chairman

Prof CHAN Cheung-ming, Alfred, BBS, JP

Vice-chairman

Dr LAM Ching-choi, BBS, JP

Members

Dr CHAN Hon-wai, Felix, JP
Mrs CHAN LUI Ling-ye, Lilian
Ms CHAN Man-ki, Maggie, MH
Miss CHAN Man-ye, Grace
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
Mr WONG Fan-fong, Jackson, MH
Mrs WONG WONG Yu-sum, Doris
Mr YAU How-boa, Stephen, SBS, MH, JP
Miss TAM Kam-lan, Annie, JP

Ms Carol YIP, JP
Mr LEUNG Sai-chi
Dr LI Mun-pik, Teresa
Dr MAW Kit-chee, Christina

Permanent Secretary for Labour and
Welfare
Director of Social Welfare
Assistant Director of Housing
Assistant Director of Health
Chief Manager (Primary and
Community Services), Hospital
Authority

In attendance:

Mr CHEN Yee, Donald, JP

Mrs CHAN NG Ting-ting

Mr TSE Ling-chun, Steve

Deputy Secretary for Labour and
Welfare
Principal Assistant Secretary for
Labour and Welfare
Principal Assistant Secretary for

Miss LI Yuen-wah, Cecilla	Labour and Welfare
Ms CHEUNG Jick-man, Lilian	Assistant Director of Social Welfare
Ms CHU Wing-yin, Diana	Chief Social Work Officer, Social Welfare Department
Mr TSE Shu-to, Sebastian	Chief Social Work Officer, Social Welfare Department
Ms NG Lai-sheung, Ruby	Chief Social Work Officer, Social Welfare Department
Mr LIT Hoo-yin, Horace	Senior Social Work Officer, Social Welfare Department
Mr TO Yick-ting, Justin	Assistant Secretary for Labour and Welfare
Miss WONG Kwan-ye, Jenny	Assistant Secretary for Labour and Welfare
Mr CHU Chi-ho, Marco	Assistant Secretary for Labour and Welfare
Ms AU Fung-ye, Belinda	Assistant Secretary for Labour and Welfare
Miss HO Wing-wa, Vitinie	Chief Executive Officer, Labour and Welfare Bureau
	Executive Officer, Labour and Welfare Bureau
<u>Agenda item 3:</u>	
Miss Janet WONG, JP	Commissioner for Innovation and Technology
Prof YUE On-ching	Science Advisor, Innovation and Technology Commission
Mr Kesson LEE	Secretary-General (Testing and Certification), Innovation and Technology Commission
Mr Joseph WONG	Senior Electrical and Mechanical Engineer (Information Technology), Innovation and Technology Commission
Mr Simon WONG	Chief Executive Officer, Hong Kong R&D Centre for Logistics and Supply Chain Management Enabling Technologies
Dr Frank TONG	Director, Research and Technology Development, Hong Kong R&D Centre for Logistics and Supply Chain Management Enabling Technologies
Mr Anthony KWOK	Director, Business and Project Development, Hong Kong R&D Centre for Logistics and Supply Chain Management Enabling Technologies
Dr Jay LIOU	Director, Software and Systems, Hong Kong Applied Science and Technology Research Institute

Dr Vincent LAU

Director, Smart Living, Hong Kong Applied Science and Technology Research Institute
Director, Business Development, Hong Kong Research Institute of Textiles and Apparel

Ms Yan CHAN

Agenda item 4:

Mr LEUNG Sai-chi
Mr HSU Kam-lung, Virgil

Assistant Director of Housing
Chief Housing Manager/Management, Housing Department

Agenda item 5:

Mr WONG Kit-loong

Miss Selina LO

Chief Executive Officer and Executive Director, Hong Kong Housing Society
Senior Manager (Elderly Services), Development and Marketing Division, Hong Kong Housing Society

Agenda item 6:

Dr CHING Cheuk-tuen, Regina, JP

Head, Surveillance & Epidemiology Branch, Surveillance and Epidemiology Branch, Centre for Health Protection, Department of Health

