

## EQUALITY IMPACT ASSESSMENT

This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission

If you require advice on the completion of this EQIA, contact [elaine.savory@aapct.scot.nhs.uk](mailto:elaine.savory@aapct.scot.nhs.uk)

'Policy' is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other

<b>Name of Policy</b>	Ayrshire & Arran Improving the Cancer Journey Service <span style="float: right;">(Post-diagnostic non-clinical cancer care)</span>		
<b>Names and role of Review Team:</b>	Gabrielle Coyle, Macmillan Programme Lead (ICJ), NHS Ayrshire & Arran  Ben Mudge, Engagement Officer, Macmillan Cancer Support  Jim Murdoch, Senior Manager Wellbeing, Planning and Performance, East HSCP (Chair - ICJ Programme Board)	<b>Date(s) of assessment:</b>	17 March 2023 Reviewed 17 May 2024 Reviewed 7 March 2025 Reviewed 20 March 2026
<b>SECTION ONE                      AIMS OF THE POLICY</b>			
<b>1.1. Is this a new or existing Policy: New service in development/scoping phase</b>			
Please state which:      Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input type="checkbox"/> Service Change <input type="checkbox"/> Guidance <input type="checkbox"/> Other <input checked="" type="checkbox"/>			
<b>1.2 What is the scope of this EQIA?</b>			
NHS A&A wide <input type="checkbox"/> Service specific <input checked="" type="checkbox"/> Discipline specific <input type="checkbox"/> Other (please detail) _____			

### **1.3a. What is the aim?**

The Improving Cancer Journey Service is delivered by NHS Ayrshire and Arran and the three health and social care partnerships in collaboration with Macmillan Cancer Support.

The service aims to provide everyone eligible – with vital assistance in finding support for any non-clinical concerns they may have.

Holistic Needs Assessment (HNA) will be offered to individuals, to help identify and address all physical, psychological, social, financial, and practical needs. Providing this support is central for wellbeing and quality of life.

### **1.3b. What are the objectives?**

The Improving the Cancer Journey (ICJ) service offers support to anyone, aged sixteen and over, living in Ayrshire and Arran that has been affected by cancer.

This includes:

- people living with cancer
- those affected by cancer (partners, carers, family members)

The ICJ in Ayrshire & Arran sets out to:

- Offer people affected by a cancer diagnosis to complete an HNA and develop an individual care and support plan.
- Provide dedicated support of a named Project Support Facilitator (Facilitator).
- Facilitate the delivery of effective and integrated health & social care support solutions, based on needs, to enable people affected by cancer, to live as well and as independently as possible.
- Facilitate the delivery of effective support offered by our third sector organisations.
- Demonstrate through patient pathways and detailed outcomes the case for longer term sustainability of the service.

### **1.3c. What are the intended outcomes?**

- A sustainable model is in place allowing people affected by cancer to engage with appropriate services which have the potential to make a tangible difference in their day-to-day lives.
- Feedback from people is used to help shape our services.
- Ayrshire & Arran is better aligned to support sustainable, integrated, healthcare provision and social care.
- People affected by cancer become confident in self-management and more able to make informed choices.
- Sustainability and project handover is implemented within a succession plan.

### **1.4. Who are the stakeholders?**

This service is targeted to those affected by a cancer diagnosis within Ayrshire & Arran and will be of interest to key stakeholders including:

- NHS Ayrshire & Arran Acute and Primary Care Services
- East Ayrshire Health & Social Care Partnership
- North Ayrshire Health & Social Care Partnership
- South Ayrshire Health & Social Care Partnership
- Service users, their families, and their carers
- Other people within local communities affected by cancer and staff groups supporting people affected by cancer
- Macmillan Cancer Support
- Third sector organisations with a focus on supporting those with a diagnosis of cancer within Ayrshire & Arran
- Other groups and organisations across Ayrshire & Arran (e.g. East, North and South Ayrshire Councils, Community Planning Partners)
- Other hospitals/centres providing cancer treatment to Ayrshire & Arran patients – including the Beatson West of Scotland Cancer Centre

### **1.5. How have the stakeholders been involved in the development of this policy?**

- NHS Ayrshire & Arran, our three HSCPs and Macmillan Cancer Support are represented on our ICJ (A&A) Programme Board.
- Engagement with service users, their families and carers has provided an opportunity to inform local ICJ delivery.

