

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 2004–05 **\$28,589.3m**

Establishment ceiling 2004–05 (notional annual mid-point salary value) representing an estimated 132 non-directorate posts as at 31 March 2004 reducing by four posts to 128 posts as at 31 March 2005. **\$55.9m**

In addition there will be an estimated 19 directorate posts as at 31 March 2004 and as at 31 March 2005.

Commitment balance **\$505.1m**

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

	2002–03 (Actual)	2003–04 (Original)	2003–04 (Revised)	2004–05 (Estimate)
Financial provision (\$m)	—	6.1	6.0 (–1.6%)	5.8 (–3.3%)
				(or –4.9% on 2003–04 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 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

	2002-03 (Actual)	2003-04 (Original)	2003-04 (Revised)	2004-05 (Estimate)
Financial provision# (\$m)	54.4	73.8	92.3 (+25.1%)	68.0 (-26.3%)
				(or -7.9% on 2003-04 Original)

All the figures set out above 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 and reflected under Head 149 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;
- provide a social safety net 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;
- enhance social inclusion in the community;
- 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 2003-04 Controlling Officer's Report.

Matters Requiring Special Attention in 2004-05

7 During 2004-05, the bureau will:

- promote the concept of healthy ageing through strengthening community participation in healthy ageing activities and explore ways to promote active ageing, including lifelong learning for elders;
- oversee the provision of enhanced and integrated home and community care services for frail elders living at home;
- monitor the supply of residential care places to help meet the needs for residential care services of elders;
- review the social security schemes to develop a sustainable financial support system for needy older persons to meet their basic needs;

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- keep under review the Comprehensive Social Security Assistance (CSSA) Scheme to ensure that it is financially sustainable as a safety net of last resort, and monitor the provision of intensified employment assistance to employable CSSA recipients to help them to become self-reliant;
- engage relevant parties, including the third sector and business community, in developing strategies to enhance social capital;
- 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;
- implement a pilot scheme to enhance the development of people with disabilities in the arts and cultural fields;
- continue to monitor and enhance services for young people;
- amend the Adoption Ordinance;
- operate the Community Investment and Inclusion Fund;
- pursue the harmonisation of child care centres and kindergartens in accordance with the workplan of the Education and Manpower Bureau;
- encourage research into suicide and domestic violence as well as the development of appropriate preventive and assistance programmes;
- continue to run the newly-launched 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;
- continue to oversee the development of integrated welfare services, particularly Integrated Family Service Centres; and
- oversee the operation of the newly-established Trust Fund for Severe Acute Respiratory Syndrome (SARS).

Programme (3): Health

	2002–03 (Actual)	2003–04 (Original)	2003–04 (Revised)	2004–05 (Estimate)
Financial provision# (\$m)	44.2	43.5	844.5 (+1 841.4%)	135.2 (-84.0%)
				(or +210.8% on 2003–04 Original)

The actual expenditure for 2002–03 above includes the provision for a Grant to the Samaritan Fund previously accounted for under Head 106—Miscellaneous Services.

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 healthcare services achieve the objectives of this programme. The SARS outbreak in the early part of the year was a severe challenge to the work of the bureau and these departments and subvented organisations. The SARS Expert Committee appointed to review the work of the Government in the management and the control of the outbreak concluded that there were shortcomings of system performance during the early phase when little was known about the disease or its cause, but overall the epidemic in Hong Kong was well handled. In areas other than the SARS outbreak, the aims have been broadly achieved in 2003–04.

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Matters Requiring Special Attention in 2004–05

11 During 2004–05, the bureau will:

- enhance our preparedness against outbreak of infectious diseases through implementing the recommendations of the Report of the SARS Expert Committee;
- enhance Hong Kong's capacity to prevent and control communicable disease outbreaks by setting up a Centre for Health Protection;
- oversee the implementation of a parenting programme as well as health promotion and preventive programmes for adolescents, men, women and elders;
- oversee the implementation of the registration system for Chinese medicine practitioners;
- oversee the implementation of the registration system for proprietary Chinese medicines;
- oversee the phased introduction of Chinese medicine outpatient services in the public healthcare sector;
- take forward legislative proposals to regulate misleading or untruthful health claims by amending the Undesirable Medical Advertisements Ordinance;
- oversee the implementation of an administrative system to regulate medical devices;
- amend the Smoking (Public Health) Ordinance to further protect the public;
- manage the Research Fund for the Control of Infectious Diseases (RFCID) and the Health and Health Services Research Fund (HHSRF) to ensure due emphases are placed by the funds on research in public health, emerging infectious diseases, such as SARS, and cross-border research; and
- revive discussion on the long-term health care financing options including the Health Protection Account.

