FUNDING AND SERVICE AGREEMENT[1]

District Elderly Community Centre

(A) Service Definition

(1) Introduction

A District Elderly Community Centre (DECC) (the Service) provides district-based services with a wide range of welfare services for the elderly and their carers for building a social support network in the community.   The DECC performs a key co-ordinating function in the district to collaborate with Neighbourhood Elderly Centres (NECs) and other community services units for supporting elderly persons in the district.

Support Teams for the Elderly (STE) are set up in DECCs for providing dedicated support and assistance to vulnerable elders, such as those living alone with limited support network.   The DECC also implements the Dementia Community Support Scheme (DCSS) for supporting elderly persons with dementia as well as their carers.

(2) Purpose and Objectives

The DECC aims to support elderly persons in the community with the following purpose and objectives –

(a) to enable elderly persons to lead a respectful and dignified living in the community;

(b) to promote healthy and active ageing in a caring community;

(c) to identify vulnerable elders through outreaching services of the STE and build social support network in the community; and

(d) to provide community support services to elders with mild to moderate dementia and their carers through a social-medical collaboration model under the DCSS, for enhancing their functional abilities and quality of life.

(3) Service Nature and Contents

A DECC provides a wide range of support services for the elderly persons, carers and the community at large, including –

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[1] This Funding and Service Agreement is a sample document for reference only.

    (a) counselling services;
    (b) social, educational and developmental programmes;
    (c) carer support services;
    (d) volunteer development;
    (e) promotion of digital technology and gerontechnology
    (f) pre-retirement planning;
    (g) dementia care services;
    (h) referral of community resources and welfare services;
    (i) needs assessment including standardised care needs assessment in accordance with interRAI-Home Care (version 9.3);
    (j) collaboration with other welfare service units and local stakeholders such as the District Health Centre/District Health Express, Elderly Health Service, hospitals/clinics, etc. for promoting community care and healthy ageing;
    (k) co-ordination with the Neighbourhood Elderly Centres and other community support services units in the sub-districts to identify the specific service needs of the locality and providing services to meet the needs as steered by the respective District Social Welfare Officers;
    (l) outreaching support and networking activities for vulnerable elders through the STE (please refer to **Annex I**); and
    (m) support service for elderly persons with mild to moderate dementia and their carers under the DCSS (please refer to **Annex II** and the Operational Guidelines on DCSS - Version 2.3).

(4) Target Service Users

    (a) The target service users of DECC are elderly persons aged 60 or above and their carers residing in the respective district.

    (b) The target service users of STE are vulnerable elders who may be living alone with ill health

    (c) The target service users of DCSS are elderly persons with mild to moderate dementia and their carers.

(5) Referrals

Elderly persons and/or their carers may directly approach the DECC for services. For target service users of DCSS, referrals should be made by social workers.

(B) Service Performance Standards

(6) Essential Service Requirements

The Service Operator is required to meet the Essential Service Requirements according to the Terms and Requirements of Specific Service Unit at **Annex III.**

(7)   Service Output and Outcome Standards

The Service Operator is required to meet the service output and service outcome standards according to the Terms and Requirements of Specific Service Unit at **Annex III.**

(8)   Service Quality Standard

The Service Operator shall meet the requirements of the 16 Service Quality Standards (SQSs).

(C)   Subvention

(9)   The Service is subvented by the SWD under the Lump Sum Grant (LSG) Subvention System and the basis of subvention is set out in the notification letter issued by the SWD.   The Service Operator is required to observe the rules of subvention according to the prevailing LSG Subvention Manual, circulars, guidelines, management letters and relevant correspondence issued by the SWD. The Government will not accept any liabilities or financial implications arising from the Service other than the amount of subvention as approved by the SWD.

