

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 2006–07 **\$28,272.6m**

Establishment ceiling 2006–07 (notional annual mid-point salary value) representing an estimated 129 non-directorate posts as at 31 March 2006 reducing by one post to 128 posts as at 31 March 2007 **\$52.0m**

In addition, there will be an estimated 19 directorate posts as at 31 March 2006 and as at 31 March 2007.

Commitment balance **\$476.7m**

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	These programmes contribute to Policy Area 14: Social Welfare (Secretary for Health, Welfare and Food).
Programme (8) Subvention: Guardianship Board and Environmental Advisory Service	These programmes contribute to Policy Area 14: Social Welfare (Secretary for Health, Welfare and Food).
Programme (9) Subvention: Hospital Authority	These programmes contribute to Policy Area 15: Health (Secretary for Health, Welfare and Food).
Programme (10) Subvention: Prince Philip Dental Hospital	These programmes contribute to Policy Area 15: Health (Secretary for Health, Welfare and Food).

Detail

Programme (1): Director of Bureau's Office

	2004–05 (Actual)	2005–06 (Original)	2005–06 (Revised)	2006–07 (Estimate)
Financial provision (\$m)	6.0	5.8	5.8 (—)	5.9 (+1.7%)

(or +1.7% on
2005–06 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

	2004–05 (Actual)	2005–06 (Original)	2005–06 (Revised)	2006–07 (Estimate)
Financial provision (\$m)	50.8	67.0	60.1 (–10.3%)	85.2 (+41.8%)
				(or +27.2% on 2005–06 Original)

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:

- enhance tripartite partnership between the business community, the third sector and the Government;
- 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;
- provide a social safety net of last resort to ensure that assistance is available to the financially vulnerable;
- 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 2005–06 Controlling Officer's Report.

Matters Requiring Special Attention in 2006–07

7 During 2006–07, the Bureau will:

- oversee the administration of the 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;
- continue to operate the Community Investment and Inclusion Fund;
- work with the Elderly Commission on a strategic vision of active ageing, explore means to promote active ageing and disseminate related messages;
- work with the Elderly Commission to explore means to further develop community-based elderly care services, enhance long-term care (LTC) services, and consider options for LTC financing;
- collaborate with the Central Policy Unit in conducting studies on financial security for the elderly to meet challenges posed by population ageing;
- oversee the implementation of New Dawn Project, which aims to empower single parents and family carers with the youngest child aged between 12 and 14 to seek employment, including part-time employment, under the Comprehensive Social Security Assistance (CSSA) Scheme to achieve self-reliance and social integration;

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- continue to review the CSSA Scheme on measures to help able-bodied recipients to achieve self-reliance, including the operation of disregarded earnings;
- 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 implementation of a Family Support Programme to increase connection with vulnerable families, which are unmotivated, so that their problems can be tackled early and appropriate services provided;
- oversee the strengthening and extension of family education;
- oversee the implementation of the pilot Comprehensive Child Development Service to identify at an early stage the varied needs of young children and their families with a view to providing appropriate services to them in a timely manner;
- oversee the provision of more residential care placements for vulnerable children and youth coming from problem families;
- continue to run the legal representation scheme for children/juveniles involved in care or protection proceedings;
- oversee the provision of a continuum of preventive, supportive and counselling services for needy families through the Integrated Family Service Centres;
- oversee the provision of services to tackle family crises/violence and suicides, including the newly introduced pilot scheme of batterer intervention programmes;
- continue to review the Domestic Violence Ordinance;
- continue to oversee the implementation of improvements to the social welfare subvention system;
- oversee the operation of the Trust Fund for Severe Acute Respiratory Syndrome (SARS); and
- continue to provide assistance, as necessary, to family members of those who sacrifice themselves to save others.

Programme (3): Health

	2004–05 (Actual)	2005–06 (Original)	2005–06 (Revised)	2006–07 (Estimate)
Financial provision (\$m)	151.2	132.1	115.2 (–12.8%)	174.7 (+51.6%)
				(or +32.2% on 2005–06 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.

