Funding and Service Agreement[1]

**District Elderly Community Centre cum Day Care Unit
and Neighbourhood Elderly Centre**

I   Service Definition

Introduction

A District Elderly Community Centre (DECC) is one type of community support services at the district level providing holistic services to cater for the multifarious needs of both healthy and frail elderly persons, their informal carers, including their medical and health, psycho-social and personal care needs. Priority should be given to vulnerable and frail elderly persons, including those with dementia who may need support services to continue to stay in their own homes and communities. DECC should also perform the functions of support team for the elderly (STE).   To enrich the function of DECC to serve frail elderly persons and their carers in the community, Day Care Unit (DCU) is set up and attached to DECC.   With a pool of experienced and professionally trained staff and various networks, DECC will provide a wide range of direct services to elderly persons, as well as collaboration with and support to elderly services in the district.

2.   The Neighbourhood Elderly Centre (NEC) will serve as a neighbourhood base for community network of informal support and formal social services provided to the elderly persons living in the community.

Purposes and objectives

3.   The ultimate goals of DECC and NEC are to enable elderly persons to remain in the community, to lead a healthy, respectful and dignified life, to enhance their positive and contributing role and to involve the public to build up a caring community.

4.   The DCU primarily aims to provide a range of centre-based care and support services during the daytime to enable the frail elderly persons who suffer from moderate level of impairment or above to maintain their optimal level of functioning, develop their potential, improve their quality of life and to live in their own homes wherever feasible and possible.

5.   By pooling the manpower and resources of DECC and DCU as well as NEC under one streamlined administrative body, it is expected that this set of integrated care services should be flexible and responsive to community needs, and a wide range of services will be provided to elderly persons, carers and the community at large.

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

Nature of service

6.   The scope of services of DECC should include a continuum of direct services including dementia care services at preventive and developmental, support and remedial level, as well as indirect services to collaborate and work together with other service units and to cooperate with other disciplines in the locality which are stipulated in the Service Specifications on District Elderly Community Centre (DECC) and Neighbourhood Elderly Centres (NECs) (Specifications – DECC & NECs) (paragraphs 16 and 17).

7.   The service scope of STE includes the following services :

(a)   to identify vulnerable elderly persons by an outreaching approach and to maintain an updated list;

(b)   to assess service needs of vulnerable elderly persons and arrange services for them;

(c)   to recruit, assess and train volunteers of all ages, including individuals and volunteer organisations, and to maintain an updated list of volunteers and volunteer organisations;

(d)   to involve people in the community and volunteers to establish link with vulnerable elderly persons;

(e)   to provide support services for vulnerable elderly persons including:

- regular contacts such as home visits and telephone contacts;
- emotional support;
- introduction of community resources;
- simple personal assistance such as escort to clinics, handling of simple household chores;
- referral for formal services.

(f)   to mobilise senior volunteers to serve their counterparts or other needy groups.

8.   The Service Operator is required to maintain a database of STE for arranging support services to vulnerable elderly persons, and to capture and analyse the statistical information of vulnerable elderly persons in the locality.

9.   NEC should provide a range of comprehensive services to the elders and the community at large, which include but not limited to the services which are stipulated in the Specifications – DECC & NECs (paragraph 21).

10.   DCU should address the clinical issues in the Specifications – DECC & NECs (paragraph 25) and to meet the needs of individual service users by providing, arranging or purchasing the services described in the Specifications – DECC & NECs (paragraph 26), apart from the Annex of this FSA.

Target service users

11.   The Service Operator of the DECC is expected to serve elderly persons aged 60 or above residing in a specified District as delineated by District Council boundary. The Service Operator is also expected to provide support to the formal and informal carers who take full-time or part-time care of the elders, and to provide educational and developmental programmes to the community at large.

12.   For the STE, the target groups are :

(a) Vulnerable elderly persons aged 60 or above, having genuine need of support services, living in the community within defined boundary, who may be:

- 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, including:

- individuals, such as women volunteers and retiree volunteers; and volunteer organisations, who are willing to serve vulnerable elderly persons; and
- senior volunteers aged 60 or above who are willing to serve needy people.

