

Funding and Service Agreement¹
Dementia Community Support Scheme (DCSS)

(as an attachment to the FSAs of District Elderly Community Centre)

This is a document applicable to all District Elderly Community Centres (DECCs) implementing Dementia Community Support Scheme (DCSS) and should be applied together with the Funding and Service Agreements (FSA)s for DECC.

I Service Definition

Introduction

2. 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 medical-social collaboration model at 20 subvented DECCs at the community level. Support services are provided in the community setting, with an aim to facilitating the elderly persons with mild or moderate dementia to stay in the community for as long as possible. DCSS is regularised in February 2019 and the services of DCSS is extended to all 41 DECCs in 2019-20.

Purpose and Objectives

3. The primary objective of DCSS is to develop a medical-social collaboration model in providing community support services to elderly persons with mild or moderate dementia so as to enhance their functional level and quality of life, and relieve carers’ burden. DCSS also aims at enhancing the capacity and expertise of the staff of DECCs at the community level in the provision of 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.

Nature of Service

4. The service is to be operated in compliance with ‘Operations Guideline on Dementia Community Support Scheme’ (version 2.0), to provide structured intervention programmes for elderly persons with mild or moderate dementia and their carers at the

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

DECCs under a dementia-friendly environment with an aim to delay their functional and cognitive decline.

5. The service scope of DCSS includes the following:
- (a) to formulate Integrated Care Plan (ICP) for each participant based on the standardised assessment tools under the medical-social collaboration platform so as to address the core domains of dementia which are cognitive decline, functional decline, behavioural and psychological symptoms of dementia, physical co-morbidities, psychosocial aspect and carers' burden;
 - (b) to provide appropriate training and support services² to the elderly persons with mild or moderate dementia and their carers according to their respective ICPs;
 - (c) to maintain medical-social collaboration with HA through conducting regular case conference with respective HA clinical team;
 - (d) to facilitate elderly persons with mild or moderate dementia and their carers to participate in DCSS, e.g. by granting of transport subsidy / escort service with regard to individual circumstances or reviewing the member recruitment plan;
 - (e) to provide extension programmes, such as programmes specially for ex-DCSS participants, cognitive activities, non-cognitive activities, carer support groups, etc., and appropriate referrals for participants who are discharged from the service; and
 - (f) to enhance capacity and knowledge of DECC staff implementing DCSS in handling dementia cases in the community by providing dementia-related training.

Target Service Users

6. The Service Operator of the DECC implementing DCSS is expected to serve elderly persons aged 60 or above residing in the districts³ as delineated by the

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.

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 subsidized day care services should not be referred to join DCSS. Elderly persons receiving, or known to be going to receive other subsidized community and care support services should be accorded lower priority among other suitable patients available at the time.

concerned District Council boundary, 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 GDS 4 level or above); and
- (c) Carers of the elderly persons participating in DCSS.

II Performance Standards

7. The Service Operator will meet the following performance standards:

Outputs

(to be reported to Social Welfare Department on a quarterly basis)

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed level</u>
1.	Total number of cases ⁴ with the start ⁵ of Integrated Care Plan within one year.	50
2.	Total number of training hours for cases with less/no carer burden ⁶ within one year	Total no. of cases with less/no carer burden × 56 hours × 80%
	(i) Total number of training hours on Cognitive ⁷	Total no. of cases with less/no carer burden × 18 hours × 80%
	(ii) Total number of training hours on Functioning ⁷	Total no. of cases with less/no carer burden × 16 hours × 80%

⁴ Cases refer to elderly persons with mild or moderate dementia served under DCSS

⁵ It should refer to the cases with commencement of ICP within the reporting year

⁶ It should refer to the patient categorization stated in Operations Guideline on Dementia Community Support Scheme (v.2.0)

⁷ It should refer to the core training modules of Integrated Training Programmes stated in Operations Guideline on Dementia Community Support Scheme (v.2.0)

	(iii) Total number of training hours on Psycho-social ⁷	Total no. of cases with less/no carer burden × 12 hours × 80%
	(iv) Total number of training hours on Carer burden ^{7&8}	Total no. of cases with less carer burden × 2 hours × 80%
3.	Total number of training hours for cases with greater carer burden ⁶ within one year	Total no. of cases with greater carer burden × 74 hours × 70%
	(i) Total number of training hours on Cognitive ⁷	Total no. of cases with greater carer burden × 18 hours × 70%
	ii) Total number of training hours on Functioning ⁷	Total no. of cases with greater carer burden × 16 hours × 70%
	(iii) Total number of training hours on Psycho-social ⁷	Total no. of cases with greater carer burden × 12 hours × 70%
	(iv) Total number of training hours on Carer burden ⁷	Total no. of cases with greater carer burden × 10 hours × 70%
4.	Total number of training sessions ^{9&10} to DECC staff implementing DCSS on dementia within one year.	24

