

# Rapid Health Impact Assessment (HIA) For Birmingham City Council's Health and Wellbeing Strategy

*“Creating a Bolder, Healthier City 2022 to 2030”*

## **Our vision**

*To create a city where every citizen, whoever they are, wherever they live and at every stage of life, can make choices that empower them to be happy and healthy.*

**February 2022**

## Background

The Birmingham City Joint Health and Wellbeing Strategy, *Creating a Bolder, Healthier City 2022-2030*, sets out the overarching proposals across the city's health and social care system to tackle growing inequalities which have been exacerbated by the ongoing COVID-19 pandemic. The strategy development has been delayed due to the pandemic. Hence it has been developed over three years with input from key individuals, stakeholder organisations and community groups who helped the public health division of the council collate areas identified as main priority themes.

The strategy is a proposal comprising of the key priority themes and their associated ambitions and actions which are anticipated to be led by the local health and social care system. These themes illustrate the complexity and diversity of the local population needs and each theme comprises of ambitions, actions, and measurable outcome to enable ownership and clear deliverables for measuring success. An overview of the strategy is in [Appendix 1](#).

This Health Impact Assessment (HIA) will assist the local decision makers under the leadership Health and Wellbeing Board (HWB) to better understand and assess the health impacts on local communities and services, from the strategy's proposed ambitions and actions. The HIA can be a valuable resource in anticipating the health effects of these proposals within the strategy in the short, medium, and long-term and the results have been collated to offer recommendations for improving the local planning of services and help in managing the expectations across the system of the strategy's proposals.

The vision of the local strategy is underpinned by four key guiding principles which require strong partnership and collaboration across the local system to achieve successful delivery of the local priorities to address health inequalities across the city. These principles are;

1. Citizen driven and informed by citizens' lived experience
2. Consciously focused on reducing inequalities through promoting equality, diversity, and inclusion
3. Data and evidence informed and research-enabled action
4. Impact of COVID-19 pandemic mitigated as part of legacy work

Our Birmingham City Health and Wellbeing Board holds the strategic leadership that enables the health and care system to work together to improve the health and wellbeing of our local population and reduce health inequalities. The Board is comprised of local elected members and leaders from across the local health and social care system. The Board is tasked with safeguarding the health of all citizens across the city and to advocate for communities ensuring their voices shape the planning and delivery of services. The strategy enables the Board to fulfil its statutory functions as set out in the Health and Social Care Act 2012 as follows;

- promoting the reduction in health inequalities across the City through the commissioning decisions of member organisations
- reporting the progress of reducing health inequalities to the Cabinet and the various Clinical Commissioning Group Boards
- being the responsible body for delivering the Joint Strategic Needs Assessment for Birmingham (including the Pharmaceutical Needs Assessment)
- delivering and implementing the Joint Health and Wellbeing Strategy for Birmingham
- participating in the annual assessment process to support Clinical Commissioning Group authorisation
- identifying opportunities for effective joint commissioning arrangements and pooled budget arrangements
- providing a forum to promote greater service integration across health and social care.

Birmingham is a diverse and vibrant city with a population of 1.14 million people living across 69 wards. Birmingham is the seventh most deprived local authority in England. One in four people are aged under 18yrs old and 46% of citizens are from Non-White ethnicities and although Birmingham is a young city, the number of older adults in the city is significant. There are health inequalities within the city between many wards and population groups and between Birmingham and the rest of the West Midlands and England. For example, the mortality rate in women for deaths under 75years due to cardiovascular disease in Birmingham was 57.3 deaths per 100,000 compared to 43.4 for England and 47.0 for the West Midlands in 2017-2019).<sup>1</sup> Smoking attributable death rates in Birmingham were 274.8 deaths per 100,000 population compared to 250.2 for England and 249.3 for the West Midlands in 2016 and 2018).<sup>2</sup>

During the pandemic, COVID-19 deaths were highest among the most deprived quintile and people from ethnic minority backgrounds had a higher risk of death from COVID-19 compared with the White ethnic groups. Certain risk factors were and still are associated with an increased likelihood of severe illness and death. Prior to the pandemic, the city already had significant challenges in many of the clinical conditions that were and still are risk factors (Table 1).

