

Department of Health

Report on governance in the North Inner City Drug and Alcohol Task Force

(Report submitted to Minister Naughton, 3rd July, 2023)

Summary

This report sets out the governance issues that have arisen in the North Inner City Drug and Alcohol Task Force (NICDAFT), informed by a consultation process with members of the task force and other stakeholders. The report puts forward the next steps to establish effective, inclusive and transparent governance of the task force, including the appointment of an independent chairperson, restructuring of its membership, and the development of a strategic plan.

1. Background

The North Inner City Drug and Alcohol Task Force (NICDAFT) is one of 24 drug and alcohol task force that are funded by the Department of Health to tackle drug and alcohol issues at the local level. The Dept and HSE provide €2.2m per annum to fund 18 local services overseen by the task force in the north inner city, with a catchment population of 73,000 (see list in annex B).

The membership of the task force is drawn from statutory bodies, community representatives and voluntary organisations. The independent chairperson was Professor Joe Barry, from TCD, for a period of 10 years. He succeeded Maureen O'Sullivan TD.

In 2018, the HSE commissioned a strategic review of the services funded by the task force. It found significant finance and governance issues within the structures and the allocation of funding which give rise to potential, overt conflicts of interest. It noted there was insufficient cohesion and co-ordination of task force funded services, with little linkage between services.

The draft review, which has not been published, made recommendations on the governance arrangements of the task force, premises, strategic planning and reconfiguration of funded services to meet local needs. The HSE subsequently engaged with the task force to implement these recommendations.

Also in 2018, the Department of Health was asked to join the Government initiative to promote the social and economic regeneration of the (Dublin) north east inner city. It became a member of the programme implementation board and the chair of a subgroup on drug use and inclusion health. The oversight committee for the NEIC initiative (convened by Department of the Taoiseach), highlighted concerns about the ineffective role of the task force in addressing drug issues in the NEIC. The Department of Health was tasked to address these concerns.

The Department of Health engaged with the task force to support its contribution to the NEIC initiative. Funding was provided to undertake a community needs analysis. In July 2019, the Department hosted a seminar with the task force, the HSE and local drug services to discuss how substance use issues could be addressed in the NEIC.

The task force was invited to join the NEIC subgroup on drugs and inclusion health. The NEIC provided funding to the task force to host a conference on drug-related intimidation and to develop

a drug prevention programme in local secondary schools. In January 2020, the task force made a presentation on its work to the programme implementation board of the NEIC initiative.

In addition, through the NEIC initiative, a range of new drug services were developed, which were in turn supported through additional funding of €2m per annum from the Department of Health.

2. Agreed process for selecting an independent chairperson

In January 2021, the outgoing chairperson met with the Dept of Health (principal officer) and indicated his intention to resign as chairperson. Following a meeting with the chair of the NEIC PIB, the PIB agreed to support the selection process for a new independent chairperson by asking a third party recruitment body, PWC, to assist in an unpaid capacity with identifying possible individuals from whom a new chairperson could be appointed by the task force.

In subsequent communications, the outgoing chair and the Dept agreed in writing a process to select an independent chairperson of the task force, in line with the task force handbook. This was one element in a package of measures to support the task force in its work in the NEIC. This was described by the chair as 'constructive as a way forward for collaboration between the local drugs and alcohol task force and the NEIC PIB'. A job description was agreed and sent to PWC to aid in the search for suitable candidates. A shortlist of candidates was to be identified, include individuals suggested by the task force. A selection process would recommend a new chairperson.

In mid February, the outgoing chair indicated that he intended to interview the one individual who had expressed an interest in the post and if suitable, would recommend her for the position of chairperson. He said he had met with her and that he deemed her suitable for the position. The Dept (principal officer) communicated its concern to the outgoing chairperson that the agreed selection process was not being adhered to. It stated the proposed appointment by the chairperson did not accord with the guidance in the task force handbook. It strongly advised the outgoing chair not to recommend a successor until he had engaged with PWC and discussed the next steps with the Dept. The Dept highlighted the risk that the proposed appointment could alienate key stakeholders (such as the PIB and statutory bodies) and damage the credibility of the task force.

In March, the outgoing chairperson proceeded to recommend the appointment of his nominee as chairperson to the task force. He was satisfied that the person fulfilled the criteria in the handbook. He said the appointment of the chairperson was the remit of the limited company associated with the task force (see heading 5 below). At the same time, he wrote to PWC to say that he no longer wanted their assistance in identifying people who might be interested in the position of chairperson.

