

Elderly Commission
Minutes of the 94th Meeting

Conference Room 2, G/F, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
3:00 p.m., 11 April 2018 (Wednesday)

Present:

Chairman

Dr LAM Ching-choi, BBS, JP

Members

Ms CHAN Mei-kit, Maggie, MH

Mr CHEUNG Leong

Mr CHUA Hoi-wai

Ms CHUNG Wai-yee, Diana

Mr LAM Hoi-cheung, Victor, JP

Ms LI Fai, Grace

Ms LO Dak-wai, Alexandra, JP

Dr LOU Wei-qun, Vivian

Dr PANG Fei-chau

Mrs SO CHAN Wai-hang, Susan, BBS

Dr TSE Man-wah, Doris

Mr WONG Kit-loong

Mr WONG Tai-lun, Kenneth

Dr YEUNG Ka-ching

Ms CHANG King-yiu, JP

Permanent Secretary for Labour and Welfare

Ms TSE Man-yee, Elizabeth, JP

Permanent Secretary for Food and Health (Health)

Ms Carol YIP, JP

Director of Social Welfare

Mr TSOI Wai-tong, Martin

Assistant Director of Housing (Estate Management) (1)

Dr LI Mun-pik, Teresa

Assistant Director of Health (Family and Elderly Health Services)

Dr MAW Kit-chee, Christina

Chief Manager (Primary and Community Services), Hospital Authority

In attendance:

Mr WONG Chung-yan, Johann, JP

Deputy Secretary for Labour and Welfare

Miss CHANG Lai-chu, Stella

Principal Assistant Secretary for Labour and Welfare

Mr FUNG Pan-chung, Chris	Principal Assistant Secretary for Food and Health (Health)
Mr TAN Tick-yee	Assistant Director of Social Welfare (Elderly)
Ms FUNG Shuk-man, Wendy	Chief Social Work Officer, Social Welfare Department
Ms WOO Mei-hing, Patricia	Chief Social Work Officer, Social Welfare Department
Ms HO Suk-fun	Senior Social Work Officer, Social Welfare Department
Ms TAM Chui-king, Winnie	Senior Social Work Officer, Social Welfare Department
Ms YEUNG Bik-fung, Sarah	Senior Social Work Officer (Designate), Social Welfare Department
Miss LO Chung-man, Florence	Assistant Secretary for Labour and Welfare
Ms CHEUNG Yun-chee, Freda	Assistant Secretary for Labour and Welfare
Miss YU Sin-ting, Cindy	Assistant Secretary for Labour and Welfare
Ms LEE Ngan-chau, Martina	Chief Executive Officer, Labour and Welfare Bureau
Miss LEUNG Pui-yin, Sam	Executive Officer, Labour and Welfare Bureau

Absent with apologies:

Ms CHAN Yee-ching, Tammy
Prof LEE Tze-fan, Diana, JP

Secretary

Mr CHONG Kwok-wing, Gordon	Principal Assistant Secretary for Labour and Welfare
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Dr LAM Ching-choi, the Chairman, welcomed Members to the meeting. In particular, he extended his welcome to Mr TAN Tick-yee, the new Assistant Director of Social Welfare (Elderly).

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 93rd 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 2 March 2018, the minutes were confirmed.

