### Replies to supplementary questions raised by Finance Committee Members in examining the Estimates of Expenditure 2005-06

### Director of Bureau: Secretary for Health, Welfare and Food Session No.: 15

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### CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB01

Question Serial No.

S06

Head: 49 Food and Environmental Hygiene Department

Subhead (No. & title):

Programme:

<u>Controlling Officer</u>: Director of Food and Environmental Hygiene

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

#### **Question**:

According to the Annex to Reply Serial No. CSB031, the Food and Environmental Hygiene Department had the greatest number of employees' compensation cases in 2004-05. What are the major causes of injury in these cases? Is the large number of cases caused by inadequate protection given to officers of the Department concerned in their law enforcement duties? Has the Administration considered stepping up measures to protect the personal safety of the officers concerned?

Asked by : Hon. KWONG Chi-kin

Reply:

The Department places great emphasis on work safety. Most of the injury on duty cases involved Workmen II performing cleansing and related duties. The main causes were slip, fall, lifting, or striking by objects. To avoid these accidents, the Department has

- provided to staff appropriate training and guidelines on health and safety matters and also personal protective equipment;
- conducted investigation on all injury on duty cases to examine the causes and identify remedial measures;

- established, since early 2000, a Departmental Safety Management Committee chaired by an Assistant Director with representatives from relevant grades to review regularly and improve the standard of occupational safety and health (OSH) in the Department;
- jointly signed with staff, in February 2004, the Food and Environmental Hygiene Department Occupational Safety Charter as a commitment to achieving a high standard of safety and health for all staff; and
- employed a Work Safety Officer, since May 2004, to review OSH related matters, recommend preventive measures for potential work hazards and formulate long-term OSH policies and strategies.

For law enforcement officers, the Department has also provided relevant training on self-defence and skills in handling conflicts, and, apart from personal protective equipment, also telecommunication equipment to enable them to seek additional support where necessary.

Signature	
Name in block letters	GREGORY LEUNG
	Director of
Post Title	Food and Environmental Hygiene
Date	15 April 2005

# CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB02

<u>Head</u>: 170 – Social Welfare Department

Question Serial No.

S34

Programme: (1) Family and Child Welfare

Controlling Officer: Director of Social Welfare

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

Question: Regarding the Reply numbered HWFB387 (Question number

1269), please provide information on the following:

(1) Among the cases stated in the document, how many of them are carried forward from the previous financial year that still require casework service?

- (2) Regarding the preventive, supportive and remedial services provided by the integrated family service centres (IFSCs), what is the projected number of cases requiring casework service that can be reduced by them?
- (3) 61 IFSCs have been set up to cover the whole territory, and the Administration is not intended to set up additional IFSCs at this juncture. How many cases can be served by these 61 IFSCs? When will a review be carried out?

Asked by: Hon. CHAN Yuen-han

Reply: (1) In 2005-06, the numbers of cases carried forward from the

previous financial year still requiring casework service in the Government and subvented sectors are estimated to be 29 925 and 8 254 respectively, based on the caseload of all family services centres (FSCs)/counselling units and some newly formed IFSCs for the first half year of

2004-05.

(2) IFSCs provide a continuum of preventive, supportive and remedial services other than casework alone (e.g. family life education programmes, parent-child activities, various therapeutic/support/mutual help groups, etc.). Based on

professional assessment and judgement, social workers will flexibly deploy different intervention methods mentioned above which best meet the needs of individuals and families. As the use of intervention methods depends very much on the nature of the cases, we are unable to ascertain the estimated decrease in the number of cases.

(3) The estimated total number of new and re-activated cases taken on by these 61 IFSCs is 41 442 in 2005-06. Social workers will continue to exercise vigorous caseload management to ensure that only cases genuinely in need of social work input will remain in the caseload, and flexibly deploy different intervention methods mentioned in (2) above to meet the multifarious needs of individuals and families. We will review the operation of IFSCs about one year after all the 61 IFSCs have fully implemented the new service delivery model, i.e. possibly in 2006.

Paul TANG
Director of Social Welfare
16 April 2005

Reply Serial No.

### CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

S-HWFB03

Head: 170 - Social Welfare Department Question Serial No.

Subhead (No. & title):

<u>Programme</u>: (2) Social Security

<u>Controlling Officer</u>: Director of Social Welfare

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

Question: Rgarding the Reply numbered HWFB382 (Question number 1264),

please provide information on the following:

(1) What are the expenditure for Comprehensive Social Security Assistance (CSSA) Scheme and Social Security Allowance (SSA) Scheme under each category of cases over the past 10 years?

- (2) What are the increase/decrease in CSSA and SSA expenditure under each category of cases over the past 10 years?
- (3) What are the estimated increase/decrease in the number of CSSA and SSA cases by category in the coming year?
- (4) What are the factors considered in projecting the number of CSSA and SSA cases in the coming year?

Asked by: Hon. CHAN Yuen-han

<u>Reply</u>: (1) The expenditure on CSSA by nature of case over the past ten years is as follows:

				\$m				
Financial Year	Old age	Permanent disability	Temporary disability/ Ill health	Single- parent family	Low earnings	Unemploy -ment	Others	Total*
1995-96	2,705	348	604	609	97	237	232	4,831
1996-97	3,592	470	905	1,041	207	535	378	7,128
1997-98	4,570	585	1,199	1,482	340	784	482	9,441
1998-99	6,124	730	1,550	2,345	573	1,537	169	13,029
1999-2000	7,030	599	1,357	2,317	624	1,495	200	13,623
2000-01	7,209	641	1,334	2,275	650	1,251	201	13,560
2001-02	7,535	741	1,363	2,479	674	1,418	195	14,405
2002-03	7,872	821	1,466	2,838	755	2,173	205	16,131
2003-04	8,030	877	1,506	3,022	923	2,731	217	17,306
2004-05#	8,008	912	1,562	3,196	1,147	2,596	252	17,674

The expenditure on SSA by nature of case over the past ten years is as follows:

	\$m						
Financial year	Higher Old Age Allowance	Normal Old Age Allowance	Higher Disability Allowance	Normal Disability Allowance	Total*		
1995-96	1,914	854	245	670	3,683		
1996-97	2,079	926	274	763	4,042		
1997-98	2,248	991	315	867	4,420		
1998-99	2,384	1,032	350	971	4,737		
1999-2000	2,459	1,005	363	1,057	4,883		
2000-01	2,611	951	393	1,174	5,130		
2001-02	2,700	881	417	1,242	5,241		
2002-03	2,768	806	417	1,290	5,281		
2003-04	2,899	737	371	1,206	5,214		
2004-05#	2,987	680	369	1,225	5,260		

<sup>\*</sup> Amounts may not add up to the total due to rounding.

(2) The amount of increase/decrease of expenditure on CSSA by nature of case over the past ten years is as follows:

	\$m							
Financial year	Old age	Permanent disability	Temporary disability/ Ill health	Single- parent family	Low earnings	Unemploy- ment	Others	Total*
1995-96	+615	+98	+186	+225	+45	+124	+112	+1,404
1996-97	+887	+123	+301	+432	+110	+298	+146	+2,297
1997-98	+977	+115	+294	+442	+133	+249	+104	+2,314
1998-99	+1,554	+144	+351	+863	+233	+754	-312	+3,587
1999-2000	+907	-130	-193	-28	+51	-42	+30	+595
2000-01	+179	+42	-24	-43	+26	-245	+1	-64
2001-02	+326	+100	+29	+205	+24	+167	-5	+845
2002-03	+338	+80	+103	+359	+81	+755	+10	+1,726
2003-04	+158	+56	+40	+184	+168	+558	+11	+1,175
2004-05#	-22	+35	+56	+174	+224	-135	+35	+368

<sup>\*</sup> Amounts may not add up to the total due to rounding.

