

**Local Area SEND Board  
Terms of Reference (ToR)**

**Review Date**

<b>Version</b>	<b>Next Review Due (Date)</b>	<b>Reason for review</b>
V5	Nov 2020	Annual review

**Change History**

<b>Version</b>	<b>Date</b>	<b>Reason for change/update</b>
V1	8/1/2020	ToR agreed in principle by Board
V2	3/2/2020	Optional attendee names added and Cllr Evonne Williams noted as Vice Chair in membership table. ToR amended to include additional information around voting and decision making, quorum, confidentiality and conflict/s of interest.
V3	17/2/2020	Amendment to Mick Burrows job title, addition of Becky Barker.
V4	27/2/2020	Removal of Naomi Compton and addition of Nicky Smith and acknowledgement of responsibility for Local Area SEND strategic direction in Roles and Responsibilities.

V5	24/6/2020	Added in details ref submission of issues and risks as per Board meeting 24/6/2020
V6	4/11/2020	Updated Health membership as per email from BS 26/10/2020
V7	8/2/2021	Addition of Suanne Lim
V8	25/02/2021	Addition of Roles and Responsibilities table into Section 4, added section 9 on holding each other to account, added escalation boards into section 14; at request of Joint Commissioning Group

**Document Owner**

<b>Role / Job Title</b>	<b>Team</b>	<b>Reason for change to Document Owner (if applicable)</b>
Strategic Director People Services	People Services	

**1) Scope and Purpose**

The Local Area SEND Board is responsible for the strategic co-ordination of the work of partners to ensure the SEND strategy and vision underpinning the SEND reforms is effectively delivered in the Local Area.

The Board will oversee the development and subsequent delivery of the Local Area Statement of Action written in response to the Local Area inspection of SEND services.

**2) Membership**

*The Board members are of sufficient seniority within their organisation they represent to effect change and identify additional resources as and when necessary.*

<b>Name</b>	<b>Job Title</b>	<b>*Statutory Constitutional appointment (Yes/No)</b>	<b>**Non – Statutory constitutional appointment (Yes/No)</b>
Phil Harrison (Chair)	Regional Director Shaw Education Trust		
Andy Smith	Strategic Director People Services		
Cllr Evonne Williams (Vice Chair)	Lead Member CYP		
Brigid Stacey	Chief Nursing Officer		
Rachel Rule	PCT		
Becky Barker	PCT		
Kevin Rowland	Professional Advisor DfE		
<b>Optional Attendees</b>			
Gurmail Nizzer	Service Director – Integrated Commissioning/SRO Section 1		

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David Gardner	SEND SRO & Assistant Director MHL D & Children's Commissioning Derby & Derbyshire CCG		
Pauline Anderson	Service Director – Learning, Inclusion and Skills/SRO sections 2, 3 & 5		
Suanne Lim	Service Director for Early Help and Childrens Social Care		
Nicola Smith	Head Children's Commissioning, Physical Health Derby & Derbyshire CCG		
Helen Hipkiss (delegated representative for Brigid Stacey as required)	Director of Quality NHS Derby and Derbyshire Clinical Commissioning Group		
Jayne Hankins	Designated Clinical Officer –SEND NHS Derby and Derbyshire Clinical Commissioning Group		
Lucy Herbert	Project Manager Local Area SEND		

If a lead senior responsible officer (SRO) cannot attend a meeting; then a suitable representative should be nominated to attend, who can present reports/updates, answer queries and feed back to the lead senior responsible officer (SRO).

- 3) Appointment of Chair** – Phil Harrison Regional Director at the Shaw Education Trust agreed to initially pick up the chair of the Board following a request made by the Local Area, since it was the view of the Local Area that this would provide impartiality and additional rigour.

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The Vice Chair is Cllr Evonne Williams

#### **4) Roles and Responsibilities**

The Local Area SEND Board is responsible for the strategic co-ordination of the work of partners to ensure the SEND strategy and vision for Local Area SEND is effectively delivered in the Local Area. As part of this the Local Area Board has a primary function to ensure that there is sufficient scrutiny and effective monitoring on progress with, and impact of, the WSOA.

In doing so the Board:

- holds SROs to account for delivery of the WSOA
- must be assured that there is evidence of both progress and impact
- will evaluate short term progress and long-term projections of work, to be reviewed at each meeting (SRO updates)
- will formally review of the full WSOA every quarter
- Review and support for management of WSOA issues and risks, including raising issues and risks for consideration by the WSOA Project Board as they arise.

