(Translation)

Elderly Commission
Minutes of the 123rd Meeting

Date: 2 June 2026 (Tuesday)
Time: 3:00 p.m.
Venue: Conference Room 2, 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
Dr CHAN Chi-kau, Johnnie Casire, SBS, JP
Ms IP Shun-hing, SBS, MH, JP
Prof LAI Wing-leung, Daniel
Mr LAU Tat-chuen
Mr LIT Hoo-yin, Horace
Dr LUK Ka-hay, James
Mr NGAI Shi-shing, Godfrey
Ms WONG Chor-kei, Macy, MH

Ms LAU Yim, Alice, JP	Permanent Secretary for Labour and Welfare
Mr TO Wing-hang, Edward, JP	Director of Social Welfare
Mr MAK Chun-yu, Edward, JP	Deputy Secretary for Health 2
Dr SO Shuk-kuen, Joanna	Assistant Director of Health (Elderly Health)
Mr CHOY Kwan-wing	Chief Manager/Management (Support Services Section 2), Housing Department
Dr HA King-hang, Tony	Director (Strategy and Planning), Hospital Authority

In attendance

Mr CHONG Wing-wun, JP	Deputy Secretary for Labour and Welfare (Welfare) 2
Dr PANG Fei-chau	Commissioner for Primary Healthcare, Health Bureau
Dr WONG Wing-sze, Kaye	Assistant Commissioner for Primary Healthcare (Service Integration), Health Bureau
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

Absent with apologies

Hon CHAN Man-yee, Grace
Prof LAM Chiu-wa, Linda
Mr LEE Sing-kan, MH
Dr LEE Shun-wah, Jenny
Mr MA Heng, Theodore
Ms MAN Wei-yin, Queenie
Mr SIU King-wai, Kyrus
Mr SU Yau-on, Albert, MH, JP

Secretary

Miss KWAN Hiu-yeung, Helen	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 Mr MAK Chun-yu, Edward, Deputy Secretary for Health 2, and Ms KWAN Hiu-yeung, Helen, Principal Assistant Secretary for Labour and Welfare, as the new Secretary to the Commission, 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.

Agenda item 1: Confirmation of the Minutes of the 122nd Meeting

3. Members did not propose any amendments to the Chinese and English versions of the draft minutes issued by the Secretariat on 29 April 2026. The minutes were confirmed.

Agenda item 2: Matters arising

4. There was no matter arising from the 122nd meeting.

Agenda item 3: Elderly Health Services Development and Integration

5. With the aid of presentation slides, Dr PANG Fei-chau, Commissioner for Primary Healthcare, Health Bureau (HHB), briefed Members on the latest progress in the development and integration of elderly health services.

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

(a) while the integration of elderly health services into the district health network was supported to strengthen the community healthcare service system, the general public currently lacked a clear understanding of its substantive benefits, the scope of services provided by District Health Centres (DHCs) and DHC Expresses (collectively referred to as DHCs), and the participation procedures, etc. It was recommended that the Primary Healthcare Commission (PHC Commission) step up publicity and educational efforts regarding this new healthcare model to raise public awareness and engagement;

(b) an enquiry was made as to whether a two-way referral mechanism would be established under the re-engineered district health network. Specifically, whether elderly patients with more complex conditions, after receiving treatment from Hospital Authority (HA) specialists and having their condition stabilised, could be referred back to community family doctors for ongoing follow-up care;

(c) currently, the Elderly Health Centres (EHCs) under the Department of Health (DH) across all 18 districts were staffed with resident doctors and were thus well-received by elderly persons. In contrast, DHCs did not have resident doctors, and the number of community family doctors participating in the Primary Healthcare Co-care Network (Co-care Network) varied across districts. This might not align with the healthcare-seeking habits of elderly persons, potentially reducing the attractiveness of the services. It was suggested that the PHC Commission consider deploying doctors to DHCs to achieve more robust healthcare support; and

(d) an enquiry was made as to whether EHCs would continue to serve existing elderly members following the service re-engineering, what their positioning would be within the overall primary healthcare system, and whether, under the new model, elderly persons should visit EHCs or DHCs in the future to achieve a clear triage of the public.

