Leeds irish health & homes

CORPORATE PLAN 2001-2003

Leeds **NHS**
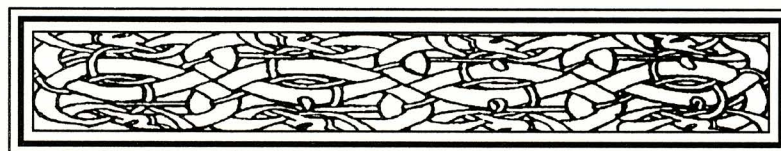
leeds irish health & homes

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PROVIDING CULTURALLY SENSITIVE HOUSING AND SUPPORT SERVICES FOR MEMBERS OF THE IRISH COMMUNITY IN LEEDS

INTRODUCTION

Early in the year 2000 Leeds Irish Health and Homes decided to commission the preparation of a corporate plan with the help of an independent consultant.

The impetus for this decision came from the view that after four years in existence the time was right to undertake a major review of organisational objectives, direction and capacity.

The aim of the Corporate Plan is to look critically at what the organisation was set up to do, how far it is achieving its aims, in what directions it should develop over the next few years and how it needs to develop organisationally to equip it for the challenges of further growth.

To use the Director's phrase, its first four years have seen Leeds Irish Health and Homes develop from being a project into becoming an organisation. This is a significant distinction, reflecting the fact that certain key changes have taken place.

First, there has been an obvious change in the scale of the organisation's operations, now having larger office premises, over 40 units in management, an expanding staff team structure, reflecting increasingly diverse roles and skills, and a higher profile with statutory services, strategic bodies and other voluntary organisations.

Second, where the word 'project' can sometimes convey a tentative, finite and even perhaps an experimental ethos, this - if it was ever there - has been superseded by a track record, a growing body of experience, a deeper understanding of the position of Irish people living in the Leeds community, and a growing demand for the organisation to develop its capacity and services.

The external environment has also moved on, placing new demands on the organisation and inviting it to extend itself, offering its unique skills and services to assist the aims of the Best Value programme in Leeds.

Finally, the growth of the 'centre', or the organisation's establishment, has created the need to strengthen the organisation's own structure and resources and to develop bespoke policies, procedures, systems and management information.

CONTENTS

AIMS AND OBJECTIVES

The following aims and objectives were set out in Leeds Irish Health and Homes' 1999-2000 Annual Report.

- *We will provide accommodation and associated support services to single Irish people who are homeless, insecurely housed, experience or are vulnerable to mental or physical ill-health*

- *We will raise awareness within the public and voluntary sector to the specific needs of Irish people in terms of their housing and health needs*

- *We will bring to the attention of the wider public, the needs of vulnerable Irish people*

- *We aim to establish a network of Irish people who are interested in the need for culturally sensitive support and mental health issues surrounding Irish homelessness*

- *We have a commitment to lobbying for an Irish category in all ethnic monitoring. We will act as an information exchange, providing a network for the various agencies concerned with Irish mental health issues*

- *To work in counteracting direct and indirect discrimination in the mental health service*

Two years on, these aims and objectives continue to underpin the organisation's ethos and the services it provides. At the same time, however, the changing arena of the organisation's work calls for a 'dynamic' interpretation of these objectives to enable them to be pursued under changing circumstances.

Primarily, the organisation needs to recognise the changing needs of its client/user group by committing the organisation first, to a continuous review of its services, second, to the involvement of tenants and other users of its services in this ongoing review and third, to a diversification of services, allowing the organisation both to develop its role as a 'bridge' to mainstream services and to expand its role as a service provider.

Internally, a framework is needed for organisational development, to ensure that governance, management, policies, systems and resources can respond to changing patterns of need.

Externally, the organisation needs to align itself with opportunities to play a role in delivering national and local policies, by promoting and developing its services, partnership working with other organisations and engagement with the Best Value programme.

Overall, Leeds Irish Health and Homes needs to understand how needs within the Irish community in Leeds will evolve and what services will need to be developed in the future to ensure that the organisation is continuing to meet its original aims.

THEMES WITHIN THE CORPORATE PLAN

A number of themes have emerged over the period in which the Corporate Plan has been developed.

Putting these themes into perspective is one major, contextual theme, namely, that the needs which the organisation was set up to address are still out there and exist on a significant scale - not only this, but they highlight the fact that social exclusion is a key factor in maintaining structural inequality.

