

## EQUALITY IMPACT ASSESSMENT RECORD

Title of policy/ practice/ strategy/ legislation etc.	Sexual Health and Blood Borne Virus Action Plan 2023-2026	
Minister	Minister for Public Health, Women's Health and Sport, Jenni Minto	
Lead official	Rebekah Carton	
Officials involved in the EQIA	Name	Team
	Caroline Pretty Morgan Callaghan Amy Watson	Sexual Health and BBV Team
Directorate: Division: Team	Population Health Resilience and Protection Division	
Is this new policy or revision to an existing policy?	New / replacement policy	

### Screening Policy Aim

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. However, there are 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.

### ***Who will it affect?***

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 might prevent the desired outcomes being achieved?***

There are a number of factors and variables that will pose challenges.

The recovery from the COVID-19 pandemic is ongoing. The NHS continues to face unprecedented challenges and pressures, and this includes SHBBV services. Waiting lists and waiting times continue to be long, and this has had an impact on services and service users throughout Scotland. It is acknowledged there are no easy solutions to the challenges currently facing services, particularly given the current economic climate with the associated budget challenges. Equally, there may be future unanticipated situations or circumstances, such as further particularly challenging winter periods, that may provide further pressures that make the Action Plan more difficult to implement.

Another key aspect which may prevent the desired outcomes being achieved is that Health Boards will have some flexibility to choose how to implement the Action Plan within their area. Whilst boards support services and implement the Action Plan to the best of their ability, there may be localised challenges which could present difficulties or specific circumstances that will need to be taken into account when implementing the Action Plan.

There are specific barriers to some individuals easily accessing SHBBV services which may be out with the scope of the Action Plan. While the Action Plan seeks to reduce the health inequalities gap in SHBBV, this may not lead to wholesale improvement. While increased equality of access will be strived for, there may be challenges to achieving this through the Action Plan alone. Stigma around SHBBV can be a significant barrier that prevents people from attempting to access services. The Scottish Government has funded a HIV anti-stigma campaign, being rolled out in October 2023. However, where the onus is on the individual to come forward and access SHBBV services, some barriers caused by stigma, religion, culture and geography may remain. It must also be acknowledged that there are limits to what can be tangibly achieved within three years. For example, improvements to technology, training of staff, and educating individuals on sexual health and healthy sexual relationships may take longer to come to fruition.

Links to other services may pose challenges. For example, it is widely recognised that primary care, which provides some SHBBV services, is under immense pressures, as are pharmacy services. Priorities would be decided locally, and the pressures from other sources may result in less priority given to SHBBV, which can often be viewed as routine care. For example, some Health Boards do not have sufficient skilled workforce in place to provide long acting reversible contraception (LARC) to meet demand, and this directly impacts women's abilities to have a variety of contraceptives available to them.

Financial constraints may also limit the outcomes being achieved, both from within Health Boards and through Government funding. £1.7 Million of Scottish Government funding was allocated for 2023/2024, including £800,000 made available to projects supporting the delivery of the Action Plan. However, the bids received vastly exceeded the amount of funding available, meaning that bids had to be prioritised by their alignment with the Priority Actions, and only those with the highest priority were allocated funding.

The assessment criteria for the bids were as follows:

1. Alignment with at least one of the Strategy foci
2. Engagement with target populations.
3. Contribution to tackling health inequalities.
4. Provide benefit throughout Scotland OR justify reasoning for focussing on specific areas.
5. Capitalise upon existing resources and demonstrate relevant knowledge and experience to implement proposals.
6. Deliver value for money.

## **Stage 1: Framing**

### ***Results of framing exercise***

Third sector and NHS Board representatives were consulted during the planning and writing of the Action Plan. This enabled us to understand the current situation with sexual health services, including the current challenges, and the impact of this on the service users. This in turn helped to determine what key issues should be focused on within the Action Plan in order to provide the most positive impact to the services and service users.