Agenda item 2: Matters arising

4. There were no matters arising from the minutes of the 93rd meeting.

Agenda item 3: Briefing on the relevant initiatives in the 2018-19 Budget

5. Mr Johann WONG Chung-yan, Deputy Secretary for Labour and Welfare, briefed Members on the initiatives relating to elderly welfare in the 2018-19 Budget through a PowerPoint presentation. Mr WONG said that the estimated recurrent government expenditure on elderly services for 2018-19 was about \$9,064 million, representing an increase of about 18% (i.e. about \$1,400 million) over the revised estimate for 2017-18. The Budget proposed to allocate additional resources for implementing an array of initiatives to improve elderly services put forth in the Chief Executive's 2017 Policy Address, involving a recurrent provision of about \$1,263 million and non-recurrent expenditure of about \$2,229 million. The initiatives mainly covered four areas, namely supporting "ageing in place", residential care services, promotion of gerontechnology and manpower planning. The Budget also proposed allocating additional resources for providing speech therapy services for elderly service units, involving a recurrent provision of about \$63 million and non-recurrent expenditure of about \$343 million. On social security, the Government would continue to allocate considerable resources for implementing the Comprehensive Social Security Assistance Scheme and the Social Security Allowance Scheme to provide financial assistance for the needy. In view of the Government's healthy fiscal surplus, a series of measures were proposed in the Budget to share the fruits of economic success with the community. These measures included the provision of an extra allowance, equal to two months of the standard rate payments, for recipients of social security payments, the Working Family Allowance and the Work Incentive Transport Subsidy. In connection with the Caring and Sharing Scheme under the Budget announced by the Financial Secretary on 23 March this year, the Government would also provide a new allowance of \$4,000 each for eligible persons, and an additional payment for those social security recipients whose extra two-month allowance to be

received would be less than \$4,000 in order to make up the difference. Mr WONG said that regarding the expenditure earmarked for the elderly, the Government's estimated expenditure on social security and elderly services for 2018-19 was approximately \$50.5 billion, accounting for 12.4% of the Government's recurrent expenditure and representing an increase of about 28.4% (i.e. \$11.2 billion) as compared with the figure for last year.

6. The Chairman and Members generally welcomed the various initiatives for improving elderly services as mentioned in the Budget, and they raised the following suggestions and questions:

Supporting "ageing in place"

- (a) The Commission was pleased to note that the Budget proposed that additional resources would be allocated to elderly centres and home care services teams to enhance outreaching services to support needy carers. The Commission suggested the Government to review the policy on the support for carers of the elderly, with a view to formulating an integrated policy to provide them with more comprehensive support services.
- (b) The Commission agreed that the Government should strengthen care and support for elderly persons with dementia and their carers, and stressed that the target recipients of the relevant support services should include family members of elderly persons with dementia.
- (c) It was suggested that the Government might make reference to an overseas policy initiative of motivating the young-olds to serve the old-olds. By providing the old-olds with care services, the young-olds could earn "service hours" which could be used in exchange for care services for their own when necessary.

Residential care services

- (d) The Commission was pleased to note that the Social Welfare Department (SWD) would launch a pilot scheme to set up district-based professional teams to provide outreach services for residents of private residential care homes for the elderly (RCHEs) and residential care homes for persons with disabilities (RCHDs). A Member wished to know the details of the pilot scheme.

- (e) The Commission suggested the Government to consider including Chinese medicine practitioners in the professional teams so as to meet the rehabilitation needs of the residents through offering treatments like acupuncture. This arrangement would not only broaden the scope of the support services provided by the professional teams, but also help alleviate the manpower shortage of allied health professionals.
- (f) The Commission suggested that apart from meeting the social and rehabilitation needs of elderly persons residing in RCHEs, the outreach services should also enhance the psychological and mental health support for them.
- (g) The Government could encourage, through policy initiatives, private RCHEs to adopt an innovative approach at the administrative and service levels in providing more comprehensive services for elderly residents of RCHEs, which would in turn promote the development of the private RCHE sector.
- (h) A member wished to know the details of the proposed increase of 333 subsidised residential care places for the elderly as indicated in the Budget, and the Government's long-term planning for increasing service places for the elderly.
- (i) It was suggested that the Government should allocate more resources to increase the number of residential places purchased from private RCHEs under the Enhanced Bought Place Scheme so as to shorten the waiting time of elderly persons for such places.
- (j) It was suggested that the accreditation system and purchase arrangements for the existing Enhanced Bought Place Scheme (EBPS) should be reviewed. The number of places to be bought should be determined by the past performance of the operator in running the RCHE, and those unfilled bought places that had been approved should be clawed back as soon as possible for re-allocation.

Promotion of gerontechnology

- (k) To promote the development of gerontechnology, it was suggested that the Innovation and Technology Fund for Application in Elderly and Rehabilitation Care (the Fund) should not be limited to subsidising the trial use and procurement/rental of technology products by service units, but should also be used to support areas such as information technology and workflow

management system, and encourage local design or development of relevant technologies.

