

**For discussion
on 4 June 2008**

PWSC(2008-09)24

ITEM FOR PUBLIC WORKS SUBCOMMITTEE OF FINANCE COMMITTEE

HEAD 708 – CAPITAL SUBVENTIONS AND MAJOR SYSTEMS AND EQUIPMENT

Medical Subventions

66MM – Provision of a general out-patient clinic, an integrated community mental health support services centre and a long stay care home in Tin Shui Wai Area 109

Members are invited to recommend to Finance Committee the upgrading of **66MM** to Category A at an estimated cost of \$430.2 million in money-of-the-day prices for the provision of a general out-patient clinic, an integrated community mental health support services centre and a long stay care home in Tin Shui Wai (TSW) Area 109.

PROBLEM

We need to enhance public out-patient services for low-income families and other vulnerable groups in TSW. We also need to provide one-stop integrated community mental health support services for persons with or suspected to have mental health problem and their families or carers, and strengthen residential care services for discharged chronic mental patients in the TSW area.

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PROPOSAL

2. The Director of Architectural Services, with the support of the Secretary for Food and Health and the Secretary for Labour and Welfare, proposes to upgrade **66MM** to Category A at an estimated cost of \$430.2 million in money-of-the-day (MOD) prices for the provision of a general out-patient clinic (GOPC), an integrated community mental health support services centre (ICMHSSC) and a long stay care home (LSCH) in TSW Area 109.

PROJECT SCOPE AND NATURE

3. The scope of **66MM** comprises the construction of a building, with a construction floor area (CFA) of about 12 710 square meters (m²), in TSW Area 109 to accommodate –

- (a) a GOPC which includes -
 - (i) a general clinic with six consultation rooms;
 - (ii) a community multi-specialty clinic with six consultation rooms; and
 - (iii) an integrated clinic with two consultation rooms; and
- (b) welfare facilities¹ which include –
 - (i) an ICMHSSC consisting of a training and activity centre, a community mental health care services unit, a community mental health link unit and a community rehabilitation day services unit; and

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¹ A bare shell premises will be constructed for the ICMHSSC and LSCH. In line with the established arrangement, the future service operator(s) of the welfare facilities will seek funds from the Lotteries Fund for internal fitting-out works and furniture and equipment.

- (ii) a 75-place LSCH for discharged chronic mental patients.

4. A site plan of the proposed building is at Enclosure 1. We plan to start the construction works in June 2009 for completion in December 2011.

JUSTIFICATIONS

GOPC

5. At present, general out-patient (GOP) services in Hong Kong are primarily provided by the private sector. Public GOP services are mainly targeted at the low-income, the chronically ill and other vulnerable groups (including poor and frail elderly). The Administration has monitored carefully the provision of GOP services in TSW. At present, public GOP services in TSW are mainly provided by the TSW Health Centre located in TSW South. To cater for the need for public GOP service in the district, the Hospital Authority (HA) has already rented a consultation room of the Pok Oi Hospital Chinese Medicine Clinic located in Tin Wah Estate in TSW North since 2006 for providing additional GOP services. The two clinics provide about 163 000 attendances of GOP consultation services for about 51 000 patients a year in total.

6. According to the statistics of the Planning Department, the population of TSW in 2007 was about 274 000, and is expected to increase to about 311 000 in 2016. To cater for the increasing population's need for public GOP services, the Administration plans to build a GOPC in TSW Area 109 in TSW North. We expect that the proposed GOPC can provide about 55 000 attendances of GOP consultation services each year.

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7. To cater for the needs of the residents in the district for specialist and allied health professional services, the Administration also plans to provide an integrated clinic and a community multi-specialty clinic together with the proposed GOPC. The proposed integrated clinic will provide family medicine, gynecologist, paediatric and community health services, as well as psychiatric treatment. The proposed community multi-specialty clinic is expected to provide physiotherapist, occupational therapist, prosthetic, dietetic services, etc.