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<sup>\*</sup> Revised estimate.

<sup>\*</sup> Revised estimate.

<sup>\*</sup> Revised estimate.

The amount of increase/decrease of expenditure on SSA by nature of case over the past ten years is as follows:

	\$m				
Financial year	Higher Old Age	Normal Old Age	Higher Disability	Normal Disability	Total*
	Allowance	Allowance	Allowance	Allowance	Totar
1995-96	+218	+114	+38	+103	+474
1996-97	+165	+72	+29	+93	+359
1997-98	+169	+65	+41	+104	+379
1998-99	+136	+42	+35	+104	+317
1999-2000	+75	-28	+13	+85	+146
2000-01	+153	-54	+30	+117	+246
2001-02	+88	-70	+24	+69	+111
2002-03	+68	-75	-0	+48	+41
2003-04	+131	-68	-46	-84	-68
2004-05#	+88	-57	-2	+19	+46

<sup>\*</sup> Amounts may not add up to the total due to rounding.

(3) The projected increase/decrease of CSSA cases in 2005-06 (Draft Estimate) as compared with 2004-05 (Revised Estimate) is as follows:

Nature of case	Projected increase/decrease in average number of cases with authorised payment
Old age	+4 400
Permanent Disability	+1 300
Temporary Disability/Ill Health	+1 300
Single Parent Family	+4 000
Low Earnings	+3 600
Unemployment	-700
Others	+700
Total	+14 600

The projected increase/decrease of SSA cases in 2005-06 (Draft Estimate) as compared with 2004-05 (Revised Estimate) is as follows:

Nature of case	Projected increase/decrease in average number of cases with authorised payment
Higher Old Age Allowance	+19 000
Normal Old Age Allowance	-2 000
Higher Disability Allowance	+700
Normal Disability Allowance	+5 400
Total	+23 100

(4) In projecting the number of CSSA and SSA cases in 2005-06, we have considered the recent trend of CSSA and SSA caseload. Specifically, although we have seen a decreasing trend of unemployment cases in the past year due to the improving economy and our intensified efforts under the Support for Self-reliance Scheme, we expect that there will

Revised estimate.

still be increases in other categories of cases, notably low earnings cases and single-parent family cases. Besides, continuous increases in old age cases and disability cases have been observed over a sustained period. We therefore estimate that there will be an overall increase in the number of CSSA cases in 2005-06.

Name in block letters
Post Title
Date
Paul TANG
Director of Social Welfare
16 April 2005

SUPPLEMENTARY OUESTION

#### CONTROLLING OFFICER'S REPLY TO S-HWFB04

Reply Serial No.

170 – Social Welfare Department Head:

Question Serial No.

S36

Subhead (No. & title):

(3) Services for Elders Programme:

Director of Social Welfare Controlling Officer:

Director of Bureau: Secretary for Health, Welfare and food

Regarding the use of resources for "integrated home care Question:

services" (IHCS), please inform this Committee of the

following:

(i) What are the respective caseload of frail and ordinary cases under the integrated home care services currently?

(ii) Regarding cases served by the IHCS teams, what are the differences in the number of cases originally estimated

and actually served over the past five years?

(iii) How many frail and ordinary cases are on the waiting list over the past five years? What is the average

waiting time for the services?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply: (i) The caseloads of frail and ordinary cases under IHCS

997 and 18 061 are respectively at

31 December 2004.

(ii) IHCS was introduced in April 2003. Before that, we had Home Help Service and Home Care Service. Since

the services of IHCS are not the same as Home Help

Service and Home Care Service, they are not

comparable.

The difference between the number of cases estimated and the actual number of cases served in 2003-04 is shown below. The figures for 2004-05 are not yet

available.

	2003-04	<u>2004-05</u>
Estimate	27 528	27 959
Actual	27 812	Not yet available
Difference	+ 284	Not yet available

(iii) For frail cases of IHCS, it took on average about two to three weeks to process an application in the past two years.

For ordinary cases, applications are submitted to and processed by the operators of the 60 IHCS teams directly. We do not have information on the average waiting time of each IHCS team.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	16 April 2005

# CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY OUESTION

Reply Serial No.

S-HWFB05

Head: 170 - Social Welfare Department Question Serial No.

S37

Subhead (No. & title):

<u>Programme</u>: (4) Rehabilitation and Medical Social Services

**Controlling Officer**: Director of Social Welfare

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

Question:

Regarding the Reply numbered HWFB044, it is stated that the increase in the costs for residential homes and sheltered workshops is due to the implementation of a technical infrastructure/client information system. Would the Administration inform this Committee of the following:

- (1) What are the implementation details of the "technical infrastructure" and "client information system"?
- (2) How many residential homes and sheltered workshops are operated by the Government sector? What is the annual cost for each institution for implementing the above two projects?
- (3) Please explain why the costs for implementing the "technical infrastructure" and "client information system" are included in the costs per place per month? Is it more appropriate to subsume these costs under the "capital account" instead of the "operating account"?

<u>Asked by</u>: Hon. CHEUNG Chiu-hung, Fernando

Reply:

(1) The Technical Infrastructure (TI) is to develop a department-wide network to facilitate communication within and outside Social Welfare Department (SWD), deploy department-wide information systems and provide facilities for Internet and Intranet browsing as well as a

common office environment for word processing, spreadsheet and e-mail capabilities.

The Client Information System (CIS) provides a client-focused and standardised work flow to standardise and streamline the case management process from case opening, needs assessment, care plan development and management to case closure to support better service delivery and coordination. It also creates new capabilities for SWD management staff to manage caseloads through electronic distribution, auditing and approval of care plans, and to evaluate the performance and outcomes of services delivered through comprehensive and timely management information.

The TI and CIS will be completed in 2005-06.

(2) At present, there are two sheltered workshops and hostels under the Government sector, namely Wing Lung Bank Golden Jubilee Sheltered Workshop & Hostel and Hang Ngai Manufacturing & Hostel.

The annual recurrent expenditure for implementing TI/CIS at Wing Lung Bank Golden Jubilee Sheltered Workshop & Hostel and Hang Ngai Manufacturing & Hostel is around \$660,000 and \$337,000 respectively.

(3) In calculating the cost per place per month of the residential home and sheltered workshops operated by the Government, we have to take into account all recurrent expenditure incurred in the relevant services, including the operating cost of the computer systems. However, we have not amortised the capital cost of the system in the form of depreciation in calculating the cost per place. The recurrent expenditure for implementing the TI/CIS, as against the development cost of the system (including the hardware and software), should be included in the recurrent account instead of the capital account.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	16 April 2005

# CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY OUESTION

Reply Serial No.

S-HWFB06

Head:	170 - Social Welfare Department	Question Serial No.
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<u>Subhead</u> (No. & title):

<u>Programme</u>: (4) Rehabilitation and Medical Social Services

**Controlling Officer**: Director of Social Welfare

Director of Bureau: Secretary for Health, Welfare and Food

Question: Regarding the Reply numbered HWFB050, please inform this

Committee of the implementation details of the rehabilitation services projects carried out by nine NGOs. Have the premises been delivered to the NGOs and has the decoration

works started yet?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply: The nine self-financing rehabilitation projects would be

operated by nine non-governmental organisations which are Neighbourhood Advice-Action Council, New Life Psychiatric Rehabilitation Association, Pentecostal Church of Hong Kong Ltd., Hong Kong Down Syndrome Association, Hong Kong Society for the Blind, Richmond Fellowship of Hong Kong, the Parents' Association of Pre-school Handicapped Children, Yan Chai Hospital and Yang Memorial Social Services. The fitting-out work of these projects is targeted to be completed

between May to July 2005.