At a subsequent meeting of the limited company associated with the task force, the chairperson's nominee was appointed as a director. It was stated she would be formally ratified as incoming chairperson of the task force at the company AGM at the end of April.

In April, the Dept (principal officer) formally wrote to the members of the task force. It stated that the agreed process for selecting a new chairperson was not adhered to and was not in accordance with the task force handbook. It stated that 'all possible candidates for the post have not been considered and the selection of a successor for the post lacks transparency'. It requested that the management board did not appoint a person to the role of chairperson and the selection process is implemented as previously agreed.

At the end of April, the directors of the limited company informed the Dept that they were postponing the appointment of a new chair on foot of disagreement from the statutory members of the task force. They said there was now an impasse in the appointment of a new chairperson.

3. Requirement for complete transparency in the selection and appointment of the independent chairperson

The task force handbook emphasises the independence of the chairperson position and the requirement for complete transparency in the selection and appointment of the position:

The chairperson is a key figure and the success of the task force will very much depend on the level of experience, commitment, skills and energy s/he can bring to the role. The chairperson's independence must clearly be established and evident in the manner in which the business of the task force is conducted. It is important therefore, that the chairperson appointed is not directly connected with any of the projects being funded by the task force. It is also important that there is complete transparency in arrangements put in place for the selection process and appointment of chairperson. (emphasis added)

The Dept and the statutory agencies have raised concerns about the compliance of the procedures used to select an independent chairperson. These concerns are based on the involvement of the proposed candidate in two organisations related to the task force, at the time of the selection process. First, the person was a director of ICON (Inner City Organisations Network). ICON was both an organisation funded by the task force and the body that nominated community reps to the board of the task force. It also hosted the offices of the task force.

Form B10 from the Companies Registration Office, signed on 8th July 2021, confirms that the chairperson's nominee was a director of ICON in 2020 and that she resigned from this position on 1st December, 2020. Separately, ICON has confirmed to the Dept that the nominee resigned as a director of ICON on 30th November, 2020. There is no record in the minutes provided by the task force that the nominee's role as an ICON director was disclosed during the selection process.

Secondly, the nominee was (and is) the coordinator of CityWide Drugs Crisis Campaign. CityWide is a national network of community activists and community organisations, including ICON, and is located in the north inner city. The remit of the coordinator of CityWide is 'campaigning, lobbying and representing the community sector'. The coordinator represents CityWide on the national oversight committee of the National Drugs Strategy. The remit of CityWide to advocate for and to represent the community sector is a factor that could impact on the perception of the independence of the chairperson. There is no record in the minutes provided by the task force that the involvement in CityWide was disclosed during the selection process.

Both connections are relevant to the handbook guidance on the role of the independent chairperson and, at a minimum, should have been declared to members of the task force to ensure complete transparency in the selection process and appointment of an independent chairperson.

4. Intervention by the Minister to address governance issues

In June 2021, the Dept (assistant secretary) wrote to the task force on behalf of the then Minister (Frank Feighan TD) to address governance shortcomings in the task force, in particular the process to appoint a chairperson. The Dept proposed to put in place a process to appoint an independent chairperson of the task force and to broaden the members to include all stakeholders, including local councillors. In the meantime, the business activities of the task force should be temporarily

suspended. All funding for drug projects would continue and there would be no disruption in services.

In July, the directors of the task force limited company responded, rejecting the approach proposed by the Minister and reiterating their view that the proposed appointment was in accordance with the handbook. However, it confirmed that the appointment of a new chairperson had been deferred, as had been requested by the Dept.

At the end of July, the Dept (assistant secretary) again wrote to the task force on behalf of Minister Feighan. It reiterated his concern with the arrangements followed in the selection and appointment of a new chairperson. It stated that it is not within the remit of the legal company associated with task force to appoint a chairperson of the task force. It said the Minister strongly believed that it is the collective membership of the task force alone which should appoint a chairperson.

To resolve the impasse in the selection process, the Minister suggested a meeting of the collective membership of the task force be convened to consider and decide on the appointment of a chairperson, on a consensual basis.

In September, the outgoing chairperson wrote to the Dept to tender his resignation with immediate effect. This followed a meeting with the statutory agencies on the task force who raised concerns about the selection process for a new chairperson, along with issues pertaining to the functioning and governance of the task force. The outgoing chairperson said that the task force had been divided and the conflict was beyond resolution by him. He recommended an independent external review of the management of the process.