**Table 1. Health Risk Factors Comparing Birmingham and England**

<b>Health Risk Factors</b>	<b>Birmingham</b>	<b>England</b>
Population 65+ yrs (%) 2020	13.1%	18.7%
Smoking Prevalence in adults (18+ yrs) 2019	14.8%	13.9%
Overweight or obese adults (18+ yrs ) 2019/20	65.2%	62.8%
Birmingham Diabetes prevalence (17+ yrs) 2019/20	9.0%	7.1%
Diabetes prevalence (17+ yrs) 2019/20 Birmingham and Solihull CCG	8.7%	7.1%
People with type 2 diabetes who achieved all three treatment targets 2018/19 (Birmingham and Solihull CCG)	8.7%	7.1%
New cancer cases (per 100,000 population) 2018/19 Birmingham and Solihull CCG	436	529

This report documents the HIA as it was conducted including why it was conducted and the main findings which will form the recommendations to the HWB to enable successful delivery and help to mitigate against any negative health impacts.

<sup>1</sup> Public Health England (based on ONS source data). 2017-19. "Mortality Profile." Under 75 mortality rate from all cardiovascular diseases. Accessed July 28, 2021. <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/3/gid/1938133009/pat/6/par/E12000005/ati/302/are/E08000025/iid/40401/age/163/sex/2/cid/4/tbm/1>.

<sup>2</sup> ONS mortality file, ONS LSOA single year of age population estimates and smoking status from Integrated Household Survey/Annual Population Survey, relative risks from The Information Centre for Health and Social Care, Statistics on Smoking, England 2010. 2016-18. "Local Tobacco Control Profiles." Smoking attributable mortality. Accessed July 28, 2021. <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000005/ati/302/are/E08000025/iid/113/age/202/sex/4/cid/4/tbm/1>.

## Why was the HIA performed?

The strategy public consultation was via an online 'BeHeard' survey shared across the city from 23 September 2021 to 10 December 2021. This only produced 142 responses from people aged 20 to 79 years with the highest number of responses received from those aged 45 to 59 years. Those responding to the on-line survey were largely from the White (British) ethnic background (89 respondents). Fifty-one responses (36%) were from people reporting to have a physical or mental health condition.

These figures were lower than expected compared to previous local surveys to assure us that we had adequate representation across Birmingham's population.

There was also under-representation of 0-19-year olds, over 75-year olds and other groups including non-White ethnic groups. To address this poor engagement with the consultation and to ensure any potential health impact of the strategy's proposals have been comprehensively captured, focus groups were commissioned to target specific underrepresented groups and provide further qualitative feedback. This ensured we had accounted for groups who were estimated to be underrepresented in these initial consultations.

However, more than 50% of the additional planned engagement following the initial public consultation did not hold. Therefore, the HIA was conducted to understand where any positive or negative impacts would arise from the strategy and targeting specific groups who had not so far engaged.

The HIA is a decision-support tool to assist the HWB with vital information to aid evidence-based decision making and insight that drives community-led initiatives as well as building trust with our citizens. Many of our communities have expressed historic and rapidly growing mistrust of the system and apathy towards local policies and strategies which they feel do not result in any lasting change or promote sustainable and healthy communities.

Due to the new proposals consisting of the ambitions and associated actions within the strategy, we considered the need to subject the strategy to some sort of review on health impact. The HIA provides a framework and procedure for estimating the impact of a proposed programme or policy action on a defined population.<sup>3</sup>

We also considered the following important factors in deciding to conduct the HIA;

- The potential for the strategy's proposals to harm or improve human health and any associated consequences since the HIA can be used to predict the likely impacts of the strategy on all affected populations and population sub-groups.
- Policies rarely serve all interests equally; typically, some values are prioritised over others hence the need to seek further assurance based on the lower than expected engagement.

