

Head 140 — GOVERNMENT SECRETARIAT: HEALTH, WELFARE AND FOOD BUREAU (HEALTH AND WELFARE BRANCH)

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

Estimate 2007–08	\$29,124.6m
Establishment ceiling 2007–08 (notional annual mid-point salary value) representing an estimated 99 non-directorate posts as at 31 March 2007 and as at 31 March 2008	\$39.0m
In addition, there will be an estimated 14 directorate posts as at 31 March 2007 and as at 31 March 2008.	
Commitment balance	\$386.3m

Controlling Officer's Report

Programmes

Programme (1) Social Welfare	This programme contributes to Policy Area 14: Social Welfare (Secretary for Health, Welfare and Food).
Programme (2) Health	This programme contributes to Policy Area 15: Health (Secretary for Health, Welfare and Food).
Programme (3) Women's Interests	This programme contributes to Policy Area 33: Women's Interests (Secretary for Health, Welfare and Food).
Programme (4) Subvention: Skills centres	These programmes contribute to Policy Area 14: Social Welfare (Secretary for Health, Welfare and Food).
Programme (5) Subvention: Guardianship Board and Environmental Advisory Service	
Programme (6) Subvention: Hospital Authority	These programmes contribute to Policy Area 15: Health (Secretary for Health, Welfare and Food).
Programme (7) Subvention: Prince Philip Dental Hospital	

Detail

Programme (1): Social Welfare

	2005–06 (Actual)	2006–07 (Original)	2006–07 (Revised)	2007–08 (Estimate)
Financial provision# (\$m)	43.7	85.2	88.6 (+4.0%)	114.0 (+28.7%)
				(or +33.8% on 2006–07 Original)

Following the division of the Health, Welfare and Food Bureau (HWFB) into two branches with effect from 2 May 2006, the provision for this programme is transferred from the "Social Welfare" programme under the former Head 149—Government Secretariat: Health, Welfare and Food Bureau and reflected under Head 140 with effect from 2007–08. The figures for 2005–06 and 2006–07 represent the actual expenditure, original estimate and revised estimate of the programme under Head 149.

Aim

2 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

- 3 The Branch 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;

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- 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.

4 Generally, the effectiveness of the work of the Branch 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 Branch is making good progress towards achieving the aims set out in the 2006–07 Controlling Officer's Report.

Matters Requiring Special Attention in 2007–08

5 During 2007–08, the Branch will:

- continue to operate the Community Investment and Inclusion Fund and oversee the administration of the Partnership Fund for the Disadvantaged to encourage mutual concern and aid, and to promote the development of partnership between the business community, the welfare sector and the Government in helping the needy;
- work with the Elderly Commission 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;
- oversee the implementation and the review of New Dawn Project under the Comprehensive Social Security Assistance (CSSA) Scheme, which aims to empower single parents and family carers recipients with the youngest child aged 12 to 14 to seek employment, including part-time employment, to achieve self-reliance and social integration;
- continue to review the CSSA Scheme on measures to help able-bodied recipients to achieve self-reliance, and to finalise the review on the operation of disregarded earnings;
- continue to assist in the design and monitoring of measures designed to promote the self-reliance, accessibility and employment opportunities of people with disabilities;
- continue to strengthen the community support services for people with disabilities and their families;
- continue to strengthen multi-disciplinary community mental health support services;
- continue to oversee the implementation of the Family Support Programme to increase connection with vulnerable families, which are unmotivated, so that their problems can be tackled early and appropriate services provided;
- continue to oversee the strengthening and extension of family education;
- continue to 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;
- continue to run the legal representation scheme for children/juveniles involved in care or protection proceedings;
- continue to strengthen services to tackle family crises/violence, including additional manpower resources, more shelter service for women, clinical psychological support and the continuous operation of the pilot project of Batterer Intervention Programme;
- prepare legislative amendments to the Domestic Violence Ordinance;
- continue to oversee the operation of the Trust Fund for Severe Acute Respiratory Syndrome (SARS);
- continue to provide assistance, as necessary, to family members of those who sacrifice themselves to save others;
- oversee the provision of more flexible day care services for children coming from needy families, particularly families with crisis; and
- oversee the provision of enhanced community mental health support and outreach to raise general awareness and promote early intervention of mental health problems.

