Elderly Commission

Minutes of the 69th Meeting

Conference Room 4, G/F., Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
2:30 p.m., 20 December 2011 (Tuesday)

Present:

Chairman

Prof CHAN Cheung-ming, Alfred, BBS, JP

Vice-chairman

Dr LAM Ching-choi, BBS, JP

Members

Dr CHAN Hon-wai, Felix
Ms CHAN Man-ki, Maggie
Mrs CHAN LUI Ling-yee, Lilian
Dr CHENG Kam-chung, JP, MH
Dr CHONG Ming-lin, Alice
Ms FUNG Yuk-kuen, Sylvia
Mr MA Ching-hang, Patrick, BBS, JP
Mr MA Kam-wah, Timothy
Mr SHIE Wai-hung, Henry
Dr TUNG Sau-ying
Mr WONG Fan-foung, Jackson, MH
Dr WONG Yee-him, John
Mrs WONG WONG Yu-sum, Doris
Mr WU Moon-hoi, Marco, SBS
Mr YAU How-boa, Stephen, BBS, JP

Mr TANG Kwok-wai, Paul, JP	Permanent Secretary for Labour and Welfare
Mr YUEN Ming-fai, Richard, JP	Permanent Secretary for Food and Health (Health)
Mr NIP Tak-kuen, Patrick, JP	Director of Social Welfare

Mr LIU King-leung, Tony	Representative of Secretary for Transport and Housing / Director of Housing
Dr LEUNG Sze-lee, Shirley	Representative of Director of Health
Dr MAW Kit-chee, Christina	Representative of Chief Executive of the Hospital Authority

In attendance:

Ms YOUNG Bick-kwan, Irene, JP	Deputy Secretary for Labour and Welfare
Mrs CHEUNG FUNG Wing-ping, Angelina	Principal Assistant Secretary for Labour and Welfare
Miss TSE Siu-wa, Janice	Head eHealth Record Office
Ms LAM Sui-ping, Lydia	Deputy Head eHealth Record Office
Mr NUNG Sheung-ching, Christopher	Administrative Officer eHealth Record Office
Miss LI Yuen-wah, Cecilla	Assistant Director Social Welfare Department
Mr NG Siu-kei, Kasper	Senior Administrative Officer Housing Department
Dr NG Ping-sum, Sammy	Senior Medical and Health Officer Department of Health
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

Absent with apologies:

Dr CHEUNG Moon-wah

Secretary

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

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Prof Alfred CHAN Cheung-ming, the Chairman, welcomed Members to the meeting. He 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 68th meeting

2. As Members had not proposed any amendments to the Chinese and English versions of the draft minutes issued by the Secretariat on 12 and 16 December respectively, the minutes were confirmed.

Agenda item 2: Matters arising

Paragraph 5 of the minutes of the 68th meeting

3. The Chairman said that this Commission would meet with the Hong Kong Council of Social Service (HKCSS) on 22 December to listen to its views on this Commission's consultancy study on community care services for the elderly and to have an update of HKCSS's Age-friendly City Campaign.

Paragraph 25 of the minutes of the 68th meeting

4. The Chairman said that the Government's Central Policy Unit (CPU) had held a focus group meeting on 15 December to discuss with this Commission the enhancement of the existing retirement protection system. Participating Members provided valuable comments on how the existing system could be enhanced to strengthen social support and encourage personal responsibility. CPU would consider arranging another meeting to further listen to Members' views on how to improve the Mandatory Provident Fund system.

Agenda item 3: Electronic Health Record Sharing System

5. Ms Lydia LAM Sui-ping, Deputy Head of the eHealth Record Office (eHR Office), gave a briefing on the Electronic Health Record Sharing System (eHR Sharing System) proposed by the Government with the aid of a powerpoint presentation. She said that the Food and Health Bureau (FHB) had proposed to develop a territory-wide patient-oriented eHR Sharing System in the First Stage Public Consultation Document on Healthcare Reform published in March 2008. The proposal received general public support. FHB then in July 2009 obtained a funding of $702 million from the Finance Committee of the Legislative Council for implementing the first stage of the eHR Programme, and established a dedicated eHR Office to implement the Programme. In view of the great public concern over data privacy and system security, the Working Group on Legal, Privacy and Security Issues (the

Working Group) had been set up under the Steering Committee on eHealth Record Sharing to engage stakeholders and relevant parties, including healthcare professional bodies, patient groups, the Office of the Privacy Commissioner for Personal Data, information technology professionals, the Consumer Council, the Hospital Authority (HA) and the Department of Health (DH), etc. in formulating the legal, privacy and security framework of the Programme.