It would be wrong to characterise our client group as a set of needs and the organisation as one which is there simply to react to or redirect those needs, channelling limited resources to particular individuals and offering background support to others.

Instead, the defining aim of the organisation is the greater and more positive one of overcoming exclusion - creating the conditions for Irish people to celebrate their own identity and culture as well as their contribution to the Leeds communities of which they are also members.

Recognising this is a consequence of the work the organisation has carried out in its first four years. The themes within this Corporate Plan are largely about how the organisation should plan its work and frame its approach for the next three years.

The themes are as follows:

Developing Choice -

- for tenants, prospective tenants and isolated Irish people living in and coming to Leeds. This involves encouraging other organisations and services to become more responsive to Irish people and more aware of levels of need. It means stimulating a higher level of expectation among tenants and users of the organisation's services. It also means providing choice in areas neglected by other providers.

Developing Service Quality -

- through the development of policies and procedures, setting high standards of housing management and support, staff training and development, benchmarking with peer organisations and feedback from tenants and users of services.

Improving Access -

- by understanding better the barriers that actually exist and those that are perceived to be there, acting as a 'bridge' to mainstream services and seeking to influence their sensitivity to the needs of Irish people.

Measuring Performance -

- by setting performance targets and indicators, establishing effective monitoring and review systems and building a formal review process into the Committee's business cycle.

Promotion and Advocacy -

- through publicity for the organisation's achievements, skills and range of services; by participating in multi-agency arrangements and strategic debates; by securing political support and a positive profile in the local press and by producing high quality promotional material in leaflets, newsletters and other media.

Strengthening the Organisation -

- by developing a structure which can accommodate growth without compromising quality of service; by creating space and time for strategic planning and service development; by recruiting new skills that will complement those which have already built up within the organisation and by exploring the options to acquire and develop an asset base to secure the organisation's long term future.

Exploring New Ventures -

- by looking broadly at the opportunities to develop new services and facilities including:

- a 'Housing with Health' scheme, aimed at those requiring flexible support from a variety of agencies and services in self-contained, affordable, permanent and high quality accommodation;

- furnished shared accommodation with on-site management for those seeking a less independent lifestyle

- drop-in services, to increase access and contact

- regional links with the Irish communities in other parts of Yorkshire

- specialist services to provide for individuals with diverse and/or acute needs

In addressing these themes there has to be a balance with the need to keep the organisation itself intact, focused and properly resourced. The Corporate Plan has to set parameters as well as goals.

BACKGROUND

Leeds Irish Health and Homes came into being in 1996, the brainchild of a steering group formed in 1992 to find solutions to the problems experienced by Irish people moving through the mental health and housing crisis systems in Leeds.

In our report published in conjunction with Councillor Patrick Hennigan in 1998 under the title "Green, White and Invisible", there is a stark portrayal of the disadvantage and implicit prejudice that Irish people have to cope with in Leeds.

- most tend to live in inner-city areas in the most deprived wards

- a lack of consistency in ethnic monitoring systems - despite the fact that the Irish are the largest single minority in Britain - means that many needs remain unidentified

- Irish people tend to have an older age profile than that of other groups in Leeds and have higher mortality rates for a range of illnesses

- the fact that Irish people admitted to hospital tend to remain there longer suggests that they are not accessing preventative health care as readily as other groups

- Irish people are much more likely to be referred under the Mental Health Act 1983 and to be assessed in a police station than other groups

- in housing research, they are over-represented among tenants in the private rented sector and among rough sleepers

- there is a virtual absence of strategic provision, culturally-sensitive support and targeted resources compared to the evidence of need

Leeds Irish Health and Homes was established to try to address these issues. It has from the beginning placed an emphasis on the needs of the individual rather than on a single model of provision for its client group. We have developed a range of services and an organisational structure which have grown incrementally, always within the scope of the resources available but always pointing towards potential areas of growth.

The core service starts with the organisation's referral system. This identifies individuals who can benefit from a supported tenancy, and as tenancies become available, a support plan will be drawn up, the tenancy will be prepared and the individual will become a tenant with an agreed level of personal support from a Housing Support Worker.

However casework with individuals represents only one part of the picture. In a broader perspective, there is a 'family' quality to the organisation, highly valued by its clientele and reflected in the number of self-referrals which account for the majority of lasting tenancies.