- (l) In view of the wide application range of gerontechnology products in areas such as medical and health care, eating and feeding aids, mobility aids, as well as personal hygiene and care, etc., it was recommended that in launching the Fund, the Government might consider selecting a specific field of technology products as a priority area for trial use and procurement/rental so as to enhance understanding of the technology products in that particular area. The Government might also promote, through the Fund, those technology products designed for assisting care staff in performing their duties in order to attract young persons to join the elderly service sector.
- (m) The Government should collect views from subsidised service units following their use of the technology products in a timely and systematic manner, so as to ensure that relevant data and information, after collation and analysis, would be useful for promoting the strategic development of gerontechnology.
- (n) The Commission suggested the Government to examine how gerontechnology could be used to facilitate modernised management of RCHEs, and to co-ordinate and improve community nursing and care services.

Manpower planning

- (o) The Commission was pleased to note that the Government would provide additional resources for subsidised elderly service units to increase the salaries of personal care workers and home helpers, so as to enable these units to recruit and retain staff more effectively. A Member was mindful of the ripple effect that might be caused by this initiative on the entire elderly service sector, including members of other grades and other service units.
- (p) It was suggested that, in providing additional resources for subsidised elderly service units, the SWD should require subsidised service units to comply with relevant funding conditions under the Lump Sum Grant Subvention System, so as to ensure that the additional resources would be used directly in increasing the salaries of front-line care staff.
- (q) The Navigation Scheme for Young Persons in Care Services (Navigation Scheme) had been considered effective in encouraging young persons to join

the elderly and rehabilitation care service sectors since its launch. The Commission was of the view that the Government should continue to implement the Navigation Scheme.

- (r) The Commission suggested that, since volunteers played a very important role in caring for the elderly, the Government should promote the development of volunteerism at the policy level, including provision of volunteers with financial assistance such as volunteer allowance, training allowance or honorarium, so as to further encourage members of the community to participate in voluntary work for the elderly.

7. In response to the suggestions and questions raised by Members, Ms CHANG King-yiu, Permanent Secretary for Labour and Welfare, Ms Carol YIP, Director of Social Welfare and Mr WONG, replied as follows:

Supporting “ageing in place”

- (a) The Government would implement a series of new initiatives to strengthen dementia care and support at the community level, including regularising the Dementia Community Support Scheme and expanding it to all 41 district elderly community centres in the territory, organising territory-wide public educational activities to enhance public understanding of dementia, and allocating additional resources to service units providing community care and support services for the elderly to strengthen the support for elderly persons with dementia and their carers as well as the relevant staff training.

Residential care services

- (b) The SWD would set up district-based professional teams comprising social workers, physiotherapists, occupational therapists, etc. under a four-year pilot scheme to provide outreach services for residents of private RCHEs and RCHDs, so as to support their social and rehabilitation needs. Besides, the SWD would allocate additional resources for the inclusion of speech therapists in the professional teams to provide speech therapy services for the elderly in need, in order to enhance the quality of life of those residing in private RCHEs. Details of the plan were to be further discussed with stakeholders.
- (c) The 333 additional subsidised residential care places for the elderly would be sourced from different initiatives, i.e. the development of four new contract

RCHEs (providing 285 subsidised places), the optimised use of space in existing subvented RCHEs (providing 44 subsidised places), and the conversion of non-subsidised residential care places in some existing contract RCHEs into subsidised ones (providing 4 subsidised places). The Government would continue to increase service places for the elderly through a multi-pronged approach, including proactively identifying suitable sites in various types of development projects for the construction of RCHEs required.

- (d) The SWD would purchase about 370 additional EA1 places in eligible private RCHEs under the EBPS in this financial year. Apart from the ongoing efforts to monitor the service performance of RCHEs participating in the EBPS in their provision of subsidised places, the SWD would also arrange residential respite services for the elderly through the use of casual vacancies of the places under the scheme. The Government expected that private RCHEs would continue to enhance their service standards so that there would be adequate places at EA1 standard available in the market.

