

Head 149 — GOVERNMENT SECRETARIAT: HEALTH, WELFARE AND FOOD BUREAU

Controlling officer: the Permanent Secretary for Health, Welfare and Food will account for expenditure under this Head.

Estimate 2005–06..... **\$27,728.8m**

Establishment ceiling 2005–06 (notional annual mid-point salary value) representing an estimated 129 non-directorate posts as at 31 March 2005 and as at 31 March 2006 **\$52.0m**

In addition, there will be an estimated 19 directorate posts as at 31 March 2005 and as at 31 March 2006.

Commitment balance **\$425.6m**

Controlling Officer's Report

Programmes

Programme (1) Director of Bureau's Office	This programme contributes to Policy Area 27: Intra-Governmental Services (Secretary for Health, Welfare and Food).
Programme (2) Social Welfare	This programme contributes to Policy Area 14: Social Welfare (Secretary for Health, Welfare and Food).
Programme (3) Health	This programme contributes to Policy Area 15: Health (Secretary for Health, Welfare and Food).
Programme (4) Women's Interests	This programme contributes to Policy Area 33: Women's Interests (Secretary for Health, Welfare and Food).
Programme (5) Agriculture, Fisheries and Food Safety	This programme contributes to Policy Area 2: Agriculture, Fisheries and Food Safety (Secretary for Health, Welfare and Food).
Programme (6) Environmental Hygiene	This programme contributes to Policy Area 32: Environmental Hygiene (Secretary for Health, Welfare and Food).
Programme (7) Subvention: Skills centres	This programme contributes to Policy Area 14: Social Welfare (Secretary for Health, Welfare and Food).
Programme (8) Subvention: Guardianship Board and Environmental Advisory Service	This programme contributes to Policy Area 14: Social Welfare (Secretary for Health, Welfare and Food).
Programme (9) Subvention: Hospital Authority	This programme contributes to Policy Area 15: Health (Secretary for Health, Welfare and Food).
Programme (10) Subvention: Prince Philip Dental Hospital	This programme contributes to Policy Area 15: Health (Secretary for Health, Welfare and Food).

Detail

Programme (1): Director of Bureau's Office

	2003–04 (Actual)	2004–05 (Original)	2004–05 (Revised)	2005–06 (Estimate)
Financial provision (\$m)	5.9	5.8	5.8 (—)	5.8 (—)

(or same as
2004–05 Original)

Aim

- 2 The aim is to ensure the smooth operation of the Office of the Secretary for Health, Welfare and Food.

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Brief Description

3 The Office of the Secretary for Health, Welfare and Food is responsible for providing administrative support to the Secretary for Health, Welfare and Food in carrying out his duties. The work includes the planning, co-ordination and implementation of all arrangements for the Secretary's public, media and community functions. Generally, the effectiveness of the work of the Bureau is reflected in the extent to which the Office of the Secretary for Health, Welfare and Food achieves the objectives of this programme. The Office is operating smoothly and the aim has been achieved.

Programme (2): Social Welfare

	2003-04 (Actual)	2004-05 (Original)	2004-05 (Revised)	2005-06 (Estimate)
Financial provision# (\$m)	77.7	68.0	63.3 (-6.9%)	67.0 (+5.8%)
				(or -1.5% on 2004-05 Original)

All figures include the provisions for public education on rehabilitation, a major territory-wide publicity campaign to promote "A Society for All" to arouse public attention and acceptance of people with disabilities by all in the community, capital and initial recurrent costs for the purchase of a vehicle for overseas visitors with disabilities, public education programme to promote acceptance of people with disabilities by the community and grant to Breakthrough Youth Village for renovation transferred from Head 106—Miscellaneous Services with effect from 2004-05.

Aim

4 The aim is to provide an environment which enables everyone to reach his or her full potential thereby achieving self-reliance and contributing to the well-being of the community and to ensure that appropriate welfare support is available to assist those in need.

Brief Description

5 The Bureau formulates and co-ordinates policies and programmes to:

- improve the quality of life of our elders so that they can enjoy a sense of security, a sense of belonging, and a feeling of health and worthiness;
- enhance tripartite partnership between the business community, the third sector and the Government;
- provide a social safety net of last resort to ensure that assistance is available to those in need;
- facilitate and encourage the full participation and integration of people with disabilities into the community;
- protect children in need of care;
- preserve and strengthen the family;
- help young people develop into responsible and contributing members of the community and facilitate the rehabilitation of young offenders; and
- prevent child abuse, domestic violence and suicide.

6 Generally, the effectiveness of the work of the Bureau is reflected in the extent to which the departments and subvented organisations delivering social welfare services achieve the objectives of this programme and in the extent to which the social security system achieves its objectives. The Bureau is making good progress towards achieving the aims set out in the 2004-05 Controlling Officer's Report.

