

ITEM FOR FINANCE COMMITTEE

HEAD 63 – HOME AFFAIRS DEPARTMENT

Subhead 700 General non-recurrent

New Item “Signature Project Scheme (Kwai Tsing District) – Enhancement of Community Healthcare”

Members are invited to approve the creation of a new commitment of \$86.8 million under Head 63 - Home Affairs Department for “Signature Project Scheme (Kwai Tsing District) – Enhancement of Community Healthcare”.

PROBLEM

We need additional funding to help implement Kwai Tsing District Council (K&TDC)’s proposal to provide community healthcare services in Kwai Tsing (K&T) as part of K&T’s Signature Project.

PROPOSAL

2. The Director of Home Affairs (DHA), with the support of the Secretary for Home Affairs, proposes to create a new commitment of \$86.8 million for K&TDC to provide community healthcare services in K&T through partnering with two non-profit making organisations (NPOs) under the Signature Project Scheme (SPS).

JUSTIFICATION

3. K&TDC proposes to use the funding from the SPS to undertake *Enhancement of Community Healthcare Service* as K&T’s Signature Project. The Project will comprise –

- (a) community healthcare services, such as dental and ophthalmic care services for the elderly;

/(b)

- (b) procurement and installation of fitness equipment (FE) and information kiosks (IKs); and
- (c) related publicity.

The procurement and installation of FE and IKs (i.e. paragraph 3(b) above), which is the works component of the project and costs \$7.7 million at money-of-the-day prices, has been endorsed by the Public Works Subcommittee (PWSC) at its meeting on 19 March 2014 vide LC Paper No. PWSC(2013-14)36.

(A) Community healthcare services (\$80 million)

4. K&TDC proposes to make use of \$80 million to provide community healthcare services under the SPS, taking into account the characteristics and needs of K&T residents. Following a selection process, K&TDC proposes to engage Yan Chai Hospital (Yan Chai) and Kwai Tsing Safe Community and Healthy City Association (the Association) as its SPS partners for delivery of the relevant services. Details are set out in the following paragraphs.

(I) Elderly healthcare services (\$43.1 million)

5. Having regard to the high percentage of elderly people in the district, K&TDC sees a need to enhance the healthcare services for them. Furthermore, K&TDC considers the proposed project a concrete act to highlight the community's recognition of the contributions made by the elderly. Among the healthcare needs of the elderly, dental and ophthalmic cares are considered the priority areas.

(i) Dental care service (\$36.9 million)

6. Under the Project, K&TDC proposes to allocate about \$36.9 million to support Yan Chai to provide dental care service for eligible K&T residents who are aged 60 or above.

7. The services will be provided through two mobile dental clinics. Other than basic oral examination, pain relief and tooth extraction, the service items include scaling, tooth restoration, endodontic treatment, denture and tooth prosthesis. The mobile dental clinics will also be used to promote awareness and knowledge in oral health. Details of the service, together with eligibility criteria and checking mechanism, are set out at Enclosure 1.

Encl. 1

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8. In order to ensure that the dental service is affordable to eligible persons and at the same time prevent abuse, K&TDC proposes to cover most of the service cost while users will need to share the remaining small part of the cost. Specifically, K&TDC proposes that the dental services will be provided at a fee, ranging from \$10 for oral examination to \$400 for denture. To enable more eligible persons to benefit from the proposed service, the K&TDC proposes to cap the subsidy for dental care for each eligible person at \$10,000, which should be adequate to address the dental need of most elderly. All service fees received will be ploughed back to sustain project services.

(ii) *Ophthalmic care service (\$6.2 million)*

9. K&TDC also proposes to allocate about \$6.2 million to support the Association to provide ophthalmic care service for eligible K&T residents who are aged 60 or above. The service package includes ophthalmic checks, provision of corrective glasses and ophthalmologist consultation.

10. The Association will engage optometrists to perform eye checks. Elderly suffering from problems such as presbyopia will be offered a pair of tailored-fit corrective glasses at a rate of \$50. Those requiring consultation with specialists will be attended to by a registered ophthalmologist, who will provide assessment, medication or further referral. Similar to the case of dental care service, users of ophthalmic care service will be required to share part of the cost, namely \$10 for eye checks and \$100 for specialist consultation.