### ***Extent/Level of EQIA required***

The Action Plan provides high-level priorities for delivery. Health Boards will be encouraged to work together and have some flexibility on how they take some of the actions forward, as different approaches will be suitable in different areas. While sexual health, wellbeing and blood borne virus services will impact on those with protected characteristics, officials have worked with various stakeholders to ensure that protected characteristics are considered through this policy. At the heart of the action plan is a desire to have equitable access to sexual health services across the protected characteristics; where everyone, regardless of age, location, sex, gender identity, socio-economic background, sexuality, or race, is able to access the right services for the provision of sexual health and BBV care, in a way which suits their needs. It was agreed by those involved with the development of the strategy that young people are a demographic which would benefit from specific focus, due to there being a limited understanding of the impact that the pandemic has had on their SHBBV knowledge and wellbeing. Thus, there is an impact on age as a protected characteristic. Representatives from young people have been consulted as part of the development of the Action Plan through the SHBBV Strategy Steering and Writing Groups. There is anticipated to be minimal negative impact in regards to the other protected characteristics as a result of this strategy.

## Stage 2: Data and evidence gathering, involvement and consultation

Include here the results of your evidence gathering (including framing exercise), including qualitative and quantitative data and the source of that information, whether national statistics, surveys or consultations with relevant equality groups.

Characteristic 1	Evidence gathered and Strength/ quality of evidence	Data gaps identified and action taken
Age	<ul style="list-style-type: none"> <li>- Information regarding senior age pupils has been collected through the Health and Wellbeing Census.<sup>2</sup> This shows experience and views by age, and gives SIMD-related information.</li> <li>- There are declining rates of teenage abortion, however, abortion rates have been rising since 2012 for women over 30. Abortion rates are highest amongst 20-24 year olds.<sup>3</sup></li> <li>- Research on young people and attitudes towards contraception and condoms was conducted by the University of Glasgow in the CONUNDRUM Project in 2019.<sup>4</sup></li> <li>- In 2022, 77% of gonorrhoea diagnoses in women were in those aged less than 25 years compared to 39% in men. In 2022, since 2013 gonorrhoea cases had risen in men and women under 25 by over 300%.<sup>5</sup></li> <li>- SHBBV strategy steering and writing groups conducted a wide breadth of research around young people and their</li> </ul>	<ul style="list-style-type: none"> <li>- The research has shown that young people are particularly vulnerable to poor sexual health and sexual wellbeing practices. There remains to be a high number of teenagers seeking abortions and contracting STIs, showing that young people need better awareness of and access to sexual health services. In order to improve this, there is a focus on young people throughout the Action Plan, specifically Action 11.</li> <li>- Sexual Health policy officers</li> </ul>

<sup>1</sup> Refer to Definitions of Protected Characteristics document for information on the characteristics

<sup>2</sup> <https://www.gov.scot/publications/health-and-wellbeing-census-scotland-2021-22/pages/relationships-and-sexual-health/> Tables 48 and 51 show an SIMD gradient for young people's use of condoms or methods of pregnancy prevention.

<sup>3</sup> <https://www.publichealthscotland.scot/media/14037/2022-05-31-terminations-2021-report-revised.pdf>

<sup>4</sup> [The Conundrum Project: Executive Summary \(gla.ac.uk\)](https://www.gla.ac.uk/research/projects/condom-research/)

<sup>5</sup> [Gonorrhoea infection in Scotland \(publichealthscotland.scot\)](https://www.publichealthscotland.scot/media/14037/2022-05-31-terminations-2021-report-revised.pdf)

