

**Elderly Commission**  
**Minutes of the 80th Meeting**

Conference Room 4, G/F, Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong  
2:00 p.m., 24 June 2014 (Tuesday)

**Present:**

**Chairman**

Prof CHAN Cheung-ming, Alfred, BBS, JP

**Vice-chairman**

Dr LAM Ching-choi, BBS, JP

**Members**

Dr CHAN Hon-wai, Felix, JP

Mrs CHAN LUI Ling-yee, Lilian

Miss CHAN Man-yee, Grace

Dr CHENG Kam-chung, BBS, JP, MH

Dr CHEUNG Moon-wah

Prof FUNG Yuk-kuen, Sylvia, BBS

Mr MA Kam-wah, Timothy, JP

Mr SHIE Wai-hung, Henry

Dr TUNG Sau-ying

Mr WONG Fan-foung, Jackson, MH

Mrs WONG WONG Yu-sum, Doris

Mr YAU How-boa, Stephen, SBS, BBS, JP, MH

Miss TAM Kam-lan, Annie, JP

Mr YUEN Ming-fai, Richard, JP

Ms Carol YIP, JP

Mr HSU Kam-lung, Virgil

Dr LI Mun-pik, Teresa

Permanent Secretary for Labour and Welfare

Permanent Secretary for Food and Health  
(Health)

Director of Social Welfare

Chief Housing Manager/ Management,  
Housing Department

Assistant Director of Health

**In attendance:**

Mr CHEN Yee, Donald, JP

Mrs CHAN NG Ting-ting, Elina

Miss LI Yuen-wah, Cecilla

Ms CHEUNG Jick-man, Lillian

Deputy Secretary for Labour and Welfare

Principal Assistant Secretary for Labour and  
Welfare

Assistant Director of Social Welfare

Chief Social Work Officer, Social Welfare

Mr WONG Yuk-tong	Department Chief Social Work Officer, Social Welfare Department
Miss YIP Hau-yu, Hannah	Chief Social Work Officer, Social Welfare Department
Dr MAW Kit-chee, Christina	Senior Executive Manager (Elderly and Community Care), Hospital Authority
Mr LIT Hoo-yin, Horace	Assistant Secretary for Labour and Welfare
Mr TO Yick-ting, Justin	Assistant Secretary for Labour and Welfare
Miss WONG Kwan-ye, Jenny	Assistant Secretary for Labour and Welfare
Ms AU Fung-ye, Belinda	Chief Executive Officer, Labour and Welfare Bureau
Miss HO Wing-wa, Vitinie	Executive Officer, Labour and Welfare Bureau

Agenda item 4

Ms KEA Chi-shun, Josephine	Senior Assistant Executive Director, Vocational Training Council
Dr NG Chak-man	Assistant Executive Director, Vocational Training Council
Dr CHEUNG Sze-ki, Daphne	Senior Lecturer, Vocational Training Council
Mr LAM Yuk-kit, Angus	Senior Lecturer, Vocational Training Council

**Absent with apologies:**

Ms CHAN Man-ki, Maggie, MH  
 Dr CHONG Ming-lin, Alice, MH  
 Mr MA Ching-hang, Patrick, BBS, JP

**Secretary**

Mr CHOW Wing-hang	Principal Assistant Secretary for Labour and Welfare
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Prof Alfred CHAN Cheung-ming, 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 79th meeting**

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

(revised) versions of the draft minutes issued by the Secretariat on 7 May 2014 and 11 June 2014 respectively, the minutes were confirmed.