6. Ms LAM said that although the Personal Data (Privacy) Ordinance (Cap. 486) had set out the general safeguards for personal data privacy, given the unique functions of the eHR Sharing System and the speedy transmission of an enormous amount of sensitive health data, it was necessary to develop a legislation specific for governing eHR sharing. In formulating the legislation, the key principle was that patients' participation in the eHR Programme should be voluntary. Healthcare providers might access patients' health data only with the consent of patients. Besides, the Administration would also impose requirements on the identification and authentication of patients, healthcare providers and professionals, and ensure that only authorised persons might access the data falling within the pre-defined scope for eHR sharing. Patients would have to give consent to HA and DH for accessing, and uploading data to, the eHR Sharing System when they enrolled in the eHR Programme. As for the consent to individual private healthcare providers, patients might choose to give an open-ended consent (until revocation) or a one-year rolling consent (i.e. if patients received treatment from the relevant healthcare providers within the validity period of the consent, the consent period would be renewed for one year automatically on the day of the treatment). For minors below the age of 16, mentally incapacitated persons (MIPs) and patients who were unable to make an informed consent, consent would be given on their behalf by their parents, guardians and immediate family members acting as substitute decision makers (SDMs) respectively. In the absence of SDMs, healthcare providers would decide, in the best interest of patients, whether the patients should join the Programme.

7. Ms LAM said that patients might withdraw from the eHR Programme and revoke their consents at any time. Their data would then be frozen immediately and could not be accessed. The data of withdrawn patients would be retained in the eHR Sharing System for three years; while that of deceased patients would be retained for 10 years. Only data necessary and beneficial for the continuity of healthcare would be incorporated into the eHR Sharing System. No "safe deposit box" would be provided, and patients would not be allowed to selectively exclude certain information within the pre-defined scope from sharing. Patients might access their data in the eHR Sharing System, but the request for data access

should be made by the patients themselves, persons with parental responsibilities over the minors, or guardians of MIPs. Under the existing practice, healthcare providers might amend patients' health data on their own initiatives or on request by patients. The amendments made would be highlighted in the system for information by persons who subsequently accessed the records. The Administration would set up a complaint handling mechanism for the eHR Programme, and develop a code of practice and guidelines on matters including system security and certification, etc.

8. After listening to the briefing, Members raised the following questions and views:

The overall plan

(a) A similar sharing system was already in use by the Clinical Centre for Teaching and Research in Chinese Medicine, Chinese Medicine Polyclinics and Chinese Medicine Mobile Clinics under Pok Oi Hospital. It was noted that its operation and outcome were satisfactory. The Administration could make reference to the experience in the operation of the system.

Content and source of data in the eHR Sharing System

(b) Would data uploaded to the eHR Sharing System need to be very detailed? Would that give rise to an information flood?

(c) Would data in the eHR Sharing System include records on whether the patient had a guardian or medical social worker?

(d) When would data on care and treatment plans be incorporated into the eHR Sharing System?

(e) Which healthcare professionals would be allowed to input eHR data? Would the data so input be verified by personnel of a higher rank?

(f) Only data necessary and beneficial for the continuity of healthcare would be incorporated into the eHR Sharing System. Was there a medical definition for "continuity of healthcare"?

(g) There was a concern that private healthcare providers would only input data on patients' treatment process selectively, thereby affecting follow-up treatment to be provided by other healthcare providers.

(h) Many elders often got hospitalised for treatment or went to clinics for follow-up examinations; data in the eHR Sharing System should therefore be updated promptly. Otherwise, treatment provided by healthcare providers would be affected.

(i) A "safe deposit box" should be provided in the eHR Sharing System for the storage of extremely sensitive data (e.g. patients suffering from mental disorder or AIDS) and for access only when necessary.

(j) Consideration should be given to recording dialogues in the treatment process and directly converting them into transcripts for input to the eHR Sharing System, so as to avoid the possible manual input errors.

(k) Would patients outside Hong Kong and/or data on the treatment they received outside Hong Kong (if any) be covered in the eHR Sharing System?

Access to eHR records

(l) If patients who could not make an informed consent had already made an advance directive, could healthcare providers access their eHR records in accordance with the directive?

(m) If patients were in critical condition, through what channels could one know whether they had given consent to the healthcare providers for accessing their eHR records?