Promotion of gerontechnology

- (e) Through the programmes under the Innovation and Technology Fund, the Innovation and Technology Commission had been subsidising and encouraging universities, local public research institutions and private companies to conduct research and development (R&D) projects in various technology areas and conduct trials of their R&D outcomes in the public sector, including projects involving gerontechnology. The setting up of the Innovation and Technology Fund for Application in Elderly and Rehabilitation Care aimed to promote the application of gerontechnology with a view to improving the quality of life of elderly persons as well as reducing the burden and pressure on care staff and carers.
- (f) The secretariat of the Fund under the SWD would work with the Hong Kong Council of Social Service to consult various stakeholders in drawing up a reference list of “Recognised Technology Application Products”. To provide enough flexibility for service units to try out and procure/rent technology products that meet their service needs, the trial use and procurement/rental of technology products would not be limited to a specific field.
- (g) The technology products which subsidised service units might procure/rent by using the grants under the Fund included not only devices, equipment and tools

that help enhance the effectiveness and quality of care, but also mobile applications and high-end hardware and software (e.g. systems that could effectively and accurately record the activities, health conditions and medical records, etc. of elderly persons and persons with disabilities). Organisations could also apply for subsidies to try out newly developed technology products in their service units. In addition, the Fund could be used to promote the application of technology products.

Manpower planning

- (h) The Government was very concerned about the manpower situation of the social welfare sector, and had implemented a number of measures to enhance the supply of front-line care staff and improve their work prospects. The measures included implementing Qualifications Framework in the elderly service sector, organising the Enrolled Nurse Training Programme for the social welfare sector and implementing the Navigation Scheme. Given that the manpower shortage of personal care workers and home helpers was particularly severe in elderly service units, it was proposed in the Policy Agenda that additional resources would be provided for these service units to increase the salaries of personal care workers and home helpers, with a view to improving the manpower situation of the elderly service sector.
- (i) The Lump Sum Grant Subvention System provided non-governmental organisations with flexibility in the deployment of subvention resources to cater for their service needs. Hence, it was difficult to include additional funding conditions for these organisations regarding additional resources under the existing mechanism.

8. Ms Elizabeth TSE Man-yee, Permanent Secretary for Food and Health (Health), then briefed Members on the medical and health policy initiatives relating to the elderly in the 2018-19 Budget with a PowerPoint presentation. Ms TSE said that the estimated recurrent government expenditure on health for 2018-19 was \$71.2 billion, about 13.3% (or \$8.4 billion) higher than the 2017-18 revised estimate and accounted for 17.5% of the overall recurrent expenditure. Among the \$71.2 billion, about \$61.5 billion was earmarked for providing recurrent subvention for the Hospital Authority (HA) (nearly half of which to be used for the care of elderly persons aged 65 or above), and about \$3.1 billion for the Elderly Health Care Voucher (EHV) Scheme. The funding relating to public healthcare as proposed in the Budget would mainly be used for improving public healthcare services and facilities, promoting the development of public and private healthcare services

and investing for the future. In respect of improving public healthcare services and facilities, the Government would implement a series of initiatives, including allocating an additional recurrent funding of nearly \$6 billion to the HA to increase the number of hospital beds, operating theatre sessions, the quotas for general out-patient and specialist out-patient services and the manpower required; introducing a triennium funding mechanism to enable more effective resource planning by the HA; promoting mental health and controlling non-communicable diseases; regularising the Colorectal Cancer Screening Programme; and increasing drug subsidies. It was also proposed in the Budget that additional resources would be allocated to enhance the EHV Scheme and implement the Voluntary Health Insurance Scheme, so as to promote a balanced development of public and private healthcare services. The Government would also actively invest for the future and provide necessary resources for implementing the policy on primary healthcare, starting the planning of the second 10-year hospital development plan and planning for other public healthcare facilities, allocating additional resources to strengthen healthcare manpower and teaching facilities, as well as establishing a \$500 million dedicated fund to promote the development of Chinese medicine.

9. Having listened to the briefing by the Food and Health Bureau, the Chairman and Members raised the following suggestions and views on the EHV Scheme:

- (a) The Commission suggested that in its future review of the EHV Scheme, the Government might explore ways to integrate the scheme with primary healthcare services so that elderly persons could be taught on the proper use of vouchers through case management, and consider extending the scope of the scheme to cover areas on lifestyle improvement and healthy habits so as to help elderly persons achieve healthy ageing through disease prevention and health management.
- (b) A Member was concerned about the abuse of vouchers, and the situation where some service providers charged elderly persons using vouchers higher consultation or service fees than other service users.