	ability to access sexual health services and sexual wellbeing. <sup>6</sup>	will be working alongside Education colleagues on the revised statutory teaching guidance for relationships, sexual health and parenthood (RSHP) education, to ensure RSHP education is universal and fit for purpose.
Disability	<ul style="list-style-type: none"> <li>- Feedback and information was received from healthcare professionals, experts, third sector, and the Steering Group. No specific concerns were raised by the strategy steering group or stakeholders.<sup>7</sup></li> <li>- Under the Equality Act 2010, HIV is recognised as a disability.<sup>8</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Action 6: The online postal self-sampling service (OPSS) project that is being rolled out will benefit disabled individuals who would experience difficulty travelling to a clinic for testing</li> <li>- This Action Plan strives to increase testing, improve services and reduce stigma for individuals who are HIV positive. Action 15 and 16 are around HIV transmission elimination implementation.</li> </ul>
Sex	<ul style="list-style-type: none"> <li>- Access to contraception is a key topic within the Women's Health Plan (WHP).<sup>9</sup> The WHP acknowledges that access to contraception needs to be improved. It has called for</li> </ul>	<ul style="list-style-type: none"> <li>- Central to this Action Plan is an emphasis on improving access to sexual health</li> </ul>

<sup>6</sup> SHBBV Strategy Steering and Writing Groups

<sup>7</sup> SHBBV Strategy Steering and Writing Groups

<sup>8</sup> [Equality Act 2010 Guidance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/424222/equality-act-2010-guidance.pdf)

<sup>9</sup> [Women's health plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/women-health-plan/pages/1-introduction.aspx)

	<p>promotion of video or telephone appointments, in addition to face-to-face consultation for women, including those in prisons, to provide greater privacy, dignity, choice and flexibility on their contraceptive choice.<sup>10</sup></p> <ul style="list-style-type: none"> <li>- Abortion rates between 2021 and 2022 rose by 19% in Scotland.<sup>11</sup></li> <li>- The rate of abortion where the woman self-reported one or more previous abortion has increased from 3.5 per 1,000 women aged 15 to 44 in 2013 to 6.2 in 2022.<sup>12</sup></li> <li>- Some contraception is specific to women, such as long acting reversible contraception (LARC), contraceptive pill.</li> <li>- Women widely experience sexual violence, coercion and abuse, meaning that an emphasis on sexual wellbeing will be beneficial</li> </ul>	<p>services for both men and women.</p> <ul style="list-style-type: none"> <li>- There is a focus on contraception, with specific types discussed in the Action Plan, such as LARC, post-abortion, and post-partum contraception (Action 7, Action 8 and Action 9).</li> <li>- There is an emphasis on sexual wellbeing to benefit vulnerable groups in the population (Action 12)</li> </ul>
Pregnancy and maternity	<ul style="list-style-type: none"> <li>- There are known challenges in the provision of post-partum contraception referenced in the WHP.<sup>13</sup></li> <li>- At least 1 in 13 women in the UK experience an unintended pregnancy or short interpregnancy interval within the year after childbirth.<sup>14</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Pregnancy and maternity is considered in the Action Plan and links made with WHP. There is a focus on post-partum and post-abortion contraception in the Action Plan through Actions 8 and 9.</li> </ul>
Gender reassignment	<ul style="list-style-type: none"> <li>- In a survey, trans and non-binary people expressed confusion about which sexual health services they should use and felt that there was not enough information and</li> </ul>	<ul style="list-style-type: none"> <li>- The Action Plan focuses on improving access to sexual health services for all, ensuring</li> </ul>

<sup>10</sup> [Contraception, abortion, sexual health and pre-pregnancy: progress against the short-term actions - Women's health plan: progress report - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/women-s-health-plan-progress-report-2022/pages/contraception-abortion-sexual-health-and-pre-pregnancy-progress-against-the-short-term-actions)

<sup>11</sup> <https://publichealthscotland.scot/publications/termination-of-pregnancy-statistics/termination-of-pregnancy-statistics-year-ending-december-2022/>

<sup>12</sup> [Termination of pregnancy statistics - Year ending December 2022 - Termination of pregnancy statistics - Publications - Public Health Scotland](https://publichealthscotland.scot/publications/termination-of-pregnancy-statistics-2022-23/termination-of-pregnancy-statistics-2022-23-publications)

<sup>13</sup> [Women's health plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/women-s-health-plan-progress-report-2022/pages/women-s-health-plan)