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 2005–06.

Matters Requiring Special Attention in 2006–07

11 During 2006–07, 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;
- review 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;

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- 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;
- continue to set up more Chinese medicine clinics in the public sector to develop “evidence-based” Chinese medicine and provide better training opportunities for graduates of local Chinese medicine degree programmes;
- oversee the implementation of an administrative system to regulate medical devices;
- oversee the progress of various capital projects of the Hospital Authority, such as redevelopment of Caritas Medical Centre;
- review strategies on health care financing in consultation with the revamped Health and Medical Development Advisory Committee;
- oversee the implementation of health care reforms proposed by the Health and Medical Development Advisory Committee that had support in the public consultation;
- explore with Hospital Authority and relevant parties the feasibility of introducing an electronic medical record system in Hong Kong;
- 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

	2004–05 (Actual)	2005–06 (Original)	2005–06 (Revised)	2006–07 (Estimate)
Financial provision (\$m)	10.4	16.3	16.9 (+3.7%)	19.8 (+17.2%)
				(or +21.5% on 2005–06 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.

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 2006–07

15 During 2006–07, 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;

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- 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;
- conduct public education and publicity programmes to enhance public awareness of gender-related issues; and
- continue to provide support to the Women's Commission in promoting a multi-disciplinary approach to tackle domestic violence and nurturing caring families.

Programme (5): Agriculture, Fisheries and Food Safety

	2004-05 (Actual)	2005-06 (Original)	2005-06 (Revised)	2006-07 (Estimate)
Financial provision (\$m)	11.3	9.8	10.3 (+5.1%)	13.3 (+29.1%)
				(or +35.7% on 2005-06 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 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.

Matters Requiring Special Attention in 2006-07

18 During 2006-07, the Bureau will:

- establish a new Centre for Food Safety;
- introduce legislation on implementing a nutrition labeling scheme for prepackaged food;
- develop legislative proposals to enhance the regulatory framework for fisheries product safety;
- develop proposals to address the avian influenza problem;
- continue to review the existing regulatory framework on the control of animals and birds;
- promote sustainable development of local agriculture and fisheries industry, e.g. organic farming and Accredited Fish Farm Scheme; and
- continue to review and update the existing standards on food safety in accordance with international practice and local needs.

Programme (6): Environmental Hygiene

	2004-05 (Actual)	2005-06 (Original)	2005-06 (Revised)	2006-07 (Estimate)
Financial provision (\$m)	9.3	8.9	10.2 (+14.6%)	11.5 (+12.7%)
				(or +29.2% on 2005-06 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

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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 2005.

Matters Requiring Special Attention in 2006–07

21 During 2006–07, the Bureau will:

- implement measures to streamline food business licensing procedures and framework;
- implement measures to meet with the increasing demand for columbaria and crematoria facilities;
- pursue further the development of a medium-sized poultry slaughtering plant;
- implement measures to strengthen control on abstraction of seawater to enhance fish tank water quality; and
- review the market policy and consider measures to enhance the operation and management of public markets.

Programme (7): Subvention: Skills centres

	2004–05 (Actual)	2005–06 (Original)	2005–06 (Revised)	2006–07 (Estimate)
Financial provision (\$m)	97.0	100.3	95.3 (–5.0%)	86.2 (–9.5%)
				(or –14.1% on 2005–06 Original)

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 2005/06 academic year is expected to be satisfactory.

25 The key performance indicators are:

	<i>Academic Year</i>		
	2004/05 (Actual)	2005/06 (Revised Estimate)	2006/07 (Estimate)
<i>No. of vocational assessment made</i>			
comprehensive assessment programme	188	150	150
specific assessment programme	805	800	800
<i>No. of training places</i>			
full-time	712	630	660
part-time	360	360	360
<i>No. of trainees enrolled</i>			
full-time	655	595	660
part-time	619	360	360
<i>No. of trainees completed training</i>			
full-time	338	250	250
part-time	560	300	300

Matters Requiring Special Attention in 2006–07

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.