The HIA would broaden the local approach and could be used to not only show how the proposed strategy could impact health directly, but also indirectly through various health determinants considering the existing health inequalities within Birmingham.

The Health and Wellbeing Board is keen for the new local strategy to provide system leadership in tackling the health inequalities that existed before the COVID-19 pandemic including those that have been exacerbated as a result of the pandemic. This will mean that the system should work in partnership to identify, mitigate any consequences or potential risks from the proposed strategy proposals.

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<sup>3</sup> <https://www.who.int/tools/health-impact-assessments>

There are five core themes within the strategy that set out our local priorities:

1. Healthy and Affordable Food
2. Mental Wellness and Balance
3. Active at Every Age and Ability
4. Contributing to a Green and Sustainable Future
5. Protect and Detect

There are three encompassing life course themes

- Getting the Best Start in Life
- Living, Working and Learning Well
- Ageing Well and Dying Well

There are actions across these themes that have been identified, reviewed and mitigation jointly agreed to safeguard the future of the local health economy through the lifespan of the strategy from 2022 to 2030.

## **Who performed this HIA?**

The team completing the HIA was led by the local public health team including a consultant in public health and several public health service leads supported by other council departments, academics, analysts, social researchers, voluntary organisations and other community-based organisation. The group was multidisciplinary to ensure the assessment was drawing in expertise from a range of subject specialists where needed.

The timing of the decision was key as the HIA should be started at the beginning of the strategy development process, with adequate time and resources available to support it. However, due to the constraints from the pandemic which had already delayed the strategy development, it was agreed that undertaking the HIA after the public consultation ended in December would be beneficial to the development of the strategy. This was because the consultation did not have sufficient responses and some of the responses reflected a lack of clarity and confidence about the strategy's proposals.

The strategy was still in development phase and the HIA was developed from the point when the consultation was identified as being inadequate and continued from December 2021 to February 2022 over the course of the strategy cycle. The feedback from the limited public consultation were used to scope the HIA and informed the need for changes which may be required to reassure the system and provide clarity about the strategy's proposals.

Some of the feedback has resulted in some change and others are being taken to the leadership team for their input.

The HIA process continued with some elements of it commissioned to a provider who works with seldom heard groups including those people from non-White ethnic backgrounds to ensure a wide range of perspectives were considered.

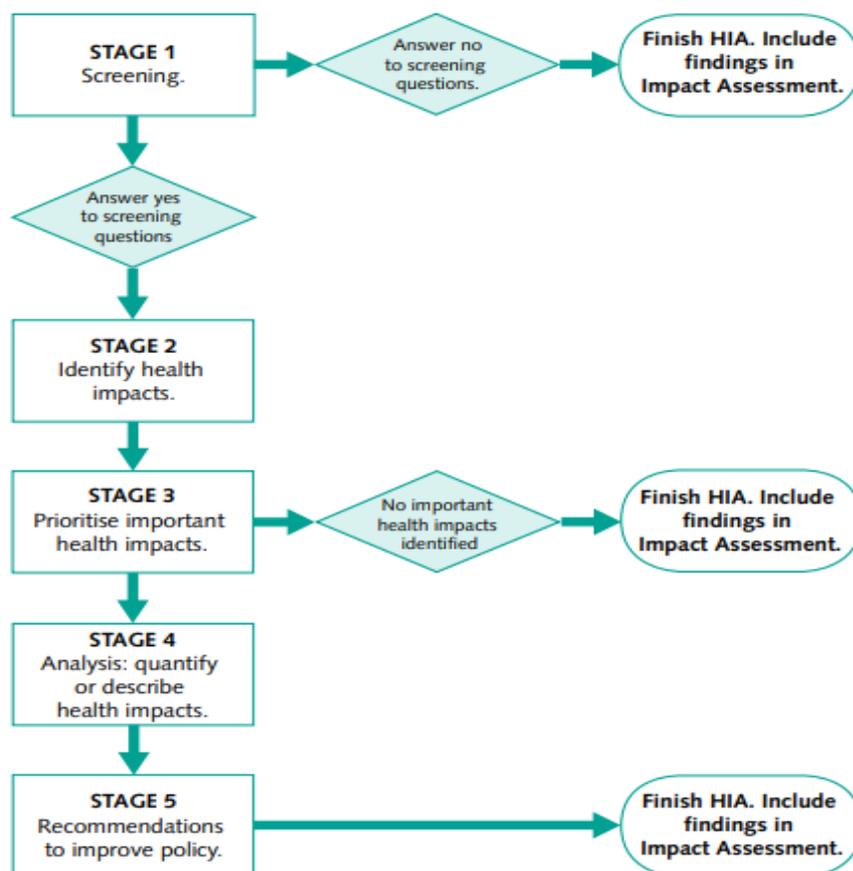
The HIA will need to be revisited with each iteration of the strategy as the strategy development progresses, to ensure that significant changes have been assessed and that these changes relate to the final strategy document.

