

**Elderly Commission**  
**Minutes of the 67th Meeting**

Room 601, 6/F, West Wing, Central Government Offices, Ice House Street, Central

2:30 p.m., 15 June 2011 (Wednesday)

**Present:**

**Chairman**

Dr the Honourable LEONG Che-hung, GBM, GBS, JP

**Vice-chairman**

Prof CHAN Cheung-ming, Alfred, BBS, JP

**Members**

Mr CHAN Chi-yuk, Kenneth

Mr CHAN Han-pan

Dr CHAN Hon-wai, Felix

Dr CHENG Kam-chung, JP

Dr CHEUNG Moon-wah

Prof CHIU Fung-kum, Helen

Dr CHONG Ming-lin, Alice

Rev LAU Wai-ling, Dorothy, BBS, JP

Mr MA Chan-hang, Leo

Mr MA Ching-hang, Patrick, BBS

Mr MA Kam-wah, Timothy

Dr WONG Yee-him, John

Mr WU Moon-hoi, Marco, SBS

Dr YAM Yin-chun, Loretta, BBS	
Mr YAU How-boa, Stephen, BBS, JP	
Mr TANG Kwok-wai, Paul, JP	Permanent Secretary for Labour and Welfare
Mr NIP Tak-kuen, Patrick, JP	Director of Social Welfare
Mr LEE Kwok-wing, Albert, JP	Representative of Secretary for Transport and Housing / Director of Housing
Dr HUI Yin-fun, Linda	Representative of Director of Health
Dr MAW Kit-chee, Christina	Representative of Chief Executive of Hospital Authority

**In attendance:**

Ms YOUNG Bick-kwan, Irene, JP	Deputy Secretary for Labour and Welfare
Ms HO Siu-ping, Betty	Principal Assistant Secretary for Labour and Welfare
Mrs CHEUNG FUNG Wing-ping, Angelina	Principal Assistant Secretary for Labour and Welfare (Designate)
Miss LI Yuen-wah, Cecilla	Assistant Director Social Welfare Department
Mr NGAN Man-por	Chief Social Work Officer Social Welfare Department
Mrs Heidi KWONG	Senior Social Work Officer Social Welfare Department
Dr NG Ping-sum, Sammy	Senior Medical and Health Officer Department of Health
Miss LAU Sze-mun, Shirley	Assistant Secretary for Labour and Welfare
Mr SHEUNG Zhen-ting, Kieron	Assistant Secretary for Labour and Welfare
Mr LI Ngo-chuen, Leo	Assistant Secretary for Labour and Welfare
Miss MOK Tik-shan, Elizabeth	Chief Executive Officer Labour and Welfare Bureau
Ms LI Wing-hang, Amanda	Executive Officer Labour and Welfare Bureau
Dr CHUI Wing-tak, Ernest	Associate Professor Department of Social Work and Social Administration The University of Hong Kong
Mr WONG King-man, Kingsley	Chief Systems Manager Office of the Government Chief

[Agenda Item 3]

[Agenda Item 4]

Ms LEUNG Yee-mei, Maggie  
Mr WONG Chi-kit, Schwinger

Information Officer  
Executive Director  
The Hong Kong Society for the Aged  
Project Manager  
The Hong Kong Society for the Aged

**Absent with apologies:**  
Ms FUNG Yuk-kuen, Sylvia  
Ms LEE Suk-yee, Sandra, JP

Permanent Secretary for Food and Health

**Secretary**

Mrs CHAN CHOY Bo-chun, Polly  
Principal Assistant Secretary for Labour and Welfare

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Dr LEONG Che-hung, the Chairman, welcomed Members to the meeting, particularly Miss LI Yuen-wah, Cecilla, the new Assistant Director of Social Welfare, and Mrs CHEUNG FUNG Wing-ping, Angelina, Principal Assistant Secretary for Labour and Welfare (Designate). The Chairman also thanked Mrs NG MA Kam-han, Kathy, the recently retired Assistant Director of Social Welfare, and Ms HO Siu-ping, Betty, the outgoing Principal Assistant Secretary for Labour and Welfare, for their contributions to this Commission during their tenure.

2. The Chairman reminded Members to make a declaration of interest when they had a potential conflict of interest with the matters to be discussed.

**Agenda item 1: Confirmation of the minutes of the 66th meeting**

3. As Members had not proposed any amendments to the Chinese and English versions of the draft minutes issued by the Secretariat on 27 May and 9 June of this year respectively, the minutes were confirmed.