Matters Requiring Special Attention in 2005-06

7 During 2005-06, the Bureau will:

- oversee the operation of the newly-established Partnership Fund for the Disadvantaged to promote the development of partnership between the business community, the welfare sector and the Government in helping the disadvantaged;
- oversee the extension of the Portable Comprehensive Social Security Assistance Scheme to Fujian Province and the implementation of the relaxed eligibility criteria under the Scheme by allowing elders who have received Comprehensive Social Security Assistance (CSSA) for one year to join the Scheme;

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- oversee the implementation of the relaxed permissible period of absence from Hong Kong for Old Age Allowance and Disability Allowance recipients;
- review the CSSA Scheme on measures to help able-bodied recipients to achieve self-reliance. The review will include evaluating the effectiveness of the Intensive Employment Assistance Projects introduced since October 2003 to help CSSA recipients and near-CSSA recipients to move into work, arrangement and services for single-parent families, and the operation of disregarded earnings;
- re-engineer and target long term care resources at elders most in need by converting residential care places for the elderly into long-term care places and providing infirmary care services in a non-hospital setting;
- promote active and healthy ageing;
- assist the Central Policy Unit to conduct studies on financial security for the elderly to meet challenges posed by population ageing;
- examine the feasibility of a Fee Assistance Scheme for financing residential care of frail elders to allow them more choices and flexibility in using residential care services;
- oversee the provision of a continuum of preventive, supportive and counselling services for needy families through the newly transformed Integrated Family Service Centres;
- oversee the provision of enhanced services to tackle family crises/violence and suicides, and review the Domestic Violence Ordinance;
- oversee the provision of enhanced residential child care services for vulnerable children and youth coming from problem families;
- continue to oversee the implementation of improvements to the social welfare subvention system;
- assist in the design and monitoring of measures designed to promote the self-reliance, accessibility and employment opportunities of people with disabilities;
- strengthen the community support services for people with disabilities and their families;
- oversee the provision of a monthly special supplement for those CSSA recipients who are 100% disabled or who require constant attendance but are not living in institutions;
- prepare the subsidiary legislation and the administrative procedures on child adoption under the amended Adoption Ordinance;
- continue to operate the Community Investment and Inclusion Fund;
- pursue the harmonisation of child care centres and kindergartens in accordance with the work plan of the Education and Manpower Bureau;
- continue to run the legal representation scheme for children/juveniles involved in care or protection proceedings, and review its arrangements;
- continue to provide assistance, as necessary, to family members of those who sacrifice themselves to save others; and
- oversee the operation of the Trust Fund for Severe Acute Respiratory Syndrome (SARS).

Programme (3): Health

	2003–04 (Actual)	2004–05 (Original)	2004–05 (Revised)	2005–06 (Estimate)
Financial provision (\$m)	768.9	135.2	216.9 (+60.4%)	132.1 (–39.1%)
				(or –2.3% on 2004–05 Original)

Aim

8 The aim is to formulate and oversee implementation of policies to protect and promote public health, to provide comprehensive and lifelong holistic health care to each citizen, and to ensure that no one is prevented, through lack of means, from obtaining adequate medical treatment.

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Brief Description

9 The Bureau formulates and co-ordinates policies and programmes to:

- protect and promote health;
- prevent and treat illness and disease; and
- minimise the impact of disability.

10 Generally, the effectiveness of the work of the Bureau is reflected in the extent to which the departments and subvented organisations delivering medical and health care services achieve the objectives of this programme. The aims have been broadly achieved in 2004–05.

Matters Requiring Special Attention in 2005–06

11 During 2005–06, the Bureau will:

- enhance our infectious disease emergency response system by strengthening the work of the Centre for Health Protection and building up our surge capacity in dealing with infectious diseases;
- start the review of the Quarantine and Prevention of Disease Ordinance with a view to further strengthening our capability of preventing and controlling infectious disease of public health importance in Hong Kong;
- oversee the implementation of health promotion and preventive programmes for children and parents, adolescents, men, women and elders;
- oversee the implementation of the registration system for proprietary Chinese medicines;
- review the operation of Chinese medicine outpatient services in the public health care sector and setting the direction for further development;
- take forward legislative proposals to regulate undesirable health claims by amending the Undesirable Medical Advertisements Ordinance;
- oversee the implementation of an administrative system to regulate medical devices;
- oversee the progress of various capital projects of the Hospital Authority, such as the construction of an infectious disease block at the Princess Margaret Hospital, and the provision of additional lifts and associated works at Block S of the United Christian Hospital;
- work out and implement measures, in conjunction with the Hospital Authority, to deal with the increasing number of Mainland visitors seeking medical treatment in public hospitals in Hong Kong;
- review strategies on health care services development and health care financing in consultation with the revamped Health and Medical Development Advisory Committee;
- introduce a bill to amend the Smoking (Public Health) Ordinance to protect the public from second-hand smoking in indoor workplaces and restaurants;
- manage the Research Fund for the Control of Infectious Diseases to generate evidence-based knowledge to enhance the overall system preparedness for infectious diseases, such as avian influenza and SARS; and
- review the public medical fee structure to ensure that government subsidies are targeted to areas of greatest needs.

Programme (4): Women's Interests

	2003–04 (Actual)	2004–05 (Original)	2004–05 (Revised)	2005–06 (Estimate)
Financial provision (\$m)	16.6	18.0	11.3 (–37.2%)	16.3 (+44.2%)
				(or –9.4% on 2004–05 Original)

Aim

12 The aim is to promote the well-being and interests of women in Hong Kong, and to support the Women's Commission's mission to enable women to fully realise their due status, rights and opportunities in all aspects of life.

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Brief Description

13 The Bureau formulates and co-ordinates policies and programmes to:

- facilitate the incorporation of women’s perspectives in the process of policy making where appropriate;
- empower women and enable them to participate more fully in the community;
- identify needs and concerns of women and improve delivery of services to women;
- enhance the community’s sensitivity to and understanding of gender-related issues and reduce gender stereotyping as well as facilitate exchange of views and ideas on women matters;
- improve communication and facilitate collaboration between the Government and non-governmental organisations and strengthen liaison with relevant international bodies; and
- ensure adherence to the relevant international conventions and agreements in Hong Kong.