- Third sector organisations are being kept updated with progress via the Ayrshire Cancer Network.
- Macmillan Cancer Support are able to share the experience of delivering ICJ across every local authority area in Scotland (with Grampian ICJ, set to go live in the summer 2026).
- ICJ Locality meetings, 121s and the ICJ Community of Practice Network, provides ICJ Facilitators with an opportunity to provide feedback and inform local delivery and service improvement.
- Use of Care Opinion and Case Studies to capture patient / carer experience.
- Discussions and ICJ updates at various stakeholder meetings including – Lead Cancer Team (NHS Ayrshire & Arran), Waiting Well and Prehabilitation Steering Group (NHS Ayrshire & Arran), GP CPD and HSCP meetings (including Integration Joint Boards, Strategic Planning Advisory Groups and Locality Planning Groups).

### **1.6 Examination of Available Data and Consultation**

Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc.

- Data made available to the ICJ by Public Health Scotland
- Evaluation reports of other ICJs across Scotland
- Engagement with, and feedback from service users, their families and carers and other groups
- Engagement with, and feedback from staff and partners involved in ICJ – including ICJ Facilitators
- Scottish Cancer Patient Experience Survey 2024
- Living with and beyond cancer in 2045 Report - Informed by Macmillan Cancer Support and Scottish Widows
- Scottish Cancer Coalition, 2026 Manifesto
- National Cancer Strategy for Scotland 2023 - 2033
- Service user feedback / case studies
- Macmillan Holistic Needs Assessment data

### **Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues**

- Arran Cancer Support Trust (ArCaS)
- Ayrshire Cancer Network
- Ayrshire Hospice

- Ayrshire Society for the Deaf
- ICJ Macmillan Community of Practice
- Learning Disabilities Service, NHS Ayrshire & Arran
- Local Carers Support Services across Ayrshire & Arran
- Macmillan Nurse Consultant, NHS Ayrshire & Arran
- Clinical Nurse Specialist (CNS colleagues)
- NHS Ayrshire & Arran Lead Cancer Team
- Public Health Scotland
- ICJ (A&A) Programme Board
- ICJ (A&A) Operational Steering Group
- Prehabilitation and Waiting Well Steering Groups, NHS Ayrshire & Arran

### **What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?**

An initial engagement exercise was completed with support from the Macmillan Engagement Lead in February 2023. An interim progress report has been developed and sets out:

#### **Key themes**

- There is a large need and desire for the ICJ service across Ayrshire and Arran.
- Service needs to be person centred in delivery.
- Service should be for carers and family members as well as people living with cancer.

#### **Key considerations for operational delivery**

- Provision of a face-to-face offer was overwhelmingly requested.
- Online delivery of ICJ would be acceptable for some people and should be offered; there was not a desire for the service to be offered solely by telephone.
- People should be offered ICJ around the point of cancer diagnosis, however recognised that isn't for everyone; there should be multiple opportunities to access the service.
- People wanted to be referred to ICJ by a CNS within acute services.
- A range of advertising and social media should be used including posters and leaflets in local areas and via word of mouth.
- Macmillan ICJ Facilitators should be empathetic and good listeners with local knowledge.

- People wanted services where they could meet people in a similar situation to them such as a support group.

#### **Other considerations**

- Transport was often identified as a barrier to accessing the service and there could be potential to work with local organisations to provide transport such as Ayrshire Cancer Support or North Ayrshire Cancer Care. Alternatively, the service should be provided in local, well utilised community spaces.
- Service should be where people are already accessing other services within ‘trusted’ spaces. This was especially highlighted as appropriate by deaf people and people living with homelessness who requested that the ICJ be accessible within a space that is already known and trusted by them such as the Care & Share Group at Riverside Church in South Ayrshire.
- The Ayrshire Society for the Deaf highlighted that hearing services are not appropriate for them and requested a service designed specifically for their needs.

