

Elderly Commission
Minutes of the 91st Meeting

Conference Room 4, G/F, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
3:00 p.m., 23 June 2017 (Friday)

Present:

Chairman

Dr LAM Ching-choi, BBS, JP

Members

Mr LAM Hoi-cheung, Victor, JP

Prof LEE Tze-fan, Diana, JP

Mr SHIE Wai-hung, Henry

Mrs SO CHAN Wai-hang, Susan, BBS

Dr TUNG Sau-ying, MH

Mr WONG Fan-foung, Jackson, BBS, MH

Mr WONG Kit-loong

Mrs WONG WONG Yu-sum, Doris

Dr YEUNG Ka-ching

Mr NIP Tak-kuen, Patrick, JP

Mr CHEN Yee, Donald, JP

Ms Carol YIP, JP

Mr TSOI Wai-tong, Martin

Dr LI Mun-pik, Teresa

Permanent Secretary for Food and Health (Health)

Deputy Secretary for Labour and Welfare

Director of Social Welfare

Assistant Director of Housing (Estate Management) (1)

Assistant Director of Health (Family and Elderly Health Services)

In attendance:

Miss CHANG Lai-chu, Stella

Mr TSE Ling-chun, Steve

Ms PANG Kit-ling

Ms CHU Wing-yin, Diana

Ms WOO Mei-hing, Patricia

Mr CHOW Cheung-pong

Principal Assistant Secretary for Labour and Welfare

Principal Assistant Secretary for Labour and Welfare

Assistant Director of Social Welfare (Elderly)

Chief Social Work Officer, Social Welfare Department

Chief Social Work Officer, Social Welfare Department

Senior Social Work Officer, Social Welfare Department

Ms HO Suk-fun	Senior Social Work Officer, Social Welfare Department
Ms YEW Suet-yi, Mary	Senior Social Work Officer, Social Welfare Department
Ms YU Siu-ngan, Tammy	Senior Social Work Officer, Social Welfare Department
Miss LO Chung-man, Florence	Assistant Secretary for Labour and Welfare
Mr TO Yick-ting, Justin	Assistant Secretary for Labour and Welfare
Mr POON Leung-hoi, Leo	Assistant Secretary for Labour and Welfare
Ms LEE Ngan-chau, Martina	Chief Executive Officer, Labour and Welfare Bureau
Miss LEE Hoi-kei, Jacqueline	Executive Officer, Labour and Welfare Bureau
Miss LEUNG Pui-yin, Sam	Executive Officer, Labour and Welfare Bureau

Agenda item 3

Dr LAW Chi-kwong, GBS, JP	Principal Investigator, Consultant Team, The University of Hong Kong
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Agenda item 4

Mr LI Ling-cheung, Raymond, JP	Executive Director and Chief Executive Officer, The Hong Kong Mortgage Corporation Limited
Mr POU Hak-wan, Colin	Senior Vice President (Operations), The Hong Kong Mortgage Corporation Limited

Agenda item 5

Mr NG Shu-chung	Chief Manager/Management (Support Services 2), Housing Department
Mr YIM Yu-chau, Stephen	Chief Architect (Development and Standards), Housing Department

Absent with apologies:

Dr LEE Ha-yun, Libby	Director (Strategy and Planning), Hospital Authority
Mrs CHAN LUI Ling-yee, Lilian	
Ms CHAN Man-ki, Maggie, MH, JP	
Miss CHAN Man-yee, Grace	
Mr CHEUNG Leong	
Dr LOU Wei-qun, Vivian	
Dr TSE Man-wah, Doris	
Mr WONG Tai-lun, Kenneth	

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.

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 90th meeting

3. As Members had not proposed any amendments to the Chinese (revised) and English versions of the draft minutes issued by the Secretariat on 19 June 2017, the minutes were confirmed.