Dr TUNG Lap-yan, Duncan

Senior Medical & Health Officer (Disease Prevention), Non-Communicable Disease Division, Surveillance and Epidemiology Branch, Centre for Health Protection, Department of Health

Dr LEE Yu-hong, Mark

Medical & Health Officer (Disease Prevention), Non-Communicable Disease Division, Surveillance and Epidemiology Branch, Centre for Health Protection, Department of Health

Absent with apologies:

Mr YUEN Ming-fai, Richard, JP

Permanent Secretary for Food and Health (Health)

Dr CHENG Kam-chung, BBS, MH, JP
Dr TUNG Sau-ying

Secretary

Miss CHANG Lai-chu, Stella

Principal Assistant Secretary for Labour and Welfare

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Prof Alfred CHAN Cheung-ming, the Chairman, welcomed Members to the meeting.

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 82nd meeting

3. As Members had not proposed any amendments to the Chinese version of the draft minutes issued by the Secretariat on 5 March 2015, the minutes were confirmed. The English translation would be issued in due course.

Agenda item 2: Matters arising

4. There were no matters arising from the minutes of the 82nd meeting.

Agenda item 3: Development and application of technology in the delivery of social services: elderly care services as an example

(Discussion Paper No. EC/D/01-15)

5. With the aid of a PowerPoint presentation and a video, Miss Janet WONG, Commissioner for Innovation and Technology, briefed Members on the Discussion Paper No. 01-15 regarding the development of technology and related efforts that helped improve the delivery of elderly services in Hong Kong. Miss WONG said that given the global trend of population ageing, the provision of elderly services was one of the areas that technology could bring enhancements to productivity and service quality. In this connection, the Innovation and Technology Commission (ITC) had implemented measures to engage and collaborate with different organisations to examine how to promote innovation and technology in order to improve the quality of life of the elderly as well as other people in need. Established in 1999, the Innovation and Technology Fund (ITF) aimed to provide funding support for projects that contributed to the promotion of innovation and industry upgrading in Hong Kong, including funding applied research and development (R&D) projects and support to the five R&D Centres set up by the Government (namely the Hong Kong Applied

Science and Technology Research Institute, the Hong Kong Research Institute of Textiles and Apparel, the Hong Kong R&D Centre for Logistics and Supply Chain Management Enabling Technologies, the Nano and Advanced Materials Institute and the Automotive Parts and Accessory Systems R&D Centre), so as to drive and co-ordinate applied R&D in selected focus areas. Funding support was provided through the Innovation and Technology Support Programme (ITSP) under ITF for midstream/downstream applied R&D projects undertaken mainly by the five R&D Centres, local universities and other designated public research institutions in Hong Kong. Recently, ITF introduced an enhancement measure to waive the industry sponsorship requirement for projects initiated by government bureaux/departments and/or statutory bodies. On the other hand, to promote the use or application of R&D outcomes in the public sector, ITC introduced the Public Sector Trial Scheme (which covered government departments, public bodies and non-profit-making trade associations) in 2011. Under the scheme, additional funding was allocated to completed ITF projects for producing tools/prototypes/samples and conducting trial runs in the public sector. The scheme also enabled the R&D Centres which had obtained policy support in writing from the relevant bureau to develop appropriate technology and conduct testing for a particular sector. In these cases, the costs incurred were borne by ITF, subject to meeting relevant vetting criteria and the applicable funding ceilings. So far, 20 projects were approved under ITF for the social and community services sector, involving a total funding of over \$35 million. ITF would introduce further enhancements later in the year.

