

Dated _____ 2013

**Memorandum of Understanding
Collaborative Public Health working arrangements between
Brighton and Hove Clinical Commissioning Group
and Brighton & Hove City Council**

DRAFT

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THIS MEMORANDUM is made for the period covering 1st April 2013 until 31st March 2014.

PARTIES:

The parties to this Memorandum are:

- (1) **NHS Brighton and Hove Clinical Commissioning Group (BHCCG); and**
- (2) **Brighton & Hove City Council; (BHCC)**

1. PURPOSE

This Memorandum of Understanding (MoU) describes the framework of collaborative working arrangements between BHCCG and BHCC.

No charges will be made between organisations for the collaborative working arrangements described in this document.

2. BACKGROUND

2.1 Public Health has been a part of the NHS since 1974. During this time, the profession has assumed the lead for three major responsibilities on behalf of the NHS and local communities:

- Health Improvement;
- Health Protection;
- Healthcare public health – working in collaboration to ensure health services deliver high quality health care best meeting the needs of the local population and maximising health outcomes.

2.2 The delivery of these responsibilities is supported by a highly skilled and developed Public Health intelligence function, which provides high quality specialist public health advice and analysis on the health needs of the population and the impact of functions and services on the health of the local population.

2.3 Since 2004, the Director of Public Health has been jointly appointed with the Local Authority and has worked to ensure that health improvement and health protection functions are well integrated with local authority responsibilities in these areas.

2.4 With the implementation of the Health and Social Care Act (HSCA) 2012, primary care trusts (PCTs) will be disestablished and local authorities will take the lead for improving health and coordinating local efforts to protect the public's health and wellbeing. Most of the public health team will transfer from the PCT to the Local Authority although some public health responsibilities and associated resources will pass to Public Health England (PHE) and others to the NHS Commissioning Board.

2.5 Under the Health and Social Care Act, Clinical commissioning groups (CCGs) have responsibility for delivering improvement in the quality of services, reducing inequalities and promoting integration of services.

2.6 BHCCG and BHCC therefore have a shared interest in health improvement, protecting the health of the local population, reducing inequalities and ensuring good population

health outcomes.

- 2.7 CCGs will have a specific duty to obtain public health advice to enable them to effectively discharge their functions and local authorities will have the duty to provide them with public health advice from April 2013.

3. PRINCIPLES OF COLLABORATION

- 3.1 BHCCG and BHCC agree to adopt the following principles during the period of this collaboration ("**Principles**").

3.1.1 Collaborate and co-operate: Both organisations will do their best to work in the spirit of positive collaboration, mutual support and shared objectives. They will support each other in making their contributions in appropriate joint arrangements, such as the Health and Wellbeing Board and the Health and Wellbeing Strategy.

3.1.2 Accountability: Both organisations will accept their responsibility for delivering on the agreement in this MoU.

3.1.3 Openness: BHCCG and BHCC will communicate openly about major concerns, issues or opportunities relating to the collaboration outlined in this MoU.

3.1.4 Learn, develop and seek to achieve full potential: BHCCG and BHCC will share information, experience, materials and skills to learn from each other and develop effective working practices, work collaboratively to identify innovative solutions, eliminate duplication of effort, mitigate risk and reduce cost.

3.1.5 Statutory requirements and best practice: This will include compliance with applicable laws and standards including EU procurement rules, data protection and freedom of information legislation.

3.1.6 Resources: BHCCG and BHCC will agree the level of support available and work together to maximise positive outcomes.

3.1.7 Good faith: Both organisations will act in good faith, assuming positive intent and use best endeavours to support the achievement of shared goals, as identified by BHCC and BHCCG.

3.1.8 Meet the nationally defined core criteria for a high quality service. The Public Health Directorate will aim to ensure that:

- (a) Support is proactive and led by appropriately trained and accredited public health specialists, as defined by the Faculty of Public Health;
- (b) Support is sensitive to the needs and individual priorities of BHCC and BHCCG;
- (c) Support results in clear, understandable and actionable recommendations;
- (d) Requests for support receive a timely response;
- (e) Support is linked to the outcomes in the National Outcome Frameworks

and the priorities of the JSNA and Joint Health and Wellbeing Strategies.