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Programme (2): Health

	2005–06 (Actual)	2006–07 (Original)	2006–07 (Revised)	2007–08 (Estimate)
Financial provision# (\$m)	78.8	174.7	159.7 (–8.6%)	160.2 (+0.3%)

(or –8.3% on
2006–07 Original)

Following the division of the HWFB into two branches with effect from 2 May 2006, the provision for this programme is transferred from the “Health” programme under the former Head 149—Government Secretariat: Health, Welfare and Food Bureau and reflected under Head 140 with effect from 2007–08. The figures for 2005–06 and 2006–07 represent the actual expenditure, original estimate and revised estimate of the programme under Head 149.

Aim

6 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

7 The Branch formulates and co-ordinates policies and programmes to:

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

8 Generally, the effectiveness of the work of the Branch 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 2006–07.

Matters Requiring Special Attention in 2007–08

9 During 2007–08, the Branch will:

- continue to 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;
- introduce amendments to the Quarantine and Prevention of Disease Ordinance to bring the legislative provisions in line with the requirements promulgated under the International Health Regulations of the World Health Organization and to update our legal framework in respect of the performance of our disease prevention and control functions and duties;
- continue to oversee the implementation of health promotion and preventive programmes for children and parents, adolescents, men, women and elders;
- continue to 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 consultation of stakeholders on the statutory framework in respect of regulating medical devices;
- continue to oversee the progress of various capital projects of the Hospital Authority, such as redevelopment of Caritas Medical Centre and construction of extension block of Prince of Wales Hospital;
- review strategies on health care financing in consultation with the revamped Health and Medical Development Advisory Committee with a view to formulating options for public consultation;
- map out the strategy for implementation of health care reforms proposed by the Health and Medical Development Advisory Committee;
- explore the feasibility of setting up multi-partite medical centres of excellence in Hong Kong;
- continue to explore with the Hospital Authority and relevant parties the feasibility of introducing an electronic medical record system in Hong Kong;
- oversee the development of an organ donation computer database in consultation with relevant organisations; and
- continue to 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.

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Programme (3): Women's Interests

	2005–06 (Actual)	2006–07 (Original)	2006–07 (Revised)	2007–08 (Estimate)
Financial provision# (\$m)	14.5	19.8	17.5 (–11.6%)	19.8 (+13.1%)

(or same as
2006–07 Original)

Following the division of the HWFB into two branches with effect from 2 May 2006, the provision for this programme is transferred from the “Women’s Interests” programme under the former Head 149—Government Secretariat: Health, Welfare and Food Bureau and reflected under Head 140 with effect from 2007–08. The figures for 2005–06 and 2006–07 represent the actual expenditure, original estimate and revised estimate of the programme under Head 149.

Aim

10 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

11 The Branch 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.

12 Generally, the effectiveness of the work of the Branch 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 Branch is making good progress.

Matters Requiring Special Attention in 2007–08

13 During 2007–08, the Branch 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;
- monitor and steer progress of the 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;
- 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
- provide support to the Women’s Commission in promoting a multi-disciplinary approach to tackle domestic violence, nurturing caring families and promoting quality parenting.

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Programme (4): Subvention: Skills centres

	2005–06 (Actual)	2006–07 (Original)	2006–07 (Revised)	2007–08 (Estimate)
Financial provision# (\$m)	81.1	86.2	84.7 (–1.7%)	86.4 (+2.0%)

(or +0.2% on
2006–07 Original)

Following the division of the HWFB into two branches with effect from 2 May 2006, the provision for this programme is transferred from the “Subvention: Skills centres” programme under the former Head 149—Government Secretariat: Health, Welfare and Food Bureau and reflected under Head 140 with effect from 2007–08. The figures for 2005–06 and 2006–07 represent the actual expenditure, original estimate and revised estimate of the programme under Head 149.

