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## Views

### Pool together our efforts to achieve ageing-in-place

It is indisputable that the population of Hong Kong is ageing, a forward looking and systematic planning to deal with the ageing population by the government is of utmost importance. The Chief Executive announced in his Policy Address in January 2014 that the Government would task the Elderly Commission (EC) to formulate the Elderly Services Programme Plan (ESPP) to plan elderly services up to 2030. To take forward the task, EC has set up a dedicated working group to start consultation in three stages and the last stage was conducted in October last year. The aim was to have a thorough discussion about ESPP and come out with a consensus.

There was neither standing organisation nor long term welfare planning after 1999. Though ESPP was no comparison to other comprehensive welfare strategic planning, it was still an active initiative against future challenges to elderly services. Unfortunately every stage of consultation was criticised for lacking of transparency and not user-friendly by social service sector, elders and concerned parties, furthermore, the participation from the most important stakeholder in the policy planning, ie. elders and their carers, were partial. As a matter of fact, all social policies planning should not depart from the welfare of its citizens, as the impact on caring for elders for the coming 10 years would be far-reaching, users' participation can ensure opinions from the elders and their carers were taken seriously and no wonder its consultation process aroused much attention/criticism.

Suggestions from ESPP were significantly below expectation of all concerned parties, that it was not comprehensive, lacking in prioritisation of strategies, the ratio of community care and hostel care was questioned for unable to work out "ageing-in-place". The supply and demand for elderly service has long been out of balance, over 5,000 elders passed away while queuing for hostel service, community care cannot provide timely service and quality of private homes varied coupled with a chain of elder abuse cases. All parties put high hope on ESPP, wished that it would come out with a comprehensive plan, output and a time table to bring long term improvement. If the government would consider criticism from the sector positively as care and concern for our older generation, to include elders and their carers into a higher level of central planning mechanism, such as EC, and not district monitoring mechanism as suggested in ESPP, then they could participate in formulation of policies, reviewing and monitoring, henceforth the future long term caring service could be devised in a more people-oriented way.

As expected by most elders and their carers, the most important strategic direction of ESPP was to achieve ageing-in-place through enhancing community care service, the problem is, how to implement? The consulting team tried their best to come up with suggestions in 7 areas in reducing hospitalisation and achieving ageing-in-place. However, if these areas could be rationalised and a more systematic framework could be established to focus the attention to implement ageing-in-place strategies based on the needs of elders and their carers, in terms of systematic case management and assessment, timely and sufficient home based, day care and emergency support service, accessible community medical care etc; and at the same time strengthen effective policies say, a mechanism to ensure quality service, sufficient manpower and facilities planning, age-friendly home and environment, prevention of illness and medical-social collaboration, financial assistance to elders and their carers and hospice service at home, we are sure that our common vision of ageing-in-place would be more effectively and constructively accomplished.

Ageing-in-place involves extensive scopes of policies namely, social welfare, medical, housing, land planning, urban renewal etc. It is worth our attention whether EC is the appropriate mechanism in the long run to mobilise inter-bureau collaboration, therefore, it is also suggested setting up a long term caring bureau with specialised responsibilities. It would take further discussion to decide on whether setting up specialised department as well as its role and operation. Nevertheless, heading towards the direction of ageing-in-place, concerted effort from inter-bureau and inter-departmental is a must.

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