<sup>14</sup> [Postpartum contraception: a missed opportunity to prevent unintended pregnancy and short inter-pregnancy intervals — University of Edinburgh Research Explorer](https://www.ed.ac.uk/research-explorer/postpartum-contraception-a-missed-opportunity-to-prevent-unintended-pregnancy-and-short-inter-pregnancy-intervals)

	<p>advice around sexual health for trans and non-binary people.<sup>15</sup></p> <ul style="list-style-type: none"> <li>- It has been acknowledged there could be improvement with data captured regarding SHBBV as a whole (including sex/gender data categorisations for trans and non-binary people).<sup>16</sup></li> </ul>	<p>individuals have clear and accurate sexual health advice—this will have a positive impact on trans people and their access to sexual health services. The actions included within this plan make clear that all healthcare services should be respectful and responsive to individual needs regardless of gender identity</p> <ul style="list-style-type: none"> <li>- The Action Plan’s commitment to improving sexual wellbeing will be particularly beneficial to a number of groups, including transgender people.</li> <li>- Actions 2, 3 and 13 – will be working to improve data collection and monitoring for SHBBV. Considerations are being made for the correct data categorisations for trans and non-binary people.</li> </ul>
Sexual orientation	<ul style="list-style-type: none"> <li>- Women who have sex with women often have felt there is a lack of dedicated sexual health services for them.</li> </ul>	<ul style="list-style-type: none"> <li>- The Action Plan contains plans to eliminate Hep C and HIV</li> </ul>

<sup>15</sup> [Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people \(scot.nhs.uk\)](http://scot.nhs.uk)

<sup>16</sup> Feedback and information from healthcare professionals, experts, third sector.



	<p>Significantly lower number of gay/lesbian women accessed sexual health services.<sup>17</sup></p> <ul style="list-style-type: none"> <li>- Gay and bisexual men have expressed praise for inclusive sexual health services.<sup>18</sup></li> <li>- Gay, bisexual and other men who have sex with men continue to account for the largest proportions of all HIV reports, and first ever diagnoses, recorded annually in Scotland; the majority are thought to have acquired their infection in Scotland.<sup>19</sup></li> <li>- Hepatitis B and C is more prevalent amongst gay, bisexual and other men who have sex with men. This has been associated with drug-related and sexual behaviours.<sup>20</sup></li> </ul>	<p>transmission, both viruses disproportionately affect GBMSM.</p> <ul style="list-style-type: none"> <li>- Action 17 includes a plan to review the epidemiology and data collection of hepatitis B in Scotland and services provided to reduce hepatitis B related illness and deaths during the next three years</li> </ul>
Race	<ul style="list-style-type: none"> <li>- No specific concerns were raised by the strategy steering group or stakeholders.</li> <li>- Hepatitis B affects certain populations disproportionately. Migrants from endemic regions, particularly those from East Asia, Sub-Saharan Africa, and the Indian subcontinent, are at higher risk of both infection and severe outcomes due to Hepatitis B.</li> </ul>	<ul style="list-style-type: none"> <li>- Action 17 seeks to reduce Hepatitis B related illness and deaths in the next three years.</li> <li>- Central to this Action Plan is the provision of sexual health and BBV care to all people in Scotland, regardless of race, culture and religion.</li> </ul>
Religion or belief	<ul style="list-style-type: none"> <li>- No specific concerns were raised by the strategy steering group or stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>- Central to this Action Plan is the provision of sexual health and BBV care to all people in Scotland, regardless of race,</li> </ul>

<sup>17</sup> [Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people \(scot.nhs.uk\)](https://www.scot.nhs.uk/health-needs-assessment-of-lesbian-gay-bisexual-transgender-and-non-binary-people/)

<sup>18</sup> [b01226\\_dd035fffb16d4c6abd64559922f4103a.pdf \(smmash2020.org\)](https://www.smmash2020.org/b01226_dd035fffb16d4c6abd64559922f4103a.pdf)

