

(Translation)

**Elderly Commission
Minutes of the 120th Meeting**

Date: 23 October 2025 (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

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

Ms CHAN Man-yee, Grace

Mr LEE Sing-kan, MH

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

Mr TO Wing-hang, Edward, JP

Mr LEE Lik-kong, Eddie, JP

Dr SO Shuk-kuen, Joanna

Mr CHOY Kwan-wing

Dr CHING Wai-kuen

Permanent Secretary for Labour and
Welfare

Director of Social Welfare

Deputy Secretary for Health 2

Assistant Director of Health (Elderly
Health)

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

Director (Strategy and Planning), Hospital
Authority

In attendance

Mr CHONG Wing-wun, JP	Deputy Secretary for Labour and Welfare (Welfare) 2
Ms LEUNG Susanna	Principal Assistant Secretary for Labour and Welfare (Welfare) 3
Ms YAN Lai-ming, Jenny	Assistant Director of Social Welfare (Elderly)
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
Ms LAI Cho-ye, Joey	Director of Consumer Education, Consumer Council
Mr CHIU Eduardo Leon	Consumer Education Officer, Consumer Council
Ms TANG Shuk-yi, Esther	Project Officer, Consumer Council
Ms YIP Ho-sum, Ada	Project Officer, Consumer Council

Absent with apologies

Prof BAI Xue
Ms IP Shun-hing, SBS, MH, JP
Prof LAI Wing-leung, Daniel
Prof LAM Chiu-wa, Linda
Mr LAU Tat-chuen

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, in particular new member Mr LEE Sing-kan, Dr SO Shuk-kuen, Joanna, Assistant Director of Health (Elderly Health), and Mr CHOY Kwan-wing, Chief Manager/Management (Support Services Section 2), Housing Department (HD), who were attending for the first time.

2. The Chairman reminded Members that they must declare potential conflicts, if any, between their interests and matters under discussion. The relevant declaration is as follows:

Relevant Agenda Item	Matters Declared
Item 3: Briefing on Elderly-related Initiatives in the 2025 Policy Address (PA)	<u>Mr NGAI Shi-shing, Godfrey</u> was involved in the operation of residential care homes for the elderly (RCHEs) in Mainland cities of the Greater Bay Area (GBA).

Agenda item 1: Confirmation of the Minutes of the 119th Meeting

3. Members did not propose any amendments to the Chinese and English versions of the draft minutes issued by the Secretariat on 20 August 2025. The minutes were confirmed.

Agenda item 2: Matters arising

4. There were no matters arising from the 119th meeting.

Agenda item 3: Briefing on Elderly-related Initiatives in the 2025 Policy Address

5. With the aid of presentation slides, Mr CHONG Wing-wun, Deputy Secretary for Labour and Welfare (Welfare) 2, briefed Members on elderly-related welfare policy initiatives as set out in the 2025 PA.

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

- (a) the 2025 PA included a comprehensive range of elderly-related welfare policy initiatives. Despite resource constraints, the Government increased the service quotas for certain welfare initiatives, such as subsidised residential care service places and Community Care Service Voucher for the Elderly (CCSV), while successfully taking forward various schemes to facilitate the retirement of Hong Kong elderly persons in Mainland cities of the GBA, thereby benefitting more elderly

persons;

- (b) the enhancement of the Integrated Discharge Support Programme for Elderly Patients (IDSP) by the Government as well as efforts made to identify and support hidden high-risk discharged elderly through connecting data from the Hospital Authority (HA) and the Social Welfare Department (SWD) were appreciated. It was enquired whether elderly in-patients of non-medical wards were covered under the IDSP, and whether the Government would continue to follow-up on hidden high-risk elderly who was identified but refused referral to elderly centres, through suitable service providers such as District Services and Community Care Teams (Care Teams);
- (c) it was noted that the Government identified elderly persons and carers in need of support through the Carer Database and arranged follow-ups by Care Teams. As the Care Teams had close ties with the local communities, it was suggested that government departments should strengthen collaboration with the Care Teams to further related efforts;
- (d) the Government's initiative to lease out newly built welfare facilities on a pilot basis was supported, as operators would be encouraged to flexibly provide services to meet the elderly's increasingly diverse long-term care needs. It was hoped that the Government would announce the details of the initiative as soon as possible, such as lease terms, charging requirements, service types and the selection mechanism, while allowing sufficient time for the sector to get prepared and consider whether to participate;
- (e) the Government's pilot arrangement of sharing co-payment under the National Basic Medical Insurance Policy (National Medical Insurance) borne by Hong Kong elderly participants of the Residential Care Services Scheme in Guangdong (GDRCS Scheme) was welcomed. It was particularly helpful in alleviating the financial burden of Hong Kong elderly persons living in Shenzhen, where they were unable to purchase the National Medical Insurance;
- (f) it was suggested that, when selecting participating service providers under the GDRCS Scheme, the Government should take into account relevant healthcare support in addition to factors such as facilities and

environment. Given that participating RCHEs might also provide medical services, it was suggested that clear guidelines on basic medical care fees subsidised under the GDRCS Scheme should be formulated to ensure prudent use of public funds.