4. CO-LOCATION OF BHCC AND BHCCG

- 4.1 BHCC will co-locate a small proportion (approx 10%) of its public health team with BHCCG in order to maximise co-operation. This team will be led by a consultant in public health (0.5 WTE) and focus its work on those areas where the interface between public health and health services is strongest (as outlined in section 7).
- 4.2 Support will be flexible and CCG based PH staff will sometimes operate from council premises and vice versa.
- 4.3 BHCCG will provide sufficient desks (permanent or hot), office equipment and other consumables to facilitate this joint working.

5. GOVERNANCE

- 5.1 The consultant in public health lead will attend the business meetings of the CCG. In addition, the Director of Public Health shall attend these as necessary.
- 5.2 At least annually, the Director of Public Health and the Chief Operating Officer from BHCCG will meet to review the success of the relationship as outlined in this memorandum.
- 5.3 A formal report on the work undertaken as part of this MoU will be prepared by the responsible consultant in public health annually and sent to the senior management teams in the CCG and city council.

6. INFORMATION GOVERNANCE

- 6.1 Both parties will follow the information governance principles outlined below:
 - The parties shall maintain existing registrations under the data protection act 1998 and will duly observe all their obligations;
 - The parties will maintain separate information systems and data and will agree appropriate information sharing principles and protocols in accordance with best practice where necessary;
 - Any written information and data made available by one party that is marked “confidential” or “protected” shall be treated as such and each party undertakes to treat any such information received from the other with the same standard of care as it would reasonably treat its own;
 - Each party shall, where appropriate comply with the “Caldicott” principles;
 - Each party shall assist and co-operate with the other to enable compliance with these obligations.

7. AREAS OF COLLABORATION

7.1 In all areas

BHCC will

- Lead the strategic public health approach across the local health and social care economy;
- Engage with the CCG to ensure the primary care perspective is fully built into relevant local authority service planning and commissioning;
- Work collaboratively with BHCCG and the NHS Commissioning Board on the commissioning and monitoring of public health services within primary care.

BHCCG will

- Identify a primary care lead to support the public health directorate in developing and promoting public health initiatives;
- Work collaboratively in commissioning and monitoring public health services delivered in NHS settings.
- Support the design and delivery of the health and wellbeing strategy and related work streams.
- Work collaboratively with BHCCG and the NHS Commissioning Board on working to improve the quality of health services within primary care.

7.2 Health Improvement

a. Tobacco control and smoking cessation services

BHCC will

- Lead the tobacco control strategy for Brighton & Hove;
- Commission a range of Stop Smoking services;
- Work with providers of NHS services to ensure access to Stop Smoking services address inequalities.

BHCCG will

- Promote the identification and referral of patients who smoke;
- Work with public health to maximise the impact on smoking and support a reduction in health inequalities. This will include recording of smoking status and appropriate referral in general medical, surgical, mental health and maternity contracts including co-monitoring at maternity booking, outpatients and prior to surgery and recording of maternal smoking status at delivery.
- Provide data (where possible) on smoking cessation activity within

commissioned services and from within primary care.

b. Alcohol and substance misuse services

BHCC will

- Commission a range of harm reduction and preventive services to support patients;
- Commission a range of recovery focussed treatment services.

BHCCG will

- Support local GPs to manage patients within local guidelines and protocols;
- Promote full engagement of primary care in the identification and management of people with alcohol and substance misuse problems.

c. Public health services for children aged 5-19

BHCC will

- Ensure local implementation of the national Healthy Child Programme 5-19 and its priorities including: immunisation, obesity, sexual health, teenage pregnancy, smoking and substance misuse
- Manage school nursing in order to deliver effective public health services within school settings including tobacco, alcohol, drug, diet, exercise and sexual health services.

BHCCG will

- Ensure the delivery of relevant components of the National Healthy Child Programme in primary care.

d. National Child Health Measurement Programme (NCMP)

BHCC will

- Lead the implementation of the NCMP in primary schools for children in Reception Year (4-5 year olds) and children in Year 6 (10-11 year olds), working with the School Nurses Team. This includes measurement of children and sending routine letters to inform parents of their children's measurement results, as well as pro-active calling of parents whose children are in the very overweight (obese) category to offer advice and referral to services.