Programme (4): Women's Interests

	2002–03 (Actual)	2003–04 (Original)	2003–04 (Revised)	2004–05 (Estimate)
Financial provision (\$m)	17.6	23.0	18.1 (–21.3%)	18.0 (–0.6%)
				(or –21.7% on 2003–04 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 to 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. gender mainstreaming, empowerment of women, and public education, has progressed. Overall, the bureau is making good progress.

Matters Requiring Special Attention in 2004–05

15 During 2004–05, the bureau will:

- introduce a "Gender Mainstreaming Checklist" to more policy areas and establish a "Gender Focal Points Network" within the Administration;

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- provide gender-related training to civil servants to facilitate the taking into account of women's perspectives during policy formulation, legislation and implementation;
- commission studies, surveys and research on women issues;
- launch a 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 services for women and promote the development of new or improved services, including new models and good practices;
- work with relevant parties to enhance women's participation in advisory and statutory bodies; and
- conduct public education programmes to enhance public awareness of gender-related issues.

Programme (5): Agriculture, Fisheries and Food Safety

	2002–03 (Actual)	2003–04 (Original)	2003–04 (Revised)	2004–05 (Estimate)
Financial provision# (\$m)	11.5	10.9	10.7 (–1.8%)	10.9 (+1.9%)
				(or same as 2003–04 Original)

For comparison purpose, the actual expenses for 2002–03 have included the allocations previously attributable to the programme of agriculture, fisheries and food safety under the obsolete Head 154—Government Secretariat: Environment, Transport and Works Bureau (Environment) and Health, Welfare and Food Bureau.

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.

Matters Requiring Special Attention in 2004–05

18 During 2004–05, the bureau will:

- introduce legislative amendments to update the requirements for the labelling of food additives, allergic food ingredients etc., in the light of international standards;
- put forward proposals on the nutritional labelling scheme for Hong Kong;
- continue to oversee the formulation of implementation plans to conserve fisheries resources in Hong Kong waters;
- regularise the wholesaling of live fish by implementing a permit scheme for wholesale fish stalls;
- 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

	2002–03 (Actual)	2003–04 (Original)	2003–04 (Revised)	2004–05 (Estimate)
Financial provision# (\$m)	10.3	9.1	9.4 (+3.3%)	9.0 (–4.3%)
				(or –1.1% on 2003–04 Original)

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For comparison purpose, the actual expenses for 2002–03 have included the allocations previously attributable to the programme of environmental hygiene under the obsolete Head 154—Government Secretariat: Environment, Transport and Works Bureau (Environment) and Health, Welfare and Food Bureau.

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 2003.

Matters Requiring Special Attention in 2004–05

21 During 2004–05, the bureau will:

- implement the various environmental hygiene related measures recommended by Team Clean in its final report for enhancing personal and community hygiene;
- revamp the existing regulatory framework for licensed food premises for ensuring food hygiene;
- consider measures to enhance the operation and management of public markets;
- monitor the effectiveness of the strategies for prevention and control of rodent and mosquito populations; and
- continue to promote public awareness of the importance of food, environmental and personal hygiene.

Programme (7): Subvention: Skills centres

	2002–03 (Actual)	2003–04 (Original)	2003–04 (Revised)	2004–05 (Estimate)
Financial provision# (\$m)	149.1	121.7	117.9 (–3.1%)	112.6 (–4.5%)
				(or –7.5% on 2003–04 Original)

The provision for the subvention to the skills centres is transferred from the former Head 176—Subventions: Miscellaneous and reflected under Head 149 with effect from 2004–05. The actual expenditure for 2002–03 includes the provision for two skills centres the subvention for which was transferred to the Social Welfare Department starting from 2003–04.

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 2003/04 academic year is expected to be satisfactory.

25 The key performance indicators are:

	<i>Academic Year</i>		
	2002/03# (Actual)	2003/04 (Revised Estimate)	2004/05 (Estimate)
vocational assessment made			
comprehensive assessment programme	165	150	150
specific assessment programme	823	800	800
training places			
full-time	1 251	769	726
part-time	360	360	360

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	Academic Year		2004/05 (Estimate)
	2002/03# (Actual)	2003/04 (Revised Estimate)	
trainees enrolled			
full-time	1 265	769	726
part-time	393	360	360
trainees completed training			
full-time	520	250	250
part-time	340	300	300

Including the output of two skills centres the subvention for which was transferred to the Social Welfare Department starting from 2003–04.