In November 2021, the task force issued an unsigned communication that it was not in a position to function and for the foreseeable future no meetings of any description will be convened and/or ordinary and annual matters dealt with. In response, the Dept advised that it had sought to work with the task force leadership and membership to address a number of governance concerns. However, it was not possible to resolve these concerns without the support of all parties. It would continue to work with stakeholders in the north inner city to establish effective, inclusive and transparent governance of the task force and of the funding that it allocates.

In December 2021, the six statutory agencies (CDETB, An Garda Síochána, HSE, Probation Service, Dublin City Council and Dept of Social Protection) communicated in writing their position on the governance of the task force, to the company directors and members. They said they had raised concerns with the outgoing chairperson about the selection process for a new chairperson, along with issues pertaining to the functioning and governance of the task force. To move forward the task force, their view was the following was required:

- A strong independent chairperson
- Oversight from an independent board of directors
- Broader representation in the membership of the task force
- An enhanced remit for the task force.

5. The limited company associated with the task force

A company limited by guarantee is associated with the task force and oversees its office and programmes, including the employment of two staff. The company had two directors (the outgoing chairperson and a voluntary representative) and five members. The task force coordinator and staff members also attend meetings of the limited company. It received annual funding of €225,000.

The limited company was used as the main vehicle to appoint a chairperson for the task force. The process of selecting the chairperson was viewed as a combination of the DATF handbook guidelines and the legal requirements of a company limited by guarantee, of which the latter takes precedence. Also, it was argued that company law did not allow external involvement in the process of electing a new chairperson.

The outgoing chair and the other director resigned from the company in Sept/Oct 2021. An EGM was held to appoint a director and members. The company continues to communicate with stakeholders and the Department.

The company has curtailed its activities since 2021, when it received only half year funding. No funding was provided in 2022 or 2023, as a programme of work was not agreed with the HSE. It maintains the employment of its two staff using its reserves.

The company does not have a mandate to conduct the business of the task force.

6. Department engagement with stakeholders on re-establishing the task force

Following notification that the task force was no longer functioning, the Dept engaged with a range of local stakeholders on the next steps to re-establish the task force. Those consulted included

- Local councillors from Dublin City Council
- The 17 projects funded through the task force
- Community & voluntary representatives on the task force
- Community representatives on the NEIC programme implementation board
- Directors of the company associated with the task force
- Staff directly employed by the company associated with the task force
- Statutory members of the task force
- Chairs of the NEIC Programme Implementation Board and the Dublin North Inner City Local Community Safety Partnership

The following are the main issues arising.

There were divergent views on the appointment of a new chairperson of the task force. Some people were of the view that the person nominated for the post by the chairperson should be appointed, as she is a well-regarded local activist.

Others were of the view that the independence of the chairperson was not clearly established, in particular that the chairperson's nominee was not connected with projects funded by the task force.

The task force is reported as not having a strong engagement with local projects. It was perceived as being primarily concerned with the north east inner city and did not have a strong identity in the north west inner city.

The general perception of the task force was negative. It was seen as a closed organisation that was not open wider local interests, including elected representatives. The fact that the community representatives were nominated by only two organisations was seen as a limitation.

The task force was seen as lacking a strategic focus and direction. It was not clear what was its added value in the north inner city, beyond being a funding conduit for local projects. The lack of engagement by the task force with the NEIC initiative was highlighted. It was also felt that the task force was not pro-active in developing new initiatives.

The premises of the task force were neither visible nor accessible.

There was a strong commitment across all stakeholders to re-invigorate the task force in the area. There are ongoing issues about drug use and its impact on families and the local community. The task force has a role to play to addressing these issues. This can be achieved by having a stronger engagement with local decision-making structures, especially Dublin City Council, the NEIC initiative and the Local Community Safety Partnership.

Furthermore, the relationship between the community and statutory members of the task force should be enhanced and the inter-agency partnership strengthened.

7. Task force procedures to appoint an independent chairperson

A survey of task forces was carried out to identify the procedures used to appoint an independent chairperson. Nine task forces have appointed an independent chairperson since 2017 (the period covering the national drugs strategy, *Reducing Harm Supporting Recovery*). Of these, seven appointed a subcommittee (new or existing) to select the chairperson and two allocated the task to the directors of the task force.

The task forces used a combination of methods in the process of selecting an independent chairperson, including social media platforms, word of mouth and reaching out to local sectors/networks and the HSE and other voluntary organisations. Advertisements on Activelink or local newspaper, and engagement with Boardmatch were used by five task forces. Three task forces consulted with members for recommendations.