(n) Could healthcare providers disclose patients' eHR records to insurance companies?

Implementation arrangements

(o) A patient might have a number of immediate family members. If they had diverse views over whether the patient, who was unable to make an informed consent, should join the eHR Programme, what mechanism would be in place to handle such situations?

(p) Would the Bureau provide the participating private healthcare providers with computer hardware and software?

(q) Given that the computer software generally used by community care service providers at present was different from that used by medical institutions, would the eHR Sharing System allow other computer software to interface with it?

(r) As frail elders living in residential care homes for the elderly (RCHEs) often received in-house treatment, the Bureau should draw up guidelines on how RCHEs could facilitate the implementation of the eHR Programme.

(s) After funding from Legislative Council (LegCo) had been exhausted, would fees be charged for using the eHR Sharing System?

9. Mr Richard YUEN Ming-fai, Permanent Secretary for Food and Health (Health), Miss Janice TSE Siu-wa, Head (eHR Office) and Ms LAM noted Members' views and responded to Members' questions respectively as follows:

Content and source of data in the eHR Sharing System

(a) Only data necessary and beneficial for the continuity of healthcare would be uploaded to the eHR Sharing System.

(b) The information from medical social workers would be uploaded to the eHR Sharing System if it fell within the pre-defined scope. The same applied to the information on guardians of patients.

(c) As informatisation and technical development were not yet mature, some data within the pre-defined scope (including data on care and treatment plan) could not be incorporated into the eHR Sharing System at the first phase.

(d) The eHR Sharing System would designate different accessing/uploading rights to healthcare professionals according to their roles. For example, nurses could not upload information on drug prescription. Verification of information should be undertaken by individual healthcare providers, in line with the existing practice.

(e) All the data currently proposed to be included in the sharable scope was considered to be beneficial for the continuity of healthcare by the Working Group.

(f) Healthcare providers should abide by professional ethics and should not do anything detrimental to patients' interests. Besides, the Bureau would develop a code of practice to stipulate that healthcare providers had to input data falling within the eHR sharable scope.

(g) The Bureau planned to include in the code of practice to be developed in future a requirement for healthcare providers to upload data falling within the eHR sharable scope to the eHR Sharing System on a daily basis.

(h) Although certain medical records (e.g. mental disorder, AIDS, etc.) were sensitive in nature, if such data was not included in the eHR Sharing System, or if patients were allowed to keep such data in a "safe deposit box" so that other people could not access it, healthcare providers might not be able to give patients the best treatment without understanding the full picture of the patients' conditions, or healthcare providers might not be able to take precautionary measures when treating the patients, creating risks to both the healthcare providers and the patients. In fact, if patients did not want to disclose their sensitive health information, they could choose not to join the eHR Programme or only authorise the doctors they trusted to access their eHR records. With these options available for patients, representatives of the patients' groups participating in the Working Group agreed to include the above sensitive data in the eHR Sharing System.

(i) The objective of the eHR Programme was to establish complete and continual health records for patients who received treatment in Hong Kong. As data transmission among systems was subject to authentication and security requirements, healthcare providers outside Hong Kong would not be allowed access to the eHR Sharing System.

Access to eHR records

(j) If patients had agreed to join the eHR Programme of their own accord while they were conscious, the consent would continue to be valid even after the patients had lost their ability to make an informed consent.

(k) Under emergent circumstances, healthcare providers could access patients' eHR records for treatment purpose without obtaining their prior consent. The concerned access would be logged in the system.

(l) Health records in the eHR Sharing System might only be used for meeting the healthcare needs of patients. Healthcare providers should not hand over such data to insurance companies. The future eHR Sharing System Operating Body would only accept data access requests from the patients themselves, parents of minors or guardians of MIPs for eHR records of the patients.

Implementation arrangements

(m) If disputes arose among the immediate family members of a patient over whether he/she should join the eHR Programme, they should make a decision on behalf of the patient in his/her best interest.

(n) The funding approved by the Finance Committee of the LegCo had included expenses for the development of software of the clinical management system adaptation and extension. The software would be provided to participating healthcare providers free of charge. However, the Bureau would not subsidise their procurement of computers.

(o) Open source technology would be adopted for the clinic management system to be developed for private clinics under the eHR Programme. The Bureau would provide such clinic management software to RCHEs free of charge, so that their existing systems could be connected to the eHR Sharing System.