Name in block letters
Post Title
Date
Paul TANG
Director of Social Welfare
16 April 2005

### Reply Serial No.

### CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

S-HWFB07

<u>Head</u>: 170 - Social Welfare Department

Question Serial No.

S39

Subhead (No. & title):

Programme: (4) Rehabilitation and Medical Social Services

<u>Controlling Officer</u>: Director of Social Welfare

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

Question: Regarding the Reply numbered HWFB091, the Administration stated that no additional

government subvention or office space was allocated for service units with an enrolment rate of over 100% as the attendance rate was less than 100%. However, some welfare workers have reflected to my office that their organisations needed to provide additional resources/manpower for serving the users once the enrolment rate exceeded 100%. For example, if some users enquired about and demanded for services after the enrolment rate exceeded 100%, the organisations needed to provide additional staff to answer and

follow up their enquiries.

Would the Administration inform this committee of whether it would reconsider

allocating additional resources for service units with an enrolment rate of over 100%?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply: In the quoted example for the need of additional manpower, the handling of drop-in

enquiries would be more of a routine matter than a task arising from the over-enrolment of the workshop. Referrals for the sheltered workshop will generally be made by social workers in special schools or casework service units through the Central Referral System

for Rehabilitation Services managed by the Social Welfare Department.

Subvention is allocated in accordance with the agreed capacity as set out in the offer and notification letters of operation of service issued by the Department. As long as the daily attendance rate of the sheltered workshop stays below 100%, no additional

resources will be required.

Signature
Name in block letters
Post Title
Date

Paul TANG
Director of Social Welfare
16 April 2005

### CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB08

<u>Head</u>: 170 – Social Welfare Department Question Serial No.

<u>Programme</u>: (1) Family and Child Welfare

S40

**Controlling Officer**: Director of Social Welfare

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

<u>Question</u>: A follow-up on the Reply numbered HWFB191:

Due to the provision of Lump Sum Grant (LSG), the establishment of the subvented sector will be reduced gradually to its mid-point after the expiry of the tide-over grant (TOG) period. It means that the cost of an integrated family service centre (IFSC) operated by the subvented sector will be lower than that of an IFSC run by the Social Welfare Department (SWD). How would the service planning be affected? Would the Government consider hiving off the SWD-run IFSCs

to the subvented sector in the long run?

<u>Asked by</u>: Hon. CHEUNG Chiu-hung, Fernando

Reply: A non-governmental organisation (NGO) will receive a LSG

for all its services, using the recognised establishment as at 1 April 2000 as the basis for calculation. Under LSG arrangement, the NGO, after considering the service need, is allowed to deploy resources to an IFSC to provide services meeting the district need and the requirement of the Funding and Service Agreement (FSA). Therefore, the operating expenditure of individual IFSC might differ from one to

another.

For those NGOs with their snapshot salary above the benchmark salary, they are required, under the current LSG arrangement, to reduce their snapshot salary in steps of 2% per annum starting from 2006-07 to reach the benchmark salary and to undergo service and organisational re-structure within the five year tide-over period such that they are capable of continuously delivering services in accordance with the FSA requirements.

As present, we have no plan to hive-off the Department's IFSCs to NGOs, but we will keep the operations of IFSCs under review to ensure that quality services are delivered in a cost-effective manner.

Signature
Name in block letters
Paul TANG

Post Title
Director of Social Welfare

Date
16 April 2005

# CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB09

<u>Head</u>: 170 - Social Welfare Department Question Serial No.

Subhead (No. & title):

S41

<u>Programme</u>: (1) Family and Child Welfare

**Controlling Officer**: Director of Social Welfare

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

Question: Regarding the Reply numbered HWFB190:

Please provide further information on the manpower breakdown of the five Family and Child Protective Services Units (FCPSUs) according to their ranks

and the districts served.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply: With an additional FCPSU set up since 12 April 2005, there are now six

FCPSUs with total manpower provision of six SSWOs, 113 SWOs and ten ASWOs. The breakdown of the grade (i.e. SSWO, SWO and ASWO) of each

FCPSU is as follows:

ECDGII			Staff Establishment			
FCPSU	Cluster Districts	SSWO	SWO	ASWO	Total	
Hong Kong	Southern, Central and Western, Islands, Eastern	1	17	1	19	
	and Wan Chai					
East Kowloon	Kwun Tong, Wong Tai Sin and Sai Kung	1	24	2	27	
West Kowloon	Yau Tsim Mong, Kowloon City and Sham Shui Po	1	17	1	19	
New Territories East	Shatin, Tai Po and North	1	18	2	21	
New Territories West	Tuen Mun, Tsuen Wan and Kwai Tsing	1	24	2	27	
Yuen Long	Yuen Long	1	13	2	16	
	Total	6	113	10	129	

# CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB10

Head: 170 - Social Welfare Department Question Serial No.

S42

Subhead (No. & title):

<u>Programme</u>: (2) Social Security

**Controlling Officer**: Director of Social Welfare

Director of Bureau: Secretary for Health, Welfare and Food

Question: Regarding question (3) of the Reply numbered HWFB060,

(1) Please explain the meaning of "a reference period".

- (2) Please state the increase/decrease in the number of each of the case categories for the reference period, and whether this increase/decrease is equal to the estimated increase/decrease in the number of social security cases in the coming year.
- (3) What is the estimated increase in annual expenditure for every new case of social security? Please set out such estimated increase in expenditure for each of the case categories and explain the method for calculating each of estimates.
- (4) Please use a numerical formula to illustrate the calculation of the increase of over \$1.14b in the estimate for social security.

<u>Asked by</u>: Hon. CHEUNG Chiu-hung, Fernando

Reply: (1) 'A reference period' refers to a period which is considered to adequately reflect prevailing trends of a particular case category

for the purpose of making projections for CSSA cases in the

various case categories.

(2) The increase/decrease in CSSA cases by case category is given

as follows:

Nature of case	Number of increase/decrease
Old Age	+16 829
Permanent Disability	+4 589
Temporary Disability/Ill Healthy	+4 344
Single Parent Family	+13 486
Low Earnings	+5 303
Unemployment	-1 860
Others	+1 104

Since the reference period may cover a period longer than 12 months, the above increase/decrease refer to cumulative figures and thus may not equal the projected number of increase/decrease for the coming year alone.

(3) The estimated annual expenditure for each CSSA case in 2005-06 is \$63,341. The estimates on the changes in CSSA expenditure by case category are provided below:

Nature of case	Projected increase/decrease in CSSA	
	expenditure (\$m)	
Old age	+100	
Permanent Disability	+71	
Temporary Disability/Ill Health	+96	
Single Parent Family	+353	
Low Earnings	+293	
Unemployment	-49	
Others	+42	
Total	+904*	
* Amounts do not add up to the total due to rounding.		

The estimates are derived by first projecting the change in caseload for various case categories taking into account recent caseload trends. The projected numbers for each case category are then multiplied by the corresponding estimated average expenditure per case.

