

**Elderly Commission**  
**Minutes of the 97th Meeting**

Conference Room 4, G/F, Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong  
10:00 a.m., 19 December 2018 (Wednesday)

**Present:**

**Chairman**

Dr LAM Ching-choi, BBS, JP

**Members**

Ms CHAN Mei-kit, Maggie, MH

Ms CHAN Yee-ching, Tammy

Mr CHEUNG Leong

Ms CHUNG Wai-yee, Diana

Mr LAM Hoi-cheung, Victor, JP

Prof LEE Tze-fan, Diana, JP

Ms LI Fai, Grace

Ms LO Dak-wai, Alexandra, JP

Dr LOU Wei-qun, Vivian

Mrs SO CHAN Wai-hang, Susan, BBS

Dr TSE Man-wah, Doris

Mr WONG Kit-loong

Dr YEUNG Ka-ching

Ms TSE Man-yee, Elizabeth, JP

Ms Carol YIP, JP

Mr WONG Chung-yan, Johann, JP

Mr TSOI Wai-tong, Martin

Dr LI Mun-pik, Teresa

Dr HA King-hang, Tony

Permanent Secretary for Food and  
Health (Health)

Director of Social Welfare

Deputy Secretary for Labour and  
Welfare

Assistant Director of Housing (Estate  
Management) (1)

Assistant Director of Health (Family and  
Elderly Health Services)

Chief Manager (Primary and  
Community Services), Hospital  
Authority

**In attendance:**

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-ye	Assistant Director of Social Welfare (Elderly)
Ms FUNG Shuk-man, Wendy	Chief Social Work Officer, Social Welfare Department
Ms SIT Wing-lin	Chief Social Work Officer, Social Welfare Department
Ms WOO Mei-hing, Patricia	Chief Social Work Officer, Social Welfare Department
Ms LI Wing-sze, Grace	Senior Social Work Officer, Social Welfare Department
Ms LUK Tsz-yin, Elania	Assistant Secretary for Labour and Welfare
Mr LEUNG Sing-lung, Edric	Assistant Secretary for Labour and Welfare
Ms MAK Ka-ying, Carren	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
Mr LEUNG Fuk-ling, David	Executive Officer, Labour and Welfare Bureau

**Absent with apologies:**

Mr CHUA Hoi-wai  
 Dr PANG Fei-chau  
 Mr WONG Tai-lun, Kenneth

**Secretary**

Ms IP Ching-yung, Heidi  
 Principal Assistant Secretary for Labour and Welfare (Acting)

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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 96th meeting**

3. As Members had not proposed any amendments to the Chinese and English versions

of the draft minutes issued by the Secretariat on 22 October 2018 and 22 November 2018 respectively, the minutes were confirmed.

### **Agenda item 2: Matters arising**

4. There were no matters arising from the minutes of the 96th meeting.

### **Agenda item 3: Briefing on the relevant initiatives in the Chief Executive's 2018 Policy**

#### **Address**

5. Mr Johann WONG Chung-yan, Deputy Secretary for Labour and Welfare, briefed Members on the policy initiatives relating to elderly services under the purview of the Labour and Welfare Bureau (LWB) in the Chief Executive's 2018 Policy Address through a PowerPoint presentation. Mr WONG said that the Government's objective in elderly services was to enable senior citizens to live with dignity and provide suitable support for them to promote their sense of belonging, sense of security and sense of worthiness. The Government would continue to offer hardware and policy support to promote "active ageing" while taking care of the service needs of frail elderly persons. It would strive to provide quality and cost-effective long-term care services for elderly persons in need under the policy of promoting "ageing in place as the core, institutional care as back-up". It would also continue to implement the recommendations set out in the Elderly Services Programme Plan (ESPP), including the implementation of a series of measures to strengthen community care and support services as well as to enhance the service quality of residential care homes for the elderly (RCHEs). On welfare premises planning, the Government would, having regard to the recommendation in the ESPP, stipulate by the end of 2018 the population-based planning ratios in the Hong Kong Planning Standards and Guidelines in respect of subsidised residential care services and community care services, district elderly community centres (DECCs) and neighbourhood elderly centres. In this regard, the Government would also launch a new phase of the Special Scheme on Privately Owned Sites for Welfare Uses (Special Scheme) and develop non-profit making elderly apartments under the Special Scheme. To encourage more young people to join the care services in the social welfare sector, the Government would provide a total of 1 200 additional training places under the Navigation Scheme for Young Persons in Care Services in the coming years, and enhance the existing scheme. In addition, to better serve the needs of local elderly persons who chose to retire in Guangdong or Fujian, the Government would extend the Old Age Living