Agenda item 2: Matters arising

4. There were no matters arising from the minutes of the 90th meeting.

Agenda item 3: Elderly Services Programme Plan

(Discussion Papers No. EC/D/01-17 and EC/D/02-17)

5. The Chairman said that at its meeting on 19 May 2017, the Working Group on Elderly Services Programme Plan (WGESPP) under the Commission had a concluding discussion on the draft report on the Consensus Building Stage and the draft Elderly Services Programme Plan (ESPP). It endorsed the drafts and recommended their submission to the Commission for consideration and scrutiny. He invited Dr LAW Chi-kwong, Principal Investigator of the Consultant Team, The University of Hong Kong, to brief Members on the Discussion Papers No. 01-17 and 02-17 relating to the consultant report on the ESPP with a powerpoint presentation.

6. Dr LAW started with a briefing on the ESPP's background, formulation process,

overall development concept, as well as its Vision, Mission and Overarching Principles. He pointed out that the following four key strategic directions and 20 short, medium and long term recommendations were set out in the ESPP to strengthen service planning in aspects including service supply, land, manpower and financial input:

Four key strategic directions

- (a) Achieve “ageing in place” and reduce institutionalisation rate through significantly strengthening community care services;
- (b) Enable informed choices and timely access to quality services;
- (c) Further streamline and promote integrated service delivery; and
- (d) Ensure financial sustainability and accountability of elderly services.

Key recommendations

- (a) Public education should be strengthened to promote a positive image of elderly persons, enhance their status and role in society, and foster positive inter-generational relations;
- (b) Service coverage should be based on age-related needs of the users and take into account the purposes of and resource implications on different types of services;
- (c) Efforts should be made to promote active ageing and healthy ageing and development of age-friendly environment:
 - (i) Promotion of healthy lifestyle should be of paramount importance in improving the quality of life of elderly persons and reducing the risk of age-related diseases;
 - (ii) Opportunities should be provided to encourage elderly persons to live to their full potential, promote active lifestyle and to encourage empowerment;
 - (iii) Efforts should be made to promote retirement planning to better prepare retirees to plan for their post-retirement life;
- (d) Community care services should be strengthened to ensure that elderly persons are able to stay in the community for as long as possible and unnecessary institutionalisation is avoided:
 - (i) For prevention of health deterioration, provision of suitable services to elderly persons with mild impairment should be strengthened, such as through enhancing the Integrated Home Care Services (IHCS) (Ordinary Cases) to focus on these elderly persons;
 - (ii) The catchment areas of IHCS (Frail Cases) and Enhanced Home and Community Care Services (EHCCS) should be reviewed to increase

- efficiency while maintaining a degree of choices for users. The funding modes of IHCS and EHCCS should also be reviewed, having regard to the effectiveness of different existing service modes;
- (iii) Further efforts are required to create a comprehensive quality assurance system so as to guide future efforts of the Government and service providers towards effective quality monitoring and continuous service improvement;
- (e) Respite and emergency placement services should be enhanced:
- (i) Designated respite places and casual vacancies should be fully utilised to strengthen the support to carers. Improvement should be made to facilitate timely access to services;
 - (ii) Transitional care support to elderly persons discharged from hospitals should be enhanced to help them stay in the community and prevent premature institutionalisation on a long-term basis;
 - (iii) Emergency placement services should continue to target on elderly persons with urgent care needs and under unforeseen or crisis situation, such as those with immediate care needs due to social reasons;
 - (iv) Further study on the demand for respite, transitional care and emergency placement services should be considered. Moreover, the possibility of better using non-subsidised places to provide such services should be explored;
 - (v) Day respite that integrates formal and informal systems of care at neighbourhood level should be strengthened;
- (f) Services to support family carers should be enhanced;
- (g) Measures to ensure the quality of residential care services should be strengthened:
- (i) The Residential Care Homes (Elderly Persons) Ordinance (Cap 459) should be reviewed as soon as possible;
- (h) Improvements should be made to the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES) assessment tool and the service matching mechanism;
- (i) Efforts should be made to explore developing a case management model;
 - (j) Services for elderly persons with dementia should be strengthened. The issue of dementia should be considered as an integral part in the whole spectrum of elderly services and a multidisciplinary approach should be adopted;
- (k) Quality end-of-life care should be strengthened as an integral part of elderly services;
- (l) A more sustainable workforce should be built up to meet the increasing demand and higher expectations for elderly services:
- (i) Measures to improve recruitment, retention, working condition and career

