

(Translation)

**Elderly Commission  
Minutes of the 117th Meeting**

Date: 12 December 2024 (Thursday)

Time: 3:00 p.m.

Venue: Conference Room 3, G/F, Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong

**Present**

**Chairman**

Dr LI Kwok-tung, Donald, GBS, JP

**Members**

Prof BAI Xue

Ms CHAN Man-yee, Grace

Ms IP Shun-hing, BBS, MH, JP

Prof LAI Wing-leung, Daniel

Prof LAM Chiu-wa, Linda

Mr LAU Tat-chuen

Dr LEE Shun-wah, Jenny

Mr LIT Hoo-yin, Horace

Dr LUK Ka-hay, James

Mr MA Heng, Theodore

Ms MAN Wei-yin, Queenie

Mr NGAI Shi-shing, Godfrey

Mr SIU King-wai, Kyrus

Mr SU Yau-on, Albert, MH, JP

Ms WONG Chor-kei, Macy, MH

Ms LAU Yim, Alice, JP

Permanent Secretary for Labour and  
Welfare

Ms LEE Pui-sze, Charmaine, JP

Director of Social Welfare

Mr LEE Lik-kong, Eddie, JP

Deputy Secretary for Health 2

Dr HO Lei-ming, Raymond

Assistant Director of Health (Elderly  
Health)

Ms AU Mo-ching, Katherine

Chief Manager/Management (Support  
Services Section 2), Housing Department

Dr LEUNG Lok-hang

Chief Manager (Primary and Community Services), Hospital Authority

**In attendance**

Mr CHONG Wing-wun, JP

Deputy Secretary for Labour and Welfare (Welfare) 2

Ms YAN Lai-ming, Jenny

Assistant Director of Social Welfare (Elderly)

Ms KWAN Shuk-ye, Nancy

Assistant Director of Social Welfare (Licensing and Regulation)

Ms LAW Lai-tan, Linda

Principal Assistant Secretary for Labour and Welfare (Welfare) 3

Ms HO Koon-ling, Rosanna

Chief Executive Officer (Welfare) 4, Labour and Welfare Bureau

Mr LAM Chi-kwong, Ares

Executive Officer (Welfare) 4, Labour and Welfare Bureau

Mr CHAK Chon-chi, Stanley

Managing Consultant, Learning Resources & Technologies Limited.

Ms LO Yik-woon, Annie

Senior Consultant, Learning Resources & Technologies Limited.

**Absent with apologies**

Dr CHAN Chi-kau, Johnnie Casire, SBS, JP

Ms YU Chui-ye, BBS, MH

**Secretary**

Ms CHAN Ah-wing, Ivy

Principal Assistant Secretary for Labour and Welfare (Welfare) 4

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Dr LI Kwok-tung, Donald, the Chairman, welcomed all Members to the meeting. The Chairman reminded Members that they must declare potential conflicts, if any, between their interests and matters under discussion. Member Mr NGAI Shi-shing, Godfrey declared as follows:

<b>Relevant Agenda Item</b>	<b>Matters Declared</b>
Item 3: Briefing on Elderly-related Initiatives in the 2024 Policy Address (2024 PA)	Mr NGAI participated in the operation of residential care homes (RCHs) for the elderly (RCHes) in Shenzhen and Foshan.

### **Agenda item 1: Confirmation of the Minutes of the 116th Meeting**

2. Members did not propose any amendments to the Chinese and English versions of the draft minutes issued by the Secretariat on 28 November 2024. The minutes were confirmed.

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

3. There were no matters arising from the 116th meeting.

4. Ms CHAN Ah-wing, Ivy, Secretary to the Commission, reported that subsequent to its presentation to the Commission in March 2024 on the work plan on promoting elderly-friendly building design, the Development Bureau (DEVB) had formulated a set of recommended design requirements applicable to both public and private construction projects, and prepared a consultation paper to the Commission for comments. The Secretariat circulated the paper to Members on 4 December 2024. Members were invited to forward their comments to the DEVB direct or through the Secretariat before the end of the public consultation period (i.e. on or before 26 January 2025).