10. In conclusion, the Chairman commented that Members were generally in support of the eHR Programme. He hoped that the Bureau would further explore in future how the Programme could complement the medico-social collaboration service model promoted by this Commission for the sake of achieving "ageing in place". Members could forward their further views and suggestions on the Programme, if any, to the Secretariat on or before 6 February 2012.

Agenda item 4: Housing arrangements and services for the elderly by the Hong Kong Housing Authority and Hong Kong Housing Society

11. Mr Tony LIU King-leung, Assistant Director of Housing, briefed Members with the aid of a powerpoint presentation on the housing arrangements and services for the elderly provided by the Hong Kong Housing Authority (HKHA) and Hong Kong Housing Society (HKHS). He said that in support of the Government's policy to promote "ageing in place", HKHA had implemented four enhanced harmonious families schemes since 1 January 2009 with the aim of establishing a family-based support network by encouraging young offspring to live with or move close to their elderly parents. The schemes included the Harmonious Families Priority Scheme (HFPS), the Harmonious Families Transfer Scheme (HFT), the Harmonious Families Addition Scheme (HFAD) and the Harmonious Families Amalgamation Scheme (HFAM). As at September this year (2011), around 19 400 households had benefited from these schemes. For elders who needed to vacate their premises for the reason of admission to RCHEs, hospitalisation for over three months or participation in the Portable Comprehensive Social Security Assistance Scheme, Letters of Assurance would be issued to guarantee the allocation of public rental housing (PRH) flats to them without the need to re-apply through the Waiting List. For elders who were living with family member(s) and willing to delete their names from the tenancies, Letters of Reinstatement would be issued to guarantee their return to their original PRH flats to live with their family if need arose. In addition, elderly tenants who faced financial hardship could seek a rent reduction of either 25% or 50% through the Rent Assistance Scheme. They would also be subject to more relaxed eligibility criteria, including a waiver of the

requirement for them to move to a lower-rent flat. As for elders who needed to use an emergency alarm system (such as the Personal Emergency Link Service), Comprehensive Social Security Assistance (CSSA) recipients could receive subsidies under the CSSA Scheme, while other elderly PRH tenants could apply to HKHA for a one-off grant up to a maximum of $2,500 for the installation.

12. Mr LIU said that HKHA adopted the Universal Design in all new PRH estates and introduced various types of elderly-friendly designs, such as safe household facilities and barrier-free access. HKHA had also allocated funds for facilitating Estate Management Advisory Committees to partner with non-governmental organisations (NGOs) to provide services and organise activities for the elderly in PRH. Moreover, HKHA had, where possible, leased non-domestic units to social service orgranisations for the provision of various welfare services in the community, including elderly services.

13. Mr LIU said that HKHS also promoted the policy of "ageless community" by encouraging mutual care among family members of different generations. Hence, families of three generations could apply for two flats under one tenancy in the same estate. Besides, rent concessions were provided to elderly tenants living in the elderly flats of HKHS's Group A and Group B Estates. HKHS had also launched the Senior Citizen Residences Scheme to provide purpose-built flats with ancillary healthcare and recreational facilities for eligible elders to rent on a lease-for-life basis. At present, HKHS was working on two elderly housing projects in North Point and Tin Shui Wai respectively, which would be operated under a market-driven approach and were targeted at elders who were willing to pay for the tenancy and service fees at market prices.

14. Members raised the following questions and views:

Housing policy

(a) Had HKHA offered any special concessions to elders who applied for PRH?

(b) Would the recent advocation of building hostels for single youths be contradictory to the Administration's policy of promoting "ageing in place" and encouraging young offspring to live with their elderly parents?

Flat allocation and tenancy arrangements

(c) Were there any expiry dates for the Letters of Reinstatement issued to elderly tenants whose tenancy was forfeited because of admission to RCHEs or hospitalisation for a long period of time?

(d) Applicants for HFAD and HFAM should be subject to the "one-line continuation of family" rule. Did "one-line continuation of family" mean direct relatives only? If yes, it was hoped that HKHA could consider allowing non direct relatives to be added to the tenancies, so that they could take care of the elders.

(e) Some young people applied for addition into the PRH tenancy on the ground of taking care of their parents. However, after living together for some time, they arranged for their parents to be admitted to RCHEs on the pretext of family discord, and then they became the principal tenants of the PRH flats themselves. Some parents later submitted a separate PRH application for allocation of another flat. In view of the way young people had circumvented the normal procedures to acquire a PRH tenancy, what strategy would HKHA take to cope with this?