Aim

14 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

15 The Branch subvents three skills centres run by the Vocational Training Council.

16 The overall performance of the skills centres in the 2006/07 academic year is expected to be satisfactory.

17 The key performance indicators are:

	<i>Academic Year</i>		2007/08 (Estimate)
	2005/06 (Actual)	2006/07 (Revised Estimate)	
<i>No. of vocational assessments made</i>			
comprehensive assessment programme	166	150	150
specific assessment programme.....	765	800	800
<i>No. of training places</i>			
full-time	630	660	660
part-time	360	360	360
<i>No. of trainees enrolled</i>			
full-time	595	660	660
part-time	382	360	360
<i>No. of trainees completed training</i>			
full-time	306	250	250
part-time	319	300	300

Matters Requiring Special Attention in 2007–08

18 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 (5): Subvention: Guardianship Board and Environmental Advisory Service

	2005–06 (Actual)	2006–07 (Original)	2006–07 (Revised)	2007–08 (Estimate)
Financial provision# (\$m)	5.0	5.1	5.1 (—)	5.1 (—)

(or same as
2006–07 Original)

Following the division of the HWFB into two branches with effect from 2 May 2006, the provision for this programme is transferred from the “Subvention: Guardianship Board and Environmental Advisory Service” programme under the former Head 149—Government Secretariat: Health, Welfare and Food Bureau and reflected under Head 140 with effect from 2007–08. The figures for 2005–06 and 2006–07 represent the actual expenditure, original estimate and revised estimate of the programme under Head 149.

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Aim

19 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

20 The Branch subvents the Guardianship Board and the Environmental Advisory Service.

Matters Requiring Special Attention in 2007–08

21 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 (6): Subvention: Hospital Authority

	2005–06 (Actual)	2006–07 (Original)	2006–07 (Revised)	2007–08 (Estimate)
Financial provision# (\$m)	27,584.6	27,761.1	27,961.4 (+0.7%)	28,631.6 (+2.4%)
				(or +3.1% on 2006–07 Original)

Following the division of the HWFB into two branches with effect from 2 May 2006, the provision for this programme is transferred from the “Subvention: Hospital Authority” programme under the former Head 149—Government Secretariat: Health, Welfare and Food Bureau and reflected under Head 140 with effect from 2007–08. The figures for 2005–06 and 2006–07 represent the actual expenditure, original estimate and revised estimate of the programme under Head 149.

Aim

22 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, and to provide adequate, efficient and effective public hospital services of the highest standard recognised internationally within the resources available.

Brief Description

23 The Branch 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 over 52 000 staff (full time equivalents as at 31 December 2006), manages 41 public hospitals and institutions, 48 specialist outpatient clinics and 75 general outpatient clinics.

24 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.

25 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;
- 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.

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26 The Hospital Authority generally achieved its performance targets in 2006–07. The volume of patient care activities across the full range of services in 2006–07 is comparable to the level in 2005–06.

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

Targets

	As at 31 March 2006 (Actual)	As at 31 March 2007 (Revised Estimate)	As at 31 March 2008 (Target & Plan)
<i>Access to services</i>			
inpatient services			
no. of hospital beds			
general (acute and convalescent)	20 225	20 160	20 300
infirmary	2 151	2 151	2 151
mentally ill	4 666	4 622	4 500
mentally handicapped	700	680	680
	<hr/>	<hr/>	<hr/>
total	27 742	27 613	27 631
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) (%) ...	86	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	385	390	398
no. of geriatric day places	617	614	614
psychiatric services			
no. of community psychiatric nurses.....	110	115	117
no. of psychiatric day places	842	842	842

Indicators

	2005–06 (Actual)	2006–07 (Revised Estimate)	2007–08 (Estimate)
<i>Delivery of services</i>			
inpatient services			
no. of discharges & deaths			
general (acute and convalescent).....	825 167	824 600	828 500
infirmary	3 550	3 700	3 700
mentally ill.....	15 201	15 500	15 300
mentally handicapped.....	460	400	400
	<hr/>	<hr/>	<hr/>
overall.....	844 378	844 200	847 900
no. of patient days			
general (acute and convalescent).....	5 230 343	5 201 000	5 214 000
infirmary	543 052	541 000	541 000
mentally ill.....	1 196 409	1 161 000	1 152 000
mentally handicapped.....	239 928	239 000	239 000
	<hr/>	<hr/>	<hr/>
overall.....	7 209 732	7 142 000	7 146 000
bed occupancy rate (%)			
general (acute and convalescent).....	82	82	82
infirmary	89	90	90
mentally ill.....	77	75	78
mentally handicapped.....	95	96	96
	<hr/>	<hr/>	<hr/>
overall.....	82	82	82