Shortlists were drawn up of people to be interviewed by five task forces. A variety of stakeholders were involved in the interviews.

8. Recommendations for re-constituting the task force

To re-constitute the task force and to ensure it has effective, inclusive and transparent governance, the following is recommended:

- Appoint an independent chairperson for a period of three years, in order to break the current impasse in the selection of a chairperson. The key task of the independent chairperson should be to rebuild relationships, trust and confidence in the work of the task force.
- An independent chairperson could be appointed in one of two ways - either directly by the Minister based on a short listing of appropriate candidates or following a selection process involving a subgroup of task force members/stakeholders and with assistance from a recruitment body. The former option would expedite the appointment process and is the preferred option.
- Re-constitute the membership of the task force in line with the guidance set out in the task force handbook. This would include up to six statutory members and up to six community members. There would also be representatives of voluntary organisations, elected representatives and people with lived experience. A new name for the task force should be considered to reflect its new composition and mandate.

- Request statutory organisations to appoint a senior official to be their representative on the task force, who has the capacity to influence decisions in their organisations. Statutory organisations should review their representatives on the task force after a period of three years.
- Invite elected local politicians on Dublin City Council to join the task force. Representatives should be selected for a maximum period of three years. In addition, there should be periodic engagement with elected TDs and senators from the north inner city.
- Put in place a transparent process to select community representatives on the task force. There should be a broad and diverse representation of individuals and groups in the north inner city. Representatives should be selected for a maximum period of three years, with the possibility of renewal. The task force should support and resource the community representatives. An organisation that receives funding from the task force should not be allowed to become a member of the task force, to avoid potential conflicts of interest.
- The task force should commission a strategic plan for its activities covering a three year period. The strategic plan should set out the key objectives of the task force in line with the health-led approach in the national drugs strategy. The strategic plan should be developed in consultation with local stakeholders and with the Department of Health.
- A key component of the strategic plan should be set out how the task force will engage and work in partnership with the government initiatives recently established in the north inner city – the NEIC Programme Implementation Board, the NIC Local Community Safety Partnership and the Slaintecare Healthy Communities programme. Another priority should be to develop effective communications with the local population and stakeholders.
- The task force should undertake review of funded drug and alcohol services. The review should consider how services can be better designed and delivered to meet the health needs of people who use drugs and alcohol in the north inner city, including the new communities living in the area (eg refugees & migrants, people in private accommodation). It should identify gaps in existing services and how the existing resources of €2.2 million could be used for this purpose. This would include the unallocated funding of €225,000.
- The strategic plan should consider how funded services are integrated with and aligned to community healthcare services and networks. These networks are a key component of the Slaintecare reform programme and are designed to strengthen healthcare services in the community. The development of a strategic plan could be funded from unallocated resources.
- Establish the task force as a company limited by guarantee and adhere to the charities governance code. This would include a governance and finance committee, whose remit would be to monitor the compliance of the task force with the code for practice for charities. No beneficiaries of funding or employees of the task force should be a member of the governance and finance committee. The committee would be responsible for recruiting an independent chairperson for the task force.

- Provide a new office for the task force, which can facilitate meetings of the task force. The office should be publicly accessible and be in a convenient location in the north inner city.
- Appoint a new coordinator to the task force, with experience in governance issues and an expertise in service planning and reform.
- Dissolve the existing legal company as it does not have a mandate to represent the task force. A consultation process should be held with the two staff to identify future employment options.
- Put in place a communications plan to engage with all stakeholders and to outline the next steps to re-constitute the task force to ensure effective, inclusive and transparent governance

An action plan to implement these recommendations is set out in annex A.

Annex A

Action plan to re-constitute the North Inner City Drug and Alcohol Task Force

| Action | Responsible | Timeframe |
|---|--|------------------------|
| Appoint an independent chairperson | Minister or subgroup | 1 to 3 months |
| Re-constitute the membership | Department | 2 months |
| Request statutory organisations to appoint a senior official | Department | 1 month |
| Nominate elected local politicians on Dublin City Council to join | Dublin City Council | 1 month |
| Put in place a transparent process to select community representatives | Third party | 1 months |
| Commission a strategic plan for its activities covering a three year period | Independent chairperson & coordinator | 4 months |
| Engage and work in partnership with the government initiatives recently established in the north inner city | Independent chairperson, NEIC PIB, NIC LCSP, Healthy Communities | 2 months; then ongoing |
| Undertake review of funded drug and alcohol services | Coordinator | 4 months |
| Integrate and aligned funded services with community healthcare services and networks | Coordinator & HSE | 4 months; then ongoing |
| Establish a company limited by guarantee and adhere to the charities governance code | Independent chairperson & coordinator | 6 months |
| Provide a new publicly accessible office | HSE | 3 months |
| Appoint a coordinator with experience in governance and service planning | HSE | 1 month |
| Dissolve the existing legal company | Directors | 1 month |
| Put in place a communications plan | Department | 1 month |