14 Generally, the effectiveness of the work of the Bureau is reflected in the extent to which work on the three identified priority areas of action, i.e. enabling environment, empowerment of women, and public education, has progressed. Overall, the Bureau is making good progress.

Matters Requiring Special Attention in 2005–06

15 During 2005–06, the Bureau will:

- continue to introduce a “Gender Mainstreaming Checklist” to more policy areas and promote gender mainstreaming through the “Gender Focal Points Network” within the Administration;
- provide gender-related training to civil servants to facilitate the consideration of women’s perspectives during policy formulation, legislation and implementation;
- continue to monitor and steer progress of the three-year Capacity Building Mileage Programme to encourage and facilitate women to pursue continuous learning;
- conduct regular meetings and exchanges with local women’s groups and service agencies and participate in key international fora;
- review policies and services related to women and promote the development of new or improved services, including new models and good practices;
- continue to work with relevant parties to enhance women’s participation in advisory and statutory bodies; and
- conduct public education and publicity programmes to enhance public awareness of gender-related issues.

Programme (5): Agriculture, Fisheries and Food Safety

	2003–04 (Actual)	2004–05 (Original)	2004–05 (Revised)	2005–06 (Estimate)
Financial provision (\$m)	10.9	10.9	11.5 (+5.5%)	9.8 (–14.8%)
				(or –10.1% on 2004–05 Original)

Aim

16 The aim is to formulate and oversee implementation of policies to ensure that food available for human consumption is safe, to respond to food incidents promptly and effectively, to prevent the introduction and spread of zoonotic diseases and diseases in animals and plants, to facilitate the sustainable development of the agricultural and fisheries industries, and to oversee efficient operation of government wholesale marketing facilities for fresh food produce.

Brief Description

17 The Bureau’s main responsibility under this programme is to formulate and to keep under review policies relating to food safety. It made good progress in this area of work.

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Matters Requiring Special Attention in 2005–06

18 During 2005–06, the Bureau will:

- examine the need to introduce a mandatory food recall framework in Hong Kong;
- continue to work on proposals on nutrition labelling scheme for Hong Kong;
- introduce legislative proposals to conserve fisheries resources in Hong Kong waters;
- develop proposals to address the avian influenza problem;
- develop proposals to regulate the use of pesticides; and
- review the existing regulatory framework on the control of animals and birds.

Programme (6): Environmental Hygiene

	2003–04 (Actual)	2004–05 (Original)	2004–05 (Revised)	2005–06 (Estimate)
Financial provision (\$m)	8.6	9.0	9.3 (+3.3%)	8.9 (–4.3%)
				(or –1.1% on 2004–05 Original)

Aim

19 The aims are to provide quality environmental hygiene services in the territory, strengthen the management of public markets, minimise the risks and threats caused to public health by pest and other nuisances, enhance the effectiveness of regulatory control over food premises, and promote public involvement in the upkeep of personal and environmental hygiene standards.

Brief Description

20 The Bureau's main responsibility under this programme is to formulate and co-ordinate policies and programmes relating to the above activities. It made good progress in achieving the targets set for 2004.

Matters Requiring Special Attention in 2005–06

21 During 2005–06, the Bureau will:

- revamp and rationalise the existing regulatory framework for licensed food premises for ensuring food hygiene;
- implement the various environmental hygiene related measures recommended by Team Clean in its final report for enhancing personal and community hygiene;
- implement measures to strengthen control on live fish and fish tank water to ensure food hygiene;
- strengthen the measures for prevention and control of mosquito problem; and
- review and consider measures to enhance the operation and management of public markets.

Programme (7): Subvention: Skills centres

	2003–04 (Actual)	2004–05 (Original)	2004–05 (Revised)	2005–06 (Estimate)
Financial provision# (\$m)	109.2	112.6	102.1 (–9.3%)	100.3 (–1.8%)
				(or –10.9% on 2004–05 Original)

All figures reflect provision for the skills centres transferred from the former Head 176—Subventions: Miscellaneous with effect from 2004–05.

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Aim

22 The aim is to provide vocational training to people with disabilities aged 15 and above for the purpose of improving their employment prospects and preparing them for open employment.

Brief Description

23 The Bureau subvents three skills centres run by the Vocational Training Council.

24 The overall performance of the skills centres in the 2004/05 academic year is expected to be satisfactory.

25 The key performance indicators are:

	<i>Academic Year</i>		2005/06 (Estimate)
	2003/04 (Actual)	2004/05 (Revised Estimate)	
<i>No. of vocational assessment made</i>			
comprehensive assessment programme.....	216	150	150
specific assessment programme.....	859	800	800
<i>No. of training places</i>			
full-time.....	769	712	630
part-time.....	360	360	360
<i>No. of trainees enrolled</i>			
full-time.....	705	655	630
part-time.....	600	360	360
<i>No. of trainees completed training</i>			
full-time.....	346	250	250
part-time.....	528	300	300

Matters Requiring Special Attention in 2005–06

26 The skills centres will continue to develop new courses and modify existing ones to meet the changing needs of the open employment market so as to enhance the employment opportunities of people with disabilities.

Programme (8): Subvention: Guardianship Board and Environmental Advisory Service

	2003–04 (Actual)	2004–05 (Original)	2004–05 (Revised)	2005–06 (Estimate)
Financial provision# (\$m)	4.8	5.8	5.2 (–10.3%)	5.7 (+9.6%)
				(or –1.7% on 2004–05 Original)

All figures reflect provisions for the Guardianship Board and Environmental Advisory Service transferred from the former Head 176—Subventions: Miscellaneous with effect from 2004–05.