- development of staff in elderly services should be explored;
- (ii) The structure of professional staff should be fine-tuned to enable more flexible staff deployment and maximisation of staff input;
 - (iii) Recruitment and training of informal care providers should be strengthened;
 - (iv) There should be ongoing monitoring and evaluation of the manpower measures;
- (m) Planning ratios and Schedule of Accommodation (SoA) for elderly services should be reviewed to respond to changing needs:
- (i) Planning ratios for elderly services should be reinstated into the Hong Kong Planning Standards and Guidelines (HKPSG);
 - (ii) The SoA of welfare premises for elderly services, such as Neighbourhood Elderly Centres/District Elderly Community Centres, should be reviewed and improved from time to time to allow operators to have enough facilities and space for use in provisioning and re-provisioning to provide services and to meet the growing demand;
 - (iii) More detailed service statistics in both the subsidised and non-subsidised sectors should be collected so that the situation of both sectors could be taken into account in future planning reviews and updates;
- (n) There should be forward planning in the identification of sites for the provision of premises for accommodating the increasing number of elderly service facilities:
- (i) Approach for identification of sites for provision of elderly services should be enhanced;
 - (ii) The Social Welfare Department (SWD) should step up its efforts in identification of sites and premises for service provision;
- (o) A more forward looking approach should be adopted in public expenditure on elderly services in responding to the changing socio-economic profile of the elderly population and in promoting a more equitable sharing of financing long-term care in the current population and across generations, including:
- (i) Co-payment for services commensurate with affordability;
 - (ii) Consider exploring measures to facilitate non-governmental organisations (NGOs) to provide self-financing services;
 - (iii) Consider exploring alternative long-term care financing options;
- (p) More effective partnership should be forged among pivotal players in the interface among welfare, healthcare and housing;
- (q) The role of the private sector should be recognised and public-private partnership should be encouraged;
- (r) Efforts should be made and resources be deployed to further enhance the utilisation of information and communication technology (ICT) by both elderly

services users and service providers in improving quality of life and service quality, effectiveness and efficiency:

- (i) An integrated service provider interface with the Long Term Care Services Delivery System (LDS) built on the LDS database with enhanced SCNAMES functions is to be explored;
- (ii) Efforts should be made to enhance elderly persons to effectively use ICT to enhance digital inclusion and enable them to have better health management;
- (iii) Use of ICT should be expanded to enhance the quality of care delivery;
- (s) The interface between mainstream elderly services and existing services for people from minority groups or people with special needs should be strengthened to enable provision of suitable support for service users from different backgrounds; and
- (t) The ESPP should encompass goals and objectives that should be kept track of on a regular basis, with adequate stakeholders' participation in the planning, implementation and evaluation at the district level and territory-wide levels.

7. Dr LAW said that the implementation timeframe of the above recommendations could be categorised into short-term and medium to long-term. Generally speaking, for the short-term recommendations (which made up most of the recommendations), their follow-up action would commence within a short period after the ESPP was promulgated, whereas the medium to long-term recommendations were those requiring more time for further study and data analysis, or those requiring deliberation on the implementation timeframe. He stressed that the ESPP was a “living document” subject to timely review in the future.

8. Mr Patrick NIP Tak-kuen, Permanent Secretary for Food and Health (Health), said that the coordination between elderly care and healthcare services was very important. To reduce the hospital admission rate of elderly persons and their re-admission rate after discharge from hospitals, the Food and Health Bureau would introduce various measures across multiple domains to tie in with the implementation of the recommendations of the ESPP. Such measures included strengthening medical-social collaboration, enhancing post-discharge support, refining the planning for end-of-life care and palliative care services, improving drug management, and reviewing healthcare manpower planning on a regular basis.