## What methods were used for the HIA?

The HIA was completed as a prospective assessment of the strategy before its implementation. The team gathered opinions and concerns regarding the proposed strategy based on the ambitions and the actions proposed to determine the expected impacts of the proposed strategy particularly on the most vulnerable and disadvantaged populations.

Participants were encouraged to describe both quantitative and qualitative health impacts as appropriate and an open and honest participatory approach was adopted. Recommendations were produced for decision-makers and stakeholders, with the aim of maximising the strategy's positive health impacts and minimising its negative health impacts. The consequences for health of all the options can then be fully considered, and the HIA can have a genuine influence on the chosen option.

The method<sup>4</sup> used is described below



### Screening

During the screening stage, based on the feedback and outputs from the strategy online consultation survey, a HWB strategy working group was established. This group was led by the local public health governance team. The group held several meetings to discuss the strategy and agreed that the HIA would be beneficial to support the quality of the strategy and provide assurance that any potential effects on the determinants of health, health outcome and population groups had been identified. The screening resulted in a decision that the HIA was needed based on the responses to key considerations below.

<sup>4</sup> [Health Impact Assessment Tools: Simple tools for recording the results of the Health Impact Assessment \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

1. Will the strategy have a direct impact on health, mental health and wellbeing?
  - a. **Yes**
2. Will the strategy have an impact on social, economic and environmental living conditions that would indirectly affect health?
  - a. **Yes, in particular the Contributing to a Green and Sustainable Future Theme**
3. Will the strategy proposals affect an individual's ability to improve their own health and wellbeing?
  - a. **Yes, it will affect their ability to be physically active, choose healthy food, reduce drinking.**

### **Scoping**

The second step was the planning of the HIA and identifying what health risks and benefits to consider. The HWB strategy working group developed and adopted the terms of reference for the HIA (see [Appendix 2](#)). Scoping involved bringing together the major stakeholders of the strategy proposals led by the working group to develop the HIA. The group aimed to reduce the risk of presenting only one side of the evidence by being systematic. As the responses to the consultation were low, this HIA in addition to the focus groups will enable us to identify and make recommendations to improve positive health impacts and mitigate negative ones. The themes within the strategy were agreed and further streamlined to be used to systematically work with target groups and individuals to carry out the appraisals which are the next stage in the HIA process.

