

ITEM FOR ESTABLISHMENT SUBCOMMITTEE OF FINANCE COMMITTEE

HEAD 140 – GOVERNMENT SECRETARIAT : FOOD AND HEALTH BUREAU (HEALTH BRANCH) Subhead 000 Operational expenses

Members are invited to recommend to Finance Committee the following proposals arising from the reorganisation of the Health Branch of the Food and Health Bureau with effect from 1 April 2018, or with immediate effect upon approval by the Finance Committee, whichever is the later –

- (a) the creation of the following three permanent posts –

1 Administrative Officer Staff Grade B
(D3) (\$191,300 - \$208,800)

2 Administrative Officer Staff Grade C
(D2) (\$164,500 - \$179,850)

- (b) the creation of the following supernumerary post up to 31 March 2023 –

1 Administrative Officer Staff Grade C
(D2) (\$164,500 - \$179,850);

/(c)

- (c) the creation of the following non-civil service position –

1 Head (Voluntary Health Insurance Scheme)
(equivalent to the rank of D2)
(\$164,500 - \$179,850); and

- (d) the redeployment of the following two permanent posts –

1 Administrative Officer Staff Grade B
(D3) (\$191,300 - \$208,800)

1 Principal Executive Officer
(D1) (\$138,500 - \$151,550)

PROBLEM

Four out of the 12 directorate posts under Health Branch (HB) of the Food and Health Bureau (FHB) are time-limited in nature and are about to lapse in March/April 2018. In addition, it is proposed to redeploy two directorate posts, which are currently held against vacant posts. The duties concerned, relating to the implementation of the Voluntary Health Insurance Scheme (VHIS) and the longer term manpower development for the health sector, and to the Electronic Health Record (eHR) Programme, have to continue. Meanwhile, additional directorate support is needed to take forward initiatives relating to the implementation of VHIS and the development of Chinese medicine (CM). We will regularise the directorate support and tidy the titles and division of responsibility amongst various divisions.

PROPOSAL

2. We propose to make permanent three of the four existing supernumerary directorate posts and redeploy two permanent directorate posts. We also propose to create a supernumerary directorate post (D2) for Team 7/Chinese Medicine Unit (CMU) and to create a non-civil service position equivalent to the rank of D2, to be designated as Head (VHIS). The total directorate headcount on FHB(Health)'s establishment will remain 12, as summarized below –

/Rank

Rank	Present			Proposed (as from 1 April 2018)	
	Permanent	Supernumerary (with end-date)	Headcount	Permanent/Supernumerary	Remarks
D8	1	0	1	1	No change
D4	1	0	1	1	No change
D3	1	2 [The post of Head (HPDO) to lapse on 20 March 2018; The post of Head (eHR) (H(eHR)) to lapse on 1 April 2018]	3	2	We will (a) make permanent the supernumerary post of Head (HPDO) and re-title it as DS(H)3; (b) allow the post of H(eHR) to lapse; and (c) regularise the post of DS(H)2, which is currently held against another vacant AOSGB (D3) post.
D2#	3	2 [Deputies of HPDO and eHRO to lapse on 20 March 2018 and 1 April 2018 respectively]	5	6	There will be an addition of one supernumerary D2 post (i.e. PAS(H)7/Head (CMU)), which will be time-limited for five years, i.e. from 1 April 2018 to 31 March 2023. We will also recruit a contract staff as Head (VHIS).
D1	2	0	2	2	No change. We plan to regularise the PEO(H) post, which is currently held against another vacant PEO (D1) post.
Subtotal	8	4	12	12	Headcount on civil service establishment remains the same.

Does not include one D2 post on loan from Department of Health (DH).

Legend –

AOSGB - Administrative Officer Staff Grade B
 CMH - Chinese medicine hospital
 DS(H)2 - Deputy Secretary for Food and Health (Health)2
 eHRO - Electronic Health Record Office
 HPDO - Healthcare Planning and Development Office
 PAS(H)7 - Principal Assistant Secretary for Food and Health (Health) 7
 PEO(H) - Principal Executive Officer (Health)

Encls.

1 & 2 The existing and proposed organization charts of HB are at Enclosures 1 and 2.

/JUSTIFICATION

JUSTIFICATION

Present Position

3. At present, HB, which is headed by the Permanent Secretary for Food and Health (Health), comprises Divisions 1 and 2, eHRO and HPDO.

4. **Division 1** is responsible for policy matters relating to medical and health services, including hospital development and provision of hospital services, financing and charging of public medical and health services, development of CM, health promotion and prevention of communicable and non-communicable diseases, regulation of drugs, and oral health policy.

5. Headed by DS(H)2, **Division 2** handles policy matters related to development and promotion of primary care, healthcare service delivery models and initiatives, health policy research and health-related research funds, anti-smoking and tobacco control policy, human organ donation and transplant policies, human reproductive technology policy, regulation of sale of intoxicating liquor to minors as well as health matters related to transgender persons, end-of-life care, advance directives and euthanasia.

6. **eHRO** is responsible for overseeing the operation and management of the territory-wide Electronic Health Record Sharing System (eHRSS), formulation and implementation of policies and work plans to address the legal, privacy, security and information technology (IT) issues in relation to eHR sharing, engagement with stakeholders and promotion in the community for the smooth implementation of eHR sharing, steering the Stage 2 Development of the eHRSS, providing support to the Commissioner for the Electronic Health Record (eHRC) (a post currently held concurrently by H(eHR)) in exercising his/her statutory functions under the Electronic Health Record Sharing System Ordinance (Cap. 625) (eHRSSO), and coordinating the use of IT and data for healthcare services in HB.