11. Apart from the above services, elderly aged 60 or above in K&T who are under Hospital Authority's Cataract Surgeries Programme¹ (CSP) may apply to the Association for a separate subsidy to help cover the remaining part of the surgery cost (on top of the subsidy of \$5,000 under CSP). This subsidy would be capped at \$5,000, or the actual cost of the cataract surgery borne by the patient minus the subsidy of \$5,000 received under CSP, whichever is less. The elderly patients will therefore not have any monetary gain through engaging lower priced

/services

¹ The CSP is a public-private-partnership (PPP) initiative of the Hospital Authority to provide additional cataract surgeries to meet growing service demands through a PPP model. Under CSP, suitable patients on the Hospital Authority's specialist outpatient clinics' waiting list are invited to choose, on a voluntary basis, to receive cataract surgeries performed by private ophthalmologists. They will receive a fixed subsidy of \$5,000 and may need to co-pay an amount of not more than \$8,000 for the service package, which consists of one pre-operative assessment, the cataract surgery including intraocular lens, and two post-operative checks.

services as a result. This is to encourage them to go to private clinics to undergo early cataract surgery. The subsidy will be reimbursed upon completion of the surgery and submission of CSP documentary proof. The Association will also be responsible for the required administrative work, such as checking proof of residency, processing payment receipts and related book-keeping. Each elderly may only receive each of the abovementioned ophthalmic care services and subsidy once. Details of the ophthalmic care service are also set out at Enclosure 1.

(II) Community healthcare and support services (\$36.9 million)

12. Recognising the value of community healthcare, K&TDC proposes to allocate about \$36.9 million to support Yan Chai and the Association to pursue a series of community healthcare initiatives and the relevant supporting services. These include the setting up of five health centers in K&T and a mobile health station. These centers will offer a wide range of services to all K&T residents, such as health assessment² and general health advice. The centers will also be turned into a nurse clinic, a Chinese medicine clinic or a pain management clinic operated by registered professionals at different times of a week, charging an affordable fee of not more than \$100. Subsidised seasonal influenza vaccination will also be available for eligible K&T residents who are in the age group of 50 to 64 or who are pregnant. Similar to dental care service, all service fees received will be ploughed back to sustain these services.

13. Further initiatives include visits to households in need (for instance, elderly residing alone) to provide services such as home cleansing and offer of health advice. Health talks on various topics will also be organised. Details are set out at Enclosure 1.

14. To guard against abuse, elderly persons will be required to make self-declaration or provide documentary proof to ascertain their eligibility for some of the services. For instance, users of the dental care services have to provide proof of residency in K&T and declare that they are not Comprehensive Social Security Assistance recipients or beneficiaries of Community Care Fund Elderly Dental Assistance Programme. On the other hand, K&TDC proposes not to introduce any means test, as this will go against the project's objective of highlighting the community's recognition of the

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² Health assessment includes blood pressure, pulmonary function, bone density assessment, etc.

contributions made by the elderly. Random checks will be conducted with relevant government departments and/or organisations for verification. The NPOs will refer any cases of suspected abuse (e.g. users suspected to have obtained or used false identification/supporting document(s)) to the relevant enforcement authority, such as the Police, for necessary follow-up action.

15. The salient quantifiable achievements or targets expected from the K&T's Signature Project for three years after commencement of each type of services include –

- 30 000 doses of seasonal influenza vaccine;
- 16 200 visits of dental services;
- 9 000 ophthalmic checks;
- 3 000 cases of spectacle fitting;
- 2 400 sessions of eye consultation;
- 450 elderlies supported to undergo cataract surgery;
- 3 000 families benefited from outreach service; and
- 180 sessions of health education covering up to 18 000 residents.

The above targets might be adjusted in light of the experience gained after project launch.

(III) Monitoring of Performance

16. Kwai Tsing District Office (K&TDO) will work closely with the K&TDC in ensuring effective monitoring of the service quality by the SPS partners. The required scope and level of service as well as the terms and conditions will be set out in a service agreement to be signed between the respective NPOs and K&TDO on behalf of DHA. The service agreement will make clear that, among other things, the Government's funding will only be used for the delivery of the specified project services. The major provisions to ensure the effectiveness of service delivery and the supervision of the service delivery agents are as follows –

- (a) The NPOs must keep proper records for all assets acquired by using Government's funding and such assets shall only be used for the project purposes. Register shall be kept to account for all fixed assets. If disposal of assets is needed, the relevant procedures must be followed. In case of termination of service agreements or the NPOs cease operation, such assets must be disposed of in accordance with the provisions stated in the service agreements;

/(b)