### **Agenda item 3: Briefing on Elderly-related Initiatives in the 2024 Policy Address**

5. With the aid of presentation slides, Mr CHONG Wing-wun, Deputy Secretary for Labour and Welfare (Welfare) 2, briefed Members on the elderly-related welfare policy initiatives as set out in the 2024 PA.

6. After the briefing, the Chairman and Members expressed views and raised questions as follows:

- (a) it was enquired whether, under the Residential Care Services Scheme in Guangdong (GDRCS Scheme), the amount of government subsidy for partial sharing of elderly participants' medical expenses in Guangdong (with an annual ceiling of RMB¥10,000 and RMB¥30,000 per person for outpatient services and inpatient services respectively) could be carried forward to the next year, and whether Shenzhen would provide eligible Hong Kong elderly persons with Basic Medical Insurance for Urban and Rural Residents (Basic Medical Insurance);

- (b) it was suggested that the procedures for elderly participants to claim medical expenses incurred in Guangdong should be enhanced, such as by allowing them to complete applications online by means of mobile devices instead of applying in person;
- (c) given that eligible elderly persons who opted to retire in the Guangdong Province could now apply for portable cash assistance, it was suggested that the amount should be disbursed to their e-wallets (such as Alipay) for reducing cash-handling risks; and
- (d) it was suggested that the Government should step up publicity to facilitate elderly's full understanding of various support measures in relation to retiring in RCHs in Guangdong.

7. In response to Members' views and questions, Mr CHONG Wing-wun gave a consolidated reply as follows:

- (a) with reference to the relevant Mainland arrangements, the Government would settle the subsidy for the medical expenses incurred in Guangdong by the elderly participants of the GDRCS Scheme and reset the unused balance to zero on an annual basis. The Social Welfare Department (SWD) was ironing out the implementation details and targeted to launch the two-year pilot scheme in the second half of 2025. During the pilot implementation, the Government would collect statistical data on medical expenses incurred by elderly participants concerned in Mainland cities to facilitate further enhancement of the Scheme (e.g. claiming procedures) in the future;
- (b) although Shenzhen was currently not among the Mainland cities in the Greater Bay Area where Basic Medical Insurance was available for eligible Hong Kong elderly persons, elderly participants of the GDRCS Scheme who chose to reside in RCHs in Shenzhen could still receive government subsidy for their medical expenses incurred in Guangdong as mentioned above;
- (c) at present, the SWD deposited portable cash assistance amounts directly into the Hong Kong bank accounts of elderly recipients on a monthly basis. Recipients made their own arrangements for transferring the sum to their Mainland bank accounts or Mainland e-wallets. To better facilitate convenient receipt of portable cash assistance, the Hong Kong

Monetary Authority and the SWD were discussing with the banking sector on possible ways to deposit the sum directly into the elderly recipients' Mainland bank accounts; and

- (d) the scope of and application methods for the current services relating to retiring in Guangdong had been uploaded to the SWD's website. The SWD would work with various organisations to step up public, sectoral and frontline publicity on the support measures for Hong Kong elderly persons retiring in Guangdong. It was hoped that Members could help promote the same in different sectors.

8. With the aid of presentation slides, Mr LEE Lik-kong, Eddie, Deputy Secretary for Health 2, briefed Members on the elderly-related healthcare policy initiatives as set out in the 2024 PA.

9. After the briefing, the Chairman and Members expressed views and raised questions as follows:

- (a) the Government's efforts to formulate a stepped care model for mental health to comprehensively enhance the mental health of the public were appreciated. While focusing on the elderly, carers' mental health should not be neglected. Enquiries were made regarding the initiatives on promoting carers' mental health;
- (b) given that carers were under considerable physical and mental stress, it was suggested that proactive attention should be paid to their mental condition so as to achieve early detection, early diagnosis and early treatment, as well as providing them with more comprehensive intervention support; and
- (c) enquiries were made as to the arrangements for integrating the services of Woman Health Centres (WHCs) and Elderly Health Centres (EHCs) under the Department of Health (DH) into District Health Centres (DHCs), including the number of centres and the future arrangements for the health screening services currently provided by WHCs.