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	2005-06 (Actual)	2006-07 (Revised Estimate)	2007-08 (Estimate)
average length of stay (days)§			
general (acute and convalescent).....	6.4	6.3	6.3
infirmary.....	108	119	119
mentally ill.....	93	101	96
mentally handicapped.....	454	563	563
overall.....	8.7	8.9	9.0
ambulatory & outreach services			
day inpatient			
no. of discharges & deaths.....	280 887	281 000	283 000
accident & emergency services			
no. of attendances.....	2 019 451	2 015 000	2 077 000
no. of attendances per 1 000 population.....	278	274	274
no. of first attendances for			
triage I.....	16 593	16 400	16 400
triage II.....	34 471	34 800	34 800
triage III.....	525 860	532 300	538 500
outpatient services			
no. of specialist outpatient (clinical) new attendances.....	563 771	555 000	559 000
no. of specialist outpatient (clinical) follow-up attendances.....	5 454 567	5 427 000	5 457 000
total no. of specialist outpatient (clinical) attendances.....	6 018 338	5 982 000	6 016 000
no. of general outpatient attendances.....	5 179 203	4 906 000	4 838 000
rehabilitation & palliative care services			
no. of rehabilitation day and palliative care day attendances.....	62 949	64 700	64 700
no. of home visits by community nurses.....	792 811	792 000	792 000
no. of allied health (community) attendances.....	21 271	21 200	21 200
no. of allied health (outpatient) attendances.....	2 158 459	1 752 000	1 752 000
geriatric services			
no. of outreach attendances.....	529 136	534 000	538 000
no. of geriatric elderly persons assessed for infirmary care service.....	1 676	1 600	1 600
no. of geriatric day attendances.....	128 575	125 000	125 000
no. of Visiting Medical Officer attendances.....	86 911	100 000	89 000
psychiatric services			
no. of psychiatric outreach attendances.....	87 008	86 400	86 700
no. of psychiatric day attendances.....	183 487	179 700	177 300
no. of psychogeriatric outreach attendances.....	49 588	50 200	50 400
<i>Quality of services</i>			
no. of hospital deaths per 1 000 populationφ.....	3.8	3.8	3.8
unplanned readmission rate within 28 days for general inpatients (%).....	9.3	9.4	9.4
<i>Cost of services</i>			
cost distribution			
cost distribution by services types (%)			
inpatient.....	62.6	62.5	62.4
ambulatory & outreach.....	37.4	37.5	37.6
cost by services per 1 000 population (\$m)			
inpatient.....	2.6	2.6	2.6
ambulatory & outreach.....	1.5	1.5	1.6
cost of services for persons aged 65 or above			
share of cost of services (%).....	45.6	45.8	45.8
cost of services per 1 000 population (\$m).....	15.8	15.5	15.8
unit cost			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent).....	19,660	19,750	19,990
infirmary.....	158,960	152,620	153,730

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	2005–06 (Actual)	2006–07 (Revised Estimate)	2007–08 (Estimate)
mentally ill.....	115,760	114,710	117,280
mentally handicapped.....	512,160	590,530	594,820
cost per patient day (\$)			
general (acute and convalescent).....	3,280	3,310	3,360
infirmary.....	1,040	1,040	1,050
mentally ill.....	1,470	1,540	1,560
mentally handicapped.....	980	990	990
ambulatory & outreach services			
cost per accident & emergency attendance (\$).....	720	720	730
cost per specialist outpatient attendance (\$).....	700	740	760
cost per general outpatient attendance (\$)Δ.....	250	260	260
cost per outreach visit by community nurse (\$).....	300	300	300
cost per psychiatric outreach attendance (\$).....	1,070	1,080	1,080
cost per geriatric day attendance (\$).....	1,450	1,490	1,500
waivers@			
% of Comprehensive Social Security Assistance (CSSA) waiver.....	23.7	23.7	23.7
% of non-CSSA waiver.....	4.8	4.8	4.8
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
medical			
doctor.....	4 568	4 579	4 603
no. of specialists.....	2 324	2 424	2 462
no. of trainees/non-specialists.....	2 244	2 155	2 141
intern.....	325	314	310
dentist.....	5	5	5
medical total.....	4 898	4 898	4 918
nursing			
qualified staff.....	19 103	19 073	19 167
trainee.....	145	145	145
nursing total.....	19 248	19 218	19 312
allied health.....	4 894	4 921	4 971
others.....	23 603	23 633	23 689
total.....	52 643	52 670	52 890