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

4. There were no matters arising from the minutes of the 79th meeting.

### **Agenda item 3: Elderly Services Programme Plan**

5. Mrs Elina CHAN NG Ting-ting, Principal Assistant Secretary for Labour and Welfare, briefed Members on the progress of formulating the Elderly Services Programme Plan (Programme Plan) by way of a powerpoint presentation. She pointed out that at its meeting on 4 March 2014, the Commission suggested that consultants be engaged to assist in formulating the Programme Plan and that the research team which had conducted studies for the Commission on residential care services (RCS) for the elderly be directly appointed as the consultant. The Commission had also endorsed the formation of a working group under its purview to follow up on the formulation of the Programme Plan. Taking into account that stakeholders and interested groups would have divergent views on issues relating to elderly care services, and the Programme Plan would need to be drawn up within two years, the Commission and its working group might have to be selective when defining the scope of the Programme Plan. The formulation of the Programme Plan could be carried out in three stages, namely “Scoping”, “Formulation” and “Consensus Building”. During the above three stages, the consultant could assist the Commission and its working group in planning and organising consultation, and in collecting, compiling and analysing data. The consultant could also make practical recommendations for Members’ consideration.

6. For the collection, compilation and analysis of data, as the scope of the Programme Plan would not be finalised until completion of the first stage of consultation, the Commission could consider first identifying a list of “basic research items” of the consultancy. Given the enormous challenge posed by an ageing population, the proposed basic research items could include projections on population ageing for the coming decades (until 2030), policies on and the provision of long-term care (LTC) services for the elderly, forecast of demand for LTC services for the elderly, premises and manpower for the delivery of LTC services, and the applicability and feasibility (including financial sustainability) of different delivery models of LTC services for the elderly. Moreover, the Labour and Welfare Bureau (LWB) could also stipulate in the consultant’s appointment contract that where the Commission and its working group considered it necessary to study other topics upon completion of the first stage

consultation, the consultant had to offer assistance accordingly. As regards the planning and arrangement of consultation, the consultant would present an overall work plan and seek Members' advice on it at the first meeting of the working group. Prior to the commencement of a key stage of consultation, the consultant should draw up a detailed work plan for that particular stage (such as the approach, targets and size of consultation, documents to be prepared and publicity format) and seek the working group's comments. The consultant would attend consultation sessions as an expert member, give presentations when necessary, and compile, consolidate and analyse views so collected, and submit reports afterwards. The formulation of the Programme Plan was expected to commence in mid-2014 and complete in July 2016. The finalised Programme Plan would be officially submitted by the Commission to the Government.

7. Miss Annie TAM Kam-lan, Permanent Secretary for Labour and Welfare, said that the Establishment Subcommittee of the Legislative Council (LegCo) endorsed in April 2014 the creation of a time-limited supernumerary post of Administrative Officer Staff Grade C in the LWB for a period of two years to support the Commission in formulating the Programme Plan and related matters. The post would also provide support for the Commission in exploring the feasibility of introducing a voucher scheme on residential care services for the elderly (RCS Voucher Scheme). However, as the operation of LegCo was affected by "filibustering", the funding application had yet to be submitted to LegCo's Finance Committee (FC) for approval. The LWB would discuss the manpower arrangements with the Civil Service Bureau in the hope that the formulation of the Programme Plan could commence not later than July 2014.

(Post-meeting note: The creation of a two-year time-limited supernumerary post of Administrative Officer Staff Grade C in LWB has been approved. Mr Steve TSE Ling-chun took up the post of Principal Assistant Secretary for Labour and Welfare (Special Duties) on 15 July 2014, and is responsible for formulating the Programme Plan and exploring the feasibility of introducing an RCS Voucher Scheme.)

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

- (a) The Commission agreed that the consultant should first focus the study on LTC services for the elderly, although other policies and services relating to population ageing such as ways to promote Active Ageing, support for foreign domestic helpers who were taking care of the elderly, and the elderly's need for medical and hospice care services could be also taken into account when formulating the Programme Plan.

