

***Our comments in this document are based on the Terms of Reference set out for the National Committees and DATFs in RHSR and the role assigned to Citywide in RHSR as representatives of the Community Sector on key decision-making structures.***

Citywide has participated fully on the National Oversight Committee (NOC) and Standing Sub-committee (SSc) during the past two years; however, our experience during that time is that key policy decisions are not being brought for discussion and agreement to the NOC or the SSc and are instead being made within the confines of specific government departments and agencies and in particular by the Dept and the HSE. This experience is mirrored at DATF level; at the meeting of TF Community Reps in December 2018 you will have heard first-hand the experience of Community Reps who are similarly frustrated that at local and regional level key decisions are being made by the agencies, in particular by the HSE, and not at Task Forces, and by the expectation that, as Community Reps, they will go along with and rubber stamp these decisions.

The following are examples of our experience of the decision-making process:

### **Priorities for funding**

At the first NOC meeting on 29<sup>th</sup> September 2017 Minister Byrne confirmed that decisions on priorities for the allocation of the additional resources available for the National Drugs Strategy in 2018 would take place through the NOC, in line with its terms of reference in giving leadership, direction, prioritisation and mobilisation of resources. However, this did not happen and the allocation process was not presented by the Dept for discussion at the NOC in advance of decisions being made or in advance of the information on allocations becoming publicly available. As members of the NOC, we found out that decisions had already been made, and the outcome of these decisions, through answers given in a Dáil debate and to parliamentary questions two weeks after the NOC meeting took place.

Similarly, in relation to the additional funding for 2019, the NOC played no role in prioritising for allocation, as the Minister announced that decisions about the spending would be based on the HSE National Service Plan. In effect this meant the decisions would be made by the HSE and that all of the additional funding would be allocated to the HSE, despite the fact that the NDS is intended to deliver an interagency partnership approach across 50 RHSR actions (less than half of which are HSE-led). The strategic priorities for Inclusion health presented to NOC for 2019 are the HSE priorities which had already been decided.

### **Design of funding schemes**

In relation to the additional amounts of funding allocated for DATFs during 2018, the design of criteria and methodology for allocating this funding were not discussed at NOC or SSc and was decided by the Dept and HSE without reference to the Committees. Our information on the nature of the funding schemes came from statements in the Dáil and answers to PQs. Our views on the inefficiency and poor value for money of these piecemeal and once-off allocations could only be expressed after the fact as the decisions had already been made.

In relation to the additional funding of 1m for DATFs in 2019, our first information on this was through a press release by the Minister and the first information we received on the

detail of the 3 strands of funding was through an answer given by Simon Harris to a PQ. Again, neither NOC nor SSc as the key NDS structures have had any role, while at the same time external consultants have been brought in to play a central role in the process.

### **DATF Performance Measurement System**

In relation to Action 6.1.50 on the Performance Measurement Framework, the DPU informed the NOC in January 2018 that a Technical Advisory Group was being set up to advise the Department on its operationalisation, with a core membership of DOH/DPU, HSE/Health Intelligence and HRB officials. The DPU stated that it was not intended that membership of this technical group will be extended to Task Forces or community groups and Task Forces and other stakeholders will be consulted as part of the roll out of the Performance Measurement System.

We expressed our strong disagreement with this approach; the development and design of the Performance Measurement System is a crucial element of ensuring the effective implementation of RHSR and the future role of the DATFs, and while there is a technical element of the design process, the design of the overall Framework requires a comprehensive analysis of the nature of the drugs problem in our communities and the range of factors that impact on it, the challenge of how to effectively measure performance in interagency working and how to build collective accountability of statutory services and TF projects as part of an integrated interagency response. We were fully involved in previous discussions on these issues which took place during the development of RHSR and on the National Co-ordinating Committee (NCC) and we should be involved in the Group that is continuing this work.

It should also be noted that in the reply from the Taoiseach's Dept to a letter we sent in July 2017 it was stated "Action 6.1.50 aims to strengthen the Task Force model and represents an opportunity for you to highlight and address any specific concerns regarding engagement, commitment and activity by the relevant sectors at local level".

### **Planning for National Drugs Forum**

The issue around the lack of a partnership approach to the planning of the National Drugs Forum in 2018 was raised by us at NOC and subsequently with the Minister and following our representations it was agreed that this would change in 2019. Despite our specific request to be involved in this process, we have been excluded from the adhoc group that is planning the 2019 programme and have been informed by the HRB that the NFSN is representing the Community sector on that group.

### **Working Group on DATF Handbook**

In relation to the review of the DATF handbook, after a number of meetings of the Working Group you informed us that the Dept has already made the decision that the DATFs will be treated for governance purposes in the same way as voluntary organisations, even though they are not voluntary organisations. In effect this decision predetermines how the governance of the TFs will be shaped in advance of the Working Group completing its deliberations and it also has significant implications for how the issue of improving statutory

agency participation on the DATFs is addressed. We have been highlighting the issue of improving agency participation (also highlighted in the Co-ordinators survey) from the first Working Group meeting, but it has not been discussed.

### **Review of DATFs and DATF projects**

In the Project Monitoring Framework document of November 2015 that was adopted by the previous National Implementation Committee (NCC) it is clearly stated that while the HSE has responsibility for financial governance and oversight of DATF funded projects, it is the DATFs who have responsibility for oversight of the strategy and activities of DATF funded projects. This agreement has not been rescinded at any national committee meeting since that time. The SSc now has the role of supporting and monitoring the role of Drug and Alcohol Task Forces, yet despite this and in contradiction with the Monitoring Framework, the HSE has planned and implemented a review of TF and TF projects without any reference to the SSc, effectively usurping it's role.

This should clearly have been brought to the SSc for discussion in advance but there has been no discussion on it at the SSc either in advance or during its implementation. The manner in which this review is being implemented has caused serious concerns for TF Community Reps and Community Drug Projects and it is resulting in potentially very serious consequences for projects and workers. There is also confusion as to whether this is intended to be a review of TF projects or a review of the overall Task Force; it would be completely inappropriate for the HSE to be carrying out a review of the overall Task Forces, as they themselves are constituent members. We have asked for information on the terms of reference of the Review and on the process through which it is being delivered but have received nothing. This lack of transparency in the process is of serious concern.

### **Other Committees**

You will be aware that we have raised our exclusion from the Working Group on Alternative Approaches to Criminalisation on a number of occasions with all three ministers concerned.

We have expressed our concern and that of the DRP network that key decisions on the future of CE Drug Projects are being discussed at an Inter Departmental Committee without the involvement of the community and voluntary sectors. It is worth noting that the CE Special Drug Projects were originally developed from an interagency partnership grouping chaired by the NDST and including representatives from the community and voluntary sector.

We have been active participants in the work of the National Drugs Rehabilitation Implementation Committee (NDRIC) since it was established, but its role has been taken back into the HSE and the Community Sector no longer has representation.

### **Specific RHSR Actions**

Actions 1.2.8 and 1.1.1 were both included in RHSR following a specific agreement with Community and Voluntary sectors but the Community Sector has had no role in developing the schemes.

1.2.8 Scheme for Young People at Risk – following an initial discussion at SSc there has been no follow-up consultation and we have received no proposals for discussion at SSc on how the scheme will be designed and delivered, so as to build on the considerable expertise that already exists on the ground through the previous scheme YPFSF.

1.1.1 Scheme for Integrated Approach to Drugs & Alcohol - This action has been internal to the Dept. (DPU and Health & Well-being) and to HSE and there has been no engagement or information on it.