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

φ Refers to the standardised mortality rate covering all deaths in Hospital Authority hospitals. It 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 indicator. Includes the cost of pharmacists and specialist training in family medicine.

@ Refers to the amount waived as percentage to total charge.

Matters Requiring Special Attention in 2007–08

28 In 2007–08, 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.

29 The Hospital Authority will also:

- enhance and modernise health care service delivery through the opening of the redeveloped Pok Oi Hospital and the Rehabilitation Block of Tuen Mun Hospital;
- strengthen preparedness for infectious disease outbreaks through the opening of the Infectious Disease Block of Princess Margaret Hospital;
- improve cancer and other clinical care through, for example, more extensive use of new cancer drugs, the opening of the Cancer Centre of Princess Margaret Hospital, expansion of radiotherapy services and additional provision for haemodialysis;

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- implement measures to cope with the increased demand for obstetric services;
- collaborate with the Department of Health to strengthen public health and hospital services for the prevention and control of poisoning; and
- strengthen human resources management, including improving staff working hours and career development and improving communication with staff.

Programme (7): Subvention: Prince Philip Dental Hospital

	2005–06 (Actual) [^]	2006–07 (Original)	2006–07 (Revised)	2007–08 (Estimate)
Financial provision# (\$m)	107.8	109.8	109.8 (—)	107.5 (–2.1%)

(or –2.1% on
2006–07 Original)

Following the division of the HWFB into two branches with effect from 2 May 2006, the provision for this programme is transferred from the “Subvention: Prince Philip Dental Hospital” programme under the former Head 149—Government Secretariat: Health, Welfare and Food Bureau and reflected under Head 140 with effect from 2007–08. The figures for 2005–06 and 2006–07 represent the actual expenditure, original estimate and revised estimate of the programme under Head 149.

[^] The actual expenditure of the Prince Philip Dental Hospital for 2005–06 is \$107.6 million. The unspent subvention of \$0.2 million was recovered in 2006–07.

Aim

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

Brief Description

31 The Branch subvents the Prince Philip Dental Hospital (PPDH). The 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.

32 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 the PPDH.

33 In the 2005/06 academic year, the 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.

- 34** The key performance measures are:

Indicators

	<i>Academic Year</i>		
	2005/06 (Actual)	2006/07 (Revised Estimate)	2007/08 (Estimate)
No. of training places			
undergraduate	252	255	261
postgraduate	140	161	170
student dental technician	30	23	24
student dental surgery assistant	22	24	24
student dental hygienist	37	35	33
total.....	481	498	512
Capacity utilisation rate (%) ^Ω			
undergraduate	100	100	100
postgraduate	100	100	100
student dental technician	86	79	86
student dental surgery assistant	76	83	83
student dental hygienist	100	100	100
Completion rate (%)			
undergraduate	100	100	100
postgraduate	94	100	100
student dental technician	87	83	79

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	<i>Academic Year</i>		
	2005/06 (Actual)	2006/07 (Revised Estimate)	2007/08 (Estimate)
student dental surgery assistant	82	79	79
student dental hygienist	81	80	79

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 2007–08

35 During 2007–08, the PPDH will continue to explore ways to further improve and enhance the enrolments to the para-dental training courses.