- (b) Given an ageing population and a growing number of persons with chronic diseases, sustained development of medical-welfare collaboration had become more and more important. As such, the consultant should refer to the relevant research findings on medical services during data collection. With such information, the Commission could better relate the medical needs of the elderly to the provision of elderly care services when making recommendations to the Government on LTC services. Factors to be considered included how residential care homes for the elderly (RCHEs) could cater for both the healthcare and medical needs of the elderly when the number of persons with chronic diseases continued to grow. An example would be the need to reserve space in RCHEs newly developed or under renovation for the provision of dental or hospice care services for the elderly.
- (c) There was a question on whether the consultant's study on LTC services would also cover support for ageing in place and home care services for the elderly, in addition to providers of care services for the elderly.
- (d) The Census and Statistics Department had released its projections of population ageing in Hong Kong up to 2041. There was a question on why it was recommended that the consultant make a forecast for population ageing just up to 2030.
- (e) The consultant should compare Hong Kong's policies on LTC services for the elderly with those in neighbouring countries or regions, and provide the findings for the Commission's reference. The consultant should also offer recommendations and advice in this respect.

9. Regarding the views and suggestions made by Members, Miss TAM and Mr Richard YUEN Ming-fai, Permanent Secretary for Food and Health (Health), responded as follows:

- (a) Taking account of the experience of the Government and other places in policy planning, formulating a policy programme for the next decade or so would be a big challenge. In the case of the policy on elderly care services, although projections of population ageing in Hong Kong up to 2041 were available, the financial status of the elderly by that time and other key factors were still uncertain at this stage. Therefore, the consultant should first make forecasts up to 2030 so that more reliable data would be collected as the basis for making recommendations. The Commission could consider incorporating follow-up measures in the concluding part of the Programme Plan, such as specifying the need to review and updating the

Programme Plan at regular intervals to better reflect the actual needs of the elderly in the future.

- (b) To strengthen medical support for the elderly, the Hospital Authority's Community Geriatric Assessment Teams (CGAT) paid regular visits to RCHEs to provide the elderly there with comprehensive multi-discipline services and community-based rehabilitation programmes. In recent years, the CGAT also actively promoted the Public Private Interface Programme under which participating private doctors would provide out-patient services for patients with certain chronic diseases (such as hypertension) but in stable medical conditions. In addition, the free outreach primary dental care services for the elderly in RCHEs and day care centres had also been regularised.
- (c) To further promote medical-welfare collaboration, the Food and Health Bureau (FHB), LWB and the Social Welfare Department (SWD) would continue to work closely together to enhance elderly care services in terms of the facilities in RCHEs and manpower provision in a way that could best meet the medical need of the elderly. Furthermore, policy bureaux and relevant departments, including LWB, FHB and the Housing Department would continue to liaise closely among each other in the implementation of elderly care policies, and study together the provision of LTC services for the elderly and other related matters.
- (d) In view of the increasing number of institutionalised elderly with chronic diseases, SWD was reviewing the schedule of accommodation for RCHEs, with a view to better addressing the future development need of elderly care services. On the other hand, special arrangements had been made under the Special Scheme on Privately Owned Sites for Welfare Uses to allow social welfare organisations to use up to 10% of the gross floor area for providing ancillary services (including medical or dental service and training facilities) exclusively for users and staff of the welfare facilities on the premises concerned.

10. The Chairman concluded that as the Commission had to complete the Programme Plan within two years, and Members shared the view that the basic research items should initially focus on LTC services for the elderly, and the study would proceed in three stages as proposed, namely the "Scoping", "Formulation" and "Consensus Building" stages. The consultant should assist the Commission and its working group in planning and organising consultation, and make practical recommendations after compiling and analysing the relevant data. The consultancy study on LTC services for the elderly should also cover other elderly care policies and services relating to such services, including the promotion of Active Ageing

and support for foreign domestic helpers who were taking care of the elderly. Where necessary, the consultant should compare LTC measures for the elderly provided in Hong Kong with those in neighbouring countries or regions, and provide the findings for reference by the Commission and its working group.