(10)   The amount of subvention has taken into account the personal emoluments of staff, including provident fund for employing qualified staff, and other charges (covering all other relevant operating expenses such as utilities, programme and administrative expenses, minor repairs and maintenance, employees' compensation insurance and public liability insurance, etc.) applicable to the operation of the Service and recognised fee income, if any.   Rent and rates in respect of the premises recognised by the SWD for delivery of the Service will be reimbursed separately on an actual cost basis.

(11)   Upon the Service Operator's acceptance of the Funding and Service Agreement (FSA), payment of subventions will be made on a monthly basis.

(D)   Validity Period

(12)   This FSA is valid for a time-defined period.   Should the Service Operator breach any terms or condition of this FSA and fail to remedy the same in such manner and within such time as shall be specified in a written notice from the SWD, the SWD may, after expiry of such notice, terminate this FSA by giving 30 days' notice in writing to the Service Operator.

(13)   Where there is any change to the service performance standards within the agreement period, the SWD will seek mutual agreement with the Service Operator

and the Service Operator will be required to achieve new requirements in accordance with the specified implementation schedule.

(14) Renewal of the FSA for the next term, will be subject to relevant considerations such as the prevailing policy directive, service needs and the performance of the Service Operator.   SWD reserves the right to reallocate the Service.

(15) The SWD may immediately terminate the FSA upon the occurrence of any of the following events –

  (a) the Service Operator has engaged or is engaging in acts or activities that are likely to constitute or cause the occurrence of offences endangering national security or which would otherwise be contrary to the interest of national security;

  (b) the continued engagement of the Service Operator or the continued performance of the FSA is contrary to the interest of national security; or

  (c) SWD reasonably believes that any of the events mentioned above is about to occur.

(E) Others

(16) In addition to this FSA, the Service Operator shall also comply with the requirements according to the relevant Service Specifications, and the Service Operator's proposal and supplementary information, if any.   Where these documents are in conflict, this FSA shall prevail.

(17) In the event of any dispute or difference arising out of or in connection with the FSA, the SWD and the Service Operator shall first refer to mediation in accordance with The Government of the Hong Kong Special Administrative Region Mediation Rules prevailing at the time.   If the said dispute or difference is not settled by mediation, the SWD or the Service Operator may institute litigation / arbitration in respect of the said dispute or difference.   The SWD and the Service Operator agree that the courts of Hong Kong shall have exclusive jurisdiction in respect of the said dispute or difference.

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Support Teams for the Elderly

Support Teams for the Elderly (STEs) are attached to District Elderly Community Centres for supporting elderly persons who are in need of assistance while living in the community.

Purpose and Objective

2. The objective of the STE is to provide outreach services to vulnerable elderly persons, enhance social networking in the communtiy and promote senior volunteerism.

Service Nature and Content

3. The service scope of STE includes the following:

   (a) identify vulnerable elderly persons through an outreach approach;
   (b) assess service needs of vulnerable elderly persons and arrange appropriate services for them;
   (c) recruit, assess and train volunteers of all ages, including individuals and volunteer organisations, and to maintain an up-to-date list of volunteers;
   (d) engage community members and volunteers to establish connections with vulnerable elderly persons;
   (e) provide support services for vulnerable elderly persons, including:
      - regular contact through home visits and telephone calls;
      - emotional support;
      - introduction to community resources;
      - simple personal assistance, such as arranging escort to clinics, handling simple household chores;
      - referral for welfare services and community resources.
   (f) to mobilise senior volunteers to support their counterparts or other needy groups.

4. The Service Operator is required to maintain a up-to-date database of STE for arranging support services for vulnerable elderly persons, and capture statistical information about vulnerable elderly persons in the locality.

Target Service Users

5. The target service users of STE are :

    (a) Vulnerable elderly persons aged 60 or above who are in need of support services while living in the community within defined boundary, such as:
         • living alone;
         • having limited social network;
         • in poor health;
         • living in unfavorable environment; or
         • having a high degree of social isolation.

    (b) Volunteers of all ages who are interested in serving elderly persons, including:
         • individuals and volunteer organisations; and
         • senior volunteers aged 60 or above.

