

## **Elderly Commission Minutes of the 77<sup>th</sup> Meeting**

Conference Room 3, G/F, Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong  
9:30 a.m., 10 December 2013 (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  
Ms CHAN Man-ki, Maggie, MH  
Mrs CHAN LUI Ling-yee, Lilian  
Dr CHENG Kam-chung, JP, MH  
Dr CHEUNG Moon-wah  
Dr CHONG Ming-lin, Alice, MH  
Prof FUNG Yuk-kuen, Sylvia, BBS  
Mr MA Ching-hang, Patrick, BBS, JP  
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  
Miss TAM Kam-lan, Annie, JP  
Mr CHUNG Pui-hong, Davey  
Ms Carol YIP, JP  
Mr LEE Kwok-wing, Albert, JP  
Dr LEUNG Sze-lee, Shirley

Permanent Secretary for Labour and Welfare  
Deputy Secretary for Food and Health  
Director of Social Welfare  
Deputy Director of Housing  
Assistant Director of Health

#### **In attendance:**

Mr CHEN Yee, Donald  
Mrs CHAN NG Ting-ting, Elina

Miss LI Yuen-wah, Cecilla  
Ms CHEUNG Jick-man, Lillian

Mr WONG Yuk-tong

Miss YIP Hau-yu, Hannah

Deputy Secretary for Labour and Welfare  
Principal Assistant Secretary for Labour and Welfare  
Assistant Director of Social Welfare  
Chief Social Work Officer, Social Welfare Department  
Chief Social Work Officer, Social Welfare Department  
Chief Social Work Officer, Social Welfare

Dr CHAN Ching-nin, Clive	Department Senior Medical and Health Officer, Department of Health
Mr LIT Hoo-yin, Horace	Assistant Secretary for Labour and Welfare
Miss TSANG Tik-yee, Florence	Assistant Secretary for Labour and Welfare
Miss WONG Kwan-yee, Jenny	Assistant Secretary for Labour and Welfare (Designate)
Miss MOK Tik-shan, Elizabeth	Chief Executive Officer, Labour and Welfare Bureau
Miss HO Wing-wa, Vitinie	Executive Officer, Labour and Welfare Bureau

Agenda item 3

Mr PANG Bing-hung, Patrick	General Manager, Qualifications Framework Secretariat
Dr CHENG Yee-wah, Eva	Senior Manager, Qualifications Framework Secretariat
Mr WONG Lok-hang, Raymond	Assistant Manager, Qualifications Framework Secretariat

Agenda item 4

Dr NG Chak-man	Acting Senior Assistant Executive Director, Vocational Training Council
Dr CHEUNG Sze-ki, Daphne	Senior Lecturer, Vocational Training Council
Mrs KO YUEN Wing-man, Yvonne	Senior Project Manager, Vocational Training Council
Ms WONG Kwan-cheung, Soso	Project Manager, Vocational Training Council
Mr LAM Chi-piu, Angus	Senior Project Officer, Vocational Training Council

Agenda item 5

Ms Maggie SIU	Service Coordinator (Elderly), Baptist Oi Kwan Social Service
Ms Cream CHAN	Care Manager, Baptist Oi Kwan Social Service

**Absent with apologies:**

Miss CHAN Man-yee, Grace  
Dr Daisy DAI  
Mr YAU How-boa, Stephen, SBS, BBS, JP, MH

**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 of interest between their own interests and the matters to be discussed.

### **Agenda item 1: Confirmation of the minutes of the 76th meeting**

3. As Members had not proposed any amendments to the Chinese and English versions of the draft minutes (revised) issued by the Secretariat on 9 December 2013, the minutes were confirmed.

