Introduction
Waverley Care welcomes the opportunity to provide evidence to the Health and Sport Committee’s inquiry into the Preventative Agenda, and its focus on sexual health and blood borne viruses (BBVs) through a one off evidence session.

Waverley Care is Scotland’s HIV and Hepatitis C charity. Across Scotland, we are reducing new HIV and Hepatitis C infections, encouraging people to get tested and providing much needed support to people living with, or affected by these conditions. Through our work, we are also challenging HIV and Hepatitis C related stigma, tackling health inequalities and promoting good sexual health.

Waverley Care’s work focuses on delivering the following key outcomes:

- Reducing new infections
- Challenging stigma and discrimination
- Getting people diagnosed
- Providing support

We have focused our response on the first two questions which are most pertinent to our work.

1. To what extent do you believe the Scottish Government’s Sexual Health and Blood Borne Virus Updated Framework and the approach by Integration Authorities and NHS Boards is preventative?

The framework underpins and supports a substantial amount of work delivered by NHS and third sector bodies. As an organisation, we appreciate the direction the framework lends to our work, and to the wider sector in Scotland. We pay tribute to the sector’s workforce, who demonstrate excellent dedication, often in a context of resource constraints.

There are a number of areas of preventative work which we would like to highlight:

Significant efforts have been made by NHS boards to increase access to HIV and hepatitis C testing, for example, through investment in outreach testing and local clinics, and through specific services for at risk population groups such as NHS Lothian’s ROAM team and NHS Greater Glasgow and Clyde’s (NHS GGC) Steve Retson Project (which both target gay and bisexual men).

NHS boards have also invested in third sector services targeting particular at risk groups such as gay and bisexual men, people at risk of hepatitis C and Scotland’s African community. These services have empowered communities to be more informed and to take ownership of prevention efforts.

Waverley Care welcomes NHS and Scottish Government funding which enables the organisation to provide a range of targeted prevention and testing services, such as our
African Health Project; hepatitis C education, testing and support in Glasgow; SX, our Lothian-based sexual health and wellbeing service for gay and bisexual men; and prevention and testing services for gay and bisexual men in remote and rural locations in Highland.

We also welcome the introduction of PrEP in Scotland to individuals at high risk of HIV infection. PrEP has the potential to significantly reduce new HIV infections in Scotland, but it is essential that funding and policy are aligned to ensure that those individuals and communities most at risk can access it.

2. Is the approach adequate or is more action needed?

There are a number of areas where we believe more action is needed to achieve the ambitions set out in the framework:

2.1. Greater focus on health inequalities
Poor sexual health and BBVs continue to have a disproportionate impact on particular, vulnerable populations in our society – primarily men who have sex with men (MSM), African populations, people who inject drugs and those who live in our most deprived communities. Health inequalities drive new infections and also impact on the lives of people living with BBVs.

Gay and bisexual men have accounted for nearly half of all new HIV infections in the past five years. The needs assessment published in 2014 and commissioned by NHS GGC and NHS Lothian identified some key concerns for MSM living with HIV. These include the multiple vulnerabilities that affect many MSM, including problematic alcohol use, low self-esteem, mental health problems and experience of violence and childhood sexual abuse, and the impact of the additional burden of rejection, prejudice and discrimination.

Furthermore, the recently published SMASHH 2 study, which focuses on the sexual health needs of gay and bisexual men using social media and sexual apps, highlights that many sexually active MSM are not testing regularly, and that men with poor mental health or financial worries are more likely to take greater risks over their sexual health.

People who inject drugs are at much higher risk of hepatitis C with over 90% of new infections in Scotland linked to injecting drug use. Individuals who inject drugs are among the most marginalised and hard to reach communities in Scotland. For many, their hepatitis C status is often not their primary concern and drug use itself presents a range of health and social problems. Many people find it difficult to engage with services, have a mistrust of professional agencies and face a number of financial, emotional and social problems linked to their previous or existing drug misuse.

Up to 2015, new HIV infections amongst injecting drug users in Scotland had been relatively low, however NHS GGC has seen a significant increase in infections within this cohort in the years since, highlighting the need to guard against complacency about drug use as a route of HIV infection.