13.   The prospective service user of DCU must meet all of the following criteria:

(a) aged 60 or above;
(b) medically stable;
(c) of moderate to severe level of impairment;
(d) living in the community and not receiving institutional care;and
(e) with carers unable to provide full-time care.

14.   The Service Operator shall admit these cases upon confirmation of the eligibility by accredited assessor coordinated by Standardized Care Need Assessment Management Offices (Elderly Service) [SCNAMO(ES)] within the designated service areas.

15.   The Service Operator is also required to provide day respite service at a minimum number of **five** places at any one time at the DCU.   The prospective

service user must meet (a) to (d) in para. 13 and are in need of short-term day care services which will enable their carers to have a break from caring on a long-term basis.

16.   Upon request of the service user or his/her designate or referral from local organisations, the Service Operator shall admit the case if there is vacancy for respite service at the DCU.

II   Performance Standards

Output Standard

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

Output Standard	Output Indicators of DECC (excluding output of DCU)		Agreed level
1	Total number of new and renewed elder members registered within one year.		2500
2	Average attendance per session within one year.		200
3	Number of preventive and developmental groups [2], activities and programmes held within one year:		670 (=3a+3b)
	a.	(i) to meet the educational and developmental needs of elderly persons including healthy ageing, life-long learning and cognitive training; (ii) for volunteer recruitment, development and service;	560
	b.	to meet the social and recreational needs of elderly persons.	110
4	Number of supportive groups, activities and programmes held within one year:		250 (=4a+4b)
	a.	mutual support among elderly persons;	150
	b.	carer support services including for carers of demented elderly persons , through mutual support groups and training activities, etc;	100
5	Remedial services conducted within one year:		
	a.	monthly average number of active counselling cases with agreed plan[3] (summing up the month-end number of active counselling cases ÷ total number of months);	240
	b.	turnover rate of active counselling cases within one year (total number of closed cases ÷ total number of intensive counselling cases served x 100%);	20%
	c.	total number of therapeutic groups for elderly persons.	8
6	Networking services of STE within one year:		

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[2] "Groups" include closed groups (with fixed membership) and open groups but exclude regular meetings (例會).

[3] Development of plan refers to the process outlined in Re-ordered Standard 11 of the Service Quality Standards.

Output Standard	Output Indicators of DECC (excluding output of DCU)		Agreed level
	a.	total number of the elderly persons in the community, who are not known to STE, being contacted through different ways of contact such as outreaching activities;	2000
	b.	total number of elderly persons who have received STE networking support services;	750
	c.	total number of networking support services rendered by volunteers;	7 000
	d.	total number of volunteers of STE and non STE	400
7	Total number of carers served within one year.		430
8	Total number of support and training programmes / activities for NEC and other units providing service to elderly persons.		28
9	Services for hidden or vulnerable elderly persons:		
	a.	monthly average number of active cases of hidden or vulnerable elderly persons (summing up the month-end number of active cases ÷ total number of months)	35
	b.	turnover rate of cases served within one year in relation to hidden and vulnerable elderly persons (total number of closed cases ÷ total number of cases served x 100%).	20%
10	No. of activities of building up rapport with local stakeholders for service promotion and/or establishing strategic partnership within one year		12
11	Total number of Minimum Data Set-Home Care (MDS-HC) Version 2.0[4] assessments conducted within one year[5]		55
12	Total number of training sessions[6] to staff on dementia		21
13	Service for needy carers[7]:		
	(a) Total number of supportive groups held within one year for needy carers;		6
	(b) Total number of training activities and programmes held within one year for needy carers;		25
	(c) Total number of support services to needy carers, such as volunteer visits, escort service and occasional elder sitting services (home-based or centre-based);		200
	(d) i) Total number of needy carers served within one year;		100
	ii) Turnover rate of needy carers served within one year;		20%

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[4] MDS-HC Version 2.0 or the prevailing version of MDS-HC adopted by SWD.

[5] SWD will take into consideration the availability of referrals should the agreed level not being met.

[6] Each training session should last no less than 4 hours.   Training course lasting for one hour will be counted as 0.25 training session.

[7] 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. SWD will take into consideration the availability of referrals should the agreed level not be met.