Behind the casework there is also a strong sense of purpose and of the uniqueness of the organisation's role. It is the only organisation of its kind in the region, and as such attracts more demand for services than it can satisfy.

This has not led to unsustainable expansion or diversification. Growth in core services has been governed by the need to maintain personal trust and continuing contact through the Housing Support Workers and the Elderly Outreach Service.

The demand is there for more bedspaces and different types of support; there are also opportunities to work more creatively with other organisations to break down access barriers, change preconceptions and deliver new services that are needed; at the same time the policy environment is changing - as outlined in the next section.

The table opposite gives a snapshot of some key areas of performance in 1999/2000. Three points to emphasise in the context of this Corporate Plan are first, the level of referrals from outside 'the system', second, the bias towards referrals of older people and third, the fact that 35% of tenants have maintained their tenancies for over eighteen months.

PERFORMANCE 1999/2000

Referrals by Source of Referral:

self-referral	37.1%
friends/relatives	18.6%
Social services	16.5%
voluntary agencies	11.3%
St. Anne's	11.3%
Housing Dept.	3.1%
Health Services	2.1%

Total Referrals 97

Waiting List at year end: 29

Age Range of Referrals

16-24	25-44	45-54	55-64	65+
5	23	13	23	33

Length of Tenancy (months)

0-3	3-6	6-12	12-18	18-24	24-36
3	4	14	9	8	8

Voids and Bad Debts: 3.5%

POLICY CONTEXT

The year 2000 has seen a rapidly changing policy environment in housing, health, social services and public services generally.

Social Exclusion and Inequality

The Government has made a fundamental commitment to tackle social exclusion and inequality. There is a new and evolving policy framework, reflected in a range of programmes, strategies and initiatives, and new resources are steadily becoming available including, for example, funding recently announced for initiatives to reduce health inequality.

Leeds Irish Health and Homes' very existence is based on a commitment to see this policy agenda reach Irish people in Leeds, and the organisation's specialist knowledge and skills will be of value to those charged with achieving policy objectives, locally and nationally.

Best Value

Best Value is essentially a challenge to traditional approaches in the delivery of public services. Where services can be delivered in more cost-effective ways that better reflect the wishes and needs of the public, authorities are required to introduce new arrangements, where necessary through competitive processes.

It is now a statutory requirement for local authorities to produce Best Value Performance Plans. This will have an impact on the commissioning and delivery of services, with particular implications for voluntary organisation service providers.

The contract culture will predominate, with detailed service specifications and defined roles for service commissioners and service providers. There will also be an increased emphasis on performance measurement, with targets for both commissioners and providers and performance 'league tables'.

Health Improvement

The thrust of the Government's programme for the health services is broadly two-fold. First, there is a drive to improve the delivery of health services by raising standards of primary care and hospital-based services; second, there is a parallel drive to improve health awareness and reduce health inequality.

Health Improvement Programmes provide a framework for health authorities to develop services in partnership with a range of agencies, while the National Service Framework for Mental Health aims to bring together agencies in the field of mental health. As with the Best Value programme, there will be an increasing emphasis on the contract culture, service specification and performance measurement.

Leeds has arguably benefited from Government programmes by, among other things, the declaration of a Health Action Zone. The implication of this, however, is that it is a city where there is much work to be done.

Supporting People

In the evolution of social policy, 'Supporting People' finally leaves behind the approach of the 19th and 20th centuries of isolating, containing and meeting social needs in particular buildings. The Griffiths report - introducing community care - moved policy towards the provision of care and support to people in their place of residence. 'Supporting People' extends this to the provision of flexible, person-centred care packages in their own home.

April 2003 is the target date for the full introduction of the arrangements outlined in 'Supporting People'. There will be a single statutory funding pot for the city, with the aim of ensuring that this protects existing budgets and the services they fund.

The key issue for the funding of services is the separation between housing costs, which are eligible for Housing Benefit, and support costs, which will have to be met by funding from the local authority's pot.

OPPORTUNITIES

Anecdotal evidence - which needs to be substantiated by better intelligence and research - suggests that there is a need/demand for a wide range of different services and types of support. These include:

Broader Outreach Services

The Elderly Outreach Scheme has proved both successful and popular. There is scope to develop this as a specialised service, publicising not only the potential for befriending and social contact but also the specific types of welfare support and advice that have been requested and made available.

