



*“The East Coast Regional Drugs Task Force working in the community to address the problems of drugs including alcohol in the Dublin South, Dublin Southeast and Wicklow areas”.*

## Operational Handbook 2015



# Contents

- 1. **Introduction** .....4
  - A brief History .....4
  - Priorities of the National Drugs Strategy 2009-2016 .....5
  - Ten Regional Drugs Task Forces .....6
  - Role of the East Coast Regional Drugs Task Force (ECRDTF).....6
  - Terms of Reference of the Regional Drugs Task Force .....7
  - Operational Guidelines for the ECRDTF .....7
  - Accountability of the ECRDTF.....8
- 2. **Roles and Responsibilities of Regional Drugs Task Force Members**.....9
  - 2.1 Chairperson Role .....9
  - 2.2 Vice-chairperson Role .....9
  - 2.3 Statutory Sector Representatives Role .....9
  - 2.4 Voluntary Sector Representatives Role.....10
  - 2.5 Community Sector Representatives Role.....10
  - 2.6 Public Representatives Role .....11
  - 2.7 Other Representatives Role .....11
  - 2.8 Responsibilities of Chair .....11
  - 2.9 Responsibilities of Task Force Members .....12
  - 2.10 Responsibilities of ECRDTF Staff.....12
- 3. **Composition of the Drugs Task Force** .....14
  - 3.1 Task Force Committees .....14
  - 3.2 Objectives of the P&E committee and the T&R committee .....14
  - 3.3 Membership of P&E and T&R committees .....15
  - 3.4 Meetings.....15
    - Frequency and Duration.....15
    - Quorum .....16
    - Confidentiality .....16
    - Attendance .....16
    - Committee Members Contract .....16
  - 3.5 The ECRDTF Finance Sub-group .....16
  - 3.6 The role of the Task Force regarding the sub-groups and committees. ....17
  - 3.7 Remit of the sub-group and committee.....17

<b>4</b>	<b>Nomination Process for Members of ECRDTF</b>	<b>18</b>
4.1	Nomination Process – Chair	18
4.2	Nomination Process - Community Sector Representation	18
4.3	Nomination Process - Voluntary Sector Representation	18
4.4	Nomination Process - Statutory Sector Representation	19
4.5	Nomination Process - Public Sector Representation	19
4.6	Nomination Process - Other Representation	19
4.7	Principles of conduct for all Task Force committee members	20
4.8	Declaration of Interest	20
4.9	Conduct	21
<b>5.</b>	<b>Supports for Drug Task Forces</b>	<b>22</b>
5.1	Coordinator	22
5.2	Administrator	22
5.3	Operational Support Costs	23
5.4	Administrative/Development Funding	23
5.5	Travel and Expenses	23
5.6	Training	25
5.7	Teleconferencing Policy	25
	<b>Bibliography</b>	<b>26</b>
	<b>Appendix I – ECRDTF Funded Projects</b>	<b>27</b>
	<b>Appendix II – ECRDTF Members</b>	<b>28</b>
	<b>Appendix III – Travel and Subsistence Rates</b>	<b>29</b>
	<b>Appendix IV – Map of the East Coast Region</b>	<b>30</b>



# 1. Introduction

## A brief History

Timeline	
1996	Minister Pat Rabbitte oversaw an inter-government committee which wrote the <b>First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs</b> . It identified Dublin City locations and North Cork as the primary areas that needed intervention with the primary problem of heroin usage and sought submissions on how this could be achieved.
1997	Minister Rabbitte and the committee then developed the <b>Second Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs</b> in response to the submissions received. Thirteen areas were recommended for the development of Local Drugs Task Forces (LDTF) overseen by a Cabinet Drugs Committee and a National Drugs Strategy Team. Direct funding was allocated to the named areas along with funding to the Health Boards and local authorities to address drug specific initiatives.
2000	Bray was approved to form the fourteenth Local Drug Task Force and a review of the current National Drug Strategy was undertaken.
2001	Following the review, a new <b>National Drugs Strategy 2001-2008</b> was drafted, presented to Government and its findings and recommendations were approved. It comprised 100 actions under the four pillars of supply reduction, prevention, treatment and research to be carried out by a variety of different state organisations and agencies to progress the work. It further proposed the establishment of Regional Drugs Task Forces in a similar model to the LDTFs to cover each of the Health Board areas across Ireland.
2003	In addition to the fourteen Local DTFs, Ten <b>Regional Drug Task Forces</b> (including the East Coast) were announced and began to establish themselves, select their members and commence assessing their areas and developing Regional Plans to deliver on the actions of the National Drug Strategy.
2005	Following a mid-term review of the National Drug Strategy 2001-2008, amendments were made which resulted in 108 actions and Rehabilitation given a new and stronger emphasis as a fifth pillar.
2007	Launch of the <b>National Drugs Strategy 2001-2008 Rehabilitation – Report of the Working Group on Drugs Rehabilitation May 2007</b> which outlined a series of recommendations with regard to drug rehabilitation.
2009	Following widespread consultation and discussion, a National Substance Misuse Strategy was proposed. The drug strategy element was agreed but further work was required on the incorporation of alcohol. Therefore the <b>National Drug Strategy (interim) 2009-2016</b> was launched. At the same time, a Steering Group was established to develop alcohol specific policies and actions to cover the same period.
2010	The ECRDTF commissioned a <b>Final Strategic Review – East Coast Regional Drugs Task Force</b> (Howley & Kavanagh)
2011	The Drug Policy Unit of the Department of Health issues <b>Local and Regional Drugs Task Forces – Handbook – February 2011</b> which revised the previous one and clarified the role, constitution and functions of the Drugs Task Forces.
2012	The <b>Steering Group Report on a National Substance Misuse Strategy</b> was launched in draft form outlining 55 alcohol specific actions.
2012	The Drug Policy Unit of the Department of Health commissioned a <b>Report on the Review of Drugs Task Forces and the National Structures under which they operate</b> (18/12/12)

2013	The Drug Policy Unit of the Department of Health issues <i>Financial Guidelines for the RDTF Administration and Development Budget</i> . (13/02/13)
2014	Commissioning and development of the <i>East Coast Regional Drug Task Force Three Year Strategic Plan 2015-2017</i> .
2015	Minister of State Aodhán Ó'Ríordáin is given responsibility for the National Drugs Strategy (as of 23/04/15) taking over from Minister Leo Varadkar, Department for Health

## Priorities of the National Drugs Strategy 2009-2016

The overall strategic objective of the *National Drugs Strategy (interim) 2009-2016* is to continue to tackle the harm caused to individuals and society by the misuse of drugs, through a concerted focus on the five pillars of supply reduction; prevention; treatment; rehabilitation; and research.