- (b) The NPOs may only spend Government's funding according to the budget approved by Government. Also Government will reserve the right to cease funding or even to recover any funding paid in the event of, say, false reporting by the NPOs;
- (c) The NPOs will be required to properly keep and make available for Government's inspection all documents, reports, receipts, etc. relating to the provision of project services and use of Government's funding. Furthermore, the NPOs must submit audited accounts and confirm the use of Government's funding is for the project purposes; and
- (d) The NPOs will need to brief Government, K&TDC or any other bodies to report on project progress or respond to any questions, whenever Government so requests. The two NPOs will also be required to put in place measures such as submitting annual budgets, annual audited accounts, updated business plans, cashflow forecast, regular financial and progress reports, etc. to K&TDO.

Furthermore, the service agreement will make clear that Government accepts no liabilities for any deficits arising from the Project. Payment to the SPS partners will generally be made on a reimbursement basis, and, in any case, be subject to safeguards (e.g. the requirement to put Government's funding under a separate and designated bank account) and arrangements set out in the service agreement. They will also have to account for any failure in meeting the service level as set out in the service agreement. In the event of substandard performance or non-compliance of the service agreement by the NPOs, they will be required to explain and rectify the situations. If there are no signs of improvement or no rectification of the non-compliance, Government can terminate the service in accordance with the service agreement after consulting K&TDC. K&TDC and K&TDO will perform on-site inspections to monitor service delivery and collect user feedback. A Working Group comprising K&TDC members, K&TDO representatives and independent professionals will be formed to steer the monitoring work.

(B) Publicity for the Signature Project (\$2.8 million)

17. Publicity is essential in raising awareness and mobilising community support/participation in community health projects. K&TDC proposes to launch a phased publicity programme in parallel with the progress of the Project. K&TDO will advertise through a dedicated website and conventional media to promote the Project. The publicity programme will also seek to ride on major district or territory-wide events with similar themes, such as the 6th Global Conference of the Alliance for Healthy Cities to be held in Hong Kong in the fourth quarter of 2014.

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(C) Non-civil service contract staff for the Signature Project (\$4 million)

18. In order to support the implementation of the Project and the subsequent monitoring, we propose to earmark \$4 million for K&TDO to hire non-civil service contract staff, namely one Project Manager and one Project Assistant for up to three years. They will provide essential support in areas including liaison between relevant Government departments and the NPOs, monitoring of project progress/performance of the NPOs, collection of user feedback, processing reimbursement claims from NPOs, etc. They will also help organise publicity events including updating project web, issuing regular project news to media/district organisations and organising various milestone events. Moreover, they will assist on the FE and IKs fronts. Specific tasks include not only drafting of user specifications and tender documents, but also on-going tasks like compilation of content for display on IKs. Despite the significant workload involved, K&TDO has kept the hiring of additional manpower to the minimum and has been deploying existing staff to help implement the Project.

Sustainability

19. While SPS funding is a one-off provision, K&TDC together with its NPO partners will endeavour to ensure the sustainability of the Project. The NPO partners have made plans to continue as far as practicable the services on a self-financing basis or with donations. For instance, the dental service will continue after the expiry of SPS funding and extend to all residents of K&T regardless of age on a full-cost-recovery basis. For the services provided by the Association, it will seek funding support from other sources, including donations, after the expiry of SPS funding. If such funding is insufficient, the Association will seek to provide the service on a full-cost-recovery basis in respect of ophthalmic check, vaccination and community health centers. The Association will also explore the feasibility of soliciting volunteers among professionals (e.g. ophthalmologists) and tertiary students majoring in healthcare-related disciplines to support some of the services.

FINANCIAL IMPLICATIONS**Non-recurrent Expenditure**

20. We estimate the proposed Project will require a non-recurrent cost of \$86.8 million over five years from 2014-15 onwards³, with breakdown and estimated cash flow as follows –

/2014-15

³ For the dental care service, the proposal of Yan Chai requires \$27.2 million for a three-year service. K&TDC has decided to set aside \$12.8 million to extend the service of Yan Chai if the service is satisfactory and subject to actual demand (both volume and mix) after service launch. The additional funding is expected to allow Yan Chai to extend the service by two years.

