

Annual update to list of Financial Services Providers under OTC derivatives regulatory regime

The following is issued on behalf of the Hong Kong Monetary Authority:

The Hong Kong Monetary Authority (HKMA) and Securities and Futures Commission (SFC) today (June 28) issued [joint consultation conclusions](#) on the annual update to the list of Financial Services Providers (FSP List) (Note 1) under the Clearing Rules of the over-the-counter (OTC) derivatives regulatory regime.

Having considered the [market feedback](#), the HKMA and SFC will proceed with the proposed changes to the FSP List as set out in the joint consultation paper (Note 2). The consultation conclusions paper and the updated FSP List are available on the websites of the [HKMA](#) and [SFC](#) (Note 3).

Note 1: The FSP List includes entities that meet the following two criteria: (i) They belong to a group of companies appearing on the list of global systemically important banks published by the Financial Stability Board, or on the list of dealer groups which undertook to the OTC Derivatives Supervisors Group to work collaboratively with central counterparties, infrastructure providers and global supervisors to make structural improvements to the global OTC derivatives markets; and (ii) They are clearing members of the largest central counterparties offering clearing for interest rate swaps in the United States, Europe, Japan and Hong Kong.

Note 2: See the April 2023 [joint consultation paper](#) on the annual update to the FSP List.

Note 3: The updated FSP List will be gazetted during the fourth quarter of 2023 for implementation on January 1, 2024.

CHP investigates outbreak of acute gastroenteritis at kindergarten in Kowloon City

The Centre for Health Protection (CHP) of the Department of Health (DH) is today (June 28) investigating an outbreak of acute gastroenteritis (AGE) at a kindergarten in Kowloon City, and hence reminded the public and

management of institutions to maintain personal and environmental hygiene against AGE.

The outbreak involves 33 pupils, comprising 22 boys and 11 girls aged 3 to 6. They developed vomiting and diarrhoea since June 23. Twenty-three of the affected pupils sought medical attention, three of whom required hospitalisation with one discharged after management. All patients are in stable condition.

The CHP's epidemiological investigation revealed that the outbreak has a higher chance of person-to-person transmission or environmental contamination, while the chance of involving food poisoning is relatively low.

Officers of the CHP have conducted a site visit and provided health advice to the staff of the kindergarten concerning proper and thorough disinfection, proper disposal of vomitus, and personal and environmental hygiene. The kindergarten has been put under medical surveillance.

Investigations are ongoing.

A spokesman for the CHP reminded that alcohol-based handrub should not substitute hand hygiene with liquid soap and water, as alcohol does not effectively kill some viruses frequently causing AGE, e.g. norovirus. Members of the public are advised to take heed of the following preventive measures against gastroenteritis:

- Ensure proper personal hygiene;
- Wash hands thoroughly before handling food and eating, after using the toilet or after changing diapers;
- Wear gloves when disposing of vomitus or faecal matter, and wash hands afterwards;
- Clean and disinfect contaminated areas or items promptly and thoroughly with diluted household bleach (by adding one part of bleach containing 5.25 per cent sodium hypochlorite to 49 parts of water). Wash hands thoroughly afterwards;
- Maintain good indoor ventilation;
- Pay attention to food hygiene;
- Use separate utensils to handle raw and cooked food;
- Avoid food that is not thoroughly cooked;
- Drink boiled water; and
- Do not patronise unlicensed food premises or food stalls.

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The public may visit the CHP's website (www.chp.gov.hk) or call the DH's Health Education Infoline (2833 0111) for more information.

CHP investigates suspected food poisoning cluster

The Centre for Health Protection (CHP) of the Department of Health is today (June 28) investigating a suspected food poisoning cluster affecting 10 persons, and reminded the public to maintain personal, food and environmental hygiene to prevent foodborne diseases.

The cluster involved five males and five females, aged 26 to 84, who developed abdominal pain, fever, nausea, vomiting and diarrhoea, about 28 to 41 hours after having dinner at a restaurant in Hung Hom on June 25.