The findings from early engagement helped to inform phased rollout / early local delivery of ICJ within Ayrshire & Arran.

Engagement has also taken place with HMP Kilmarnock – this work was led by the Macmillan Engagement Lead and a Charge Nurse at HMP Kilmarnock.

There are still some groups where further engagement will need to be undertaken, in particular re-settled communities, those with a mental health issue and/or addiction.

#### **What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?**

The Hidden at Home report by Macmillan Cancer Support in 2015 reported that focusing on the medical model of health as not sufficient and that there were other non-clinical issues that impacted on the health and wellbeing of those affected by cancer diagnosis. They went on to report the following as being important:

- The carer’s role and support
- Dealing with the late effects of cancer
- Information and communication
- The emotional legacy of cancer
- Health and wellbeing

- Loneliness and isolation
- Unmet social care needs
- Return to normality
- Returning to work
- Poverty
- Navigation of the health and care system
- Dignified death

The evaluation of the ICJ service in Glasgow in 2015 and then again in 2019 demonstrated that the ICJ:

- Improved the lives of people affected by cancer as consequence of being involved in the service
- People affected by cancer felt supported throughout their cancer journey
- Reduced the concerns of those affected by cancer
- Reduced their feelings of isolation
- Referred to community supports appropriately
- Increased self-management
- Reached the people who needed it the most (in SIMD areas 1 and 2)
- Improved system efficiency and effectiveness by supporting those affected by cancer to receive the right care, in the right place, at the right time
- Released clinical time spent on non-clinical issues
- Provided support based on need by utilising the Macmillan Holistic Needs Assessment
- Developed a skilled workforce
- Brought about transformational change by listening to the patient voice
- Developed strategic buy-in to join up support across organisational boundaries
- Is an exemplar of integrated care that demonstrated progress in shifting the balance of care and whole system working in terms of aligning to the National Health & Wellbeing Outcomes

An evaluation of the ICJ service - to assess the effectiveness and impact of the ICJ service between 2019 and 2023 – was undertaken by Edinburgh Napier University in 2024. The report evidenced that ICJ:

- Provides positive outcomes for both individuals and the broader healthcare system
- Has excellent engagement with clinical colleagues across Scotland, with these being the biggest referrers to the ICJ services
- Has benefited from significant commitment and leadership support of the Scottish Government to the roll out and implementation of the ICJ services across Scotland, with the aim to be available to all affected by cancer
- Is consistently supporting those with the greatest need. Inequalities are being effectively addressed as evidenced by the higher proportional take up of the services from SIMD1 nationally.
- Holistic Needs Assessment (HNA) process continues to be well received and applied. It supports the ICJ Facilitators to have caring conversations that also act to assess non-medical needs.

#### **1.7. What resource implications are linked to this policy?**

- £1.1 million funding from Macmillan Cancer Support and the Scottish Government to fund ICJ staff, and service set-up and delivery for at least 3 years.
- Macmillan Holistic Needs Assessment tool provided to all ICJs to ensure person-centred conversation is supported.
- Training of ICJ staff to deliver conversations and to adequately support service users from Macmillan, NHS Ayrshire & Arran, our HSCPs.
- Management of ICJ staff within our HSCPs/other local organisations.
- ICJ clinic space within localities to provide face-to-face appointments.

<b>SECTION TWO</b>	<b>IMPACT ASSESSMENT</b>
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Complete the following table, giving reasons or comments where:

The Programme could have a positive impact by contributing to the general duty by –

- Eliminating unlawful discrimination
- Promoting equal opportunities
- Promoting relations within the equality group

The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative.