	2014- 15	2015- 16	2016- 17	2017- 18	2018- 19 ³	2019-20 ³ and onwards	Total
	\$ million						
(a) Community healthcare services							80.0
(i) The Association	11.0	12.0	11.0	6.0			
(ii) Yan Chai	4.0	8.8	6.4	6.4	6.4	8.0	
(b) Publicity	2.4	0.4					2.8
(c) Staff cost	1.1	1.3	1.3	0.3			4.0
Total	18.5	22.5	18.7	12.7	6.4	8.0	86.8

21. On paragraph 20(a)(i) above, the estimated cost of \$40 million mainly covers the operating expenses (including staff cost, rent and utilities) and procurement of equipment for healthcare use and installation of information technology system for the provision of ophthalmic care service, community healthcare service and health education by the Association.

22. On paragraph 20(a)(ii), the estimated cost of \$40 million mainly covers the operating expenses (including staff cost and utilities) and the procurement, customization and installation of two mobile dental vehicles and medical equipment for the provision of dental care service and health education by Yan Chai.

Encl. 2 23. The cost breakdown for individual services provided by Yan Chai and the Association is set out at Enclosure 2.

24. On paragraph 20(b), the estimated cost of \$2.8 million is for the publicity programme under the Project.

25. On paragraph 20(c), the estimated cost of \$4 million is for the hiring of non-civil service contract staff.

26. Subject to the approval of the Finance Committee (FC), we will earmark sufficient funds in the Estimates of the respective financial years for implementing the Project.

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27. Together with the \$7.7 million funding considered and endorsed by the PWSC vide LC Paper No. PWSC(2013-14)36 on 19 March 2014, the proposal requires \$94.5 million to enable K&TDC to launch the Project. Since a one-off provision of \$100 million is provided for each district to initiate project(s) under the SPS, subject to FC's approval, and upon the request of K&TDC after project launch, we may allocate the remaining \$5.5 million for extension of healthcare services and/or installation of additional FE and IKs by increasing the project cost as appropriate in accordance with established procedures.

IMPLEMENTATION PLAN

28. The proposed services will start to be available from six to 18 months after funding approval. The lead time is needed by the SPS partners for handling matters such as equipment procurement and staff hiring/training. A tentative implementation timetable of the Project is at Enclosure 3.

Encl. 3

PUBLIC CONSULTATION

29. The proposed Project is unanimously supported by K&TDC and has received favorable feedback throughout K&T. Stakeholders and district organisations, e.g. Rotary Club, Lions Club, etc., have been briefed. An open forum was held in April 2013. The five Area Committees in K&T were consulted in May 2013. Furthermore, K&TDC has been inviting views or suggestions from the public through its website. Overall, the proposed Project is widely supported.

30. Together with K&TDC, we consulted the Legislative Council Panel on Home Affairs on 10 January 2014 and the Panel supported the proposal. PWSC Members also supported at its meeting on 19 March 2014 to submit the Project (parts relating to the FE and IKs) to FC for approval.

BACKGROUND

31. The Chief Executive announced in his 2013 Policy Address that a one-off provision of \$100 million would be earmarked for each district to initiate project(s) under the SPS. The project(s) shall be able to address local needs, or be able to highlight the characteristics of the district, and will have a visible and lasting impact in the community. K&TDC proposes to use the funding to undertake *Enhancement of Community Healthcare Service* as K&T's Signature Project for the benefit of K&T residents.

Home Affairs Bureau
Home Affairs Department
May 2014

Services to be Provided by the Two Non-profit Making Organisations (NPOs)

[Tentative and adjustments may be made in the light of experience gained after service launch]

Eligibility of Target Group	Target service level (in the first three years)	Cost-sharing (per user)		Service details	Sustainability	Mechanism for Checking Eligibility
		User Contribution	SPS Support			
A. Dental care (Yan Chai)						
K&T residents aged 60 or above (excluding existing beneficiaries under Comprehensive Social Security Assistance (CSSA) and beneficiaries of Community Care Fund Elderly Dental Assistance Programme)	16 200 visits of dental services	Range from \$10 (oral examination) to \$400 (denture)	Range from \$90 to \$3,600	Dental services would be provided through two mobile dental clinics. Besides basic oral examination, pain relief and tooth extraction, other service items include scaling, tooth restoration, endodontic treatment, denture and tooth prosthesis. Cases which cannot be treated on the mobile dental clinics will be referred to other dental or specialist clinics. K&TDC has decided to cap the subsidy for dental care for each eligible person at \$10,000.	With SPS funding, the mobile dental clinics will operate for three to five years ¹ . Thereafter they will continue to operate on a full-cost-recovery basis, and serve K&T residents regardless of ages ² .	- Self-declaration by users - Proof of residency in K&T - Random checks with Government departments or relevant organisations

¹ The proposal put forth by Yan Chai requires \$27.2 million for a three-year service. A funding of \$12.8 million with the agreement of K&TDC will be set aside to extend the service by Yan Chai if the service is satisfactory. Based on the budget under the current proposal, the projected service period would be up to five years.