9. Members generally considered the ESPP very comprehensive. They raised the following suggestions and views:

- (a) The Commission was pleased to note that the role of the private sector in the provision of elderly services was recognised in the ESPP. Apart from promoting the development of service voucher system, the Government should also at the same time retain the current funding modes (such as the Enhanced Bought Place Scheme) to ensure stable services.
- (b) Members agreed with the ESPP's recommendation that the interface between mainstream elderly services and existing services for people from minority groups or people with special needs should be strengthened. They were of the view that the Government should in the future explore ways to support the training of elderly service care workers for the purpose of serving the elderly persons from minority groups or those with special needs.
- (c) On drug management, the Electronic Health Record Sharing System (eHRSS) can facilitate healthcare providers from hospitals and residential care homes to work in closer collaboration, thus enabling elderly persons living in residential care homes to receive more convenient and effective healthcare services.
(Post-meeting note: Following the official launch of the eHRSS on 13 March 2016, the Public-Private Interface — Electronic Patient Record sharing Pilot Project, which was implemented on a pilot basis, has ceased receiving new applications from 12 March 2016 and will be gradually decommissioned. For details, please refer to http://www3.ha.org.hk/ppp/ppiepr_a.aspx?lang=eng and <http://www.ehealth.gov.hk/en/home/index.html>.)

10. The Chairman thanked the Consultant Team for their efforts to assist in formulating the ESPP in the past three years. He also thanked members of the WGESPP for their valuable inputs. The Chairman proposed that the ESPP be endorsed and officially submitted to the Government after some final editorial amendments. The proposal was endorsed by Members.

Agenda item 4: Life Annuity Scheme

11. Mr Raymond LI Ling-cheung, Executive Director and Chief Executive Officer of the Hong Kong Mortgage Corporation Limited (HKMC), briefed Members on the Life Annuity Scheme (the Scheme) with a powerpoint presentation. Mr LI said that the annuity market in Hong Kong was still underdeveloped and products in the form of immediate lifetime guaranteed fixed annuity were very limited. In April 2017, the HKMC announced the launch of a brand new Scheme to give elderly persons an additional

financial planning option. The Scheme was designed to offer lifetime guaranteed fixed monthly payouts to annuitants aged 65 or above who had made a one-off premium payment, of which the minimum and maximum amounts would be set at \$50,000 and \$1,000,000 respectively. Under the Scheme, the same internal rate of return would be offered to all annuitants irrespective of their age and gender. Offered a common internal rate of return, the annuitants with longer life expectancy were expected to receive more instalments of monthly payouts and so the level of each monthly instalment was lower. For example, the amount of monthly annuity received by younger annuitants (as compared with the older ones) and female annuitants (as compared with male annuitants of the same age) would be smaller due to their longer life expectancy. Based on the validation conclusion of the independent consultant, the HKMC had confirmed that an internal rate of return of 4% would be provided for all annuitants. For example, for a premium of \$1,000,000 paid at the age of 65, the fixed monthly payouts would be about \$5,800 (at an annuity rate of 7%) and \$5,300 (at an annuity rate of 6.4%) for male and female respectively. To make the Scheme more appealing to annuitants, a death benefit of 105% would be provided. If an annuitant passed away before receiving the 105% of the premium paid, his/her beneficiary(ies) would receive the remaining unpaid monthly instalments. Besides, annuitants with funding needs could opt for early surrender of policy. The surrender value would be equal to the present value of the sum of the remaining unpaid instalments of guaranteed fixed monthly annuity payment.

12. Mr LI continued that to prevent the Scheme from expanding in one go to a scale with unmanageable risks, the amount offered for subscription in the first round would be tentatively capped at \$10 billion. Without prejudice to the principle of prudent risk management, consideration would be given to duly increasing the scale of the Scheme in the light of public response. The HKMC had proceeded with the preparatory work with a view to launching the Scheme by mid-2018.

13. After the briefing, the Chairman and Members raised the following suggestions, views and questions:

- (a) A Member proposed that as a corporation wholly-owned by the Hong Kong SAR Government through the Exchange Fund, the HKMC should consider incorporating social welfare elements into the Scheme and relaxing the cap on the premium amount so that the Scheme could serve as a retirement protection option for the middle-class.
- (b) Upon the implementation of the Scheme, annuity payments, together with social security payments (e.g. Old Age Living Allowance) provided by the

Government, could be regarded as a form of universal retirement protection.