(4) As illustrated in the following calculations, the increase of \$1.14b in the estimate for social security (CSSA+SSA) is obtained as follows:

CSSA				
	Projected Tot			
	2004-05	2005-06	Amount increase/	
Nature of case	Revised Estimates	<b>Draft Estimates</b>	decrease	
	\$m	\$m	\$m	
	(a)	(b)	(c)=(b)-(a)	
Old Age	8,008	8,108	+100	
Permanent Disability	912	983	+71	
Temporary Disability/Ill Health	1562	1,658	+96	
Single Parent Family	3,196	3,549	+353	
Low Earnings	1,147	1,440	+293	
Unemployment	2,596	2,547	-49	
Others	252	294	+42	
Total*	17,674	18,578	+904	
* Amounts may not add up to the t	otal due to rounding.			

SSA				
	Projected Tot			
	2004-05	2005-06	Amount increase/	
Nature of case	Revised Estimates	<b>Draft Estimates</b>	decrease	
	\$m	\$m	\$m	
	(a)	(b)	(c)=(b)-(a)	
Higher Old Age Allowance	2,987	3,148	+161	
Normal Old Age Allowance	680	665	-15	
Higher Disability Allowance	369	388	+19	
Normal Disability Allowance	1,225	1,296	+71	
Total* 5,260 5,497 +237				
* Amounts may not add up to the to	otal due to rounding.			

Signature Name in block letters Post Title Date

Paul TANG		
Director of Social Welfare		
16 April 2005		
16 April 2005		

### CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY OUESTION

Reply Serial No.

S-HWFB11

<u>Head</u>: 149 Government Secretariat:

Health, Welfare and Food Bureau

Question Serial No.

S43

Subhead (No. & title):

**Programme**: Social Welfare

<u>Controlling Officer</u>: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

#### Question:

In respect of the total expenditure on social welfare and the expenditures on the programs of family and child welfare, social security, services for elders, rehabilitation and medical social services, services for offenders, community development and young people, could the Administration provide details as to their levels of expenditure, their respective percentages of the Gross Domestic Product (GDP), the share of each of these welfare areas in the total expenditure on social welfare, data on any increase or decrease in provision, and the development trend over the past five financial years up to 2004-05?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

#### Reply:

The provision for major programmes under the social welfare portfolio in 2005-06 is as follows:

			% of	Increase over
	2005-06	% of Total	Forecast	2000-01
	Provision	Welfare	GDP for	Expenditure
Programme	(\$ Billion)	Expenditure	2005	(\$ Billion)
Family and Child Welfare	1.7	4.7%	0.1%	0.1
Social Security	24.8	68.3%	1.9%	5.5
Services for Elders	3.4	9.4%	0.3%	0.7
Rehabilitation and	2.7	7.4%	0.2%	0.3
Medical Social Services				
Services for Offenders	0.3	0.8%	0.02%	0.0
Young People	1.2	3.3%	0.1%	0.1
Others*	2.2	6.1%	0.2%	1.4
Total:	36.3	100%	2.7%	8.1

Note: Individual figures may not add up to total due to rounding.

\* Including provision for promoting women's interests and projects funded by the Lotteries Fund and Capital Works Reserve Fund.

There has generally been an increase in the provision for these programmes over the past five financial years up to 2004-05.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	16 April 2005

# CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY OUESTION

Reply Serial No.

S-HWFB12

Head: 170 - Social Welfare Department

Question Serial No.

S44

Subhead (No. & title):

<u>Programme</u>: (1) Family and Child Welfare

**Controlling Officer**: Director of Social Welfare

Director of Bureau: Secretary for Health, Welfare and Food

Question: Please provide the number of social workers of each

Government and non-government organisations (NGOs) integrated family service centre (IFSC) and the population

served by each service unit.

<u>Asked by</u>: Hon. CHEUNG Chiu-hung, Fernando

Reply: The 61 IFSCs are formed by pooling of existing resources from

family services centres/counselling units, family support and resource centres, family support networking teams, family life education, etc. Each IFSC has a minimum of 12 social workers apart from a supervisor. Under Lump Sum Grant arrangement, the 21 IFSCs operated by nine NGOs can flexibly deploy their resources to provide services meeting the district need and the requirement of the Funding and Service

Agreement.

As for the 40 IFSCs operated by the Social Welfare Department (SWD), District Social Welfare Officers (DSWOs) can also deploy resources flexibly among IFSCs in the district at different times to meet district needs. The total number of social workers is 638 with the breakdown by district as follows:

District	Number	Number of
District	of IFSCs	social workers
Central, Western and Islands	2	24
Eastern and Wanchai	4	62
Southern	1	18
Kwun Tong	4	56
Wong Tai Sin and Sai Kung	5	84
Kowloon City	2	33
Shamshuipo	2	29
Yau Tsim Mong	1	14
Shatin	4	66
Tai Po and North	4	65
Tsuen Wan and Kwai Tsing	5	82
Tuen Mun	3	55
Yuen Long	3	50
Total	40	638

In the re-engineering of IFSCs in 2004-05, the DSWOs have worked closely with the NGOs concerned to draw up a mutually agreed service boundary for each IFSC. The population served by each IFSC may range from 100 000 to 150 000, depending on factors such as population characteristics, the complexity of social problems in the boundary, the manpower available in an agency, etc. Notwithstanding the service boundary, all statutory cases and other cases that are more suitable to be handled by SWD staff are all taken care of by SWD IFSCs.

### CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB13

Head: 170 – Social Welfare Department Question Serial No.

S46

<u>Programme</u>: (1) Family and Child Welfare

<u>Controlling Officer</u>: Director of Social Welfare

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

Question: According to reply HWFB190, the Government will redeploy existing

resources to establish one more Family and Child Protective Services Unit (FCPSU). From which existing service units will the resources be deployed to the new FCPSU? Will it cause impact on the service quantity and quality of the existing service units from which resources

are deployed out?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply: In 2004-05, Social Welfare Department has re-engineered its family

services centres, re-organised some of the district social welfare offices, and reviewed part of the probation service. Such re-engineering and review exercises have created synergy of work, and facilitated optimal use of resources and an overall re-distribution of resources such that resources are made available to strengthen the FCPSUs, including setting up an additional FCPSU. The work of integrated family service centres and FCPSUs complements each another so that needy individuals and families in the community are now better served with the appropriate level of preventive, supportive,

remedial and specialised services.

Signature
Name in block letters
Post Title
Date

Paul TANG
Director of Social Welfare
16 April 2005

# CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB14

Head: 170 – Social Welfare Department

Question Serial No.

S47

Programme: (1) Family and Child Welfare

**Controlling Officer**: Director of Social Welfare

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

Question: According to reply HWFB097, the Government will allocate

\$24m new resources to strength on Integrated Family Service Centre (IFSC) and services handling domestic violence. To

which service units will the new resources be allocated?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply: The new resources will be allocated to different service units

including IFSCs, Family and Child Protective Services Units and Clinical Psychology Units. Besides, part of these new resources will be allocated to continue to launch the publicity campaign on Strengthening Families and Combating Violence as well as to provide training courses for social workers and

professionals on handling domestic violence cases.

Signature

Name in block letters

Post Title

Date

Paul TANG

Director of Social Welfare

16 April 2005

### CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB15

Question Serial No.