Matters Requiring Special Attention in 2004–05

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

	2002–03 (Actual)	2003–04 (Original)	2003–04 (Revised)	2004–05 (Estimate)
Financial provision# (\$m)	5.6	5.5	5.2 (–5.5%)	5.8 (+11.5%)
				(or +5.5% on 2003–04 Original)

The provisions for the subventions to the Guardianship Board and Environmental Advisory Service are transferred from the former Head 176—Subventions: Miscellaneous and reflected under Head 149 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 2004–05

29 The Guardianship Board will enhance publicity and public education programmes to further 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

	2002–03 (Actual) (\$m)	2003–04 (Approved) (\$m)	2003–04 (Revised) (\$m)	2004–05 (Estimate) (\$m)
Operating Account				
Recurrent				
Personal emoluments	17,050.7	17,104.8	16,973.8	16,305.7
Staff on-costs	7,540.8	7,410.4	7,343.1	7,039.5
Other charges	5,870.8	5,849.1	5,816.7	5,685.4
Less: Income	(1,021.2)	(1,126.3)	(1,171.1)	(1,229.8)
Recurrent subvention	<u>29,441.1</u>	<u>29,238.0</u>	<u>28,962.5</u>	<u>27,800.8</u>

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	2002-03 (Actual) (\$m)	2003-04 (Approved) (\$m)	2003-04 (Revised) (\$m)	2004-05 (Estimate) (\$m)
Non-recurrent				
Training and welfare fund for the Hospital Authority.....	—	—	200.0	—
Total operating account.....	29,441.1	29,238.0	29,162.5	27,800.8
Capital Account				
Furniture and equipment for Chinese medicine service.....	—	—	3.7	5.4
Information technology system for Chinese medicine outpatient clinics.....	—	—	2.5	0.2
Equipment and information systems (block vote).....	395.0	370.0	370.0	300.0
Total capital account	395.0	370.0	376.2	305.6
Financial provision# (\$m).....	29,836.1	29,608.0	29,538.7 (-0.2%)	28,106.4 (-4.8%)
				(or -5.1% on 2003-04 Original)

The provision for the subvention to the Hospital Authority is transferred from the former Head 177— Subventions: Non-departmental Public Bodies and reflected under Head 149 with effect from 2004-05.

Aim

30 The main aims of the Hospital Authority are to advise 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 hospital 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 53 000 staff (full time equivalents as at 31 December 2003), manages 43 public hospitals and institutions, 46 specialist outpatient clinics and 74 general outpatient clinics.

32 The Hospital Authority manages and develops the public hospital system in ways which are conducive to achieving the following objectives:

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

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

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

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34 The Hospital Authority generally achieved its performance targets in 2003–04, though the actual volume of activities in 2003–04 fell short of the performance indicators for that year. Owing to the outbreak of the SARS in March 2003, there has been a notable year-on-year reduction in the volume of activities across the entire range of services provided by the Hospital Authority. While there was a gradual pick-up in the demand for public hospital services in the latter part of 2003–04, the overall volume of activities has not recovered to the pre-SARS level. Given the high proportion of fixed costs in the cost structure of the Hospital Authority, the unit cost of the whole range of Hospital Authority services rose in 2003–04.

35 The key performance measures in respect of the Hospital Authority are:

Targets

	Target for 2004–05	As at 31 March 2003 (Actual)	As at 31 March 2004 (Revised Estimate)	As at 31 March 2005 (Plan)
<i>Access to services</i>				
Inpatient services				
number of hospital beds				
general	19 326	20 579	19 454	19 326
infirmary	2 951	2 951	2 951	2 951
mentally ill	4 802	4 858	4 802	4 802
mentally handicapped	800	800	800	800
total	27 879	29 188	28 007	27 879
Ambulatory diagnostic & therapeutic services				
accident and emergency (A&E) services				
% of A&E patients with target waiting time				
Triage I (critical cases – 0 minutes)	100%	100%	100%	100%
Triage II (emergency cases < 15 minutes)	95%	98%	95%	95%
Triage III (urgent cases < 30 minutes)	90%	89%	90%	90%
specialist outpatient services				
median waiting time for first appointment at specialist clinics				
first priority patients	2 weeks	—	2 weeks	2 weeks
second priority patients	8 weeks	—	8 weeks	8 weeks
Rehabilitation & outreach services				
number of community nurses	385	372	372	385
number of community psychiatric nurses	105	97	97	105
number of psychiatric day places	719	719	719	719
number of geriatric day places	567	567	567	567

Indicators

	2002–03 (Actual)	2003–04 (Revised Estimate)	2004–05 (Estimate)
<i>Delivery of services</i>			
Inpatient services			
number of discharges & deaths			
general	865 804	721 000	783 000
infirmary	4 170	4 400	4 000
mentally ill	13 811	13 200	13 200
mentally handicapped	474	400	400
overall	884 259	739 000	800 600
number of discharges & deaths per 1 000 population (popn)	127	105	113