BHCCG will

- Promote the referral to services of children identified as overweight or obese using the Healthy Weight Referral Service.

e. Healthy weight, nutrition and physical activity

BHCC will

- Lead the community-wide Healthy Weight Programme Board and its subgroups;
- Commission a range of healthy weight, good nutrition and physical activity programmes and services;
- Promote equity of access to the weight management, nutrition and physical activity programmes so that services promote the reduction of inequalities;
- Work with the BHCCG to develop comprehensive care pathways (from Tier 1 to Tier 4) for weight management in children and adults.

BHCCG will

- Encourage the identification and referral of patients who are overweight or obese;
- Take Public Health advice on how Tier 3 and/or Tier 4 services can be commissioned to maximise impact and reduce inequalities and, include recording of smoking status when referring for maternity care, for outpatient assessment and prior to surgery.
- Provide data on overweight and obesity reduction activity within commissioned services, and similar relevant data from within primary care.

f. Accidental injury prevention

BHCC will

- Commission services to prevent accidents for children aged 0-5 years with a focus on reducing inequalities;
- Work with providers to ensure robust data collection and analysis.

BHCCG will

- Encourage primary care engagement and referrals to health visitors for families of children aged 0-5 years at risk of accidents;
- Work with BHCC to prevent falls in older people.

g. Physical activity

BHCC will

- Lead the Healthy City Partnership and Healthy Weight Programme Board and the work of the relevant sub groups;

- Commission a range of physical activity programmes and services to which patients can be referred;
- Promote equity of access to physical activity programmes so that services are accessible and reduce inequalities;
- Work with the CCG to ensure that physical activity support is built into care pathways.

BHCCG will

- Encourage primary care practitioners to routinely identify and refer patients who are leading physically inactive lifestyles. In particular, encourage referral of adults who are inactive to the Zesters exercise referral scheme or to the Health Trainers service
- Take advice from Public Health on how services can be commissioned to maximise the impact on physical inactivity, reduce inequalities, and build physical activity support into care pathways;
- Provide information on physical activity referrals within commissioned services, and physical activity/inactivity data from within primary care.

h. NHS Health Checks programme

BHCC will

- Commission a range of primary care, community and workplace based NHS Health Checks for the eligible population;
- Work with General Practitioners and their teams to ensure access to NHS Health Checks which comply with quality standards.

BHCCG will

- Actively encourage General Practitioners to offer NHS Health Checks to 20% of their eligible patients each year, achieving 100% coverage over 5 years;
- Take public health advice on how services can be commissioned to maximise uptake and reduce inequalities;
- Support General Practices to systematically provide appropriate health care to patients who meet risk criteria for follow-up care for CHD, stroke, diabetes, CKD, dementia and alcohol;
- Actively encourage General Practices to provide quality assured data activity on NHS Health Checks provision;
- Encourage General Practices to refer patients on to lifestyle support services which meet their specific NHS Health Checks assessed needs.

i. Sexual health and teenage pregnancy services (except those commissioned by the CCG or the NHS Commissioning Board)

BHCC will

- Commission a range of testing and treatment services (including contraception additional to the GP contract) to which patients can self-refer;
- Commission community based testing initiatives for sexually transmitted infections (STIs) and HIV;
- Commission a range of HIV prevention and sexual health promotion initiatives.

BHCCG will

- Support local GPs to manage level 1 sexual health patients within local guidelines and protocols;
- Promote the Chlamydia screening programme in GP practices;
- Encourage full engagement of primary care in actions to support the identification and preventative management of sexual ill health and risk taking behaviour with appropriate onward signposting and referral;
- Support opportunities to include elements of contraception and sexual health care in wider health care provision (e.g. at abortion services).

j. Mental health and wellbeing (including suicide prevention)

BHCC will

- Develop, maintain and deliver strategies for mental health promotion, in liaison with the voluntary and statutory sector to ensure that a shared strategic approach is taken across the city;
- Develop, maintain and deliver a multi-agency strategy for suicide prevention within the city;
- Commission a range of services to support emotional wellbeing and mental health promotion;

BHCCG will

- Support strategy development to ensure a joined up approach to mental health promotion and treatment for adults and children;
- Support the development and monitoring of services designed to promote mental health and reduce mental ill-health;
- Encourage the full engagement of primary care and Sussex Partnership Foundation Trust in screening, referral, training and other appropriate activity to support emotional wellbeing and the prevention of mental ill-health.