Dementia Community Support Scheme

The Dementia Community Support Scheme (DCSS)[Note 1] provides support services to elderly persons with mild or moderate dementia and their carers in the community through a social-medical collaboration model involving the participation of District Elderly Community Centres (DECCs) and the Hospital Authority (HA).

Purpose and Objective

2.   Through a social-medical collaboration model, DECCs provides community support services to elderly persons with mild or moderate dementia for enhancing their functional level and quality of life, and relieving carers' stress.   DCSS also aims at enhancing the capacity and expertise of the staff of DECCs for providing dementia support services to elderly persons with mild or moderate dementia, so that in the long run, reliance on HA specialist services may be alleviated when those suffering from early dementia and their carers can acquire relevant support services in the community.

Service Nature and Contents

3.   The DCSS is operated in accordance with the Operations Guidelines on DCSS (version 2.3), providing structured intervention programmes for elderly persons with mild or moderate dementia and their carers at DECCs in a dementia-friendly environment, with an aim to delay their functional and cognitive decline.   The service scope of DCSS includes the following -

(a)   formulating an Integrated Care Plan (ICP) for each participant based on the standardised assessment tools under the social-medical collaboration platform so as to address the core domains of dementia in respect of cognitive decline, functional decline, behavioural and psychological symptoms of dementia, physical co-morbidities, psychosocial aspects and carers' stress;

[Note 1] *In February 2017, the Food and Health Bureau (FHB), in collaboration with the Hospital Authority (HA) and the Social Welfare Department (SWD), launched DCSS as a two-year pilot scheme to provide support services to elderly persons with mild or moderate dementia and their carers through a social-medical collaboration model at 20 subvented DECCs. The DCSS was regularised in February 2019 and the services of DCSS was extended to all 41 DECCs in 2019-20.*

(b)   providing appropriate training and support services[Note 2] to elderly persons with mild or moderate dementia and their carers according to their respective ICPs;

(c)   maintaining social-medical collaboration with HA through conducting regular case conferences with the respective HA clinical teams;

(d)   facilitating elderly persons with mild or moderate dementia and their carers to participate in the DCSS, e.g. by granting transport subsidy / escort service with regard to individual circumstances or reviewing the member recruitment plan;

(e)   providing extension programmes, such as programmes specially designed for former DCSS participants, cognitive activities, non-cognitive activities, carer support groups, etc., and appropriate referrals for participants who are discharged from the service; and

(f)   enhancing capacity and knowledge of DECC staff implementing DCSS in handling dementia cases in the community by providing dementia-related training.

Target Service Users

4.   The target service users for DCSS are elderly persons aged 60 or above residing in the community[Note 3], who are;

(a)   patients diagnosed with mild or moderate dementia and referred by HA; or

(b)   members of respective DECCs who are suspected of having features of early dementia (e.g. those assessed to be at Global Deterioration Scale level 4 or above); and

(c)   carers of the elderly persons participating in the DCSS.

[Note 2] *DECCs are highly recommended to provide training and support services under DCSS in a fixed venue by adopting closed group format and frequent group sessions, such as two sessions per week. Involvement of a comprehensive multidisciplinary team with professional and supportive staff designated for the service is also recommended.*

[Note 3] *Elderly persons with mild or moderate dementia living in the community will be included. Elderly persons receiving or known to be going to receive subsidised day care services should not be referred to join the DCSS. Elderly persons receiving, or known to be going to receive other subsidised community and care support services should be accorded lower priority among other suitable patients available at the time.*

Fees and Charges

5.   The service fees for DCSS are specified by the SWD, which are subject to periodic review.   The Serice Operator shall follow the fee-charing principles in accordance with the latest Lump Sum Grant Subvention Manual, service agreement, as well as the Operations Guidelines on DCSS (version 2.3).

