

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**☒

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

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

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

Signed:



Cabinet Member for Adult Social Care and Health

Date: 1/07/20

Signed:



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	