7. **HPDO** is responsible for formulation and strategic planning of the VHIS. It is also responsible for strategic review on healthcare manpower planning and professional development, regulation of private healthcare facilities (PHFs), mental health policy and policy matters related to development of private hospitals.

/Key

Key Proposals*Creating a CMU under Deputy Secretary for Food and Health (Health)1 and Project Office for CMH*

8. As announced in the Chief Executive's 2017 Policy Address in October 2017, the Government will strive to facilitate the development of CM in Hong Kong so that it will assume a more prominent role in promoting public health. As for the development of CMH, the Government announced in the 2014 Policy Address that the Government has reserved a site in Tseung Kwan O to set up a CMH. Subsequently, the Government announced in January 2017 that it would finance the construction of the CMH and invite the Hospital Authority (HA) to assist in identifying a suitable non-profit-making organization by tender to take forward the project and operate the hospital. As stated in the Chief Executive's 2017 Policy Address, the Government is actively planning for a CMH at the above site and is expected to announce in the first half of 2018 the positioning of the CMH as well as the development framework for major areas of the hospital.

9. Currently, headed by the Principal Assistant Secretary for Food and Health (Health)1 ranked at Administrative Officer Staff Grade C (AOSGC) level, Team 1 under Division 1 is responsible for, among others, overseeing the policy matters of CM, setting up testing standards of CM and the development of the CMH. In fact, Team 1 has already been fully engaged in duties other than policy matters relating to CM. To take forward the above policy initiatives, we plan to create a dedicated unit on the development of CM, namely the Team 7/CMU and a Chinese Medicine Hospital Project Office (CMHPO) to oversee the CMH project.

10. The Team 7/CMU will take over policy matters of CM from Team 1 as well as overseeing the development of the Chinese Medicine Centres for Training and Research (CMCTRs) from the PEO(H) Team. It will be responsible for –

- (a) overseeing the development of CM in Hong Kong, which include–
 - (i) deciding the positioning of CM in the public healthcare system, which will serve as the basis for formulating the mode of operation of the first CMH;
 - (ii) enhancing the current tripartite collaboration model adopted by the CMCTRs in the 18 districts and reviewing the remuneration and promotion arrangements for staff members in CMCTRs with a view to attracting more talents to join the Chinese medicine sector; and
 - (iii) fostering the professional development of CM practitioners and related healthcare professionals;

/(b)

- (b) maintaining close liaison with the CM sector, as well as co-ordinating and implementing strategies and measures for promoting the development of CM in Hong Kong; and
- (c) examining options to further the development of CM including exploring ways to open up markets in the Mainland and neighbouring countries by fully leveraging Hong Kong's advantages on various fronts.

11. In addition, it will coordinate various health related community outreach and Community Care Fund (CCF) programmes overseen by HB/DH. The Team 7/CMU will be headed by a new AOSGC post (designated as PAS(H)7/Head (CMU) (H(CMU)) initially created for five years i.e. from 1 April 2018 to 31 March 2023 to lead CMU in accomplishing the above tasks, and the service needs for this time-limited post will be reviewed in 2021-22, having regard to operational exigencies at that time. PAS(H)7/H(CMU) will be supported by eight non-directorate posts. Apart from civil servants, manpower of experienced CM practitioner will also be engaged to provide input to the Team 7/CMU and CMHPO. The proposed job description of PAS(H)7/H(CMU) is at Enclosure 3.

Encl. 3

12. The new CMHPO will oversee the CMH project and take forward the planning, tendering and construction of the CMH. It will also be responsible for commissioning a suitable non-profit-making organization to operate the CMH. It will be headed by a Project Director to be seconded from the HA. This secondment arrangement is necessary as the civil service does not have the requisite expertise in developing and operating a hospital. HA will therefore continue to provide the necessary institutional backing for the CMH project, in view of its significance in the further development of the healthcare system in Hong Kong.

13. The Project Director will be underpinned by four non-directorate posts and a number of HA secondees. The CMHPO posts are expected to be created for nine years, i.e. from 2018-19 to 2026-27, so as to cover the entire period from planning, construction to commissioning of the CMH.

Regularising DS(H)2 post and merging the eHRO under Division 2

14. The DS(H)2 post pitched at AOSGB level (D3) has been created on a supernumerary basis by holding against a vacant permanent AOSGB post to strengthen the directorate manpower for coping with the broadened scope and complexity of services.

15. eHRO is currently led and overseen by H(eHR), which is a supernumerary directorate post pitched at AOSGB level that will lapse on 1 April 2018. The major duties of H(eHR) include performing the statutory functions of eHRC in accordance with the eHRSSO, including to establish, operate, maintain and develop the eHRSS, to regulate and supervise the sharing and using of data and information contained in the eHRSS, and to supervise compliance with the eHRSSO; providing strategic steer on the relevant policy matters for the successful operation and development of the eHR Programme, including Stage 2 Development of the eHRSS; overseeing the work of eHRO and the dedicated eHR team in HA, as the Government's technical agency, on the development and implementation of the eHR Programme; and overseeing the coordination of the use of IT and data for healthcare services in HB. In view that the sharing infrastructure of the eHRSS has been set up, that the community (especially patients and healthcare professionals) has got a better understanding of the eHR sharing concept, and that the eHR Programme is taking root in society and gaining momentum in its development, we consider that it is no longer necessary to have a dedicated AOSGB officer like H(eHR) to lead the eHR Programme. However, in view of the ongoing need to perform the statutory functions of eHRC, provide high-level strategic steer for the operation and development of the eHR Programme, oversee the work of HA as our technical agency and balance the views of different stakeholders by a sufficiently senior directorate officer with the necessary political acumen, experience, skills and exposure, we propose that the duties of H(eHR) be absorbed by DS(H)2 when the post of H(eHR) lapses on 1 April 2018. The proposed job description of DS(H)2 is at Enclosure 4.