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

#### Paragraph 4 of the minutes of the 76th meeting

##### Study trip to New York

4. Mr CHOW Wing-hang, Secretary of the Commission, said that the Secretariat had circulated the report of the study trip to New York for Members' reference on 9 December 2013. Based on the observations in New York made by participating Members, in particular the experience of the Museum of Modern Art in New York, the Chairman and the Labour and Welfare Bureau (LWB) met with the representatives of the Leisure and Cultural Services Department (LCSD) and the Hong Kong Jockey Club (HKJC) in early October this year to explore the feasibility of organising museum guided tours exclusively for the elderly in Hong Kong. Subsequently, the LCSD proposed an 18-month pilot project in which guided tours exclusively for the elderly (including elderly with dementia) and their carers would be organised on the weekly closing days of the Hong Kong Museum of History. The guided tours of the exhibitions about the history of Hong Kong would help stimulate cognitive ability of the elderly and foster communication among the elderly and their carers. The Project also involved organising model-making workshops in elderly centres so that the elderly could make models relating to the history of Hong Kong. The HKJC had given initial consent to the way forward and providing funding for the project.

5. The Chairman said that Tsuen Wan and Sai Kung districts had kick-started the

implementation of age-friendly community projects at district level, while Tuen Mun district was also interested in launching a similar project. Such a district-based model was in line with the concept of age-friendly community.

### **Agenda item 3: Briefing on the Qualifications Framework for the Elderly Care Service Sector**

6. Mr Patrick PANG, General Manager, Qualifications Framework Secretariat (QFS)(representing the Education Bureau), briefed Members on the background about the development of the qualifications framework (QF) for the elderly care service sector. Dr Eva CHENG, Senior Manager of the Secretariat then gave a powerpoint presentation on the important milestones and work plans for the implementation of the QF for the sector.

7. Dr CHENG said that established in February 2012, the Elderly Care Service Industry Training Advisory Committee (Advisory Committee) was comprised of three subcommittees, namely the Specification of Competency Standards (SCS) Drafting Subcommittee, the Education and Training Subcommittee, and the Promotion and Consultation Subcommittee. In July 2012, the Advisory Committee initiated the drafting of the SCS applicable to the elderly care services which could be used as a reference for the provision of training and manpower development for the sector. The drafting work was mainly undertaken by the Vocational Training Council (VTC). Expected to be completed in February 2014, the SCS would focus on the competency standards for long-term elderly care services covering four major functional areas: (i) clinical care; (ii) psychological, social and spiritual care; (iii) management; and (iv) generic skills. Throughout the drafting process, the Advisory Committee had consulted various stakeholders including the Social Welfare Department (SWD), trade unions, and participants of various pilot projects adopting the SCS, such as the Diploma in Health Studies (Community Health Care) programme launched by the Open University of Hong Kong, the VTC's Traineeship Scheme, the Care Worker Trainees Scheme organised by the Haven of Hope Professional Training Institute, and the Other Learning Experiences programme in respect of the Hong Kong Diploma of Secondary Education (HKDSE) organised by the Hong Kong Young Women's Christian Association. A formal consultation would be conducted from March to June 2014 to tap the views of all relevant parties on the draft SCS. As regards future work priorities, the Advisory Committee would focus its efforts on the promotion of the QF and application of the SCS to staff in the elderly care service sector and the general public, provision of training and education (e.g. compilation of competency-based curriculum and training kits, implementation of

the Award Scheme for Learning Experiences), preparation for the Recognition of Prior Learning (RPL) mechanism, development of career pathways for the sector, and introduction of other pilot projects, etc.

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

#### Implementation of the QF

- (a) The general public might find the term “QF” difficult to understand. Thus, it was suggested that a more readily comprehensible term be adopted.
- (b) The implementation of the QF for the elderly care service sector seemed to have lagged behind, as compared to some other sectors.

#### SCS for the elderly care service sector

- (c) The proposed SCS for elderly care service sector currently focused on the competency standards related to long-term residential care services. Would the SCS be further extended to cover community care services in the future?
- (d) As indicated in the table of distribution of units of competency, the competencies for the elderly care service sector were clustered mainly in Level 3 to Level 5. Did it mean that workers in the elderly care service sector were generally required to be equipped with higher level of competencies? How was the situation compared with other sectors?
- (e) Would guidelines on wage structure be formulated with reference to the various levels of competency set out in the SCS?
- (f) Apart from the professional skills required in the elderly care service sector, the SCS should also include the requirements on language proficiency (including Chinese and English) to ensure that carers of the elderly were capable of handling duties of greater complexity.