**If negative impacts are identified, the action plan template in Appendix C must be completed.**

Equality Target Groups – please note, this could also refer to staff

	Positive impact	Adverse impact	Neutral impact	Reason or comment for impact rating

<p><b>2.1. Age</b></p> <ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Adults</li> <li>• Older People</li> </ul>	x			<p>Anyone, aged 16 and over, living in Ayrshire and Arran affected by a cancer diagnosis (including family members and carers) will benefit from having their concerns listened to by an ICJ Facilitator. They will also benefit from being directed to appropriate sources of support locally i.e. Welfare Benefit, Counselling Services etc.</p> <p>If a child is affected by the diagnosis of an adult, and this is raised as a concern by the adult then they will be directed to local sources of support such as the Children and Young people services delivered by Ayrshire Cancer Support and The Ayrshire Hospice.</p> <p>It is out with the scope of the ICJ to consider those affected by the cancer diagnosis of a child - as this is provided elsewhere such as Ayrshire Cancer Support or Teenage Cancer Trust; ICJ would signpost to these organisations.</p>
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<p><b>2.2. Disability</b> (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)</p>	<p>x</p>			<p>The ICJ service will be delivered as close to home as possible, and in certain circumstances could be delivered in the person's home, including those with a physical disability. Generally the ICJ will utilise community buildings which provide disabled access as required.</p> <p>The ICJ has linked with our Learning Disability Team who have provided information on suitable resources for those with learning disability such as Macmillan easy read information leaflets. There is also a contact with the team that ICJ Facilitators can contact for support as required. Our LD Team can also provide awareness raising session to the ICJ Facilitators to ensure their competency in supporting people with a learning disability.</p> <p>The ICJ has engaged with our Deaf community in Ayrshire who highlighted the issues associated with sourcing an interpreter. This is a wider issue within NHS A&amp;A. Macmillan have a range of resources available in different formats including BSL videos. Alongside this, Macmillan Deaf Cancer Support Project which provides virtual emotional and practical support to deaf people living with cancer across the UK, including deaf people who are supporting a hearing person living with cancer.</p> <p>The ICJ has engaged with a local Sensory Impairment Support Group has asked that the service be available to contact via different methods such as telephone, email, text and in person. Information should be available in large font sizes.</p> <p>The service will address the concerns for those with mental ill-health by the development of a referral pathway from the provision of information and support to maintain positive wellbeing, referral to Ayrshire Cancer Support for counselling services.</p>
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<b>2.3. Gender Reassignment</b>	x			The ICJ is a person-centred, individualised service which listens and responds to the needs of all people affected by cancer. Information on specialist support will be provided as appropriate for the person.
<b>2.4 Marriage and Civil partnership</b>	x			The ICJ will support spouses and partners who are affected by a cancer diagnosis along with other family members and carers.
<b>2.5 Pregnancy and Maternity</b>	x			The ICJ is a person-centred, individualised service which listens and responds to the needs of all people affected by cancer. Information on specialist support will be provided as appropriate for the person. This may include organising appointments around the pregnancy and maternity needs of the person, home visits as appropriate etc.
<b>2.6 Race/Ethnicity</b>	x			The ICJ is a person-centred, individualised service which listens and responds to the needs of all people affected by cancer. Information on support available will be provided as appropriate for the person including their race/ethnicity.
<b>2.7 Religion/Faith</b>	x			The ICJ service can signpost service users to sources of spiritual support within their communities.
<b>2.8 Sex (male/female)</b>	x			The ICJ is a person-centred, individualised service which listens and responds to the needs of all people affected by cancer. Information on support available will be provided as appropriate for the person.
<b>2.9 Sexual Orientation</b> <ul style="list-style-type: none"> <li>• Lesbians</li> <li>• Gay men</li> <li>• Bisexuals</li> </ul>	x			The ICJ is a person-centred, individualised service which listens and responds to the needs of all people affected by cancer. Information on support available will be provided as appropriate for the person including to LGBT+ services and organisations.

<b>2.10 Carers</b>	x			The ICJ has engaged with carers from North Ayrshire Carer's Centre and will respond by ensuring carers are made aware of the service and how to access it in their local communities, ensuring referral to Carer's Centres for support whenever appropriate.
<b>2.10 Homeless</b>	x			The ICJ has engaged with those who are homeless within East and South Ayrshire. The service will respond to their needs by, where appropriate, meeting the person within a setting that is trusted by them such as homeless support groups. The ICJ can also link with homeless nurses in each locality area, and with housing officers to provide community support as appropriate.
<b>2.12 Involved in criminal justice system</b>	x			<p>The ICJ is a person-centred, individualised service which listens and responds to the needs of all people affected by cancer. Information on specialist support will be provided as appropriate for the person.</p> <p>As part of future service development – an ICJ service will also be delivered within HMP Kilmarnock – which will be accessible to prisoners, those leaving prison and their families and carers within our local communities. Signposting to other ICJs will be made to those living out with Ayrshire &amp; Arran.</p>
<b>2.13 Literacy</b>	x			ICJ Facilitators can provide individualised support for those with literacy issues. ICJ Facilitators will attend training to ensure their knowledge of supporting people with literacy issues, including where English is not a first language. Macmillan easy read information leaflets are also available.
<b>2.14 Rural Areas</b>	x			The ICJ will utilise local community spaces / clinics across Ayrshire & Arran for delivery as well as virtual or home visits as appropriate for the person.