### **Appraisal**

An appraisal is the main process for the HIA activity and due to the expectations that the strategy would be finalised within two months, we conducted a rapid appraisal rather than a comprehensive one. The appraisals were based on the HWB strategy's 5 themes and questions were developed based on the initial consultation feedback. We developed a template (see [Appendix 3](#)) for gathering the data and evidence, held meetings with key stakeholders involved with the communities affected. We also requested the commissioned provider to use the template at focus groups organised for the groups who had been under-represented during our initial consultations. The collated templates were analysed, and results summarised into a spreadsheet for thematic analysis. We analysed the data collected already, identified affected populations and estimated health impacts. These estimates helped us to develop recommendations for actions that promote positive health impacts and minimise negative health impacts of the proposals within the strategy.

### **Reporting**

The results obtained are within this report to be presented to the decision-makers although some changes have already been made to the strategy based on the results and details are contained in the analysis sheet. The contents of the report include a description of the scope, the priorities identified at the beginning of the process, the views expressed by the stakeholders and the evidence available from the various sources, the overall findings and any recommendations.

### **Monitoring**

This final step of the HIA process allows the team to evaluate the process and effectiveness of the HIA in meeting its purpose. The discussions have already begun at the working group meetings and monitoring will continue until the strategy is launched. It will involve evaluating whether the HIA has influenced the decision-making process and how this led to any changes in the strategy proposals to help us assess if the HIA has worked. The HWB may also monitor longer term to see if the predictions made during the appraisals were accurate, and to see if the health, or health-promoting behaviours of the community have improved.

# What was the scope of the HIA?

The evidence gathered during the strategy development were incorporated and used to determine the scope of the HIA.

Following an initial public consultation process which had very limited engagement, it was agreed to scope the usefulness of an HIA to provide further understanding of the potential health impacts of the strategy's proposals and enable the opportunity for the local system to consider any options as recommendations to address any potential negative impacts or enhance the positive impacts from the strategy.

## **The HIA was agreed to be limited to the following**

- 1. Groups missed by focus groups:**
  - LGBT+ Groups
  - Business (any)
  - Food Business (supermarkets, restaurants, etc)
  
- 2. Under-represented groups from online BeHeard Survey:**
  - 0-19 years olds
  - 75+ year olds
  - Asian/Asian British community
  - Black/ African/ Caribbean community
  - Vision-impaired persons
  - Muslim community
  
- 3. Groups who required a more targeted approach for the Health and Wellbeing Strategy Consultation.**

Due to the limitations of the consultations, the HIA was focussed at addressing any potential to miss key issues including the impacts of the ambitions and actions within the strategy on the population's health.

It was agreed that the HIA could support the leadership team who had already seen the strategy in draft form and the HWB, and enable informed decision making required from across the system when the HWB strategy is eventually presented and launched.

## **Quality Assurance**

The rapid HIA for the Health and Wellbeing strategy seeks to improve the quality of policy decisions by evaluating the likely positive and negative health impacts from the strategy's proposals and making recommendations to improve positive health impacts and mitigate negative ones. The process followed has adhered to the recognised available frameworks and our approach stresses the participation of public stakeholders and provides for a social model of health and wellbeing in which there is an explicit focus on equity, sustainability and social justice. The HIA is in line with the council's commitment to openness, public scrutiny and involvement.

# Main Findings of the HIA and recommendations

## Negative health impacts

### **Overall Strategy**

- Use of a lot of jargon and too much data makes it uneasy to comprehend a lot of the information described. For example, The Healthy Planning Toolkit, Triple Zero Strategy should have some explanation on what they are and what they aim to achieve at least concisely in brackets or footnotes.
- Participants felt the strategy was ambitious and raised concerns about whether it was achievable. They felt that this may result in a negative health impact on the key priority health needs of the population, as the system may become overwhelmed.
- Participants felt there was a disconnect between some of the ambitions stated within the strategy and the reality on the ground, particularly around planning services and this may deter the use of existing resources judiciously.
- Participants felt that health inequalities were not explicitly addressed for specific ethnic groups and communities but instead were solely focussing on geographical areas across the city which could increase the inequalities gap.