One of the affected persons sought medical advice and required hospitalisation. All affected persons are in stable condition.

To prevent foodborne diseases, members of the public are reminded to maintain personal, food and environmental hygiene at all times. When dining out:

- Patronise only reliable and licensed restaurants;
- Avoid eating raw seafood;
- Be a discerning consumer in choosing cold dishes, including sashimi, sushi and raw oysters, at a buffet;
- Ensure food is thoroughly cooked before eating during a hotpot or barbecue meal;
- Handle raw and cooked foods carefully and separate them completely during the cooking process;
- Use two sets of chopsticks and utensils to handle raw and cooked foods;
- Do not patronise illegal food hawkers;
- Drink boiled water;
- Do not try to use salt, vinegar, wine or wasabi to kill bacteria as they are not effective; and
- Always wash hands before eating and after going to the toilet.

LCQ15: Support for ethnic minorities

Following is a question by the Hon Vincent Cheng and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 28):

Question:

It has been reported that a familicide occurred recently in Sham Shui

Po, in which three young ethnic minority (EM) girls died unfortunately and their mother was arrested. The incident has aroused public concern about the mental health of EMs and the problem of inadequate support services for them. In this connection, will the Government inform this Council:

(1) given that currently in Hong Kong, there are six support service centres and two sub-centres for EMs set up by non-profit-making organisations with funding from the Government to provide dedicated support services for EMs, whether the authorities will allocate additional resources to increase the number of such centres and ensure that there are EM staff members; if so, of the details; if not, the reasons for that;

(2) given that the Social Welfare Department (SWD) has commissioned three non-governmental organisations to set up three outreaching teams for EMs, for each of the outreaching teams in the past three years, of (i) the staffing establishment and (ii) the number of EMs contacted and, among them, the number of those who received services, with a breakdown by the type of the services involved;

(3) whether it will consider setting up additional outreaching teams for EMs in districts in which a large number of EMs reside; if so, of the details; if not, the reasons for that;

(4) as it has been reported that the Government is planning to make use of the District Health Centres to divert people in need of mental counselling to SWD's community mental health services units, of the details of the relevant plan, and whether such services units will provide counselling services, so that members of the public (including EMs) in need can have more channels to seek assistance from professionals; if so, of the details; and

(5) given that according to the latest figures released by the Hospital Authority (HA), the median waiting time for stable new cases at psychiatric specialist outpatient clinics in various hospital clusters ranges from 18 weeks to 65 weeks at present, whether it knows if the HA will study proposals for shortening the waiting time at psychiatric specialist outpatient clinics to ensure that patients, including EM patients, can receive timely treatment; if the HA will, of the details?

Reply:

President,

In consideration of the unique cultural background and needs of ethnic minorities (EMs), the Government has all along been committed to providing appropriate support for EMs, including mental health support. In consultation with the Home and Youth Affairs Bureau, the Labour and Welfare Bureau and the Hospital Authority (HA), the consolidated reply to the question raised by the Hon Vincent Cheng is as follows:

(1) To enhance the capacity and confidence of EMs to integrate into the community, the Home Affairs Department (HAD) currently commissions non-

governmental organisations (NGOs) to operate six support service centres for EMs (support service centres) and two sub-centres for EMs. The support service centres and sub-centres provide various support services for EMs (such as learning classes, orientation courses, integration activities as well as counselling and referral services, etc). The support service centres also organise seminars and sharing sessions on emotional and mental health, and make case referrals to relevant government departments and organisations where necessary.

One of the support service centres, Centre for Harmony and Enhancement of Ethnic Minority Residents (CHEER Centre), also provides general interpretation and translation services between English and eight EM languages (Hindi, Nepalese, Punjabi, Urdu, Bahasa Indonesia, Tagalog, Thai and Vietnamese), apart from the services mentioned above. The interpretation services are mainly provided over the phone and the CHEER Centre also provides interpretation services via instant messaging applications during service hours.