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

	2004–05 (Actual)	2005–06 (Original)	2005–06 (Revised)	2006–07 (Estimate)
Financial provision (\$m)	4.6	5.7	5.5 (–3.5%)	5.1 (–7.3%)
				(or –10.5% on 2005–06 Original)

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 2006–07

29 The Guardianship Board will strengthen 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.

Programme (9): Subvention: Hospital Authority

	2004–05 (Actual)	2005–06 (Original)	2005–06 (Revised)	2006–07 (Estimate)
Financial provision (\$m)	28,217.5	27,272.3	27,541.4 (+1.0%)	27,761.1 (+0.8%)
				(or +1.8% on 2005–06 Original)

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; and 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 2005), manages 43 public hospitals and institutions, 46 specialist outpatient clinics and 74 general outpatient clinics.

32 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:

- translation of organisational mission into operational plans through an annual planning process to demonstrate public accountability;
- improvement of service quality and optimisation of resource utilisation through service networking under the hospital cluster structure;

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- establishment of clear lines of responsibility and accountability through management reforms 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 2005–06. The volume of patient care activities across the full range of services in 2005–06 is slightly higher than the level in 2004–05.

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

Targets

	As at 31 March 2005 (Actual)	As at 31 March 2006 (Revised Estimate)	As at 31 March 2007 (Target & Plan)
<i>Access to services</i>			
inpatient services			
no. of hospital beds			
general (acute and convalescent)	20 511	20 238	20 165
infirmary	2 151	2 151	2 151
mentally ill	4 714	4 714	4 670
mentally handicapped	800	700	680
total	28 176	27 803	27 666
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)	87%	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	383	390	390
no. of geriatric day places	567	567	567
psychiatric services			
no. of community psychiatric nurses	103	103	103
no. of psychiatric day places	719	719	719

Indicators

	2004–05 (Actual)	2005–06 (Revised Estimate)	2006–07 (Estimate)
<i>Delivery of services</i>			
inpatient services			
no. of discharges & deaths			
general (acute and convalescent)	836 293	839 700	839 700
infirmary	3 486	3 500	3 500
mentally ill	14 901	15 300	15 300
mentally handicapped	454	460	400
overall	855 134	858 960	858 900
no. of patient days			
general (acute and convalescent)	5 273 962	5 331 000	5 331 000
infirmary	567 794	564 600	564 600
mentally ill	1 275 813	1 242 000	1 242 000
mentally handicapped	247 783	243 000	243 000
overall	7 365 352	7 380 600	7 380 600

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	2004-05 (Actual)	2005-06 (Revised Estimate)	2006-07 (Estimate)
bed occupancy rate			
general (acute and convalescent).....	83%	84%	84%
infirmary.....	85%	86%	86%
mentally ill.....	79%	79%	79%
mentally handicapped.....	89%	94%	94%
overall.....	83%	84%	84%
average length of stay (days)§			
general (acute and convalescent).....	6.3	6.4	6.4
infirmary.....	120	110	110
mentally ill.....	105	103	103
mentally handicapped.....	624	599	599
overall.....	8.9	9.0	9.0
ambulatory & outreach services			
day inpatient			
no. of discharges & deaths.....	271 255	278 000	278 000
accident & emergency services			
no. of attendances.....	2 101 432	2 103 000	2 103 000
no. of attendances per 1 000 population.....	293	289	289
no. of first attendances for			
triage IA.....	16 776	16 700	16 700
triage IIA.....	35 972	35 100	35 100
triage IIIA.....	536 639	546 000	546 000
outpatient services			
no. of specialist outpatient (clinical) new			
attendances.....	570 748	576 000	576 000
no. of specialist outpatient (clinical) follow-up			
attendances.....	5 436 017	5 521 000	5 521 000
total no. of specialist outpatient (clinical)			
attendances.....	6 006 765	6 097 000	6 097 000
no. of general outpatient attendances.....	5 302 779	5 300 000	5 300 000
rehabilitation & palliative care services			
no. of rehabilitation day and palliative care day			
attendances.....	61 606	62 000	62 000
no. of home visits by community nurses.....	778 970	805 000	835 000
no. of allied health (community) attendances.....	20 074	21 300	21 300
no. of allied health (outpatient) attendances.....	2 112 799	2 165 000	2 165 000
geriatric services			
no. of outreach attendances.....	473 657	490 000	490 000
no. of geriatric elderly persons assessed for			
infirmary care service.....	1 732	1 550	1 500
no. of geriatric day attendances.....	125 992	130 000	130 000
no. of Visiting Medical Officer attendances.....	79 698	81 400	81 400
psychiatric services			
no. of psychiatric outreach attendances.....	83 414	85 000	85 000
no. of psychiatric day attendances.....	173 223	180 600	180 600
no. of psychogeriatric outreach attendances.....	46 372	46 300	46 300
<i>Quality of services</i>			
no. of hospital deaths per 1 000 populationφ.....	3.7	3.8	3.8
unplanned readmission rate within 28 days for general			
inpatients.....	9.5 %	9.7%	9.7%
<i>Cost of services</i>			
cost distribution			
cost distribution by services types (%)			
inpatient.....	63.3%	63.2%	63.2%
ambulatory & outreach.....	36.7%	36.8%	36.8%
cost by services per 1 000 population (\$m)			
inpatient.....	2.7	2.6	2.6
ambulatory & outreach.....	1.6	1.5	1.5