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	2002-03 (Actual)	2003-04 (Revised Estimate)	2004-05 (Estimate)
number of patient days			
general	5 645 971	4 670 000	4 965 000
infirmary	712 634	635 000	619 000
mentally ill	1 392 624	1 334 000	1 330 000
mentally handicapped	257 894	254 000	253 000
overall	8 009 123	6 893 000	7 167 000
bed occupancy rate			
general	82%	71%	77%
infirmary	90%	82%	81%
mentally ill	82%	77%	77%
mentally handicapped	88%	87%	86%
overall	83%	74%	77%
average length of stay†			
general	6.6	6.8	6.3
infirmary	147.7	168.0	133.0
mentally ill	117.1	105.0	105.0
mentally handicapped	402.7	643.0	400.0
overall	9.3	10.2	8.9
Ambulatory diagnostic & therapeutic services			
day patient			
number of discharges & deaths	313 844	238 000	313 000
number of discharges & deaths per 1 000 popn	45	34	44
number of day patients as % of total inpatient & day patient discharges & deaths	26%	24%	28%
accident & emergency services			
number of attendances	2 380 064	1 816 000	1 964 000
number of attendances per 1 000 popn	341	259	277
outpatient services			
number of specialist outpatient (clinical) attendances	6 273 320	5 648 000	6 100 000
number of specialist outpatient (clinical) attendances per 1000 popn	898	806	860
number of general outpatient attendances	1 264 923	4 348 000§	5 589 000@
Rehabilitation & outreach services			
number of home visits by community nurses	740 615	679 000	740 000
psychiatric services			
number of psychiatric outreach attendances	82 199	81 000	84 000
number of psychiatric day hospital attendances	183 329	156 000	179 000
number of psychogeriatric outreach attendances...	38 046	40 000	42 000
geriatric services			
number of outreach attendances	400 917	382 000	386 000
number of elderly persons assessed for infirmary care service	2 253	2 200	2 200
number of geriatric day hospital attendances	121 325	83 000	109 000
number of Visiting Medical Officer attendances‡.	—	35 000	84 000
number of specialist outpatient (allied health) attendances	2 480 960	1 860 000	2 300 000
<i>Quality of services</i>			
number of hospital deaths per 1000 popn♣	3.85	3.86	3.85
unplanned readmission rate within 28 days for general inpatients	9.4%	8.6%	8.6%
<i>Cost of services</i>			
Cost distribution			
cost distribution by services types			
cost distribution by services (%)			
inpatient	65.6%	65.1%	62.7%
ambulatory	29.6%	30.3%	32.5%
rehabilitation & outreach	4.8%	4.6%	4.8%

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	2002–03 (Actual)	2003–04 (Revised Estimate)	2004–05 (Estimate)
cost by services per 1000 popn (\$m)			
inpatient	2.9	3.0	2.7
ambulatory	1.3	1.4	1.4
rehabilitation & outreach	0.2	0.2	0.2
cost of services for elderly persons			
share of cost of services for elderly persons (%)...	43.8%	44.1%	45.4%
cost of services for elderly persons per 1 000 popn aged 65 & over (\$m)	17.1	17.5	16.7
Unit cost			
inpatient services			
cost per inpatient discharged (\$)			
general	19,960	24,670	20,680
infirmary	182,270	164,580	172,450
mentally ill	137,150	144,440	137,700
mentally handicapped	564,130	670,000	634,600
ambulatory diagnostic & therapeutic services			
cost per accident & emergency attendance (\$)	630	820	720
cost per specialist outpatient attendance (\$)	680	760	650
rehabilitation & outreach services			
cost per outreach visit by community nurse (\$).....	320	350	310
cost per psychiatric outreach attendance (\$).....	1,120	1,130	1,040
cost per geriatric day hospital attendance (\$)	1,470	1,790	1,600
<i>Manpower (no. of full time equivalent staff as at 31st March)</i>			
medical			
doctor	4 280	4 371	4 518
intern	333	329	329
dentist	5	5	5
medical total	4 618	4 705	4 852
nursing			
qualified staff	19 568	19 117	18 990
trainee	0	140	140
nursing total	19 568	19 257	19 130
allied health	4 721	4 881	4 746
others	23 851	22 909	22 203
total	52 758	51 752	50 931

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

§ Increase in attendances due to the taking over of 59 outpatient clinics from the Department of Health in July 2003.

@ Further increase in attendances in 2004–05 due to the full year effects of the taking over of the 59 outpatient clinics from the Department of Health in July 2003.

‡ Refers to the services provided to elderly persons living in Resident Care Homes for the Elderly under the Visiting Medical Officers Scheme introduced in 2003–04.

♣ 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).