Allowance to cover participants of the Guangdong Scheme and the Fujian Scheme to provide monthly allowance for eligible elderly persons. Recurrent expenditure on elderly services for the financial year of 2018-19 was estimated to be about \$9.1 billion, an increase of about 47% as compared with that for the financial year of 2014-15. The Government would, using the ESPP as a blueprint, continue to plan for and deliver suitable elderly services through strengthening collaboration with the Commission.

6. Ms Elizabeth TSE Man-yee, Permanent Secretary for Food and Health (Health), then briefed Members on the health policy initiatives for the elderly in the Chief Executive's 2018 Policy Address with a PowerPoint presentation. Ms TSE said that due to Hong Kong's ageing population and the rising demand for healthcare services, the public healthcare system faced obvious pressure and challenges. To safeguard public health and further improve the standard of health services, the Government would remain focused in carrying out its work and allocating resources to six major areas, i.e. enhancing the development of primary healthcare services, strengthening disease prevention and control, supporting the development of Chinese Medicine, strengthening healthcare services, increasing healthcare facilities and manpower of medical professionals, as well as enhancing public health regulation. Furthermore, the Government would continue to promote the Elderly Health Care Voucher (EHCV) Scheme, which subsidised elderly persons aged 65 or above to use private primary healthcare services. The Government was also reviewing the effectiveness of the EHCV Scheme and devising enhancement measures to ensure that the EHCV Scheme would strengthen the provision of primary healthcare services for the elderly.

7. After the briefing, the Chairman and Members put forward the following views and questions on the EHCV Scheme:

- (a) A Member enquired about the percentage of voucher amount currently claimed by optometrists with Part I registration in relation to the total voucher amount claimed. It was noted that quite a number of elderly persons might use the vouchers for eye checks and prescription of spectacles. If the above percentage was relatively high, and if the average amount claimed in each transaction was much higher than that claimed by other categories of healthcare professionals, the Government might need to review the existing mechanism for making claims to avoid potential abuse of vouchers and ensure their proper use, in order to serve the purpose of enhancing primary healthcare services for the elderly.
- (b) A Member enquired how to assess whether an elderly person was eligible to use the vouchers for eye checks and prescription of spectacles, and whether the Department of Health (DH) could provide the respective statistics on vouchers

used for eye checks and prescription of spectacles.

- (c) With deteriorating eyesight associated with old age, most elderly persons had an actual need to use the vouchers for eye checks and prescription of spectacles. As spectacles were consumables that had to be regularly replaced, and well-fitted spectacles were not usually low-priced, the Government should take these factors into account in reviewing the mechanism for making voucher claims.