6. As pointed out by Miss WONG, the ITC hoped that through interaction and collaboration with stakeholders of the elderly service sector and with the support of ITF, applied technology could be developed to benefit the sector in five aspects, namely enabling the elderly to live independently and age in place with respect, reducing the demand for elderly care service workers and professionals, enhancing the comfort level of the elderly, alleviating the stress on family members, friends and carers of the elderly, and helping to create room for possible cost control and improvements in productivity. Through appropriate integration and adaptation, the use of mobile devices, cloud computing, nano-materials and radio-frequency identification (RFID) was being tried out in different elderly services and residential facilities for the elderly. Examples included the new technologies related to ageing in place showcased by the Hong Kong Housing Society (HKHS) in its “iHome”, and the mesh Wi-Fi infrastructure and RFID tagging installed in Clague Garden Estate, Tsuen Wan. Miss WONG said that the application of technology in elderly services in Hong Kong was not yet fully developed. She hoped that ITC would work with

other government bureaux/departments, the technology industry, welfare sector, universities as well as the R&D Centres to promote and facilitate the wider use of technology in elderly services.

7. After the briefing, the Chairman and Members made the following suggestions, views and questions on the relevant initiatives:

Overall direction

- (a) It was pleased to note that ITC had supported a number of R&D projects over the past two years to better meet the basic necessities of the elderly, including the RFID system which could assist in taking care of the elderly residents, enhancing safety and reducing the manpower required of the residential care homes for the elderly (RCHEs) at an affordable cost. It was hoped that these technologies could be tried out in more RCHEs/related facilities.
- (b) The concept of “low tech, high touch” was emphasised all along in the training relating to elderly services. Given the shortage of both professionals and front-line staff, how to apply technology to enhance technical support and reduce the manpower required for elderly services was a subject worth exploring.
- (c) The significance of technology in improving the quality of life of the elderly was recognised. However, the use of technology should not be a full substitute for the face-to-face contacts with elderly persons since the elderly preferred getting along with people as this made them feel being cared.
- (d) Apart from applying technology in RCHEs, ITC should explore the technology that could facilitate ageing in place in the community and should gain more understanding of the mentality and habits of the elderly to develop products that could cater for elderly’s needs.
- (e) It was suggested to gauge the demand by consulting the sector (including professionals and front-line staff) before proceeding with the development of new products for elderly services. The products should be tried out in RCHEs or elderly centres to better meet the actual operational needs of the service units.

“iHome” of HKHS

- (f) Given the high cost of the elderly-friendly technologies showcased at the “iHome”, elderly from the grassroots might find it hard to afford. It was difficult to use them widely in RCHEs either. Development of economical versions would make them more readily accessible to the general public.
- (g) As the “iHome” was established some three years ago, ITC might consider enhancing the technology products there at an appropriate time.
- (h) Many welfare staff who visited the “iHome” were interested in using the touch-frame interactive projector. It was suggested that funding could be sought to subsidise the provision of one projector for each district elderly community centres and neighbourhood elderly centres over the territory. This would help promote the wider use of this kind of technology.

Publicity and promotion

- (i) ITC might consider offering the technology products at a discounted price or for free to welfare organisations and RCHEs. By doing so, ITC could help promote these products and at the same time increase their production substantially to achieve cost reduction.
- (j) ITC might, in collaboration with the Social Welfare Department (SWD), draw up a list of smart products or technologies developed for elderly services (such as the RFID system that could prevent elderly persons from getting lost) for the reference of RCHE operators.
- (k) ITC might consider showing RCHE operators a video to introduce the technologies that can be used in elderly care services, thereby promoting the technologies developed on this front.
- (l) It was considered that ITC could, while promoting the use of technology, make an effort to educate the elderly about the techniques of using various technologies and related products.

Others

- (m) For the non-governmental organisations (NGOs) which had joined the Special Scheme on Privately Owned Sites for Welfare Uses (Special Scheme), were they allowed to use their Lotteries Fund grants or apply for ITF to finance their procurement of technology products for their elderly service facilities?
- (n) While the use of “electronic diapers” could improve the quality of life of elderly persons, according to the experience of some RCHEs trying out the product, family members of the elderly concerned had different expectations of when a diaper should be replaced in response to its emitting signals, leaving the RCHE staff confused about what to do. In some cases, tension was thereby created between family members and the RCHEs.
- (o) At present, over 70% of the elderly persons living in RCHEs were recipients of comprehensive social security assistance (CSSA). If the RCHEs residents receiving CSSA were allowed to use the CSSA payment to buy “electronic diapers” with moisture sensors, it would boost the demand for these products and lower the production cost.
- (p) It was of the view that it would be easier and more effective for ITC to conduct testing or studies on the technologies developed for elderly services in large RCHEs rather than in the community.
- (q) As smart phones were generally priced on the high side, efforts should be made to design models specifically for the elderly (such as low price and large screen). On the other hand, it was hoped that Wi-Fi network would be available at more public facilities for the use by the elderly.
- (r) While the use of technology could make life easier for the elderly, it would also discourage them from moving around. As a result, the mobility and rehabilitation process of the elderly would be affected. As such, the technologies to be adopted for individual elderly persons should be tailored-made according to their physical conditions and needs.