Aim

27 The aim is to support the operation of the Guardianship Board for mentally disordered and mentally handicapped persons under the Mental Health Ordinance, and to provide specialist information and advice on ways to improve access facilities to meet the special needs of people with disabilities through the Environmental Advisory Service.

Brief Description

28 The Bureau subvents the Guardianship Board and the Environmental Advisory Service.

Matters Requiring Special Attention in 2005–06

29 The Guardianship Board will step up its publicity and public education programmes to promote its work and service among members of the public and relevant professions. The Environmental Advisory Service will continue to provide specialist information and advice on means to improve access of people with disabilities.

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Programme (9): Subvention: Hospital Authority

	2003–04 (Actual)	2004–05 (Original)	2004–05 (Revised)	2005–06 (Estimate)
Financial provision# (\$m)	29,548.7	28,106.4	28,212.7 (+0.4%)	27,272.3 (–3.3%)
				(or –3.0% on 2004–05 Original)

All figures reflect provision for the Hospital Authority transferred from the former Head 177—Subventions: Non-departmental Public Bodies with effect from 2004–05.

Aim

30 The main aims of the Hospital Authority are to advise the Government on the needs of the public for hospital services and resources required to meet those needs as well as to provide adequate, efficient and effective public hospital services of the highest standard recognised internationally within the resources available.

Brief Description

31 The Bureau subvents the Hospital Authority to provide public medical services. The Hospital Authority is a statutory body established on 1 December 1990 under the Hospital Authority Ordinance to manage all public hospitals in Hong Kong. The Authority, with about 52 000 staff (full time equivalents as at 31 December 2004), manages 43 public hospitals and institutions, 45 specialist outpatient clinics and 74 general outpatient clinics.

32 With the transfer of the management of general outpatient clinics from the Department of Health in 2003, the Hospital Authority manages and develops the public medical service system in ways which are conducive to achieving the following objectives:

- to use hospital beds and general outpatient clinics, staff, equipment and other resources efficiently to provide medical services of the highest possible standard within the resources available;
- to improve the efficiency of medical services by developing appropriate management structure, systems and performance measures;
- to encourage public participation in the operation of the public medical service system; and
- to ensure accountability to the public for the management and control of the public medical service system.

33 Since its establishment, the Hospital Authority has made the following progress in working towards the objectives:

- introduction of an annual planning process to translate organisational mission into operational plans, and to demonstrate public accountability;
- development of hospital clustering and service networking to improve service quality and optimise utilisation of resources;
- implementation of management reforms to establish clear lines of responsibility and accountability, and to allow individual clusters or services flexibility in setting their priorities to respond to local needs; and
- implementation of quality improvement programmes, risk management systems and systematic clinical audit to enhance the quality of care.

34 The Hospital Authority generally achieved its performance targets in 2004–05. The demand for public hospital services has rebounded after the outbreak of SARS in 2003. The volume of patient care activities across the full range of services in 2004–05 is significantly higher than the level in 2003–04.

35 The key activity data in respect of the Hospital Authority are:

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Targets

	As at 31 March 2004 (Actual)	As at 31 March 2005 (Revised Estimate)	As at 31 March 2006 (Target & Plan)
<i>Access to services</i>			
inpatient services			
no. of hospital beds			
general (acute and convalescent)	20 751	20 550	20 250
infirmary	2 195	2 151	2 151
mentally ill	4 730	4 730	4 730
mentally handicapped	800	800	700
	<hr/>	<hr/>	<hr/>
total	28 476	28 231	27 831
ambulatory & outreach services			
accident and emergency (A&E) services			
% of A&E patients with target waiting time			
triage I (critical cases – 0 minutes)	100%	100%	100%
triage II (emergency cases – < 15 minutes)...	97%	95%	95%
triage III (urgent cases – < 30 minutes)	89%	90%	90%
specialist outpatient services			
median waiting time for first appointment at specialist clinics			
first priority patients.....	1 week	2 weeks	2 weeks
second priority patients.....	5 weeks	8 weeks	8 weeks
rehabilitation & geriatric services			
no. of community nurses.....	372	385	390
no. of geriatric day places.....	567	567	567
psychiatric services			
no. of community psychiatric nurses.....	97	105	105
no. of psychiatric day places.....	719	719	719

Indicators

	2003–04 (Actual)	2004–05 (Revised Estimate)	2005–06 (Estimate)
<i>Delivery of services</i>			
inpatient services			
no. of discharges & deaths			
general (acute and convalescent)	720 880	826 300	826 300
infirmary	4 464	3 300	3 300
mentally ill	13 438	14 000	14 200
mentally handicapped	371	400	400
	<hr/>	<hr/>	<hr/>
overall	739 153	844 000	844 200
no. of patient days			
general (acute and convalescent)	4 693 552	5 243 000	5 243 000
infirmary	631 696	575 000	575 000
mentally ill	1 324 364	1 309 000	1 309 000
mentally handicapped	254 916	253 600	253 600
	<hr/>	<hr/>	<hr/>
overall	6 904 528	7 380 600	7 380 600
bed occupancy rate			
general (acute and convalescent)	72%	83%	83%
infirmary	82%	84%	86%
mentally ill	78%	80%	80%
mentally handicapped	87%	88%	88%
	<hr/>	<hr/>	<hr/>
overall	75%	82%	82%