Welfare facilities

8. At present, there are two Community Mental Health Link (CMHL) units, four Community Mental Health Care Services (CMHC) units, one Community Rehabilitation Day Services (CRDS) unit and one Community Mental Health Intervention Project (CoMHIP) team providing community support services for persons with mental health problems in TSW and Yuen Long district. These services are operated by different Non-governmental Organisations (NGOs). While these programmes seek to provide tailored services for respective target groups of persons with mental health needs, the service users are required to approach different NGOs/service units for different services at their different rehabilitation stages. To provide more accessible and integrated services to the users, there is a need to re-align these programmes towards a person-oriented service delivery mode, so that users may acquire the required services at a single centre during their various stages of rehabilitation.

9. To this end, the proposed ICMHSSC aims to provide one-stop integrated community mental health care services to the services users, including networking services, community mental health education, centre-based and outreaching occupational therapy, centre-based daily living skills training as well as vocational training, etc. in a seamless and convenient manner. The target clientele of the ICMHSSC include persons with or suspected to have mental health problems and ex-mentally ill persons, as well as their families and carers living in the TSW area. Subject to the effectiveness of this new service delivery mode, the Social Welfare Department (SWD) will consider adopting such mode in other districts through revamping the existing community mental health support services.

10. As to the LSCH, while SWD currently provides a total of 1 407 places in the territory, there are still about 550 persons on the waiting list and the average waiting time is 35 months. Most of the people on the waiting list of LSCH service are either in-patients of psychiatric hospitals or out-patients receiving community support services from various community mental health programmes. The planned 75 additional LSCH places provided under this project would help meet the demand, and go some way towards reducing the average waiting time.

FINANCIAL IMPLICATIONS

11. The Director of Architectural Services estimates the capital cost of the project to be \$430.2 million in MOD prices (see paragraph 14 below), made up as follows -

	\$ million
(a) Site works	4.5
(b) Piling	69.6
(c) Building	141.7
(d) Building services	74.3
(e) Drainage	2.5
(f) External works	8.5
(g) Link bridge	5.4

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(h)	Additional energy conservation measures	9.1	
(i)	Furniture and equipment (F&E) ²	20.5	
(j)	Consultants' fees	5.5	
	(i) quantity surveying (QS) services	4.8	
	(ii) risk management	0.7	
(k)	Contingencies	31.6	
	Sub-total	373.2	(in September 2007 prices)
(l)	Provision for price adjustment	57.0	
	Total	430.2	(in MOD prices)

12. Of the \$430.2 million total capital cost, \$156.8 million is for the provision of welfare facilities which would first be funded by the Capital Works Reserve Fund and then be reimbursed from the Lotteries Fund (LF) after project completion. In line with established practice, approval from the Finance Committee (FC) is sought for any proposal funded by LF that has recurrent financial implications exceeding \$10.0 million a year. As the welfare facilities of this project are expected to incur recurrent government expenditure in excess of \$10.0 million per annum, we will seek FC's approval for the LF allocations of \$156.8 million. To this end, we aim to submit our proposal for consideration by FC at the meeting on 20 June 2008 (i.e. the same meeting to which the PWSC's recommendation on this project will be submitted for FC's endorsement).

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² Based on an indicative list of furniture and equipment items and their estimated prices for the GOPC only.

13. We propose to engage consultants to undertake quantity surveying (QS) services and risk management for the project. A breakdown of the estimate for the consultants' fees by man-months is at Enclosure 2. The CFA of **66MM** is 12 710 m². The estimated construction unit cost, represented by the building and building services costs, is \$16 994 per m² of CFA in September 2007 prices. We consider the estimated project cost reasonable as compared with that of other similar government projects.

14. Subject to approval, we will phase the expenditure as follows -

Year	\$ million (Sept 2007)	Price Adjustment Factor	\$ million (MOD)
2009 – 10	15.0	1.06293	15.9
2009 – 11	80.0	1.10545	88.4
2011 – 12	180.0	1.14967	207.0
2012 – 13	70.0	1.19566	83.7
2013 – 14	25.0	1.24348	31.1
2014 – 15	3.2	1.29322	4.1
	373.2		430.2

15. We have derived the MOD estimates on the basis of the Government's latest forecast of trend rate of change in the prices of public sector building and construction output for the period 2009 to 2015. We will tender out

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the project as a design-and-build contract. We intend to award the contract on a lump-sum basis because we can clearly define the scope of the works in advance. The contract will provide for price adjustments as the contract period will exceed 21 months.