At present, all support service centres employ EM employees of different ethnicities (including Pakistani, Nepalese, Indian, Thai, Filipino, etc), with a total of 73 full-time EM employees and 17 part-time EM employees. They mainly serve as programme officers and project assistants responsible for arranging appropriate activities according to the needs of service users of different ethnicities. They also provide interpretation services to service users who do not speak Chinese and English while they are using the services at the centres, to assist them in communicating with social workers and programme tutors.

At present, eight support service centres and sub-centres (located in Wan Chai, Kwun Tong, Yuen Long, Tuen Mun, Yau Tsim Mong, Sham Shui Po, Tung Chung and Kwai Tsing) cover the districts where EMs mainly reside. The HAD will closely monitor the needs of EMs and review from time to time how to better provide support.

(2) and (3) Since March 2020, the Social Welfare Department (SWD) has commissioned three NGOs to set up three Outreaching Teams for Ethnic Minorities (OTEMs), with employment of EM staff, on the Hong Kong Island, Kowloon and the New Territories. The OTEMs proactively reach out to and connect EMs with welfare needs with mainstream welfare services. The OTEMs also provide groups and activities for EMs so as to meet their welfare needs. Besides, the OTEMs are equipped with vehicles to serve EMs living in the remote areas.

Under the Lump Sum Grant Subvention System, subject to their compliance with the requirements of the Funding and Service Agreements, NGOs may determine their staffing establishment in accordance with their human resources policies, and flexibly deploy resources and employ staff to achieve the service output and effectiveness required. The SWD does not have information on the actual number of staff in the OTEMs of these organisations.

Over the past three years, the three OTEMs have contacted 6 980 EMs. The relevant areas of service are as follows:

	2020-21	2021-22	2022-23
Number of new / reactivated cases handled	532	396	500
Number of groups and programmes organised	436	482	526
Number of referrals to mainstream welfare services / mainstream services made	943	775	845

The SWD will continue to closely monitor the service needs in the community and the operation of the OTEMs, and provide additional resources when needed. Besides, the Government will explore the possibility of leveraging the district network and service experience of the District Services and Community Care Teams to participate in assisting and supporting the measures relating to EMs.

(4) With an emphasis on preventive work, District Health Centres (DHCs) provide disease prevention services at the primary healthcare level with a view to enhancing public awareness of personal health management and disease prevention. Among different levels of prevention, primary prevention provides health educational programmes and preventive promotion with a wide coverage, which includes mental health.

DHCs provide basic health risk assessments with an aim to identifying health risk factors at an early stage. If members of the public are found to have emotional problems, nurses and social workers of DHCs will provide them with health consultation and counselling services. DHCs also serve as district primary healthcare hubs to work with other community partners that provide primary healthcare services and co-ordinate referral services, including mental health support, in each district for members of the public who are in need.

With a view to enhancing the role of DHCs in community mental health support, individual DHCs will explore the introduction of a pilot scheme to provide mental health risk assessments for members of the public in need, and collaborate with community organisations for providing follow-up, as well as early referral for high-risk cases. The pilot scheme is currently under planning and the Government will announce the details in due course.

Moreover, the Government announced in the 2022 Policy Address the establishment of a service centre on a trial basis to provide emotional support and counselling for EMs. The Health Bureau is now actively liaising with NGOs and the proposal is expected to be implemented within 2023.