**Head 140 — GOVERNMENT SECRETARIAT: HEALTH, WELFARE AND
FOOD BUREAU (HEALTH AND WELFARE BRANCH)**

ANALYSIS OF FINANCIAL PROVISION

Programme	2005–06 (Actual) (\$m)	2006–07 (Original) (\$m)	2006–07 (Revised) (\$m)	2007–08 (Estimate) (\$m)
(1) Social Welfare	43.7	85.2	88.6	114.0
(2) Health	78.8	174.7	159.7	160.2
(3) Women's Interests	14.5	19.8	17.5	19.8
(4) Subvention: Skills centres.....	81.1	86.2	84.7	86.4
(5) Subvention: Guardianship Board and Environmental Advisory Service	5.0	5.1	5.1	5.1
(6) Subvention: Hospital Authority	27,584.6	27,761.1	27,961.4	28,631.6
(7) Subvention: Prince Philip Dental Hospital.....	107.8	109.8	109.8	107.5
	<u>27,915.5</u>	<u>28,241.9</u>	<u>28,426.8</u> (+0.7%)	<u>29,124.6</u> (+2.5%)
				(or +3.1% on 2006–07 Original)

Note: The Health, Welfare and Food Bureau split into the Health and Welfare Branch and the Food and Environmental Hygiene Branch with effect from 2 May 2006. The provisions for the above programmes are transferred from the former Head 149—Government Secretariat: Health, Welfare and Food Bureau and reflected under Head 140 with effect from 2007–08. For comparison purpose, the actual expenses for 2005–06 and the original and revised estimates for 2006–07 represent the provisions of the relevant programmes under Head 149.

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2007–08 is \$25.4 million (28.7%) higher than the revised estimate for 2006–07. This is mainly due to the additional provision to strengthen support to welfare-related policies and services and the increase in operating expenses.

Programme (2)

Provision for 2007–08 is \$0.5 million (0.3%) higher than the revised estimate for 2006–07. This is mainly due to the increase in operating expenses.

Programme (3)

Provision for 2007–08 is \$2.3 million (13.1%) higher than the revised estimate for 2006–07. 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 (4)

Provision for 2007–08 is \$1.7 million (2.0%) higher than the revised estimate for 2006–07. This is mainly due to the increase in capital expenditure.

Programme (5)

Provision for 2007–08 is the same as the revised estimate for 2006–07.

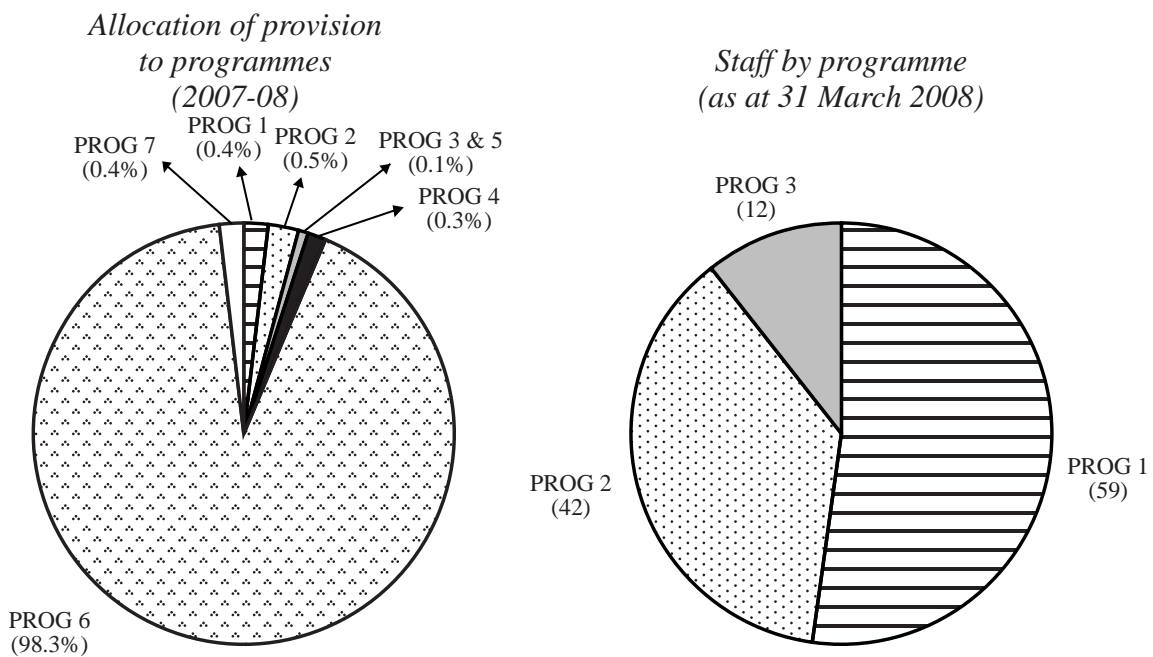
Programme (6)