The following are the overall aims of the Strategy

- To create a safer society through the reduction of the supply and availability of drugs for illicit use
- To minimise problem drug use throughout society
- To provide appropriate and timely substance treatment and rehabilitation services (including harm reduction services tailored to individual needs)
- To ensure the availability of accurate, timely, relevant and comparable data on the extent and nature of problem substance use in Ireland, and
- To have in place an efficient and effective framework for implementing the National Substance Misuse Strategy 2009-2016

5

The Drug Task Forces are specifically named as agents in eight actions of the National Drugs Strategy namely:

**Actions 3 and 4** under the Supply Reduction Pillar

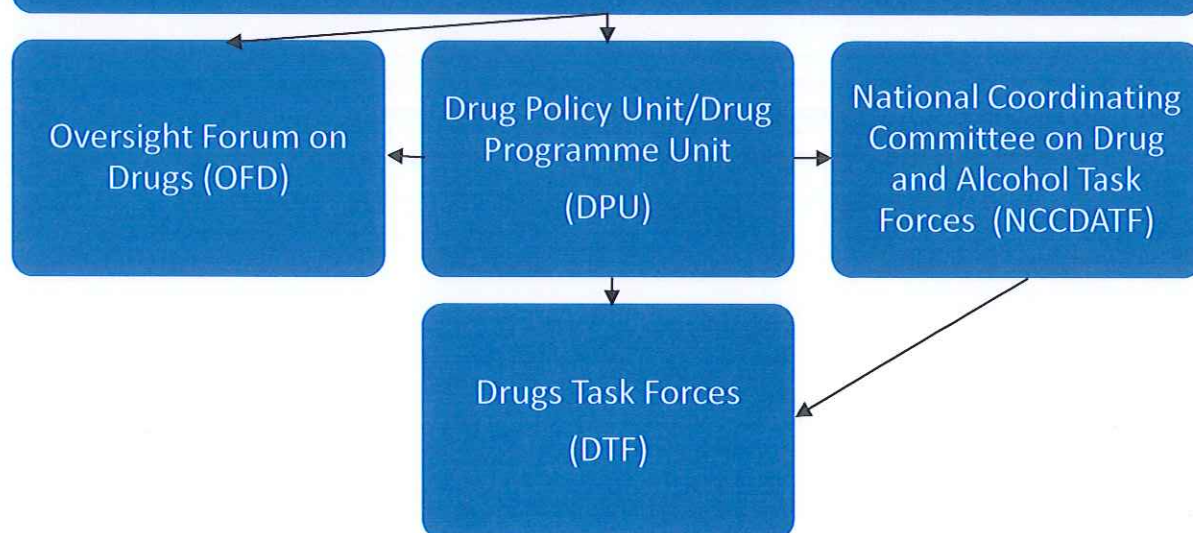
**Actions 19, 28, 29 and 30** under the Prevention Pillar

**Actions 41 and 42** under the Treatment and Rehabilitation Pillar

A wide range of statutory, community and voluntary sector organisations and public representatives are currently involved in delivering on the actions of the National Drugs Strategy at national, regional and local level. Since the inception of Drugs Task Forces in 1997, it is clear that effective action against drugs requires a sustained, coordinated effort across a range of Government Departments and agencies working alongside community and voluntary services. The reporting structure has been altered in recent times, but the Drug Task Forces report to the National Coordinating Committee on Drug and Alcohol Task Forces (NCCDATF) and the Drug Policy Unit (DPU) of the Department of Health which in turn reports to the Oversight Forum on Drugs (OFD) group chaired by the Minister.<sup>1</sup> (see next page)



# Minister with responsibility for the National Drugs Strategy



## Ten Regional Drugs Task Forces

East Coast	Dublin South, Dublin Southeast and Wicklow *
Midlands	Laois, Longford, Offaly and Westmeath
Mid-Western	Clare, Limerick and Tipperary North
North Dublin	North Dublin City and County
North East	East Cavan, Louth, Meath and Monaghan
North West	Donegal, Sligo, Leitrim and West Cavan
Southern	Cork and Kerry
South East	Carlow, Kilkenny, Tipperary South, Waterford and Wexford
South Western	Southwest and West Dublin, West Wicklow and Kildare
Western	Galway, Mayo and Roscommon

\* It is also noted that the **East Coast Region** covers the HSE Community Healthcare Organisation (CHO) Area 6 with a population of 364,464 (as per Census 2011)<sup>2</sup>. Within this area, its remit excludes the town of Bray (addressed by Bray Local DTF) and the 21 designated neighbourhoods or areas of Dún Laoghaire Rathdown (addressed by Dún Laoghaire-Rathdown Local DTF). See [Appendix IV](#)

## Role of the East Coast Regional Drugs Task Force (ECRDTF)

The National Drugs Strategy aims “to strengthen existing partnerships in and with communities and build new partnerships to tackle the problems of drug misuse” using the co-ordination framework of the Regional Drugs Task Forces (RDTF) as one of its key elements. It remains important, therefore, that RDTFs operate effectively at regional and community level with clear objectives and in accordance with appropriate guiding principles.<sup>1</sup>

## Guiding principles for the operation of the ECRDTF

<b>Propriety:</b>	ECRDTF will carry out its terms of reference (functions) with integrity and fairness and without self-interest or favouritism.
<b>Responsiveness:</b>	ECRDTF will be responsive to stakeholders' views and will consult with them in carrying out their functions.
<b>Transparency:</b>	ECRDTF will keep their stakeholders informed about their policies and actions.
<b>Accountability:</b>	ECRDTF will be accountable for the use of public monies provided to them.
<b>Efficiency and effectiveness:</b>	ECRDTF will have regard to the need for effectiveness and efficiency in carrying out their terms of reference (functions).
<b>Partnership:</b>	ECRDTF work in a spirit of partnership between the statutory, voluntary and community sectors. <sup>3</sup>

## Terms of Reference of the Regional Drugs Task Force

- To coordinate the implementation of the National Drugs Strategy in the context of the needs of the region
- To implement the actions in the National Drugs Strategy where Task Forces have been assigned a role
- To promote the implementation of evidence-based regional drug and alcohol strategies and to exchange best practice
- To support and strengthen community based responses to drug and alcohol misuse
- To maintain an up-to-date overview on the nature and extent of drug and alcohol misuse in the region
- To identify and report on emerging issues and advocate for the development of policies or actions needed to address them
- To monitor, evaluate and assess the impact of the funded projects [see [Appendix I](#)] and their continued relevance to the regional drugs task force strategy and to recommend changes in the funding allocations as deemed necessary.<sup>4</sup>

7

## Operational Guidelines for the ECRDTF

The following are the requirements of the Task Force in order to carry out its aims and objectives in the most appropriate way:

- To ensure appropriate representation from community, voluntary, statutory and public sectors on the Task Force
- To identify and address any barriers to the efficient working of the Task Force
- To develop networking arrangements for the exchange of information and experience with other Task Forces as well as for the dissemination of best practice
- To identify the training needs of Task Force members and take necessary steps to meet such needs through appropriate training courses, etc
- To take account of and contribute to other initiatives aimed at tackling social disadvantage under the aegis of the Cabinet Committee on Social Inclusion, including the Integrated Services Process, the Area Partnerships, the Young Peoples Facilities and Services Fund and the Report of the Task Force on the Integration of the Local Government and Local Development Systems



- To provide such information, reports and proposals to the Drug Policy Unit and the National Coordinating Committee on Drug and Alcohol Task Forces (NCCDATF) as may be requested from time to time
- To gather appropriate Information and disseminate
- To engage in strategic and policy development including development of local plans with implementation, monitoring and evaluation of those plans.
- To provide training and support to its members in order to carry out their functions effectively and provide a clear channel of communication into and out of the Task Force to the organisations, agencies and communities they represent.