Some of the key issues affecting people who inject drugs include poverty and deprivation, unemployment, poor mental health, social isolation and homelessness.
Africans are disproportionately affected by HIV in the UK; in Scotland 1 in every 903 people is living with HIV compared to 1 in every 21 among the African population. Recent research (SHELS study 2017) highlighted the increased risk of HIV diagnosis amongst Scotland’s African community. African men have a 10-fold higher risk of diagnosis and African women an 80-fold higher risk than the general population. Among people who are living with HIV, African men are twice as likely to have been diagnosed late. This underlines the urgency and importance of HIV prevention and testing interventions targeted towards Scotland’s African community.

Some of the key issues for Africans in Scotland include: living in a double culture and family relationships that go alongside this; partner and family separation; the ongoing issues of immigration, employment, finances, health, accessing services and language.

All of the above underlines the need for sexual health and BBV policy to have stronger and more consistent connections with other policy areas, such as mental health, drugs and alcohol, homelessness, criminal justice and welfare. Alongside this, the funding landscape needs to support service responses that are person-centred and address the broad needs and multiple discriminations - such as homophobia, racism, class and gender - that individuals affected by poor sexual health and BBVs experience.

2.2. Involving communities

Waverley Care believes the framework needs to resource and support more consistent efforts across Scotland to involve individuals within at risk populations to feel more in control of their health and wellbeing, more engaged in services and better placed to contribute towards shaping policy, service development and delivery.

This should be based on a process of meaningful engagement based on understanding the social realities of the lives of people living with or most at risk of HIV and hepatitis C. Sexual health and BBV services and policy must be relevant to and informed by the needs of specific communities affected by HIV and hepatitis C.

The stigma associated with sexual health and BBVs that has the most damaging impact on individuals within at risk populations is the stigma that exists within at risk populations. For example, we know from the experience of our African Health Project that fear of stigma from other members of the African community is a far greater disincentive to discussion about HIV and sexual health than examples of stigma in the general public. By more meaningfully involving communities, we can support them to address the stigma that prevents testing and impacts on health and wellbeing.

Scotland’s National Standards for Community Engagement (SCDC, 2017) describe the outcomes of good community engagement as including:

- Service planning and delivery being influenced by and responding to community need
- People who may find it difficult to get involved can help to influence decisions that affect their lives
• Approaches that take account of community strengths and assets
• Approaches that build trust between communities, service providers and public sector bodies

We believe that these are useful indicators of the effectiveness of engagement activity

2.3. Increased innovation in BBV and STI testing
We have real opportunities to end new HIV infections and to significantly reduce the levels of undiagnosed hepatitis C but we need to ensure everyone at risk has access to testing opportunities.

This is an area where we have seen improvements but in order to achieve aspirations such as the UNAIDS 90:90:90 targets or hepatitis C elimination, the third sector must be utilised much more consistently across Scotland to support NHS services in encouraging access to testing, particularly to key at risk groups and in remote and rural and deprived areas. There needs to be a more joined up approach between the third sector and the NHS to better reach the most marginalised and to increase the power of the prevention and testing message.

2.4. Long Acting Reversible Contraception (LARC)
Through Waverley Care’s work with young people across the Highlands, we have witnessed huge progress in LARC provision. However, we have concerns about the impact of recent changes to GP contracts on provision, particularly in remote and rural areas. More and more GPs will be stopping LARC provision but there are no additional resources being provided to sexual health services to take up the burden. This will have a huge impact on people living long distances from sexual health services and will increase inequality, particularly for more vulnerable individuals and young people. This could undermine the progress achieved so far.

2.5. Young people, reproductive and sexual health education
We welcome the commissioning of a new national resource to replace the current SHARE programme of education in schools. We believe that this will complement the sexual health education work we currently deliver through Wave Highland, however the new programme will not solve everything on its own. We have seen varying delivery and quality of sexual health education. The new national resource needs to be fully embraced by all involved and there needs to be investment by Education Leads in all local authorities in terms of training and evaluation if it is to be successful.

Because SHARE delivery has been inconsistent across Scotland, many young people are leaving school with poor levels of sexual health knowledge. This is at a time when there are less specialist sexual health resources for young people aged 20-24. This is particularly impacting on remote and rural areas. In light of the recent Public Health England information about poor condom use among under 25s, we need to increase investment in this age group.

Contact details
Please contact Grant Sugden with any queries:
Tel: 0131 556 9710 | Mob: 07877 785370 | email – grant.sugden@waverleycare.org