7. In response to Members' views and questions, Dr PANG Fei-chau gave consolidated replies as follows:

(a) at present, elderly persons received services across multiple institutions, namely the HA's Family Medicine Clinics (FMCs), the DH's EHCs and DHCs, with each offering different yet overlapping services. The PHC Commission was established with the core function of coordinating primary healthcare services. Following the re-engineering of women services, the next step would be to reorganise various public elderly services so that elderly persons could receive standardised health assessments at a single institution. Under the upcoming new triage mechanism, elderly persons could first undergo health risk assessments at DHCs; those from underprivileged groups would be referred to the HA's FMCs for priority preventive care and chronic disease management services; those with common conditions (e.g. "Three Highs") would be referred to community family doctors for ongoing follow-up care; and those with more complex conditions would be referred to the HA for secondary healthcare services (including specialist services). The PHC Commission added that it was actively exploring with the HA the development of a two-way referral mechanism – both internally within the HA and externally with community family doctors;

(b) currently, the DH operated 18 EHCs across Hong Kong, each staffed with a resident doctor, collectively delivering integrated primary healthcare services to approximately 30 000 elderly persons annually. In light of the projected increase of over a million in local elderly population over the next two decades, the PHC Commission would roll out a new service model to more effectively address the sustained growing in service demand. The model featured a standardised protocol-driven care pathway tailored for elderly persons, alongside personalised health risk factor assessments and health education services provided through the district health network. The PHC Commission stressed that it would progressively strengthen the coordinating and hub role of DHCs within the primary healthcare system, while correspondingly stepping up publicity and educational efforts to deepen public understanding of the new model;

(c) integrated care services at DHCs were provided by a nurse-led, multi-disciplinary healthcare team, supported by family doctors and allied health professionals. Specifically, nurses would conduct health risk assessments for elderly persons, who would then be referred to family doctors participating in the Co-care Network for follow-up according to their individual needs. Elderly persons could also choose their preferred family doctors for ongoing treatment with government subsidies. The new service model facilitated more efficient allocation of healthcare resources, and by adding service points and expanding overall service capacity, further enhanced service accessibility and coverage. Currently, there were around 600 family doctors under the HA and around 800 family doctors participating in the Co-care Network. Should additional manpower be required in the future, the PHC Commission could increase service points and expand the overall service capacity through service-purchasing arrangements; and

(d) following the integration of EHC services into the district health network, the PHC Commission would refurbish and upgrade existing facilities for use by the HA's FMCs and district health network (such as establishing centres for specific elderly wellness services). Special arrangements would be made for existing EHC service users to ensure their seamless transition to continued care at DHCs or the HA's FMCs.

8. Dr HA King-hang, Tony, Director (Strategy and Planning), HA, added that the Government and the HA had already established a two-way referral mechanism under the Chronic Disease Co-Care Scheme. Under this mechanism, family doctors could, based on clinical diagnosis and established guidelines, arrange for patients to receive a one-off medical specialist consultation at designated HA specialist out-patient clinics (SOPCs) where necessary, with ongoing follow-up care subsequently provided by the family doctor. This arrangement had effectively reduced unnecessary new SOPC referrals. Building on this foundation, the Government and the HA would explore further strengthening the two-way referral mechanism, while establishing a communication platform between community family doctors and specialists to more precisely assess and determine whether patients should be referred to SOPCs.

Agenda item 4: Proactively Aligning with the National 15th Five-Year Plan and Formulating the Hong Kong's First Five-Year Plan

9. With the aid of presentation slides, Miss KWAN Hiu-yeung, Helen, Secretary to the Commission, briefed Members on the background of the Hong Kong Special Administrative Region Government's proactive alignment with the National 15th Five-Year Plan and formulation of Hong Kong's first Five-Year Plan, and sought their views on the elderly services aspect of the Five-Year Plan.

10. After the briefing, the Chairman and Members expressed their views as follows:

Elderly Care Policy

(a) in advancing future elderly services, innovative thinking should be introduced while ensuring sustainability across resources, finance, manpower, so as to align with the policy direction of "building a healthy China" under the National 15th Five-Year Plan;

(b) the objectives of elderly services should emphasise both quantity and quality. In addition to increasing service capacity, efforts should be made to enhance elderly people's quality of life and expand service coverage, thereby ensuring the optimal use of resources. Meanwhile, public education should be strengthened to raise awareness of active ageing;

(c) given that elderly persons generally preferred ageing in place in Hong Kong, it was suggested that the policy directive of "promoting ageing in place" should be maintained in long-term planning, including exploring the enhancement of community care services for the elderly and greater support for carers;

Care for the Elderly

(d) in addition to providing basic care, elderly services should also enrich the cultural life of elderly people (e.g. promoting lifelong learning and travel, etc.), while expanding the community support network of the Care Teams to strengthen assistance for elderly persons in need;

(e) reference should be drawn from the Hong Kong Housing Society's elderly housing projects, such as Casa Sierra (an elderly-friendly estate developed under the ageing-in-place concept) and Tanner Hill (an elderly housing project with professional healthcare facilities), to plan and develop integrated and diversified elderly service districts at suitable locations (e.g. the Northern Metropolis);