### **Healthy and Affordable Food Theme**

- Lack of emphasis on the need to determine whether people's diet changed during the pandemic or how their food affordability or food choices changed can impact negatively on behaviours towards food.

### **Mental Wellness and Balance Theme**

- Reference to signposting for self-referral to mental health support services can create a barrier which delays uptake of support as it assumes all patients can make an informed choice.
- Lack of emphasis on the mental health of specific groups which have worsened during the pandemic may mean these groups experience deteriorating outcomes.

### **Active at Every Age and Ability Theme**

- The cost of taking up physical activity interventions paid for by individuals themselves creates stigma and can be a major barrier to participation in physical activity which can result in poor mental and physical health.

### **Green Spaces Contributing to a Green and Sustainable Future Theme**

- Lack of consideration for housing within the strategy. It was noted that housing, as a wider determinant of health, could certainly be given more prominence within the strategy to ensure it did not create more inequality.
- Focus on only clean air without consideration for the volume of traffic may not reduce risks to health such as increased respiratory disease from city's traffic congestion.

### **Protect and Detect Theme**

- Nothing explicit was there in the ambitions especially relating to domestic violence and community safety.
- The strategy assumes vaccines are acceptable to everyone which may result in masking of the underlying variations in vaccine confidence across the city.
- Theme lacked coherence and the language was inaccessible which may result in no real health benefit and worsening of the health of the target groups particularly young people who already suffer with violence.

## **Positives health impacts**

### ***Overall Strategy***

- Ambitions and actions offer many wide-ranging opportunities to work with communities to increase health gains particularly where there are growing inequalities due to the pandemic.
- Useful information sharing with communities to enable them consider options to support making an informed choice.
- Enables a spotlight on the impact of covid and the need to reverse the adverse health impacts on populations including most vulnerable, people with addictive behaviours who have struggled more.

### ***Healthy and Affordable Food Theme***

- Participants welcomed a focus on food literacy and basic cooking skills at a young age to reverse the negative impact of COVID-19 which has resulted in changing eating habits fuelled by isolation and dependence on takeaways and high calorific meals.
- Participants felt the strategy would improve access and affordability which are known barriers alongside people making the wrong choices.

### ***Active at Every Age and Ability Theme***

- Participants were supportive of exercise on prescription as they felt the respect felt for doctors, particularly among the older population, would encourage take up.
- Positive impact on health through reducing air pollution from the traffic on the roads Valuable that green and blue spaces became important during the pandemic

### ***Green Spaces Contributing to a Green and Sustainable Future Theme***

- The participants welcomed a focus on clean air in the whole city, not just the area covered by the Ultra-Low Emissions Zone.
- The idea of community activities and community events provides opportunity for community empowerment.
- Offer opportunity to maximise and maintain people's engagement with green and blue spaces building on from the pandemic.

### ***Protect and Detect Theme***

- Participants supported tackling the root causes of crime and efforts to divert young people away from criminal activity through youth provision.
- Promotion of COVID-19 vaccination has improved access to ethnic communities.

## **Recommendations**

### ***Overall Strategy***

- Ensure the strategy is culturally sensitive and inclusive of all communities and ethnicities to achieve success.
- Prioritise tackling the financial barriers to health.
- Review language used to ensure it is plain English
- Involve people with lived experience from the beginning of policy and strategy development.
- Prioritise children, women, healthcare workers, people who suffer with their mental health and geographical areas with the greatest need.
- Measure success continuously as this is key by embedding annual targets into the longer-term success indicators/ambitions of the strategy wherever possible.
- Infographics need to be communicating messages concisely and precisely.
- Focus not only on geographical areas in the city and socioeconomic status, but also on the impact of prejudice and discrimination on health and wellbeing.
- Education within schools should be a priority.