⁸ Not applicable for cases with no carer burden

⁹ Training provided to DECC staff involved in DCSS should cover the core domains of dementia, i.e., cognitive decline, functional decline, behavioural and psychological symptoms of dementia, physical co-morbidities, carer burden and psychological aspect. Each training session should last no less than 4 hours. Training course lasting for one hour will be counted as 0.25 training session

¹⁰ The number of training sessions (OS4) should not be double-counted with OS12 (Total number of training sessions to staff on dementia) of the FSAs of DECC.

Outcomes

(to be reported to SWD annually)

<u>Outcome Standard</u>	<u>Outcome indicator</u>	<u>Agreed level</u>
1.	Percentage of participants ¹¹ satisfied with the services of DCSS as assessed by the questionnaire provided by SWD	75%
2.	Percentage of carers ¹² with reduction of carer burden after receiving the services of DCSS as assessed by the standardised assessment tools (i.e. Zarit Burden Interview)	75%
3	Percentage of participants ¹³ found the provision of transport subsidy/ escort service effective in facilitating their participation in the training of DCSS as assessed by the questionnaire provided by SWD	75%

Essential Service Requirements

8. Staffing requirement for the operation of DCSS includes Advanced Practicing Nurse, Occupational Therapist I/ Physiotherapist I and Registered Social Worker.

Quality

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

¹¹ A survey for all participating elderly persons should be conducted, e.g. before or after the case is closed. If the elderly person with dementia has difficulties in providing answers, the questionnaire can be completed with the assistance of the carer or completed by the carer.

¹² A survey for all carers of elderly persons served under DCSS should be conducted, except those elderly persons indicated withdrawal or with consecutive absence without notification.

¹³ A survey for all participating elderly persons received transport subsidy/ escort service should be conducted, e.g. before or after the case is closed. If the elderly person with dementia has difficulties in providing answers, the questionnaire can be completed with the assistance of the carer or completed by the carer.

III Obligations of SWD to Service Operator

10. The SWD will undertake the duties set out in the General Obligations of SWD to the Service Operator as specified in the Funding and Service Agreement (FSA) Generic Sections.

IV Basis of Subvention

11. The basis of subvention is set out in the offer and notification letters issued by SWD to the Service Operator.

Funding

12. An annual subvention will be allocated on a Lump Sum Grant (LSG) mode to the Service Operator for a time-defined period. This lump sum has taken into account the personal emoluments, including provident fund for employing Advanced Practice Nurse, Occupational Therapist I / Physiotherapist I, Registered Social Worker, and other charges (including employees' compensation insurance and public liability insurance) applicable to the operation of DCSS and recognized fee income, if any. All other relevant operating expenses arising from the implementation of DCSS including providing volunteer allowance, transport subsidy as well as escort service to facilitate the elderly persons with dementia and their carers to participate in the DCSS, purchase of IT equipment¹⁴, operating DCSS in a fixed venue to provide a dementia-friendly environment to the participants, providing regular training for enhancing the DCSS staffs' capacity in handling dementia cases, etc., have also been covered.

13. In receiving the LSG, the Service Operator is accorded flexibility in the use of the grant but required to observe the guidelines set out in the latest LSG Manual, LSG Circulars, management letters and correspondence in force as issued by SWD on subvention policies and procedures, whichever is applicable, as well as the relevant Guidance Notes for specific services. The LSG will be subject to adjustments including salary adjustments in line with civil service pay adjustments and other charges in line with the price adjustment factor (currently the Composite Consumer Price Index). The Government will not accept any liabilities or financial implication arising from the project beyond the approved funding.

¹⁴ As delineated in the management letter of 18 January 2012 to all non-governmental organisations on deploying LSG or LSG Reserve for capital expenditure, SWD's prior advice, among others, has to be sought for special or major expenditure items such as F&E items each costing more than \$50,000. Please make reference to the above guideline and that the use of Other Charges (OC) on IT equipment purchase should fall within the prevailing subvention policy.

Payment Arrangement, Internal Control and Financial Reporting Requirements

14. They are the same as the requirements of the FSAs for respective DECC.

V Validity Period

15. This FSA is valid for a time-defined period. Should the Service Operator be in breach of any terms of 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 SWD that the same be remedied, SWD may, after expiry of such notice, terminate this FSA by giving 30 days' notice in writing to the Service Operator.

16. Where there is any change to the performance standards within the agreement period, 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.

17. Continuation of service 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 project.