### **Accountability of the ECRDTF**

Further to the Local and Regional Drugs Task Forces Handbook (pg. 12),

- The ECRDTF will develop a local three year strategy, reflecting local needs and circumstances, to support implementation of the national drugs strategy
- The ECRDTF will identify priorities and actions (an operational plan) for the coming year, in line with nationally agreed priorities
- The ECRDTF will report on its activities, and in particular on its effectiveness and efficiency, twice a year to the Drug Policy Unit (DPU) in accordance with guidelines published by that office
- The ECRDTF will put in place accounting arrangements, based on receipted expenditure, in relation to any public funds disbursed by it and will report annually on its expenditure of public monies. These arrangements to be in accordance with any guidelines issued by the DPU for administration and operational budgets. <sup>3</sup>

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8

The stated objectives of the review and evaluation process are to:

- Identify priority issues/themes and emerging trends for the East Coast Region
- Evaluate existing ECRDTF funded projects [see [Appendix I](#)]
- Assess the effectiveness and relevance of existing processes to the region's emerging priorities
- In line with the National Drug Strategy 2009-2016, the process will also serve to identify current and emerging priority issues in the East Coast Region in the key areas of:
  - Supply Reduction
  - Prevention
  - Treatment and Rehabilitation
  - Drug Misuse Prevalence and Research
- The review and evaluation of existing projects focuses on:
  - Relevance to the priorities and emerging needs in the East Coast Region
  - Assessing the effectiveness of projects in delivering on set objectives
  - Value for money



## **2. Roles and Responsibilities of Regional Drugs Task Force Members**

The establishment of the Regional Drugs Task Forces gives the Statutory, Community and Voluntary sectors as well as Public Representatives and appropriate others a unique opportunity to work together in preparing and implementing an integrated strategy to address drug and alcohol use at regional level. This requires the development of shared values, which promote cooperation and collaboration. For this to happen, however, it is important that all involved are clear as to their roles and responsibilities.

### **Roles of ECRDTF Members**

#### **2.1 Chairperson Role**

The Chairperson or Chair is appointed by the Task Force for a three-year term. The Chair is a key figure and the success of the ECRDTF will very much depend on the level of experience, commitment, skills and energy s/he can bring to the role. The Chair'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 Chair appointed by the Task Force is not directly connected with any of the projects being funded by the ECRDTF. It is also important that there is complete transparency in the arrangements put in place by the ECRDTF for the selection process and appointment of Chairs. The Chair's role is to lead the Task Force and to facilitate its meetings. It is also expected that the Chair will join the Regional Drug Task Force Chairs Network and fully engage with this group including attending any meetings, training or other activities identified as useful to the role.

9

#### **2.2 Vice-chairperson Role**

The Vice-chairperson's or Vice-Chair's role is to chair the ECRDTF meetings in the absence of the Chair. Election of Vice-Chair should take place every three years following ratification of the Chair. The same person may hold the posts of Chair or Vice-Chair for not more than two consecutive terms and the same person cannot hold a combination of these posts for more than three consecutive terms. In as far as practicable, arrangements should be made so that the term of office of the Chair and Vice-Chair do not terminate at the same time.

#### **2.3 Statutory Sector Representatives Role**

Statutory sector representatives are expected to carry out their role in a proactive way, bringing information from their organisations to the Task Force and looking at ways in which their organisation can bring innovative local responses to the drug problem. They must be mandated to act on behalf of their organisation in the planning, implementation and monitoring of the Task Force action plan.

The statutory sector representatives will be expected to undertake a range of duties with the ECRDTF, including;

- Bringing relevant information from their organisations
- Assisting the development of appropriate responses to drug and alcohol use in the region
- Ensuring the effective implementation of proposals that fall within the remit of their organisations
- Monitoring projects being funded through their organisation and assisting with any issues that arise
- Identifying and bringing to the attention of their organisation, any proposed changes that need to be made to their policies/practices to enable them to work in a more co-ordinated fashion with other stakeholders

The above role description is generic. It will be necessary for individual organisation to define the precise role of their representatives, having regard to the manner in which they are best structured to participate in the work of the ECRDTF. In defining this role, the organisation should indicate the precise contribution of its representatives in terms of:

- The approximate amount of time allocated to the representative towards ECRDTF work
- The information that the agency will provide through the representative to enhance policy development and decision making within the ECRDTF
- The process for consulting the ECRDTF on its own service plans/policies
- The process for assimilating information and ideas from the ECRDTF and its policies and practices

## **2.4 Voluntary Sector Representatives Role**

The voluntary sector representatives should belong to a voluntary agency/NGO that is either providing services or actually located in the region. Obviously, this would mean that they would have a good knowledge of the local drug and alcohol issues, as well as a commitment to dealing with it. The two key areas of involvement are prevention/education and treatment/rehabilitation.

The role of the voluntary service representative involves:

- Providing information on the work of the ECRDTF to the various voluntary organisations and agencies in the region to be done in a formalised manner through an existing structure e.g. the Public Participation Network (PPN)
- Organising discussion and debate on that work among those organisations and agencies
- Policy development
- Providing feedback to the ECRDTF

## **2.5 Community Sector Representatives Role**

People who are nominated as community sector representatives should be active within their communities, have some experience of local drug and alcohol issues and have a commitment to dealing with these issues. Through their participation in the ECRDTF, these representatives will:

- Bring to his/her work, an in-depth knowledge of the local drug and alcohol problems
- Assist the development of policies/services based on a perspective gained from their involvement in the delivery of local community-based services
- Represent the view of the local community to the Task Force and keep their community informed on the ECRDTF's work



## 2.6 Public Representatives Role

Public representative will bring their knowledge of the drug and alcohol problem in the areas they represent to the work of the ECRDTF. As mentioned previously, they can also play an important role in consulting the local community on the ECRDTF strategy and winning support for it.

In this context, it is important that they are fully apprised on the ECRDTF strategy and the reasons underpinning it. They will assist the ECRDTF in overcoming local misapprehensions or fears around the provision of services. Public representatives nominated to the ECRDTF are expected to liaise with and encourage other public representatives in their areas to support its work.