Outreach services are already expanding through the employment of a health worker to identify and seek to overcome barriers to health and social services.

Drop-in facilities and cultural services

The organisation's existing offices provide a limited drop-in facility which lacks disabled access and is constrained by its primary function as an office base. There is scope to develop more accessible facilities, perhaps with a café, library, ICT equipment and other resources.

At this stage there is a strong argument for starting with sessions at an existing base in partnership with another organisation, building this up through a network of volunteers and encouraging tenants to take an active role.

Wider geographical presence

There are known to be significant numbers of Irish people living in parts of the city where Leeds Irish Health and Homes does not have a presence - especially in South Leeds. This provides a case for developing a drop-in facility in this area of the city, both to open up the possibility of contact and to promote the organisation's core services. There may also be opportunities to bring some units into management by negotiation with local housing providers.

Housing for older people

The age profile of the Irish population in Leeds is biased towards older people, with housing and health needs that potentially require specialised services.

New models of housing for older people place an increasing emphasis on services and packages which allow people to remain in their own homes and preserve their independence. This is a new response to the needs of an ageing population, and developing such a model could provide Leeds Irish Health and Homes with the means to deliver a number of key objectives.

Crisis/move-on accommodation

There is a perceived need for crisis/move-on accommodation to complement the longer-term supported housing service and be able to offer individuals immediate and short term help.

By its nature, however, this kind of work is intensive, unpredictable and requires particular expertise. There will be greater benefit at this stage in developing stronger links with organisations that are better resourced to provide crisis accommodation, with a commitment to a further review in the medium term.

Other unmet needs

Other needs of which the organisation is aware include the development of services for women, supported housing for couples and other households, and support for individuals using alcohol. Our ability to develop services in these areas will depend on obtaining funding and a careful assessment of organisational capacity.

There are also needs which go beyond the basic requirements of health and housing but which are essential to support successful tenancies and tackle the insidious problems of isolation, vulnerability and lack of personal confidence. These include cultural identity, literacy, numeracy and easily overlooked needs like orientation - knowing where things are and how to get to them.

Expansion of core services

Notwithstanding the range of options to develop new and specialised services, it is clear that there is further demand for single tenancies of supported housing which the organisation should aim to meet through managed growth of its core service.

There is also a strategic case for measured growth: an additional six to eight units in management will enable the organisation to recruit a further Housing Support Worker, creating extra management and development capacity in senior positions.

Partnership-based options

There are certain areas of service development where it will be advantageous to look at partnership working. Typically, these will be areas where risks and costs can be shared and where there is added value from sharing resources.

This is thought to be the right approach, for example, for the development of a drop-in facility and for establishing a presence in other parts of the city where Irish people live in the community.

There are other forms of partnership that can also be developed to respond to national policy programmes and local initiatives in health, housing and community planning.

CAPACITY

The range of opportunities that exist to develop the organisation and its services is exciting and challenging, but they need to be approached with caution and strategic foresight. The success of Leeds Irish Health and Homes has been built on managed growth, consolidation of core services and clarity of ethos. The quality of what the organisation does must not be put at risk by losing sight of these principles or by over-extending capacity.

Dependence on other agencies

The organisation depends on housing associations and the City Council not only for a supply of accommodation but also for landlord services and the maintenance of housing standards. It is essential through this partnership with landlords that the organisation continues to offer a good standard of accommodation in suitable areas of the city with reliable management back-up.

Equally, despite increasing numbers of self-referrals, the organisation depends on other agencies both to refer appropriately and to 'signpost' the organisation's services. It is important to be pro-active in ensuring that referral agencies understand the organisation's role, criteria and capacity.

Developing new services and playing a part in meeting national and local policy objectives will involve forming new partnerships. It is necessary to ensure in each case that there is a good 'fit' of objectives, strategy and resources.

Funding and other resources

Leeds Irish Health and Homes has a sound financial base for its size and aims to manage a mix of resources to provide the organisation with flexibility. This depends on maintaining a balance between rental income and grant aid (approximately 60:40), effective controls on expenditure and relatively low overheads.

Further growth needs to be planned against the ability of the organisation to resource services currently funded through grants, to take full advantage of the Supporting People funding arrangements and to generate new income.

Skills base

Developing the organisation will involve developing new skills and investing in training. This needs a planned approach, building in time to work with Committee members and staff on reviewing the organisation's skills base, identifying gaps in expertise and making budgetary provision for capacity-building.