Matters Requiring Special Attention in 2004–05

36 In 2004–05, the Hospital Authority will continue to strengthen the community mode of health care delivery in response to the changing needs of an ageing population and the gradual shift of the disease burden to chronic diseases. The Hospital Authority will adopt appropriate strategies such as health promotion and disease prevention, so as to prevent or at least delay the development of chronic conditions and to minimise the associated disabilities. The Hospital Authority will also strengthen its ambulatory care services and rehabilitation programmes to reduce the reliance on inpatient services.

37 During 2004–05, the Hospital Authority will also:

- further prioritise its services to meet the health care needs of the community within the budget;

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- develop plans to achieve efficiency savings by strengthening the community mode of health care delivery, exercising stringent control on the replacement, recruitment and promotion of staff, and formulating other appropriate human resources strategies;
- strengthen infectious disease control in its hospitals and clinics and enhance staff training in this respect;
- enhance medical support for elderly care homes through the Visiting Medical Officer Scheme;
- support the Department of Health in the establishment of the Centre for Health Protection;
- enhance the information systems and physical facilities in the general outpatient clinics taken over from the Department of Health in 2003–04; and
- recruit 300 doctors for training in various specialties.

Programme (10): Subvention: Prince Philip Dental Hospital

	2002–03 (Actual) (\$m)	2003–04 (Approved) (\$m)	2003–04 (Revised) (\$m)	2004–05 (Estimate) (\$m)
Operating Account				
Personal emoluments.....	89.8	93.4	88.6	89.2
Other charges.....	36.1	35.7	36.2	33.2
Less: Income.....	(7.6)	(6.3)	(6.8)	(6.9)
	118.3	122.8	118.0	115.5
Capital Account				
Provision of dental equipment and furniture.....	1.2	0.4	0.4	0.2
Minor plant, vehicles, equipment, maintenance, and improvement (block vote).....	0.5	0.9	0.9	1.9
	1.7	1.3	1.3	2.1
Financial provision# (\$m).....	120.0	124.1	119.3 (–3.9%)	117.6 (–1.4%)
				(or –5.2% on 2003–04 Original)

@ The actual expenditure of the Prince Philip Dental Hospital for 2002–03 is \$118.22 million. The unspent subvention of \$0.05 million was recovered in 2003–04.

The provision for the subvention to the Prince Philip Dental Hospital is transferred from Head 177—Subventions: Non-departmental Public Bodies and reflected under Head 149 with effect from 2004–05.

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 2002/03 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:

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Targets

	2002/03 (Actual)	Academic Year 2003/04 (Revised Estimate)	2004/05 (Plan)
number of training places			
undergraduate.....	240	248	250
postgraduate.....	92	104	110
student dental technician.....	38	33	36
student dental surgery assistant.....	33	30	30
student dental hygienist.....	18	33	36
total.....	421	448	462

Indicators

	2002/03 (Actual)	Academic Year 2003/04 (Revised Estimate)	2004/05 (Estimate)
capacity utilisation rate (%) ^			
undergraduate.....	96	99	100
postgraduate.....	95	100	100
student dental technician.....	100	92	78
student dental surgery assistant.....	100	100	100
student dental hygienist.....	100	92	94
completion rate (%)			
undergraduate.....	98	100	100
postgraduate.....	89	98	100
student dental technician.....	100	92	75
student dental surgery assistant.....	83	93	87
student dental hygienist.....	78	92	89

^ 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 2004–05

43 During 2004–05, the PPDH will explore ways to enhance and expand continuing education for dentists and para-dental personnel in private and public sectors.

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ANALYSIS OF FINANCIAL PROVISION

Programme	2002–03 (Actual) (\$m)	2003–04 (Original) (\$m)	2003–04 (Revised) (\$m)	2004–05 (Estimate) (\$m)
(1) Director of Bureau’s Office	—	6.1	6.0	5.8
(2) Social Welfare.....	54.4	73.8	92.3	68.0
(3) Health.....	44.2	43.5	844.5	135.2
(4) Women’s Interests.....	17.6	23.0	18.1	18.0
(5) Agriculture, Fisheries and Food Safety	11.5	10.9	10.7	10.9
(6) Environmental Hygiene	10.3	9.1	9.4	9.0
(7) Subvention: Skills centres.....	149.1	121.7	117.9	112.6
(8) Subvention: Guardianship Board and Environmental Advisory Service.....	5.6	5.5	5.2	5.8
(9) Subvention: Hospital Authority	29,836.1	29,608.0	29,538.7	28,106.4
(10) Subvention: Prince Philip Dental Hospital.....	120.0	124.1	119.3	117.6
	<hr/>	<hr/>	<hr/>	<hr/>
	30,248.8	30,025.7	30,762.1 (+2.5%)	28,589.3 (-7.1%)
				(or -4.8% on 2003–04 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2004–05 is \$0.2 million (3.3%) lower than the revised estimate for 2003–04. This is mainly due to the effect of the 2004 and 2005 civil service pay cut.