<p><b>2.15 Staff</b></p> <ul style="list-style-type: none"> <li>• Working conditions</li> <li>• Knowledge, skills and learning required</li> <li>• Location</li> <li>• Any other relevant factors</li> </ul>	x			<p>Staff employed to deliver the ICJ will undergo a continuous training programme to skill them in having good conversations, the support available to them to signpost/refer service users, and to provide low-level mental health support. This will also include training around equality and diversity as well as any specialist training identified as the service develops to ensure staff remain aware of their attitudes and behaviour and develop knowledge in key areas.</p> <p>Staff will also be made aware of the potential impact on their own wellbeing with being involved in this work, which can be emotional at times. Staff will be made aware of the support that is available to them, including peer support at team meetings, and at supervision sessions with their line manager as well as the wellbeing support available across the organisation and via the Macmillan Professional network.</p>
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**2.16. What is the socio-economic impact of this policy / service change? (The [Fairer Scotland Duty](#) places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)**

	Positive	Adverse	Neutral	Rationale/Evidence
<b>Low income / poverty</b>	x			The ICJ can signpost/refer to sources of financial and other support as appropriate - with referral pathways to these services in place to enable service users to maximise income, gain access to benefits and financial support quickly from specialist agencies.
<b>Living in deprived areas</b>	x			As the incidence and prevalence of cancer is higher within our SIMD areas 1 and 2, service - uptake within these areas in particular will be routinely monitored and steps taken to ensure appropriate access to the ICJ service and community supports. These areas may be actively targeted to ensure take-up of the service.

<b>Living in deprived communities of interest</b>	x			The service can address health inequalities experienced by those affected by cancer in our areas of highest deprivation by responding to the needs of the individual, supporting access to community services and to sources of financial support.
<b>Employment (paid or unpaid)</b>	x			The ICJ can support employment by signposting/referring to Employability Services locally - with referral pathways to these services in place to ensure service users are aware of their employment rights, are supported to maintain their employment where possible, and to support employers around cancer in their workplace.

<b>SECTION THREE CROSSCUTTING ISSUES</b>				
<b>What impact will the proposal have on lifestyles? For example, will the changes affect:</b>				
	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
<b>3.1 Diet and nutrition?</b>	x			The ICJ can provide universal information on diet and nutrition and can signpost to other information / services i.e. from Macmillan.
<b>3.2 Exercise and physical activity?</b>	x			The ICJ can provide universal information on exercise and physical activity and can refer to other services which provide this support i.e. HARP (Health and Active Rehabilitation Programme) and Macmillan Move More to offer tailored, personalised support.
<b>3.3 Substance use: tobacco, alcohol or drugs?</b>	x			The ICJ can provide universal information on tobacco, alcohol and drug use and can signpost and refer to other services which provide further specialist support such as Ayrshire Council on Alcohol, NHS Addiction Services or Quit Your Way.

<b>3.4 Risk taking behaviour?</b>	x			The ICJ can provide universal information on the effects of risk-taking behaviour, particularly in relation to the person's cancer diagnosis and work with the individual to support and refer onto appropriate agencies to deliver more specialised support.
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**SECTION FOUR CROSSCUTTING ISSUES**

**Will the proposal have an impact on the physical environment? For example, will there be impacts on:**

	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
<b>4.1 Living conditions?</b>	x			The ICJ can signpost and refer to other services which provide this support i.e. local authority-based housing services for Occupational Therapy assessment, house adaptations or rehousing. The ICJ can also signpost to service which aim to provide support on energy costs etc.
<b>4.2 Working conditions?</b>	x			The ICJ can support people to have conversations with their employer and provide signposting/referral to community sources of support.
<b>4.3 Pollution or climate change?</b>			x	The ICJ may have an impact by supporting individuals to access services local to them.