Output Standard	Output Indicators of DECC (excluding output of DCU)	Agreed level
	(e) Total number of activities of building up rapport with local stakeholders for service promotion and/or establishing strategic partnership in identification of needy carers through different ways of contact; and	4
	(f) Total number of programmes and activities conducted to local stakeholders, e.g. security guards or mutual aid committees for enhancing awareness in identification of needy carers in a year.	8

Output Standard	Output Indicators of DCU	Agreed level
1.	Average enrolment rate of DCU within one year.	115% of capacity
2.	Average daily attendance rate of DCU (Mondays to Saturdays) within one year.	90% of capacity
3.	Percentage of part-time users in using the service within one year.	30%
4.	Rate of formulation of the first ICP with each DCU user within two weeks after admission to service.	100%
5.	Rate of ICPs reviewed with DCU users once every six months.	100%
6.	Average daily attendance rate (Mondays to Saturdays) of day respite service within one year.	95%
7.	Number of programmes conducted on dementia care service for service users with dementia and carers[8] within one year	Depending on capacity[9]
8.	Number of training sessions on dementia care arranged for staff within one year	Depending on capacity[10]

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[8] Dementia Care Services include:
  (i) direct care services/ training programmes or activities provided to service users with dementia or cognitive impairment for maintaining their physical and social functioning; and
  (ii) training programmes/ supportive services provided to carers.

[9] Number of programmes for dementia care required:
  (i) 20-p or below: 4 programmes per year; 21-39-p : 8 programmes per year; 40-59-p : 14 programmes per year; 60-p or above : 18 programmes per year; and
  (ii) at least 50% of programmes conducted for service users with dementia or cognitive impairment should fall within one or all of the following nature: (1) Reality Orientation; (2) Sensory Training; (3) Reminiscence Programme; (4) Memory/ Cognitive Training.

[10] Total number of training sessions on dementia care arranged for staff per year required : below 40-p : 9 sessions; 40 - 59-p : 15 sessions; 60-p or above : 21 sessions.   Each training session should last no less than 4 hours. Training lasting for one hour will be counted as 0.25 training session.

Output Standard	Output Indicators of NEC		Agreed level
1	Total number of new and renewed elder members registered within one year.		800
2	Average attendance per session within one year.		120
3	Total number of groups[11,] activities and programmes held per year:		600 (=3a+3b+3c)
	a.	(i) for promotion on healthy and active ageing, physical and psycho-social well-being of elderly persons; (ii) to meet the educational and developmental needs of elderly persons; and (iii) to meet the social and recreational needs of elderly persons.	420
	b.	for volunteer recruitment, development and services;	120
	c.	to provide carer support services including mutual support groups and training activities etc;	60
4	Total number of volunteers within one year.		180
5	Active counselling cases within one year:		
	a.	monthly average number of active counselling cases with agreed plan[12] (summing up the month-end number of active counselling cases ÷ total number of months);	75
	b.	turnover rate of counselling cases within one year (total number of closed case / total number of counselling cases served);	20%
6	Total number of carers served within one year.		180
7	Services for hidden or vulnerable elderly persons:		
	a. monthly average number of active cases of hidden or vulnerable elderly persons (summing up the month-end number of active cases ÷ 12)		35
	b. turnover rate of cases served in one year in relation to hidden or vulnerable elderly persons (total number of closed cases ÷ total number of cases served x 100%).		20%
8	Total number of activities of building up rapport with local stakeholders for service promotion and/or establishing strategic partnership within one year		12
9	Total number of Minimum Data Set-Home Care (MDS-HC) Version 2.0[13] assessments conducted within one year[14].		35
10.	Dementia-related services:		
	a.	Total number of people trained with dementia-related knowledge;	30
	b.	Total number of programmes/ activities to provide public education on dementia;	10

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[11] "Groups" include closed groups (with fixed membership) and open groups but exclude regular meetings (例會).

[12] Development of plan refers to the process outlined in Re-ordered Standard 11 of the Service Quality Standards.
[13] MDS-HC Version 2.0 or the prevailing version of MDS-HC adopted by SWD

[14] SWD will take into consideration the availability of referrals should the agreed level not being met.