8. In response to the suggestions and comments made by Members, Miss WONG replied as follows:

- (a) NGOs participating in the Special Scheme could apply to ITF for funding under the Public Sector Trial Scheme after obtaining written support from SWD. The funding could be used for financing the production of prototypes/samples of the technology products and the trial runs in large elderly service facilities operated by NGOs.
- (b) ITC was looking forward to further communication with the elderly service sector in the hope of consolidating the views of the sector on the demand for applied technology, thereby enabling the R&D Centres to develop products which met the needs of the sector and could be widely used.

9. Ms Carol YIP, Director of Social Welfare, said that NGOs were welcome to apply for Lotteries Fund grants in respect of their innovative experimental projects related to social welfare services. However, applicant organisations should note that the grants could only be used for financing the non-recurrent expenditure of the projects or subsidy for time-limited experimental projects. All applications were subject to vetting by the Lotteries Fund Advisory Committee.

Agenda item 4: Housing policies and services which benefit elderly tenants of public rental housing

10. Mr LEUNG Sai-chi, Assistant Director of Housing, briefed Members on the housing policies and services which benefited elderly tenants of public rental housing (PRH) with a PowerPoint presentation. Mr LEUNG said that the key function of the Hong Kong Housing Authority (HA) was to provide housing for low-income families who could not afford to rent private accommodation. Being the executive arm of HA, the Housing Department (HD) had all along been working in close liaison with relevant government departments with a view to assisting them and NGOs concerned in offering various social welfare services. With population ageing in Hong Kong, HA tenants aged 60 or above currently made up 18% of the total PRH population. HA was therefore very concerned about the needs of elderly tenants and its housing policy had taken account of two key factors, namely how effective the policy was in catering for the elderly's housing needs, and whether the policy had given the necessary support to take care of the elderly. At present, elderly applicants could apply for PRH through mainly the Single Elderly Persons Priority Scheme, Elderly Persons Priority Scheme and Harmonious Families Priority Scheme provided by HD.

Apart from these schemes, HD also offered financial assistance to those elderly PRH tenants in need, such as granting them exemption from income and asset declarations, giving them rent assistance, and waiving the rent deposit for elderly non-CSSA recipients. As regards the accommodation and facilities for the elderly, HD also provided hostel-type PRH (i.e. Housing for Senior Citizens Types II and III units with warden service) and small size self-contained flats with their own kitchen and bathroom for one to two-person and two to three-person elderly households. Starting from 2002, universal design was adopted in HD's new PRH estates, which included the provision of barrier-free access in domestic flats and handrails in bathrooms/toilets. HD also reimbursed eligible elderly non-CSSA recipients, on an accountable basis, for the expenses on installing personal emergency link service capped at \$2,500. New or/additional recreational and leisure facilities for the elderly were suitably provided in PRH estates to help elderly tenants age in place and integrate into the community. The Estate Management Advisory Committees also organised elderly-related activities in collaboration with NGOs from time to time. The activities included visits to single elderly PRH tenants by volunteer teams and provision of mobile Chinese medicine service.