**Agenda item 2: Matters arising**

Paragraph 5 of the minutes of the 66th meeting

4. The Chairman said that according to the information provided by the Food and Health Bureau (FHB), a total of 14 non-governmental organisations (NGOs) had joined the pilot project on outreach primary dental care services for elderly in residential care homes and day care centres. It was expected that they would provide dental check-up, scaling, polishing, pain relief and other emergency treatment services for about 50 000 eligible elders each year and, where necessary, provide further curative treatment services such as extraction and denture. Comprehensive Social Security Assistance (CSSA) recipients could apply for Dental Grant to cover the fees for follow-up services. The Chairman requested FHB to update this Commission on the progress of the pilot project in due course.

Paragraph 6 of the minutes of the 66th meeting

5. The Chairman said that FHB had launched the Primary Care Campaign and the Primary Care Directory on 10 April this year, and would promote the primary care concept to the general public by different channels and approaches through the Primary Care Office under the Department of Health (DH).

**Agenda item 3: The Elderly Commission's Study on Community Care Services for the Elderly**

6. The Chairman invited Dr CHUI Wing-tak, Ernest, Associate Professor of the Department of Social Work and Social Administration of The University of Hong Kong, to brief Members on the salient points of the study on community care services for the elderly (the study) with the aid of a powerpoint presentation.

7. Dr Ernest CHUI first gave a brief account of the background, objectives and methodology of the study. He pointed out that the study aimed to follow up on the recommendations of the study in 2009 commissioned by this Commission on residential care services (RCS) for the elderly to explore how to enhance community care services (CCS) for the elderly through a more flexible and diversified mode of services and financing, as well as to encourage social enterprises and the private market to provide related services so as to support ageing in place.

8. Dr Ernest CHUI said that the consultant team had studied relevant local and overseas literature, conducted questionnaire surveys on elders and their carers, interviewed relevant stakeholders including NGOs, operators of CCS and government officials etc., and conducted a secondary analysis of existing data provided by the Social Welfare Department (SWD) and the Census and Statistics Department. A total of 17 specific recommendations in the following three major areas were put forward by the consultant team:

(a) *Improving the existing service provision of subsidised CCS and increasing the*

*service volume*

- (i) extending service hours and scope of services, and providing more space for operators;
- (ii) increasing support services for family carer;
- (iii) providing more transitional care between RCS and CCS and more residential respite places;
- (iv) fine-tuning the existing funding mode and service performance monitoring system;
- (v) realigning the service boundaries;
- (vi) having residential care homes for the elderly (RCHE) serve as CCS base;
- (vii) promoting synergy between centre-based (day care centres) and home-based services (enhanced home and community care services/integrated home care services);
- (viii) promoting interface between long-term care (LTC) and non-LTC services;
- (ix) promoting interface between hospital/health care service and CCS;
- (x) introducing case management in CCS delivery and better utilisation of clinical assessment data;

(b) *Introducing CCS voucher based on affordability and shared responsibility and equitable allocation of resources*

- (i) introducing means-test and sliding scale of subsidy;
- (ii) providing vouchers of variable amount in accordance with the frailty and financial conditions of elders;

(iii) using CCS Voucher as incentive for “dual option” applicants to opt for CCS;

(iv) implementing monitoring mechanisms on voucher users;

(c) *Creating an environment for further development of CCS*

(i) promoting the development of non-subsidised CCS with quality assurance mechanism;

(ii) strengthening human resource planning in LTC; and

(iii) promoting public awareness of CCS.

9. Apart from the above recommendations, Dr CHUI said that the consultant team had also identified the following two pertinent issues relating to LTC services for further examination and study by the Government:

(a) fostering elderly-friendly infrastructure; and

(b) improving services for older people suffering from dementia.

10. The Chairman thanked Dr Ernest CHUI for his detailed report. Members generally considered the report very comprehensive. They raised the following questions and views:

(a) the two “other pertinent issues” identified by the consultant team were both important and could be recommended for follow-up by the Administration.

(b) the report was proposed to set out the unit cost of various services for

reference by the Administration in determining the voucher value and calculating the co-payment of service users in future.