Encl. 4

16. We also propose to permanently retain the AOSGC post currently designated as Deputy Head (eHR) (DH(eHR)), which will also lapse on 1 April 2018, and retitle it as Principal Assistant Secretary for Food and Health (Health)6 (PAS(H)6). The proposed PAS(H)6 will discharge the duties currently undertaken by DH(eHR). The post-holder needs to support DS(H)2 after he/she assumes the current duties of H(eHR) and the role of eHRC in his/her exercise of statutory functions under the eHRSSO and assist in managing eHRO and monitoring the work of the dedicated eHR team in HA. Besides, the eHRO is pressing ahead with the Stage 2 Development of the eHRSS (which includes developing a patient portal, considering non-disclosure options and adding new features for the inclusion of terminology relating to CM); handling policy matters including the legal, privacy, security and IT aspects of the development and implementation of the eHR Programme; engaging the public, healthcare providers and professionals and other stakeholders for the promotion and smooth operation of the eHRSS; and coordinating the use of IT and data for healthcare services in HB. In addition, the proposed PAS(H)6 will take up the duties on Public-Private Partnership (PPP) initiatives and the Elderly Health Care Voucher Scheme that are currently under Principal Assistant Secretary for Food and Health (Health) Special Duties 1. Considering the complexity of the tasks ahead and the political acumen,

/experience

experience, skills and exposure required, the directorate support of the proposed PAS(H)6 for the eHR Programme will become even more necessary after the reorganisation of HB as the post of H(eHR) will lapse. In view of the ongoing nature of the above existing and additional duties, it is necessary to make the post of DH(eHR) permanent so as to sustain the momentum of our work on e-health, retain four non-directorate posts which will also lapse on 1 April 2018. The proposed job description of PAS(H)6 is at Enclosure 5.

Encl. 5

Regularising Head/HPDO post and retitling HPDO as Division 3

17. The existing HPDO, led by one AOSGB, was set up in January 2012 for taking forward the VHIS, reviewing the strategy on healthcare manpower and facilitating healthcare service development, etc. Substantial progress has been made on various fronts since the establishment of HPDO, and looking ahead dedicated directorate leadership and extensive efforts would still be required to keep up the momentum and incorporate relevant initiatives into FHB's regular portfolio. HPDO currently comprises Head/HPDO pitched at AOSGB level, two AOSGC posts (namely Deputy Head/HPDO and PAS(H)3) and 16 non-directorate posts.

18. The HPDO will be renamed as Division 3 and will be responsible for taking forward the following initiatives on an on-going basis –

- (a) implementing the VHIS – the VHIS will be implemented from 2018. Division 3 will be responsible for the overall policy and constant implementation work, e.g. monitoring its impact on the healthcare system, certifying VHIS-compliant plans and reviewing the benefit coverage and limits of Standard Plan under VHIS. Details of the work are set out at paragraphs 20-22 below;
- (b) overseeing private hospitals development (duty taken over from Division 1) – the newly established Gleneagles Hospital has commenced operation. The construction work of the Chinese University of Hong Kong Medical Centre is underway. The Division will continue to facilitate the development of private hospitals;
- (c) revamping the regulatory regime for PHFs – major tasks include supporting the scrutiny of the Private Healthcare Facilities Bill by the Legislative Council, as well as subsequently ironing out implementation details to ensure a smooth transition of over 5 000 PHFs into the new regime;
- (d) facilitating genetics and genomic development – a Steering Committee on Genomic Medicine has recently been established to lead the study on strategies for developing genomic medicine in

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Hong Kong. The Steering Committee will examine areas including disease-based and prenatal screening, disease management, capacity building, and education. It will also review regulatory and ethical issues surrounding genomic applications. Division 3 will follow up on the recommendations to be made by the Steering Committee;

- (e) facilitating the regulation of health products for advanced therapies – DH is examining the relevant legislative options. Various professionals and stakeholders will be engaged to build consensus on strengthening the regulatory framework;
- (f) facilitating healthcare manpower planning and professional development – major tasks include the implementation of the recommendations of Strategic Review on Healthcare Manpower Planning and Professional Development which covered 13 healthcare professions subject to statutory registration comprising over 100 000 practitioners governed by a total of eight main ordinances and 32 subsidiary legislations, Medical Registration (Amendment) Bill and the Accredited Registers Scheme for healthcare professions not subject to statutory registration; and
- (g) overseeing mental health policy matters – secretarial support will be provided to the Advisory Committee on Mental Health, including the establishment of more integral and comprehensive approaches to tackle multi-faceted mental health issues in Hong Kong; development of policies, strategies and measures to enhance mental health services in Hong Kong; and follow up on and monitoring of the implementation of the recommendations of the 2017 Mental Health Review Report.