16. The HA has assessed the requirements for F&E for the GOPC, and estimates the F&E cost to be \$20.5 million. The proposed F&E provision represents 14.3% of the total construction cost³ of the GOPC.

17. We estimate the additional annual recurrent expenditure arising from the project to be \$55.6 million including \$43.0 million for the GOPC and \$12.6 million for the welfare facilities.

PUBLIC CONSULATION

18. We consulted the Culture, Recreation, Community Service and Housing Committee of the Yuen Long District Council on 11 March 2008. Members supported the project.

19. We also consulted the Legislative Council Panel on Health Services and Panel on Welfare Services on 14 April 2008. Members of both Panels supported the project.

ENVIRONMENTAL IMPLICATIONS

20. The project is not a designated project under the Environmental Impact Assessment Ordinance (Cap. 499). The project will not cause any long-term environmental impact.

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³ Represented by building, building services, drainage and external works costs for the GOPC of this project and is estimated to be \$143.1million.

21. During construction, we will control noise, dust and site run-off nuisances to within established standards and guidelines through the implementation of mitigation measures in the relevant contracts. These include the use of silencers, mufflers, acoustic lining or shields for noisy construction activities, frequent cleaning and watering of the sites, and the provision of wheel-washing facilities.

22. We have considered measures in the planning and design stages to reduce the generation of construction waste where possible. These include the use of demountable partition and external glass wall to reduce temporary formwork and construction waste. In addition, we will require the contractor to reuse inert construction waste (e.g. the use of excavated materials for filling within the site, the use of metal hoardings and signboards so that these materials can be recycled or reused in other sites) on site or in other suitable construction sites as far as possible, in order to minimise the disposal of inert construction waste to public fill reception facilities⁴. We will encourage the contractor to maximize the use of recycled or recyclable inert construction waste, as well as the use of non-timber formwork to further minimise the generation of construction waste.

23. We will also require the contractor to submit for approval a plan setting out the waste management measures, which will include appropriate mitigation means to avoid, reduce, reuse and recycle inert construction waste. We will ensure that the day-to-day operations on site comply with the approved plan. We will require the contractor to separate the inert portion from non-inert construction waste on site for disposal at appropriate facilities. We will control the disposal of inert construction waste and non-inert construction waste to public fill reception facilities and landfills respectively through a trip-ticket system.

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⁴ Public fill reception facilities are specified in Schedule 4 of the Waste Disposal (Charges for Disposal of Construction Waste) Regulation. Disposal of inert construction waste in public fill reception facilities requires a licence issued by the Director of Civil Engineering and Development.

24. We estimate that the project will generate in total about 16 585 tonnes of construction waste. Of these, we will reuse about 6 080 tonnes (36.7%) of inert construction waste on site, deliver 9 175 tonnes (55.3%) of inert construction waste to public fill reception facilities for subsequent reuse. In addition, we will dispose of 1 330 tonnes (8.0%) of non-inert construction waste at landfills. The total cost for accommodating construction waste at public fill reception facilities and landfill sites is estimated to be \$414,000 for this project (based on a unit cost of \$27/tonne for disposal at public fill reception facilities and \$125/tonne⁵ at landfills).

ENERGY CONSERVATION MEASURES

25. This project has adopted various forms of energy efficient features, including -

- (a) T5 energy efficient fluorescent tubes with electronic ballast and lighting control by occupancy sensors and daylight sensors;
- (b) light-emitting diode (LED) type exit signs;
- (c) high efficiency air-cooled chillers with heat recovery function;
- (d) demand control of fresh air supply with carbon dioxide sensors;
- (e) heat wheel/heat pipe for heat energy reclaim of exhaust air;
- (f) automatic on/off switching of lighting and ventilation fans inside the lifts; and
- (g) building energy management system for large installations.