- (c) agreed with the consultant's view that case management should be introduced for CCS in the long run. However, it was recognised that since issues of financial resources and manpower training were involved, and the operational procedures (e.g. referral mechanism) had yet to be explored, full implementation of case management was not recommended at the present stage.
- (d) since CCS (e.g. day care centres) was one of the important elements for supporting ageing in place, the proposed voucher should cover services provided by day care centres.
- (e) cross-referencing between Chapter Four ("Analysis of Current Problems of CCS") and Chapter Five ("Conclusion and Recommendations") of the report was proposed to be enhanced to make it easier for readers to understand the basis of each conclusion/recommendation. Moreover, some conclusions on dementia under the second issue in Chapter Six of the report (e.g. "day care services may reduce behavioural and psychological symptoms of dementia") should be elaborated. Besides, the recommendation that "the use of telemedicine may enable a professional to provide group cognitive training programmes from a remote site while the older person may remain living at home" under the same issue might not be suitable for the environment in Hong Kong.



- (f) it was noted that “elderly health care voucher” was mentioned in the “Recommendations” section of the report. Given that the health care voucher scheme had yet to be reviewed, it was not appropriate to draw a conclusion at this stage on whether the experience of the voucher was a success.
- (g) the report could propose to regulate the coverage of the CCS voucher to ensure that elders would receive the most appropriate services and to prevent abuse.
- (h) it was mentioned in the report that care need assessment had to be conducted on elders if CCS and a voucher system were to be implemented. The report could further suggest that the Government made good use of the existing assessment tools and data for the purpose of care planning and resource allocation, apart from care need assessment.
- (i) the report was proposed to elaborate on how the “case-mix” approach could facilitate resource allocation.
- (j) this Commission could consider drawing up a comprehensive development plan on elderly services by integrating its two consultancy study reports on RCS and CCS for the elderly in future.
- (k) factors such as the response rate of the survey and the degree of cooperation of respondents might affect the results of the interviews. The representativeness of the sampling targets in the study should therefore be

indicated in the report.

- (l) the report proposed to encourage the private market and social enterprises to develop CCS. However, it did not mention about the difficulty encountered by many social welfare organisations in identifying sites for expanding their self-financing services. Besides, the report could further elaborate the roles played by NGOs or social welfare organisations in the provision of CCS.

11. Dr Ernest CHUI responded as follows:

- (a) Given the wide variety of CCS, there might be a great difference in the cost of various services. Coupled with the fact that the Government mainly subsidised CCS by a lump-sum grant at present, the per capita spending to a certain extent reflected the number of cases and the utilisation of services, and it was not easy to work out the unit cost of individual services accurately. This said, the consultant team had tried to produce some scenarios of the voucher value for people of different degree of frailty and financial conditions, with reference to the existing cost per case of “enhanced home and community care services” and the medical fee waiver mechanism of the Hospital Authority (HA). It was on this basis that the consultant team had projected the financial burden of implementing CCS amid an ageing population.
- (b) the findings of the questionnaire survey of the study indicated that most of the respondents agreed with the implementation of the voucher and indicated their willingness to use it. They also hoped that the voucher

would cover a wide scope of services. It was believed that CCS would become more diversified when the private market was well-developed, and the scope of services covered by the voucher would thus be expanded accordingly.

(c) the consultant team would scrutinise again the cross-referencing of the contents of the report.

(d) as the consultant team had not formally consulted the medical sector on the health care voucher scheme, it agreed to amend the elaboration on “the successful experience of the health care voucher scheme” in the report.

12. Mr TANG Kwok-wai, Paul, Permanent Secretary for Labour and Welfare, understood that the chapter on “Other Pertinent Issues” in the report aimed to identify the relevant issues that could be further explored. He agreed that such issues could be further followed up in future.

13. Mr Paul TANG was aware that the reference to domestic helpers in the report included foreign and local helpers. He suggested that this be clearly stated in the report.

14. The Chairman thanked Dr Ernest CHUI and his consultant team for their efforts in conducting the study. In conclusion, he said that this Commission had always recognised the Government’s policy objective of “ageing in place as the core, institutional care as back-up”, and hoped that the recommendations in the report could help enhance CCS in Hong Kong to achieve the objective of ageing in place. If the

Government accepted the recommendations in the report, it should commence work promptly to put the recommendations into practice.

15. The Chairman said that the report would be submitted to the LegCo Panel on Welfare Services for discussion on 11 July this year. Given the sensitive nature of the report, he urged Members to keep the contents of the report confidential for the time being.

**Agenda item 4: Second stage development of the dedicated portal for elderly**

16. The Chairman invited Ms LEUNG Yee-mei, Maggie, Executive Director of The Hong Kong Society for the Aged (SAGE), to update Members on the second stage development of the dedicated portal for elderly, namely “eElderly”, with the aid of a powerpoint presentation.