Change management

Along with the recognition that the organisation has to evolve there is a commitment to retain the atmosphere and ethos on which tenants, in particular, place such a high value. This will require leadership and a conscious process of change management.

STRATEGIC DIRECTIONS

The previous pages of this Corporate Plan describe the context for organisational development and highlight many of the issues to be worked through for Leeds Irish Health and Homes to develop as an organisation.

There are also indications of the strategic directions in which the organisation should be moving over the next few years.

Strategic governance

This Corporate Plan reflects the recognition of the organisation that it has to become - continuously - more self-aware and self-critical.

Over time this will become second nature through the 'science' of target-setting and performance monitoring. There is a less scientific, but arguably more fundamental, aspect of governance concerning values. The organisation's values underpin the Corporate Plan and ultimately have to be reflected not only in standards of performance, but also in the strategic decisions taken by the Committee.

It is one of the main purposes of this Corporate Plan to provide a framework through which the organisation's strategy remains tied to the organisation's values.

Involvement of tenants and users of services

As the number and length of tenancies increase there will be greater opportunities to encourage tenants to take a stake in the organisation and influence its development. The same will apply to those who benefit from outreach services and contact work in the wider community.

This is a key priority, aiming to keep the organisation in tune with needs, to stimulate personal confidence and to raise expectations, both of the organisation and of individuals themselves.

To be meaningful, however, involvement should not just be about consultation and feedback, but should gradually extend into budget-setting, spending, policy issues and governance.

Promotional activity

Having established a clear identity, role, track record and sense of purpose, the organisation is in a good position to raise its profile, promote its services more widely and strengthen its advocacy role.

The organisation needs to continue to develop further ways of raising awareness of needs and services among agencies and in the community through publications, seminars and briefings.

Managed expansion of core services

The organisation needs to increase the number of units in management at a controlled rate and in line with planned increases in resources, taking account of the impact of growth on a small organisation. At present, eight more units in management represents growth of almost 20%. This is a striking illustration of the tensions of scale.

Provision of some furnished shared accommodation with on-site management could allow the organisation also to offer support to individuals who find it difficult to cope in self-contained accommodation.

Development of outreach services

With two posts now dedicated to outreach work it will be possible to achieve both a wider level of contact and a higher profile for the organisation's services. This can be expected to create a need for additional administrative support in the medium term but will also potentially open up new opportunities for partnership working.

The organisation is committed to exploring the options for developing drop-in services, preferably in partnership with another organisation and potentially in South Leeds, where a significant number of Irish people are believed to be unable to access the organisation's services.

Housing with Health scheme

Further work needs to be done to look at the options for a scheme for older people and others with particular needs. Some of the models now being developed nationally for scheme-based independent living with flexible support packages, and housing with extra care, could enable Leeds Irish Health and Homes to provide a significant broadening of its services and anticipate the future needs of existing tenants.

The options and their feasibility will need to be explored in partnership with housing providers and Social Services over the next few months.

Intelligence-gathering

The case for funding and service development will depend on good intelligence through data collection, research and analysis. It is evident, by virtue of the specialist nature of the organisation's work, that these functions need to be specified and commissioned by Leeds Irish Health and Homes as a lead organisation via research partnerships.

Policies, procedures and management systems

2001 will see the organisation embarking on a review of policies, procedures and management systems, to equip it for development and expansion. This will include a review of the budget-setting process and delegation of budgets.

Cultural and educational services

It is an integral part of the organisation's role to go beyond meeting primary health and housing needs. Cultural identity is just as fundamental to the well-being of the individuals we work with and house. This means continuing to develop the network of the Irish community in Leeds, promoting and supporting cultural events and developing cultural activities with tenants and members of the wider Irish community.

To a similar degree, the organisation recognises that tenants' ability to sustain tenancies and overcome isolation means having a quality of life enhanced through social contact, education and the opportunity to develop personal skills. This will mean creating a range of educational opportunities from basic literacy and numeracy to use of new technology and training for employment.

Regional Networking

From its unique position as the only organisation of its kind in the region, Leeds Irish Health and Homes is aware that there are Irish people living in communities in other towns and cities in Yorkshire with varying degrees of support.

Developing links with these communities will be an important first step in assessing whether the organisation can extend its services to other areas and create connections that will be of mutual benefit.