(f) It was learnt that some single male elders residing in PRH, after getting married with middle-aged women and upon successful application for addition of the women's children into their PRH tenancy, were then arranged by the women to be admitted to RCHEs, or were abused, so as to force them to move out. How would HKHA help such elders?

(g) If elders, owing to illness, requested to be transferred to an estate near their relatives who could take care of them, would HKHA give priority to such transfer applications?

(h) It was proposed that a decoration allowance be granted to applicants of HFT; and that sufficient space be provided in flats allocated to amalgamated families to allow the accommodation of live-in domestic helpers to take care of the elders, and that the rent be waived for such helpers.

Housing facilities and services

(i) Had HKHA and HKHS produced publicity leaflets to explain the arrangements and services they provided for elders?

(j) It was hoped that both HKHA and HKHS, when planning the estates, could be more flexible in reserving space for service provision by social welfare organisations.

(k) Through what channels would HKHA disseminate information on the availability of premises for letting to social service organisations?

(l) If tenancies of elders were revoked because they settled on the Mainland after retirement, would HKHA provide temporary storage of their personal belongings, which they could reclaim in case they moved back to Hong Kong due to adjustment problems?

(m) It was suggested that the design of lift buttons in housing estates be improved to enable elders to see the floor numbers clearly. Besides, it was hoped that elders would be given a choice of colour of the main door of their flats for ease of identification, so that they would not enter other flats by mistake.

(n) Currently, there were still flats shared by three elders in some aged PRH estates of which the living environment was crowded and the units were not well furnished. Would HKHA improve the living environment of these elders progressively?

(o) It was proposed that more home-based support services be provided to singleton or doubleton elderly households by HKHA and HKHS, or mutual support among neighbours be promoted to give these elders appropriate care.

(p) HKHA introduced an Estate Liaison Officer Scheme in the early 1990s under which visits to elderly households were arranged. Was this scheme still in operation? What was its latest situation?

Others

(q) Academic institutions very often needed to visit elders living in PRH estates and their families for research purposes. However, researchers often failed to conduct household interviews because of the security measures of the estates. Could HKHA render assistance in this regard?

15. Mr LIU responded as follows:

Housing policy

(a) Elders were put on a separate waiting list when they applied for PRH flats. Therefore, their waiting time for PRH flats was shorter than that of general applicants.

(b) HKHA would continue to listen to the views of, and consider proposals put forward by, members of the community on housing provision.

Flat allocation and tenancy arrangements

(c) HKHA and HKHS distributed publicity leaflets on housing arrangements and services for elders through their respective networks (including customer service centres and estate offices).

(d) There were no expiry dates for the Letters of Assurance issued to elders by HKHA. Whenever elderly holders of the Letters applied for rehousing to PRH, they would normally be allocated a flat within six months if they met the prevailing eligibility criteria for PRH.

(e) If young people abused HKHA's elderly housing schemes in the name of taking care of their parents, HKHA would take appropriate actions. For example, for a young family which had been allocated with a PRH flat under HFPS, HKHA would terminate its tenancy if their parents were deleted from the tenancy within two years. Another example was that if a family member added to the PRH tenancy under the HFAD requested for a splitting

of households later, he/she would only be rehoused in interim housing in the New Territories.

(f) Under the existing policy, in case of divorce of a couple living in a PRH flat, the flat would be allocated to the party who gained the child custody. In case elders were deleted from the PRH tenancies owing to the above-mentioned situation and were unable to solve their housing problem, the Social Welfare Department (SWD) might recommend HKHA arranging compassionate rehousing for those elders who could meet the eligibility criteria.

(g) If elders wished to be transferred to an estate close to their relatives for healthcare or social reasons and had the recommendation from doctors, medical social workers or SWD, etc., HKHA would be pleased to make corresponding arrangements if resources permitted.

Housing facilities and services

(h) In planning for new housing estates, HKHA would consult SWD on the local needs for social services, so as to reserve sufficient space in the new estates for the provision of service by social welfare organisations.

(i) Information on premises available for letting to social service organisations could be accessed from the websites of HKHA or SWD.

(j) Elders whose tenancy had been revoked were no longer PRH tenants. It was difficult for HKHA to provide storage of their personal belongings. HKHA also had no intention to provide such service.

(k) Suggestions on the installation design of lifts and flats were noted. They could serve as reference for the Housing Department (HD) in designing new housing estates.

(l) In view of the aging population in individual estates, HKHA had progressively improved the environment and facilities of the relevant estates in recent years to cater for the needs of the elderly tenants.