#### Training

- (g) Training allowances should be granted to participants of the recognised

programmes under the QF with a view to attracting more people to obtain the qualifications required for working in the sector.

#### Progression pathway

- (h) In the long run, a “Senior Personal Care Worker” rank should be created to improve the career prospect of the sector so as to attract and retain talents.
- (i) To tie in with the RPL mechanism, experienced care workers should be given promotion opportunities e.g. to promote them to Senior Personal Care Workers or Health Workers.

9. Mr PANG responded as follows:

#### Implementation of the QF

- (a) It might not be appropriate to change the term “QF” because it was an internationally accepted term. However, the EDB and the QFS were open as to whether other specific terms under the QF such as “Specification of Competency Standards” (SCS) and “Recognition of Prior Learning” should be expressed in more readily comprehensible manner. Any views on this subject would be welcomed.
- (b) At present, 19 sectors in Hong Kong had participated in setting up their QF. While the elderly care service sector was the 18<sup>th</sup> to join, it was on the top of the list in terms of both the efficiency in drafting the SCS and the number of SCS produced. The 19 sectors had represented about 46% of the total workforce in Hong Kong but there were still rooms for further expansion. It was hoped that more sectors would follow and set up their QF.

#### SCS for the elderly care service sector

- (c) At present, the SCS developed for the elderly care service sector focused preliminarily on the long-term residential care services. If the Advisory Committee was of the view that the SCS should be extended to cover community care services or other service areas, consideration could be given to start the second phase of work or proceed to this work when the SCS was updated/revised in the future.

- (d) Based on the experience in implementing the QF in various sectors, the units of competency for most sectors were pitched at in Level 3 to Level 5. The situation was on par with that of the elderly care service sector. In fact, employees in most sectors had acquired the units of competency in Level 1 and Level 2. The main purpose of setting up the QF was to help employees of junior and middle ranks in their respective sectors attain a higher level of competency through continuing education, thus improving their career prospects.
- (e) The wage level of employees in all sectors should be decided by the manpower supply and demand in the market. The QF was set up from the perspective of training to provide employees with career paths based on the accreditation of professional skills. It could also serve as a reference for the provision of training and manpower development for the participating sectors. Therefore, the QF should not be pegged rigidly to the wage level.
- (f) Based on the criteria laid under QF, the EDB had put in place Specification of Generic (Foundation) Competences on four subject areas, namely information technology, Chinese, English and numeracy in order to meet the needs of various sectors. In addition, the VTC had also designed a number of language courses (mainly English) tailor-made for some sectors. If the elderly care service sector was of the view that English proficiency should be included as a required competency, the EDB would discuss with the VTC on the design and development of such a training course.

### Training

- (g) Since all the SCS-based courses designed under the QF were recognised by the Continuing Education Fund (CEF), students enrolled in these courses were eligible for reimbursement under the CEF.

### Progression pathway

- (h) In the long run, the EDB wished to put more efforts in building progression pathways to facilitate the development of the elderly care service sector. Nevertheless, whether new job posts should be created to tie in with the implementation of the QF was a matter to be decided by the industry itself.

10. Ms Carol YIP, Director of Social Welfare, added that the Youth Career Navigation Scheme in Elderly Service project, launched by the Social Service Department of Yuen Yuen Institute and funded by the Lotteries Fund, was designed to encourage young people to join the long-term elderly care service. The Lotteries Fund Advisory Committee would also consider positively future proposals submitted by the sector for the purpose of attracting more young newcomers or enhancing the qualifications and professional competency of staff in the elderly care service sector.

11. To conclude, the Chairman thanked the QF Secretariat and the Advisory Committee for their efforts and contributions to develop the QF for the elderly care service sector. He looked forward to the commencement of the work on the recognition of qualifications for the community care services in the near future.