Specialist Services

A number of the people referred to us have high care and support needs. The organisation does not presently have the resources to offer the levels of support required in some of these cases. It is necessary to arrive at a clear definition of the types of need the organisation can and cannot support, and to consider developing a wider range of specialist services.

STRUCTURE AND RESOURCES

Staffing structure

The structure of the organisation should reflect its strategy.

At present, there is an experienced housing support team and a relatively new outreach team supported by a minimal centre.

The strategic directions proposed in this Corporate Plan would mean consolidation of the housing support team, development of the outreach team and strengthening of the centre. There is the additional option of strengthening organisational resources by taking on trainee posts, creating more of a career path within the staffing structure.

Diagrams showing the potential development of the organisation's staffing structure are shown on the next three pages.

The organisation's ability to develop as these diagrams indicate will depend on its success in meeting the strategic aspirations in this Corporate Plan.

Resources

At present the organisation is mainly funded by a combination of rental income and grant.

The aim over the next few years will be

- to consolidate rental income to gain maximum benefit from the arrangements for Supporting People

- to seek conversion of grant funding into mainstream funding for recognised services

- to seek additional grant funding for specific areas of development including research, cultural services and tenant welfare

- to seek ways of sharing resources through partnership working

Present Structure 2000-2001

Director
Team Leader
Housing Support Team   Outreach Team

Admin. Worker   [Accountant]
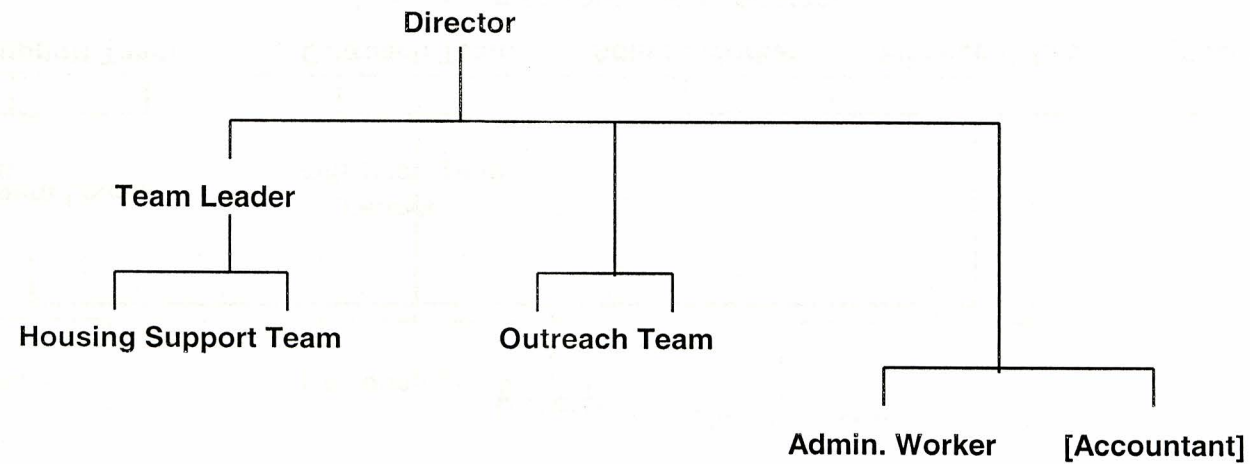
Interim Structure   2001-2002