17. Ms Maggie LEUNG said that the first stage development of the portal had been completed on 30 April of this year. A simple edition and an expert edition of the homepage had been designed for elders to suit the needs of those with different experience in using computer. The homepage covered eight areas in which elders were most interested, including health, concessions, services, lifestyle, learning, news, entertainment and social life. The social welfare organisations webpage dedicated to the social welfare sector covered the latest waiting situations of elderly services, and informaton on elderly news, elderly services, various charity funds and training in the welfare sector, etc.. Since its inception in November 2010, the “Digital Navigation Centre” Scheme had attracted the participation of 119 elderly service units, which accounted for about 40% of the total number of government-subsidised elderly

centres in Hong Kong. The participating units could produce their own websites through the “Easy-web System” developed by eElderly and then upload information on group activities, focal services and training as well as photographs, etc. onto the websites.

18. Ms Maggie LEUNG said that the second stage development of the portal included establishing a website for carers and a caregiver business directory, optimising the “Easy-web System”, enhancing the elderly-friendly functions and interface, and launching the “Privilege Wall” and the “eElderly Bonus Scheme”. The English version of the portal was expected to be launched in October this year. Besides, a dedicated webpage for elder academies would be provided in order to promote the website to more elder academies. “An Easy Guide for Elderly Computer Learners” would also be published to enable instructors of elder academies to grasp the skills in teaching computer knowledge to the elderly. SAGE would continue to actively promote the portal and seek the support of more social welfare organisations.

19. The Chairman and Members raised the following questions and views:

Design and contents of the portal

- (a) there was concern that the portal might be too complicated for some elders.
- (b) the portal was proposed to provide a simplified Chinese character version.
- (c) there was concern that the name Digital Navigation Centre had the

implication of “protection”, which would give elders negative feelings.

- (d) a mechanism was proposed to be set up to ensure the credibility of the sources of information in the portal.
- (e) currently, the portal was mainly targeted at elders of elderly centres. The portal was proposed to also provide relevant online information for elders living in RCHEs.
- (f) the portal was proposed to provide larger font sizes for easy browsing by elders. A greater diversity of photographs was also proposed to be placed on the website and different characters be used for publicity.

#### Operation of the portal

- (a) would the portal offer paid advertising service in future?
- (b) would SAGE continue to operate the portal, and would the advisory committee on the portal be retained upon expiry of the funding period?
- (c) a telephone hotline was proposed to be set up for the portal to provide technical support for elders.

20. Ms Maggie LEUNG and Mr WONG King-man, Kingsley responded as follows:

- (a) apart from an expert edition for elders who had the experience of using

computer, the portal also provided a simple edition for those who were not very familiar with computer. SAGE also offered free computer classes to teach elders how to use the portal.

- (b) a simplified Chinese character edition of the portal was already available.
- (c) since the portal would continue to be operated on a self-financing basis upon expiry of the funding period in April 2013, SAGE would seek advertising revenue to maintain the operation of the portal. It would carefully consider the liability issue and work out relevant policy and evaluation criteria in consultation with the Office of the Government Chief Information Officer (OGCIO) and the advisory committee on the portal.
- (d) SAGE would continue to operate the portal upon expiry of the funding period, and would discuss with OGCIO the way forward of the advisory committee thereafter.
- (e) SAGE had set up a telephone hotline (2344 5123) for elders to make enquiries about the portal.

21. The Chairman thanked SAGE for its efforts, and appealed to Members to help promote the portal to social welfare organisations so as to enlist the participation of more elderly service units. He also hoped that SAGE would update this Commission again on the latest situation of the portal in due course.

**Agenda item 5: A Hong Kong East Cluster medico-social collaboration project for the elderly in winter: 2010/11 and the future**

22. The Chairman invited Dr Loretta YAM, a EC Member and the former Cluster Chief Executive (Hong Kong East Cluster), to brief Members on the Hong Kong East Cluster medico-social collaboration project for the elderly in the winter of 2010/11 (the Project) with the aid of a powerpoint presentation.