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<div align="right">**Annex III**</div>

Terms and Requirements of Specific Service Unit

District Elderly Community Centre
(DECC)

(A) Validity Period

This agreement is valid for a time-defined period**.**

(B) Essential Service Requirements

The Service Operator must comply with the following essential service requirements –

(a) the DECC shall operate at least 6 days a week with a minimum of 48 hours per week (excluding public holidays);

(b) the DECC shall be operated under the supervision of a registered social worker[Note 4] with a recognised degree in social work and relevant experience; and

(c) there must be advanced practising nurse[Note 5], physiotherapist I/ occupational therapist I[Note 6] and registered social worker as essential staff for implementing the DCSS.

(C) Service Performance Standards

Service Output

[Note 4] *A registered social worker refers to a person who is registered under the Social Workers Registration Ordinance (Cap. 505).*

[Note 5] *A nurse refers to any person whose name appears either on the register of nurses maintained under section 5 of the Nurses Registration Ordinance (Cap. 164), or the roll of the enrolled nurses maintained under section 11 of that Ordinance.*

[Note 6] *An occupational therapist/ physiotherapist refers to a person registered under the Supplementary Medical Professions Ordinance (Cap. 359).   Hire of service provided by qualified occupational therapists/physiotherapists is acceptable.*

Service Output Standard (OS)	Service Output Indicator	Agreed Level
1	Average membership in a year	1 000
2	Total number of groups and programmes[Note 7] in a year	500
3	Counselling and therapeutic service provided in a year	
	(a) Monthly average number of active counselling cases with agreed plan[Note 8], and case of hidden / vulnerable elderly	275
	(b) Number of new / activated counselling cases, and cases of hidden / vulnerable elderly	55
	(c) Total number of therapeutic groups for elderly persons	4
4	Total number of interRAI-Home Care version 9.3[Note 9] assessments conducted in a year	65
5	Networking services of STE in a year	
	(a) Total number of elderly persons, who are not known to STE, being contacted by STE	1 200
	(b) Total number of elderly persons who have received STE networking support services	600

[Note 7] *Groups include closed groups (with fixed membership) and open groups but exclude regular meetings. The nature of groups and programmes includes:*
- *promoting psycho-social well-being of elderly persons*
- *meeting the social, educational and developmental needs of elderly persons;*
- *promoting healthy ageing of elderly persons; (Healthy ageing includes health promotion and maintenance programmes which should focus on reducing the risk of aged-related diseases, providing knowledge of common diseases, nutrition and balanced diet, etc., for elderly persons.)*
- *promoting active ageing of elderly persons; (Active ageing refers to the adoption of self-programming group model to empower the elderly persons to initiate, organise and manage their own learning or volunteer programmes by providing necessary support, funding and facilities.)*
- *promoting pre-retirement planning; (Pre-retirement planning includes financial planning, adjustment to change of role, enhancement of spousal relationship and development of personal interest for those who are preparing to retire or just retired.)*
- *promoting application of digital technology and gerontechnology;*
- *volunteer recruitment, development and services;*
- *providing carer support services including mutual support groups and training activities etc.;*
- *providing public education on dementia;*
- *providing support and training to elderly persons with dementia and/or their carers;*
- *providing training to staff, including staff implementing DCSS on dementia; and*
- *providing training activities and programmes for needy carers.*

[Note 8] *Development of plan should include service users' needs, goals, action identified and time frame for achieving or reviewing plans.*

[Note 9] *The interRAI-Home Care (interRAI-HC) Version 9.3 or the prevailing version of interRAI-HC adopted by SWD.*

Service Output Standard (OS)	Service Output Indicator	Agreed Level
	(c) Total number of volunteers[Note 10]	120
6	Total number of carers[Note 11] served in a year	230
7	Total number of support and training programmes / activities for NEC and local stakeholders[Note 12] in identification of needy elderly and carers in a year	36
8	Services for needy carers[Note 13]	
	(a) Total number of supportive groups held in a year for needy carers	6
	(b) Total number of support services to needy carers	200
	(c) (i) Number of needy carers served in a year	100
	(ii) Number of new needy carers served in a year	20
9	DCSS Service	
	(a) Total number of cases participating in DCSS[Note 14] in a year	50
	(b) Total number of training hours under DCSS on cognitive, functioning, psycho-social and carer burden for cases with less/ no carer burden[Note 15] in a	Total no. of cases × 56 hours × 80%