## 2.7 Other Representatives Role

In addition to the above groups, it is important to recognise that other groups and communities may be afforded membership, at the agreement of the ECRDTF members. These groups can play an important role in the work of the ECRDTF and their participation should be encouraged and facilitated. The Partnership, Local Drugs Task Force and Social Inclusion Measures Group representatives will assist in ensuring greater co-ordination and co-operation between their respective organisation and the ECRDTF. Communities of interest may include Travellers, and Traveller Specific Initiatives; Gay, lesbian, bisexual and transgender (LGBT) groups, Ex-patriot groups, new communities (e.g. The National Consultative Committee on Racism and Interculturalism); and Service Users.

These representatives will be expected to keep the ECRDTF informed of their strategies to address drug and alcohol use and/or social inclusion issues in their areas, as well as report back to their respective organisations on ECRDTF activities. They will also be expected to assist the ECRDTF in identifying and addressing areas of duplication or overlap in their respective strategies.

11

## Responsibilities of ECRDTF Members

### 2.8 Responsibilities of Chair

- To facilitate the group to work together towards achieving the Task Force's aims
- To act as spokesperson and represent the Task Force, as appropriate
- To help the Task Force to develop policies and priorities and ensuring that it continues to operate to these
- To help to resolve conflict
- To make emergency decisions between meetings, where necessary, in accordance with procedures agreed by the Task Force

It is further noted that facilitating meetings involves the following:

- Helping members to work well together in discussing and deciding issues
- Encouraging all members to participate fully and ensuring that they are heard
- Suggesting ways to dealing with conflict and ensuring that it is not ignored
- Ensuring that members are aware of their responsibility to make meetings effective
- Keep order at meetings and make sure everyone has their say

- Make sure that meetings are time managed
- Ensure that decisions are made and arrived at in a fair and orderly fashion
- Summarise decisions made after each agenda item
- Remain as impartial as possible
- Follow up at meeting regarding decisions
- Represent the organisation externally
- A Chair's Report (aims/objectives/goals)

The above applies to the Vice Chair or deputies equally.

## **2.9 Responsibilities of Task Force Members**

Members have a general responsibility to prepare for meetings, read minutes, reports and any correspondence in advance and take an active part in meetings.

Members have a responsibility to make a useful contribution to discussions and meaningfully take part in decision making.

Members can be asked to get involved in working groups. Work and recommendations of such groups will be returned to the main Task Force for approval and ratification. Members are ambassadors for the ECRDTF. They should promote the work of the ECRDTF in any appropriate forum and at any appropriate opportunity.

Members will be expected to follow up on decisions/actions taken at meetings in consultation with the Chair, Coordinator or Administrator as agreed.

12

The nominating body can appoint available substitute members. The names of substitutes shall be notified to the Chair in advance. Those who are nominated as substitutes will have full voting rights.

In the event of a member failing to attend three consecutive meetings, the appropriate nominating body will be formally requested to review their ability to fulfil the obligation to attend.

## **2.10 Responsibilities of ECRDTF Staff**

- To assist the ECRDTF and its Chair in providing leadership, guidance and management of the work of the ECRDTF, to ensure that the overall purpose and objectives of the ECRDTF are understood, supported and implemented by all participant agencies and representatives
- To continue to profile all existing or planned services or resources available in the ECRDTF region to address the drugs (including alcohol) issue
- To ensure that the aims and objectives of the ECRDTF's action plans are met through ongoing review, updating, prioritisation and amendment, including the initiation of any research required to inform such reviews
- To assist in ECRDTF engagement with the wider community through the organisation of community meetings, occasional information events and the production of bulletins and newsletters
- To assist in the financial management of the ECRDTF operational budget



In preparation for Task Force meetings, ECRDTF staff is responsible for:

- To plan meetings with the Chair
- To assist in the planning of agendas
- To prepare and circulate the minutes for the meeting and proposed agenda
- To make the arrangements for the meeting e.g. venue, refreshments etc
- To deal with correspondence
- To make arrangements to ensure that membership records are up to date
- To prepare a report for each meeting, as required.

### 3. Composition of the Drugs Task Force

Along with the main ECRDTF group, the Task Force organises and oversees the work of a number of other groups.

#### 3.1 Task Force Committees

The ECRDTF can, from time to time, develop committees to carry out certain aspects of its tasks. Committees in existence at present are:

- East Coast Regional Drugs Task Force Treatment and Rehabilitation Committee (T&R)
- East Coast Regional Drugs Task Force Prevention and Education Committee (P&E)

However, the Task Force reserves the right to develop any other group or structure it deems necessary to assist it in its work.

A committee **has the right/responsibility** to:

- Implement relevant actions as agreed, within the ECRDTF Strategy or Action Plan.
- Suggest variations to the Task Force Strategic Plan and issues arising from the Task Force discussions.
- Assess project proposal applications that are submitted to the Task Force under the Prevention and Education pillar or Treatment and Rehabilitation pillar and to make recommendations to the Task Force.
- Oversee the implementation of relevant projects as agreed within the Task Force Strategy and/or Action Plan.

The committee does **not have the right** to:

- Speak to the media, organisations, agencies or the general public on behalf of the Task Force

The committee should **revert to the Task Force** when:

- There is a conflict among the members of the subgroup/committee that cannot be resolved within the group.
- There is an irresolvable conflict of interest.
- On HR, legal, financial and contractual issues.

The committee minutes will remain open to review by all members of the Task Force.

#### 3.2 Objectives of the P&E committee and the T&R committee

- To establish and maintain a working group/steering group in conjunction with project promoters
- To be as inclusive as is practicable in its membership
- To consult with and feedback to target groups
- To promote best practice as regards standards of service delivery and quality using the appropriately recognised tools required e.g. National Rehabilitation Framework (NRF), Quality in Alcohol and Drug Standards (QuADS).



- To make recommendations/proposals pertaining to their specific role to the ECRDTF. It must be noted that all final decision making remain the role of the ECRDTF.
- To oversee the development and implementation of NDS Actions in relation to Prevention, Treatment and Rehabilitation as directed by the ECRDTF within its action plan.
- To inform local, regional and national strategy in relation to P&E and T&R objectives.
- To help identify gaps and emerging needs in the current provision of P&E and T&R in the area and work with the ECRDTF towards filling those gaps.

### **3.3 Membership of P&E and T&R committees**

Members will be understood to represent their organisation or constituent group. Therefore, membership will be held by the organisation/nominating group of each relevant constituency as opposed to individual representatives.

The Chair/Deputy Chair and general membership of the subgroups and committees will be reviewed on an annual basis. Written communication will be issued every 3 years to the individual representatives inviting them to review membership. An internal six monthly review of gaps in terms of membership will be conducted by the sub-group or committee with a view to identifying and addressing any emerging needs or gaps.

The sub-group or committees will only be chaired by a member of the ECRDTF. However, if this is not possible, the sub-group or committee should elect a Chair from existing members. In the absence of the elected Chair or Vice/Deputy Chair, another member (agreed on the day between the members present) will be asked to assume the role in their absence. In this instance, the Coordinator will be asked to provide a report on the activities of the Task Force and bring a report from the sub-group or committee back to the Task Force.