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

- (a) According to the statistics compiled by the DH, the total voucher amount claimed by optometrists with Part I registration as a percentage of the total amount claimed had increased from 0.9% in 2014 to 25% in 2018 (as at November).
- (b) Since 1 January 2012, optometrists who registered under Part I of the register under the Supplementary Medical Professions Ordinance (Cap. 359) had been allowed to enrol under the EHCV Scheme and accept vouchers to pay the service fees of healthcare services provided to eligible elderly persons. In Hong Kong, statutory registered healthcare professionals (including optometrists in Part I of the register) were subject to regulation under relevant ordinances and governed by their respective boards and/or councils. As professionals, they had to strictly abide by the relevant ordinances and codes of practice and ethics, and to fulfill their professional obligations.
- (c) Under the existing scheme, vouchers could not be used solely for purchasing medications, spectacles or other medical equipment or products. However, they 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 and medical products, etc. provided for patients during the course of treatment. Enrolled optometrists had to provide professional optometry services for elderly persons. If they considered, on the basis of their professional judgement, the prescription of spectacles necessary, the elderly persons could then use the vouchers to pay the fees for the whole package of services provided by the optometrists. In this connection, the DH did not have statistics solely on vouchers used for eye checks and prescription of spectacles.

#### **Agenda item 4: Community Support to Elderly Persons with Dementia and their Carers**

9. Mr TAN Tick-ye, Assistant Director of Social Welfare (Elderly), briefed Members on the community support currently provided to elderly persons with dementia and their carers through a PowerPoint presentation. Mr TAN remarked that, according to the statistics provided by the Hospital Authority (HA), a total of about 67 300 persons with dementia had been served by the HA in 2016 under the care of multi-disciplinary professional teams led by doctors providing appropriate healthcare services for them. On long-term care services, the Government was currently enhancing care for persons with dementia and support for their carers through allocating additional resources to day care centres/units for the elderly, Integrated Home Care Services teams, and Enhanced Home and Community Care Services teams for them to increase manpower, as well as implementing the Pilot Scheme on Community Care Service Voucher for the Elderly. Community geriatric assessment teams/psychogeriatric outreach teams of the HA also provided outreach services for elderly patients (including those suffering from dementia) residing in RCHEs, as well as training for care workers of RCHEs on caring for residents with dementia. To enhance care and support at the community level, the Dementia Community Support Scheme would be regularised from February 2019 onwards and extended to all the 41 DECCs in the territory in 2019-20. Under the scheme, support services would be provided for elderly persons with mild or moderate dementia and their carers at the community level through a medical-social collaboration model. Meanwhile, the Government would increase the number of social workers in all neighbourhood elderly centres across the territory in 2018-19, with a view to facilitating early detection of elderly persons suspected of having dementia, enhancing public education, and strengthening the support services for demented elderly persons living in the community and their carers. The DH and the Social Welfare Department (SWD) would also organise regular training programmes for staff of RCHEs and elderly service units respectively to enhance their knowledge of dementia and their care skills. In addition, the Government was implementing the Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families and the Pilot Scheme on Training for Foreign Domestic Helpers on Elderly Care to provide appropriate support for carers of elderly persons in need. On public education, the Government had launched a three-year public education campaign titled Dementia Friendly Community Campaign in September 2018 to promote public understanding and awareness of dementia, with a view to building a dementia friendly community for persons with dementia and their families. Besides, the SWD also launched a three-year Support for Carers Project in October 2018 to provide frontline property management personnel of property management organisations with relevant training, and encourage them to show care and support to elderly persons and their carers in its efforts to promote “ageing in place”. To promote the application of gerontechnology, the

Government rolled out the Innovation and Technology Fund for Application in Elderly and Rehabilitation Care in December 2018 to subsidise eligible elderly and rehabilitation service units to try out and procure/rent technology products, including those suitable for elderly persons with dementia, so as to improve their quality of life and reduce the pressure and burden on care staff and carers. Apart from the Government's efforts, various sectors of the community also rendered support for elderly persons with dementia and their carers through the provision of professional educational training, public education and charity fund subsidies. In response to the service needs of individual districts, non-governmental organisations also played their part by offering a range of self-financing dementia community support services to make available more diversified services for elderly persons with service needs.