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	2004-05 (Actual)	2005-06 (Revised Estimate)	2006-07 (Estimate)
cost of services for persons aged 65 or above			
share of cost of services (%).....	45.5%	45.8%	45.7%
cost of services per 1 000 population (\$m).....	16.4	15.7	15.8
unit cost			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent).....	19,790	19,450	19,460
infirmary	169,230	166,560	166,660
mentally ill.....	121,320	116,760	117,240
mentally handicapped.....	547,710	534,150	614,630
cost per patient day (\$)Δ			
general (acute and convalescent).....	3,310	3,230	3,230
infirmary	1,040	1,030	1,030
mentally ill.....	1,420	1,440	1,440
mentally handicapped.....	1,000	1,010	1,010
ambulatory & outreach services			
cost per accident & emergency attendance (\$).....	700	690	690
cost per specialist outpatient attendance (\$).....	700	680	680
cost per outreach visit by community nurse (\$).....	310	300	290
cost per psychiatric outreach attendance (\$).....	1,050	1,020	1,020
cost per geriatric day attendance (\$).....	1,410	1,350	1,350
waivers#			
% of Comprehensive Social Security Assistance (CSSA) waiver.....	25.0%	25.0%	25.0%
% of non-CSSA waiver	6.2%	6.2%	6.2%
<i>Manpower (no. of full time equivalent staff as at 31st March)</i>			
medical			
doctor.....	4 526	4 550	4 550
no. of specialists	2 236	2 438	2 658
no. of trainees/non-specialists.....	2 290	2 112	1 892
intern.....	328	324	324
dentist	5	5	5
medical total	4 859	4 879	4 879
nursing			
qualified staff.....	18 891	19 043	19 115
trainee	271	213	211
nursing total.....	19 162	19 256	19 326
allied health	4 830	4 842	4 842
others	23 274	23 406	23 406
total.....	52 125	52 383	52 453

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

Δ New indicators.

φ 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).

New indicators. Refers to the amount waived as percentage to total charge.

Matters Requiring Special Attention in 2006-07

36 In 2006-07, the Hospital Authority will continue to meet the health care needs of the population within the policy framework of the Government. The Government's 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. The Hospital Authority will align its service provision in accordance with the Government's direction, taking into account the recommendations in *Building a Healthy Tomorrow - Discussion Paper on the Future Service Delivery Model for our Health Care System* by the Health and Medical Development Advisory Committee.