The membership of the P&E and T&R committees will at a minimum stand at 4 persons and will, as far as possible, consist of the following:

- Members of the ECRDTF whose skills would benefit the committee.
- Additional persons, who are not members of the ECRDTF but have knowledge and expertise in the area of prevention, education, treatment or rehabilitation, can be co-opted on to these committees in an advisory capacity following consensus of the committee members.
- Any project with a prevention and education or treatment and rehabilitation focus that is funded by the ECRDTF will be required to nominate a representative as a member on behalf of the organisation/project promoter and report to the committee.
- The Coordinator, Administrator and other Task Force staff will be in attendance at the committee meetings.
- Other Members of the ECRDTF and external speakers may attend from time to time at the agreement of the committee members but these will not be afforded membership.

### **3.4 Meetings**

#### **Frequency and Duration**

The P&E and T&R committees will endeavour to have six (6) meetings per year, usually every second month. However, additional meetings may be held if required. Meetings will not exceed one and a

half hours duration, however, in order to cover any urgent business, a meeting may be extended by one half hour if agreed prior to or at the start of the meeting. Meeting schedules should be agreed at the start of the year and issued to members, wherever possible.

### **Quorum**

A quorum for the meetings will be  $1/3 + 1$  (one third membership plus one) of the current committee with a minimum of 3 members. A member of the ECRDTF or the Coordinator must be present. If the quorum is not reached 20 minutes after the scheduled start of the meeting time, the meeting is deemed cancelled due to lack of quorum. Members must notify the Coordinator and Administrator if they are unable to attend, giving a minimum of 48 hours notice, wherever possible.

### **Confidentiality**

Confidentiality must be adhered to at all times and the integrity of individual members and the ECRDTF must be observed.

### **Attendance**

Absence from three consecutive meetings of the committee without apology will result in a written request being sent by the Chair to that member asking them to clarify their position with regard to their membership. If the issue is not resolved, the ECRDTF will be informed by the Chair. All ECRDTF members are entitled to attend (in an observational capacity only) any and all meetings of the committees. Out of courtesy, an ECRDTF member is obligated to inform the Chair of the committee in advance of attendance.

### **Committee Members Contract**

The committee (and indeed all Task Force groups) will adhere to the following guiding principles:

- Ensure that there is a balance of representation across all sectors on the committee with sensitivity to the geography of the region.
- Each individual should participate by sharing their sectors/constituencies/agencies relevant opinions (but not to the benefit of one's organisation) and experiences, and by listening to and considering the opinions of others.
- If an issue is being discussed where a conflict of interest for a representative/agency arises, that representative is expected to immediately declare the interest and leave the meeting for the duration of that discussion.
- Ensure that each decision considers the best interests of the service users.
- The committee, in its custom and practice, will promote an interagency approach to the Prevention & Education and Treatment & Rehabilitation agenda.
- The promotion of social inclusion will inform all relevant decisions of the committee.
- Particular care should be given to promote an appropriate gender balance.

## **3.5 The ECRDTF Finance Sub-group**

The membership of the Finance Sub-group will consist wholly of members of the ECRDTF. To form this group, membership is afforded automatically to the Chair, Treasurer and HSE representative. It is preferable that one of the cheque signatories also attend, however, any member of the ECRDTF whose organisation or agency receives direct funding from the ECRDTF is precluded from this group. The Coordinator, Administrator and other Task Force staff will be in attendance.



The primary role of this group is to oversee the expenditure of the ECRDTF Operational Budget (Project Code EC 4) and to make clear recommendations to the ECRDTF in relation to the global budget and any other funding issued to the ECRDTF.

The Finance Sub-group will endeavour to have four (4) meetings per year. However, additional meetings may be held if required. Meetings will not exceed one and a half hours duration, however, in order to cover any urgent business, a meeting may be extended by one half hour if agreed prior to or at the start of the meeting. Meeting schedules should be agreed at the start of the year and issued to members, wherever possible.

### **3.6 The role of the Task Force regarding the sub-groups and committees.**

The ECRDTF will support the development and enhance the work of the sub-groups and committees. The Task Force will also conduct a facilitated annual review and planning session to this end.

A short bullet point report from the Chair of any/all sub-groups and committees will be given at each ECRDTF meeting. Similarly, the Chair of any/all sub-groups and committees will give a short bullet point report of relevant issues at each sub-group or committee meeting. This report may be verbal or in written form.

### **3.7 Remit of the sub-groups and committees**

- The mandate of the sub-group/committee comes from the ECRDTF.
- The work of the sub-group/committee will be informed by direction(s) from the DPU, best practice and any other national directives.
- To review all proposals directed to the sub-group/committee by the ECRDTF in relation to their specific role and make recommendations regarding these proposals to the ECRDTF.
- The sub-group/committee will be focused primarily within the geographical spread of the ECRDTF.
- The sub-group/committee will endeavour to ensure that effective communication occurs between the Task Force and other sub-groups and committees.

## **4 Nomination Process for Members of ECRDTF**

The ECRDTF will endeavour to ensure that the best candidates are members and to that end, will operate the following procedures.

### **4.1 Nomination Process - Chair**

The ECRDTF Chair will be selected directly by the ECRDTF, although, in order to ensure that the most suitable person is selected, s/he need not necessarily be a representative of one of the participating bodies/sectors on the ECRDTF. The criteria for nomination include: a relevant expertise, knowledge and experience of the drugs issues in the region and an assurance of the necessary time commitment to carry out the role. The term of office of a Chair will be three years with no allowance for re-nomination. Applications should be sought and interviews held for this position. At the end of each term, the position is automatically revoked. The ECRDTF will also elect a Vice-Chair who is available to stand-in for the Chair, as required. Each Chair is required to inform the Coordinator two months before the end of his/her term to ensure that a replacement is sought in sufficient time.

### **4.2 Nomination Process - Community Sector Representation**

Representation from the community sector will be accessed through the local Public Participation Networks (PPN) in writing. The ECRDTF will allocate up to 3 places for community sector representatives. Ideally, nominees should live within the ECRDTF region; have an interest, experience and knowledge of the local situation with regard to drug and alcohol issues; and have a commitment to dealing with it. The nominees will be expected to develop a 'thematic' group within the PPN structure where they will report from and to the ECRDTF identifying relevant issues, blocks and gaps and on the ongoing rollout of the ECRDTF action plans. The term of office of a community sector representative will be three years. An individual community sector representative can be re-nominated by the PPN structure in writing for a second term. However, at the end of each term, membership is automatically revoked. Each community sector representative is required to inform the Chair two months before the end of his/her term to ensure that the PPN network can be contacted in sufficient time and a replacement sought.