#### **Agenda item 4: Briefing on the Traineeship Scheme on Elderly Care Services of the Vocational Training Council**

12. Dr NG Chak-man, Acting Senior Assistant Executive Director of the VTC, gave a powerpoint presentation on the Traineeship Scheme on Elderly Care Services (Scheme). Dr NG said that the VTC would roll out the Scheme in 2014 with a view to providing the necessary manpower to ensure the sustainable development of the elderly care service sector. The Scheme would provide those who wished to join the sector with a systematic two-stage in-service training, with each stage lasting for three to six months. The first stage would start in the second quarter of 2014, offering a three-month Certificate Course in Care Worker Training and a four-month Certificate Course in Advanced Care Worker Training to applicants with an education level of Primary 6 and Form 3 respectively. A total of 120 training places would be provided in this stage. The second stage planned to commence in the third quarter of 2014, offering a six-month Certificate Course in Health Worker Training for applicants with an education level of Form 5. A total of 30 training places would be available in this stage. During the training period, trainees were required to work and train full-time four days a week at recognised residential care homes for the elderly (RCHEs), and attend professional training courses on elderly care services two days a week. Progress made by the trainees in the practical training would be recorded in log books. The VTC would provide the trainees with professional support, such as following up on the progress of their in-service training on a regular basis, and solving problems and disputes by keeping close contacts with the employers, mentors and trainees. As the Scheme was pegged to the QF, trainees having completed the Certificate Course in Care Worker Training would be recognised as attaining QF Level 2. Those who had completed the Certificate Course



in Advanced Care Worker Training or the Certificate Course in Health Worker Training would be recognised as attaining QF Level 3.

13. Dr NG said that although the Scheme was subsidised by the LWB, employers of the trainees were still required to pay the course fees of about \$2 000 and \$3 000 for the first and the second stages of training respectively.

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

#### Course design and implementation

- (a) Were the qualifications obtained upon completion of the training courses equivalent to the corresponding QF levels of competency?
- (b) Trainees who had completed the Certificate Course in Advanced Care Worker Training or the Certificate Course in Health Workers Training would be recognised as attaining QF Level 3. Did it mean that the qualifications obtained upon completion of the two courses were the same?
- (c) What criteria the employers (i.e. RCHEs) had to satisfy in order to join the Scheme?
- (d) The efforts made by the Scheme in encouraging in-service staff in the elderly care service sector to pursue continuing education were appreciated. However, given the shortage of manpower in the sector, would the Scheme put in place any means or mechanisms so that the employers who had released their employees to attend training were provided with replacement staff for sharing the workload concerned?

#### Allowance

- (e) Would settling-in allowance be provided for trainees under the Scheme?
- (f) Would subsidies be granted under the Scheme to participating employers so that they could afford to release their staff to receive in-service training and deploy additional manpower to act as mentors?

### Learning ladder

- (g) Six QF levels of competency were set up for the elderly care service sector, but trainees who had completed the Certificate Course in Health Worker Training would only attain the competency at QF Level 3. Could they attain a higher level of competency through continuing education so that they could be promoted to a higher rank?
- (h) As indicated in the training flow chart of the Scheme, a nine-month bridging course on language proficiency and computer knowledge was in place between the Certificate Course in Advanced Care Worker Training and the Certificate Course in Health Worker Training. For those trainees who had completed the Certificate Course in Advanced Care Worker Training, would they still be eligible to enrol in the Certificate Course in Health Worker Training if they had opted not to take the bridging course?

### Competency assessment

- (i) Did the Scheme set up any standards to benchmark the in-service practical training provided by the employers so that consistency could be assured in respect of the trainees' level of competency? Besides, did the Scheme put in place any other mechanisms to gauge the trainees' progress and the effectiveness of the in-service training?

### Others

- (j) The QF for the elderly care service sector had provided a set of competency-based training parameters which was different from those academic requirements commonly adopted by the community (such as completion of Primary 6 or Form 3 education). It was hoped that with the development of the QF, employers in elderly care service sector would gradually accustom themselves to the use of competency levels as a reference criterion for recruitment and training purposes.