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37 The Hospital Authority will also:

- contribute to improving population health through collaborative programmes on health promotion, health protection and community-based health care delivery;
- maintain vigilance in hospitals and clinics against the threat of infectious diseases such as avian influenza;
- implement measures for improving the quality of clinical care including more extensive use of new psychiatric drugs, additional provision for haemodialysis, and more timely intervention for profoundly deaf patients through cochlear implant;
- collaborate with the Department of Health to strengthen public health and hospital services for the prevention and control of poisoning;
- improve cancer care through an enhancement to the cancer registry and conducting clinical trials on two major types of cancers, viz., liver cancer and nasopharyngeal carcinoma;
- facilitate the development of family medicine;
- strengthen human resources management including improving career development of staff and improving staff communication;
- work closely with the Government to address the tight budgetary situation; and
- assist the Government in its work on revision of public medical fees and charges.

Programme (10): Subvention: Prince Philip Dental Hospital

	2004–05 (Actual) [^]	2005–06 (Original)	2005–06 (Revised)	2006–07 (Estimate)
Financial provision (\$m)	112.6	110.6	108.6 (–1.8%)	109.8 (+1.1%)
				(or –0.7% on 2005–06 Original)

[^] The actual expenditure of the Prince Philip Dental Hospital for 2004–05 is \$111.6 million. The unspent subvention of \$1.0 million was recovered in 2005–06.

Aim

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

Brief Description

39 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.

40 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.

41 In the 2004/05 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.

42 The key performance measures are:

Targets

	2004/05 (Actual)	<i>Academic Year</i> 2005/06 (Revised Estimate)	2006/07 (Plan)
<i>No. of training places</i>			
undergraduate	248	252	256
postgraduate	115	140	175
student dental technician	30	31	33
student dental surgery assistant	27	23	30
student dental hygienist	38	37	36
total	458	483	530

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Indicators

	2004/05 (Actual)	Academic Year 2005/06 (Revised Estimate)	2006/07 (Estimate)
<i>Capacity utilisation rate (%)</i> ^Ω			
undergraduate	100	100	100
postgraduate.....	100	100	100
student dental technician	100	84	94
student dental surgery assistant	100	77	93
student dental hygienist	100	100	100
<i>Completion rate (%)</i>			
undergraduate	100	100	100
postgraduate.....	94	100	100
student dental technician	93	97	97
student dental surgery assistant	59	91	96
student dental hygienist	92	100	100

Ω 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 2006–07

43 During 2006–07, 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	2004–05 (Actual) (\$m)	2005–06 (Original) (\$m)	2005–06 (Revised) (\$m)	2006–07 (Estimate) (\$m)
(1) Director of Bureau's Office	6.0	5.8	5.8	5.9
(2) Social Welfare.....	50.8	67.0	60.1	85.2
(3) Health.....	151.2	132.1	115.2	174.7
(4) Women's Interests.....	10.4	16.3	16.9	19.8
(5) Agriculture, Fisheries and Food Safety	11.3	9.8	10.3	13.3
(6) Environmental Hygiene	9.3	8.9	10.2	11.5
(7) Subvention: Skills centres.....	97.0	100.3	95.3	86.2
(8) Subvention: Guardianship Board and Environmental Advisory Service.....	4.6	5.7	5.5	5.1
(9) Subvention: Hospital Authority	28,217.5	27,272.3	27,541.4	27,761.1
(10) Subvention: Prince Philip Dental Hospital.....	112.6	110.6	108.6	109.8
	<u>28,670.7</u>	<u>27,728.8</u>	<u>27,969.3</u> (+0.9%)	<u>28,272.6</u> (+1.1%)
				(or +2.0% on 2005–06 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2006–07 is \$0.1 million (1.7%) higher than the revised estimate for 2005–06. This is mainly due to the salary increments for existing staff.

Programme (2)

Provision for 2006–07 is \$25.1 million (41.8%) higher than the revised estimate for 2005–06. This is mainly due to the additional one-off provision to strengthen and extend family education and to strengthen support to welfare-related policies and services and the increase in operating expenses.