23. Dr Loretta YAM said that the Project aimed to support elders at home and discharged elders in winter through collaborating with different partners at the community level, with a view to reducing their need for admission and re-admission to hospitals. Before the Project, community services for discharged elders were piloted at Pamela Youde Nethersole Eastern Hospital of the Hong Kong East Cluster (HKEC) since October 2007, with provision of home visit and telephone support services to support community stay after discharge. The concept of the Project was similar to that of the Integrated Discharge Support Programme for Elderly Patients implemented by this Commission. In the winter of 2009-10, telephone support services were piloted in HKEC to provide post-discharge support for elders living in five RCHEs and to follow-up on enquiries about drugs. The Project was shown to be effective in reducing the need for re-admission of discharged elders living in RCHEs. In response to the forecast of a severe winter in 2010-11, HKEC merged the above two projects; and with the support and cooperation of the Home Affairs Department, District Councils, SWD, various social welfare units in HKE, nursing students and volunteers in the community, provided comprehensive support for all private RCHEs and elders at home in the district to safeguard their health. To disseminate information on care for the elderly in winter, slogans and warm bags were produced



for distribution to elders in the cluster. In addition, NGOs and nursing students were provided with symptom detection checklists to help them detect early discharged elders' need for further treatment and a telephone hotline to the hospital to support such need; pamphlets were produced to teach home carers on how to care for patients with specific conditions; and a "Phone Concern" team formed by volunteers was set up to provide appropriate telephone care services for discharged elders who lived alone or with elderly spouses.

24. Dr Loretta YAM said that the figures of elders admitted to hospitals/accident and emergency departments in HKEC and the proportion of the time when hospital beds were fully occupied were markedly reduced in the 2010-11 winter through the above Project. This was a successful example of medico-social collaboration, highlighting the importance of wide and well-coordinated support provided by community partners in elderly care services. However, the Project faced challenges in the form of logistic support, including the lack of hospital beds and manpower shortage in the HKEC and difficulty in making transport arrangement for patients. Partnering organisations also faced the problem of manpower shortage. The issue of whether the Project could be extended to other clusters of HA and beyond the winter period was being reviewed by HA. Regarding transport arrangement for patients, she opined that the Government could consider providing seed money to NGOs in one or two districts on a trial basis for the provision of transport services for elders. When their operation became well-established after two to three years, they could be transformed into social enterprises and continue to operate on a self-financing basis.

25. The Chairman thanked Dr Loretta YAM for her briefing. He hoped that

reference could be drawn from the Project for the development of other initiatives to support ageing in place.

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

##### Age-friendly city

26. The Chairman said that the Hong Kong Council of Social Service (HKCSS) would launch the Age-friendly City Campaign (the campaign) within this year to realise the objectives developed by the World Health Organisation for its “Global Age-Friendly Cities” initiative. HKCSS would like to invite this Commission to be a supporting organisation for the campaign, and requested to have a meeting with this Commission to give a briefing on it. The Secretariat would make arrangements with HKCSS in this regard. (Post-meeting note: The briefing was held on 26 July 2011.)

##### Impact of the statutory minimum wage (SMW) on private RCHEs

27. The Chairman said that since the implementation of SMW in May this year, some private RCHEs had indicated that they encountered financial difficulties owing to the rising operating costs; some of them were even about to close down. He would like to know the actual impact of SMW on private RCHEs.

28. Mr NIP Tak-kuen, Patrick, Director of Social Welfare, said that the Department was very concerned about the challenges posed by SMW to the operation of private RCHEs. In the past three years, a total of 44 private RCHEs closed down in Hong

Kong (i.e. 14 to 15 per year on average), of which 12 closed down in 2010, involving about 930 places. However, 16 new private RCHEs commenced operation in the same year to provide about 2 200 places. Four private RCHEs closed down so far this year, involving about 300 places, but nine new private RCHEs came into operation in the same period to provide 892 places. As shown from the above figures, the private RCHE market was still active and had room for development. SWD would continue to monitor the development of private RCHEs under the influence of SMW and other factors (e.g. rental levels and inflation, etc.) and ensure that RCHEs would, in compliance with the requirements of the Code of Practice for Residential Care Homes (Elderly Persons), inform SWD and elders living therein and their families of their closure in advance, and also make proper arrangements.

29. Mr Patrick NIP also took the opportunity to report to this Commission on the latest situation of the Enhanced Bought Place Scheme (EBPS). He said that the Department would purchase 793 more EA1 places in this and the next financial years, with the monthly cost of an EA1 place to be raised by \$911 to enable the RCHEs concerned to arrange physiotherapy and rehabilitation training for their residents. Besides, the Department would adjust the amount of subsidies for RCHE places (+3.1%) according to the established mechanism, with reference to the latest figures. On the other hand, the Department recently set up a working group comprising representatives from the trade, DH, HA and professionals to examine the operation of RCS under EBPS, and suggest practicable improvement measures to enhance the service quality under the scheme.