10. In response to Members' views and questions, Mr LEE Lik-kong, Eddie gave a consolidated reply as follows:

- (a) in addition to medical care, the Government provided multi-faceted support for carers, such as the Designated Hotline for Carer Support and

the 18111 - Mental Health Support Hotline, both of which offered immediate telephone support. Furthermore, the Government had earmarked \$300 million for the Advisory Committee on Mental Health for implementing the Mental Health Initiatives Funding Scheme. The Scheme aimed at funding projects that would enhance support to the needy in the community and raise public awareness of mental health, with carer support identified as one of the funding priority areas; and

- (b) the DH currently operated 3 WHCs and 18 EHCs. To develop a multi-disciplinary service network of DHCs and further strengthen the primary healthcare framework, WHCs and EHCs would be integrated into the Primary Healthcare Commission and their services would be integrated into the DHCs in all 18 districts across the city. Such arrangement would expand the healthcare network at the community level, providing members of the public with more effective and diversified primary healthcare services whilst reducing service duplication and enhancing the efficiency of resource utilisation. Although various health screening services were currently provided by WHCs, the services were under-utilised. The Government would explore more effective modes of service delivery.

#### **Agenda item 4: Key Findings and Recommendations of the Review of Manpower for Healthcare Services in Residential Care Homes**

11. Ms KWAN Shuk-ye, Nancy, Assistant Director of Social Welfare (Licensing and Regulation), briefed Members on the review conducted by the Learning Resources & Technologies Limited (LRT Consulting) as commissioned by the SWD on the skill and qualification requirements for RCH staff providing health and rehabilitation services in Hong Kong. With the aid of presentation slides, Ms LO Yik-woon, Annie, Senior Consultant, LRT Consulting, then briefed Members on the key findings and recommendations of the consultancy study.

12. After the briefing, the Chairman and Members expressed views<sup>1</sup> and raised questions as follows:

- (a) the establishment of professional standards and a career progression path for RCH staff, and thereby improving their remuneration package with a view to attracting more young people to work in the RCHs, was supported;

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<sup>1</sup> The written comments submitted by Member Mr MA Heng, Theodore on 12 December 2024 had been forwarded to the SWD for consideration.

- (b) it was agreed that there was a practical need to establish the Health&Care Practitioner (HCP) rank to help address the tight manpower situation of RCHs and the limited career prospects of Health Workers (HWs), but attention should be paid to the training quality and assessment standards of the new rank;
- (c) there was concern that whether it would be more effective to train additional Enrolled Nurses (ENs) in terms of resource utilisation, and an enquiry on the cost of the HCP Training Course;
- (d) since ENs were regulated by the Nursing Council of Hong Kong and covered by professional indemnity insurance, there was concern over the need for HCPs to perform care procedures (such as intramuscular injection and insertion or replacement of nasogastric tubes) under the supervision of higher rank staff, the related risk management and professional liability issues, as well as the regulatory, complaint and incident handling mechanisms;
- (e) as the community had limited knowledge of the work in RCHs and generally perceived it as an unpleasant job, it was suggested that, in addition to establishing a career progression path for HWs, consideration should be given to setting a pay level for the HCP rank, say making reference to the pay structures of jobs with similar qualification requirements in other countries, so as to effectively attract and retain talent;
- (f) it was suggested that the minimum years of service requirement for serving registered HWs to enrol in the HCP Training Course should be increased from three years to five years to ensure that they had sufficient experience prior to attending the course;
- (g) there was concern over the respective responsibilities and positioning of ENs and HCPs. It was suggested that when the new rank was introduced to the relevant regulations in future, efforts should be made in respect of staffing arrangements to avoid public misconception over HCPs' equivalence to ENs. The job title of HCPs might be suitably revised or explanatory work be enhanced; and
- (h) it was suggested that in addition to establishing the HCP rank, the Government could explore the feasibility of providing more career

progression paths for HWs. For example, they might become assistants of occupational therapists or physiotherapists after undergoing training and passing assessments.