Programme (3)

Provision for 2006–07 is \$59.5 million (51.6%) higher than the revised estimate for 2005–06. This is mainly due to the additional provision for influenza pandemic contingency measures and infectious disease control/health services initiatives.

Programme (4)

Provision for 2006–07 is \$2.9 million (17.2%) higher than the revised estimate for 2005–06. 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 and other increase in operating expenses.

Programme (5)

Provision for 2006–07 is \$3.0 million (29.1%) higher than the revised estimate for 2005–06. This is mainly due to the additional one-off provision for food safety regulation and other increase in operating expenses.

Programme (6)

Provision for 2006–07 is \$1.3 million (12.7%) higher than the revised estimate for 2005–06. This is mainly due to the increase in operating expenses.

Programme (7)

Provision for 2006–07 is \$9.1 million (9.5%) lower than the revised estimate for 2005–06. This is mainly due to the decrease in staff cost resulting from the implementation of re-engineering plan and reduced requirement for repair and maintenance work at the skills centres.

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Programme (8)

Provision for 2006–07 is \$0.4 million (7.3%) lower than the revised estimate for 2005–06. This is mainly due to the reduced requirement for the Guardianship Board, including the payment of end-of-contract gratuity for the Chairman made in 2005–06.

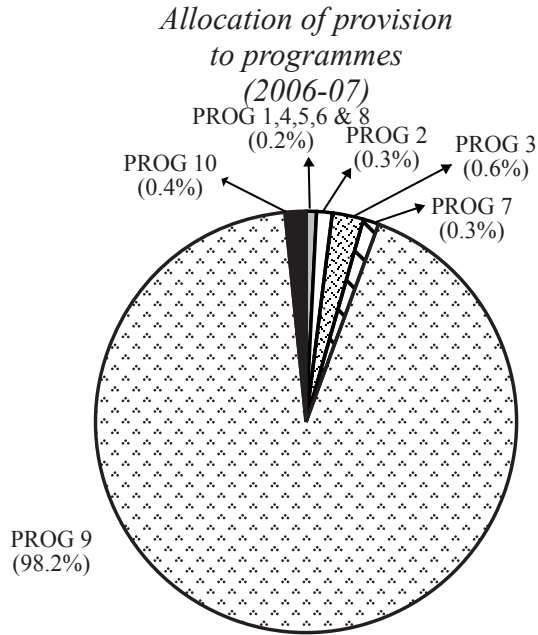
Programme (9)

Provision for 2006–07 is \$219.7 million (0.8%) higher than the revised estimate for 2005–06. This is mainly due to the additional provision to meet increasing demand for hospital services and to implement measures for improving the quality of clinical care.

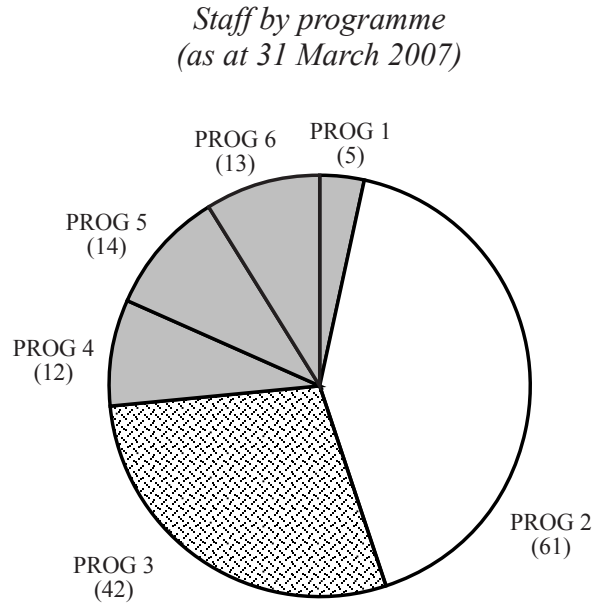
Programme (10)

Provision for 2006–07 is \$1.2 million (1.1%) higher than the revised estimate for 2005–06. This is mainly due to the increased requirement for replacement and maintenance of facilities in PPDH.