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⁵ This estimate has taken into account the cost for developing, operating and restoring the landfills after they are filled and the aftercare required. It does not include the land opportunity cost for existing landfill sites (which is estimated at \$90/m³), nor the cost to provide new landfills, (which is likely to be more expensive) when the existing ones are filled.

26. For renewable energy technologies, we will use solar hot water heating for the central hot water system and will use photovoltaic panels to provide renewable energy for environmental benefits.

27. For greening features, we will provide landscape in the appropriate area on terraces for environmental and amenity benefits.

28. The total estimated additional cost for adoption of the above features is around \$9.1 million. There will be about 12% energy savings in the annual energy consumption.

HERITAGE IMPLICATIONS

29. The project will not affect any heritage site, i.e. all declared monuments, proposed monuments, graded historic sites/buildings, sites of archaeological interest and Government historic sites identified by the Antiquities and Monuments Office.

LAND ACQUISITION

30. This project does not require land acquisition.

BACKGROUND INFORMATION

31. We upgraded **66MM** to Category B in September 2007. We engaged consultants to carry out topographical survey, pre-contract QS services, site investigation and geotechnical assessment at a total cost of \$2.1 million. We charged \$304,300 to block allocation **Subhead 3100GX** “Project feasibility studies, minor investigations and consultants’ fees for items in Category D of the Public Works Programme” and \$1.8 million to block allocation **Subhead 8100MX** “Hospital Authority – improvement works, feasibility studies, investigations and pre-contract consultancy services for building projects”. The

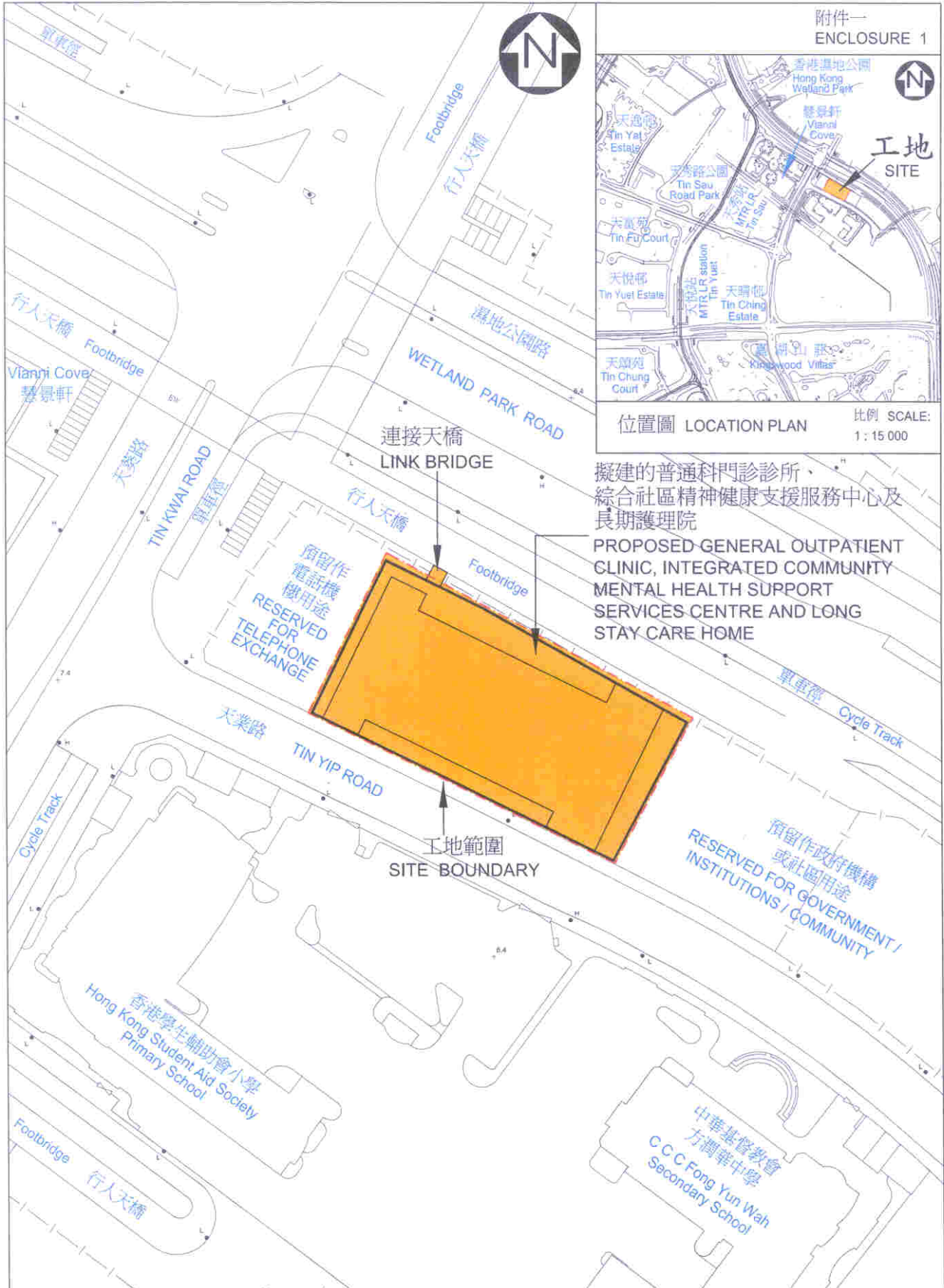
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consultants have completed the topographical survey, site investigation and geotechnical assessment. The QS consultant is carrying out the pre-contract QS services. We are concluding the project requirements with in-house staff resources and the QS consultant is also finalizing the tender documents of the project.