**Agenda item 4: Exploring the Feasibility of Introducing the Residential Care Service Voucher Scheme for the Elderly**

(Discussion Paper No. EC/D/01-14)

11. Mrs Elina CHAN NG Ting-ting briefed Members on the discussion paper No. EC/D/01-14. She said that at its meeting on 4 March 2014, the Commission agreed to take up the task entrusted by the Government to complete a feasibility study in a year's time on introducing an RCS Voucher Scheme for the elderly. The Commission also agreed that the study would be followed up by its Working Group on Long-term Care Model (WGLTCM). As the subject of RCS Voucher Scheme was covered in the Commission's study of the waitlisting situation of subsidised RCS in 2009, the Commission agreed to appoint the same consultant to take forward the feasibility study with a view to building on past research. The consultant could provide assistance in the following areas:

- (i) To assess the feasibility of introducing RCS voucher, having regard to the concerns highlighted in the Commission's 2009 study on RCS and other relevant issues;
- (ii) To develop the parameters of a pilot scheme, including eligibility criteria, service providers and scope of services covered, voucher value, co-payment and means testing mechanism, implementation arrangements and evaluation mechanism, if RCS voucher was considered feasible; and
- (iii) To assist in the engagement with stakeholders and interested groups by formulating a detailed work plan and programme, preparing necessary papers and discussion materials, and giving logistics support for the consultation activities.

12. Mrs CHAN said that as the Commission was required to complete the consultancy study and prepare the report and recommendations for submission to the Government in a year's time, it would be better if the consultant could finish the study within nine months. The first six months should be spent on assessing the feasibility of introducing the RCS Voucher Scheme for the elderly and working out the preliminary design of the pilot scheme. In the remaining three months, stakeholders and other concern groups should be consulted

about the preliminary design of the pilot scheme, and a report on the findings should be submitted to WGLTCM. The Working Group would prepare a report in the following three months and submit it to the Commission for discussion. Thereafter, the Commission would submit a finalised report to the Government for consideration. Based on the progress in appointing the consultant, it was expected that the Working Group could start the work in mid-July 2014 at the earliest.

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

- (a) Since the Commission had only one year to complete the feasibility study on the RCS Voucher Scheme, and two years to formulate the Programme Plan, it was important to ensure that the consultant to be engaged had the manpower and capability to complete the tasks without delay.
- (b) The service standards of private RCHEs were generally pegged with its costs. In determining the standard of requirements for the facilities and services to be provided by private RCHEs participating in the RCS Voucher Scheme, the Commission and WGLTCM would need to take account of the cost implications for RCHEs and the affordability of the elderly.
- (c) It was suggested that private RCHEs should develop their own monitoring system to give the elderly a better idea of the service quality, facilities and charging level of individual RCHEs so that the elderly could choose services meeting their needs.

14. In response to the views and suggestions made by Members, Miss TAM and Mrs CHAN responded as follows:

- (a) The consultant recommended had assisted the Commission in conducting the two studies on elderly care services. The research team comprised experts on elderly care from various tertiary institutions, who worked together to process large volume of data. It was believed that the consultant concerned would give due consideration to the allocation of manpower resources in undertaking the two studies entrusted by the Commission.
- (b) It was suggested that during the course of assessing the feasibility of RCS vouchers, the Commission should advise on the eligibility criteria for those RCHEs joining the pilot scheme, including the standard of requirements for service quality and healthcare infrastructural facilities.



15. In conclusion, the Chairman said that the Commission agreed to accept the scope of study and timetable proposed by the Government, and its WGLTCM would deliberate on the matters in due course.

**Agenda item 5: Briefing on the latest development of the Traineeship Scheme on Elderly Care Services of the Vocational Training Council**

16. Dr NG Chak-man, Assistant Executive Director of the Vocational Training Council (VTC), briefed Members on the latest development of the Traineeship Scheme on Elderly Care Services (Traineeship Scheme) by way of a powerpoint presentation. Dr NG said that the Traineeship Scheme would be rolled out in mid-2014 to provide systematic on-the-job training for those interested in joining the elderly care service sector. Under the Scheme, training would be offered in two stages, each lasting for 6 to 12 months. Stage 1 training was made up of two parts, namely Part A and Part B. Part A was a 6-month Certificate Course for Elderly Care Worker open to those who had completed Primary 6 education while Part B was a 6-month Certificate Course for Advanced Elderly Care Worker for those who had completed Form 3 education. Stage 2 training was a 6-month Certificate Course for Elderly Health Worker designed for persons who had completed Form 5 education. During the course of training, trainees were required to work full-time in recognised RCHEs four days a week to receive on-the-job training, and attend a professional training course on elderly care service at the VTC two days a week.