Provision for 2007–08 is \$670.2 million (2.4%) higher than the revised estimate for 2006–07. 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. It is partly offset by the lapse of a one-off funding of \$350.0 million injected into the Samaritan Fund, for which the Hospital Authority is the administrator, in 2006–07.

Programme (7)

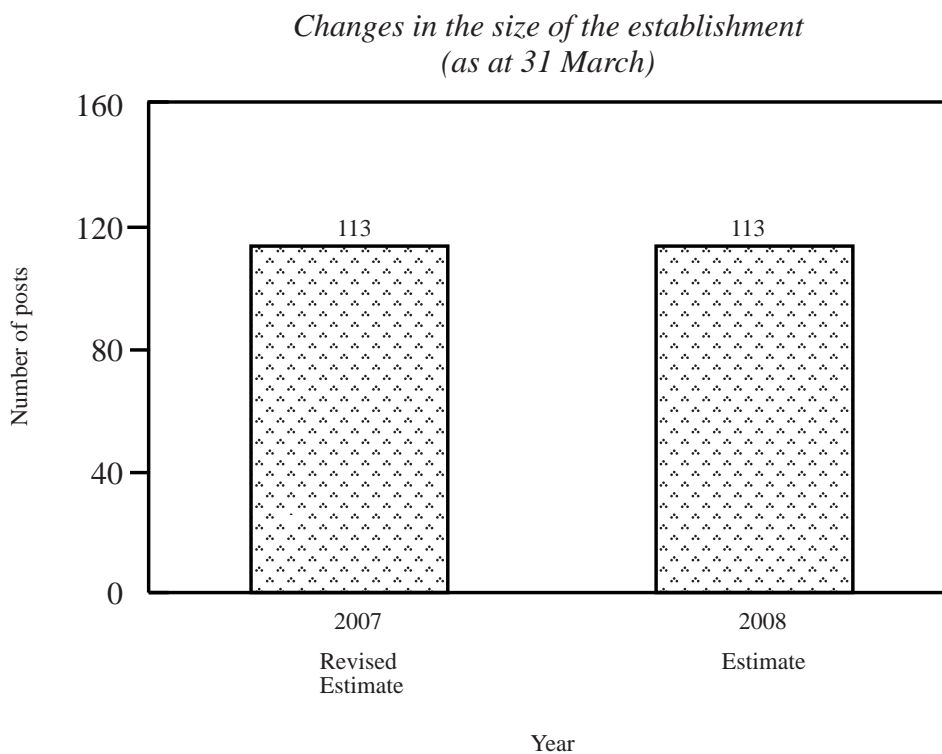
Provision for 2007–08 is \$2.3 million (2.1%) lower than the revised estimate for 2006–07. This is mainly due to the reduced operating expenses and reduced cash flow requirement for acquisition of information systems.

Head 140 — GOVERNMENT SECRETARIAT: HEALTH, WELFARE AND FOOD BUREAU (HEALTH AND WELFARE BRANCH)



The share of provision under PROG 3 and 5 has been amalgamated for presentation in the above chart, as each is less than 0.1%.

No attribution of establishment to PROG 4-7.



