

**Chief Officer Confirmation of Report Submission  
Cabinet Member Confirmation of Briefing**

**Report for:** Mayor   
 Mayor and Cabinet   
 Mayor and Cabinet (Contracts)   
 Executive Director   
**Information**  **Part 1**  **Part 2**  **Key Decision**  **Y**

<b>Date of Meeting</b>	9 July 2020	
<b>Title of Report</b>	Lewisham COVID-19 Outbreak Prevention and Control Plan	
<b>Originator of Report</b>	Public Health Team	<b>Ext:</b> 43927

At the time of submission for the Agenda, I confirm that the report has:

Category	Yes	No
<b>Financial Comments from Exec Director for Resources</b>	Y	
<b>Legal Comments from the Head of Law</b>	Y	
<b>Crime &amp; Disorder Implications</b>	Y	
<b>Environmental Implications</b>	Y	
<b>Equality Implications/Impact Assessment (as appropriate)</b>	Y	
<b>Confirmed Adherence to Budget &amp; Policy Framework</b>	Y	
<b>Risk Assessment Comments (as appropriate)</b>	Y	
<b>Reason for Urgency (as appropriate)</b>	Y	

Signed: *Chris Best*  
 Cabinet Member for Adult Social Care and Health  
 Date: 1/07/20

Signed: *T Brown*  
 Executive Director for Community Services  
 Date: 1/07/20

**Control Record by Committee Support**

Action	Date
Listed on Schedule of Business/Forward Plan (if appropriate)	
Draft Report Cleared at Agenda Planning Meeting (not delegated decisions)	
Submitted Report from CO Received by Committee Support	
Scheduled Date for Call-in (if appropriate)	
To be Referred to Full Council	