### **4.3 Nomination Process - Voluntary Sector Representation**

Representation from the voluntary sector will be accessed through the local Public Participation Networks (PPN) in writing. The ECRDTF will allocate up to 3 places for voluntary sector representatives. Ideally, the representatives should be selected from both treatment/rehabilitation and prevention/education perspectives, however, it is not necessary that the PPN nominees get either direct or indirect funding from the ECRDTF. The nominees will be expected to develop a 'thematic' group within the PPN structure where they will report from and to the ECRDTF identifying relevant issues, blocks and gaps and on the ongoing rollout of the ECRDTF action plans. The term of office of a voluntary sector representative will be three years. An individual voluntary sector representative can be re-nominated by the PPN structure in writing for a second term. However, at



the end of each term, membership is automatically revoked. Each voluntary sector representative is required to inform the Chair two months before the end of his/her term to ensure that the PPN network can be contacted in sufficient time and a replacement sought.

#### **4.4 Nomination Process - Statutory Sector Representation**

Each statutory organisation will nominate one representative to the ECRDTF. In this context, it would be important that the nominated representative either work in a relevant area within their organisation or have direct access to those who do. It would also be important that they are at an appropriately senior level so as to be able to influence policies, practice, etc within their organisation.

It is a matter for the ECRDTF members to determine which statutory organisations are invited to become full Task Force members and which are invited to participate at committee level. However, there is an onus on the ECRDTF to structure their meeting to most effectively utilise the time and expertise of members particularly around matters of strategic importance. Statutory members must be nominated by their organisation and the ECRDTF will request an endorsement of this nomination, in writing, every three years.

#### **4.5 Nomination Process - Public Sector Representation**

Local members of the Oireachtas and members of relevant Local Municipal Councils have automatic entitlement to become members of the ECRDTF. In this regard, the ECRDTF allows for two members of the Oireachtas and three elected members of Municipal Councils within the ECRDTF region to take up places on the ECRDTF. Subsequent to each election, the Chair will write to the Cathaoirleach of each County Council within the ECRDTF region and inform him/her of the places available and request a reply within a specified time frame indication whether this offer is to be accepted. Oireachtas members will be accessed directly and similarly. Selected members will be required to keep their colleagues informed in regard to the ECRDTF action plan. The term of office of elected representatives will be for the duration of their election. Once a new election is officially called, membership will automatically cease and new member will subsequently be sought, after the election results are finalised, by the process indicated above.

#### **4.6 Nomination Process - Other Representation**

In addition to the above groups, it is important to recognise that other groups and communities of interest may be afforded membership, at the agreement of the ECRDTF members. These groups can play an important role in the work of the ECRDTF and their participation should be encouraged and facilitated. Agencies of interest may include local Partnerships, Local Drugs Task Forces, Local Community Development Committees, etc. Communities of interest may include Travellers, and Traveller Specific Initiatives; Gay, lesbian, bisexual and transgender (LGBT) groups, Ex-patriot groups, new communities (e.g. The National Consultative Committee on Racism and Interculturalism); and Service Users. The terms of office for any of these representatives will be three years. An individual such representative can be re-nominated by the nominating structure for a second term. However,

at the end of each term, membership is automatically revoked. Each such representative is required to inform the Chair two months before the end of his/her term so that the nominating body can be contacted and a replacement sought.<sup>3</sup>

The current Task Force Membership is listed in [Appendix II](#).

## **4.7 Principles of conduct for all Task Force committee members**

### **Selflessness**

Task decisions solely in the public interest

### **Integrity**

Do not place yourself under any financial or other obligation to outside organisations, etc. that might influence you in the performance of official duties

### **Objectivity**

Choices to be made on merit, including making appointments, awarding contracts

### **Accountability and Stewardship**

Be accountable for decisions and actions and submit to appropriate scrutiny

### **Openness**

Be as open as possible about all decisions and actions taken and give reasons for decisions

### **Honesty**

Declare private interests relating to public duties and take steps to resolve any conflicts arising

### **Leadership**

Promote and support principles by example.

## **4.8 Declaration of Interest**

All members must be conscious of interests that impact on or may be thought to impact on his or her role as a member. These interests may be financial interests (including employment, contracts, land) or non-financial interests relevant to the ECRDTF. An interest must also include the interests of spouses, relatives, friends and business associates. In judging whether an interest exists or not, a member should consider what a reasonable and objective observer, with knowledge of all relevant facts, would think. It is also noted that not all personal interests are prejudicial and likely to harm ability to judge the public interest. In cases of doubt, the member should discuss this with the Chair in advance of the meeting.

Where an interest is deemed prejudicial, the member must declare the interest and withdraw. Where a member does not withdraw, any other member of the meeting can request a withdrawal and the Chair is obliged to intervene and resolve the issue.

In making a declaration of interest, a member must do so at the earliest possible time. The onus is on each member to be familiar with the agenda in advance of the meeting. All declarations must be recorded in the minutes. If a member is unsure, he or she must discuss it with the Chair in advance of the meeting.

A member with a conflict of interest **should not get involved in** any of the following:



- The setting of criteria for the award of the grant, tender etc
- Be a member of the Grant (or other) Committee if he or she is a significant or habitual recipient or likely to be
- Access papers relating to their application in advance of the meeting
- Be present for the discussion, assessment and/or decision
- Use his/her position to try and improperly influence the decision in his/her absence
- Comment inside or outside the meeting in respect of the interest

The Chair is required to have robust and objective assessment processes in place to ensure a level playing field with no advantage (either real or perceived) given to bodies or individuals with ECRDTF representation. All applications and bids must be dealt with in a transparent way and subject to assessment on the basis of criteria set down well in advance of the application/bid process. The Chair must oversee an independent Appeals Process if the issue arises.

#### **4.9 Conduct**

Where the issue of removal of an ECRDTF member arises, the Chair should mediate at a regional level to attempt to resolve the issue. If this is not possible or desirable, the ECRDTF can request the Department of Health Drug Policy Unit (DPU) for assistance to either take a direct role in resolving the situation, or to involve external mediation.

Where this is not possible, a special meeting should be held, or which all ECRDTF members are notified, where a member can be voted out on a two-thirds vote.

Members must be mindful at all times of the confidentiality required. Members must not disclose information that is confidential or obtained through privileged access. It is further clarified that such information includes facts, advice and opinions in written and unwritten form.

## 5. Supports for Drug Task Forces

A range of supports have been put in place to assist the ECRDTF in its work.