**Head 140 — GOVERNMENT SECRETARIAT: HEALTH, WELFARE AND
FOOD BUREAU (HEALTH AND WELFARE BRANCH)**

Sub-head (Code)	Actual expenditure 2005-06	Approved estimate 2006-07	Revised estimate 2006-07	Estimate 2007-08	
	\$'000	\$'000	\$'000	\$'000	
Operating Account					
Recurrent					
000	Operational expenses.....	—	—	—	28,389,383
	Total, Recurrent	—	—	—	28,389,383
Non-Recurrent					
700	General non-recurrent.....	—	—	—	47,741
	Total, Non-Recurrent	—	—	—	47,741
	Total, Operating Account.....	—	—	—	28,437,124
Capital Account					
Subventions					
864	Skills centres (block vote)	—	—	—	2,559
874	Prince Philip Dental Hospital - information technology system.....	—	—	—	2,200
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote).....	—	—	—	4,763
979	Hospital Authority - equipment and information systems (block vote).....	—	—	—	678,000
	Total, Subventions	—	—	—	687,522
	Total, Capital Account	—	—	—	687,522
	Total Expenditure.....	—	—	—	29,124,646

Head 140 — GOVERNMENT SECRETARIAT: HEALTH, WELFARE AND FOOD BUREAU (HEALTH AND WELFARE BRANCH)

Details of Expenditure by Subhead

The estimate of the amount required in 2007–08 for the salaries and expenses of the Health and Welfare Branch is \$29,124,646,000.

Operating Account

Recurrent

2 Provision of \$28,389,383,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Health and Welfare Branch.

3 The establishment as at 31 March 2007 will be 113 permanent posts. No change in establishment is expected in 2007–08. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2007–08, but the notional annual mid-point salary value of all such posts must not exceed \$38,977,000.

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

	2005–06 (Actual) (\$'000)	2006–07 (Original) (\$'000)	2006–07 (Revised) (\$'000)	2007–08 (Estimate) (\$'000)
Personal Emoluments				
- Salaries.....	—	—	—	60,038
- Allowances.....	—	—	—	3,570
- Job-related allowances.....	—	—	—	6
Personnel Related Expenses				
- Mandatory Provident Fund contribution.....	—	—	—	171
- Civil Service Provident Fund contribution.....	—	—	—	24
Departmental Expenses				
- General departmental expenses.....	—	—	—	164,748
Other Charges				
- Financial assistance for family members of those who sacrifice their lives to save others.....	—	—	—	12,000
- Public education on rehabilitation.....	—	—	—	2,000
Subventions				
- Environmental Advisory Service.....	—	—	—	1,344
- Hospital Authority.....	—	—	—	27,953,560
- Skills centres.....	—	—	—	83,895
- Guardianship Board.....	—	—	—	3,755
- Prince Philip Dental Hospital.....	—	—	—	100,572
- Legal representation scheme for children/juvenile involved in care or protection proceedings.....	—	—	—	3,700
	—	—	—	28,389,383

Capital Account

Subventions

5 Provision of \$2,559,000 under *Subhead 864 Skills centres (block vote)* is for carrying out inspections of electrical installations, renovation work and replacement of equipment at Tuen Mun Skills Centre and Kwun Tong Skills Centre.

6 Provision of \$4,763,000 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.

7 Provision of \$678,000,000 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 140 — GOVERNMENT SECRETARIAT: HEALTH, WELFARE AND
FOOD BUREAU (HEALTH AND WELFARE BRANCH)**

Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2006	Revised estimated expenditure for 2006-07	Balance
			\$'000	\$'000	\$'000	\$'000
<i>Operating Account</i>						
700		<i>General non-recurrent</i>				
	019	Health and Health Services Research Fund.....	26,000	3,542	5,703	16,755
	021	Funding Research on Control of Infectious Diseases	500,000	97,745	39,949	362,306
	443	Setting up of an international network for continuing medical education and continuing professional development by the HK Academy of Medicine	9,500	3,813	1,067	4,620
			<u>535,500</u>	<u>105,100</u>	<u>46,719</u>	<u>383,681</u>
<i>Capital Account</i>						
874	445	Prince Philip Dental Hospital - information technology system.....	9,300	3,164	3,500	2,636
			<u>9,300</u>	<u>3,164</u>	<u>3,500</u>	<u>2,636</u>
		Total.....	<u><u>544,800</u></u>	<u><u>108,264</u></u>	<u><u>50,219</u></u>	<u><u>386,317</u></u>