17. Mr Angus LAM Yuk-kit, Senior Lecturer of the VTC, gave Members a brief introduction to the Traineeship Scheme by way of a powerpoint presentation. Mr LAM said that the three courses provided under the Traineeship Scheme would put in place a career ladder for those intended to join the elderly care service sector. The Certificate Courses for Elderly Care Workers in Stage 1A was made up of five modules, covering such areas as rehabilitative care and residential care for the elderly. The course also included a module in whole person development, highlighting the importance that care workers were required to work as a team in providing residential care services for the elderly. The total contact hours of the course were 146. The Certificate Course for Advanced Elderly Care Worker in Stage 1B was made up of six modules. Apart from nursing skills and the knowledge required of care workers, the course also covered other subjects relating to nursing care in community institutions. The total contact hours of the course were 219. Trainees who had completed the Certificate Course for Elderly Care Worker in Stage 1A could be exempted from taking the 62-hour module in Integrated Knowledge and Caring Techniques in Elderly Services I of the Stage 1B course. The Certificate Course for Elderly Health Worker in Stage 2 was made up of seven modules. The course and internship arrangement were designed on the basis of

the SWD's Health Worker Training Course. The total contact hours of the course were 284. Trainees who had completed the Certificate Course for Advanced Elderly Care Worker in Stage 1B would be exempted from taking the 38-hour module in Integrated Knowledge and Caring Techniques in Elderly Services II of the Stage 2 course. In line with the general trend of vocational training, all modules covered by the three courses would be pegged to the competency standards under the Qualifications Framework (QF). Trainees who had completed the Certificate Course for Elderly Care Worker would be recognised as attaining QF Level 2. Those who had completed the Certificate Course for Advanced Elderly Care Worker or the Certificate Course for Elderly Health Worker would be recognised as attaining QF Level 3. The three courses covered in two stages were validated in April 2014. The courses were scheduled for commencement between July and August 2014 and admission had already started.

18. Mr LAM said that in view of the manpower shortage in the elderly care service sector, a bridging programme for the Traineeship Scheme would be put in place to attract more newcomers and encourage those in the sector to stay. The bridging programme would allow holders of the Certificate for Advanced Elderly Care Worker but without Form 5 qualifications to receive competency training in Chinese, English and Mathematics, i.e. subjects which they had yet to attain the proficiency required. If the bridging programme was accepted by the SWD as fulfilling the qualifications for registration as a health worker, trainees who had completed the bridging programme and obtained the Certificate for Elderly Health Worker would be given promotion opportunities. The VTC had assessed the competence in Chinese, English and Mathematics required by various posts in the elderly care service sector. In general, those who served in the sector should be able to communicate, read and write in Chinese. They should have the basic skills to read English and understand simple English medical terms and abbreviations, and those who could understand simple paragraphs in English would be desirable. For Mathematics, basic numeracy skills were required.

19. Mr. LAM continued that the VTC had suggested combining the Traineeship Scheme with the Chinese, English and Mathematics courses of the Yi Jin Diploma Programme. Under the Yi Jin Diploma Programme, the class hours for the subjects of Chinese, English and Mathematics were 120, 120 and 60 respectively. Another 180 class hours on elective subjects (e.g. Liberal Studies and Communication Skills) were also included. The qualification obtained by completing the Yi Jin Diploma Programme had been recognised as equivalent to attaining Level 2 standard in five subjects in the Hong Kong Diploma of Secondary Education or five subject passes in the Hong Kong Certificate of Education Examination. The bridging programme proposed by the VTC covered the subjects of Chinese, English and Mathematics under the Yi Jin Diploma Programme. Trainees who had

