

(Translation)

**Elderly Commission**  
**Minutes of the 116th Meeting**

Date: 24 September 2024 (Tuesday)

Time: 3:00 p.m.

Venue: Conference Room 4, 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

Prof LAI Wing-leung, Daniel

Prof LAM Chiu-wa, Linda

Mr LAU Tat-chuen

Mr LIT Hoo-yin, Horace

Dr LUK Ka-hay, James

Ms MAN Wei-yin, Queenie

Mr NGAI Shi-shing, Godfrey

Mr SIU King-wai, Kyrus

Ms WONG Chor-kei, Macy, MH

Ms LAU Yim, Alice, JP

Ms LEE Pui-sze, Charmaine, JP

Dr PANG Fei-chau

Dr HO Lei-ming, Raymond

Ms CHOW Chi-ming, Winnie

Permanent Secretary for Labour and  
Welfare

Director of Social Welfare

Commissioner for Primary Healthcare,  
Primary Healthcare Commission, Health  
Bureau

Assistant Director of Health (Elderly  
Health)

Senior Housing Manager (Tenancy  
Management Policy), Housing  
Department

Dr CHING Wai-kuen

Director (Strategy and Planning),  
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 LAW Lai-tan, Linda

Principal Assistant Secretary for Labour  
and Welfare (Welfare) 3

Ms SHING Wan-ching, Karen

Assistant Commissioner (Digital  
Inclusion and Research), Innovation,  
Technology and Industry Bureau

Mr CHAN Yee, Wilson

Chief Management Services Officer  
(Digital Inclusion and Research) 2,  
Innovation, Technology and Industry  
Bureau

Ms HO Koon-ling, Rosanna

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

**Absent with apologies**

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

Ms CHAN Man-yee, Grace

Ms IP Shun-hing, BBS, MH, JP

Dr LEE Shun-wah, Jenny

Mr MA Heng, Theodore

Mr SU Yau-on, Albert, MH, JP

Ms YU Chui-yee, 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, in particular new member Mr NGAI Shi-shing, Godfrey, and Ms CHOW Chi-ming, Winnie, Senior Housing Manager (Tenancy Management Policy), Housing Department, 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 115th 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 2024. The minutes were confirmed.

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

4. There were no matters arising from the 115th meeting.

### **Agenda item 3: Digital Inclusion Programme for the Elderlies**

5. With the aid of presentation slides, Ms SHING Wan-ching, Karen, Assistant Commissioner (Digital Inclusion and Research) of the Innovation, Technology and Industry Bureau, briefed Members on the Digital Inclusion Programme for the Elderlies (Inclusion Programme) under the Social Innovation and Entrepreneurship Development Fund (SIE Fund).

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

- (a) the promotion of the overall digital policy was supported in order to create an elderly-friendly digital environment and facilitate effective and secure use of digital technology by elderly persons, thereby enabling their full integration into the digital society;
- (b) it was enquired whether the existing Information and Communications Technology Outreach Programme for the Elderly (Outreach Programme) would continue to be implemented and how it would complement the Inclusion Programme to create greater synergy;

- (c) as elderly persons might suffer from declined memory and a lack of confidence in using electronic products, it was suggested that they should be provided at the initial learning stage with more tryouts of different electronic products and applications facilitating their daily life, frequent learning opportunities, and readily available personalised technical support for those in need;
- (d) there was concern over how, at the policy level, the long-term development of digital society would be supported, and whether targets were set under the Inclusion Programme, such as the respective percentages of persons acquiring digital competence in different age groups within certain years;
- (e) it was suggested that implementing organisations of the Inclusion Programme should focus on not only achieving pre-defined key performance indicators (KPIs), but also enhancing the learning quality of the elderly participants. To better understand the needs of elderly persons aged between 70 and 90 in respect of digital technology, a community survey might be conducted, so as to develop tailor-made teaching materials to facilitate daily application (e.g. electronic food ordering); and
- (f) to boost the elderly's confidence and sense of achievement while alleviating their anxiety in learning and using digital technologies, several suggestions were made. These included adopting a positive and relaxed teaching approach, providing elderly persons with personal consultation services or a dedicated hotline to offer support for their learning enquiries, recruiting digitally-literate elderly persons as tutors, reducing personal particulars to be inputted for using applications, and offering learning incentives such as e-coupons.