30. Mr CHAN Chi-yuk, Kenneth, a EC Member and Chairman of The Elderly

Services Association of Hong Kong, said that private RCHEs accounted for about 70% of the RCHE service industry, which had the merit of facilitating a flexible adjustment of supply, demand and service without the need for much government intervention. However, as the operating costs of private RCHEs had increased owing to SMW and rising rents etc., a significant adjustment of fees was necessary for them to maintain operation and provide services at an appropriate level. Despite an increase in the amount of CSSA payment in this financial year, there was still a gap between the increased amount and the increased fees charged by private RCHEs. He was worried that there would be more demand for subsidised RCHE places if the affordability of elders was out of step with fees in the private market. The Government should closely monitor the changes of the private RCHE market and the overall service demand to map out appropriate policies accordingly in future. Furthermore, Mr Kenneth CHAN pointed out that the Residential Care Homes (Elderly Persons) Ordinance had been in place for some time. The Government should consider reviewing and amending the Ordinance to take into account the prevailing needs of the community.

31. In response, Mr Paul TANG said that the Government had been encouraging the development of private RCHEs and purchasing services from them. However, since private RCHEs were commercial organisations, it was not appropriate for the Government to subsidise them with public money directly. Besides, the amount of CSSA granted to elders currently was based on the recognised needs of the recipients, and was not higher for elders living in RCHEs specifically.

32. The Chairman thanked Mr Kenneth CHAN for his views on the services of

private RCHEs. While noting that some of the private RCHEs might face operational difficulties after the implementation of SMW, he was glad to see that there were other new RCHEs coming into service. The need to review the Residential Care Homes (Elderly Persons) Ordinance and the CSSA system were for the Government's consideration in the long run.

#### Work progress of the Working Group on Active Ageing (WGAA)

33. Mr MA Kam-wah, Timothy, Chairman of WGAA, said that WGAA would hold the Symposium on Active Ageing 2011 at Youth Square, Chai Wan on 11 July this year. Experts from Taiwan and Singapore would be invited to share their experience in building neighbourhood network at the community level, while participating organisations of the Pilot Neighbourhood Active Ageing Project (NAAP) would be invited to share their experience in implementing their projects. A launching ceremony for the latest round of NAAP would also be held on the same day. Mrs CHAN CHOY Bo-chun, Polly added that a promotional programme jointly produced by Radio Television Hong Kong (RTHK) and this Commission would be broadcast on television and the internet to step up promotion of NAAP.

34. The Chairman thanked RTHK and the Sau Po Centre on Ageing of The University of Hong Kong for co-organising the above activities.

#### Work progress of the Working Group on Long Term Care Model (WGLTCM)

35. Prof CHAN Cheung-ming, Alfred, Chairman of WGLTCM, said that WGLTCM would focus on studying the provision of support for demented patients.

Work progress of the Committee on Elder Academy Development Foundation (the Foundation Committee)

36. Mrs Polly CHAN said that a total of five applications had been received in the first round of funding applications in 2011-12. These included one application for establishing an elder academy in a secondary school, two applications from Hong Kong Shue Yan University and The Open University of Hong Kong respectively for operating elder academy courses, one application from The Chinese University of Hong Kong for setting up an elderly Chinese orchestra, and one application for setting up a district network of elder academies in Tuen Mun on a pilot basis. Prof Alfred CHAN added that the pilot project would be linked up with the dedicated portal for the elderly to upload information on various elder academies in Tuen Mun to the portal for public access. If the pilot project was successful, consideration could be given to extending this approach to the whole territory. (Post-meeting note: The Foundation Committee later received another application for establishing an elder academy in a primary/secondary school. This brought the total number of funding applications in this round to six.)

37. The Chairman said that the tenure of him and six other Members would expire in late July this year. On behalf of this Commission and the Labour and Welfare Bureau, he thanked all outgoing Members for giving valuable advice to this Commission during their tenure. He also thanked all Members for their efforts in elderly affairs, and also various bureaux and departments for their support. On behalf of the Government, Mr Paul TANG thanked the Chairman for his excellent leadership and

steer for, and all outgoing Members for their valuable contributions to, this Commission.

**Time of adjournment**

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

September 2011