NICDATF Projects & Funding - 2021

| NICDATF Project | NICDATF Funding | Funding channel | NICDATF Project | NICDATF Funding | Funding channel |
|---|--------------------|-----------------|---|------------------|-----------------|
| SAOL Project (CE DRP) | € 97,750 | HSE | Snug Project (Community Counselling) | € 142,800 | HSE |
| Crinan Youth Project | € 60,000 | HSE | BeLong To (Support /Advice) | € 45,600 | CDYSB |
| ACET Ireland (HIV Care) | € 71,900 | HSE | North West Inner City Training & Development Project (CE DRP) | € 154,300 | HSE |
| Chrysalis Community Drugs Project | € 269,800 | HSE | HIV Ireland (Training) | € 68,400 | HSE |
| Ana Liffey Drugs Project - ALDP | € 233,800 | HSE | Step By Step (Child support) | € 226,256 | CDYSB |
| Deora Project /Oasis Counselling Service | € 163,900 | HSE | Gateway (CE DRP) | € 36,700 | CDYSB |
| HOPE (Drop-in/ Referral) | € 145,000 | HSE | Voice of New Communities -VONC (Asylum Seekers/Migrants) | € 22,000 | HSE |
| After Schools Education and Support Programme - ASESP (Child support) | € 90,200 | HSE | UISCE Drug (PWUD/Service Users' advocates) | € 90,400 | HSE |
| CASPr (Child support) | € 86,300 | CDYSB | NICDATF Office, Programmes and Resources (NICDATF CLG) | € 244,473 | HSE |
| OVERALL BUDGET | € 2,249,579 | | <i>Note: Many of these services are also supported by other funders and resources (e.g. Probation Service, CDETB, DEASP, HSE and Pobal)</i> | | |

NICDATF CLG Budget, Income, Expenditure 2021

- Budget: €244,473
- Income: €122,236
- Expenditure: €115,462

| INCOME | Amount |
|--|----------------|
| HSE Core Funding (Jan to June) | 112,236 |
| HSE (additional Dept of Health funding part 1- 10,000) | 10,000 |
| HSE Core Funding (July to Dec) | 0 |
| HSE (additional Dept of Health funding part 2- 10,000) | 0 |
| 2021 INCOME | 122,236 |

| 2021 NICDATF Programmes Summary | BUDGET of which is: | | | EXPENDITURE of which is: | | |
|--|---------------------|----------------|----------------|--------------------------|---------------|---------------|
| | Amount | Pay | Non-pay | Amount | Pay | Non-pay |
| NICDATF Programme Delivery Costs Programme costs, and all running costs incl. premises, staff, overheads, governance, website, communications/IT, accounting / audit | 144,373 | 105,000 | 39,373 | 101,014 | 75,764 | 25,250 |
| Direct engagement: Individual Supports (Recovery/Respite) | 5,000 | 0 | 5,000 | 4,097 | 0 | 4,097 |
| Emerging Trends and Related surveys | 3,000 | 0 | 3,000 | 432 | 0 | 432 |
| Community Alcohol Action | 17,000 | 0 | 17,000 | 0 | 0 | 0 |
| Youth and Family Wellbeing | 20,000 | 0 | 20,000 | 1,225 | 0 | 1,225 |
| Promotional Material | 3,000 | 0 | 3,000 | 0 | 0 | 0 |
| Training Programme | 25,000 | 0 | 25,000 | 3,000 | 0 | 3,000 |
| Annie Kelly Education Bursary | 5,000 | 0 | 5,000 | 5,694 | 0 | 5,694 |
| Recovery (Recovery Month/Events) | 2,000 | 0 | 2,000 | 0 | 0 | 0 |
| 2021 BUDGET (as per SLA): | 224,373 | 105,000 | 119,373 | 115,462 | 75,764 | 39,698 |