### 5.1 Coordinator

A Coordinator is appointed full-time to each Drugs Task Force. The Coordinator is employed by the HSE who have responsibility for their conditions of employment and salaries. The Coordinator, in conjunction with the ECRDTF and its Chair, play a pivotal role in assisting the ECRDTF in developing and implementing its drug strategy. This necessitates him/her taking a pro-active role in driving the work of the ECRDTF and managing its day-to-day operation, including the provision of project and financial information. Some of the ways the Coordinator supports the work of the ECRDTF include:

- To profile services and resources available in the local region to combat drugs
- To ensure that the aims and objectives of the ECRDTF's action plans are met through ongoing review, updating, prioritisation and amendment, including the initiation of any research required to inform such reviews
- To facilitate multi-sectoral collaboration through increased participation in the ECRDTF service provision within the region
- To support the ECRDTF in reviewing emerging needs and prioritising responses and helping to oversee the effectiveness of the ECRDTF funded projects
- To disseminate information on local drugs issues, ECRDTF plans, services and other responses
- To liaise with key interest groups, service providers, Government Departments and other relevant groups
- To coordinate a range of activities of the ECRDTF

Where a vacancy arises, the Chair of the ECRDTF should seek the HSE representative to immediately initiate recruitment procedures to appoint a replacement and to make arrangements for the interim. The HSE should work closely with the ECRDTF in the recruitment process which ideally should include the ECRDTF Chair or Vice-Chair on any interview panel.

The appropriate line manager within the HSE will be the Coordinator's line manager dealing with all normal personnel matters (annual leave, sick leave, etc).

### 5.2 Administrator

Additional support staff in the form of an Administrator is provided for through the ECRDFT Operational Budget. The key functions of the administrator include:

- General office administration
- Financial monitoring of operational budget expenditure
- Keeping up to date on drugs/addiction information
- Dealing with any enquiries from the ECRDTF members, funded groups etc.
- Promoting the work of the ECRDTF through on-going website development
- Typing letters and reports as required
- To prepare meetings, take the minutes and circulate for all committees
- To assist with Task Force Operational Budget (Project Code EC 4) financial records
- To assist with the updating of the policies and procedures



- To assist with the small grants process
- To assist with the DTF1 Form process
- To assist with the Service Arrangement and Grant Aid Agreement form process
- To further assist the Chair and Coordinator on any specific related work

### **5.3 Operational Support Costs**

The HSE has primary responsibility for providing and maintaining adequate administrative supports to the Task Force Coordinators. However, a flexible approach is taken and the ability of other State agencies to assist in the provision of back-up services and accommodation is explored, where appropriate, having regard to the level of services provided by those agencies in the area and particular needs of the Task Force.

Task Forces are also permitted to include into their action plans, proposal for whatever additional supports are necessary – within their financial resources – to enable them to implement the plans.

### **5.4 Administrative/Development Funding**

The funding will cover the costs of travel and subsistence, and childcare or carers costs of Task Force Chairpersons and community representatives. In limited instances, travel and subsistence for voluntary representatives can be met. Other costs and expenses such as publishing ECRDTF materials, advertising, public meetings, conferences, etc. are permitted. It may also be used to provide 'seed' funding to new and emerging community and voluntary groups as a precursor to involving them more actively in the Task Force's overall drugs strategy at a later date.

### **5.5 Travel and Expenses**

Travel and other such expenses are required to be kept to a minimum. However, certain members can claim out-of-pocket expenses. In general, only the Chair and community sector representatives are eligible to claim costs to meet travel and family care. However, where a particular difficulty is experienced in relation to an individual voluntary sector representative, their needs should be discussed with the Chair and Coordinator before s/he commences attendance at the ECRDTF. Under Department of Health guidelines (DPU, 13/02/13), Task Force staff employed by the HSE are not eligible to claim any expenses from the ECRDTF.

The ECRDTF Coordinator, as part of the preparation of the Operational Budget, should be aware of all members so that s/he can estimate the travel needs to meet the travel costs of the Chair and community sector representatives. Due to the size of the area involved, travel costs will inevitably vary for community representatives and, in some instances, voluntary representatives. Other necessary costs will be met on a vouched invoice or receipt basis e.g. light refreshment, parking, public transport fares. Such costs need to be claimed on a quarterly basis, at a minimum.

In general, employers, particularly agencies funded through the State and voluntary drug projects which are significantly funded by the State, should be approached locally with a view to covering the

costs of attendance at meetings from within their overall budget. Where necessary, exceptional cases that arise with the voluntary sector representatives, will be assessed by a group comprising the Chair, Coordinator and Treasurer.

Standard HSE travel rates should apply to all claims (see current rates in [Appendix III](#)). Standard HSE regulations regarding the production of valid insurance certificates with indemnification of the ECRDTF to prevent liability claims will apply. Any additional insurance costs incurred by community sector representatives e.g. self-employed, carers, homemakers etc. in indemnifying the ECRDTF to prevent any subsequent liability claims should be met from the budget. Shared travel arrangements should be encouraged where possible to keep down costs. In all cases, claims for recoupment should be made only on the basis of vouched invoices or receipts. HSE standard travel claim forms should be used when making applications for refund of expenses (available from the ECRDTF Administrator).

ECRDTF meeting arrangements should ensure that payments of subsistence rates would not normally apply. However, meeting arrangements should include provision of refreshments for meeting participants, as deemed necessary.

Expenses incurred in relation to the care of the young, sick or elderly persons, while members are attending ECRDTF business, may be recouped on the basis of vouched invoices and receipts. The ECRDTF acknowledges that there may be regional variations in the rates charged. In all cases, members are required to seek the clearance of the ECRDTF Chair and Coordinator before incurring the expense. The ECRDTF Coordinator, as part of the preparation of the Operational Budget, must estimate the needs of subsistence and family care costs for the relevant members.

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24

The underlying principle governing the membership of the ECRDTF by all representatives is that s/he do so on a voluntary basis. Therefore, payments by way of salary, fee payment or loss of earnings or for giving up their own time to attend meetings etc. are ineligible for funding. Voluntary sector representatives will be mandated and resourced to attend meetings of the Task Force by agreement with the PPN for the region and the project service provider from which they normally work. In most cases, the employing project will remunerate the voluntary sector representative to attend meetings. In some circumstances, a local service provider may not be in a position to support a worker. This issue needs to be raised with the Chair and the Coordinator before s/he commences attendance at the ECRDTF. The issue will then be addressed by a group comprising the Chair, Coordinator and Treasurer.

For public representatives, the Department of Community, Rural and Gaeltacht Affairs sanctioned expenses for public representatives up to a limit of €1,125 per annum per representative for attendance at RDTF meetings. Travel expenses should be claimed from the local authority in the first instance. Expenses not covered by the local authority can be claimed from the ECRDTF using the HSE standard travel claim form (available from the ECRDTF Administrator).

For employees and volunteers, the ECRDTF appreciates their rights to be reimbursed for any and all expenses incurred during and in relation to the fulfilment of their duties. To this end, the ECRDTF will refund any such expenses once a legitimate claim is submitted on the appropriate claim form and endorsed by the Chair. Travel and subsistence rates will be communicated to each employee on



commencement of employment but may be changed from time to time. Current rates are listed in [Appendix III](#).