Programme (2)

Provision for 2004–05 is \$24.3 million (26.3%) lower than the revised estimate for 2003–04. This is mainly due to the anticipated decrease in the payment under the “Financial Assistance Scheme for Family Members of Those Who Sacrifice Their Lives to Save Others” in 2004–05, reduced operating expenses to deliver efficiency savings and the effect of the 2004 and 2005 civil service pay cut.

Programme (3)

Provision for 2004–05 is \$709.3 million (84.0%) lower than the revised estimate for 2003–04. This is mainly due to the anticipated decrease in the payment under “Commitment for fight against Severe Acute Respiratory Syndrome” in 2004–05 and the effect of the 2004 and 2005 civil service pay cut.

Programme (4)

Provision for 2004–05 is \$0.1 million (0.6%) lower than the revised estimate for 2003–04. This is mainly due to the effect of the 2004 and 2005 civil service pay cut.

Programme (5)

Provision for 2004–05 is \$0.2 million (1.9%) higher than the revised estimate for 2003–04. This is mainly due to salary increment of staff, partly offset by the reduced operating expenses to deliver efficiency savings and the effect of the 2004 and 2005 civil service pay cut.

Programme (6)

Provision for 2004–05 is \$0.4 million (4.3%) lower than the revised estimate for 2003–04. This is mainly due to the reduced operating expenses to deliver efficiency savings and the effect of the 2004 and 2005 civil service pay cut.

Programme (7)

Provision for 2004–05 is \$5.3 million (4.5%) lower than the revised estimate for 2003–04. This is mainly due to the effect of the 2004 and 2005 civil service pay cut and reduced requirement for priority repair and maintenance works at the skills centres.

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Programme (8)

Provision for 2004–05 is \$0.6 million (11.5%) higher than the revised estimate for 2003–04. This is mainly due to the increased provision for enhancing the publicity and public education campaigns on the work and service as well as for upgrading the IT equipment of the Guardianship Board.

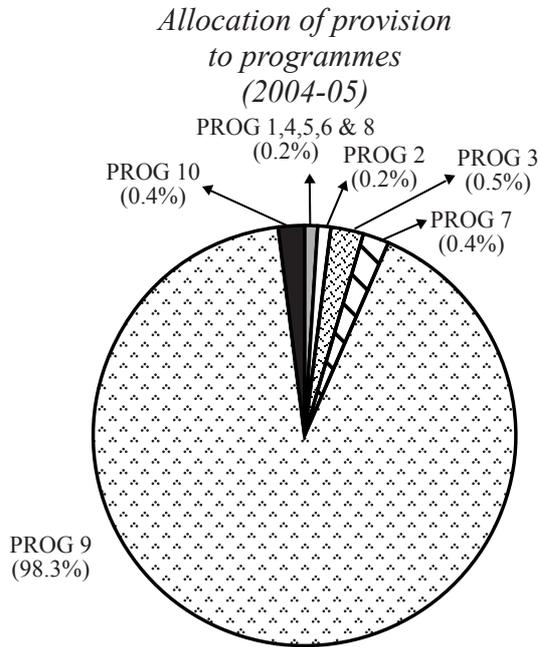
Programme (9)

Provision for 2004–05 is \$1,432.3 million (4.8%) lower than the revised estimate for 2003–04. This is mainly due to reduced operating expenses to deliver efficiency savings and the effect of the 2004 and 2005 civil service pay cut.

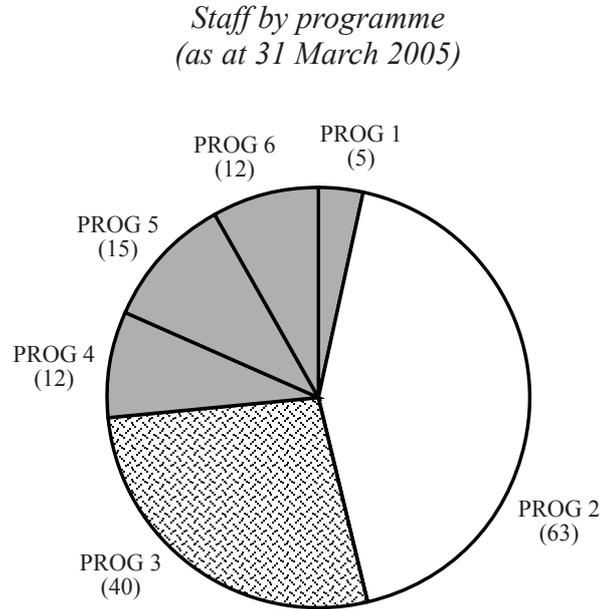
Programme (10)

Provision for 2004–05 is \$1.7 million (1.4%) lower than the revised estimate for 2003–04. This is mainly due to the effect of the 2004 and 2005 civil service pay cut and reduced requirement for maintenance of plant and equipment, partly offset by salary increments for staff, provision for filling vacant posts, estimated increased expenditure on insurance premium after the outbreak of SARS and increased cashflow requirement for capital projects.