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	2003-04 (Actual)	2004-05 (Revised Estimate)	2005-06 (Estimate)
average length of stay (days)§			
general (acute and convalescent)	6.7	6.4	6.4
infirmary	175.0	133.0	133.0
mentally ill	100.0	101.0	174.0
mentally handicapped	622.0	546.0	546.0
overall	9.9	8.9	8.9
ambulatory & outreach services			
day inpatient			
no. of discharges & deaths	236 230	268 500	270 600
accident & emergency services			
no. of attendances	1 828 729	2 070 000	2 103 000
no. of attendances per 1 000 population	262	291	299
outpatient services			
no. of specialist outpatient (clinical) new attendances	516 230	587 000	587 000
no. of specialist outpatient (clinical) follow-up attendances	5 157 287	5 461 000	5 464 000
total no. of specialist outpatient (clinical) attendances	5 673 517	6 048 000	6 051 000
no. of general outpatient attendances	4 297 848	5 278 000	5 278 000
rehabilitation & palliative care services			
no. of rehabilitation day and palliative care day attendance@	44 118	60 400	60 400
no. of home visits by community nurses	705 716	780 600	785 000
no. of allied health (community) attendances@	22 011	20 900	20 900
no. of allied health (outpatient) attendances	1 971 028	2 133 000	2 133 000
geriatric services			
no. of outreach attendances	384 046	453 000	453 000
no. of geriatric elderly persons assessed for infirmary care service	1 909	1 600	1 600
no. of geriatric day attendances	82 720	126 000	126 000
no. of Visiting Medical Officer attendances	33 235	81 400	81 400
psychiatric services			
no. of psychiatric outreach attendances	81 230	82 900	83 000
no. of psychiatric day attendances	154 629	179 200	179 200
no. of psychogeriatric outreach attendances	41 466	45 500	45 500
<i>Quality of services</i>			
no. of hospital deaths per 1 000 population♣	3.9	3.8	3.8
unplanned readmission rate within 28 days for general inpatients	8.9%	9.4%	9.4%
<i>Cost of services</i>			
cost distribution			
cost distribution by services types (%)			
inpatient	64.2%	63.2%	63.1%
ambulatory & outreachΔ	35.8%	36.8%	36.9%
cost by services per 1 000 population (\$m)			
inpatient	2.9	2.7	2.6
ambulatory & outreachΔ	1.6	1.6	1.5
cost of services for persons aged 65 or above			
share of cost of services (%)	45.3%	45.2%	45.2%
cost of services per 1 000 population (\$m)	17.9	16.3	16.0
unit cost			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent)	24,300	19,960	19,450
infirmary	166,710	193,540	188,980
mentally ill	142,100	125,150	120,290
mentally handicapped	728,960	620,310	604,770

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	2003–04 (Actual)	2004–05 (Revised Estimate)	2005–06 (Estimate)
ambulatory & outreach services			
cost per accident & emergency attendance (\$).....	830	680	650
cost per specialist outpatient attendance (\$)	800	710	700
cost per outreach visit by community nurse (\$)	360	300	290
cost per psychiatric outreach attendance (\$)	1,110	1,070	1,040
cost per geriatric day attendance (\$)	1,910	1,430	1,390
<i>Manpower (no. of full time equivalent staff as at 31st March)</i>			
medical			
doctor	4 542	4 546	4 561
intern	325	324	324
dentist	5	5	5
medical total	4 872	4 875	4 890
nursing			
qualified staff	19 148	18 917	19 073
trainee	160	180	180
nursing total	19 308	19 097	19 253
allied health.....	4 891	4 817	4 784
others	23 380	23 040	22 885
total	<u>52 451</u>	<u>51 829</u>	<u>51 812</u>

§ Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged/treated.

@ New indicators.

♣ Refers to the standardised mortality rate covering all deaths in the Hospital Authority hospitals. This is derived by applying the age-specific mortality rate in the Hospital Authority in a particular year to a 'standard' population (which is the 2001 Hong Kong mid-year population).

Δ New indicators resulting from merging two old indicators — “ambulatory” and “rehabilitation & outreach”.

Matters Requiring Special Attention in 2005–06

36 In 2005–06, the Hospital Authority will continue to meet the health care needs of the population within the policy framework of the Government. The Government direction is for the Hospital Authority to focus on four priority areas: (a) acute and emergency care; (b) services for the low income group and the underprivileged; (c) illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment; and (d) training of health care professionals.

37 During 2005–06, the Hospital Authority will also:

- contribute to improving population health through collaborative programmes on health promotion, health protection and community-based health care delivery;
- enhance infection control measures in hospitals and clinics;
- continuously improve the quality of clinical care;
- facilitate the development of family medicine;
- strengthen human resources management including improving career development of staff and improving staff communication;
- adopt a multi-pronged approach to address the budgetary constraint; and
- assist the Government in its work on revision of public medical fees and charges.

38 The estimated level of activities for 2005–06 has not taken into account the potential impact of fee revision for certain public health care services.

39 For mentally ill services, approximately 200 long stay patients in the Hospital Authority hospitals will be transferred to and cared for more appropriately by a newly opened institution operated by a welfare organisation.

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Programme (10): Subvention: Prince Philip Dental Hospital

	2003-04 (Actual) [^]	2004-05 (Original)	2004-05 (Revised)	2005-06 (Estimate)
Financial provision# (\$m)	120.7	117.6	117.7 (+0.1%)	110.6 (-6.0%)
				(or -6.0% on 2004-05 Original)

All figures reflect provision for the Prince Philip Dental Hospital transferred from the former Head 177— Subventions: Non-departmental Public Bodies with effect from 2004-05.

[^] The actual expenditure of the Prince Philip Dental Hospital for 2003-04 is \$119.7 million. The unspent subvention of \$1 million was recovered in 2004-05.