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

- (a) the IDSP was set up to provide integrated support services for elderly discharges with a higher risk of emergency re-admission. Currently, it offered an annual service quota of around 45 000, with about 11 000 elderly persons referred to transitional home support services. In view of the large number of elderly in-patients at public hospitals, the IDSP would focus on serving those in the medical and geriatric wards to optimise the utilisation of limited resources. Under the IDSP, hospitals would share basic medical records of hidden high-risk elderly patients with elderly centres for follow-up. As such arrangement involved the privacy of elderly persons, their wishes must be respected and their consents obtained;
- (b) the Government had launched the first phase of the Carer Support Data Platform, initially connecting the data of the SWD, HA and HD. The platform would be progressively expanded to connect data from more government departments, public organisations and other relevant data (such as information on households in "three-nil buildings"). Upon identifying high-risk carers of elderly persons and carers of persons with disabilities as well as singleton or doubleton elderly households lacking sufficient community support, Care Teams would be deployed to conduct visits and follow-ups. Subsequent to its successful implementation in Kwun Tong and Sha Tin, the pilot arrangement was extended to all 18 districts across the city in early September 2025 for reaching more needy individuals;
- (c) regarding the pilot plan of leasing out newly built day care centres for the elderly, the Government would announce the details in due course and allow sufficient time for the sector's consideration. The aim was to ensure the commercial viability of the centres while fulfilling their intended social welfare objectives; and

- (d) the Government would launch the two-year pilot arrangement by this year end to share the co-payment borne by Hong Kong elderly participants of the GDRCS Scheme under the catalogue of the National Medical Insurance. The Government would engage a service contractor with relevant experience in handling claims and reimbursement for medical insurance on the Mainland to implement the initiative, thereby providing professional claim services for the elderly participants and ensuring prudent use of public funds.

8. As pointed out by the Chairman, it was announced in the 2025 PA that an inter-bureau Working Group on Ageing Society Strategies (Working Group) would be established. Aside from elderly-related areas, the Working Group would also consider initiatives to promote further development of the silver economy and consult the Elderly Commission (Commission). The Chairman encouraged Members to actively consider the relevant issues and submit their views to the Working Group in the future.

9. Ms LAU Yim, Alice, Permanent Secretary for Labour and Welfare, added that the Government set up the Working Group on Promoting Silver Economy last year with a view to building an elderly-friendly society. The Chief Executive further announced in this year's PA the establishment of the Working Group with a wider ambit to tackle societal ageing challenges. The elderly population was expected to grow continuously, with changes in demographic structure and characteristics. For example, future elderly would have a longer life expectancy, with higher education attainment overall and improved economy condition in general as well as keener demand regarding the quantity and quality of care services. Due to the low birth rate, doubleton and singleton elderly households might become the norm among the future elderly population. In view of the extensive impact of societal ageing, the Working Group would be steered by the Deputy Chief Secretary for Administration to coordinate efforts of various bureaux in formulating holistic strategy responses from different perspectives, covering elderly care, healthcare, housing, culture and leisure, and gerontechnology, etc. while continuing to promote the development of the silver economy. Members were welcomed to put forward relevant suggestions, if any, to the Secretariat. The Commission might consider arranging thematic discussions if needed.

10. With the aid of presentation slides, Mr LEE Lik-kong, Eddie, Deputy Secretary for Health 2, briefed Members on elderly-related healthcare policy initiatives as set out in the 2025 PA.

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

- (a) the phased commissioning of the Chinese Medicine Hospital of Hong Kong (CMHHK) starting from December this year was appreciated. Enquiries were made on how the CMHHK would strengthen and integrate into the development of primary healthcare (PHC) services in Hong Kong, coordinate with the function of District Health Centres (DHCs) and whether elderly people could seek medical consultations at the CMHHK directly or must be referred by DHCs;
- (b) as the CMHHK provided six specialised services, namely Internal Medicine, External Medicine, Gynaecology, Paediatrics, Orthopaedics and Traumatology as well as Acupuncture and Moxibustion, covering 20-odd special disease programmes, it was enquired whether medical appointments for these services and programmes required referral by family doctors, similar to the practice of the Western medicine (WM) system;
- (c) as Chinese medicine (CM) placed emphasis on the preventive treatment of diseases, it was suggested that CM health management and disease prevention should be implemented at DHCs and Chinese Medicine Clinic cum Training and Research Centres (CMCTRs) across the city to help relieve pressure on the public healthcare system. It was also suggested that an integrated Chinese-Western medicine (ICWM) service model and an inter-referral mechanism between CM and WM should be developed within the PHC system to achieve synergy, enabling the public to receive the most appropriate medical services; and
- (d) as the IDSP provided elderly discharges in need with transitional home support services for six to eight weeks, it was suggested that CM support services should be introduced to facilitate discharges' early recovery under the ICWM service model.