S48

<u>Head</u>: 170 - Social Welfare Department <u>S</u>

Subhead: 000 - Operational

Expenses

Programme:

<u>Controlling Officer</u>: Director of Social Welfare

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

Question: According to reply HWFB097, Social Welfare Department

(SWD) will allocate \$40m from non-recurrent costs to develop client information system (CIS). Has SWD budgeted for the recurrent costs required? If yes, how much? Will SWD consider providing recurrent costs for non-governmental organisation (NGO) Integrated Family Services Centre (IFSC) to participate in the CIS being

developed by the Government?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply: SWD has included a sum of \$40m under general

departmental expenses in the 2005-06 estimate to meet the recurrent costs for implementating the technical infrastructure and CIS in the Department. It is our plan to extend the CIS to IFSCs of the NGOs around the time of completing the CIS of SWD. NGOs are expected to be responsible for the recurrent costs of their own facilities which may be offset by savings arising from the implementation of the system. In addition to providing funding from the Lotteries Fund for the capital cost, such as cost of the computer equipment, SWD will also absorb part of the recurrent costs including training, maintenance and support services of facilities commonly shared by both SWD

and NGOs.

Signature

Name in block letters

Post Title Date Paul TANG

Director of Social Welfare

16 April 2005

# CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY OUESTION

Reply Serial No.

S-HWFB16

Head: 170 - Social Welfare Department Question Serial No.

S51

Subhead (No. & title):

<u>Programme</u>: (4) Rehabilitation and Medical Social Services

<u>Controlling Officer</u>: Director of Social Welfare

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

Question: A follow-up on the Reply numbered HWFB180:

(1) Please explain in detail again why the cost of the Government sector is higher than that of the subvented sector.

(2) Please explain why the costs of the Government sector and the subvented sector are not comparable. If the reason of incomparability is solely related to the discounting of fee income, please try to do the comparison again after sorting out the data.

<u>Asked by</u>: Hon. CHEUNG Chiu-hung, Fernando

<u>Reply</u>: (1) The average unit costs of residential homes for the

Government and subvented sectors are not directly comparable. In the subvented sector, the cost figures reflect the net provision (i.e. after deduction of fee income) while in the Government sector, they are the gross cost figures. Besides, the staffing structure of the residential homes in the Government sector is different from that of the subvented sector. With a smaller number of places and a different ranking of staff deployed, it is not uncommon to find that the unit cost of operating these homes by the Government is generally higher than by non-governmental organisations. Taking the example of

Wing Lung Bank Golden Jubilee Sheltered Workshop and

Hostel, a higher ranking staff is deployed as the officer-in-charge and nursing staff are also deployed. These reflect the statutory functions of the centre as a place of refuge and an emergency shelter.

(2) In the subvented sector, the cost figures reflect the net provision (i.e. after deduction of fee income). For illustration purpose, if the fee income is taken into account in the calculation, the cost per place per month of the residential homes in the subvented sector is estimated to be around \$9,800, which is about 13% lower than the Government sector.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	16 April 2005

### CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB17

<u>Head</u>: 170 - Social Welfare Department

Question Serial No.

S52

Subhead (No. & title):

<u>Programme</u>: (4) Rehabilitation and Medical Social Services

<u>Controlling Officer</u>: Director of Social Welfare

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

Question: A follow-up on the Reply numbered HWFB215:

It is very important for mentally ill/ex-mentally ill persons to be understood and supported by their family members as they are the one who take care of and in the closest contact with the former. Regarding the support for ex-mentally ill persons to live in the community and the support service for young persons with early sign of mental health problem, would the Administration specifically provide assistance and education for their family members? If so, what are the measures? If not, why not?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

<u>Reply</u>: The Department has taken into consideration the needs of the family members when

planning the new initiatives of assisting the ex-mentally ill persons to live in the community and to youth with early signs of mental health problems. For example, in the extended care programmes, regular visits will be paid to the homes of the ex-mentally ill persons and assessment and assistance will be family-based. For the project to assist youth with early signs of mental health problems, due emphasis will be put on early identification of their mental health problem and educating and supporting the family members. Furthermore, to meet the very individualised needs of these young persons who are under transition in their developmental stage, personal and vocational programmes for these young persons to stimulate their interests and to enhance their knowledge and skills to overcome their difficulties will be provided.

Signature
Name in block letters
Post Title
Date

Paul TANG	
Director of Social Welfare	
16 April 2005	

### CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY OUESTION

Reply Serial No.

S-HWFB18

Head: 149 Government Secretariat:

Health, Welfare and Food Bureau

Question Serial No.

S45

Subhead (No. & title):

**Programme**: Social Welfare

<u>Controlling Officer</u>: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

#### Question:

According to HWFB 213, \$0.46 billion are assigned for "contingency funds to cater for any unanticipated increase in expenditure in 2005-06".

- 1. Why is such a big lump sum allocated for something unpredictable?
- 2. How is this amount calculated?
- 3. How much money was allocated to this item in 2004-05 and how much was used in the end? What did the government do if there was any money left for this item?
- 4. When the Government can reserve such a big lump sum, why does it still want to cut NGO funding by \$60 million?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

#### Reply:

The contingency provision is reserved under a central vote for meeting any unavoidable expenditure that may arise during the year in excess of the amounts provided under the relevant heads and subheads of the Estimates, but which cannot at present be determined and allocated with precision, e.g. funding requirements for Comprehensive Social Security Assistance / Social Security Allowance or other emergency relief measures which should be met with no delay.

The Government is committed to containing public expenditure and achieving fiscal balance by 2008-09. There is a need to adjust the allocations to different policy programmes, including social welfare, in order to achieve the target. The cut in social welfare subventions is already smaller when compared with other areas under the Health, Welfare and Food Bureau. The contingency fund is a reserve to cater for any unavoidable expenditure in a year and is different from the direct allocations for service delivery by respective departments.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	16 April 2005

## CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB19

Question Serial No.

<u>Head</u>:149 Government Secretariat: <u>Subhead</u> (No. & title):

Health, Welfare and Food Bureau

S49

<u>Programme</u>: (3) Health

<u>Controlling Officer</u>: Permanent Secretary for Health, Welfare and Food

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

#### Question:

- 1. What are the roles of the new medical and research staff employed in the Head Start Programme (HSP)?
- 2. As HSP is a multi-disciplinary project has the Government assessed the demand for various services, such as family support in childcare services, outreaching programs by social workers & etc. and if additional resources are required? Has the Government consulted the key stakeholders on the estimated service need and demand?

<u>Asked by</u>: Hon. CHEUNG Chiu-hung, Fernando

Reply:

1. Additional medical staff is required for (i) programme planning and coordination; and (ii) providing professional consultation to clients, e.g. assessment and follow-up of mothers identified with postnatal depression, children referred from pre-schools with learning or behavioural problems, children/families who need social services referral, etc.

Additional nursing staff is required for (i) screening for as well as counselling, referral and follow-up of mothers with postnatal depression; (ii) identification, referral and follow-up of children/families that require social services; and (iii) conducting additional health educational activities such as parenting groups/counselling for mothers with childcare problems (notably mothers with postnatal depression and disadvantaged/high-risk mothers).

Additional psychiatric nurses are required to provide more specialized skill in counselling and liaison with psychiatrists and other service providers. Additional paediatricians are required to provide visiting specialist sessions in the Maternal and Child Health Centres for needy children.

Research staff is required for providing support in programme evaluation and administration.

2. We will closely monitor the statistics and increase in demand for a particular service under HSP to see if additional resources are required. Findings and observations in implementing HSP will also help us refine the contents of HSP as well as its mode of service delivery. We will consult relevant stakeholders on the outcome of the evaluation of HSP.

Signature	
Name in block letters	Mrs Carrie YAU
	Permanent Secretary
Post Title	For Health, Welfare and Food
Date	16 April 2005

## CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY OUESTION

Reply Serial No.