(f) at present, about 5% of the total domestic gross floor area in public housing development projects was reserved for welfare facilities. It was suggested that this proportion be reviewed in a timely manner, and that the reserved spaces be effectively utilised to provide more suitable elderly services, thereby addressing the community needs arising from an ageing population;

(g) in light of the increasing demand for elderly services, it was suggested that neighbourhood elderly centres and day care centres for the elderly be established in all ageing neighbourhoods. Besides, as certain facilities and spaces originally designated for youth service in many older public housing estates and ageing neighbourhoods were outdated, consideration should be given to convert them into elderly service facilities, with a view to effectively revitalising idle community spaces and optimising resource efficiency;

(h) in view of the ageing society trend, it was suggested that the quota for the Community Care Service Voucher for the Elderly (CCSV) be

increased progressively on an annual basis to strengthen community care support and effectively shorten the waiting time for elderly services;

(i) the current eligibility criteria for CCSV were relatively stringent, applying only to elderly persons who had been assessed under the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES) as suitable for community or residential care services, who were on the Central Waiting List (CWL) for Subsidised Long Term Care Services, and who were not yet receiving any residential care or subsidised community care services. It was suggested that these eligibility criteria be relaxed to allow elderly persons who were not on the CWL – provided they were assessed as eligible under the SCNAMES – to apply for the CCSV, thereby broadening policy coverage and providing more flexible community support;

(j) Assessment manpower under the SCNAMES should be increased to expedite the review process and shorten waiting time for elderly persons, while publicity and educational efforts should be stepped up to comprehensively raise awareness of the mechanism among elderly persons and the general public;

(k) in alignment with the policy directive of "developing universities for the aged to address the spiritual and cultural needs of the elderly" as set out in the 15th National Five-Year Plan, proactive efforts should be made to strengthen the promotion and publicity of the Opportunities for the Elderly Project and the Elder Academy Scheme so as to further enrich the spiritual and cultural life of the elderly and deeply root the concepts of lifelong learning and active ageing within the community;

<u>Elderly Healthcare Services</u>

(l) efforts to promote the Voluntary Health Insurance Scheme should be stepped up to encourage elderly persons with financial capability to make good use of private healthcare services, thereby effectively alleviating the burden on the public healthcare system;

(m) leveraging DHCs, sustained efforts should be made to advance the medical-social collaboration model, while enhancing cooperation and resource integration between the medical and social welfare sectors to

build a more robust primary healthcare network at the community level;

(n) reference should be made to the World Health Organisation's "Integrated Care for Older People" (ICOPE) framework. By adopting its six key intrinsic capacities, namely cognition, mobility, nutrition, vision, hearing and psychology, more targeted health management and intervention measures could be formulated, thereby comprehensively enhancing the overall health and quality of life of elderly persons in Hong Kong;

(o) further development of primary healthcare should be promoted to enhance the long-term fiscal and service sustainability of the public healthcare system. It was also suggested that home-based healthcare services for elderly persons should be strengthened progressively, with arrangements made for doctors to conduct home visits, particularly for old-olds with mobility difficulties or terminally-ill patients who had opted for dying in place;

(p) electronic versions of "advance medical directives" (AMDs) and "do-not-attempt cardiopulmonary resuscitation (DNACPR) orders" should be accepted as legally valid proofs to streamline verification procedures for frontline healthcare staff, and provide greater convenience for elderly persons and their families in implementing end-of-life care arrangements;

(q) many Hong Kong elderly residents still harboured concerns about retiring in the Greater Bay Area (GBA), such as the difficulty of emergency transfer back to Hong Kong for medical treatment in the event of critical illness. It was suggested that the cross-boundary transportation network and ambulance services be enhanced to provide timely, convenient and safe cross-boundary transfer arrangements for patients in need;

<u>Exchange and Collaboration with the GBA</u>

(r) liaison and policy coordination with the GBA on elderly services should be enhanced to actively encourage Hong Kong elderly residents to retire and enjoy their golden years in the GBA;

(s) it was suggested that integration with the GBA medical system be strengthened, including promoting professional and academic exchanges with the Mainland healthcare sector, encouraging Hong Kong geriatricians and related specialists to provide on-site professional diagnostic and treatment services to Hong Kong elderly residents retiring in Mainland GBA cities, and exploring the use of Artificial Intelligence technology to translate medical reports and health records from treatments received on the Mainland into English, thereby facilitating cross-boundary medical record sharing and ensuring a seamless continuum of treatment for those returning to Hong Kong for medial treatment;