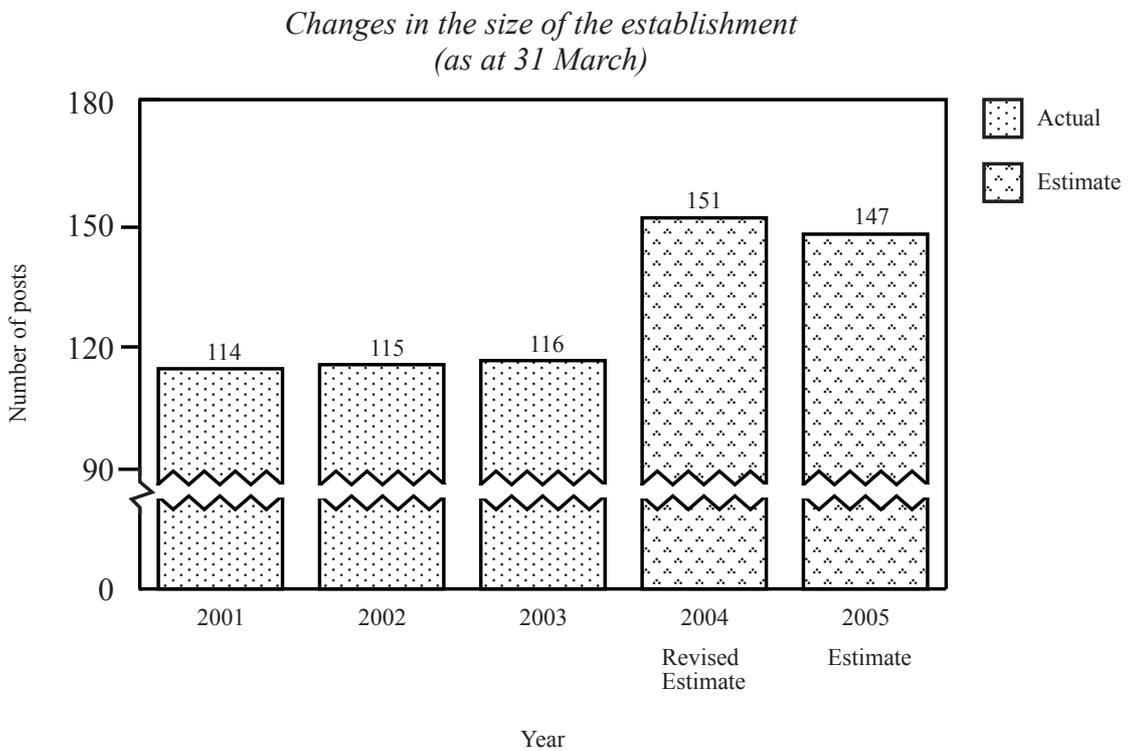
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The share of provision under PROG 1,4,5,6, and 8 has been amalgamated for presentation in the above chart, as each is less than 0.1%



No attribution of establishment to PROG 7-10



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Sub-head (Code)	Actual expenditure 2002-03	Approved estimate 2003-04	Revised estimate 2003-04	Estimate 2004-05	
	\$'000	\$'000	\$'000	\$'000	
Operating Account					
Recurrent					
000	Operational expenses	—	138,889	128,817	28,176,388
	Salaries	64,476	—	—	—
	Allowances	2,846	—	—	—
	Job-related allowances.....	11	—	—	—
	General departmental expenses	28,222	—	—	—
	Total, Recurrent.....	95,555	138,889	128,817	28,176,388
Non-Recurrent					
700	General non-recurrent.....	952	9,687	812,874	91,191
846	Financial assistance for family members of those who sacrifice their lives to save others (block vote)	—	12,000	34,000	12,000
	Total, Non-Recurrent.....	952	21,687	846,874	103,191
	Total, Operating Account.....	96,507	160,576	975,691	28,279,579
Capital Account					
Subventions					
864	Skills centres (block vote)	—	—	—	2,103
868	Hospital Authority – furniture and equipment for Chinese medicine service	—	—	—	5,401
869	Hospital Authority – information technology system for Chinese medicine outpatient clinics	—	—	—	150
899	Prince Philip Dental Hospital – minor plant, vehicles, equipment, maintenance, and improvement (block vote)	—	—	—	1,858
940	Prince Philip Dental Hospital – provision of dental equipment and furniture	—	—	—	241
979	Hospital Authority – equipment and information systems (block vote).....	—	—	—	300,000
	Total, Subventions.....	—	—	—	309,753
	Total, Capital Account	—	—	—	309,753
	Total Expenditure	96,507	160,576	975,691	28,589,332