Output Standard		Output Indicators of NEC	Agreed level
	c.	Total number of programmes/ activities to provide support and training to elderly persons with dementia and/or their carers;	6
	d.	Total number of groups to provide support and training to elderly persons with dementia and/or their carers; and	3
	e.	Total number of training sessions[15] staff on dementia.	15
11		Service for needy carer[16]	
	a.	Total number of supportive groups held within one year for needy carers;	4
	b.	Total number of training activities and programmes held within one year for needy carers;	15
	c.	Total number of support services to needy carers such as volunteer visits, escort service and occasional elder sitting services (home-based or centre-based);	100
	d.	(i) Total number of needy carers served within one year;	50
		(ii) Turnover rate of needy carers served with one year; and	20%
	e.	Total number of programmes and activities conducted to local stakeholders, e.g. security guards or mutual aid committees for enhancing awareness in identification of needy carers in a year.	4

Outcome Standard

18.   The Service Operator should report the outcome indicators to SWD[17]

Outcome Standard	Outcome Indicators of DECC	Agreed level
1.	Percentage of users satisfied with the centre service. (a survey with sample size reaching 400 or not less than 30% of the total membership should be conducted.)	85%

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[15] Each training session should last no less than 4 hours.   Training course lasting for one hour will be counted as 0.25 training session.

[16] 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.

[17] The outcome indicators of DECC (excluding DCU) and NECs should be reported once every three year (i.e. 2016/17 and so on) while the outcome indicators of DCU is required to be reported every year.

Outcome Standard	Outcome Indicators of DECC	Agreed level
2.	Percentage of carers[18] satisfied with the centre service. (a survey with sample size not less than 30% of the total number of carers served should be conducted.)	80%
3.	Percentage of senior volunteers satisfied with their volunteer services and/or organising centre activities. (a survey with sample size not less than 30% of the total number of senior volunteers should be conducted.)	85%
4.	From output indicators No. 3 & 4 of DECC, percentage of groups, activities and programmes for which elderly members are involved in planning and implementation.	10%
5.	Percentage of carers with lower stress level in taking care of elderly persons after attending the service. (the outcome should be counted as average attainment level of all programmes/groups for reducing carers' stress)	75%
6.	Percentage of users whose support network is widened. (a survey with sample size reaching 400 or not less than 30% of the total membership should be conducted.)	80%
7.	Percentage of needy carers satisfied with the carer support services	75%

Outcome Standard	Outcome Indicators of DCU	Agreed level
1.	Percentage of carers with lower stress level in taking care of the elderly persons after attending the service of DCU;	80%
2.	Percentage of users and carers satisfied with the service of DCU.	80%
3.	Percentage of carers who have participated in carers' council.	75%
4	Percentage of users / carers satisfied[19] with the dementia care services[8] received	75%
5	Percentage of users / carers satisfied[20] with the speech therapy services[21] received	75%

Outcome Standard	Outcome indicators of NEC	Agreed level

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[18] For calculation purpose, each user of DECC and DCU should have One carer at most.

[19] This outcome should be measured according to the result of the questionnaire designed for measuring the satisfaction level on dementia care services received by service users/ carers.

[20] This outcome should be measured according to the result of the questionnaire designed for measuring the satisfaction level on speech therapy services received by service users/ carers.

[21] Speech therapy services include provision of speech assessment and therapy for elderly service users with swallowing disorders, communication problems, reading and writing difficulties by speech therapist(s). The speech therapist(s) should work closely with service users and/ or carers and allied health professionals in the provision of services.

Outcome Standard	Outcome indicators of NEC	Agreed level
1.	Percentage of users satisfied with the centre service. (a survey with sample size reaching 160 or not less than 30% of the total membership should be conducted.)	85%
2.	Percentage of carers satisfied with the centre service. (a survey with sample size not less than 30% of the total number of carers served should be conducted.)	80%
3.	Percentage of senior volunteers satisfied with their volunteer services and/or organising centre activities. (a survey with sample size not less than 30% of the total number of senior volunteers should be conducted.)	85%
4.	From output indicators No. 3 of clause 16, percentage of groups, activities and programmes for which elderly members are involved in planning and implementation.	10%
5.	Percentage of carers with lower stress level in taking care of the elderly persons after attending the programme. (the outcome should be counted as average attainment level of all programmes/groups for reducing carers' stress level).	75%
6.	Percentage of users whose support network is widened. (a survey with sample size reaching 160 or not less than 30% of the total membership should be conducted.)	80%
7	Percentage of carers of elderly persons with dementia satisfied with the support and training from the groups	75%
8	Percentage of needy carers satisfied with the carer support services	75%

Essential service requirements

19.   The DECC and NECs should operate 12 sessions per week from 8:00 a.m. to 6:00 p.m. from Mondays to Saturdays and one evening session from 6:00 p.m. to 9:00 p.m.

