Fairer Scotland Duty Assessment

Title of policy: Sexual Health and Blood Borne Virus Action Plan 2023-2026

Lead Minister: Minister for Public Health and Women's Health – Ms Minto

Lead official: Rebekah Carton

Directorate: Population Health Directorate

Division : Population Health Resilience and Protection Division

Team: Sexual Health and BBV Team

Stage 1 – planning

- What is the aim of your policy/strategy/plan?
- Who will it affect (particular groups/businesses/geographies etc)?
- What outcomes do you expect the policy/strategy/plan to deliver?

The new Sexual Health and Blood Borne Virus (SHBBV) Action Plan will build on progress made since the publication of the previous SHBBV Frameworks. It will seek to help improve services, to better support people who are affected by SHBBV issues, are at risk or need to access services, as well as those working in this field. The policy's fundamental vision is for everyone in Scotland to have good sexual health and wellbeing, and, that high quality, innovative, sexual health and BBV prevention, care and support is available to those who need it, in timely manner and irrespective of age, sex, gender, sexual identity or location. There have been significant challenges facing SHBBV services in light of the pandemic. Therefore, the Action Plan will remain ambitious while also maintaining a focus on service recovery. The Action Plan has identified actions for progression across SHBBV spanning a range of areas. The policy is relevant to all those accessing, or who may need to access, sexual health or blood borne virus services within Scotland, as well as workers in this field.

- What is your timeframe for completing the Fairer Scotland Duty assessment?

  This assessment will be published alongside the Action plan in November 2023

Stage 2 – evidence

- What does the evidence suggest about existing inequalities of outcome, caused by socio-economic disadvantage, in this specific policy area? You might want to think about:
  - people on low incomes
  - people in deprived areas (and particular communities of place and interest)
  - people with no/low wealth or in debt
  - people in material deprivation
  - people from different social classes

Evidence shows that individuals living in socio-economic disadvantage are more likely to have less flexible working arrangements, making it more difficult to attend face to face appointments for sexual health. They may also have challenges with accessing childcare, for example due to lack of affordability of private childcare, in order to attend sexual health services. Transport or other costs for visits to specialist clinics may be a concern or barrier to some for accessing services.

According to the Health and Wellbeing Census Scotland 2021-2022, those in secondary school years 4-6 living in the most deprived quintile were less likely to agree that it is easy to get information or ask for help on sexual health issues and were slightly less likely to agree that they had used a condom, or used contraception to prevent pregnancy the most recent time they had sex.[1] Furthermore, those in lower socio-economic groups are more likely to have unplanned pregnancies and children and at a younger age. A report on Experiences of Relationships and Sex Education, and sexual risk taking found

[1] https://www.gov.scot/publications/health-and-wellbeing-census-scotland-2021-22/pages/relationships-and-sexual-health/

that children on Free School Meals did not tend to have the same quality of Sex and Relationships Education, were more likely to have sex before the legal age of consent, were having unprotected sex at a higher rate, and were generally more likely to engage in risky sexual behaviours.[2]

Women in the more deprived quintiles are more likely to get an abortion. The rate in the most deprived areas was almost twice as high as in the least deprived areas of Scotland. Those that do have a termination are also less likely to have it early - before 9 weeks.[3]

For GBMSM (gay, bisexual and men who have sex with men), having a positive STI test and intentions to take PrEP in future are patterned by financial worries. Also, men having financial worries sometimes/all of the time (32.4%) are more likely to have a positive STI diagnosis in the last year compared to men with no financial worries (21.4%) in the last year. The same is true for poor sexual function, Sexual Confidence, and having experienced sexual abuse.[4]

HIV transmission as well as HCV and HBV can be caused by drug injection.[5] According to a report by the Scottish Affairs Committee on drug use in Scotland, those in poverty are 'more likely to be exposed to additional risk factors… which increase the likelihood of a person being predisposed towards problematic substance use.'[6]

Finally, in the public consultation on seeking views for challenging demand for prostitution in Scotland under the Equally Safe Strategy, it was highlighted by respondents that women involved in prostitution struggled to access services due to factors such as stigma and irregular working hours.[7]

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[2] Experiences of Relationships and Sex Education, and sexual risk taking (publishing.service.gov.uk)
[3] https://www.publichealthscotland.scot/media/14037/2022-05-31-terminations-2021-report-revised.pdf
[4] Table 9.2
https://www.smmash2020.org/_files/ugd/b01226_dd035fffb16d4c6abd64559922f4103a.pdf
[5] HIV in Scotland: update to 31 December 2022 (publichealthscotland.scot)
[6] Problem drug use in Scotland - Scottish Affairs Committee - House of Commons (parliament.uk)
[7] Equally safe - challenging men's demand for prostitution: consultation analysis - gov.scot (www.gov.scot)

Overall, the evidence shows that socio-economic disadvantage can have an impact on sexual health access, knowledge, and requirements. This policy aims to decrease sexual health inequalities and improve equity of access to all those in Scotland.