11. After the briefing, the Chairman and Members raised the following suggestions, views and questions on the relevant initiatives:

- (a) HD had done a fine job in managing its PRH estates. However, as the housing schemes designed for the elderly had been implemented for years, they should be enhanced in a timely manner.
- (b) HD could consider introducing "an ageing in place scheme for grassroots elderly", under which flats on the lower floors of PRH buildings would be allocated to elderly tenants, so as to facilitate visits by welfare organisations and volunteer groups. Low-priced canteen services should also be provided for the elderly there. However, some Members were of the view that grouping elderly tenants together in one building or on the same floor would give the place a sense of ageing. Moreover, such arrangement was not conducive to inter-generational communication.
- (c) Elderly PRH tenants should be encouraged to help babysit the children of their neighbours. This would foster the spirit of neighbourhood support and enable more women to join the workforce.

- (d) HD should allocate flats at the front end of the common corridors near the lift lobby on each floor to elderly PRH tenants. This would allow the neighbours to interact more easily with the elderly and better understand their needs.
- (e) HD should provide low-priced or free Wi-Fi services for elderly PRH tenants.
- (f) HD should install emergency alarm systems for all elderly PRH tenants, including both CSSA and non-CSSA recipients.
- (g) How many number of applications for priority housing allocation, transfer, addition and amalgamation of tenancies were received after the introduction of those Harmonious Families Schemes? Had HD taken any follow-up actions to ascertain that the elderly were properly cared for?

12. In response to the suggestions and comments made by Members, Mr LEUNG replied as follows:

- (a) Currently, most PRH flats under the management of HD were occupied. Besides, HD had to consider the size of both households and PRH flats in allocation and transfer of tenancies. Therefore, it would be difficult to allocate flats in the same building or on the same floor in a PRH estate exclusively to elderly tenants.
- (b) Free Wi-Fi service was available to PRH tenants and members of the public on the ground floor of all PRH estates under the management of HD.
- (c) A diversified range of personal emergency link services for the elderly were offered by private service providers. Elderly PRH tenants were free to choose the service according to their individual needs.
- (d) HD would continue to monitor the vacancy of non-domestic premises in PRH estates. On the advice of SWD, HD would consider, where necessary, to lease vacant non-domestic premises intended for welfare use to non-government agencies to set up public service facilities (e.g.

elderly canteens and childcare services).

- (e) The Harmonious Families Schemes had benefited about 15 000 families since their implementation, whereas the number of families benefited from the Transfer Scheme, Amalgamation Scheme and Addition Scheme was about 1 800, 15 200 and 650 respectively. Household applicants were required to sign an undertaking that they would take care of the ageing parent(s) living together with them. In this regard, HD had all along been monitoring the situation.

Agenda item 5: HKHS's Ageing-in-Place Scheme

13. The Chairman thanked Mr WONG Kit-loong, Chief Executive Officer and Executive Director of HKHS, and Dr CHEUNG Moon-wah, the member of this Commission who was also the General Manager (Elderly Services) of HKHS, for attending the meeting to give Members a briefing on the Ageing-in-Place Scheme. The Vice-chairman and Mr Timothy MA Kam-wah declared that they were Executive Committee members of HKHS. Miss Grace CHAN Man-ye also declared that she was a member of the Strategic Advisory Group for the World Health Organization (WHO) Global Network of Age-friendly Cities and Communities.

14. Mr WONG said that HKHS, established in 1948, was a self-financing organisation with no dependence on government funding. As a result, it was able to operate with greater flexibility, particularly in piloting different types of housing schemes. The services provided by HKHS all along focused on the elderly and different housing schemes were put in place for elderly persons from low, middle and high income groups. HKHS introduced flats for elderly persons as early as 40 years ago. In 2003 and 2004, HKHS launched two projects under its Senior Citizens Residence Scheme, namely the Jolly Place and Cheerful Court, to cater for the needs of middle-class elderly. At present, all the flats under the two projects were occupied. The average age of occupants was almost 80 and there were more than 700 applicants on the waiting list. HKHS was currently identifying a suitable site for the early development of the third project for the scheme. Separately, to meet the demand of the elderly with financial means for quality retirement, HKHS would launch the first Joyous Living Scheme — Tanner Hill Project in October 2015. Under the scheme, any applicants reaching the age of 60 might apply and they would not be subject to any income test or asset limit. To encourage ageing in place,

HKHS introduced in 2012 the Ageing-in-Place Scheme for estates under its management, and the scheme would be extended to 14 estates in 2015. It was expected that all the 20 HKHS housing estates would be covered by the scheme in 2016.