7.3 Health Protection

BHCC will

- Lead and support system-wide emergency planning;
- Ensure leadership of the emergency planning system for the health economy as laid out in national guidance;
- Ensure there is a system and process for developing and agreeing emergency plans across the health community;
- Ensure that such plans are tested adequately;
- Support the BHCCG contribution to planning and response for emergencies, including the development and scrutiny of relevant plans and business continuity arrangements;
- Support the engagement of BHCCG in opportunities for training or engagement in exercises;
- Work in collaboration with Public Health England (PHE) to ensure that suitable advice is available on health protection and infection control issues, including adequate training capability;
- Support both PHE and BHCCG in managing infection control issues and disease outbreaks;
- Support the development of local strategies to reduce the risks of disease outbreaks;
- Offer support in collaboration with the NHS Commissioning Board and PHE, to immunisation programmes to maximise coverage;
- Manage the work of the Proper Officers under the National Assistance Act Section 47 arrangements, and highlight specific individual health service needs.

BHCCG will

- Fulfil the responsibilities as a Category 2 responder under the 2004 Civil Contingencies Act (CCA) including maintaining business continuity plans for their own organisation;
- Ensure that staff are familiar with all emergency plans;
- Ensure full co-operation and participation in training and testing exercises for emergencies;
- Provide staff for business continuity, command and control and oversight of emergencies, and overall resilience relevant to primary care;
- Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements;

- Support the NHSCB in discharging its EPRR functions and duties locally;
- Provide a route of escalation for the LHRP should a provider fail to maintain necessary EPRR capacity and capability;
- Participate in the LHRP (either on their own behalf or through representation by a 'lead' CCG);
- Work collaboratively to manage the response to disease outbreaks, including supporting activity within commissioned services or constituent practices;
- Work in collaboration with the NHSCB, PHE and BHCC to help ensure successful delivery of immunisation programmes and to maximise coverage;
- Support the delivery of appropriate healthcare packages as identified through S47 Proper Officers.

7.4 Healthcare Public health

a. Individual Funding Requests (IFRs)

BHCC will

- Provide appropriate public health support to the IFR process, including membership of the IFR Panel or the Triage Panel.

BHCCG will

- Manage the IFR process, and ensure an IFR Appeal process.

b. Health Policy development

BHCC will

- Provide Public Health professional support to the Health Policy Committee (HPC);
- Provide support to commissioners to develop new policies, with a focus on:
 - needs assessment,
 - knowledge base,
 - evidence based practice,
 - health inequalities,
 - evaluation.
- Support any wider area policy and development processes led by the HPSU;
- Support work on identifying CCG priorities, including issues of disinvestment with a focus on:
 - needs assessment,
 - evidence based practice,
 - health inequalities,
 - cost effectiveness.

BHCCG will

- Lead, manage and administratively support the Health Policy Committee;
- Take into account public health advice whilst developing new policies;
- Ensure governance processes for policy decisions reflect the need for public health involvement as appropriate;
- Ensure strategic policies and plans contribute to the delivery of nationally or locally agreed outcomes;
- Reflect needs assessment work and other agreed local priorities in policy development and planning.