(t) regarding concerns over the applicability of elderly persons' medical insurance and related insurance policies in Mainland GBA cities, it was suggested that active discussions be pursued with the Mainland on expanding cross-boundary healthcare coverage;

(u) the macro-understanding of the Mainland's social welfare system among Hong Kong's social welfare practitioners should be enhanced. For instance, consideration could be given to collaborate with tertiary institutions and professional bodies to incorporate GBA social welfare policies and practical information into the continuing professional development curricular for social welfare professionals (including registered social workers), while strengthening exchanges and collaboration with the social welfare and philanthropic sectors in the GBA;

(v) it was suggested that a mutual qualification recognition mechanism be established between Hong Kong and GBA frontline staff in the elderly service (such as health workers and care workers). This would not only promote service integration and professional exchange between the two places, but also effectively broaden talent acquisition channels to alleviate the manpower shortage in Hong Kong's elderly service sector;

<u>Gerontechnology</u>

(w) Hong Kong's densely populated metropolitan environment rendered it an ideal base for gerontechnology data collection, research and scenario

testing. It was suggested that proactive collaboration be forged with the innovation and technology sector in the GBA to establish a gerontechnology research and development (R&D) base in Hong Kong, with a view to capitalising on the complementary strengths of both places and expediting the commercialisation and industrialisation of gerontechnology products; and

(x) it was suggested to promote the R&D and local manufacturing of high-quality and affordable gerontechnology products, such as companion and care robots, to enhance the physical and mental health, quality of life and home safety of elderly persons.

11. Mr CHOY Kwan-wing, Chief Manager/Management (Support Services Section 2), Housing Department (HD), stated that there were currently approximately 740 000 elderly persons aged 60 or above residing in public housing estates under the Hong Kong Housing Authority (HKHA), accounting for around 35% of total public rental housing tenants. To comprehensively cater for the diverse needs of elderly tenants, the HKHA had introduced and implemented various support measures dedicated to creating a liveable, inclusive and friendly living environment that fostered a sense of belonging for elderly persons. The HD welcomed Members' views on the future planning of relevant elderly support measures.

12. Mr MAK Chun-yu, Edward, Deputy Secretary for Health 2, HHB, added that the HHB placed great emphasis on the long-term development of primary healthcare. A bill would be introduced to establish city-wide development of primary healthcare service standards and develop a multi-disciplinary service network, covering the governance structure and quality assurance mechanism, among others, to ensure the long-term sustainability of the healthcare system. Besides, DHCs would serve as the unified service entry point to actively and continuously advance medical-social and cross-sectoral collaboration, thereby comprehensively enhancing elderly medical and care services. Furthermore, the HHB would continue to strengthen exchange and collaboration with the Mainland; for instance, the Elderly Health Care Voucher (EHCV) GBA Pilot Scheme had fully covered nine Mainland GBA cities, with a steady increase in the usage of EHCVs at pilot medical institutions. The role of eHealth as the core system for cross-boundary medical data sharing would be continuously reinforced to more effectively support citizens' cross-boundary healthcare needs. Once the relevant functions of eHealth were fully in place, the HHB would introduce a new measure enabling the direct making of and access to electronic AMDs on the platform.

[Post-meeting note: The Advance Decision on Life-sustaining Treatment Ordinance (the Ordinance) stipulated that a DNACPR order must be made in writing and in paper form. Since a DNACPR order might need to be executed outside a hospital in an emergency, accepting an electronic copy was not feasible. In such circumstances, healthcare professionals and rescuers must make split-second decisions. Given that rescue operations were a matter of seconds, and considering factors such as whether electronic devices or equipment were readily accessible and retrievable, a physical written order issued in a specified form enabled them to instantly verify the validity of the order and make sound judgements accordingly. In addition to the original order, the Ordinance accepted a true copy certified by a registered medical practitioner or a solicitor practising in Hong Kong as valid proof of the order, thereby enhancing greater convenience for patients and carers.]

13. Ms LAU Yim, Alice, Permanent Secretary for Labour and Welfare, thanked Members for their valuable views on Hong Kong's first Five-Year Plan, and shared the future planning directions for elderly services as follows:

(a) the formulation of Hong Kong's first Five-Year Plan called for a longer-term perspective in charting the course for medium-to-long-term policy development. Given that an ageing community would significantly drive up the demand for elderly services, ensuring the sustainability of elderly care services required alignment with intelligent, data-driven and market-oriented developments. This could be achieved by introducing innovative technologies, leveraging big data analytics and proactively engaging market forces and resources to comprehensively optimise service delivery and efficacy;