19. In view of the complexity and sensitivity of the wide range of issues involved, there is a clear need to permanently retain the posts of Head/HPDO and Deputy Head/HPDO which would otherwise lapse on 20 March 2018, and rename the two posts as Deputy Secretary for Food and Health (Health) 3 (DS(H)3) and Principal Assistant Secretary for Food and Health (Health) 4 (PAS(H)4) respectively. If the supernumerary posts could not be extended, Government would not be able to improve the regulatory framework to meet latest trends and medical advancements and facilitate the development of genomic medicine in Hong Kong; would fail to follow through recommendations in relation to the long term manpower development for the healthcare sector; and would not be able to support the Advisory Committee on Mental Health, etc. Division 3 will be supported by 23 permanent non-directorate posts. The proposed job descriptions of DS(H)3 and PAS(H)4 are at Enclosures 6 and 7.

Encls.
6 & 7

/Establishing

Establishing a new VHIS Office under Division 3

20. The public consultation on VHIS has been completed. The results revealed that the public in general support strengthening the regulation of individual hospital insurance products, so as to provide better protection for those who are willing and able to make use of private healthcare services. It is proposed to set up a VHIS Office under FHB to prepare for the implementation of the VHIS. The VHIS Office will be tasked to perform the following functions –

- (a) devise ‘Minimum Requirements’: devise, review and update the details for the 10 ‘Minimum Requirements’ under the VHIS in consultation with stakeholders, including coverage and benefit limits of ‘Standard Plan’, standardised terms and conditions;
- (b) monitor scheme operations: devise reporting and compliance requirements for insurers; investigation of non-compliance; register compliant products; and work with the Insurance Authority in handling non-compliant cases;
- (c) design information systems: design information system for collecting and publishing market data from insurers; set up dedicated website for consumers to compare premiums and products; and implement the action plan to compile medical inflation index, etc.;
- (d) provide support and planning: handle complaints and claims disputes related to scheme features; make referrals to appropriate regulators and/or other claims dispute resolution mechanisms; monitor tax deduction initiative in liaison with the Treasury Branch and Inland Revenue Department, and promote consumer education on VHIS; and
- (e) provide administrative support: handle finance, human resources and other office administrative affairs; commission consultancy studies; and provide executive support to committee work for stakeholder engagement (e.g. insurers, healthcare service providers, consumer and patient groups, employers and civil society).

21. Given the wide range of responsibilities and the extensive spectrum of stakeholders involved, it is proposed that the VHIS Office be headed by a non-civil service staff (Head (VHIS)) pitched at D2 level and supported by 11 non-directorate civil service posts and a number of other staff. The Head (VHIS) is responsible for overseeing the implementation and future development of the VHIS. The VHIS is a highly sophisticated scheme which involves a lot of complexities and technicalities in the areas of health insurance, market dynamics and risk assessment. Its successful implementation requires formulation,

/enforcement

enforcement and regular review of a wide array of scheme rules and operational details, as well as close monitoring of the scheme impact, consumer feedback and changing market situation. It also entails an immense amount of liaison and negotiation with health insurance professionals and private healthcare service providers. An experienced executive at senior management level who has an overall grasp of the intricacies of the insurance and healthcare professions as well as sound knowledge in healthcare reform and financing in Hong Kong is crucial for the implementation of the scheme. As neither FHB nor other grades/ranks in the civil service possess such expertise, we see a need to recruit personnel with suitable experience and calibre from outside the civil service. The proposed job description

Encl. 8 of the Head (VHIS) is at Enclosure 8.

22. While the duties of both PAS(H)4 and Head (VHIS) touch on the VHIS, there will be a clear division of responsibilities. PAS(H)4 is mainly responsible for assisting DS(H)3 in monitoring and steering the long-term development of the VHIS and the overall healthcare financing policy. PAS(H)4 and the team will closely monitor the implementation of the VHIS and its impact on the dual track healthcare system of Hong Kong. Besides, VHIS is a new policy that may have substantial impacts on the insurance industry. PAS(H)4 needs to play a strong coordinating role and maintain close cooperation with the Insurance Authority. Moreover, the implementation of the VHIS hinges on having in place the necessary supporting infrastructure, including an adequate supply of healthcare manpower and sufficient healthcare capacity to provide quality private healthcare services. PAS(H)4 needs to facilitate collaboration with other policy areas, such as development of private hospitals and regulation of PHFs, to ensure that proper supporting infrastructure is in place. Furthermore, in addition to the VHIS, PAS(H)4 also oversees the policy and implementation of the initiatives mentioned at paragraph 18(b) to (e) above. On the other hand, Head (VHIS) is responsible for the actual implementation of the VHIS, which is more operational in nature. His/her tasks include registration of participating insurers, certification of VHIS-compliant plans, monitoring the migration of existing policyholders to VHIS-compliant plans, promoting best practices at scheme level, handling complaints and consumer education, etc. Besides, he/she also needs to monitor market responses, as well as regularly review and adjust the benefit coverage and limits of the Standard Plan under the VHIS. In doing so, he/she needs to lead a professional team to tap on information about medical inflation, advancement in medical technology, clinical standard, insurance claims experience and prevailing market conditions, etc.

Reshuffling duties of PEO(H) Team

23. The PEO(H) Team headed by a supernumerary PEO post held against another vacant PEO post is currently responsible for –

/(a)

- (a) housekeeping of DH and review of non-livelihood fees and charges of DH;
- (b) housekeeping of the Prince Philip Dental Hospital;
- (c) appointments of health-related advisory and statutory bodies;
- (d) operation and development of CMCTRs;
- (e) overseeing CCF assistance programmes and dental care service programmes; and
- (f) coordinating matters relating to Legislative Council Panel on Health Services.