c. Needs assessment

BHCC will

- Lead and manage the work programme associated with the Joint Strategic needs Assessment (JSNA) and the Health and Wellbeing Strategy (HWS);
- Publish an annual, independent report of the Director of Public Health;
- Undertake needs assessments as required to support the JSNA;
- Chair a City Needs Assessment Steering Group;
- Ensure that BHCCG priorities inform the JSNA work programme;
- Support the BHCCG in contributing to the JSNA and the HWS;
- Support the BHCCG in interpreting and using the JSNA, the HWS and the DPH Annual Report to inform policy development;
- Provide specific support to key clinical areas, as agreed with the BHCCG. This will include:
 - Long term conditions,
 - Older people and communities,
 - Acute care,
 - Maternity services,
 - Children's services,
 - Mental health.
- Support the management of the interface between the NHSCB, PHE and BHCCG on screening programmes, including work to encourage high quality screening services and to maximise uptake;
- Support CCG processes with regard to:
 - Quality management, including hospital mortality rates,
 - QIPP initiatives,
 - Improving population outcomes in primary care.

BHCCG will

- § Contribute to the development of the JSNA work programme and the development of the HWS;

- § Engage in needs assessment work, including the provision of personnel on steering groups, and the provision of information and advice;
- § Reflect the JSNA and the HWS in planning and policy development work, the overarching Strategic Plan and its Commissioning Intentions;
- Seek public health advice at key stages in the commissioning cycle, namely:
 - strategic planning,
 - procuring services,
 - monitoring and evaluation.
- Engage with public health advice to clinical areas in a positive and supportive fashion, and consider how to incorporate it into decision making processes so as to inform key commissioning decisions;
- Ensure that plans and priorities complement the priorities of JSNA and Joint Health and Wellbeing strategies;
- Review additional areas where public health advice might be helpful and discuss adjusting the list of key clinical areas;
- Work as appropriate with the NHS Commissioning Board, Public Health England and BHCCG on screening programmes, including encouraging high quality screening services and maximising uptake.

7.5 Public Health intelligence

BHCC will

- Provide advice to BHCCG on the types of data available and what to use to best meet their needs;
- Provide information support to the JSNA, Joint Health and Wellbeing Strategy and annual DPH report as described above;
- Provide birth and mortality related data for purposes of performance monitoring, governance, dashboards and needs assessments;
- Lead on local surveys of population health, their analysis and/or interpretation;
- Support a mapping function for public health related information;
- Assist with the provision and utilisation of data related to the predicted prevalence of conditions;
- Support BHCCG with advice on the setting up of dashboards;
- Support commissioning practice towards the reduction of inequalities;
- Identify and monitor public health outcomes.

BHCCG will

- Enable access to relevant data sets to which the BHCCG is the data owner-subject to information governance protocols and an agreed information sharing protocol;
- Ensure that Public Health staff continue to have access to data provided by business intelligence/CSS and that the Public Health staff can directly request data from business intelligence/CSS, including patient identifiable data (to enable analysis of inequalities);
- Support city-wide information access initiatives, such as BHLIS (www.bhlis.org) which underpin needs assessments across the city;
- Contribute to the development of the JSNA work programme and the development of the Joint Health and Wellbeing Strategies;
- Reflect the JSNA, the Joint Health and Wellbeing Strategy and the annual report of the DPH in planning and policy development work, the overarching Strategic Plan and its Commissioning Intentions;
- Engage in needs assessment work, including the provision of personnel on steering groups, and the provision of information and advice;
- Support patient and public engagement in the JSNA, including with Patient Participation Groups and the work of Health Watch.
- Identify and reduce inequalities;
- Contribute to the Citywide Needs Assessment Steering Group.

7.6 General Issues

- 7.7.1 A mutually agreed rolling work programme and progress will be reviewed through the senior manager business meetings of the two organisations;
- 7.7.2 Advice to BHCCG will be offered either by, or under the supervision of, appropriately trained and accredited public health specialists, as defined by the Faculty of Public Health;
- 7.7.3 BHCC public health work will be targeted to specific clinical issues within BHCCG;
- 7.7.4 BHCCG needs and priorities will be reflected in the work programme of the BHCC and public health advice will be reflected in the work programme of BHCCG;
- 7.7.5 The degree of support offered will be tailored to the specific issue and may range from brief advice to fuller engagement, including leading or chairing groups or team;
- 7.7.6 Relevant information to the delivery of this Memorandum will be freely made available by both organisations. This does not apply to personal identifiable information, or information subject to specific confidentiality issues, when specific agreements on the limits of information sharing will need to be agreed.