<sup>19</sup> [HIV in Scotland: update to 31 December 2021 - HIV in Scotland - Publications - Public Health Scotland](https://www.publichealthscotland.scot/publications/hiv-in-scotland-update-to-31-december-2021/)

<sup>20</sup> [Hepatitis C testing among three distinct groups of gay, bisexual and other men who have sex with men: a cross-sectional study in the Celtic nations - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/34888888/)

		culture and religion.
Marriage and civil partnership	<ul style="list-style-type: none"><li>- Not applicable. The Scottish Government does not require assessment against this protected characteristic unless the policy or practice relates to work, for example hr policies and practices</li></ul>	

### Stage 3: Assessing the impacts and identifying opportunities to promote equality

Having considered the data and evidence you have gathered, this section requires you to consider the potential impacts – negative and positive – that your policy might have on each of the protected characteristics. It is important to remember the duty is also a positive one – that we must explore whether the policy offers the opportunity to promote equality and/or foster good relations.

**Do you think that the policy impacts on people because of their age?**

Age	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination, harassment and victimisation			N/A	
Advancing equality of opportunity	Yes			<ul style="list-style-type: none"> <li>- This policy will have positive impacts on young people, ensuring that SHBBV needs and sexual wellbeing is met. OPSS will allow young people to self-test discreetly and easily.</li> <li>- Funding that has been allocated will also have a positive impact through various projects (such as the Choices+ service).</li> <li>- Involving young people in policy making is a deliverable within the Strategy.</li> </ul>
Promoting good relations among and between different age groups	Yes			<ul style="list-style-type: none"> <li>- Sexual wellbeing is a focus of the strategy. This promotes the concept of good relations between those within and between different age groups.</li> </ul>

**Do you think that the policy impacts disabled people?**

<b>Disability</b>	<b>Positive</b>	<b>Negative</b>	<b>None</b>	<b>Reasons for your decision</b>
Eliminating unlawful discrimination, harassment and victimisation	Yes			- One of the aims of this policy is to eliminate stigma around sexual health and blood borne viruses, particularly for those living with HIV.
Advancing equality of opportunity	Yes			- The Strategy commits to looking at ways to improve access to services, including services being provided in different ways to suit an individual's needs and preferences.
Promoting good relations among and between disabled and non-disabled people	Yes			- One of the aims of this policy is to eliminate stigma around sexual health and blood borne viruses, particularly for those living with HIV.

**Do you think that the policy impacts on men and women in different ways?**

<b>Sex</b>	<b>Positive</b>	<b>Negative</b>	<b>None</b>	<b>Reasons for your decision</b>
Eliminating unlawful discrimination			N/A	
Advancing equality of opportunity			N/A	
Promoting good	Yes			- Sexual wellbeing is a focus of the strategy.

relations between men and women				There are also strong links to the Women's health plan
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**Do you think that the policy impacts on women because of pregnancy and maternity?**

<b>Pregnancy and Maternity</b>	<b>Positive</b>	<b>Negative</b>	<b>None</b>	<b>Reasons for your decision</b>
Eliminating unlawful discrimination			N/A	
Advancing equality of opportunity			N/A	
Promoting good relations	Yes			- Post partum contraception, e.g. LARC, is covered in the policy.

**Do you think your policy impacts on people proposing to undergo, undergoing, or who have undergone a process for the purpose of reassigning their sex? (NB: the Equality Act 2010 uses the term 'transsexual people' but 'trans people' is more commonly used)**

<b>Gender reassignment</b>	<b>Positive</b>	<b>Negative</b>	<b>None</b>	<b>Reasons for your decision</b>
Eliminating unlawful discrimination			N/A	
Advancing equality of opportunity			N/A	
Promoting good relations	Yes			Sexual wellbeing is a focus of the strategy.