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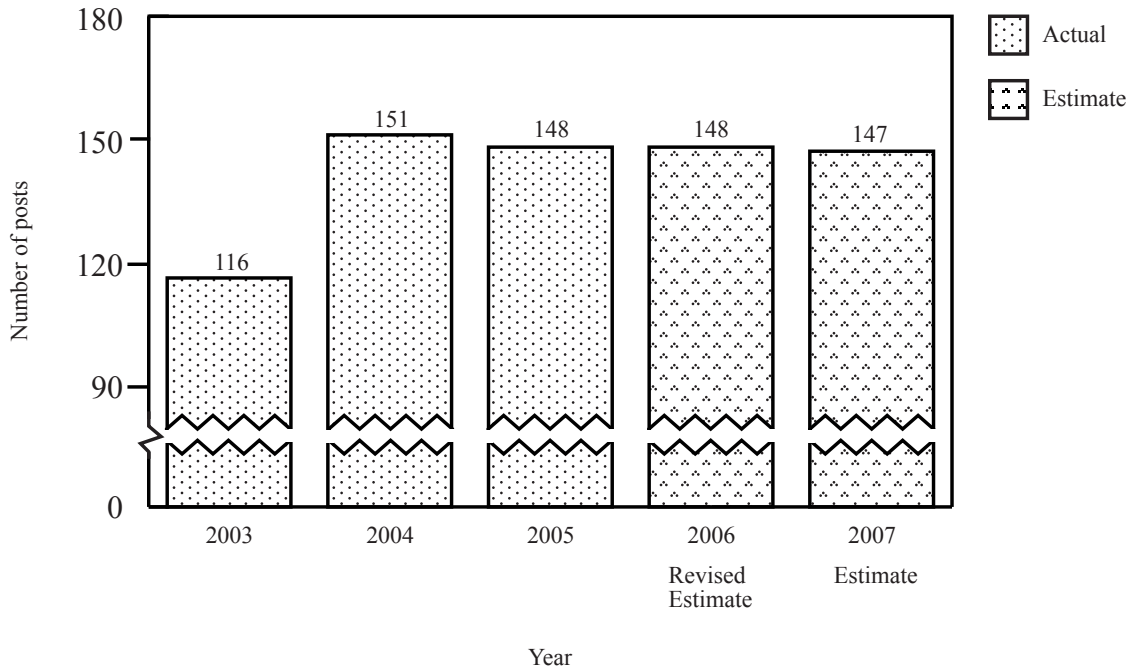


The share of provision under PROG 1,4,5,6, and 8 has been amalgamated for presentation in the above chart, as each is less than 0.1%



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 2004-05	Approved estimate 2005-06	Revised estimate 2005-06	Estimate 2006-07	
	\$'000	\$'000	\$'000	\$'000	
Operating Account					
Recurrent					
000	Operational expenses.....	28,035,228	27,375,457	27,268,462	27,867,767
	Total, Recurrent.....	<u>28,035,228</u>	<u>27,375,457</u>	<u>27,268,462</u>	<u>27,867,767</u>
Non-Recurrent					
700	General non-recurrent.....	323,563	67,954	411,358	104,271
	Financial assistance for family members of those who sacrifice their lives to save others (block vote).....	3,000	—	—	—
	Total, Non-Recurrent.....	<u>326,563</u>	<u>67,954</u>	<u>411,358</u>	<u>104,271</u>
	Total, Operating Account.....	<u>28,361,791</u>	<u>27,443,411</u>	<u>27,679,820</u>	<u>27,972,038</u>
Capital Account					
Subventions					
869	Hospital Authority - information technology system for Chinese medicine outpatient clinics.....	150	—	3,000	3,000
874	Prince Philip Dental Hospital - information technology system.....	—	2,000	3,500	3,500
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote).....	1,732	2,810	2,810	3,818
940	Prince Philip Dental Hospital - provision of dental equipment and furniture.....	33	34	34	208
979	Hospital Authority - equipment and information systems (block vote).....	300,000	278,000	278,000	290,000
	Skills centres (block vote).....	2,103	2,087	2,087	—
	Hospital Authority - furniture and equipment for Chinese medicine service.....	4,846	472	80	—
	Total, Subventions.....	<u>308,864</u>	<u>285,403</u>	<u>289,511</u>	<u>300,526</u>
	Total, Capital Account.....	<u>308,864</u>	<u>285,403</u>	<u>289,511</u>	<u>300,526</u>
	Total Expenditure.....	<u><u>28,670,655</u></u>	<u><u>27,728,814</u></u>	<u><u>27,969,331</u></u>	<u><u>28,272,564</u></u>