S-HWFB20

Question Serial No.

<u>Head</u>:149 Government Secretariat: <u>Subhead</u> (No. & title):

Health, Welfare and Food Bureau

S50

<u>Programme</u>: (3) Health

<u>Controlling Officer</u>: Permanent Secretary for Health, Welfare and Food

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

Question: Why are there no NGO representatives in the Head Start

project steering committee?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply: The community-based Head Start Programme (HSP)

coordinating committee is an inter-departmental working committee to discuss issues relating to the planning and implementation of the HSP. The coordinating committee welcomes discussion with interested Non-governmental organizations (NGOs) on issues of their concerns. example, the Sham Shiu Po HSP Coordinating Committee has been discussing with interested NGOs on issues of their concerns and the Coordinating Committee has established specific working groups to discuss with interested NGOs on the design of assessment tools for the early identification of the social needs of children and their families and the referral system between Maternal and Child Health Centres (MCHCs) and pre-primary institutions, and the referral system between MCHCs and Integrated Family Service Centres. The Coordinating Committee will continue to discuss with interested NGOs on the implementation of the HSP in Sham

Shui Po.

Signature
Name in block letters

Mrs Carrie YAU

Permanent Secretary

For Health, Welfare and Food

Date

16 April 2005

#### CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY **QUESTION**

Reply Serial No.

**S-HWFB 21** 

Question Serial No.

Head: 149 Government Secretariat:

Subhead (No. & title):

Health, Welfare and Food Bureau

S56

Programme: Hospital Authority

<u>Controlling Officer</u>: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

### **Question**:

In its reply to the question (serial no.:0859) for the Estimates of Expenditure 2005-06, the Administration has mentioned earlier that apart from the Geriatric Day Hospital, the Hospital Authority (HA) has also put in place other ambulatory rehabilitation programmes and community outreach services for providing effective care to the elders in other settings. These are further supplemented by community care support, which is being expanded with co-ordination between the HA and the welfare sector. Would the Administration advise on the following:

Has it stepped up co-ordination with the welfare sector in providing integrated health care service to the elderly?

What are the contents of the integrated health care service?

What are the expenditure and staffing involved?

Asked by: Hon. LEE Kok-long, Joseph

### Reply:

HA has been working closely with NGOs on post-discharge rehabilitation arrangements for patients in areas relating to stroke, pulmonary and cardiac diseases, and self-care management. To ensure continuity of care to patients discharged from hospitals, there is a mechanism for HA to refer discharged patients to NGOs through outreach teams or hospitals' patient resources centres. There are regular meetings between HA, SWD and HWFB to discuss interface issues.

HA has also been providing medical support to NGOs in taking care of discharged patients. For example, the Community Geriatric Assessment Teams and Community Psychogeriatric Teams have been providing medical services to elderly users of the Enhanced Home and Community Care Service (EHCCS) and the Integrated Home Care Service (IHCS) who are HA's discharged patients. Services include specialist consultation, nursing care management, care plan formulation and monitoring together with EHCCS and IHCS care staff.

The total estimated cost to HA on community-based service for all patient groups amounts to \$5.7M in 2004/05.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	16 April 2005

### Reply Serial No.

#### Examination of Estimates of Expenditure 2005-06

## CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY WRITTEN QUESTION

**S-HWFB 22** 

<u>Head</u> : 186 – Transport Department	Subhead (No. & title):	Question Serial No

<u>Programme</u>: (5) Transport Services for People with Disabilities

S53

**Controlling Officer**: Commissioner for Transport

Director of Bureau: Secretary for Health, Welfare and Food

<u>Question</u>: Regarding the income of rehabus service, please inform the Council:

- (i) If a passenger cancels his/her pre-booked order, rehabus will charge the passenger for the late cancellation. Please give the amounts of such charges received in the past five years.
- (ii) How are the late cancellation charges used?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply: (i) The amounts of the late cancellation charges obtained in the past five years are as follows -

	2000-01	2001-02	2002-03	2003-04	2004-05
Financial Year					
Amount (HK\$)	7,000	14,000	10,550	17,750	11,950
					(unaudited)

(ii) The late cancellation charges will form part of the income for the operation of rehabus service.

Signature	
Name in block letters	ROBERT FOOTMAN
Post Title	Commissioner for Transport
Date	18 April 2005

## CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY WRITTEN QUESTION

Reply Serial No.

**S-HWFB 23** 

Head: 186 – Transport Department Subhead (No. & title):	Head: 186 – Transport Department	Subhead (No. & title):	Question Serial No
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<u>Programme</u>: (5) Transport Services for People with Disabilities

**Controlling Officer**: Commissioner for Transport

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

#### Question:

The estimated number of passenger trip for 2005 is less than that in 2004. There is no waiting list for the rehabus dial-a-ride (DAR) service and there should be no information on the number of passengers declined from using DAR. Should there be no record for the declined cases of the rehabus DAR service, how could the Administration estimate the passenger trips for 2005? Would the Administration consider setting up a waiting list for the rehabus DAR service, and if so, when will this be implemented? If not, what are the reasons behind?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

Though there is no "waiting list" per se, we do maintain a record on all requests for DAR service, which includes the passenger trips served and orders declined, and on this basis the estimation for DAR service in 2005-06 was prepared. The estimated drop in passenger trips in the coming year is attributable to the stabilisation of social activities.

Signature	
Name in block letters	ROBERT FOOTMAN
Post Title	Commissioner for Transport
Date	18 April 2005

Reply Serial No.

#### Examination of Estimates of Expenditure 2005-06

## CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY WRITTEN QUESTION

**S-HWFB 24** 

Head: 186 – Transport Department Subhead (No. & title): Question Serial No.

<u>Programme</u>: (5) Transport Services for People with Disabilities

S 55

**Controlling Officer**: Commissioner for Transport

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

Question: The Administration will replace one rehabus in 2005-06. A decrease of \$5.4 million in expenditure is noted. My office received comment from a passenger using the rehabus service that the tail lift of the rehabus was worn down and came to a halt while lifting him on powered wheelchair. Another rehabus was then deployed to deliver him to his destination. In respect of the rehabus replacement programme, please advise:

- i. There was an increase in passenger figures for rehabuses in 2004, but why will only one rehabus be replaced in 2005-06, as compared with ten rehabuses replaced in 2004-05?
- ii. Details of the rehabus replacement programme in the coming five years?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

- Reply: (i) All rehabuses are required to undergo vehicle examination to ensure their road worthiness under vehicle registration requirement. To assess whether there is a need for replacement, an annual comprehensive examination is conducted by the Electrical and Mechanical Services Department (EMSD) on rehabuses aged 9 years and above. Those rehabuses confirmed to be beyond economical repair would be recommended for replacement. For 2005-06, one rehabus was recommended for replacement by the EMSD.
  - (ii) The replacement program depends on the condition of individual vehicles and the outcome of examination by the EMSD.

Signature	
Name in block letters _	ROBERT FOOTMAN
Post Title _	Commissioner for Transport
Date	18 April 2005

Reply Serial No.

## CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

S-HWFB25

Question Serial No.

SV36

<u>Head</u>: 149 Government Secretariat: <u>Subhead</u> (No. & title): 000

Health, Welfare and Food Bureau

<u>Programme</u>: (9) Subvention: Hospital Authority

**Controlling Officer**: Permanent Secretary for Health, Welfare and Food

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

#### Question:

To provide a breakdown of fee waiver applications from elderly patients vis-à-vis the total applications under the medical fee waiver mechanism in 2004-05, and the amount and proportion of medical fees so waived for elderly patients in the same year.