Additionally, community sector representatives have an important role in providing information to and consulting with local communities in relation to drug issues, and to impart information from the work of the ECDTFT to their communities. A crucial part of that role is in their coming together to identify issues of common concern, so as to have a joint input and impact on policy development. They are assisted in this role by the NCCDATF community sector representatives and assistance from Citywide with the process of establishing networks nationally, facilitating training and regular meetings of the Task Force community sector representatives. Where community sector representatives are attending regional and national meetings as part of their role, the travel, subsistence and family care costs should be applied. <sup>5</sup>

## **5.6 Training**

Training for ECRDTF members is essential to the success of the initiative, particularly as representatives from the voluntary, community and statutory sectors are being asked to work together in a new and innovative setting. The ECRDTF should regularly identify the training and development needs of its members with a view to determining how these needs can best be met.

## **5.7 Teleconferencing Policy**

With the advent of new technologies, and with restrictions on people's capacity to travel to meetings, it is becoming increasingly common for people to 'attend' meetings via teleconference or videoconference. However, this can raise difficulties for more formal meeting structures in terms of recording of 'attendance' and determining whether a meeting has a quorum.

At this time, the ECRDTF does not have the facilities to support such attendance but will continue to keep monitoring and reviewing this issue.

## Bibliography

1. Department of Community, Rural and Gaeltacht Affairs (2009) **National Drugs Strategy (interim) 2009-2016**. Dublin: Department of Community, Rural and Gaeltacht Affairs.
2. HSE (2014) **Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group**. Available on [hsenet.hse.ie/Intranet/HSE\\_Central/Library/Publications/?importUrl=http://localhost:82/eng/services/publications/corporate/CHORreport.html](http://hsenet.hse.ie/Intranet/HSE_Central/Library/Publications/?importUrl=http://localhost:82/eng/services/publications/corporate/CHORreport.html). [Accessed 14 May 2015]
3. Drug Advisory Group (2011) **Local and Regional Drugs Task Forces – Handbook – February 2011**. Dublin: Department of Community, Equality and Gaeltacht Affairs.
4. Department of Health Drug Policy Unit (2014) **Revised Terms of Reference of Drug and Alcohol Task Forces – directive issued 23/06/14**. Dublin: National Coordinating Committee on Drug and Alcohol Task Forces. Unpublished.
5. Department of Health Drug Policy Unit (2013) **Financial Guidelines for the RDTF Administration and Development Budget – directive issued 13/02/13**. Dublin: Department of Health Drug Policy Unit. Unpublished.



## Appendix I – ECRDTF Funded Projects

The ECRDTF currently oversee funding under 8 different codes

<i>Project Code</i>	<i>Project and Brief Description</i>	<i>Channel of Funding</i>
EC 2	<b>Wicklow Child &amp; Family Project</b> – to fund specific drug, alcohol, addiction related interventions to families attending this service and to provide a specific Brief Intervention Counselling service in Arklow and Wicklow town	HSE
EC 3	<b>Wicklow Travellers’ Group</b> – to fund a Drugs Outreach Prevention Worker to specifically work with the 240 Traveller families in this area delivering prevention and education programmes	HSE
EC 4	<b>ECRDTF Operational Budget</b> – to fund the general administration and day to day costs of the ECRDTF and provide specialised funding for specific project identified by the members	HSE
EC 6	<b>ISPCC</b> – to provide a specific Teen Focus Project for young people aged 10 to 18 providing Resilience building tailored programmes and developing protective factors in youth across the ECRDTF	HSE
EC 7	<b>Living Life Counselling</b> – to provide specific addiction counselling services for adults in the Arklow facility	HSE
EC 12	<b>Crosscare Youth Services</b> – to fund a Drug Outreach Worker to deliver drug specific education and prevention initiatives for youth across the Wicklow area of the ECRDTF	KWETB
EC 13	<b>Tiglin Challenge</b> – to specifically fund 5 residential beds to deliver a drug rehabilitation programme for adults from the ECRDTF area, based on need and appropriate care	HSE
EC 14	Rehabilitation Integration Service (hosted by <b>Tiglin Challenge</b> ) – to fund 2 Rehabilitation Integration Workers to provide initial addiction assessment and referral to appropriate services	HSE

## Appendix II – ECRDTF Members

Sector	Name	Representing
<b>Chair</b>	<b>Mr. Anthony Dunne</b>	
Community	<b>Ms. Dolores Goucher</b>	Wicklow
Community	<b>Ms. Mary Millett</b>	Rathnew
Voluntary	<b>Mr. Eamonn McCann</b>	Wicklow Travellers' Group
Voluntary	<b>Mr. Aubrey McCarthy</b>	Tiglin Challenge
Statutory	<b>Mr. John Craven</b>	Health Service Executive
Statutory	<b>Mr. Edwin Daly</b>	Revenue Customs & Excise
Statutory	<b>Ms. Alison Fox</b>	Kildare Wicklow Education and Training Board
Statutory	<b>Ms. Bernie Lillis</b>	Dublin City Council
Statutory	<b>Insp. Brian O'Keeffe</b>	An Garda Síochána
Elected	<b>Mr. Andrew Doyle, TD</b>	Oireachtas
Elected	<b>Cllr. Pat Fitzgerald</b>	Wicklow County Council
Elected	<b>Cllr. John Snell</b>	Wicklow County Council

28

Mr. Aubrey McCarthy acts as Vice-Chair.

### Staff of the ECRDTF

Coordinator	<b>Ms. Maeve Shanley</b>	maeve.shanley@hse.ie
Administrator	<b>Ms. Una Reynolds</b>	ecrdtf@gmail.com

### Website of the ECRDTF

**www.ecrdtf.ie**

Membership as at August 2015



## Appendix III – Travel and Subsistence Rates

Travel Rates (effective from 25/03/09 per HSE)

Official Motor Travel in a Calendar Year	Engine Capacity up to 1,200 cc	Engine Capacity 1,201 to 1,500 cc	Engine Capacity 1,501 and over
	cent	cent	cent
Up to 6,437 km	<b>40.11</b>	<b>47.82</b>	<b>60.88</b>
6,438 and over	<b>21.70</b>	<b>24.33</b>	<b>29.43</b>

Updated Training Rates/Travel and Subsistence Rates			
Travel <b>31 cents</b> per Kilometre	Subsistence <b>€58</b> per night outside Dublin	Subsistence <b>€80</b> per night in Dublin	Daily Subsistence of <b>€14.34</b> is payable only if no food or catering provided as part of the training event or conference, etc

29

Current Subsistence Rates				
>5 hours and 3 miles from base		>10 hours and 3 miles from base		Overnight rate
With Canteen	No Canteen	With Canteen	No Canteen	
<b>€5.92</b>	<b>€13.71</b>	<b>€19.90</b>	<b>€33.61</b>	<b>€108.99</b>

When making a claim for reimbursement of expenses

- Submit the authorised form by the 8<sup>th</sup> of each month
- Submit one month at a time, or on a quarterly basis at a time
- Complete the form in kilometres
- Use the correct kilometre and subsistence rates

# Appendix IV – Map of the East Coast Region