7. In response to Members' views and questions, Ms SHING Wan-ching, Karen, gave a consolidated reply as follows:

- (a) apart from carrying out targeted promotion of the Inclusion Programme amongst the elderly to boost their participation, the Government also encouraged young people to leverage on their digital knowledge to help elderly persons better understand and adopt digital technologies. In addition, implementing organisations would publicise the Inclusion Programme to various local stakeholders in order to develop an elderly-

friendly digital environment in a collaborative manner;

- (b) the Outreach Programme and other digital inclusion initiatives currently implemented by the Digital Policy Office (DPO) would continue. Together with the Inclusion Programme under the SIE Fund, they could facilitate more effectively elderly persons' integration into the digital era and allow them to enjoy benefits brought about by digital technologies. The two programmes were intended for different target groups and had unique objectives. The Outreach Programme aimed at providing digital living experiential activities for elderly persons at locations such as residential care homes for the elderly and day care centres. The Inclusion Programme sought to set up community-based help desks at suitable locations, such as community centres, in various districts to provide regular and fixed-point digital training and technical support for elderly persons aged 60 or above, in particular singleton or doubleton elderly persons living in old districts and public housing. In line with the elderly's daily needs, the training and support covered topics such as smartphone operation, use of digital government services and cyber security, with a view to enhancing their interest and capability in digital adoption. Elderly persons who had mastered relevant basic knowledge could further enrol in other advanced digital training courses offered by the DPO. Upon course completion, they could serve as volunteers to help their peers acquire digital knowledge, thereby promoting the goal of social inclusion. The Inclusion Programme was expected to benefit at least 100 000 elderly persons;
- (c) under the Inclusion Programme, experienced staff or volunteers would station at community-based help desks to provide elderly persons with easily accessible assistance, one-on-one technical support for problems on digital adoption and specific assistance regarding individual problems in using digital technologies. To help elderly persons understand and utilise digital technology products and services in a more effective manner, the training courses would cover applications closely related to their daily lives, including iAM Smart, HA Go and 18 CM Clinics, amongst others;
- (d) the Government would timely review the Inclusion Programme, taking into account its implementation progress, effectiveness and operational

experience, with a view to enhancing its integration with other related programmes of the DPO and aligning with the digitalisation trend in social development;

- (e) implementing organisations of the Inclusion Programme were required to submit regular operation reports on the progress in achieving KPIs, so as to facilitate effective monitoring by the SIE Fund. These KPIs included the number of elderly beneficiaries, training sessions conducted and help-desk service points provided, as well as participants' level of satisfaction; and
- (f) the DPO would regularly report the implementation progress of the Inclusion Programme to the Steering Committee on District Governance led by the Chief Secretary for Administration. The Office would also approach different bureaux/departments for the latest information on or applications for bringing convenience to the elderly's daily life, thereby facilitating timely reviews of the programme as appropriate.

#### **Agenda item 4: Implementation Progress of the Primary Healthcare Blueprint**

8. With the aid of presentation slides, Dr PANG Fei-chau, Commissioner for Primary Healthcare of the Health Bureau (HHB), briefed Members on the latest progress on the establishment of the Primary Healthcare Commission and the development of primary healthcare.

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

- (a) as there was then a large number of senior citizens applying for the services of Elderly Health Centres (EHCs) under the Department of Health (DH), the waiting time for membership enrolment was generally rather long. It was enquired whether elderly healthcare services would be enhanced, or whether District Health Centres (DHCs) would share some of the workload upon reorganisation of the EHC service model in the future, so as to alleviate the short supply of EHC services;
- (b) as the public might have reservations about registering as DHC members,

it was enquired how such situation could be improved and what progress DHCs had made in member recruitment;

- (c) given that most of the non-governmental organisations operating DHCs also provided various social welfare services, it was enquired whether medical-social collaboration would be strengthened, so as to promote cooperation between the healthcare and social service sectors and expand the healthcare network at the district level;
- (d) since about 30% to 40% of the Hong Kong population were diagnosed with diabetes or prediabetes, it was enquired whether clinical KPIs, such as indicators of diabetes management, had been set under the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme); and
- (e) it was suggested that the promotion of the CDCC Pilot Scheme should be targeted at people aged 40 and above for early disease prevention, and that the medical interests of participating doctors should be made available for the public's reference to facilitate their pairing with family doctors.