Aim

40 The aim is to provide facilities for the training of dentists and dental ancillary personnel.

Brief Description

41 The Bureau subvents the Prince Philip Dental Hospital (PPDH). PPDH is a statutory body established in 1981 under the PPDH Ordinance. It is a purpose-built teaching hospital to provide clinical training facilities for undergraduate and postgraduate students of the Faculty of Dentistry of the University of Hong Kong. It also runs courses for dental ancillary personnel at diploma/certificate level.

42 With effect from 1 April 2002, the Secretary for Health, Welfare and Food has taken over from the Director of Health the vote control on the subvention to PPDH.

43 In the 2003/04 academic year, PPDH generally achieved its overall performance targets in terms of the number of students attending the undergraduate and postgraduate courses and the diploma/certificate courses.

44 The key performance measures are:

Targets

	<i>Academic Year</i>		2005/06 (Plan)
	2003/04 (Actual)	2004/05 (Revised Estimate)	
<i>No. of training places</i>			
undergraduate	244	248	249
postgraduate	97	115	136
student dental technician	33	30	37
student dental surgery assistant	30	27	30
student dental hygienist	33	38	37
total	437	458	489

Indicators

	<i>Academic Year</i>		2005/06 (Estimate)
	2003/04 (Actual)	2004/05 (Revised Estimate)	
<i>Capacity utilisation rate (%)§</i>			
undergraduate	98	99	100
postgraduate	93	100	100
student dental technician	100	83	89
student dental surgery assistant	100	90	93
student dental hygienist	100	100	100
<i>Completion rate (%)</i>			
undergraduate	100	100	100
postgraduate	94	100	100
student dental technician	94	97	97
student dental surgery assistant	80	78	93
student dental hygienist	100	100	100

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§ This refers to the number of students enrolled in courses as a percentage of the total number of training places offered.

Matters Requiring Special Attention in 2005–06

45 During 2005–06, PPDH will continue to explore ways to further improve and enhance the para-dental training courses.

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ANALYSIS OF FINANCIAL PROVISION

Programme	2003-04 (Actual) (\$m)	2004-05 (Original) (\$m)	2004-05 (Revised) (\$m)	2005-06 (Estimate) (\$m)
(1) Director of Bureau's Office.....	5.9	5.8	5.8	5.8
(2) Social Welfare.....	77.7	68.0	63.3	67.0
(3) Health.....	768.9	135.2	216.9	132.1
(4) Women's Interests.....	16.6	18.0	11.3	16.3
(5) Agriculture, Fisheries and Food Safety	10.9	10.9	11.5	9.8
(6) Environmental Hygiene.....	8.6	9.0	9.3	8.9
(7) Subvention: Skills centres	109.2	112.6	102.1	100.3
(8) Subvention: Guardianship Board and Environmental Advisory Service.....	4.8	5.8	5.2	5.7
(9) Subvention: Hospital Authority.....	29,548.7	28,106.4	28,212.7	27,272.3
(10) Subvention: Prince Philip Dental Hospital.....	120.7	117.6	117.7	110.6
	<u>30,672.0</u>	<u>28,589.3</u>	<u>28,755.8</u> (+0.6%)	<u>27,728.8</u> (-3.6%)
				(or -3.0% on 2004-05 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2005-06 is the same as the revised estimate for 2004-05.

Programme (2)

Provision for 2005-06 is \$3.7 million (5.8%) higher than the revised estimate for 2004-05. This is mainly due to the additional provision for strengthening support services for welfare-related activities, partly offset by the reduced operating expenses to deliver efficiency savings, decrease in non-recurrent expenditure and the effect of the 2005 civil service pay cut.

Programme (3)

Provision for 2005-06 is \$84.8 million (39.1%) lower than the revised estimate for 2004-05. This is mainly due to the decrease in non-recurrent expenditure.

Programme (4)

Provision for 2005-06 is \$5.0 million (44.2%) higher than the revised estimate for 2004-05. This is mainly due to the anticipated increase in the expenses for organising programmes, liaison with local women's groups, participation in major international forums, conducting surveys and studies.

Programme (5)

Provision for 2005-06 is \$1.7 million (14.8%) lower than the revised estimate for 2004-05. This is mainly due to the anticipated decrease in payment for surveys and publicity programmes, reduced operating expenses to deliver efficiency savings and the effect of the 2005 civil service pay cut.

Programme (6)

Provision for 2005-06 is \$0.4 million (4.3%) lower than the revised estimate for 2004-05. This is mainly due to the reduced operating expenses to deliver efficiency savings.

Programme (7)

Provision for 2005-06 is \$1.8 million (1.8%) lower than the revised estimate for 2004-05. This is mainly due to an anticipated drop in the number of trainees at the skills centres.

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Programme (8)

Provision for 2005–06 is \$0.5 million (9.6%) higher than the revised estimate for 2004–05. This is mainly due to the payment of an end-of-contract gratuity to the Chairman of the Guardianship Board in 2005–06.