13. The Chairman supported the recommendation to nurture dedicated HCP talent for the social welfare sector. He considered that this professional rank, which was newly established, should have practical differences from other existing ranks.

14. In response to Members' views and questions, Mr CHONG Wing-wun and Ms LO Yik-woon, Annie gave a consolidated reply as follows:

- (a) jobs in the elderly services sector, which were generally regarded as non-professional, could not attract new entrants. Meanwhile, the lack of a career progression path for HWs made it difficult for the sector to attract and retain talents. In the face of challenges brought about by an ageing population and the implementation of the requirement of "one nurse per RCH" under the Residential Care Homes Legislation (Miscellaneous Amendments) Ordinance 2023 (the Amendment Ordinance) effective from 2028, there was a growing demand for care professionals among RCHs. Nevertheless, some of the ENs who had received full training subsidy from the Government chose to transfer to the medical sector after serving in the social welfare sector for a few years. As a result, the social welfare sector was unable to nurture dedicated care talents to serve continuously in RCHs;
- (b) to meet the challenge of tight manpower of care professionals in the RCHs, it was suggested that a new HCP rank should be established without imposing additional statutory staffing requirements for RCHs. This could help attract new blood who aspired to pursue a career in the social welfare sector, as well as provide better career prospects for HWs, thereby retaining talents. In addition, the new rank could offer greater flexibility to RCHs in the utilisation of human resources and help reduce competition with the medical sector for talent, thus alleviating the tight manpower situation of care professionals in RCHs;
- (c) the findings of the consultancy study reflected that there was currently a considerable overlap of duties between HWs and ENs in RCHs. HWs could enhance their capabilities through training and practicum and become competent to perform the necessary care procedures in RCHs;
- (d) the consultant had sought views from training institutions with relevant



nursing training experience on the draft content of the HCP Training Course, so as to ensure that it covered the necessary services currently provided by ENs in RCHs. The course content had been submitted to the Qualifications Framework (QF) Secretariat and the Hong Kong Council for Accreditation of Academic and Vocational Qualifications, and was accredited as QF Level 4, which was equivalent to a Professional Diploma. The total number of learning hours of the course would be 760 hours, of which the number of face-to-face course hours would be similar to that of ENs. The entry academic qualification requirements of the course would be identical to those of ENs. In respect of the required health and care work in the social welfare service units, its assessment standards would also be the same as those of ENs. The course would be provided by training institutions with relevant experience so that the quality, teachers, training facilities and assessment standards of the course could be guaranteed. The training cost per trainee was estimated to be around \$60,000 to \$100,000;

- (e) the new HCP rank was created to nurture dedicated sectoral care talents who would specialise in performing necessary care procedures required by the social welfare sector. HWs could not be promoted as HCPs merely by accumulating experience and years of service. Instead, they were required to successfully complete the recognised course and pass the assessments conducted by the training institutions, before they could be qualified for registration as HCPs. Upgrading of professional knowledge and skills were involved during the process;
- (f) regarding the quality assurance and professional regulation of HCPs, the SWD would, with reference to the arrangements for HWs and other allied health professions, establish a mechanism covering registration, renewal of registration and regulation (including the handling of complaints relating to care procedures), so as to ensure the professional competency and effective regulation of HCPs;
- (g) it was suggested that the staff pay level, which was part of RCHs' internal operation, should be decided by RCHs on their own in light of the market supply and demand, staff experience and performance, etc.;
- (h) the total number of learning hours of the HCP Training Course was fairly long and trainees were required to pursue further studies in their spare time. HWs with three years of experience should have adequate care experience and knowledge for taking the HCP Training Course. Raising

the entry requirement of the minimum years of service as an HW from three years to five years might reduce the incentive for HWs to enrol in the course and the number of enrolments, which would be unfavourable for nurturing care talents as HCPs; and

- (i) it was suggested that the new rank should be designated as HCP, reflecting their dual duties in care and health, with due emphasis on practice. The reference to interchangeability between HCPs and ENs in the study report was originally intended for calculating the manpower of RCHs and for reflecting the fact that the duties of HCPs in RCHEs, RCHs for persons with disabilities and other elderly/rehabilitation welfare service units would be similar to those of ENs.