(5) The HA has implemented a triage system at psychiatric specialist outpatient (SOP) clinics to ensure patients with urgent conditions and requiring early treatment receive follow-up and treatment with priority. Referrals of new patients are first screened by a nurse followed by review of a specialist doctor of the relevant specialty for classification into Priority 1 (Urgent), Priority 2 (Semi-urgent) and Stable categories. Psychiatric SOP will arrange for patients with urgent medical needs (such as those with severe propensity to violence or suicide) to be triaged into Priority 1 category to ensure that they are given treatment in reasonable time. The HA's service targets are to maintain the median waiting time of Priority 1 and Priority 2 cases at within two weeks and eight weeks respectively. Patients may return to their respective psychiatric SOP to receive assessment again if their mental conditions have changed during the waiting time, so that an assessment could be made as to whether there is a need to advance their consultation, or they may seek treatment from the accident and emergency services.

To further support patients with urgent conditions and in need of early treatment, the Government announced on June 9 10 enhanced measures to support persons in mental recovery or with mental health needs, including the HA setting clearer targets for the median waiting time for new cases at psychiatric SOP clinics, with median waiting time for those triaged as Priority 1 be kept within one week and that for Priority 2 be kept within four weeks.

To help release SOP clinic service quota for managing severe cases and accelerate handling of new cases, the HA has since mid-2022 introduced the Co-care Service Model in psychiatric SOP clinics on the basis of the General Outpatient Clinic Public-Private Partnership Programme, to invite suitable psychiatric SOP patients clinically diagnosed to have stable conditions to receive primary healthcare services in the community.

The HA will continue to appropriately arrange the manpower of specialised nurses based on the situation and service needs so as to utilise their potential and shorten waiting time for specialties, including Psychiatry. Specifically, the HA launched the Integrated Model of SOP Services through Nurse Clinic (Pilot Scheme) in 2018/19. Patients who are considered suitable to participate in the Pilot Scheme after screening by doctors will be followed up by Nurse Clinics at different stages of their treatment, apart from follow-up consultations with doctors. Under the Pilot Scheme, Nurse Clinics are managed by Advanced Practice Nurses and nurses who have received specialty training. Their scope of work includes preliminary examination of patients prior to medical consultations, investigation, assessment and nursing care, etc.

LCQ2: Making good use of government-owned monuments to develop tourism

Following is a question by the Hon Yiu Pak-leung and a reply by the Secretary for Development, Ms Bernadette Linn, in the Legislative Council today (June 28):

Question:

There are views pointing out that the 1 444 historic buildings in Hong Kong, which have been graded by the Antiquities Advisory Board, are precious tourism resources, but quite a number of government-owned monuments are not being put to good use at present, and some of them are even fenced off. Taking the facade of the Old Mental Hospital at High Street as an example, this monument is of monumental Early-Baroque architectural style featuring a wide arched verandah as well as rusticated granite blocks at the lower level, but it has been locked up. In this connection, will the Government inform this Council:

(1) of the number of graded historic buildings owned by the Government and, among them, the number of those which can be open for public visit; the criteria based on which the Government decides to open such historic buildings for public visit;

(2) of the reasons why the verandah at the facade is not open for public visit; whether the authorities will consider opening up the verandah to make it another landmark in the Central and Western District that attracts "check-ins" on social media; and

(3) apart from the existing Revitalising Historic Buildings Through Partnership Scheme, whether the authorities have plans to comprehensively examine the tourism potential of government-owned monuments from the perspective of tourism development values, with a view to opening for public visit more monuments which are of viewing and historical values, conveniently accessible by transport and easy to manage, thereby promoting heritage, culture and history tourism in Hong Kong; if so, of the details; if not, the reasons for that?

Reply:

President,

The development of heritage tourism involves different purviews including policies on tourism as well as the usage and promotion of declared monuments and historic buildings, etc. After consultation with the Cultural, Sports and Tourism Bureau and other relevant departments, the reply to the three parts of the question is as follows:

(1) As at June 2023, a total of 276 government-owned historic buildings/structures have been accorded Grade 1, Grade 2 or Grade 3 status, while 70 declared monuments are under government ownership.

Among these 340 plus government-owned historic buildings, over 200 are open to the public through appropriate arrangements having regard to their actual circumstances, including museums and exhibition spaces, and the historic buildings operated by non-profit-making organisations under the Revitalising Historic Buildings Through Partnership Scheme of the Development Bureau.