15. Dr NG, Dr Daphne CHEUNG Sze-ki, Senior Lecturer, and Mrs Yvonne KO YUEN Wing-man, Senior Project Manager of the VTC responded as follows:

### Course design and implementation

- (a) The training courses provided by the Scheme were developed with reference to the various levels of competency under the QF. As a result, the levels of competency attained by completing these courses would be equivalent to those at the respective QF levels.
- (b) Trainees who had completed the Certificate Course in Health Worker Training or the Certificate Course in Advanced Care Work Training would be recognised as attaining the qualification at QF Level 3. However, the areas of training covered by these two courses were not the same. The former focused mainly on healthcare aspects while the latter covered such areas as communication skills, team leadership and elementary administration in addition to healthcare.
- (c) Participating RCHEs were required to engage qualified mentors to provide in-service practical training and keep records of the trainees' progress in log books.
- (d) The key objective of the Scheme was to support the elderly care service sector in manpower training. There was no provision of replacement staff at present.

#### Allowance

- (e) No settling-in allowances would be provided for trainees under the Scheme. Trainees eligible for the Youth Pre-employment Training Programme and Youth Work Experience and Training Scheme or the Employment Programme for the Middle-aged could apply for employment allowances through these programmes.
- (f) The Scheme aimed to further enhance the professional competencies of staff in the elderly care service sector, thereby fostering a stronger sense of involvement and belonging among them. This could help develop and retain staff for the sector. No allowance had been provided to participating RCHEs for the time being.

#### Learning ladder

- (g) The objective of the Scheme was to help trainees obtain the Health Worker Certificate, i.e. the qualification at QF Level 3. If the post of Multi-skills Care Worker was to be created by the sector in the future, the VTC would

correspondingly develop a higher level course. In fact, those trainees who had completed the Certificate Course in Health Worker Training and fulfilled the admission requirements of the VTC could enrol in the Higher Diploma Course offered by the Hong Kong Institute of Vocational Education with a view to attaining the competency qualification of Level 4.

- (h) To attract more newcomers to join and stay in the elderly care service sector, the Scheme had put in place a bridging course specifically for trainees with education levels from Primary 6 to Form 4. After the trainees had obtained the Certificate for Advanced Care Worker, they could receive further training on the skills they might be deficient, i.e. language and computer knowledge. If the completion of the bridging course was approved by the SWD as a prerequisite admission requirement for the Certificate Course in Health Worker Training, those who had completed the course and obtained the relevant health worker qualification would be given promotion opportunities.

#### Competency assessment

- (i) The VTC would conduct briefing sessions for participating employers to elaborate the provision of training and the criteria for filling out log books, etc. Training Officers of the VTC would also pay regular visits to participating RCHEs, maintain contacts with trainees and mentors, and monitor on a regular basis the progress made by trainees in the in-service training. On completion of the training courses, the VTC would conduct professional proficiency tests to ascertain whether the trainees had attained the competency levels set out in the SCS.

#### Others

- (j) Making reference to overseas experience, the VTC was developing Vocational Assessment (VA) and hoped that the professional experience and competency of employees in various sectors could be recognised through the use of VA and RPL.

16. Miss Cecilla LI Yuen-wah, Assistant Director of Social Welfare, said that the academic qualifications of the Hong Kong Certificate of Education Examination/ HKDSE were still the admission requirement for various nursing programmes. Therefore, the VTC must explain to trainees participating in the Scheme that the

qualifications they attained upon completion of these courses would not guarantee articulation to the Enrolled Nurse Training Programme.

17. The Chairman concluded by thanking the VTC for running the Traineeship Scheme which sought to put in place a new learning pathway for the elderly care service sector. He believed that the proposed pathway would be implemented in full swing in conjunction with the development of the QF. He looked forward to the early recognition of the QF by the public so that more people would be willing to join the elderly care service sector.