32. The proposed works will not involve any tree removal proposal.

33. We estimate that the proposed works will create about 305 jobs (276 for labourers and 29 for professional/technical staff) providing a total employment of 7 400 man-months.

34. Before the completion of the proposed GOPC, HA will conduct a pilot project in TSW to purchase primary care services from the private sector for specified patient groups so as to enhance the existing GOP services. Subject to HA's reaching agreement on the service mode and contractual terms with private doctors in the district, HA's target is to implement the project around mid-2008 in phases. We briefed the Legislative Council Panel on Health Services on the project details on 14 April 2008.



擬建的普通科門診診所、
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長期護理院
PROPOSED GENERAL OUTPATIENT
CLINIC, INTEGRATED COMMUNITY
MENTAL HEALTH SUPPORT
SERVICES CENTRE AND LONG
STAY CARE HOME

66MM
在天水圍109區興建一所普通科門診診所、一所綜合社區精神健康支援服務中心及一所長期護理院興建工程
PROVISION OF A GENERAL OUTPATIENT CLINIC, AN INTEGRATED COMMUNITY MENTAL HEALTH SUPPORT SERVICES CENTRE AND A LONG STAY CARE HOME IN TIN SHUI WAI AREA 109

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ARCHITECTURAL SERVICES DEPARTMENT 建築署

66MM – Provision of a general out-patient clinic, an integrated community mental health support services centre and a long stay care home in Tin Shui Wai Area 109

Breakdown of the estimate for consultants' fees

Consultants' staff costs		Estimated man- months	Average MPS* salary point	Multiplier (Note 1)	Estimated fee (\$ million)
(a) Quantity surveying services (Note 2)	Professional	-	-	-	2.8
	Technical	-	-	-	2.0
(b) Risk management consultancy services (Note 3)	Professional	3.5	38	2.0	0.4
	Technical	8.0	14	2.0	0.3
Total					5.5

* MPS = Master Pay Scale

Note

- (1) A multiplier of 2.0 is applied to the average MPS point to estimate the full staff costs including the consultant's overheads and profit, as the staff will be employed in the consultant's offices. (At 1 April 2007, MPS point 38 is \$56,945 per month and MPS point 14 is \$18,840 per month.)
- (2) The consultant's staff cost for quantity surveying services is calculated in accordance with the existing consultancy agreement for the provision of quantity servicing services for **66MM**. The assignment will only be executed subject to Finance Committee's approval to upgrade **66MM** to Category A.
- (3) We will only know the actual man-months and actual fees after we have selected the consultants through the usual competitive bidding system.