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Details of Expenditure by Subhead

The estimate of the amount required in 2004–05 for the salaries and expenses of the Health, Welfare and Food Bureau is \$28,589,332,000. This represents an increase of \$27,613,641,000 over the revised estimate for 2003–04 and of \$28,492,825,000 over actual expenditure in 2002–03.

Operating Account

Recurrent

2 Provision of \$28,176,388,000 under *Subhead 000 Operational expenses* is for salaries, allowances and other operating expenses of the Health, Welfare and Food Bureau. The increase of \$28,047,571,000 (21 773.2 %) over the revised estimate for 2003–04 is mainly due to the transfer of provisions previously under Head 106—Miscellaneous Services, Head 176—Subventions: Miscellaneous and Head 177—Subventions: Non-departmental Public Bodies to Head 149 with effect from 2004–05.

3 The establishment as at 31 March 2004 will be 151 permanent posts. It is expected that there will be a net decrease of four permanent posts in 2004–05. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2004–05, but the notional annual mid-point salary value of all such posts must not exceed \$55,855,000.

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

	2002–03 (Actual) (\$'000)	2003–04 (Original) (\$'000)	2003–04 (Revised) (\$'000)	2004–05 (Estimate) (\$'000)
Personal Emoluments				
- Salaries	64,476	81,836	81,718	83,510
- Allowances	2,846	5,564	4,603	4,216
- Job-related allowances	11	13	11	8
Personnel Related Expenses				
- Mandatory Provident Fund contribution	—	130	160	216
Departmental Expenses				
- General departmental expenses	28,222	45,393	40,265	47,803
Other Charges				
- Public education on rehabilitation	—	—	—	2,000
Subventions				
- Environmental Advisory Service	—	—	—	1,389
- Hospital Authority	—	—	—	27,800, 837
- Skills centres	—	—	—	110,550
- Guardianship Board	—	—	—	4,377
- Prince Philip Dental Hospital	—	—	—	115,529
- Legal representation scheme for children/juvenile involved in care or protection proceedings	—	5,953	2,060	5,953
	95,555	138,889	128,817	28,176,388

Non-Recurrent

5 Provision of \$12,000,000 under *Subhead 846 Financial assistance for family members of those who sacrifice their lives to save others (block vote)* is for the payment of financial assistance under the “Financial Assistance Scheme for Family Members of Those Who Sacrifice Their Lives to Save Others”. The decrease of \$22,000,000 (64.7%) against the revised estimate for 2003–04 is mainly due to the anticipated decrease in the payment in 2004–05.

Capital Account

Subventions

6 Provision of \$2,103,000 under *Subhead 864 Skills centres (block vote)* is for the Kwun Tong Skills Centre to convert its Bench Fitting and Machining Workshop into a Catering Workshop and to provide the necessary furniture and equipment for the Catering Workshop, as well as equipment for a new course on Logistic Services.

7 Provision of \$1,858,000 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.

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8 Provision of \$300,000,000 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.

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Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment \$'000	Accumulated expenditure to 31.3.2003 \$'000	Revised estimated expenditure for 2003-04 \$'000	Balance \$'000
<i>Operating Account</i>						
700		<i>General non-recurrent</i>				
	015	Promotion of healthy ageing 02.....	1,000	294	385	321
	016	Community Investment and Inclusion Fund	100,000	—	—	100,000
	018	Survey to Update Domestic Health Accounts of Hong Kong	1,500	634	489	377
	019	Health and Health Services Research Fund	10,000	—	2,000	8,000
	021	Funding Research on Control of Infectious Diseases.....	500,000	—	110,000	390,000
	581	Public education programme to promote acceptance of people with disabilities by the community	8,000	7,813	140	47
	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	708	450	342
	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>623,300</u>	<u>10,499</u>	<u>113,464</u>	<u>499,337</u>
<i>Capital Account</i>						
868	165	Hospital Authority – furniture and equipment for Chinese medicine service	9,056	—	3,655	5,401
869	166	Hospital Authority – information technology system for Chinese medicine outpatient clinics.....	2,660	—	2,510	150
940	156	Prince Philip Dental Hospital – provision of dental equipment and furniture.....	7,041	6,355	445	241
		Total	<u>642,057</u>	<u>16,854</u>	<u>120,074</u>	<u>505,129</u>