**Will the proposal affect access to and experience of services? For example:**

	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
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<b>Health care</b>	x			The ICJ can signpost and refer to other health care services to provide support as identified as required by the individual. The ICJ will be working in close partnership with health care agencies in both acute and community to develop integrated pathways of care for everyone.
<b>Social Services</b>	x			The ICJ can signpost and refer to social care services to provide support as identified as required by the individual. The ICJ will be working in close partnership with social services to develop integrated pathways of care for everyone
<b>Education</b>	x			The ICJ can signpost and refer to education providers to provide support as identified as required by the individual.
<b>Transport</b>	x			The ICJ can signpost and refer transport services, including those provided by our third sector organisations to support individuals to attend hospital appointments, to provide support as identified as required by the individual.
<b>Housing</b>	x			The ICJ can signpost and refer to local authority-based housing teams as identified as required by the individual.

<b>SECTION FIVE</b>	<b>MONITORING</b>
<b>How will the outcomes be monitored?</b>	
An outcomes and evaluation framework has been developed locally - which includes the minimum dataset required for the national evaluation of ICJ being designed and undertaken by Edinburgh Napier University.	
<b>What monitoring arrangements are in place?</b>	

Monitoring information will be available from the Macmillan electronic holistic needs assessment. In addition, Care Opinion and case studies will be in place to gather user feedback - as well as feedback from our partners in health, social care and third sector organisations to monitor service and incorporate improvements.

**Who will monitor?**

ICJ Programme Lead will work alongside the ICJ Operational Managers of the service within our HSCPs. Regular reporting to the ICJ (A&A) Programme Board - alongside regular meetings with ICJ Operational Line Managers and Macmillan Cancer Support will ensure continuous improvement is part of the ongoing development of the service.

**What criteria will you use to measure progress towards the outcomes?**


Our monitoring and evaluation framework looks to consider the reach of the service to ensure it is being accessed by those who need it, and uses criteria such as number of referrals received by the service; number and severity of concerns identified; age, gender, SIMD area, cancer type and stage, and date of diagnosis for each service user as appropriate.

Service users will also be asked to report on outcomes such as satisfaction with the service, raised awareness of support services available, and feeling supported during their cancer journey. We will also collect information on reason why the service is not accessed.

**PUBLICATION**

Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly and signed off by an appropriate member of the organisation.

Once completed, send this completed EQIA to the **Equality & Diversity Adviser**

<b>Authorised by</b>	Jim Murdoch	<b>Title</b>	Senior Manager: Wellbeing, Planning and Performance, East Ayrshire Health and Social Care Partnership
<b>Signature</b>		<b>Date</b>	7.4.2026

## Identified Negative Impact Assessment Action Plan

**Name of EQIA:**

Ayrshire & Arran Improving the Cancer Journey Service

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments
20/03/2026	Further engagement with groups	Undertake further engagement, in particular re-settled communities, those with a mental health issue and/or addiction.	ICJ Programme Lead	Q4 2026		Action is referenced within ICJ Delivery Plan. GC will discuss with Programme Board
20/03/2026	No pathway in place for HMP Kilmarnock	Complete work to develop ICJ pathway HMP Kilmarnock and provide training for ICJ Facilitators – to deliver support for this pathway	ICJ Programme Lead	Q4 2026	Training for ICJ Facilitators	Action is referenced within ICJ Delivery Plan. GC will discuss with Programme Board
20/03/2026	ICJ clinic space at Crosshouse Hospital	Explore possibility of future ICJ clinic space at Crosshouse.	ICJ Programme Lead and ICJ Operational Managers	Q4 2026	Clinic space	

Further Notes:

The actions above to be considered by the A&A ICJ Programme Board, as part of Phase 2 of the ICJ Programme.

Signed:



Date:

7.4.2026