- (c) A Member asked how oversubscription would be dealt with when the Scheme was officially launched. The HKMC should, while finalising the implementation details of the Scheme, encourage the widest possible participation and accord priority to elderly persons with fewer assets (i.e. those paying a lower premium) to ensure that they could join the Scheme.
- (d) If there was another round of applications, would the internal rate of return be the same as that in the first round, or would it be adjusted according to the prevailing market situations?
- (e) There were views that annuity products in the private market were very limited in the past due to a lack of long-term bonds to serve as a hedging tool against longevity risks. If it was the case, why did private companies start playing an active part in the annuity market?
- (f) Were there any measures to encourage the development of more annuity products in the private market?
- (g) In order to cope with the huge nursing needs arising from population ageing, the HKMC should consider the feasibility of introducing a long-term care insurance scheme which might help promote the development of related insurance products in the private market.

14. In response to the suggestions, views and questions raised by Members, Mr LI replied as follows:

- (a) The HKMC had been operating under prudent commercial principles. It endeavoured to achieve the objectives of public policies through the supply of market-based products. The formulation and implementation of welfare-related policies fell within the purview of the relevant government bureaux and departments. The provision of welfare services was beyond the scope of the HKMC.
- (b) It was agreed that a wide public participation should be encouraged but the HKMC did not wish that this would make the premium distributed to each annuitant too small so that the monthly payouts would become insufficient to support the annuitants' retirement. Hence, the HKMC would balance the views and factors on all fronts when drawing up the operational details of the

Scheme.

- (c) If the Scheme was well-received at its launch, the HKMC would consider expediting the launch of the next round of the Scheme to meet market demand. The HKMC also noticed that many private companies had considered introducing new annuity products following the announcement of the Scheme. He believed that the products would help meet unmet market demand.
 - (d) The internal rate of return of 4% offered in the first round of the Scheme was based on the analysis findings verified and validated by the independent consultant. Economic environment was subject to change. If the assumptions currently adopted for analysis were no longer valid when the next round was launched, the internal rate of return might need to be reset with possible adjustments.
 - (e) Promoting the development of local debt market was one of the missions of the HKMC. At present, the HKMC also issued long-term bonds, which were relatively limited in the private market. The HKMC would have other long-term bond products for development subsequent to the successful launch of the Scheme, so as to promote the overall development of the debt market through stimulating supply and demand.
 - (f) Following the announcement of the Scheme, the HKMC had succeeded in promoting the annuity market and showing private companies the potentials of the market. They could then draw on the HKMC's experience for their own investment management to offer suitable annuity products to meet market needs.
 - (g) The HKMC was open-minded about conducting feasibility studies for various schemes. However, given the lack of relevant data in conducting its previous researches and analysis, the HKMC hoped that data would be collected in a more systematic manner in the future.
15. The Chairman concluded that the Commission gave its full support to the Scheme and hoped that the Scheme would be launched as scheduled and would allow more interested elderly persons to participate.

Agenda item 5: Public housing design facilitating the implementation of “ageing in place” policy

16. Mr Martin TSOI Wai-tong, Assistant Director of Housing (Estate Management) (1), said that in the planning and design of its public rental housing (PRH) estates, the Hong Kong Housing Authority (HA) had always taken account of the HKPSG, and worked in close collaboration with various government departments in order to include appropriate facilities in its PRH projects. Amid a huge demand for PRH in Hong Kong, PRH applicants included families, elderly persons, young people and people with different physical abilities. The planning and design of PRH estates had to cater for the needs of people of different ages in order to adhere to the two major principles of “ageing in place” and “inter-generational harmony”. Since 2002, the HA had adopted the concept of universal design as the basis for the planning and design in all its newly-built PRH estates, so that tenants would not be required to move to other flats because of ageing or change in their health conditions. As for PRH development completed before 2002, the HA would make continuous effort to enhance the facilities in the common areas of the estates. In-flat improvement works would also be carried out free of charge for those in need based on the assessments and recommendations made by professional healthcare staff. Moreover, the HA introduced various elderly-related schemes such as the Harmonious Families Transfer Exercise and the Harmonious Families Priority Scheme to cater for the needs of elderly tenants. The HA also excluded “under-occupation” (UO) households with elderly members aged 70 or above from the UO list with no action was required under its UO policy. UO households with elderly members aged 60 or above but below 70 would be placed at the end of the UO transfer list. These cases would be handled after the prioritised UO cases and other UO cases were processed. In sum, the HA had been actively supporting the Government’s “ageing in place” policy on all fronts, including the planning and design of newly-built PRH estates, improvement measures for existing estates, as well as the allocation and management policy of PRH flats.

