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For discussion on 21 March 2016

Legislative Council Panel on Health Services Expansion of Haven of Hope Hospital

Purpose

This paper briefs Members on the proposed Haven of Hope Hospital (HHH) expansion project.

Background

2. HHH was established in 1955. Being one of the three hospitals in the Kowloon East Cluster (KEC) of the Hospital Authority (HA), it mainly provides healthcare services for the residents in the Kwun Tong and Sai Kung (including Tseung Kwan O) districts. HHH specializes in geriatric, pulmonary and palliative services, and is the key provider of sub-acute, convalescent, rehabilitation and infirmary services to KEC.

3. According to the latest projection of the Planning Department, the population in the Kwun Tong and Sai Kung districts will increase from 1 097 000 in 2014 to about 1 221 500 in 2024, representing an increase of 11%. In 2014, 14.4% (about 157 700) of the total population in these two districts was elderly (aged 65 or above), and it is projected that the percentage will reach 19.6% (about 239 900) by 2024. The utilization of HHH's services has been consistently high. The inpatient bed occupancy rate was over 90% in 2014-15, as compared with the HA-wide figure of 85%. There was a need to expand HHH's service capacity in order to cope with the rising service demand arising from the increasing and ageing

population.

Need for Expansion of HHH

Outdated design and unsatisfactory building conditions

4. The existing infirmary wards at HHH are accommodated in three hospital buildings, namely the Grace Ward, Blessing Ward and Harmony Ward. These buildings were built in the 1950s and were renovated in 1998 to provide accommodation for the hospital's infirmary service. The physical conditions of the infirmary wards have become dilapidated over the years. The facilities therein have become outdated and could not cope with the modern service requirements. Maintenance and repair of the facilities are required and the cost for such maintenance is high. Furthermore, frequent decanting of patients due to the need to maintenance works have affected the services provided for patients and has created additional operational workload for staff.

5. The three infirmary hospital buildings are not connected with each other and are located on a slope that is far away from the hospital main block. Transportation of patients, equipment and clinical consumables to and from the main block or among the three buildings is inconvenient and has posed safety risks for both patients and hospital staff. The lack of covered walkway or linked bridges among the buildings also seriously reduces the operational efficiency of HHH. The unsatisfactory geographical location and connectivity of the three buildings has undermined the flexibility in deploying beds in different wards during peak admission seasons.

Enhance service capacity and operational efficiency

6. In line with the commitment in the 2013 Policy Address to strengthen longer-term care and rehabilitation services for elderly people suffering from

chronic diseases, we propose to expand HHH with the construction of a new hospital block to provide 160 additional extended care beds and to expand the clinical, supporting and ancillary facilities to support additional inpatient care services. The infirmary wards currently situated in the three hospital buildings will be reprovisioned at the new hospital block. The new block will be linked to the hospital main block to enhance operational efficiency. The quality of healthcare services provided for patients with complex medical and nursing needs will also be improved, as the new block will be better supported by the clinical services provided at the hospital main block.

Establishment of a day medical and rehabilitation centre and integrated carers' support centre to meet service demand

7. With an ageing population, the focus of healthcare provision in Hong Kong has been gradually shifting from acute episodic illnesses to illnesses of chronic disabling and relapsing nature. It is also an international trend to develop ambulatory and community care with a view to unnecessary admission to hospitalisations.

8. We propose to set up a new hospital-based day medical and rehabilitation centre (DMRC) at the new block in HHH with the aim of reducing unnecessary hospitalisation and premature institutionalisation especially for individuals with higher medical and nursing complexities. The proposed DMRC, with an estimated number of 11 000 annual attendances, will provide out-patient consultation, day medical procedures and day rehabilitation services for patients, in particular those with significant disability, frailty and multiple medical comorbidities. Training to patients on will also be provided at the DMRC.

9. Volunteers and informal caregivers are important partners of healthcare professionals in providing support and ambulatory care to disabled and frail patients, as well as hospital dischargees. To strengthen this partnership, a new

integrated carers' support centre (ICSC), with an estimated number of 3 000 annual referrals from the in-patient service, will be established at the new block to provide information on healthcare resources, training, support groups and professional psychosocial support for carers and volunteers in the community. This one-stop service and information centre will also serve as a base of development and operation of the community volunteer support network, which consists of volunteers of the hospital and non-governmental organizations, for post-discharged patients.

The Proposed Project

- 10. The scope of the proposed project comprises the following
 - (a) construction of a new hospital block erecting over the slope on the east of the existing main block for re-provisioning of 116 infirmary beds from the three existing hospital blocks, providing 160 additional extended care beds and accommodating a DMRC and an ICSC with associated facilities;
 - (b) demolition of the three existing hospital buildings which accommodate the infirmary wards at HHH;
 - (c) construction of two pedestrian link bridges to link up the new hospital block with the existing main block;
 - (d) expansion of existing building services plants to serve the new hospital block;
 - (e) building services and structural provisions in the new hospital block to cater for vertical extension in future;
 - (f) alteration and addition works to areas affected by the proposed works in the existing main block; and

(g) provision of associated external and landscaping works.

11. We plan to seek funding approval from the Finance Committee (FC) in the second quarter of 2016. The estimated cost of the proposed project is in the order of \$2,100 million in money-of-the-day (MOD) prices.

12. Subject to FC's funding approval, we aim to commence the construction works immediately afterwards for completion of the project in the third quarter of 2021. HHH will remain functional at all times during the works and any disruption of services, if unavoidable, will be kept to a minimum.

13. A site plan of the proposed works is at **Enclosure**.

Public Consultation

14. HA consulted the Social Services & Healthy and Safe City Committee (SSHSCC) of Sai Kung District Council (SKDC) on the proposed project on 21 July and 15 September 2015, and further updated SKDC on the project progress on 8 March 2016. Members of SKDC welcomed the proposed project and urged for its early implementation.

Advice Sought

15. Members are invited to comment on the proposed project as outlined in this paper.

Food and Health Bureau Hospital Authority March 2016

<u>Enclosure</u> 附件