obtained the Certificate for Advanced Elderly Care Worker but with an education level below Form 5 would be recognised as attaining a qualification equivalent to completion of Form 5 after they completed the Chinese, English and Mathematics courses under the Yi Jin Diploma Programme and obtained the Certificate for Elderly Health Worker in Stage 2 under the Traineeship Scheme. In this connection, the Certificate Course for Elderly Health Worker (with a total of 246 or 284 contact hours) would take the place of the elective subjects under the Yi Jin Diploma Programme (with a total of 180 class hours). It was expected that introduction of the bridging programme would attract more newcomers to join the elderly care service sector and reduce manpower wastage. Moreover, the provision of vocational training and learning opportunities would enhance the competency of care workers and help improve the quality of elderly care services as a whole. The VTC would seek the advice of the Commission on the proposed bridging programme and would submit the proposal to the SWD for consideration to see if the programme could be taken as a qualification meeting the entry requirements for health workers.

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

#### Course design and implementation

- (a) There was a question of whether there would be any progression pathways for trainees who had completed the Certificate Course for Elderly Health Worker to pursue higher qualifications, thus improving their career prospects.
- (b) Elderly people living in RCHEs often needed more support from care workers due to poorer health and limitation of mobility. Many young trainees were unable to adapt to the work setting of residential care homes and they gave up their studies after working as interns for a short period of time. In view of this, it was suggested that the young trainees be arranged to begin their internship in the community day care centres and then be switched to RCHEs after they had adapted to the job. This would help reduce wastage of trainees.
- (c) Some Members would like to know the criteria for setting the entry requirements for different stages of training (i.e. Primary 6 for Stages 1A, Form 3 for Stage 1B and Form 5 for Stage 2).
- (d) Given the tight manpower situation, some health workers serving in private RCHEs might need to act as a manager and take up clerical or drug dispensing duties. Since most trainees were young in age, it was suggested that the VTC

should strengthen training in primary care to ensure the service quality of RCHEs.

- (e) A new career pathway would be provided in the Traineeship Scheme for care workers, but the progression would remain a long process. The incentive for young people, particularly those with little patience, to stay in the sector would not be strong enough. It was therefore suggested to reshuffle the duties of care workers and health workers for the elderly or increase their job varieties, for instance, by allowing a health worker to act as manager or take up other post in an RCHE. These could provide an extra incentive for young newcomers to stay in the sector to pursue further career development.
- (f) It was hoped that the VTC would draw on the experience in the Construction Industry Youth Training Scheme to develop a more positive image for elderly care practitioners. This would help attract more newcomers, young people in particular, to join the sector.

#### Bridging programme

- (g) The integrated bridging programme under the Traineeship Scheme aimed at providing a ladder of advancement to health workers for care workers without Form 5 education level. This would effectively solve the problem of less educated care workers staying in the same post for a long period of time, and help retain care workers who wished to pursue their career in the sector.
- (h) The elderly care service sector had voiced its concern about the registration system, entry requirements as well as licence renewal conditions of health workers. As the bridging programme would involve the accreditation for health workers and their academic qualification requirements, it is considered that the advice of the sector should be sought beforehand.
- (i) It was of the view that the SWD should first review the entry requirements, registration arrangements and recognition of qualifications for health workers, and seek the views of the sector.
- (j) It was suggested that the Commission could invite the departments concerned (including the Education Bureau) to discuss the entry requirements, registration system and the recognition of qualifications for health workers.

21. Dr NG and Mr LAM responded as follows:

### Course design and implementation

- (a) Trainees who had completed the Certificate Course for Elderly Health Worker could work and study at the same time. They could take the 3-year Higher Diploma in Community Education (Gerontology), an evening course offered by the VTC, and the graduates would be recognised as attaining the QF level 4. Thereafter, they could pursue a degree in relevant disciplines or take the enrolled nurse training programme.
- (b) The VTC would assign suitable internship places to trainees based on their aptitudes and abilities to ensure that most of them could complete the course. Those who had obtained the qualification of care workers and joined the sector could work their way up the career ladder.