17. With the aid of powerpoint and video presentations, Mr Stephen YIM Yu-chau, Chief Architect (Development and Standards), Housing Department (HD), then briefed Members on the HA’s PRH design facilitating the implementation of “ageing in place” policy. Mr YIM said that HA’s core business was to provide accommodation for low-income families who could not afford private rental housing. About 30% of Hong Kong’s population were at present living in PRH. In estate planning, the HA would continue to uphold the main objective of building a sustainable community under a “people-centric approach”. The HA was committed to improving public open spaces, providing barrier-free access facilities and leisure space to enhance social cohesion, and

provision of a greening community for the estates. The concept of universal design was applied to various places inside the estate blocks, such as lift lobbies, corridors, staircases and in-flat facilities so as to suit the needs of people of different age groups and with different physical abilities. The HA also met with PRH tenants to listen to their views and demands relating to their estates.

18. After the briefing, the Chairman and Members raised the following suggestions, views and questions in respect of the measures:

- (a) The broad direction of the HD in planning for PRH estates should be providing one-stop services to address the residential, catering, healthcare, welfare and recreational needs of elderly persons. Sufficient space should be allocated to elderly services providers operating in PRH estates so that they could offer a full range of residential, catering, healthcare, welfare and recreational services on a non-profit-making basis for elderly tenants. This, coupled with community employment services and workshops for the silver-haired, would promote elderly employment.
- (b) The HD might designate the lower floors of PRH buildings for elderly tenants in planning for its new PRH estates and redeveloping the old ones, so as to facilitate visits by welfare organisations and volunteer groups. Consideration should also be given to providing elderly centres, canteens, entertainment facilities, as well as medical, community care and laundry services on the ground floors of buildings. Reserved sites should also be made available for NGOs to set up elderly hostels, elderly homes and nursing homes. In the short to medium-term, the above objectives could be achieved by transferring elderly tenants to the flats on the lower floors, revitalising facilities such as carparks and markets in old PRH estates, and building more single-block PRH buildings.
- (c) A Member was concerned about whether there were other supportive services to enable elderly tenants living in old PRH estates to age in place apart from modifying estate facilities and installing additional barrier-free access facilities.
- (d) Whom should an elderly tenant approach for recommendation for flat modification?
- (e) The HD should install an intercom in each PRH flat so that direct communication could be maintained between the tenants at home and the security staff stationed at the lobbies. With such a device in place, elderly

tenants could contact estate offices and property service management offices easily when they were in need of help.

- (f) The HD should collaborate with the SWD or NGOs in building elderly hostels by reserving lower floors of newly-built PRH estates making reference from the Housing for the Elderly provided by the Helping Hand, in which elderly residents with self-care ability shared a flat. The flat should be provided with kitchen, toilet and shower facilities, and each resident should be provided with a bed and private space. Rest room, activity room, laundry and exercise room should also be provided in the hostels to serve elderly residents and promote mutual support.
- (g) The HD should provide a social worker in each PRH estate to take care of elderly tenants and enhance their connection with the community.

19. In response to the suggestions, views and questions raised by Members, Mr TSOI, Mr YIM and Mr NG Shu-chung, Chief Manager/Management (Support Services 2), HD, replied as follows:

- (a) The HD had all along been following the HKPSG in the planning and design of PRH estates. If the review of planning standards and the SoA related to elderly services were conducted as recommended by the ESPP and the HKPSG were amended accordingly, the HD would certainly follow the new planning guidelines in planning for new PRH estates.
- (b) For any planning on alterations to completed PRH estates for allocating additional sites to NGOs for the provision of elderly services, it might affect the use of gross floor area and require approval from the Town Planning Board. The HD had to carefully consider various factors before making any alterations.
- (c) At present, PRH applicants were mostly family households apart from elderly persons. Given the limited resources, the HD had to balance a host of factors including policies, resources, planning guidelines and strategies in planning for PRH estates. It was difficult to build single-block PRH buildings exclusively for elderly tenants for the time being.
- (d) Apart from making continuous efforts to enhance estate facilities through the Estate Improvement Programme and Lift Modernisation Programme etc., the HD also carried out in-flat modification works for elderly tenants according to their specific needs to facilitate their daily life. If modifications to a flat were

not feasible due to physical constraints, the tenant concerned could apply for transfer to a flat within the same estate or in another estate. The HD would make appropriate arrangements having regard to the actual circumstances of the tenants.

- (e) Tenants living in old estates could also give their views on the improvement of estate facilities through the Estate Management Advisory Committee.
- (f) Elderly tenants could have their flat modified free of charge by the HD to suit their needs for daily living after obtaining recommendations made by service agencies subsidised by SWD or healthcare professionals or occupational therapists from the Hospital Authority.
- (g) Eligible singleton elderly tenant or elderly households might apply to the HD for an allowance for installing Emergency Alarm System (EAS), such as “Personal Emergency Link Service”, to obtain professional emergency support. It would be more appropriate and effective for the EAS to provide such support services as the security staff of PRH estates were not specially trained in this regard.
- (h) Estate offices and property service management offices maintained a list of persons with special needs, including persons with hearing impairment, blindness/visual impairment, persons requiring non-temporary use of wheelchair, tetraplegic patients, renal patient in need of continuous ambulatory peritoneal dialysis at home and elderly persons with special needs who were living alone. Respective offices would inform these persons of any temporary suspension of fresh water/electricity supply or lift services and in case of emergency (e.g. fire) and offer them assistance. Moreover, as frail elderly persons were more vulnerable to cold weather, the offices would remind elderly households to take appropriate measures to keep themselves warm when cold weather warning was in force.
- (i) The HA had once provided Housing for Senior Citizens (HSC) for singleton elderly. However, as the vacancy rate of the HSC had been on the high side due to PRH applicants’ preference for self-contained flats, the HA stopped further production of the HSC in 2000. At present, no PRH flat was provided exclusively for the residence of elderly applicants. Nevertheless, those who preferred hostel type of accommodation with communal facilities and warden service might opt for HSC Type 2 and Type 3 design units with Welfare Worker or small flats with self-contained kitchen and bathroom for one to two-person

and two to three-person elderly families.

20. In conclusion, the Chairman said that elderly housing was an issue of great importance and the housing needs of elderly persons would affect the planning of long-term care services. In this regard, he hoped that in-depth discussions could be conducted on different platforms in the future with a view to working out more solutions to the issue.

Agenda Item 6: Progress Reports by Working Groups and Committee

Working Group on Elderly Services Programme Plan

21. The Chairman said that at its meeting on 19 May 2017, the WGESPP endorsed the draft report on the Consensus Building Stage and the draft ESPP, which were discussed under Agenda Item 3 of this meeting. The Working Group would follow up on and oversee the implementation and progress of the recommendations of the ESPP in the future.

Working Group on Active Ageing

22. Mr Gordon CHONG Kwok-wing, Secretary to the Commission, said that at its 23rd meeting on 20 April 2017, the Working Group on Active Ageing reported on the latest progress of the Opportunities for the Elderly Project and the Funding Scheme for Age-friendly Community. At present, eight districts namely Tsuen Wan, Kwai Tsing, Sai Kung, the Southern District, Kwun Tong, Sha Tin, Tai Po and North District had been accredited by the World Health Organization as age-friendly communities.

Agenda Item 7: Any other business

Study trip to Tokyo

23. The Chairman said that the Commission's study trip to Tokyo had taken place from 6 to 10 March 2017 and the Secretariat had circulated the report of the study trip to Members on 20 June 2017.

Time of adjournment

24. The meeting was adjourned at 5:35 p.m.

Date of next meeting

25. The date of next meeting would be announced in due course.

(Post-meeting note: The next meeting was tentatively scheduled for 1 September 2017.)

July 2017