Programme (9)

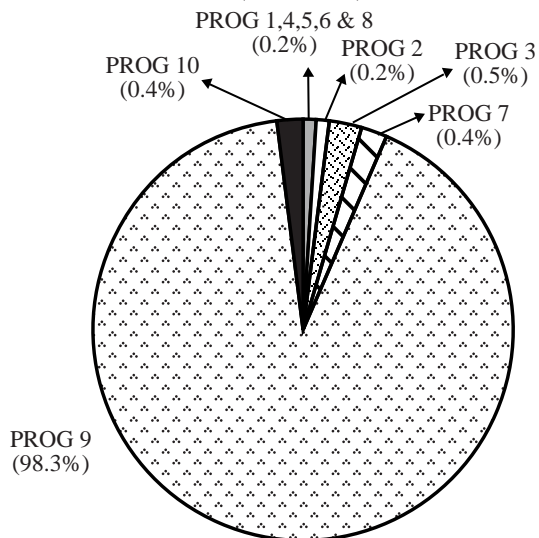
Provision for 2005–06 is \$940.4 million (3.3%) lower than the revised estimate for 2004–05. This is mainly due to the effect of the 2005 civil service pay cut, and reduced operating expenses to deliver efficiency savings. The provision has yet to reflect the funding being sought for extension of some temporary jobs in the Hospital Authority.

Programme (10)

Provision for 2005–06 is \$7.1 million (6.0%) lower than the revised estimate for 2004–05. This is mainly due to the reduced operating expenses to deliver efficiency savings, the effect of the 2005 civil service pay cut and reduced capital expenditure, partly offset by the provision for filling vacant posts.

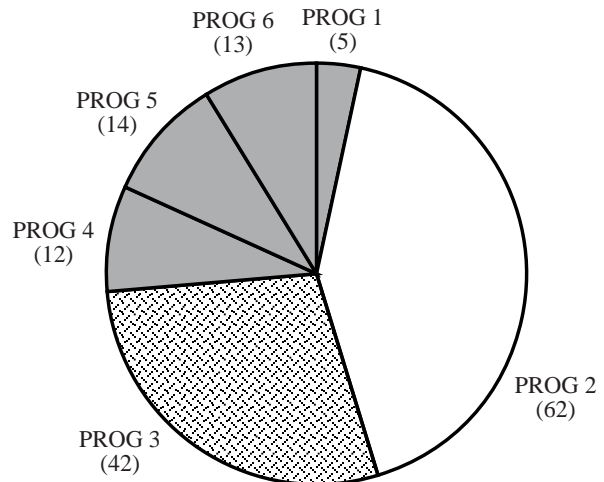
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*Allocation of provision
to programmes
(2005-06)*



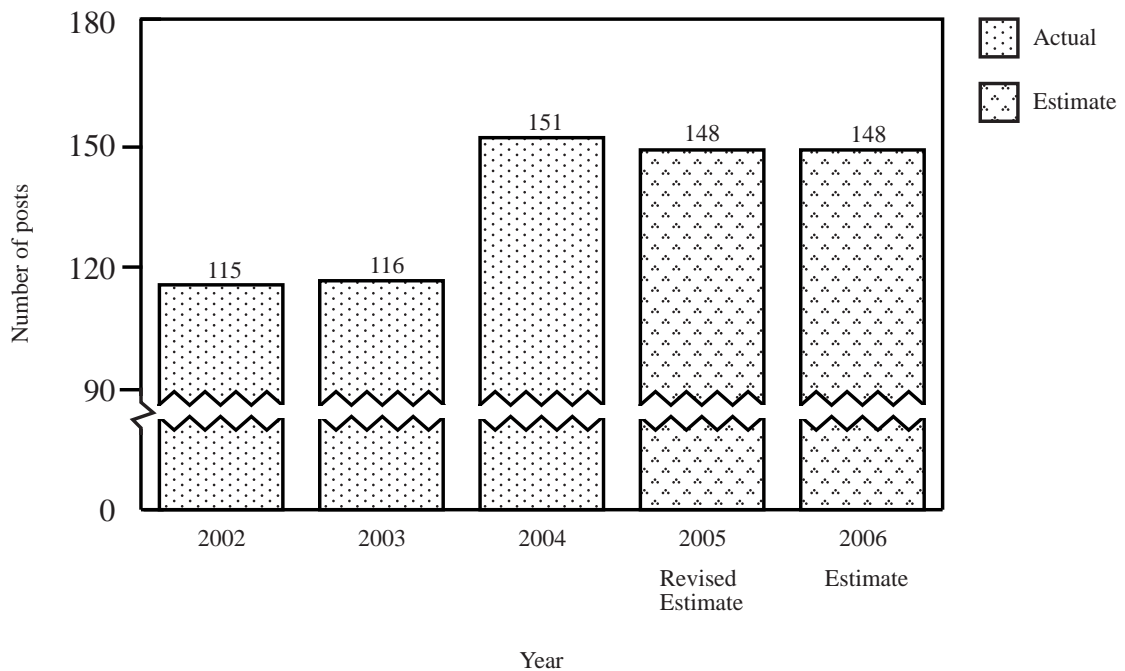
The share of provision under PROG 1,4,5,6, and 8 has been amalgamated for presentation in the above chart, as each is less than 0.1%