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Details of Expenditure by Subhead

The estimate of the amount required in 2006–07 for the salaries and expenses of the Health, Welfare and Food Bureau is \$28,272,564,000. This represents an increase of \$303,233,000 over the revised estimate for 2005–06 and a decrease of \$398,091,000 against actual expenditure in 2004–05.

Operating Account

Recurrent

2 Provision of \$27,867,767,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Health, Welfare and Food Bureau.

3 The establishment as at 31 March 2006 will be 148 permanent posts. It is expected that there will be a deletion of one permanent post in 2006–07. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2006–07, 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:

	2004–05 (Actual) (\$'000)	2005–06 (Original) (\$'000)	2005–06 (Revised) (\$'000)	2006–07 (Estimate) (\$'000)
Personal Emoluments				
- Salaries	80,675	78,556	78,005	78,806
- Allowances	3,162	3,841	3,798	4,409
- Job-related allowances	1	8	8	8
Personnel Related Expenses				
- Mandatory Provident Fund contribution	157	219	172	214
- Civil Service Provident Fund contribution	—	—	89	148
Departmental Expenses				
- General departmental expenses	28,405	69,345	62,460	154,675
Other Charges				
- Financial assistance for family members of those who sacrifice their lives to save others	—	12,000	12,000	12,000
- Public education on rehabilitation	1,750	2,000	2,000	2,000
Subventions				
- Environmental Advisory Service	1,389	1,344	1,344	1,344
- Hospital Authority	27,707,756	26,993,791	26,905,606	27,418,126
- Skills centres	94,943	98,210	93,200	86,210
- Guardianship Board	3,228	4,371	4,141	3,755
- Prince Philip Dental Hospital	110,785	105,772	102,259	102,272
- Legal representation scheme for children/juvenile involved in care or protection proceedings	2,977	6,000	3,380	3,800
	28,035,228	27,375,457	27,268,462	27,867,767

Capital Account

Subventions

5 Provision of \$3,818,000 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 \$1,008,000 (35.9%) over the revised estimate for 2005–06 is mainly due to increased requirement for replacement and maintenance of facilities in PPDH.

6 Provision of \$290,000,000 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.

**Head 149 — GOVERNMENT SECRETARIAT: HEALTH, WELFARE
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Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment \$'000	Accumulated expenditure to 31.3.2005 \$'000	Revised estimated expenditure for 2005-06 \$'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	26,000	144	4,208	21,648
	021	Funding Research on Control of Infectious Diseases.....	500,000	59,042	47,448	393,510
	443	Setting up of an international network for continuing medical education and continuing professional development by the HK Academy of Medicine	9,500	2,835	4,553	2,112
	484	Grant to the Samaritan Fund.....	200,000	—	150,000	50,000
	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 the community.....	1,500	1,348	80	72
			<u>738,000</u>	<u>63,963</u>	<u>206,369</u>	<u>467,668</u>
<i>Capital Account</i>						
869	166	Hospital Authority - information technology system for Chinese medicine outpatient clinics.....	8,660	2,660	3,000	3,000
874	445	Prince Philip Dental Hospital - information technology system.....	9,300	—	3,500	5,800
940	156	Prince Philip Dental Hospital - provision of dental equipment and furniture.....	7,041	6,799	34	208
		Total	<u>763,001</u>	<u>73,422</u>	<u>212,903</u>	<u>476,676</u>