- **what does the evidence suggest about possible impacts of the policy/programme/decision, as planned, on those inequalities of outcome?**

All decisions made regarding the content of the strategy have been evidence based. There has been extensive consultation with experts and third sector representatives, including those that have been part of the steering and writing groups for the strategy, and therefore the policy is drawing on their experience and knowledge. The policy's aim is to have a positive impact on all individuals accessing sexual health services, including those in deprived areas and poverty. However, lack of data is a present challenge for assessing the sexual health services landscape. This will therefore be a key focus for the strategy. Improving this will support analysis, and could identify issues related to inequalities of outcome.

There will be key focus on particular groups, such as young people, as the impact of the pandemic on their sexual health and wellbeing is not yet established. Stigma will be addressed, and it is hoped this will lead to a decrease in isolation and inequalities of outcome.

OPSS (online postal self-sampling) will have a positive impact as it improves access to STI testing, especially for those individuals who work irregular hours and can't attend appointments. Also, this is beneficial for people without access to transportation as they can do the test at home in their own time. It will also have a positive impact on those who face stigma (for example sex workers) who may not wish to go to a sexual health clinic.

The Action Plan's emphasis on increasing sexual health education and knowledge on sexual wellbeing will help younger people in society, and particularly those younger people who are at economic disadvantage who are vulnerable to sexual exploitation and unplanned pregnancies.

- **is there evidence that suggests alternative approaches to the policy/programme/decision? For example, evidence from the UK or international evidence?**

The other UK nations are taking similar approaches. However, this Action Plan is taking it further through its aim to define and improve sexual wellbeing.

- **what gaps are there in key evidence? Is it possible to collect new evidence quickly in other areas? For example, through consultation meetings, focus groups or surveys?**

Data collection has been identified as a key issue within Scotland. The Strategy seeks to prioritise improved data collection. We have sought to speak to experts, third sector and other reps to gain understanding of their experiences and observations about the current situation within sexual health, and what they believe will help to address them. A data plan is featured as one of the outputs form the action plan.

- **how could you involve communities of interest (including those with lived experience of poverty and disadvantage) in this process? The voices of people and communities are likely to be important for identifying potential improvements to the programme/policy/decision.**

We have consulted with young people representatives to hear their views on what should be included within the Strategy. We have also consulted third sector organisations, who are well placed to represent the interests of those that their organisations aim to support. The involvement of people living with HIV and

hepatitis C and at risk of poor sexual health is key throughout the action plan delivery.

Stage 3 – assessment and improvement

- what options could strengthen this programme/policy/decision in its impact on inequalities of outcome?

The Strategy is seeking to reduce inequity in access to SHBBV services, so aims to have a demonstrably positive impact on equalities of outcome. Work could be done to further consider factors such as lower income and social deprivation in relation to access to service. Also, ensuring that there is sufficient data to measure success and track policy impact.

- how could the programme/policy/decision be adjusted to address inequalities associated with particular groups? Communities of interest or of place who are more at risk of inequalities of the outcome?

The policy's fundamental vision is for everyone in Scotland to have good sexual health and wellbeing, and, that high quality, innovative, sexual health and BBV prevention, care and support is available to those who need it, in timely manner and irrespective of age, sex, sexual identity, background or location.

Stage 4 – decision

What changes, if any, will be made to the proposal as a result of the assessment? Why are these changes being made and what are the expected outcomes? (if no changes are proposed, please explain why)

The Strategy already seeks to address equity issues. We have consulted with others, such as leading experts in the field, when drafting the Strategy, and are confident that this ensures a robust strategy for addressing equity issues.

Sign off of the Fairer Scotland Assessment template	**Name:** Daniel Kleinberg **Job title:** Deputy Director - Population Health resilience and protection Division