(b) as the elderly population continued to grow, notable shifts in its demographic structure and characteristics were expected. The new generation of elderly persons would not only have a longer life expectancy, but also higher education attainment, stronger financial means and substantially improved information technology literacy, leading to an increasingly keen demand for the quantity and quality of elderly services, and rendering an inevitable shift towards intelligent development in elderly policies and measures. Given that many products currently available in the market adopted European or Japanese standards, which entailed relatively higher costs and selling prices, future efforts should focus on promoting alignment with national

standards and actively embracing products that adopted technical standards from a wider range of regions. This would enhance the adoption and accessibility of gerontechnology to benefit more elderly persons;

(c) data-driven development was a key pillar in effectively supporting ageing in place. A case in point was the recently launched pilot scheme to install intelligent accident detection systems for high-risk singleton and doubleton elderly households, which enabled real-time detection, early intervention, and prompt assistance. In formulating Hong Kong's first Five-Year Plan, the Government would, having regard to the scheme's effectiveness, consider ways to scale up the relevant measures;

(d) the Government's current measures to encourage elderly persons to retire in Mainland GBA cities had achieved satisfactory outcomes. Going forward, the Government would build on the existing foundation to review the implementation experience of relevant schemes, with a focus on collecting and analysing more specific data, such as the out-of-pocket medical expenses incurred by elderly participants of the "Residential Care Services Scheme in Guangdong – Pilot Medical Subsidy Arrangement" under the coverage of the National Basic Medical Insurance Policy, as well as evaluating the adequacy of current government subsidies, etc. Such key data would serve as a basis for future comprehensive reviews and ongoing optimisation of cross-boundary elderly care policies, with a view to establishing a more robust support mechanism to assist elderly persons in moving to Mainland GBA cities for retirement;

(e) as the health conditions and financial capacity of elderly persons were expected to improve markedly in the future, the positioning of elderly services should be elevated from basic care to life enrichment. Taking the Elder Academy Scheme as an example, the Government would continue to provide a diverse range of lifelong learning programmes for elderly persons. Meanwhile, by actively capitalising on the opportunities presented by silver economy and further promoting the market-oriented development of elderly services, the Government aimed to guide and incentivise the market to deliver higher-quality, affordable services that were tailored to the needs of elderly persons

who did not rely on public resources, thereby offering broader range of retirement options for those with financial capacity; and

(f) the Labour and Welfare Bureau would collate Members' views on elderly services for consideration when participating in the formulation of Hong Kong's first Five-Year Plan. Views pertaining to other policy areas would be relayed by the Secretariat to the concerned bureaux for consideration.

[Post-meeting note: The Secretariat referred the relevant views to the concerned bureaux on 25 June 2026.]

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

14. Miss KWAN Hiu-yeung, Helen, Secretary to the Commission, reported that the first round of funding applications to the Elder Academy Development Foundation (EADF) in 2026-27 was closed on 31 May 2026, with a total of 21 applications received. The Committee on EADF would assess the funding applications in due course.

Agenda item 6: Any Other Business

15. Miss KWAN Hiu-yeung, Helen, Secretary to the Commission, reported on the latest progress made by the Development Bureau (DEVB) in promoting elderly-friendly building design as follows:

(a) the DEVB and the Buildings Department consulted the Elderly Commission in March 2024 on initiatives to promote elderly-friendly building design, and circulated relevant proposals to Members by email in December 2024;

(b) the DEVB held two briefing sessions on "Elderly-Friendly Building Design Requirements" on 18 May 2026 for representatives of the associations / organisations in the residential care home (RCH) sector and representatives of non-governmental organisations operating RCHs for the elderly (RCHEs) or RCHs for persons with disabilities (RCHDs)

subvented by the Social Welfare Department respectively, introducing the relevant design requirements and their scope of application. On 27 May 2026, the DEVB submitted legislative amendments to the Legislative Council to implement the mandatory elderly-friendly building design requirements, which included 13 mandatory requirements applicable to common areas of buildings, and three mandatory requirements applicable to residential units within such buildings;

(c) the legislation would apply to residential buildings, commercial buildings and buildings with residential or commercial units, including RCHEs and RCHDs; and

(d) the legislation would apply only to new buildings and the parts of existing buildings undergoing alteration and addition works. Existing buildings completed before the commencement of the legislation would be exempt from improvement works to meet the new mandatory requirements. The legislation was expected to take effect on 1 August 2026. For details, please refer to the Secretariat's email issued to Members on 1 June 2026.

Time of Adjournment

16. The meeting was adjourned at 4:30 pm.

Date of Next Meeting

17. The next meeting was tentatively scheduled for 16 September 2026 (Wednesday). The Secretariat would advise Members of the meeting details in due course.

August 2026