10. Mr TAN further pointed out that, to ensure that the mental health regime in Hong Kong could rise up to the challenges of a growing and ageing population, the Food and Health Bureau (FHB) set up the Review Committee on Mental Health in 2013 with the objective of reviewing the mental health policy and services, as well as mapping out the future direction for development of mental health services in the territory. The review was completed in April 2017, and the Mental Health Review Report (the Review Report) was published with a total of 40 recommendations, including ten related to dementia support services for the elderly. The Government would follow up on those recommendations accordingly, with a view to providing more targeted and tailor-made services for those with mental health needs. The Government also set up the Advisory Committee on Mental Health in December 2017, which was tasked with advising the Government on mental health policy and following up on and monitoring the implementation of the recommendations in the Review Report. On the other hand, one of the twenty recommendations set out in the ESPP was the strengthening of services for elderly persons with dementia. It was recommended that issues related to dementia should be taken into account in the whole spectrum of elderly services and a multi-disciplinary approach should be adopted in service delivery. Closer collaboration between the healthcare system and the welfare sector should be encouraged in the provision of services for dementia. The Government had accepted in principle all of the recommendations, and follow-up actions had commenced. Some of the new initiatives had been formulated with reference to such recommendations.

11. Having listened to the briefing, the Chairman and Members raised the following suggestions, views and questions:

- (a) It was suggested that public education should cover information on the prevention or risk reduction of dementia, as well as the detection of its early

symptoms, so that elderly persons suspected of having dementia could be identified early and be provided with prompt and appropriate medical and support services to slow down the progression of the disease.

- (b) Noting that the SWD had set up a thematic webpage on dementia, the Commission suggested that it could be used as a one-stop platform offering information on support services for elderly persons with dementia and their carers. It was also suggested that a dedicated website should be set up for carers of the elderly for their easy access to the necessary information.
- (c) Apart from common non-pharmacological treatments, the Commission suggested that the role of pharmacological treatments (including Chinese medicines) should be further looked into and such information should be provided for patients.
- (d) The SWD might consider including a brief introduction of the Dementia Friends Information Sessions in the training programmes of the Support for Carers Project so that front-line property management personnel might register as Dementia Friends, thereby maximising the effect of public education and publicity.
- (e) The Government was expected to devote more resources to the implementation of the Dementia Community Support Scheme so as to benefit more elderly persons with dementia and their carers. Besides, the Government should further explore how appropriate support services could be provided for working carers who were not able to join the scheme.
- (f) Had the Government evaluated the effectiveness of the Dementia Community Support Scheme before regularising it? Was its current mode of service the most suitable one?
- (g) The Hong Kong Medical Association and the Hong Kong Alzheimer's Disease Association had jointly conducted training courses on dementia for doctors, with the aim of facilitating early diagnosis and treatment for people showing symptoms of dementia through the provision of training for general practitioners and specialists in family medicine. In order to meet the demands for diagnosis and treatment in the community, it was suggested that the Government might collaborate with related associations to make available to the public a list of doctors who had completed such training courses.



- (h) Respite service for elderly persons could effectively relieve the pressure of taking care of elderly persons on carers. The Government should review the demand for this service with regard to the needs of carers and allocate additional resources accordingly.
- (i) The Commission hoped that the Government would consider extending the coverage of the Dementia Supplement to include all private residential care homes to benefit more elderly persons with dementia.
- (j) A Member wished to know the implementation progress of the Pilot Scheme on Training for Foreign Domestic Helpers on Elderly Care.
- (k) The Government should review the various community support services currently available to elderly persons with dementia and their carers, with a view to developing a comprehensive policy and ensuring that there were complementary arrangements to facilitate service delivery.