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

- (a) elderly health was a major component in primary healthcare development. Recent reviews had shown that services provided by the existing 18 EHCs under the DH overlapped considerably with those of general out-patient clinics (GOPCs), prompting a need for reorganisation and gradual integration with DHCs. At present, EHCs were mainly responsible for health education, disease prevention and provision of healthcare services, including general pain treatment, fall prevention and post-fall treatment, dementia treatment and chronic disease management. In the future, some of the above-mentioned health education and preventive work could be undertaken by DHC's nurse clinics and allied health services. The HHB would re-examine the existing healthcare services provided by EHCs to ensure alignment with the CDCC Pilot Scheme and other additional services at DHCs, with a view to providing the public with comprehensive, effective and more diversified primary healthcare services. Members would be timely informed of the latest progress;

- (b) DHCs acted as co-ordinators of primary healthcare services in the community. Members of the public who wished to receive services at DHCs were required to register as members and agree to enrol in the Electronic Health Record Sharing System (eHealth), so that their information deposited with private practitioners, GOPCs and/or specialist out-patient clinics could be consolidated for storage in a personal health account to enable two-way sharing between public and private healthcare providers. The circulation of clinical information was crucial not only to citizens' management of chronic illnesses or disease prevention, but also to primary healthcare development. The HHB would step up publicity on the necessity of the membership system. The number of DHC members increased from approximately 80 000 last year to nearly 300 000 at present;
- (c) the HHB was actively exploring suitable medical and health areas, such as mental health, palliative care and end-of-life care services, for more effective development of medical-social collaboration to enhance primary healthcare services in the community;
- (d) under the CDCC Pilot Scheme, the Government provided incentives for participants with diabetes mellitus or hypertension and their family doctors for achieving targets. For participants, the incentive would be counted from the second programme year upon entering the treatment phase as an encouragement for enhancing their self-management capabilities. Once the participants had achieved certain health incentive targets (such as having their health indexes monitored and subsequently uploaded to the eHealth mobile application, attended follow-up consultations regularly, completed health education programmes or undergone laboratory investigations as advised), they would enjoy a maximum reduction of \$150 in co-payment fee for their first subsidised consultation in the following programme year. On the family doctors' side, they would receive incentive payment should 70% of the participants under their care achieved the health incentive targets in regulating blood glucose and blood pressure levels. The amount of incentive payment was equivalent to 15% of the total amount of Government subsidy, the Government-recommended consultation co-payment fee and the number of actual subsidised consultations attended by participants who had achieved their incentive targets. The Government had commissioned The University of Hong Kong to conduct a study to assess the extent to which the KPIs of the CDCC



Pilot Scheme were met and its overall performance. Refinements would be made where necessary to ensure its effectiveness;

- (e) nearly half of the CDCC Pilot Scheme participants were aged between 45 to 55, which was younger than expected. The proportion of males was lower as compared to females. The HHB would proactively explore ways to increase the male participation rate; and
- (f) participating family doctors under the CDCC Pilot Scheme were required to provide long-term comprehensive follow-ups including immunisation, chronic disease screening and management, as well as mental health care. For the time being, the HHB did not have any plans to categorise participating family doctors by their area of medical interest.

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

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

11. Ms CHAN Ah-wing, Ivy, Secretary to the Commission, reported that the fifth joint meeting of the two working groups would be held in the fourth quarter this year. The date of meeting and items for discussion would be announced in due course.

#### Committee on Elder Academy Development Foundation

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

- (a) the Committee on Elder Academy Development Foundation (EADF) endorsed in August this year the recommendation of the Vetting Sub-committee to provide funding support to 31 Elder Academy (EA) applications, involving a total of about \$2.4 million. The second round of funding applications in 2024-25 would be closed on 31 October this year; and
- (b) the Secretariat of the Committee on EADF would, in collaboration with the Hongkong Bank Foundation, introduce a new EA financial literacy course within this year. The Secretariat was now preparing for a launch

ceremony tentatively scheduled for early November this year. A formal invitation would be extended to Members when the date was confirmed.

(Posting-meeting note: The Secretariat invited the Chairman and Members to attend the ceremony scheduled for 5 November 2024 by email on 10 October this year.)

**Agenda item 6: Any Other Business**

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

**Time of Adjournment**

14. The meeting was adjourned at 4:10 p.m.

**Date of Next Meeting**

15. The next meeting was tentatively scheduled for 12 December 2024. The Secretariat would advise Members of the meeting details in due course.

November 2024