### Bridging programme

- (c) As the training would be tied in with courses, entry requirements had to be set for different stages of training so that suitable training and training courses would be provided for trainees according to their education levels. Through the Recognition of Prior Learning Mechanism, the VTC would also allow people without proven academic qualifications (such as the middle-aged persons or new arrivals) to receive recognition of the knowledge, skills and experience they possessed. In such a way, those with learning aspirations could use the level of qualification they had obtained as a starting point for planning their learning and career development.

22. Regarding the views and suggestions made by Members, Ms Carol YIP, Director of Social Welfare, and Miss Cecilla LI Yuen-wah, Assistant Director of Social Welfare responded as follows:

- (a) The SWD approved training courses for health workers in accordance with the assessment criteria developed in consultation with the sector many years ago, and was responsible for the registration of the graduates of health worker courses approved by the Director of Social Welfare. The VTC proposed that care workers with education level at Form 4 or below should be deemed to have attained Form 5 education level and fulfilled the current entry requirement for the training courses for health workers when they had completed the Chinese, English and Mathematics courses of the Yi Jin Diploma Programme. As regards this proposal, the SWD considered it necessary to seek further views from the sector

and the Commission.

- (b) The SWD would provide background information on the entry requirements and the qualifications for registration as a health worker in due course for the discussion of the Commission and the elderly care service sector.

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

#### Work progress of the Working Group on Active Ageing

23. Mr CHOW Wing-hang, Principal Assistant Secretary for Labour and Welfare, said that the 2014-16 Neighbourhood Active Ageing Project (NAAP) was launched in early June and invitation for funding applications would be closed on 31 July 2014. The Project aimed at promoting the messages of active ageing and neighbourhood support further.

24. On the other hand, regarding the proposed merger of the NAAP and the SWD's Opportunities for the Elderly Project, in principle support was given by the Working Group on Active Ageing and the Advisory Committee of the Opportunities for the Elderly Project at their meetings held on 31 March and 14 May 2014 respectively. The LWB would deliberate with the SWD on details of the merger in due course.

#### Work progress of the Committee on Elder Academy Development Foundation

25. Mr CHOW said that the Elder Academy Development Foundation (the Foundation) had received an injection of \$50 million from the Government early this year. The Committee on Elder Academy Development Foundation (The Committee) subsequently enhanced various measures in respect of the learning programmes, including the modes of collaboration, financial support and funding criteria. The Foundation received a total of 66 applications in the first round of funding applications for 2014-15, of which 13 were for the establishment of elder academies in primary and secondary schools, 44 for the implementation of "Two-year Programme" for elder academies established in primary and secondary schools, two for the provision of courses in elder academies established in tertiary institutions, and seven under other categories. The Vetting Sub-committee under the Committee would examine the applications at its meeting scheduled for 26 June 2014.

26. Mr CHOW further said that the Investment Sub-committee under the Committee discussed at its meeting held on 23 April 2014 the investment strategy proposed by the SWD. The meeting agreed that not more than 30% of the fund would be invested in equities, not

more than 30% in bonds/certificates of deposit to ensure a more stable return, and the remaining would be held in cash (including fixed deposits). The proposal was endorsed by the Committee.

27. As for the work progress of the Sub-committee on Publicity and Development, Mr CHOW reported that prior to the first round of funding applications for 2014-15, the Sub-committee had implemented such publicity measures as taking out newspaper advertisements and producing promotional posters. As regards the proposed “Protocol on establishing Elder Academies”, which could be used as a reference for participating schools and institutions and to attract more interested parties to participate in the scheme, the Sub-committee had set up a dedicated task force to work out a draft. The drafting work was expected to complete by the end of September. Furthermore, the Sub-committee would discuss in detail at its next meeting the proposal of organising a briefing / sharing session in the second half of 2014 for both the established and newly established elder academies. Recommendations would be put up for the Committee’s consideration in due course.

#### **Time of adjournment**

28. The meeting was adjourned at 4:40 p.m.

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

29. The the next meeting was tentatively scheduled for 23 September 2014.

September 2014