### ***Healthy and Affordable Food Theme***

- Learning from social norms is key to success and requires more to understand; What type of changes have people made to their cooking? What has changed, why has it changed and how can you take changes, learn from them and adapt something new?
- Improve understanding and awareness about any issues relating to food within LGBTQ community with possible increase in eating disorders due to the isolation and mental health impact of COVID-19.

### ***Mental Wellness and Balance Theme***

- Consider support for self-referral to mental health services or tailor more training for GPs and other key professionals who signpost people to these services.
- There is scope to work with employers, charities, and universities to design workplaces around how human brains work differently in order to tackle mental health challenges in the long term.
- Educating employers about different mental health conditions could aid reduction in employment inequalities.
- Focus on increased actions to improve availability and uptake of Talking Therapies.

### ***Active at Every Age and Ability Theme***

- Include the relationship between prevalence of physical inactivity and mental health
- Incorporate inclusive spaces, for example, for physical activity to address barriers which affect groups such as woman and some groups within the LGBTQ community.
- Participants also felt that exercising as a family should be emphasised.

### ***Green Spaces Contributing to a Green and Sustainable Future Theme***

- Incorporate volume of traffic not just clean air to ensure indirect health benefits are gained.

### ***Protect and Detect Theme***

- Consider restructuring the Protect and Detect theme to separate out the unrelated topics (i.e. infectious disease, screening and violence reduction) to enable more emphasis on real change, such as stronger action needed to prevent the supply of drugs within the city and enforcement of other drug laws.
- Families and carers should be much more involved in supporting treatment plans for patients who struggle with drug and alcohol misuse.

## Appendix 1

### Joint Birmingham City Health and Wellbeing Strategy at a glance: 'Creating a Bolder, Healthier City (2022-2030)'

**Our Shared Vision:** *To create a city where every citizen, whoever they are, wherever they live and at every stage of life, can make choices that empower them to be happy and healthy.*

**The vision is underpinned by four key guiding principles which require strong partnership and collaboration across the local system, with all stakeholder groups and their partners forging ahead together to achieve successful delivery.**

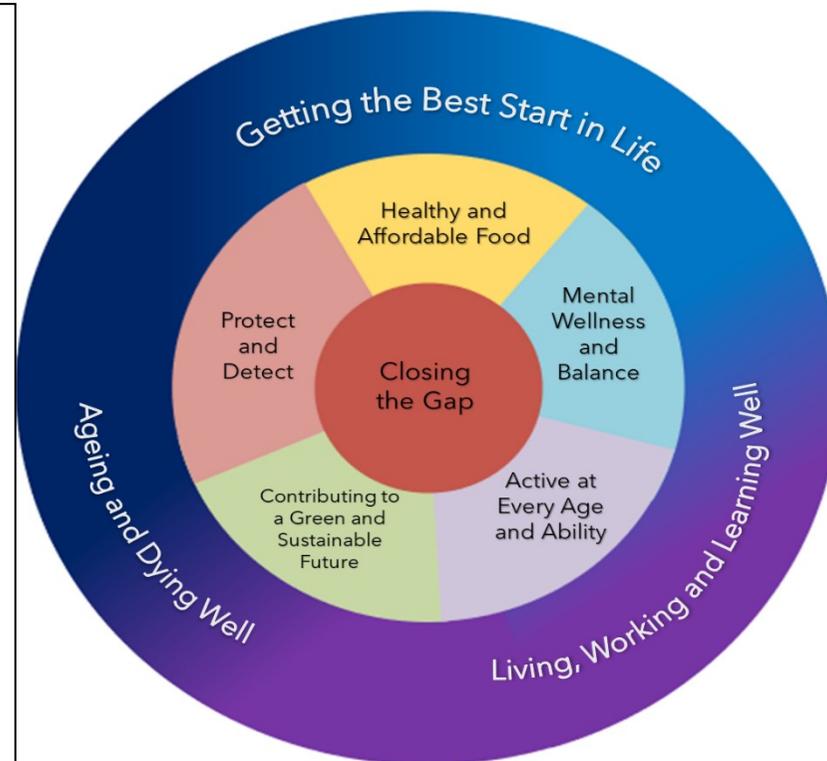
- Citizen driven and informed by citizens' lived experience
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**There are five core themes within the strategy that set out our local priorities:**