**Do you think that the policy impacts on people because of their sexual orientation?**

<b>Sexual orientation</b>	<b>Positive</b>	<b>Negative</b>	<b>None</b>	<b>Reasons for your decision</b>
Eliminating unlawful discrimination			N/a	
Advancing equality of opportunity			N/a	
Promoting good relations	Yes			- Sexual wellbeing is a focus of the strategy.

**Do you think the policy impacts on people on the grounds of their race?**

<b>Race</b>	<b>Positive</b>	<b>Negative</b>	<b>None</b>	<b>Reasons for your decision</b>
Eliminating unlawful discrimination			N/A	- Race not addressed within the strategy.
Advancing equality of opportunity			N/A	
Promoting good race relations			N/A	

**Do you think the policy impacts on people because of their religion or belief?**

<b>Religion or belief</b>	<b>Positive</b>	<b>Negative</b>	<b>None</b>	<b>Reasons for your decision</b>
Eliminating unlawful discrimination			N/A	- Religion and belief not addressed within the Strategy.

Advancing equality of opportunity			N/A	
Promoting good relations			N/A	

**Do you think the policy impacts on people because of their marriage or civil partnership?**

<b>Marriage and Civil Partnership<sup>21</sup></b>	<b>Positive</b>	<b>Negative</b>	<b>None</b>	<b>Reasons for your decision</b>
Eliminating unlawful discrimination				- Not applicable to the strategy.

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<sup>21</sup> In respect of this protected characteristic, a body subject to the Public Sector Equality Duty (which includes Scottish Government) only needs to comply with the first need of the duty (to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010) and only in relation to work. This is because the parts of the Act covering services and public functions, premises, education etc. do not apply to that protected characteristic. Equality impact assessment within the Scottish Government does not require assessment against the protected characteristic of Marriage and Civil Partnership unless the policy or practice relates to work, for example HR policies and practices.

## Stage 4: Decision making and monitoring

### ***Identifying and establishing any required mitigating action***

If, following the impact analysis, you think you have identified any unlawful discrimination – direct or indirect - you must consider and set out what action will be undertaken to mitigate the negative impact. You will need to consult your legal team in SGLD at this point if you have not already done so.

Have positive or negative impacts been identified for any of the equality groups?	Yes
Is the policy directly or indirectly discriminatory under the Equality Act 2010 <sup>22</sup> ?	No
If the policy is indirectly discriminatory, how is it justified under the relevant legislation?	
If not justified, what mitigating action will be undertaken?	

### ***Describing how Equality Impact analysis has shaped the policy making process***

No considerable changes were deemed necessary / appropriate as a result of this assessment. However the process helped us to see that we had undertaken adequate consultation and considered the different protected characteristics and the needs of each group. It helped us to confirm the Strategy wasn't being discriminatory in any context.

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<sup>22</sup> See EQIA – Setting the Scene for further information on the legislation.



## ***Monitoring and Review***

We will be cognisant of developments which might result in a requirement to adapt the content.

### **Stage 5 - Authorisation of EQIA**

Please confirm that:

- ◆ This Equality Impact Assessment has informed the development of this policy:

Yes  No

- ◆ Opportunities to promote equality in respect of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation have been considered, i.e.:

- Eliminating unlawful discrimination, harassment, victimisation;
- Removing or minimising any barriers and/or disadvantages;
- Taking steps which assist with promoting equality and meeting people's different needs;
- Encouraging participation (e.g. in public life)
- Fostering good relations, tackling prejudice and promoting understanding.

Yes  No

- ◆ If the Marriage and Civil Partnership protected characteristic applies to this policy, the Equality Impact Assessment has also assessed against the duty to eliminate unlawful discrimination, harassment and victimisation in respect of this protected characteristic:

Yes  No  Not applicable

## **Declaration**

**I am satisfied with the equality impact assessment that has been undertaken for Sexual Health and BBV Action Plan and give my authorisation for the results of this assessment to be published on the Scottish Government's website.**

**Name: Daniel Kleinberg**

**Position: Deputy Director**

**Authorisation date: 20.11.23**