24. There is operational need for a permanent PEO post to head the PEO(H) Team. It is proposed that the PEO post in the Team be permanently redeployed. Upon reorganisation of HB, PEO(H) Team will be released from the duties in relation to paragraph 23(d) and (e) and will take on new duties to coordinate administrative functions of HB. PEO(H) will be supported by six non-directorate posts. The proposed job description of PEO(H) post is at Encl. 9 Enclosure 9. The duties and responsibilities of various policy teams after Encl. 10 reorganisation are at Enclosure 10.

ALTERNATIVES CONSIDERED

25. We have critically considered whether the present set-up of HB could take forward the initiative in CM development and implement VHIS and whether existing staff complement could cope with the increased workload. Having regard to the portfolio and workload of directorate officers, we consider it not feasible without affecting the quality of their work as all of these officers are fully engaged in their respective duties.

FINANCIAL IMPLICATIONS

26. The proposed creation of six directorate posts¹ to be offset by the deletion of two directorate posts will require an additional notional annual mid-point salary of \$8,715,600 as follows–

/Posts

¹ Excluding the D2-equivalent non-civil service position in VHIS Office

Posts	Notional annual salary cost at mid-point (\$)	No. of posts
AOSGB (D3)	2,431,800	1
AOSGC (D2)	6,283,800	3
Total	8,715,600	4

The additional full annual average staff cost, including salaries and staff on-cost is \$12,277,000.

27. The notional annual salary cost at mid-point for the increase of 50 non-directorate civil service posts² is \$37,329,180 and the full annual average staff cost, including salaries and staff on-cost, is \$52,971,000. We will reflect the necessary provision in the 2018-19 Estimates to meet the cost of this proposal.

PUBLIC CONSULTATION

28. On 20 November 2017, we consulted the Legislative Council Panel on Health Services on the above staffing proposal. Members supported the creation of three permanent directorate positions, redeployment of two directorate posts, as well as the creation of a new supernumerary directorate position from 1 April 2018 to 31 March 2023 and a non-civil service position equivalent to the rank of D2, arising from the reorganisation of HB in FHB.

ESTABLISHMENT CHANGES

29. The establishment changes under Head 140 – Government Secretariat: Food and Health Bureau (Health Branch) for the last two years are as follows –

Establishment (Note)	Number of posts			
	Existing (As at 1 December 2017)	As at 1 April 2017	As at 1 April 2016	As at 1 April 2015
A [*]	8 + (4) [#]	8 + (4)	8 + (4)	8 + (4)
B	37	37	36	35
C	73	72	71	67
Total	118 + (4)	117 + (4)	115 + (4)	110 + (4)

/Note:

² Excluding non-civil service contract positions and HA secondees in HB

Note:

A – ranks in the directorate pay scale or equivalent

B – non-directorate ranks, the maximum pay point of which is above MPS Point 33 or equivalent

C – non-directorate ranks, the maximum pay point of which is at or below MPS Point 33 or equivalent

* – excluding supernumerary post created under delegated authority

() – number of supernumerary directorate posts

– as at 1 December 2017, there was no unfilled directorate post in FHB(Health Branch)

CIVIL SERVICE BUREAU COMMENTS

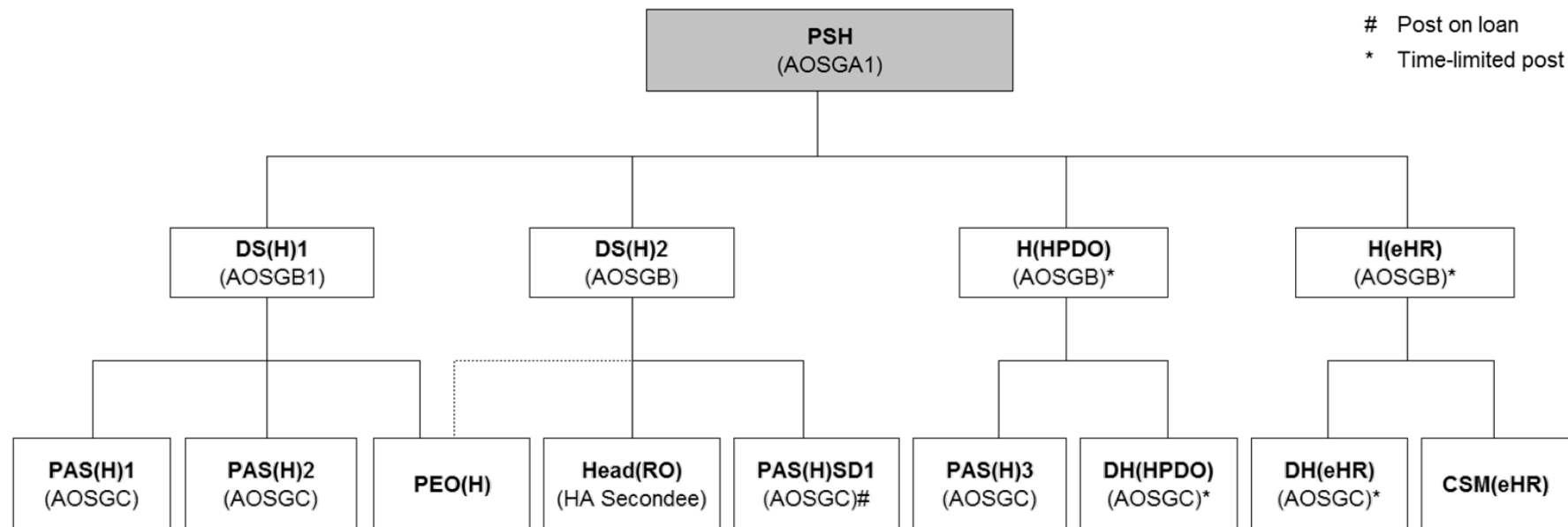
30. The Civil Service Bureau supports the proposed reorganisation of FHB(HB) and the related creation of civil service posts/non-civil service position and redeployment of posts. The ranking of the posts/position concerned is considered appropriate having regard to the level and scope of responsibilities required.