² Charges will be the same as the prevailing charges at Yan Chai's dental clinics. Patients aged 65 or above will receive a 20% discount and an offer of basic oral inspection for \$10.

Eligibility of Target Group	Target service level (in the first three years)	Cost-sharing (per user)		Service details	Sustainability	Mechanism for Checking Eligibility
		User Contribution	SPS Support			
B. Ophthalmic care ³ (The Association)						
(I) Comprehensive ophthalmic check						
K&T residents aged 60 or above	9 000 visits of ophthalmic check	\$10	\$200	Ophthalmic check will be performed at Integrative Community Health Center (ICHC) ⁴ for early detection of common eye diseases, such as cataract, glaucoma and diabetes retinopathy, etc.	Upon the expiry of the SPS funding, the Association will continue the service together with the PolyU on a full-cost-recovery basis.	- Same as Part A
(II) Eye consultation and diagnosis						
K&T residents aged 60 or above	2 400 sessions of eye consultation	\$100	\$400	Cases requiring consultation with specialists after checking in ICHC, will be referred to a registered ophthalmologist engaged by the Association, who will provide assessment, medication and further referral as appropriate.	Upon expiry of the SPS funding, the Association will explore other funding support and consider soliciting volunteers among ophthalmologists.	- Same as Part A

³ K&TDC has decided to limit the number of time each person to receive the relevant services under ophthalmic care to one.

⁴ The Association now runs an Integrative Community Health Center (ICHC) in collaboration with the Faculty of Health and Social Sciences (“FHSS”) of the Hong Kong Polytechnic University (PolyU). The ICHC provides a wide range of services including ophthalmic checks. Residents can also go to ICHC directly to have the checking.

Eligibility of Target Group	Target service level (in the first three years)	Cost-sharing (per user)		Service details	Sustainability	Mechanism for Checking Eligibility
		User Contribution	SPS Support			
(III) Prescription of corrective glasses						
K&T residents aged 60 or above (excluding CSSA recipients)	3 000 cases of spectacle fitting	\$50	\$400	Elderly suffering from problems such as presbyopia after checking in ICHC will be offered a pair of tailored-fit corrective glasses.	Upon the expiry of the SPS funding, the Association will continue the service together with the PolyU on a full-cost-recovery basis.	- Same as Part A
(IV) Subsidy for cataract surgeries						
K&T residents aged 60 or above who are under Cataract Surgeries Program (CSP) of Hospital Authority (HA) (excluding CSSA recipients)	450 people	Not more than \$3,000 ⁵	Up to \$5,000	K&TDC proposes to ride on the CSP and provide a separate subsidy of up to \$5,000 to those who are under CSP.	The subsidy will cease to be provided after the expiry of the SPS funding.	- Proof of successful enrollment in CSP in addition to items in Part A
C. Influenza vaccination (The Association)						
K&T residents who are in the age group of 50 to 64 or pregnant (excluding recipients under other Government vaccination programmes ⁶)	30 000 doses of influenza vaccination	\$30	\$70	The influenza vaccination would be injected at locations which are convenient and accessible such as the Mobile Health Station and Community Health Centers.	The Association will consider seeking other funding support and soliciting volunteers. Otherwise, the service	- Same as Part A

⁵ Under the CSP of HA, participating patients who choose to receive cataract surgeries performed by private ophthalmologists could receive a fixed subsidy of \$5,000, and may need to share the cost of not more than \$8,000 for the service package. K&TDC proposes to ride on the CSP and provide a separate subsidy of up to \$5,000 to those who have got CSP support.

⁶ The two target groups are based on the recommendation of the Center for Health Protection. Persons aged 65 or above are eligible for subsidized seasonal influenza vaccination under the Elderly Vaccination Subsidy Scheme. CSSA recipients and medical waiver certificate holders, who are aged 50 or above or pregnant, are among those who are already provided with free seasonal influenza vaccination under the Government Vaccination Programme. These are examples of persons who are proposed to be excluded.