8. PUBLIC INVOLVEMENT AND CONSULTATION

- 8.1 In all areas of collaboration, BHCCG and BHCC Public Health Directorate will consider whether they can jointly involve and/or consult individuals to whom services are being or may be provided in the commissioning process.
- 8.2 BHCCG and BHCC will ensure that they contribute to the development of an operational model for Health Watch, to ensure that it can influence the delivery of health and care services as the consumer champion.

9. ENGAGEMENT WITH THE LOCAL HEALTH AND WELLBEING BOARD

Both organisations will contribute actively to the Health and Wellbeing Board, and to the development and implementation of the Health and Wellbeing Strategy.

10. COMMISSIONING SUPPORT SERVICES

BHCCG will procure commissioning support services to help facilitate it meeting its functions, the service provider of which may change from time to time. Use by BHCC of these services, where this is necessary to allow appropriate advice on these functions to be given, will be included. This advice will be accessed through the same mechanisms as a request for support from BHCCG directly.

11. ENSURING THE QUALITY OF ADVICE FROM BHCC

- 11.1 BHCC will ensure that an appropriately skilled public health workforce is maintained and that the level of support continues, subject to future discussions with BHCCG.
- 11.2 BHCC will ensure that public health specialists are professionally registered with their professional body.
- 11.3 BHCCG will support appropriate training opportunities for public health trainees.

12. ESCALATION

- 12.1 If either BHCCG or BHCC has any issues, concerns or complaints about any matter in this Memorandum, they shall in the first instance seek to resolve the issue by a process of discussion. Each shall in good faith use all reasonable efforts to resolve the issue through internal discussion.
- 12.2 Issues which cannot be successfully resolved through these routes will be discussed formally by the Director of Public Health and BHCCG Chief Operating Officer.
- 12.3 Each party may seek external advice and support, e.g. from the Local Government Association, from PHE or from the NHSCB.
- 12.4 Each party may escalate the matter to the organisations' most senior officer, the BHCC Chief Executive and the Chair of the CCG.

13. TERM AND TERMINATION

13.1 This Memorandum shall commence on 1st April 2013 and shall continue until such time as it is terminated in accordance with the provisions of 13.2 below.

13.2 Either of BHCCG and BHCC may give notice of a need to renegotiate this Memorandum by giving at least three months' notice in writing to the other at any time. Either of BHCCG and BHCC may give notice of a wish to terminate this contract by giving at least six months notice. There will be an annual review and renewal as appropriate of the MoU.

14. MANAGEMENT OF CONFLICTS OF INTEREST

14.1 BHCCG and BHCC will ensure that they disclose any relevant interests and act in accordance with all relevant codes of conduct for their respective organisations in respect of any collaborative matters under this Memorandum.

14.2 Where any representative of either BHCCG or BHCC has a direct interest on a particular matter then the non-conflicted representatives will decide whether the nature of the conflict of interest for the relevant representative is such that they should be excluded from any related decisions on the collaboration.

15. VARIATION

This MoU may only be varied by agreement of each of the parties evidenced in writing.

16. CHARGES AND LIABILITIES

16.1 Except as otherwise provided, the parties shall each bear their own costs and expenses incurred in complying with their obligations under this Memorandum.

16.2 Both parties shall remain liable for any losses or liabilities incurred due to their own or their employee's actions and neither party intends that the other party shall be liable for any loss it suffers as a result of this Memorandum.

17. STATUS

This Memorandum is not intended to be legally binding, and no legal obligations or legal rights shall arise between the parties from this Memorandum. The parties enter into the Memorandum intending to honour all their obligations.

IN WITNESS OF THE ABOVE the parties have signed and dated this Memorandum.

SIGNED by Chair and designated Accountable Officer
for and on behalf of Brighton and Hove Clinical Commissioning Group

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Chair

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Date

.....
Designated Accountable Officer

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Date

SIGNED by Chief Executive and Director of Public Health
for and on behalf of Brighton & Hove City Council

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Chief Executive

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Date

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Director of Public Health

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Date