[Note 10] *Volunteers, both from STE and non-STE, include senior volunteers, women volunteers, retiree volunteers and other volunteers. The counting of volunteers should re-start from 1 April of a financial year.   Only those active volunteers as at end of last financial year may be brought forward to April of the reporting year. One volunteer should not be counted more than once in a reporting year.*

[Note 11] *"Carers" refers to those carers participating in supportive groups, activities and programmes conducted by the DECC.   The "No. of carers served" should reflect the number of persons by head count.   One carer should not be counted more than once in one reporting year.*

[Note 12] *The programmes and activities for local stakeholders is for building rapport, service promotion, establishing strategic partnership, identification of needy carers through different ways of contact and enhancing awareness in identification of needy carers.   Outreaching and support services to the needy elderly persons should not be included.   Examples of stakeholders are security guards, local women organisations, church groups, social security field units, etc.   It is not required to report casual phone calls or brief social contacts.*

[Note 13] *Needy carers are those carers taking care of frail elderly persons (i.e. aged 60 or above with poor mobility, ill-health or dementia, etc.) and they may have disability, heavy carer burden or be in advanced age, etc., and in need of social and emotional support.   One needy carer should not be counted more than once in a reporting year.*

[Note 14] *The total number of DCSS cases refer to elderly persons with dementia served under DCSS with commencement of ICP within the reporting year.   The training hours should refer to the core training modules of Integrated Training Programmes while the carer burden should refer to the patient categorization stated in Operations Guidelines on Dementia Community Support Scheme (version 2.3).*

[Note 15] *As stated in the Operations Guidelines on Dementia Community Support Scheme (version 2.3), DCSS participants are categorised into two groups: (1) dementia with less carer burden or without carer support, and (2) dementia with greater carer burden, with reference to the Zarit Burden Interview (ZBI) score (not*

Service Output Standard (OS)	Service Output Indicator	Agreed Level
	year	
	(c) Total number of training hours under DCSS on cognitive, functioning, psycho-social and carer burden for cases with greater carer burden[Note 15] in a year	Total no. of cases $\times$ 74 hours $\times$ 70%

Service Outcome

The Service Operator is required to report the statistics of each OC at the year-end quarterly report (i.e. January to March) once a year.

Service Outcome Standard (OC)	Service Outcome Indicator	Agreed Level
1	Percentage of users/carers/and senior volunteers of DECC satisfied with the Service[Note 16]	75%
2	Percentage of participants/carers participating DCSS satisfied with its service[Note 17]	75%
3	Percentage of carers participating DCSS found it effective in reducing their carer burden[Note 18]	75%

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applicable to those without carer support) and other medical factors. The training modules and duration differ between the two groups.

[Note 16] *The satisfaction rate of users/carers/and senior volunteers refers to the outcome of service evaluation questionnaires conducted by the Service Operator to collect views from service users/cares/senior volunteers on the Service.*

[Note 17] *The satisfaction rate of participants/carers refers to the outcome of the service evaluation questionnaires conducted by the Service Operator to collect views from elderly and their carers participating DCSS.*

[Note 18] *Evaluation questionnaire for all carers of elderly persons served under DCSS should be conducted, except those elderly persons indicated withdrawal or with consecutive absence without notification.*

Service Achievements

To encourage the sector to pursue service excellence, the Service Operator shall provide 3 examples (in no more than 300 words each in English or Chinese) achieved by the DECC during the reporting year, for sharing good practices, showcasing application of innovative intervention strategies, and/or illustrating how the Service helps the target service users for meeting the service objectives.

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