*Staff by programme
(as at 31 March 2006)*



No attribution of establishment to PROG 7-10

*Changes in the size of the establishment
(as at 31 March)*



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Sub-head (Code)	Actual expenditure 2003–04	Approved estimate 2004–05	Revised estimate 2004–05	Estimate 2005–06	
	\$'000	\$'000	\$'000	\$'000	
Operating Account					
Recurrent					
000	Operational expenses	121,592	28,176,388	28,053,524	27,375,457
	Total, Recurrent	121,592	28,176,388	28,053,524	27,375,457
Non-Recurrent					
700	General non-recurrent	737,445	91,191	376,140	67,954
	Financial assistance for family members of those who sacrifice their lives to save others (block vote)	24,608	12,000	12,000	—
	Total, Non-Recurrent	762,053	103,191	388,140	67,954
	Total, Operating Account	883,645	28,279,579	28,441,664	27,443,411
Capital Account					
Subventions					
864	Skills centres (block vote)	—	2,103	2,103	2,087
868	Hospital Authority – furniture and equipment for Chinese medicine service	—	5,401	4,929	472
874	Prince Philip Dental Hospital – information technology system	—	—	5,000	2,000
899	Prince Philip Dental Hospital – minor plant, vehicles, equipment, maintenance, and improvement (block vote)	—	1,858	1,676	2,810
940	Prince Philip Dental Hospital – provision of dental equipment and furniture	—	241	241	34
979	Hospital Authority – equipment and information systems (block vote)	—	300,000	300,000	278,000
	Hospital Authority – information technology system for Chinese medicine outpatient clinics	—	150	150	—
	Total, Subventions	—	309,753	314,099	285,403
	Total, Capital Account	—	309,753	314,099	285,403
	Total Expenditure	883,645	28,589,332	28,755,763	27,728,814

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Details of Expenditure by Subhead

The estimate of the amount required in 2005–06 for the salaries and expenses of the Health, Welfare and Food Bureau is \$27,728,814,000. This represents a decrease of \$1,026,949,000 against the revised estimate for 2004–05 and an increase of \$26,845,169,000 over actual expenditure in 2003–04.

Operating Account

Recurrent

2 Provision of \$27,375,457,000 under *Subhead 000 Operational expenses* is for salaries, allowances and other operating expenses of the Health, Welfare and Food Bureau.

3 The establishment as at 31 March 2005 will be 148 permanent posts. No change in establishment is expected in 2005–06. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2005–06, but the notional annual mid-point salary value of all such posts must not exceed \$51,979,000.

4 An analysis of the financial provision under *Subhead 000 Operational expenses* is as follows:

	2003–04 (Actual) (\$'000)	2004–05 (Original) (\$'000)	2004–05 (Revised) (\$'000)	2005–06 (Estimate) (\$'000)
Personal Emoluments				
- Salaries	80,096	83,510	81,205	78,556
- Allowances	4,503	4,216	3,190	3,841
- Job-related allowances	4	8	8	8
Personnel Related Expenses				
- Mandatory Provident Fund contribution	145	216	166	219
Departmental Expenses				
- General departmental expenses	35,267	47,803	44,222	69,345
Other Charges				
- Financial assistance for family members of those who sacrifice their lives to save others	—	—	—	12,000
- Public education on rehabilitation	—	2,000	2,000	2,000
Subventions				
- Environmental Advisory Service	—	1,389	1,389	1,344
- Hospital Authority	—	27,800,837	27,702,925	26,993,791
- Skills centres	—	110,550	99,957	98,210
- Guardianship Board	—	4,377	3,840	4,371
- Prince Philip Dental Hospital	—	115,529	110,822	105,772
- Legal representation scheme for children/juvenile involved in care or protection proceedings	1,577	5,953	3,800	6,000
	121,592	28,176,388	28,053,524	27,375,457

Capital Account

Subventions

5 Provision of \$2,087,000 under *Subhead 864 Skills centres (block vote)* is for carrying out repairing works and replacing the air-conditioning system at the Tuen Mun Skills Centre.

6 Provision of \$2,810,000 under *Subhead 899 Prince Philip Dental Hospital—minor plant, vehicles, equipment, maintenance, and improvement (block vote)* is for the procurement of plant and equipment, maintenance, and minor improvement works costing over \$150,000 but not exceeding \$2,000,000 for each project. The increase of \$1,134,000 (67.7%) over the revised estimate for 2004–05 is mainly due to increased requirement for replacement, maintenance and improvement of facilities in PPDH.

7 Provision of \$278,000,000 under *Subhead 979 Hospital Authority—equipment and information systems (block vote)* is to cover expenditure on all equipment items and computerisation projects costing over \$150,000 each. The decrease of \$22,000,000 (7.3%) against the revised estimate for 2004–05 is mainly due to reduced cash flow requirement for meeting payment for acquisition of information systems.

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Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment \$'000	Accumulated expenditure to 31.3.2004 \$'000	Revised estimated expenditure for 2004-05 \$'000	Balance \$'000
<i>Operating Account</i>						
700	<i>General non-recurrent</i>					
	015	Promotion of healthy ageing 02	1,000	594	80	326
	019	Health and Health Services Research Fund	10,000	—	5,000	5,000
	021	Funding Research on Control of Infectious Diseases	500,000	50,253	39,056	410,691
	443	Setting up of an international network for continuing medical education and continuing professional development by the HK Academy of Medicine.....	9,500	—	5,199	4,301
	581	Public education programme to promote acceptance of people with disabilities by the community.....	8,000	7,934	47	19
	601	A major territory-wide publicity campaign to promote “A Society for All” to arouse public attention and acceptance of people with disabilities by all in the community...	1,500	1,158	172	170
	605	The Hong Kong Society for Rehabilitation – capital and initial recurrent costs for the purchase of a vehicle for overseas visitors with disabilities	1,300	1,050	—	250
			<u>531,300</u>	<u>60,989</u>	<u>49,554</u>	<u>420,757</u>
<i>Capital Account</i>						
868	165	Hospital Authority – furniture and equipment for Chinese medicine service	9,056	3,655	4,929	472
874	445	Prince Philip Dental Hospital – information technology system	9,300	—	5,000	4,300
940	156	Prince Philip Dental Hospital – provision of dental equipment and furniture	7,041	6,766	241	34
		Total	<u>556,697</u>	<u>71,410</u>	<u>59,724</u>	<u>425,563</u>