ADVICE OF THE STANDING COMMITTEE ON DIRECTORATE SALARIES AND CONDITIONS OF SERVICE

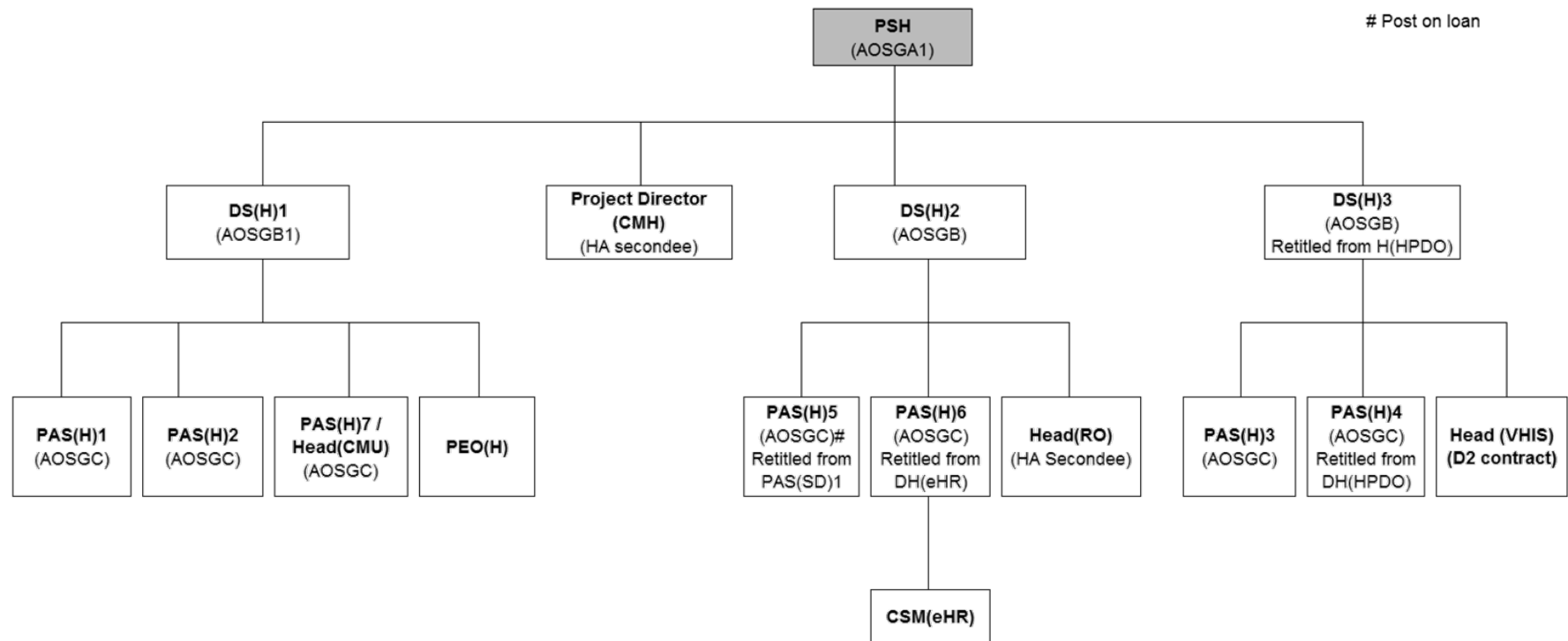
31. The Standing Committee on Directorate Salaries and Conditions of Service has advised that the creation of the three permanent directorate posts, redeployment of two directorate posts, as well as the creation of a new supernumerary directorate post and a non-civil service position equivalent to rank of D2, is appropriate.

Food and Health Bureau
January 2018

Existing Organization Chart of Health Branch, Food and Health Bureau



Proposed Organization Chart of Health Branch, Food and Health Bureau



Proposed Job Description of PAS(H)7/H(CMU)

Rank : Administrative Officer Staff Grade C (D2)

Responsible to : Deputy Secretary for Food and Health (Health)1

Duties and Responsibilities–

1. To assist in formulating, co-ordinating and implementing policies on (a) development of Chinese medicine (CM), (b) regulation and registration of Chinese medicines and traders, (c) regulation and professional development of CM practitioners, (d) provision of CM service in the public healthcare sector, (e) coordinate health related community outreach and Community Care Fund programmes overseen by Health Branch/Department of Health.
2. To assist in explaining and defending policies, and securing support of the public, District Councils and the Legislative Council for the above policies.
3. To oversee the policy matters and operation of the Chinese Medicine Centres for Training and Research.
4. To supervise the performance of the staff under Chinese Medicine Unit and to perform any other duties as assigned by senior officers.