Some buildings open to the public are currently used as government department operation, for example, the Former Kowloon British School in Tsim Sha Tsui now houses the Antiquities and Monuments Office; the Former Peak School now houses the Victoria Peak Fire Station; and the Hong Kong Observatory in Tsim Sha Tsui now houses its headquarters, and public visit are arranged through special arrangements such as advance appointment or open days in order to strike a balance between service provision and public access.

Besides, many historic buildings, including military relics such as batteries, are located in country parks and rural areas. Most of them can be appreciated by the public, with the exception of certain items which have to be fenced off due to building structure or public safety considerations.

For the remaining government-owned historic buildings that are not open to the public, security and privacy are some of the considerations. Examples include the Green Island Lighthouse in Central and Western District with maritime security and safety concerns; Tai Po Lookout now leased out for private residential use; and the Headquarters Building of the Ex-Royal Air Force Station (Kai Tak) in Kwun Tong which is now a family crisis support centre.

We will continue to encourage government departments to open their historic buildings for public visit and enjoyment wherever practicable, and provide them with appropriate support from the heritage conservation perspective. We will continue to explore installation of information plaques at historic buildings which could not be open to the public, in order to facilitate public knowledge of their historical background and heritage values.

(2) The Old Mental Hospital at 2 High Street was rebuilt as Sai Ying Pun Community Complex in 2001, and is managed by the Central and Western District Office (C&WDO).

The granite façade of the Old Mental Hospital, as mentioned by Member, including the wide arched verandah and the granite blocks underneath, were retained in the rebuild, and was declared a monument in 2015. All along, organisations may submit applications for location filming at the verandah. The verandah is currently undergoing maintenance works. The C&WDO plans to open the façade and the verandah for public access starting from September

this year upon completion of the works.

(3) The Tourism Commission (TC) has all along been promoting various tourism projects covering historical and heritage themes. These include the Dr Sun Yat-sen Historical Trail with the theme of "art across time" leading visitors to trace the history of 16 spots along the Trail; the organisation of the Yim Tin Tsai Arts Festival at Yim Tin Tsai, Sai Kung from 2019 to 2021 to provide participants with an experience that integrates arts, culture, heritage and green elements through a variety of artworks in different forms; the Sai Kung Hoi Arts Festival between 2022 and 2024, with the coverage gradually expanded to Kau Sai Chau, and High Island, etc; the TC has also launched the City in Time project which presents the historical panoramic images of individual landmarks of Hong Kong by using augmented reality and multimedia technology, enabling visitors to understand the historical landscape and community culture at that time through smartphones; and in collaboration with the Agriculture, Fisheries and Conservation Department, has also been enhancing the tourism supporting facilities of some hiking trails within country parks by phases which are popular and with tourism appeal, with a view to enhancing their appeal as heritage and green tourism attractions, including some with war relics, such as the Pinewood Battery Heritage Trail, and the Shing Mun War Relics Trail.

In terms of trade collaboration, the TC launched the Cultural and Heritage Sites Local Tour Incentive Scheme in October 2022 with a funding commitment of \$600 million to encourage local travel agents to develop and launch more tourism itineraries and products with cultural and heritage tourism elements, including visiting historic buildings

In terms of promotion and publicity, the Hong Kong Tourism Board (HKTB) has also been promoting to visitors revitalised historical architectures through various channels including website, social media and visitor centres, etc, as well as introducing routes of leisure walk in different districts, including buildings with historical value.

In addition, the HKTB's "Hong Kong Neighbourhoods" project showcases authentic culture, characteristics, history, etc, of these neighbourhoods, with a view to enhancing Hong Kong's tourism appeal. The HKTB will continue to promote the "Hong Kong Neighbourhoods" and develop new elements into existing programmes to attract visitors with authentic culture.