#### **Agenda item 5: Briefing on the Baptist Holistic Home Care Service**

18. Ms Maggie SIU, Service Coordinator (Elderly), and Ms Cream CHAN, Care Manager of the Baptist Oi Kwan Social Service (BOKSS) gave a powerpoint presentation on the Baptist Holistic Home Care Service (BHHCS). Launched in July 2011, the BHHCS was a three-year pilot scheme aiming to offer one-stop post-hospitalisation and home care services in a private hospital on a user-pay basis. Funded by the Hong Kong Baptist Hospital with a grant of \$3.45 million, the Scheme offered a wide range of services including the provision of day care and rehabilitation centre service, a hotline for health enquiry open to discharged patients, consultation services plus 24-hour emergency support, barrier-free minibus transport service, home care and household services, etc. The Scheme normally served the patients of the Baptist Hospital and, upon assessment, provided those in need with post-hospitalisation support services such as household modifications, skill training for caregivers, and referral of community services or interim institutional care services. The Scheme was expected to provide services for more than 8 000 attendances in its third year while a total of some 1 000 people had used the services. The professional service provided by the Scheme included nursing, physiotherapy, speech therapy, Chinese medicine and manipulative therapy. The use of nursing and physiotherapy services represented a relatively greater proportion, accounting for about 62% and 36% respectively. As regards the personal care and barrier-free minibus transport services, the respective usage rates were expected to reach about 49 000 service hours and 2 260 attendances in the third year of the Scheme. Most of the service users were aged 60 or above, and the majority were female. They were mostly patients with chronic disease and surgery was the main reason for their hospitalisation.

19. Ms SIU pointed out that the problems faced by the Scheme during its implementation included: the medical and nursing staff did not recognise the importance

of the Scheme due to a lack of understanding of the services so provided; some of the community members were not aware of the availability of such services while some others hoped that the services could be covered by insurance and the scope of services be extended; some people were of the view that the services should be provided in a highly flexible manner to meet their specific needs; given the shortage of manpower to provide the necessary individual care services, there was a need to engage and train external recruits in order to maintain the quality of service; and the Scheme had yet to achieve a balanced budget.

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

#### Costs and expenses

- (a) The Scheme had yet to achieve a balanced budget. What was the main reason behind it? By estimation, how many attendances per year were required so that the Scheme could make ends meet?
- (b) Taking into account the number of persons served by the Scheme and the expenses incurred, what was the unit cost per patient for the rehabilitation service? The Hospital Authority could use this as a reference cost for the provision of subsidies for the post-hospitalisation support services.

#### Staffing establishment

- (c) Did the Scheme require any additional drivers and staff to provide the barrier-free minibus transport and personal care services respectively?
- (d) How many members of staff were employed to provide services as a whole? What were their respective ranks?

#### Scope of services

- (e) How many people had used the barrier-free minibus transport service?
- (f) Following the home environment assessment, would household modification service be provided for the patients concerned?

21. Ms SIU and Ms CHAN responded as follows:

Costs and expenses

- (a) Apart from the two health executives who undertook the routine operations, one social worker and one nurse were employed under the Scheme to provide professional services. Expenditure on personal emoluments, which constituted the biggest share of expense, was the main reason that the Scheme had yet to achieve a balanced budget. For achieving a balanced budget, the Scheme had to double the revenue received in its second year. Meanwhile, with medical and nursing staff became increasingly aware of the Scheme, they would be more proactive in introducing the services to patients. The provision of a more prominent business area in the hospital for the Scheme to set up a service outlet would also help the patients and their families access the services of the Scheme more easily, hence broadening the source of service users. Thus it was envisaged that the Scheme would achieve a balanced budget in the future.
- (b) The unit cost per patient for the rehabilitation service was about \$15,000 after deducting the cost incurred from the provision of barrier-free minibus transport service. On average, the provision of rehabilitation service for each patient lasted for some 20 days.

Staffing establishment

- (c) Apart from the above-mentioned health executives, social worker and nurse who were employed under the Scheme, other members of staff engaged in providing services came mostly from a self-financing unit operating under the BOKSS. However, the costs of the services they provided were borne by the Scheme.
- (d) The said social worker was the officer-in-charge of the service outlet, and was responsible for liaison with the hospital. The nurse served as a Care Manager whose duty was to co-ordinate the personal care services. The two health executives were responsible for answering phone calls and promoting rehabilitation and care products. On-site personal home care services were handled by an outreach team comprising nurses, personal caregivers and physiotherapists. In addition, outsourced services such as speech therapists and audiologists were also engaged by the Scheme.