15. Ms LAU Yim, Alice, Permanent Secretary for Labour and Welfare, thanked Members for their suggestions and views. With regard to their concerns over matters such as the training quality, professional standards and regulation of the HCP rank, Ms LAU supplemented as follows:

- (a) the HCP Training Course was introduced to provide training for HWs to obtain professional qualifications. The course aimed to establish a career progression path for HWs while equipping them with the knowledge and skills for carrying out necessary care procedures in RCHs and other elderly or rehabilitation welfare service units, thereby allowing them to specialise in performing care-related procedures. The training course was accredited under the QF with assured quality;
- (b) despite the Government's proactive efforts in training ENs, some of the EN graduates would transfer to the medical sector after serving in the social welfare sector for a period of time. In the face of an ageing population in Hong Kong and the implementation of the Amendment Ordinance, the demand for professional care services from the social welfare sector (RCHs in particular) was on the rise. There was thus a need to train more specialised care professionals dedicated to the sector. To enhance its effectiveness, the HCP Training Course would focus on the care knowledge and skills required by the rank in the social welfare sector setting;
- (c) to boost public confidence in the quality of the new professional rank, the Government would carefully formulate the training content, assessment standards, regulatory mechanism, etc., with a view to achieving stringency in both course enrollment and graduation standards; and

- (d) the attainment of the professional qualification of HCP required the investment of a significant amount of time and effort. To motivate eligible HWs to enrol in the relevant course, it was crucial to foster their confidence in the career prospect of HCPs and recognition of the value and meaning of care services.

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

### Working Group on Elderly Services Programme Plan and Working Group on Ageing in Place

16. Ms CHAN Ah-wing, Ivy reported that the fifth joint meeting of the Working Group on Elderly Services Programme Plan and Working Group on Ageing in Place was scheduled for January 2025. The meeting would discuss the enhancement measures of the Innovation and Technology Fund for Application in Elderly and Rehabilitation Care and the Hospital Authority's supporting measures for discharged elderly patients in need.

### Committee on Elder Academy Development Foundation

17. Ms CHAN Ah-wing, Ivy reported that:

- (a) the second round of funding applications to the Elder Academy (EA) Development Foundation (EADF) in 2024-25 was closed on 31 October 2024. Tentatively the Vetting Sub-committee would meet in January 2025 to assess the funding applications; and
- (b) the new Wealth Intelligence for Smart Elders Course supported by The Hongkong Bank Foundation (HBF) had been launched under the EA Scheme. The launch ceremony was successfully held at Yan Chai Hospital No. 2 Secondary School in Tuen Mun on 5 November 2024, which was officiated by the Under Secretary for Labour and Welfare, Chairman of the Elderly Commission, an HBF representative and the Chairperson of the Committee on EADF. The ceremony, with about 200 participants, had received overwhelming response from the elderly learners. The Secretariat had shared the photos and video highlights of the launch ceremony with Members via e-mail. Members might also visit the EA Scheme website (<https://www.elderacademy.org.hk/media-room/>). It was hoped that Members would continue to support EA

activities in the future.

**Agenda item 6: Any Other Business**

18. There was no other business for discussion at the meeting.

**Time of Adjournment**

19. The meeting was adjourned at 4:45 p.m.

**Date of Next Meeting**

20. The next meeting was tentatively scheduled for 25 March 2025. The Secretariat would advise Members of the meeting details in due course.

February 2025