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                                          Director
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        +------------------------------------+------------------------------------+
        |                                    |                                    |
Housing Team Leader                          |                                    |
        |                                    |                                    |
    +---+---+                            +---+---+              +-----------------+-----------------+
    |       |                            |       |              |                 |                 |
Housing Support Team                 Outreach Team        Admin. Worker    Finance Officer    [Accountant]
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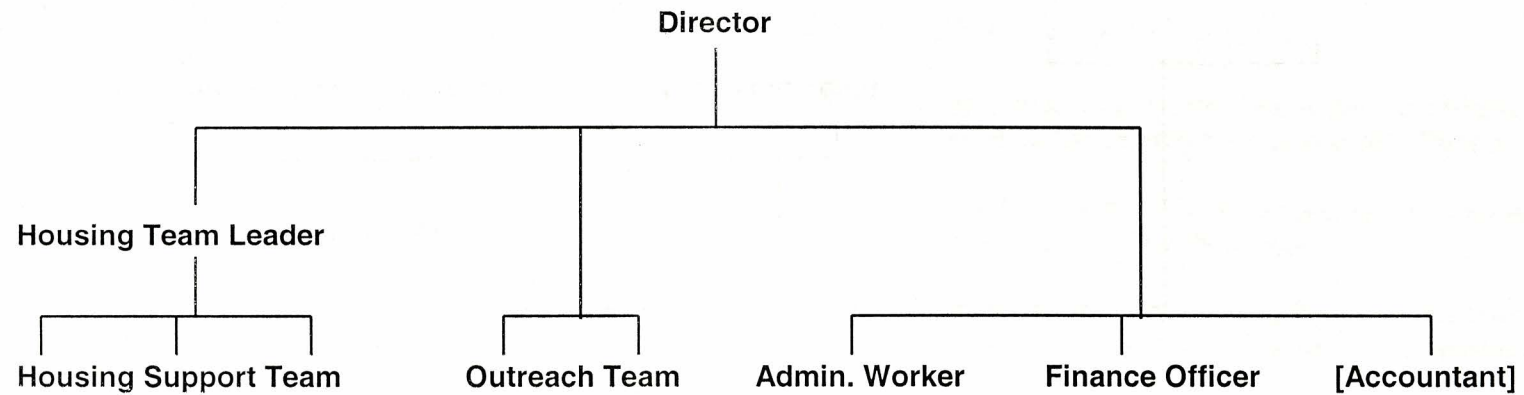
Eventual Structure   2003

Director

Director's PA/fund-raiser

Housing Team Leader

Outreach Team Leader

Housing Support Team

Outreach Team

Admin. Worker

Finance Officer

[Accountant]