15. Dr CHEUNG then briefed Members on the Ageing-in-Place Scheme with a PowerPoint presentation. The scheme addressed the housing, health and social needs of the elderly by improving their living environment and home facilities and by mobilising community resources to build for them a “one-stop” support network. This would enable the elderly occupants to “age in place” in a familiar neighbourhood. As regards the living environment, renovation and improvement works were carried out by HKHS in its older estates. The works included adding and upgrading lift services, providing barrier-free access, and improving various home facilities (such as installing handrails and lowering switch positions) for elderly singletons or elderly doubletons aged 60 or above and those with health problems. On care services, HKHS worked in collaboration with the Hospital Authority (HA), medical service providers and welfare organisations to set up service centres in its estates so that the health condition of elderly occupants could be followed up regularly by the community nurses there. The nurses also conducted simple psychological examination and provided day care, home care and rehabilitation services for the elderly. On the social aspect, HKHS worked with various welfare organisations to hold elderly-related social activities and recruit the elderly to join the volunteer teams. Lounges, fitness equipment and computer facilities were provided by HKHS in a number of its estates with a view to helping the elderly widen their social network. Tsuen Wan had applied (through its District Council) to join and was admitted to the WHO network of age-friendly communities. In response, HKHS put in place various supporting measures within seven of the eight domains adopted by WHO for defining an age-friendly community, i.e. housing, outdoor spaces and buildings, community support and health services, communication and information, civic participation and employment, respect and social inclusion, as well as social participation.

16. After the briefing, the Chairman and Members raised the following suggestions, views and questions on the relevant initiatives:

- (a) HKHS should adopt a three-pronged approach to enhance its Ageing-in-Place Scheme, including co-operating with welfare organisations to set up primary care centres in its estates to provide

“one-stop” medical services for elderly persons; offering to the elderly employment opportunities in the estates to promote active retirement life and a sense of worthiness among them; and working with ITC to provide an affordable version of “intelligent home system” for grassroots elderly. It was hoped that the enhanced scheme could tie in with the Government’s Residential Care Service Voucher Scheme for the Elderly and policy of “ageing in place”.

- (b) HKHS acted as a “housing laboratory” by introducing various innovative housing schemes and support services which focused on the needs of the elderly. Its efforts were appreciated.
- (c) Given the difficulties faced by elderly persons in adapting to a new environment, Members would like to know whether HKHS would consider in-situ rehousing for its elderly occupants wherever applicable during estate redevelopment, and whether the Lands Department would co-ordinate with HKHS in this aspect.

17. In response to the views and suggestions made by Members, Mr WONG replied as follows:

- (a) HKHS commissioned the University of Hong Kong (HKU) to study “the demand for housing in an aging society” a year ago. The study made a number of recommendations on how different sectors of the community could co-ordinate their resources to meet the housing needs of elderly people. These recommendations touched upon several policy issues involving different government departments. It was hoped that representatives of the HKU would be invited to brief Members on the study in the next meeting.
- (b) HKHS had all along been committed to the development of various elderly services and promoting inter-generational harmony. In this connection, 60 flats of the Harmony Place, a development project at Shau Kei Wan, were offered for lease to the elderly. HKHS also planned to integrate elements of inter-generational harmony into its estate redevelopment projects in the future. Arrangements would be made where possible for the elderly to live in the same building or on the same floor as their family members, thereby promoting mutual

support among them.

- (c) Before implementing redevelopment projects, HKHS would identify suitable sites in the vicinity for constructing new estate buildings to give rehousing priority to the elderly occupants affected by the redevelopment project.

18. In conclusion, the Chairman hoped that HD and HKHS could draw on each another's experience in implementing their housing policies with a view to benefiting more elderly people. He also hoped that HD and HKHS could update this Commission on their housing policies and services for the elderly as this would provide useful reference for the Commission's formulation of the Elderly Service Programme Plan.