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

- (a) the Government would strengthen the role of CM in PHC pursuant to the

strategic directions set out in the Chinese Medicine Development Blueprint, such as ramping up CM services for chronic disease management and disease areas where they had advantages (e.g. chronic pain and mental illness);

- (b) the CMHHK would form a network with PHC service providers, including DHCs and CMCTRs across 18 districts. CMCTRs were operated by the HA, non-governmental organisations (NGOs) and local universities under the tripartite collaboration model, with NGOs handling day-to-day operations. Out-patient services were available at the CMHHK, where members of the public might seek consultation direct. For follow-ups on special diseases, CMCTRs could refer patients to receive out-patient or in-patient treatment at the CMHHK. The CMHHK would also refer discharges to DHCs or CMCTRs for follow-ups as necessary. DHCs would maintain information on the CM practitioner network and provide referral services when required;
- (c) specialised services at the CMHHK did not require referral by family doctors, unlike the practice of the WM system. CM practitioners and healthcare professionals could refer patients to the CMHHK specialised out-patient clinic; and
- (d) the CMHHK offered CM Internal Medicine services, including the special disease programme of “Preventive Care”, under which patients could receive healthcare services for preventive healthcare and health maintenance purposes.

13. In response to Members’ suggestion on providing CM services as part of the home support services under the IDSP, Mr CHONG Wing-wun indicated that the CMHHK was expected to gradually reach its full operational capacity in five years after its opening. Therefore, extending its service scope to elderly home support at this stage might not be feasible. Subject to the future manpower and resource situation of the CMHHK, the Government would continue to explore the feasibility for the hospital to provide social welfare services. Possible options included listing the CMHHK as a Recognised Service Provider under the CCSV Scheme to provide centre-based and/or home-based services, or extending CM services to RCHEs or other care service units.

Agenda item 4: Elderly Consumer Education and Protection

14. With the aid of presentation slides, Ms LAI Cho-yee, Joey, Director of Consumer Education, Consumer Council (Council), briefed Members on the work relating to elderly consumer education and protection.

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

- (a) the Council's website featured comprehensive content, such as free access to its monthly magazine CHOICE, which was suitable for use by elderly service organisations as promotional and training materials for consumer education. It was suggested that the Council should strengthen collaboration with elderly service organisations, such as inviting the latter's elderly members to participate in filming educational videos for uploading onto the Council's website. The Council should also encourage relevant organisations in promoting elderly consumer information among their members to enhance publicity effectiveness;
- (b) enquiries were made regarding the eligibility criteria, number of participants and training arrangements of the Educator Scheme for Senior Citizens (ESSC);
- (c) it was noted that the Council would soon launch the Smart Senior Consumer e-Hub (e-Hub) website to enhance the consumer knowledge among the elderly as well as their families and carers. Given the significant number of elderly households living in housing estates of the Hong Kong Housing Authority (HKHA) and the Hong Kong Housing Society (HKHS), it was suggested that the Council should invite the HKHA and the HKHS to become partners of the e-Hub website, making the website content more relevant to the needs of elderly residents; and
- (d) according to the Council's earlier study on silver consumers, elderly persons were generally willing to spend on products and services that were of higher quality or aligned with their personal interests. It was suggested that the Council should enrich the content of the e-Hub by integrating more diverse consumer information on topics such as health management, travel, insurance and end-of-life planning.

16. In response to Members' views and questions, Ms LAI Cho-yee, Joey gave a consolidated reply as follows:

- (a) the Council's e-Hub primarily featured text-based information at present. Consideration would be given to adding multimedia content in the future to facilitate browsing by the elderly;
- (b) the Council launched the ESSC in 2021 to provide basic consumer education training for individuals aged 50 or above, enhancing their knowledge of consumer rights and interests. They were encouraged to become ESSC network members to share the latest consumer information among the elderly in the community while strengthening support of the elderly through interpersonal networks. Upon completing advanced training (covering common consumer traps, presentation techniques and online teaching skills, etc.) with an attendance rate of over 90% and passing the assessment, network members would become senior educators. They could then host community talks on consumer education for the elderly to help them enhance self-protection abilities and avoid consumer traps. The senior educator training lasted for about six months. To date, there were approximately 65 senior educators and 150 network members; and
- (c) the Council would actively consider Members' valuable suggestions on the promotion of elderly consumer education and protection.

Agenda item 5: Progress Report by the Committee on Elder Academy Development Foundation

17. Ms CHAN Ah-wing, Ivy, Secretary to the Commission, reported that in August 2025, the Committee on Elder Academy Development Foundation (EADF) endorsed 28 first round applications for EADF funding in 2025-26, involving a total funding of about \$2 million. Application for the second round funding in 2025-26 would be closed on 31 October 2025.

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 4:30 p.m.

Date of Next Meeting

20. The next meeting was tentatively scheduled for 18 December 2025 (Thursday). The Secretariat would advise Members of the meeting details in due course.

November 2025