Housing Assistant/ Trainee

Outreach Assistant/Trainee
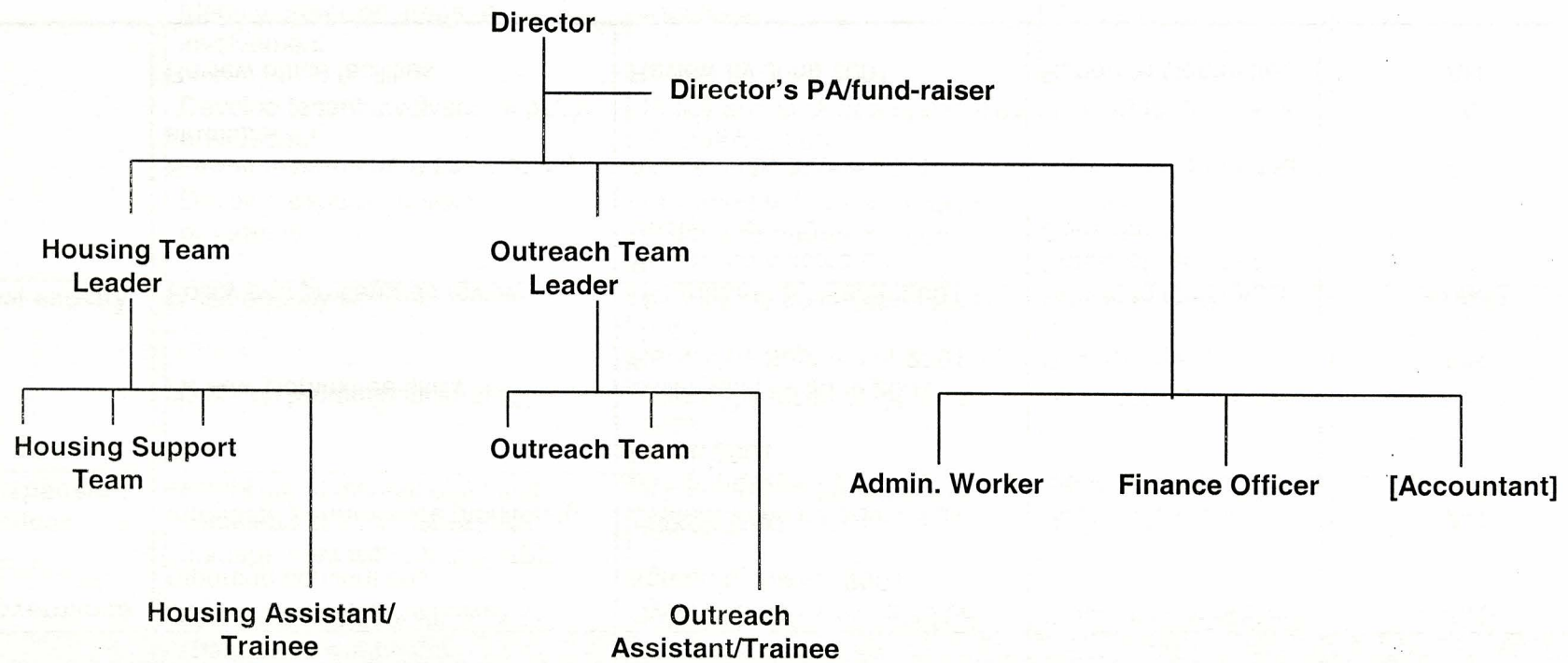
ACTION PLAN

ACTIVITIES	TASKS	TARGETS & TIMESCALES	INDICATORS	RESPONSIBILITY
Strategic governance	Develop business cycle and reporting conventions	Cycle and conventions to be agreed by March 2001	Committee approval	AH
	Introduce performance monitoring system	System to be introduced as part of business cycle by March 2001	First performance monitoring report	AH
	Review Committee skills	Skills audit by June 2001 Review by September 2001	Review report	MS
	Policy and procedures review	Programme by March 2001 Review completed by September 2001	Report to Committee Series of reports to Committee	AH/MB
	Review management and staffing structure	Appraisal by March 2001	Report to Committee	AH
	Review office facilities	Review by June 2001	Report to Committee	AH

ACTIVITIES	TASKS	TARGETS & TIMESCALES	INDICATORS	RESPONSIBILITY
Involvement of tenants and users of services	Undertake tenant/user satisfaction survey	Survey to be complete by March 2001	Report to Committee	MB
	Identify preferred areas of involvement	As above	As above	
	Develop tenant involvement policy and budget	Policy and budget proposals by September 2001	Report to Committee	MB
	Develop capacity-building programme	Programme to be included in policy and budget proposals	As above	
Promotional activity	Plan agency seminar	Seminar to take place in July 2001	Seminar held	MB
	Develop promotional strategy	Strategy proposals by June 2001	Report to Committee	AH
Managed expansion of core services	Negotiate additional eight self-contained units to come into management with partner RSL	Agreement to be reached by March 2001	Units and partner(s) identified	MB
	Explore options for furnished shared accommodation	Feasibility report by June 2001	Report to Committee	AH

ACTIVITIES	TASKS	TARGETS & TIMESCALES	INDICATORS	RESPONSIBILITY
Development of outreach services	Explore options for drop-in service with potential partners	Feasibilty report by March 2001	Report to Committee	CM/JO'D
Housing with Health scheme	Identify potential RSL partner and agree roles	Identification of preferred partner by February 2001	In principle partnership	MS/AH
	Obtain Local Authority support	Local Authority support by March 2001	LA support in place	MS/AH
	Identify site and draw up development brief	Site identified by September 2001; development brief agreed by December 2001	Report to Committee	AH
	Development period	To be confirmed		
Intelligence-gathering	Identify specific research project(s)	Project(s) identified by May 2001		
	Identify research partners	Partner(s) identified by July 2001	Report to Committee	AH

ACTIVITIES	TASKS	TARGETS & TIMESCALES	INDICATORS	RESPONSIBILITY
Policies, procedures and management systems	Draw up programme of policy and procedure review	Programme drawn up by March 2001; review by September 2001	Reports to Committee	AH/MB
	Review IT requirements	IT review by September 2001	Report to Committee	AH/PC
	Review budget formats and budget-setting process	Budget review by December 2001	Report to Committee	AH/PC
Cultural and educational services	Identify cultural and educational priorities through tenant consultation	Priorities identified by March 2001	Report to Committee	KP/KM
	Draw up programme for development of cultural and educational services	Programme to be drawn up by September 2001	Report to Committee	KP/KM
Regional networking	Establish contacts in targeted local authority areas	Contacts established by July 2001	Initial meetings/discussion	AH/CM/JO'D
	Identify preferred area(s) for regional development	Preferred area(s) identified by October 2001	Report to Committee	AH
	Assess feasibilty	Feasibility report by December 2001	Report to Committee	AH
Specialist services	Assess options and criteria for developing specialist services	Options and criteria to be assessed by September 2001	Report to Committee	MB