(m) Starting from this year, HKHA would arrange for PRH applicants with family members with special needs (e.g. frail elders, persons with disabilities) to have a pre-view of the PRH flats to be allocated to them so that they could make on-site observation and ascertain whether the flats were suitable for their family members with special needs before finalisation of the allocation arrangement. In this way, the applicants would not lose an allocation opportunity because the flats offered were not suitable.

(n) The Estate Liaison Officer Scheme was scrapped about 10 years ago due to the overlapping of services with SWD. Nevertheless, HD, SWD and other NGOs had been maintaining close liaison to coordinate the provision of appropriate services for elders. Moreover, HD staff also provided care for the elderly tenants by, for example, make calls to them in cold weather.

Others

(o) Academic institutions could contact the HD Headquarters if they wanted to conduct interviews with PRH tenants. HKHA would render assistance wherever practicable.

16. The Chairman thanked Mr LIU for the detailed briefing, and hoped that HKHA and HKHS would brief this Commission again in future when introducing new elderly-related arrangements and services.

Agenda item 5: Any other business

Second-round consultation on the 2012-13 Budget

17. The Chairman said that the Financial Secretary was conducting the second-round consultation on the 2012-13 Budget, and this Commission was invited to provide views on measures regarding public revenue.

18. Dr LAM Ching-choi, the Vice-chairman, said that under the existing Inland Revenue Ordinance, a deduction of residential care expenses for parents/grandparents from assessable income was allowed for taxpayers. Given that the Government was promoting "ageing in place", he proposed that the above deduction be extended to community care

expenses for the elderly. Separately, other Members had provided written submissions on dependant parent/grandparent allowance.

19. The Chairman said that if Members had any further views after the meeting, they could submit them in writing to the Secretariat within this week. The Secretariat would consolidate all the views from Members for onward transmission to the Financial Secretary's Office. [Post-meeting note: The Secretariat passed the submissions from individual Members to the Financial Secretary's Office on 28 December.]

The Supplementary Labour Scheme (SLS)

20. The Chairman said that following the suspension of the vetting of SLS applications by the employee representatives of the Labour Advisory Board (LAB) as announced on 31 October, some RCHEs were unable to import workers which had resulted in a shortage of manpower.

21. Mr Paul TANG Kwok-wai, Permanent Secretary for Labour and Welfare, said that applications for imported labour were basically processed by the Labour Department (LD), which would seek LAB's advice during the vetting process. After discussion with the Government at a meeting held on 19 December, the employee representatives of LAB had agreed to resume the vetting work. LD would clear the backlog of applications as soon as possible.

Work progress of the Working Group on Long-term Care Model (WGLTCM)

22. The Vice-chairman, who was also the Chairman of WGLTCM, said that at its meeting on 14 December, WGLTCM was briefed by the Labour and Welfare Bureau (LWB) on the pilot scheme on community care service voucher for the elderly. Members of WGLCM unanimously agreed with the overall direction of the pilot scheme. The relevant proposal would be put forward to the LegCo Panel on Welfare Services for discussion in February 2012. Given that the details of the scheme might be further revised, he reminded Members to keep the content of the scheme confidential at this stage.

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

23. Mrs Polly CHAN CHOY Bo-chun, Principal Assistant Secretary for Labour and Welfare, said that at its meeting on 30 November, WGAA scrutinised 70 funding applications under the "Neighbourhood Active Ageing Project 2011" and agreed to approve 50 of them. As for the remaining 20 applications, the applicants had to provide clarifications on and responses to some issues of concern for further consideration by WGAA. Upon completion of the processing of all applications, it was expected that the projects could be rolled out in the first half of 2012.

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

24. Prof Alfred CHAN, the Chairman, said that the Yuen Yuen Institute (YYI) had pledged to donate HK$5 million to the Foundation. LWB and this Commission would organise the event of "Elder Academy New Year Gathering cum Cheque Presentation by YYI" at Radio Television Hong Kong (RTHK) on 13 January 2012. Members were cordially invited to attend the event.

25. Mrs Polly CHAN said that the second round of funding applications for the Foundation for 2011-12 was closed on 31 October. No applications had been received by the Secretariat.

26. The Chairman said that this Commission would continue to commission RTHK to produce a new Golden Age TV series in the coming year. Members' views on the main theme of the series would be sought later.

Date of the next meeting

27. The next meeting was tentatively scheduled for 10 February 2012.

Time of Adjournment

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

January 2012