Proposed Job Description of DS(H)2

Rank : Administrative Officer Staff Grade B (D3)

Responsible to : Permanent Secretary for Food and Health (Health)

Duties and Responsibilities–

1. To assist in policy overview and co-ordination of matters relating to primary care development and interfacing of various reform initiatives.
2. To oversee policies on primary care, public general out-patient services, as well as initiatives of the Primary Care Office of Department of Health; and supervise implementation of various initiatives including the Elderly Health Care Voucher Scheme, other primary care related pilot projects, development of community health centres/clinic networks, operation of a \$10 billion endowment fund for subsidizing public-private partnership initiatives under the Hospital Authority.
3. To oversee tobacco control policies and related matters, including tobacco control legislation, smoking cessation, designation of no smoking area and tobacco duty; and to oversee policies relating to human organ donation and transplant, human reproductive technology, end-of-life care and euthanasia, regulation of sale of intoxicating liquor to minors and medical care for transgender persons.
4. To perform the statutory functions of the Commissioner for the Electronic Health Record in accordance with the Electronic Health Record Sharing System Ordinance (Cap. 625); to provide strategic steer and oversee policies and plans for the development and implementation of the Electronic Health Record (eHR) Programme, including Stage 2 Development of the Electronic Health Record Sharing System; to head the Electronic Health Record Office and oversee the services provided by the Hospital Authority as the Government's technical agency in relation to the eHR Programme; and to oversee the coordination of the use of information technology and data for healthcare services in the Health Branch.

5. To plan and oversee research work of the Bureau's Research Office, including health policy research and studies relating to healthcare services, and to supervise the management and operation of the research funds managed by the Bureau, such as the Health and Medical Research Fund and the Health Care and Promotion Fund.
6. To supervise the work of PAS(H)5, PAS(H)6 and Head of Research Office in connection with the above duties, and to be responsible for any other ad hoc duties as may be assigned by the Permanent Secretary for Food and Health (Health).

Proposed Job Description of PAS(H)6

Rank : Administrative Officer Staff Grade C (D2)

Responsible to : Deputy Secretary for Food and Health (Health)2

Duties and Responsibilities–

1. To support the Commissioner for the Electronic Health Record in his/her performance of the statutory functions in accordance with the Electronic Health Record Sharing System Ordinance (Cap. 625) (eHRSSO), including to operate, maintain and develop the Electronic Health Record Sharing System (eHRSS), to regulate and supervise the sharing and using of data and information contained in the eHRSS, and to supervise compliance with the eHRSSO.
2. To assist in the policy matters, including the legal, privacy, security and information technology (IT) issues, relating to the development and implementation of the Electronic Health Record (eHR) Programme, and to review and enhance the relevant regulatory framework, institutional arrangements and governance structure.
3. To implement Stage 2 Development of the eHRSS, which includes broadening the scope of data sharing, enhancing patients' choice over scope of data sharing and facilitating patients' access to the system, and enhancing core functionalities and security/privacy protection.
4. To assist in managing the Electronic Health Record Office and monitoring the work of the dedicated eHR team in the Hospital Authority, which is the Government's technical agency in the development and implementation of the eHR Programme, and to provide secretariat services to the Steering Committee on eHR Sharing and eHR Programme Steering Committee.
5. To engage with stakeholders and devise publicity strategy to promote adoption of eHR and registration with the eHRSS by the community and healthcare providers/professionals.
6. To assist in the policy matters in relation to the development and promotion of Public-Private Partnership initiatives and to supervise the implementation of the Elderly Health Care Voucher Scheme.
7. To coordinate the use of IT and data for healthcare services in the Health Branch.

Proposed Job Description of DS(H)3

Rank : Administrative Officer Staff Grade B (D3)

Responsible to : Permanent Secretary for Food and Health (Health)

Duties and Responsibilities–

1. To oversee the formulation and strategic planning of the implementation of the Voluntary Health Insurance Scheme.
2. To oversee the legislative exercise for revamping the regulatory regime for private healthcare facilities.
3. To oversee the development of private hospitals.
4. To spearhead the policies in regulation, manpower planning and professional development of healthcare professionals.
5. To oversee the mental health policy.
6. To oversee the development of genetic and genomic services.
7. To oversee the formulation of legislative proposals for the regulation of health products for advanced therapies.
8. To provide strategic direction in engaging various stakeholders and the community in carrying out the above duties.

Proposed Job Description of PAS(H)4

Rank : Administrative Officer Staff Grade C (D2)

Responsible to : Deputy Secretary for Food and Health (Health)³

Duties and Responsibilities–

1. To provide policy direction for the development and implementation of the Voluntary Health Insurance Scheme (VHIS), including introducing legislative amendment for granting tax deduction for premiums paid for individual hospital insurance policies compliant with requirements stipulated under the VHIS, review the scheme features and the need for setting up of a High Risk Pool to enable high-risk individuals to have access to hospital insurance.
2. To oversee the Department of Health's work of monitoring the provision of private healthcare services, and to take forward the legislative exercise for revamping the regulatory regime for private healthcare facilities.
3. To oversee the development of private hospitals, for instance, the Chinese University of Hong Kong Medical Centre, Hong Kong Sheng Kung Hui and the Hong Kong Sanatorium & Hospital Eastern District Advanced Medical Centre projects.
4. To devise policy on the development of genetic and genomic services including the setting up of steering committee on genomic medicine.
5. To develop legislative proposals for the regulation of health products for advanced therapies such as licensing, accreditation, and guidelines, etc.
6. To oversee the consultancy studies, resources planning and management of the Team 4, and to co-ordinate professional input within the Government in the formulation of above policies.