10. In response to the suggestions and views raised by Members, Ms TSE and Dr Teresa LI Mun-pik, Assistant Director of Health (Family and Elderly Health Services), replied as follows:

- (a) Under the existing EHV Scheme, vouchers could not be used solely for purchasing medications or other medical equipment or products. However, vouchers could be used for preventive, curative and rehabilitative services,

including treatments provided by healthcare service providers in their professional capacities to meet the healthcare needs of elderly patients after consultation, as well as medications, medical products and the like provided for patients during the course of treatment. In this regard, healthcare service providers should assume professional responsibility towards their patients. Such arrangements served to protect patients' rights while allowing a certain extent of flexibility to facilitate the use of vouchers by the elderly to pay for various private primary healthcare services.

- (b) The Department of Health (DH) was conducting a review of the EHV Scheme in collaboration with the Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong. The review covered the impact of vouchers on primary healthcare services for the elderly. The Government would consider introducing enhancement measures as appropriate, taking into account the review findings and the overall fiscal condition.
- (c) The EHV Scheme (excluding the Pilot Scheme at the University of Hong Kong - Shenzhen Hospital) accepted the participation of healthcare professionals registered in Hong Kong only. All statutorily registered healthcare professionals in Hong Kong were subject to the regulation of relevant ordinances and professional boards and councils. As professionals, they had to strictly abide by relevant ordinances and codes of professional conduct, and to fulfil their professional and ethical responsibilities. Despite the fact that this regulatory system had been working effectively, the DH noticed that there was recent media coverage on suspected breaches of agreement terms by some participating healthcare professionals. Some cases might even involve ethical issues. Given that there were over 7 000 healthcare service providers participating in the scheme, with an average of over 10 000 voucher claims per day, it was not easy to monitor and identify the small number of healthcare service providers under the EHV Scheme with ethical problems. Nevertheless, the DH would follow up and investigate each of the media reported cases or complaints on a risk-based principle, and take appropriate actions. Cases would be referred to relevant professional boards and councils or even to the Police or other law enforcement departments for follow-up if necessary.
- (d) To provide greater flexibility for the elderly to choose the healthcare services they need, no limit had been set under the EHV Scheme on the voucher amount that an elderly person could use for each visit to a participating healthcare service provider. However, healthcare service providers should not impose

different levels of fees based on whether vouchers were used or not, or charge the elderly any additional fees for creating a voucher account or using vouchers. The DH would continue to step up its efforts in public education to remind the elderly to double-check the service fees with healthcare service providers before giving consent to the use of vouchers. To enhance transparency, the DH was preparing relevant voucher claim statistics for uploading to the EHV Scheme's website for public reference.

(Post-meeting note: The relevant voucher claim statistics were uploaded to the websites of the DH and the EHV Scheme on 18 April 2018.)

Agenda Item 4: Progress Reports by Working Groups and Committee

Working Group on Elderly Services Programme Plan

11. The Chairman said that the Working Group on Elderly Services Programme Plan (WGESPP) had held a meeting on 17 January 2018 to review the progress of follow-up work on various recommendations of the Elderly Services Programme Plan. The next meeting was tentatively scheduled for July 2018.

Working Group on Ageing in Place

12. The Chairman said that the Working Group on Ageing in Place (WGAP) had been set up on 1 January 2018 and its 1st meeting would be held later.

(Post-meeting note: The 1st meeting of WGAP was held on 10 May 2018.)

Committee on Elder Academy Development Foundation

13. Mr Gordon CHONG Kwok-wing, Secretary to the Commission, reported that the Vetting Sub-committee of the Elder Academy Development Foundation (EADF) had held a meeting on 5 December 2017 to consider the second round of funding applications for 2017-18. The EADF Committee had endorsed the recommendations of the Vetting Sub-committee. The Secretariat had allocated funding to 12 successful applicants in January 2018.

Agenda Item 5: Any other business

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

Time of adjournment

15. The meeting was adjourned at 5:10 p.m.

Date of next meeting

16. The next meeting was tentatively scheduled for 24 July 2018.

June 2018