Asked by: Hon. TAM Yiu-chung

#### Reply:

Information on fee waivers is not currently analyzed by age groups. Therefore, the number and amount of fee waivers regarding elderly patients for 2004-05 are not available.

Signature	
Name in block letters	Mrs Carrie Yau
Post Title	Permanent Secretary for Health, Welfare and Food
Date	16 April 2005

## CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB26

Question Serial No.

SV37

<u>Head</u>: 149 Government Secretariat: <u>Subhead</u> (No. & title): 000

Health, Welfare and Food Bureau

Programme: (9) Subvention: Hospital Authority

**Controlling Officer**: Permanent Secretary for Health, Welfare and Food

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

#### Question:

To provide information on measures taken/ to be taken by the Hospital Authority (HA) in 2005 to fill up the vacant posts for various grades upon staff turnover, and a breakdown of the relevant statistics showing the number of deleted posts for various grades upon staff turnover.

Asked by: Hon. LI Fung-ying

#### Reply:

The staff wastage projected for medical and nursing staff in the Hospital Authority (HA) will be fully replenished by the recruitment of 300 Residents and 400 Registered Nurses in 2005-06. Staff reduction is not anticipated for doctors and nurses.

In addition, there will be planned recruitment of 100 allied health professionals and 400 support staff (mostly in General Services Assistant or Technical Services Assistant positions) to replace staff turnover anticipated and to support service operations.

The estimated reduction in allied health and support staff is a result of projected staff wastage and control on replacement rather than deletion of posts. As the projected turnover is mostly not realized at year-start, detailed statistics on posts to be deleted are not available at this stage. It is estimated that the allied health posts will involve a variety of grades and ranks, including Dental Technician, Dietitian, Dispenser, Medical Laboratory Technician, Occupational Therapist, Physiotherapist, Podiatrist, Prosthetist-Orthotist and Radiographer. For support staff, positions may include Artisan, Clerk, Cook, Darkroom Technician, Ganger, Hospital Foreman, Laundry Worker, Office Assistant, Property Attendant and Workman.

<del>-</del>
Mrs Carrie Yau
Permanent Secretary for Health, Welfare and Food
16 April 2005

# CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB27

Head: 170 – Social Welfare Department

Question Serial No.

SV40

Programme: (1) Family and Child Welfare

Controlling Officer: Director of Social Welfare

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

Question: Hon. LI Fung-ying noted that in 2004-05, the Social Welfare

Department (SWD) re-engineered all family services units of the centres/counselling Department and non-governmental organisations (NGOs) to form 61 integrated family service centres (IFSCs), and that the estimated total recurrent provision for the 61 IFSCs in 2005-06 was \$553.6m. She requested the Administration to confirm in writing whether the re-engineering exercise had resulted in reduction in the total recurrent provision for the relevant services; and if it had, to provide the reasons for the reduction and set out the affected

services by item.

<u>Asked by</u>: Hon. LI Fung-ying

Reply: Apart from the effect of civil service pay cut and efficiency

savings, there is no reduction in the total recurrent provision for NGOs as all resources pooled from family services centres (FSCs)/counselling units, family life education (FLE), family support networking team (FSNT), etc. have been put under IFSCs. For SWD, factors such as civil service pay cut also apply. Besides, SWD has re-engineered its FSCs by pooling all its FSCs, FLE, FSNTs and family support and resource centres, re-organised some of the district social welfare offices, and reviewed part of the probation service. Such re-engineering and review exercises have created synergy of work, and facilitated optimal use of resources and an overall re-distribution of resources such that resources are made available to form 40 SWD's IFSCs and strengthen the Family

and Child Protective services Units (FCPSUs), including the setting up of an additional FCPSU. The work of IFSCs and FCPSUs complements each other so that needy individuals and families in the community are now better served with the appropriate level of preventive, supportive, remedial and specialised services.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	16 April 2005

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

S-HWFB28

Question Serial No.

<u>Head</u>:149 Government Secretariat:

Health, Welfare and Food Bureau

Subhead (No. & title):

SV41

<u>Programme</u>: (4) Women's Interests

Controlling Officer: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

Question: Hon CHOY So-yuk requested the Administration to provide by department the number of civil servants who had received gender-related training and then offered similar training to their colleagues, and the number of training courses or workshops involved.

Asked by: Hon. CHOY So-yuk

Reply:

Gender-related training is organised to enhance civil servants' sensitivity towards gender issues and women's concerns, so as to facilitate their taking into consideration gender perspectives in their work, including policy making and providing services to the community. The workshops or seminars are not designed as train-the-trainers courses and there are no statistics on the number of courses the participants have offered to their colleagues. Should bureaux or departments be interested in providing gender-related training for their staff, the Women's Division of the Health, Welfare and Food Bureau would be happy to assist where necessary.

Signature:	

Name in block letters: <u>MRS CARRIE YAU</u>

Post Title: Permanent Secretary for

Health, Welfare and Food

Date: <u>16.4.2005</u>

#### CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY OUESTION

Reply Serial No.

S-HWFB29

Head: 170 - Social Welfare Department Question Serial No.

**SV42** 

Subhead (No. & title):

Programme: (2) Social Security

<u>Controlling Officer</u>: Director of Social Welfare

Director of Bureau: Secretary for Health, Welfare and Food

Question: On the Administration's initiative to relax the permissible limit

> of absence from Hong Kong for the Old Age Allowance (OAA) from 180 days to 240 days per year, please provide the

following information:

Justifications for setting the limit as 240 days per year;

(b) Additional annual financial provision required for relaxing the limit to 240 days per year and the number of elders

involved: and

(c) If the limit is removed, the additional annual financial

provision required and the number of elders who are

eligible to claim OAA.

Hon. WONG Kwok-hing Asked by:

Taking into account the wish of some elderly residents to Reply: (a)

> recognising the need to prudently manage public funds spent this non-contributory and non-means-tested scheme, we have proposed to relax the permissible limit of absence from Hong Kong for OAA

spend more time outside Hong Kong while also

from the present 180 days to 240 days a year. We believe

that the proposed relaxation strikes a reasonable balance

between all factors to be considered.

(b) According to the 'absence' pattern of existing OAA

recipients under present arrangements, it is estimated that the proposed relaxation would lead to an additional annual expenditure of \$400,000, benefiting some 550 OAA recipients. This is a conservative estimate based on existing absence patterns which has not taken into account future changes in absence patterns, and possible increases in the OAA take-up rate as a result of the relaxation.

(c) At present about 150 000 (or 18%) elderly residents aged 65 or above are not in receipt of OAA, Disability Allowance or Comprehensive Social Security Assistance. If we removed the 'absence' limit for OAA, many of these elders might consider claiming it. On the assumption that these elders would come forward to apply for OAA as a result of the removal of the "absence limit", the estimated additional annual expenditure would be about This estimate is based on the 2004 elderly \$1.17b. population figure and has not taken into account the likely increase in elderly population. It also does not take into account the additional costs of establishing an effective monitoring system to periodically review the recipients' continued eligibility for the portable allowance and the possibility that some elders who have left Hong Kong and settled elsewhere might return to Hong Kong to claim it.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 April 2005

## CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB30

<u>Head</u>: 37 Department of Health <u>Subhead (No. & title)</u>: Question Serial No.