Proposed Job Description of Head (VHIS)

Rank : D2-equivalent non-civil service position

Responsible to : Deputy Secretary for Food and Health (Health)³

Duties and Responsibilities–

1. To oversee the preparatory works for the smooth launch of the Voluntary Health Insurance Scheme (VHIS), monitor market response, and devise measures to ensure adequate market confidence and critical mass of participation in the scheme.
2. To oversee the implementation and coordination of all operational aspects of VHIS, including registration of participating insurers, certification of insurance plans as VHIS-compliant plans, supervision and enforcement, migration of existing policyholders, publicity, complaints handling, consumer education, and matters related to tax deduction.
3. To oversee the regular review and update of the complying requirements for the participating insurers with reference to medical inflation, advancement in medical technology and clinical standard, insurance claims experience, prevailing market condition, and views of different stakeholders, etc.
4. To oversee the ongoing works to promote good business practices at scheme level, such as service pledge on underwriting, exclusion of pre-existing conditions and claims settlement according to the scheme guidelines; offer of budget estimate to increase budget certainty for the policyholders who make claims; and publicity of in-depth premium and product information to increase market transparency.
5. To provide strategic support for liaising with and engaging various stakeholders and the community in carrying out the above duties.
6. To oversee the management of the VHIS office, including day-to-day administration, resource planning, committee works, and liaison with other institutions.

Proposed Job Description of PEO(H)

Rank : Principal Executive Officer (D1)

Responsible to : Deputy Secretary for Food and Health (Health)1

Duties and Responsibilities–

1. To oversee the human resource management, financial management and other house-keeping matters of the Department of Health (DH) and Prince Philip Dental Hospital.
2. To review DH's non-service related fees and charges.
3. To provide support in the appointment of members to health-related Councils, Boards and Committees under the purview of Health Branch.
4. To provide administrative support services to Health Branch.

Duties and responsibilities of policy teams after reorganisation

Division 1

Team 1

1. Prevention and control of communicable and non-communicable diseases
2. Regulation of drugs, medical devices, undesirable medical advertisements, radiation matters
3. Overseeing Department of Health (DH)'s preventive care and clinical services (including fee reviews)
4. Breastfeeding promotion
5. Mainland liaison (including Closer Economic Partnership Arrangement and Mainland women giving birth in Hong Kong)
6. Health advice on environmental issues
7. Oral health policy

Team 2

1. The Hospital Authority (HA) housekeeping and governance
2. Resource allocation and budgetary control of HA
3. Capital works of HA (including the 10-year hospital development plan)
4. HA human resource management
5. HA fees and charges
6. Management of Samaritan Fund
7. Complaints against HA

Team 7/CMU

1. Chinese medicine (CM) policy development (for example, regulation and professional development of CM practitioners, regulation and development of CM and traders, provision of CM service in the public healthcare sector)

/2.

2. Coordinate health related community outreach and Community Care Fund programmes overseen by Health Branch(HB)/DH

PEO(H) Team

1. Housekeeping of DH and review of non-livelihood fees and charges of DH
2. Housekeeping of the Prince Philip Dental Hospital
3. Appointments of health-related advisory and statutory bodies
4. Administrative support services to HB
5. Coordinating matters relating to the Legislative Council Panel on Health Services

Division 2

Team 5

1. Development and implementation of primary care initiatives (including planning and development of community health centres)
2. End of life care
3. Anti-smoking and tobacco control
4. Regulation of sale of alcohol to minors
5. Human organ transplant and donation
6. Advance directives and euthanasia
7. Human reproductive technology policies

Team 6

1. Policy matters regarding development and implementation of the the Electronic Health Record (eHR) Programme
2. Overseeing the ongoing development and operation of Electronic Health Record Sharing System (eHRSS)
3. Stage 2 Development of the eHRSS
4. Supporting eHRC in his/her performance of statutory functions under the Electronic Health Record Sharing System Ordinance

5. Monitoring the work of HA, which is the Government's technical agency for the eHR Programme
6. Promoting eHR sharing in the community and encouraging adoption
7. Public-Private Partnership initiatives
8. Elderly Health Care Voucher Scheme
9. Use of information technology and data for healthcare services

Research Office

1. Health policy research
2. Healthcare reform research
3. Healthcare financing research
4. Updating of Domestic Health Accounts
5. Thematic research on Hong Kong population
6. Health and Medical Research Fund (and former Research Fund for the Control of Infectious Diseases, and Health and Health Services Research Fund)
7. Health Care and Promotion Fund
8. Commissioning of research in health and health services
9. Professional advice on health policy related matters

Division 3

Team 3

1. Policies on manpower planning, professional development and regulation of healthcare professionals
2. Strategic Review on Healthcare Manpower Planning and Professional Development
3. Medical Registration (Amendment) Bill 2017

/4.

4. Accredited Registers Scheme for Healthcare Professionals
5. Mental health policy
6. Mental Health Advisory Committee
7. Dementia Community Support Scheme and Student Mental Health Support Scheme
8. Mental Health Review Tribunal

Team 4

1. Policy on the Voluntary Health Insurance Scheme (VHIS)
2. Development of private hospitals and regulation of private healthcare facilities
3. Development of genetics and genomic services and regulation of advanced therapies

VHIS Office

1. Implementation and management of VHIS

CMHPO

1. Policies on development of Chinese Medicine Hospital (CMH)
2. Devising the business, operational and financial models of CMH
3. Governance and contract management of the CMH
4. Overseeing the tendering process of the CMH