### Scope of services

- (e) About 300 people had used the services (including barrier-free minibus transport service) provided by the Scheme in its second year. The number had increased to some 200 in the first quarter of the third year and it was expected to reach about 1 000 at the end of the year.
- (f) Occupational therapists or physiotherapists would be deployed where necessary to conduct home environment assessments for the patients. They would offer suggestions on the necessary household items for meeting the needs of the patients but no modification services would be provided under the Scheme.

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

#### Silver Land Community Centre Project of the Pok Oi Hospital

22. Mr Jackson WONG, who was also a member of the Board of Advisors of the Pok Oi Hospital (POH), said that the POH would develop a well-established community centre for the elderly in Lam Tei, Tuen Mun. In the first phase of the project, a funding application would be made to the Lotteries Fund for the setting up of a large RCHE with 2 000 care-and-attention and nursing places, as well as an infirmary and rehabilitation centre for the elderly. The second phase would include the development of a nursing and medical school to provide in-service training for RCHE staff with a view to enhancing their quality of service. In addition, child care service, a smart family centre and a club house for the elderly would also be provided under the project.

23. Miss Annie TAM Kam-lan, Permanent Secretary for Labour and Welfare, said that the SWD had received the Pok Oi's application in respect of the above project under the "Special Scheme on Privately Owned Sites for Welfare Users". The SWD would consult relevant departments in respect of the services to be provided under the project and process the application in accordance with established procedures.

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

24. The Vice-chairman, Dr LAM Ching-choi, who was also the Chairman of the Working Group on Long Term Care Model, said that the SWD had briefed the Working Group on the progress of the Pilot Scheme on Community Care Service Voucher for the Elderly at its meeting on 5 December 2013. Members of the Working Group had rendered their views on the Pilot Scheme and looked forward to be briefed on the results



of the review. The meeting also noted that the SWD would conduct a Three-year Project on Enhancement of the Infrastructure of Long-term Care in Hong Kong and had provided their views on the study.

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

25. Mr CHOW Wing-hang said that a total of four applications had been received in the second round of funding application for 2013-14 Elder Academy Development Foundation (the Foundation), including two from the tertiary institutions for the provision of elder academy courses and another two from the New Territories West Elder Academies Cluster, one for organising a high table dinner for the Elder Academy and the other one for funding its 2013-14 work plans. It was noted that another application would be submitted later by a tertiary institution for developing a new Elder Academy cluster. The Vetting Subcommittee under the Foundation Committee would convene a meeting in due course for scrutinising the above applications.

#### Wetland Park Road Project of the Hong Kong Housing Society

26. The Chairman said that the Hong Kong Housing Society (HKHS) had just announced that its elderly housing project at Wetland Park Road was abandoned. He invited Dr CHEUNG Moon-wah, who was also the General Manager (Elderly Services) of the HKHS, to report the details to Members.

27. Dr CHEUNG said that given the close proximity of the housing project to the Wetland Park, various bird protection measures had to be put in place during the course of development. For example, building works could be carried out for only eight months a year, and special piling method must be adopted to mitigate noise. Coupled with the rising trend of construction costs, the out-turn cost of the project was estimated to be double the original estimate. Under the circumstance, the rent level of the housing project upon completion would go beyond the affordability of the elderly even if HKHS carried on with the development. Therefore, HKHS had decided to return the site to the Government with a view to committing its limited resources to projects with more pressing needs, such as redevelopment of the older estates.

#### Review Committee on Mental Health under the Food and Health Bureau

28. The Chairman said that the Food and Health Bureau had set up an expert group on dementia under the Review Committee on Mental Health. He would be the chairman

of the group and members of the group included the Vice-chairman and Dr Felix CHAN Hon-wai, Member of this Commission. They would report the progress and findings of the group to this Commission in the future.

**Date of next meeting**

29. The next meeting was scheduled for 28 January 2014.

**Time of adjournment**

30. The meeting was adjourned at 12:30 p.m..

January 2014