Agenda Item 6: Brief on the Colorectal Cancer Screening Pilot Programme by the Department of Health

(Discussion Paper No. EC/D/02-15)

19. Dr Regina CHING Cheuk-tuen, Head of the Surveillance and Epidemiology Branch (SEB), Centre for Health Protection (CHP), Department of Health (DH), said that the burden of colorectal cancer (CRC) had been increasing in Hong Kong. In 2012, the number of confirmed new CRC cases came second only to that of lung cancer. With an ageing population, the number of CRC cases was expected to further increase. In view of this, the Chief Executive announced in his 2014 Policy Address the planning for and implementation of the CRC Screening Pilot Programme (Pilot Programme) to subsidise CRC screening for people in specific age groups. In early 2014, a multi-disciplinary task force was formed by DH to carry out the planning and preparation work for the Pilot Programme, which was expected to be launched in late 2015 at the earliest.

20. Dr Duncan TUNG Lap-yan, Senior Medical & Health Officer (Disease Prevention), Non-Communicable Disease Division, SEB, CHP, DH, briefed Members on the Pilot Programme with a PowerPoint presentation. Dr TUNG said that the task force, established by DH in January 2014 with the support of HA, would oversee the planning, implementation, promotion and evaluation of the Pilot Programme. Four working groups underpinned the deliberations of the task force, namely use of the faecal occult blood test (FOBT), colonoscopy and assessment, screening registry, and

promotion and publicity. Building on the concept of primary care, the Pilot Programme would invite primary care doctors and colonoscopists to enrol through public-private partnership. In this connection, a two-tier screening protocol would be adopted. Eligible people could participate in the Pilot Programme by approaching any enrolled primary care doctors who were expected to brief the participants on the screening arrangements and cancer prevention while assessing whether they were suitable for screening. The primary care doctors would issue FOBT tubes to suitable participants for them to collect their specimens at home. The participants were required to return the tubes containing specimens to designated collection points. Thereafter, the tubes would be collected for centralised laboratory processing. Participants with a positive FOBT result would be referred by their primary care doctors to enrolled colonoscopists for colonoscopy. The examination would be subsidised by the Government as appropriate. Any polyps found during colonoscopy would be removed for laboratory testing to check for precancerous changes. This could help reduce the risk of the polyps developing into cancer. The screening processes, related activities, transactions, test results and outcome would be recorded and tracked by a dedicated CRC Information Technology (IT) system. Riding on the territory-wide Electronic Health Record Sharing System, the CRC IT system would enable doctors to give medical treatment to the participants based on the shared data. The system could also send out reminders to alert service providers and participants as appropriate. As regards the service target group, the task force proposed to invite eligible Hong Kong residents aged 61 to 70 at the launch of the programme to undergo faecal immunochemical test (FIT) screening in phases over a period of three years.

21. Dr TUNG pointed out that DH assumed around 30% of the target population would participate in the Pilot Programme. Of these participants, about 4.5% might be found FIT positive for the first year, and around 88% of the FIT-positive participants would be willing to undergo colonoscopy. Based on these assumptions, it was estimated that the Pilot Programme would attract an attendance of some 280 000 for FIT and around 10 000 for colonoscopy. According to the detection rates found in a five-year study recently completed by the Chinese University of Hong Kong, the projected new cases of adenoma, advanced neoplasm and CRC detected were 2 712, 1 636 and 292 respectively. In parallel, the task force was working on a publicity strategy to promote the Pilot Programme with a view to encouraging the participation of more eligible people and healthcare professionals.

