

Island communities Impact Assessment

Sexual Health and BBV Action Plan 2023-2026

1. Develop a clear understanding of your objectives

The objectives of the Sexual health and Blood Borne Virus (SHBBV) Action Plan is to improve sexual health and BBV outcomes for people in Scotland. The priorities include:

- Access to services:
 - Sexually Transmitted infection (STI) and BBV testing
 - Contraception
 - Longer acting reversible contraception
 - Post-partum contraception
 - Post-abortion contraception
 - Progestogen-only pill provision in pharmacy
- Young people
- Sexual wellbeing
- Hepatitis C elimination
- Elimination of HIV transmission

All NHS Boards will input into the development of the Action Plan with representatives from stakeholder groups included in writing and consultation of the plan.

SHBBV services are delivered within NHS Boards. NHS Orkney, NHS Western Isles (Na h-Eileanan Siar) and NHS Shetland are completely island based and NHS Ayrshire and Arran and NHS Highland also have responsibility over some island communities. Representatives from these Boards are included in the development of the Action Plan.

Access to sexual health and BBV services in Island communities can be challenging due to confidentiality. There may be single figure numbers of people who are living with HIV and some service users may wish to access services on the mainland as a result.

Capacity issues in island communities for specialist services are also amplified over challenges in larger areas. The Action plan reflects that Boards should collaborate where possible to improve access. This also applies to rural settings. Religious beliefs may also impact the provision of some sexual health education and services in some communities.

2. Gather your data and identify your stakeholders

This is a new Action Plan however the direction of travel is that of the previous Sexual Health and BBV Frameworks which have been in place since 2011. The stakeholders are the same.

Much of the data is not publicly provided at NHS Board level and where it is, due to small numbers in island boards, these are often redacted or bundled., for example HIV rates are given for 'Western Isles/ Shetland /Orkney' combined and show 30 individuals total diagnosed with HIV, further breakdown (by age etc) is not available due to confidentiality. Other rates (such as STIs) are not published by Board breakdown at all. This shows that there are low numbers but also makes it more difficult to identify changing trends. Additionally some Board data may include distinct island communities within more general data, for example Ayrshire and Arran figures will apply to island communities and also mainland communities where in reality the rates may be varied between these areas, this is similar to areas that have cities and rural areas and local data can help Boards handle these variations. A data strategy is part of this Action Plan and will include how to use Board level data to make local decisions noting the complexity of this for island Boards.

3. Consultation

A full Island Communities Impact Assessment is not considered relevant for this programme of work and therefore consultation for this specific purpose will not be carried out.

4. Assessment

Whilst we should be mindful of Island communities when providing SHBBV services and care, there is many similarities with other remote and rural communities in Scotland. The Action Plan includes awareness of the differences across Scotland including remote, rural and island communities. NHS Boards will continue to work to meet the needs of their communities including the diversity and needs of their local population through the actions of this plan and Scottish Government will continue to ensure we work with NHS Boards to ensure equity of access to island communities.

5. Making adjustments to your work

The need to ensure the needs of those in island communities (as well as others in remote and rural locations) are met by SHBBV services will mean that there is local variation in the development and delivery of services. Working closely with those in NHS Boards is vital for understanding the needs, challenges and opportunities of the specific communities involved. We will also ensure that geographic spread is considered when assessing funding such as for projects associated with the plan.

6. Publishing your ICIA

This assessment will be signed-off by the Deputy Director for Population Health Resilience and Protection Division as they have oversight of SHBBV policy area

The impact assessments will be published alongside the Action Plan.

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Date completed: 02/11/23

ICIA approved by: Daniel Kleinberg

Position: Deputy Director for Population Health resilience and Protection Division.

Signature: D. Kleinberg

Date approved: 03/11/23