20.   The operation of DECC and NECs should be under the supervision and guidance of registered social worker.

21.   The DCU should operate 12 sessions per week from 8:00 a.m. to 6:00 p.m. from Mondays to Saturdays, excluding public holidays. The Operator will provide extended hours service for needy cases from 7:30 a.m. to 8:00 a.m. and from 6:00 p.m. to 7:00 p.m. from Mondays to Saturdays at DCU.

22.   There should be enrolled or registered nurse in the DCU at all times during the service hours. For professional services provided by speech therapist, the Service Operator may hire services from qualified professional organisations.

Quality

23.   The Service Operator shall meet the prevalent requirements of the 16 Service Quality Standard (SQSs) as announced by SWD.

III   Obligations of SWD to Service Operator

24.   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   The Basis of Subvention

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

Funding

26.   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 personal emoluments, including provident fund for employing registered social workers, qualified professionals and supporting staff, and other charges (covering all other relevant operating expenses including employees' compensation insurance and public liability insurance) applicable to the operation of the project and recognised fee income, if any.   Rent and rates in respect of premises recognised by SWD for delivery of the subvented activities will be reimbursed separately on an actual cost basis.

27.   In receiving the LSG, the Service Operator is accorded flexibility in the use of the grant but will have 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.   The LSG will be subject to adjustments including salary adjustments in line with civil service pay adjustment and other charges in line with 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.

Payment Arrangement, Internal Control and Financial Reporting Requirements

28.   Upon the Service Operator's acceptance of the FSA, payment of the LSG subventions will be made on a monthly basis.

29.   The Service Operator is responsible for maintaining an effective and sound

financial management system, including budget planning, projection, accounting, internal control system and auditing.   It should maintain proper books and records and supporting documents on income and expenditure relating to the project and make them available for inspection by the Government representative.

30.   The Service Operator shall submit the Annual Financial Report (AFR) as reviewed and the annual financial statements of the NGO as a whole as audited by a certified public accountant holding a practising certificate as defined in the Professional Accountants Ordinance (Chapter 50) and signed by two authorised representatives of the NGO, i.e. Chairperson/NGO Head/Head of Social Welfare Services in accordance with the requirements as stipulated in the latest LSG Manual. The AFR should be prepared on a cash basis and non-cash items, such as depreciation, staff leave accrual etc., should not be included in the AFR.

V   Validity Period

31.   This FSA is valid for a time-defined period.   Should the Service Operator be in breach of any term of condition of the Agreement 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 Agreement by giving 30 days' notice in writing to Service Operator.

32.   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.

33.   Continuation of service for the next term will be subject to relevant consideration such as the prevailing policy directive, service needs and the performance of the Service Operator.   SWD reserves the right to reallocate the project.

VI   Other Reference

34.   Apart from this FSA, the Service Operator should also comply with the requirements/commitments set out in the Service Specifications, and Service Operator's proposals and supplementary information, if any.   Where these documents are in conflict, this FSA shall prevail.   The Service Operator's compliance with all these documents will be closely monitored by SWD.

Annex

Enhanced Services in District Elderly Community Centre cum Day Care Unit and Neighbourhood Elderly Centre

The Service Operator should also provide the following services:

(1) Dementia Care

- To provide direct care services/ training programmes or activities to service users with dementia or cognitive impairment for maintaining their physical and social functioning.
- To provide training programmes/ supportive services to carers.
- To arrange training sessions on dementia care for staff.

(2) Speech Therapy

- To provide speech assessment and therapy for elderly persons with swallowing disorders, communication problems, reading and writing difficulties by speech therapist(s).
- The speech therapist(s) should work closely with service users and/or carers and allied health professionals in the provision of services.