1. Healthy and Affordable Food
2. Mental Wellness and Balance
3. Active at Every Age and Ability
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5. Protect and Detect

**There are three encompassing life course themes**

- Getting the Best Start in Life
- Living, Working and Learning Well
- Ageing Well and Dying Well



## Appendix 2

### Scoping and Terms of Reference

#### Rationale

As the responses to the online consultation were low, the Health Impact Assessment in addition to the further focus groups will enable us to identify and make recommendations to improve positive health impacts and mitigate negative ones.

#### Health Impact Assessment Working Group

The working group comprises of the Public Health Governance Team led by the Assistant Director of Public Health and working alongside key individuals and stakeholders working across the five core themes and life course themes within the strategy. These professionals may not attend meetings however their views are sought using emails and one-to-one meetings to ensure the scope of the HIA is reinforced with as many [professional and public perspectives as possible.

#### Objectives

1. To capture any health issues and public health concerns identified from our consultations including factors such as the social and physical environment (i.e. housing quality, crime rates, and social networks), personal or family circumstances (i.e. diet, exercise, risk-taking behaviour, and employment), and access to public services.
2. To gather data on health impacts and analyse them within the five core and three life course themes to estimate the potential for positive or negative health impacts.
3. To determine who will be affected by the strategy proposals within each theme and assess the need for further review of baseline data on current population health need.
4. To make predictions where possible, about any likely changes in health status of the affected groups, as a result of the strategy.
5. To agree any changes or update to the strategy proposals that would support positive health impacts and mitigate negative health impacts and present to decision makers.
6. To consider the use of rapid or in-depth assessment procedures depending on limitations of time, budget and epidemiological/quantitative evidence.
7. To agree conclusions which can be drawn from available data, and recommendations made that might remove/mitigate negative impacts on environment and health and enhance positive benefits.
8. To decide any action, where appropriate, that can be taken to monitor the actual impacts on health and enhance the existing evidence base regarding impacts.

**Timescale:** 2 months

**Key Outputs:** Rapid Health Impact Assessment Report and Updated Health and Wellbeing Strategy

### Appendix 3

#### Rapid Health Impact Assessment Questionnaire used for each theme of the Health and Wellbeing Strategy ('Creating a Bolder, Healthier City')

Questions	Comments
<p><b><u>THEME:</u></b></p> <p><b><u>IDENTIFY THE HEALTH IMPACTS</u></b></p> <ul style="list-style-type: none"> <li>• Describe any potential impacts on health from this theme?</li> <li>• In your opinion what impact has COVID-19 had on this theme?</li> </ul>	
<p><b><u>THEME AMBITIONS</u></b></p> <ul style="list-style-type: none"> <li>• Are there any potential positive health impacts?</li> <li>• Are there any potential negative health impacts?</li> <li>• If yes to both positive and negative impacts, which population groups will be impacted and how?</li> <li>• Do you feel that the negative impacts can be mitigated? If yes, what suggestions do you have to mitigate these?</li> </ul>	
<p><b><u>THEME ACTIONS</u></b></p> <ul style="list-style-type: none"> <li>• Are these actions relevant to the ambitions?</li> <li>• Will these actions help to address the existing health inequalities and address any negative health impacts?</li> <li>• Is there clarity within the actions about WHO, WHEN and WHAT is to be achieved?</li> </ul>	
<p><b><u>Measuring Success</u></b></p> <ul style="list-style-type: none"> <li>• In your opinion would it be beneficial for the strategy to focus on long-term or short-term goals to achieve success?</li> <li>• Do you have any other suggestions / comments about other priorities to include in the Strategy?</li> </ul>	