22. After the briefing, the Chairman and Members raised the following

suggestions, views and questions on the relevant initiatives:

- (a) It was pleased to note the implementation of the Pilot Programme, under which evidence-based CRC screening would be provided in the public system for the elderly.
- (b) Some participants might find it hard to accept the fact that they were FOBT positive, and psychological counselling services might be necessary for these cases.
- (c) It was very important to educate the public about CRC. Educational efforts should focus not only on the elderly, but also on young people. It was suggested that DH should promote its publicity and education activities through various media.
- (d) The social welfare sector was pleased to note that DH would launch the Pilot Programme. To facilitate its implementation, home care service providers and staff of elderly centres' understanding of the Pilot Programme should be strengthened so that they could provide more appropriate care for the elderly concerned.
- (e) Whether DH would provide subsidy for FOBT-positive participants to undergo colonoscopy?
- (f) According to a survey conducted by DH in July 2013, of the 456 respondents aged 66 to 75 in the community, 88.7% indicated that they were willing to undergo colonoscopy if they were found FOBT positive. Would DH find out why the remaining 11.3% of respondents were unwilling to undergo colonoscopy, and how their cases would be followed up after the implementation of the Pilot Programme?
- (g) Whether arrangements could be made under the Pilot Programme to perform FOBT on specimens of eligible persons living in subvented RCHEs?

23. In response to the suggestions and comments made by Members, Dr CHING replied as follows:

- (a) DH was currently examining the level and form of subsidy for the Pilot Programme in the hope that eligible persons could participate at an affordable cost. It would also consider granting fee exemptions for low-income participants (e.g. CSSA recipients) with reference to the mechanism of existing subsidy schemes of similar nature.
- (b) The Pilot Programme was built on the concept of primary care, and the enrolled primary care doctors would brief prospective participants on the screening arrangements and cancer prevention and assess their suitability for participation. For FOBT-positive cases, the doctors concerned would meet the participants as soon as possible so as to explain the screening results and advise them on the need for colonoscopy. Details of the charging levels and counselling services would also be provided.
- (c) Owing to the design of the survey, DH was unable to find out why 11.3% of the respondents were unwilling to undergo colonoscopy if they were found FOBT positive. In fact, overseas experience indicated that not all FOBT-positive people were willing to undergo colonoscopy. Therefore, a survey result of almost 90% of the respondents stating that they were willing to undergo colonoscopy could be considered satisfactory.
- (d) The task force was currently working out a publicity strategy for the Pilot Programme, which would include a series of public education activities to promote the concept that prevention of CRC started from everyday life. The activities would remind the public of the importance of a healthy diet, more exercise, avoidance of alcohol and smoking, and timely medical consultations in case of any abnormal health conditions. Apart from disseminating the information through traditional channels such as announcements of public interests on television, the task force would enlist the support of community leaders, local organisations and NGOs in the promotion.
- (e) Through its visiting health teams, DH's Elderly Health Service would convey the message of the Pilot Programme not only to elderly centres, but also to carers of the elderly to foster greater awareness of the programme. After the commencement of the Pilot Programme, the task

force would provide the staff of elderly centres in all 18 districts with the names, addresses and charging levels of the enrolled primary care doctors for them to pass the information to the elderly concerned.

- (f) The Pilot Programme would invite all eligible Hong Kong residents aged between 61 and 70 (including those living in RCHEs) to receive CRC screening. Subsidies would be provided for those in need.

(The Chairman left the meeting at 12:45 p.m. and the Vice-chairman took over the meeting at this juncture.)

Agenda Item 7: Any other business

Membership of Prof Sylvia FUNG Yuk-kuen

24. The Vice-chairman said that Prof Sylvia FUNG Yuk-kuen's six-year term would expire by 31 March 2015. He thanked Prof FUNG for her contribution to the Commission during her tenure.

Navigation Scheme for Young Persons in Care Services

25. The Vice-chairman said that the 1 000 new training places provided under the Navigation Scheme for Young Persons in Care Services were open for application by service operators. Miss Cecilla LI Yuen-wah, Assistant Director of Social Welfare, said that SWD had issued letters to NGOs on 12 February 2015, inviting them to submit their operation proposals for the scheme. The deadline for submission was 9 April 2015. The briefing session conducted by SWD for the scheme on 4 March 2015 had attracted more than 70 representatives from 35 NGOs.

Time of adjournment

26. The meeting was adjourned at 1:10 p.m.

Date of next meeting

27. The next meeting was tentatively scheduled for 24 June 2015.

May 2015