S84

<u>Programme</u>: (2) Disease Prevention

**Controlling Officer**: Director of Health

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

<u>Question</u>: According to the reply to Hon. LI Fung-ying (Reply Serial No.: HWFB103; Question Serial No.: 0539), the following items will have significantly higher levels of reductions in their expenditures than the others under 2005-06 Estimate of the Department of Health. Please explain the reasons for that.

- (1) Providing laboratory services for the diagnosis and surveillance of various infections and other screening activities (-5.1%)
- (2) Treating patients with sexually-transmitted diseases and controlling the spread of such diseases (-6.1%)
- (3) Others (-10%)

Asked by: Hon. KWOK Ka-ki

#### Reply:

- (1) The decrease in provision for providing laboratory services for the diagnosis and surveillance of various infections and other screening activities in 2005-06 is mainly due to pay adjustment and savings from streamlining of operation.
- (2) The decrease in provision for treating patients with sexually-transmitted diseases and controlling the spread of such diseases in 2005-06 is mainly due to pay adjustment and service rationalisation.
- (3) The decrease in provision for others in 2005-06 is mainly due to pay adjustment and reduced expenditure on general support service.

Signature _		
Name in block letters _	Dr P Y LEUNG	
Post Title _	Ag. Director of Health	
Date_	16 April 2005	

## CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB31

Question Serial No.

<u>Head</u>:149 Government Secretariat: <u>Subhead</u> (No. & title): Health, Welfare and Food Bureau

S63

Programme: (3) Health & (6) Environmental Hygiene

<u>Controlling Officer</u>: Permanent Secretary for Health, Welfare and Food

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

Question: As a follow-up to my question (Question Serial No.: 0843; Reply Serial No.: HWFB 193), will the authorities compare the 2005-06 estimated expenditure of the Food and Environmental Hygiene Department on prosecution of litterbugs with that of the Tobacco Control Office under the Department of Health on prosecution of smokers in no-smoking areas. Such comparison should include the numbers and ranks of the staff involved and the overall estimates of expenditure.

Asked by: Hon. KWOK Ka-ki

#### Reply:

In 2005-06, upon the enactment of the proposed amendments to Cap 371, Tobacco Control Office (TCO) will require around 30 additional staff to undertake the new enforcement duties, publicity and education work. The additional staff include a mix of professional, enforcement, clerical and supporting staff (such as doctors and nurses, Tobacco Control Officers, and police officers seconded from the Hong Kong Police Force). Details of the staff mix may vary in the light of practical experience. A provision of \$17.5M has been earmarked under Head 37 in 2005-06 for TCO to engage or recruit staff and to meet the additional operational expenditure.

Enforcement of cleanliness offences is undertaken by FEHD's Health Inspectors, Hawker Control Teams and Foreman Grade staff as part of their daily duties. As enforcing cleanliness offences is only one of the duties of these staff, there is no separate breakdown of expenditure incurred for such duties.

Signature	
Name in block letters	Mrs Carrie YAU
	Permanent Secretary for Health, Welfare and Food
Date	16 April 2005

# CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB32

Question Serial No.

S85

Head: 49 Food and Environmental Hygiene Department

Subhead (No. & title):

<u>Programme</u>: (3) Market Management and Hawker Control

Controlling Officer: Director of Food and Environmental Hygiene

<u>Director of Bureau</u>: Secretary for Health, Welfare and Food

#### **Question**:

According to SHWF's verbal reply to my question concerning Reply Serial No. HWFB146 (Question Serial No. 0666), every market has its own reasons for the high vacancy rate, and the Department would formulate strategies with regard to individual situation to reduce the vacancy rate.

I hope that the Administration would submit to this Council its plan for reducing the vacancy rate, which should include: the expenditure required for implementing improvement programmes in each market, the expected let-out rates upon completion of the programmes, and the expected increase in rental income.

Asked by: Hon. KWOK Ka-ki

#### Reply:

To improve the occupancy rate of the public markets, the Department will carry out general improvement works (including upgrading of drainage, lighting, ventilation, signage and fire services provisions) to 18 markets and 4 cooked food centres (CFCs) in 2005-06, namely, Aberdeen Market and CFC, Ngau Chi Wan Market and CFC, Ngau Tau Kok Market and CFC, Shek Wu Hui CFC, San Hui Market, Yau Ma Tei Market, Mongkok Market, Lai Wan Market, Tin Wan Market, Yue Kwong Road Market, Sheung Fung Street Market, Kwu Tung Market Shopping Centre, Hung Shui Kiu Temporary Market, Tai O Market, Cheung Chau Market, Shek Tong Tsui Market, Shui Wo Street Market, Haiphong Road Temporary Market,

and Plover Cove Road Market. The works projects are estimated to cost \$367 million. The Department is also studying project plans for carrying out general improvement works in another 12 markets and two CFCs, namely, Fa Yuen Street Market and CFC, Tung Yick Market, Po On Road Market and CFC, Sheung Wan Market, Sai Kung Market, Wing Fong Street Market, North Kwai Chung Market, Tsuen Wan Market, Yeung Uk Road Market, Sha Tau Kok Market, Shau Kei Wan Market and Choi Hung Road Market.

In 2005-06, the Department will continue to carry out promotions in various selected public markets to improve their business environment. These include adopting a proactive approach in attracting new lines of business into selected markets, conducting promotion activities, such as lucky draws, talks and exhibitions, and publishing quarterly market newsletters to attract customers, etc.

However, as the occupancy rate of a market is determined by a myriad of factors including some that are beyond the control of the Department, we are unable to give an estimate on the increase in stall let-out rate and rental revenue for individual markets following the implementation of the above improvement measures and promotion activities.

Signature	
Name in block letters	GREGORY LEUNG
Post Title	Director of Food and Environmental Hygiene
Date	16 April 2005

## CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB33

S83

Question Serial No.

Head: 149 Government Secretariat:

Subhead (No. & title): 000

Health, Welfare and Food Bureau

Programme: (9) Subvention: Hospital Authority

**Controlling Officer**: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

#### **Question**:

According to the Director's reply to the question (Reply Serial No.: HWFB009, Question Serial No.:0053) raised by Hon. YEUNG Sum, the Samaritan Fund received subventions totalling more than \$52 million from various sources in 2004-05 when the expenditure for assistance to patients in need was nearly \$100 million, almost a double in difference.

Please advise on what plan(s) the Administration has to ensure that the Samaritan Fund can have sufficient resources for long-term development so as to meet an increasing demand for the Fund.

Asked by: Hon. KWOK Ka-ki

#### Reply:

According to the projection of the Hospital Authority (HA), the funding requirements of the Samaritan Fund will continue to outstrip its income by a significant amount in the foreseeable future and the gap will continue to grow. The Administration is acutely aware of the need to review the funding arrangement for the Fund to ensure its sustainability. We also recognise that the main drivers for the rapid increase in the funding requirements of the Fund are technological advances and the ageing population, both of which have much wider implications to our public health care system. It is therefore the Administration's intention to study the long-term funding arrangement for the Fund in the context of our on-going planning and discussion on health care financing and funding arrangement for the HA. To allow sufficient time for the community as a whole to reach consensus on those issues, the Administration is planning to seek the approval of the Finance Committee shortly for making a one-off grant in the amount of \$200 million to the Fund to meet its projected funding requirements at least up to 2006-07. In the meantime, we would explore with the HA new possibilities of private donations for the Fund.

Signature	
Name in block letters	Mrs Carrie Yau
Post Title	Permanent Secretary for Health, Welfare and Food
Date	16 April 2005