12. In response to the suggestions, views and questions raised by Members, Ms TSE, Ms Carol YIP, Director of Social Welfare, Mr Chris FUNG Pan-chung, Principal Assistant Secretary for Food and Health (Health), Dr Tony HA King-hang, Chief Manager (Primary and Community Services), HA and Mr TAN replied as follows:

- (a) The electronic handbook entitled “Dementia Awareness Kit” published by the SWD provided information to the public on dementia, including symptoms at different stages of dementia and methods to reduce the risk of developing dementia. Such information had been uploaded onto the SWD’s thematic webpage on dementia.
- (b) Apart from the SWD’s thematic webpage, members of the public could also visit the Smart Patient Website established by the HA for information relating to healthcare and community resources for persons with dementia. The HA was also preparing to set up a designated webpage to provide relevant information on dementia for patients and their carers.
- (c) Target participants of the Dementia Community Support Scheme were patients diagnosed with mild or moderate dementia and referred by the HA, or members of DECCs suspected of having early symptoms of dementia. Under the scheme, a series of training and support services were provided for participating elderly persons and their carers through DECCs. Upon regularisation of the scheme in

February 2019, the number of beneficiaries would be expected to double from an average of 1 000 per year under the pilot scheme to over 2 000 per year.

- (d) The FHB had commissioned the Sau Po Centre on Ageing (Sau Po Centre) of The University of Hong Kong to conduct an evaluation of the effectiveness of the Dementia Community Support Scheme during its pilot implementation. According to the Interim Evaluation Report submitted by the Sau Po Centre in June 2018, the implementation of the scheme was generally effective. Its observations included positive feedback from service users, strong support from frontline service providers, and appreciation of the newly formed medical-social collaboration model shown by both healthcare and social welfare sectors. The Sau Po Centre would submit the Final Evaluation Report in due course. In the light of the recommendations in the Evaluation Report, the FHB would then consider how further enhancements to community support services could be made through the scheme.
- (e) The FHB was planning to have meetings with the Hong Kong Academy of Medicine to exchange views and discuss specific proposals on how suitable training courses could be provided for private primary care doctors, so as to strengthen their role in the primary healthcare system.
- (f) To relieve carers' stress and allow them to take a short break or attend to personal affairs when necessary, the Government currently provided designated day and residential respite services for elderly persons through subsidised day care centres/units for the elderly, and subvented RCHEs and contract homes respectively. In addition, to meet the demand for beds in public hospitals during the seasonal peak of influenza, and to increase the number of residential respite places for the elderly, the SWD had introduced a special measure from February to September 2018 to purchase about 250 additional residential places from private RCHEs participating in the Enhanced Bought Place Scheme to provide residential respite service for elderly persons. The measure had been extended to March 2019. In view of the positive response to this special measure, the Government planned to regularise it in 2019-20.
- (g) To continually enhance the quality of RCHEs and residential care homes for persons with disabilities, the Government had in recent years introduced a number of policy initiatives covering all private residential care homes in Hong Kong, such as the Visiting Medical Practitioner Service for Residential Care Homes provided by the SWD, as well as the outreach services provided by the HA through its community geriatric assessment teams and psychogeriatric

outreach teams.

- (h) The first two rounds of training courses (covering common topics) offered under the Pilot Scheme on Training for Foreign Domestic Helpers on Elderly Care were completed in August and December 2018 respectively, with a total of 212 trainees completing the courses. All such training courses were expected to be completed in May 2019. The SWD and the DH would proactively consider the future arrangements.

13. The Chairman concluded that the Commission had noted the community support services currently provided for elderly persons with dementia and their carers by the Government and various sectors of the community. Overall speaking, the Government had commenced follow-up actions on most of the recommendations related to dementia support services for the elderly in the Review Report. The remaining recommendations would also be considered and followed up by relevant policy bureaux/departments in due course. The Commission would review the implementation of the recommendations regularly.

#### **Agenda Item 5: Progress Reports by Working Groups and Committee**

- 14. There were no reports on this occasion.

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

- 15. There was no other business for discussion at the meeting.

#### **Time of adjournment**

- 16. The meeting was adjourned at 12:00 noon.

#### **Date of next meeting**

- 17. The next meeting was tentatively scheduled for 26 March 2019. (Post-meeting note: The next meeting was scheduled for 3 April 2019.)

March 2019