Eligibility of Target Group	Target service level (in the first three years)	Cost-sharing (per user)		Service details	Sustainability	Mechanism for Checking Eligibility
		User Contribution	SPS Support			
					will continue on a full-cost-recovery basis.	
D. Outreach service (The Association)						
Needy families, chronic disease groups and the single-living elderly in K&T	3 000 households to be visited	Free of charge	Around \$430 (per household)	<p>Target households will be identified with the help of NGOs and primary care providers.</p> <p>A range of services such as simple health check, drug advice, home cleansing and minor repair works, would be provided.</p>	The Association will consider seeking other funding support and soliciting volunteers to sustain the service.	- N/A
E. Community health centers and mobile health station (The Association)						
Open to all K&T residents	Varies with different service item ⁷	Range from free of charge to \$100	Range from \$10 to \$950	<p>In the health centers and stations, a variety of services will be provided, ranging from health assessment to eye checks.</p> <p>The health centers will also make referrals to proper institutions for follow-up.</p> <p>Registered nurses, Chinese medicine practitioners and physiotherapists will operate different clinics at different times of a week.</p>	The Association will consider seeking other funding support and soliciting volunteers to sustain the service. Otherwise, the service will continue on a full-cost-recovery basis as far as practicable.	- Proof of residency in K&T

⁷ The following are the service target (persons): Health assessment (112 500), Nurse Clinic (7 500), Chinese medicine Clinic (7 500), Pain clinic (6 000), Rehabilitation class (2 160), Music therapy class (1 800), Health education (15 000), Patient Groups (3 750), Volunteer Training (1 800), Carer Training (1 800); the following are the service target (persons) in mobile health station: Health assessment (60 000), Preliminary eye check (30 000), Health counseling (30 000) and Drug advice (15 000).

Eligibility of Target Group	Target service level (in the first three years)	Cost-sharing (per user)		Service details	Sustainability	Mechanism for Checking Eligibility
		User Contribution	SPS Support			
				The Association proposes to establish 5 centers in Kwai Tsing.		
F. Health education (The Association and Yan Chai)						
Open to all ⁸	A total of 180 sessions of health education covering up to 18 000 residents, plus relevant booklets on health information	Free of charge	Around \$70 (per participant)	Both NPOs will engage different health professionals such as doctors, nurses, dentists and physiotherapists to provide health education with various themes ranging from mental health to oral health.	Yan Chai Hospital will cease to provide health education after the first three years. The Association will consider seeking other funding support and soliciting volunteers to sustain the service.	- N/A

⁸ Depending on the theme of different sessions, the sessions would be targeted at different target groups (e.g. anti-fall talk will be targeted at the elderly).

Breakdown of cost for individual services by the two Non-profit Making Organisations

Services	(\$'000)
Yan Chai	
Dental Service (excluding the setting up of mobile dental clinics)	28,990
Setting up of two mobile dental clinics	7,940
General Administration Staff	2,770
Health Education	300
Subtotal (A)	40,000
The Association	
Ophthalmic Service	6,210
Vaccination	2,450
Health Education	930
Outreach Service	1,300
Community Health Centres	19,350
Mobile Health Station	3,710
Service Promotion	400
Administration Office (renovation, rent, utilities, IT system, etc.)	1,810
General Administration Staff and Expenses (e.g. postage)	3,840
Subtotal (B)	40,000
Total (A+B)	80,000

Implementation timetable for Kwai Tsing's Signature Project

	Task	Target Date	2014			2015				2016				2017				2018				2019				2020				
			Q2 (Starting from May)	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
1	Publicity																													
	1.1 PR activities ^{Note}	April 2014 – Sep 2015																	On-going publicity through promotional means within K&T											
2	Community Healthcare Services																													
	2.1 Delivery of services																													
	- Dental care	Oct 2015 – Sep 2020																												
	- Ophthalmic care	Jan 2015 – Dec 2017																												
	- Community health services	Jan 2015 – Dec 2017																				Services to be continued on a self-financing basis or other funding sources as far as possible								
	- Health education	Jan 2015 – Sep 2018																												
3	Community FE and IKs																													
	3.1 Procurement procedures	Jun – Nov 2014																												
	3.2 Installation and testing of facilities	Dec 2014 – Jul 2016																												
	3.3 Commissioning	Jul 2015 onwards																												

^{Note}: The expenditure incurred for publicity before Finance Committee's approval is charged to Head 63 Home Affairs Department Subhead 700 Item 806 - Preparatory public engagement and non-works related studies for Signature Project Scheme.