The Roles and Responsibilities of the different organisations represented is aligned to that of joint commissioning arrangements is as defined in the SEND Code of Practice section 3.70 as defined in appendix 1 below.

#### **5) Terms of Reference (Key Objectives)**

- To ensure that the five issues raised as issues of serious concern in the Local Area inspection are fully understood by partner agencies and responsibilities in addressing these concerns are clear
- To ensure that the Local Area Statement of Action is completed on time and responds appropriately to the key issues raised in the Local Area inspection.
- To ensure the Local Area is well prepared for the return of monitoring agencies, such as DfE, Ofsted and HMI.

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- To identify, facilitate and deliver additional support and resource as and when required to ensure delivery of the actions identified in the Statement of Action.
- Seeking assurance on the work of the Delivery Group, including Task and Finish Groups
- Receiving performance updates from the Impact and Analysis Group every quarter
- To remove any barriers to improvement as identified within the Statement of Action
- To champion awareness of the importance of SEND reforms within partner agencies

### 6) Meetings and Activities:

#### Scheduled Meetings

Meetings to take place every 6 weeks for the first 12 months, with a view to amending this to every 2 months at the first review of the Board.

#### Electronic Decisions

Collective decisions can be made between scheduled meetings by email if time sensitive or requiring an urgent response.

#### Urgent Decisions

Where an urgent decision is needed between meetings it may be taken by the Chair and three other Board members. Urgent decisions taken between meetings will be reported to the next Board meeting.

#### Minutes/Actions and Communication

Minutes and actions will be taken by the Project Support Officer, these will be circulated to the Chair and then all members and attendees as soon as possible. These will also be stored in the WSoA project folder on Opentext for internal colleagues <http://dcc-otcs/otcs/llisapi.dll?func=ll&objId=143300881&objAction=browse&viewType=1>

### 7) Standard Agenda Items

- Highlight report from Project Manager, including specific and more detailed reporting from SROs as requested by the Board
- Issue and risk log
- Formal review of WSOA every quarter
- Feedback from the Delivery Group.
- Feedback from the Impact and Analysis Group
- Local Area SEND issues for discussion, review and/or sign off outside the WSoA
- AOB

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### **8) Voting and decision making**

All named members of the Board have voting rights. The Chair of the Board shall have the casting vote. Each member of the Board will have one vote. Wherever possible decisions will be made by consensus. Where this is not possible the decisions of the Board will be taken by majority vote but in all cases the majority vote must include the consensus of the Chair. In the event of a deadlock the Chair, or in the absence of the Chair, the Vice Chair, will have a casting vote.

Members may need to send a substitute to attend the meeting. The Board must be advised in advance of the attendance of a substitute. Substitutes will have the same voting rights as the member they represent.

### **9) Holding each other to account**

Partners pledge that where disagreements occur, a child's needs will be put first. Disagreements should always be sought to be resolved informally in the first instance.

Where disagreements cannot be resolved informally, or through established dispute resolution protocols, escalation is to the relevant escalation board as stated in section 14 below.

### **10) Quorum**

Three voting members must be present to take decisions, including the Chair and at least one representative from Derby City Council and Derby and Derbyshire Clinical Care and Commissioning Group.

### **11) Confidentiality**

Members will take all reasonable steps to maintain the confidentiality of any information of a personal nature, or relating to the financial or business affairs of other persons, or which is commercially sensitive, that comes into their possession or knowledge arising out of their membership of this Board.

### **12) Conflict/s of Interest**

At the beginning of each meeting members must declare any financial or a clear and substantial private or personal interest. They must leave the meeting if they have declared a financial or a clear and substantial private or personal interest unless permitted to remain by the Chair. If they declare a private and personal interest that is not clear and substantial they may take part in full discussions with the approval of the Chair.

### **13) Governance arrangements:**

The Local Area SEND Board will report to the DFE and NHS England every 3 months.

Progress will also be reported (as appropriate) to Scrutiny and Cabinet within Derby City Council and the CCG Governing Body.

**14) Relationship / links with other Boards/Working Groups/Partnerships/Initiatives**

The Local Area SEND Board is accountable for the oversight and strategic response to the SEND reforms and for developing and progressing the Written Statement of Action.

The Derby Local Area SEND Delivery Group is responsible for delivering the WSOA and commissioning / de-commissioning Task and Finish Groups in line with the commitments in the WSOA. The Delivery Group will report directly to Local Area SEND Board where SROs will be held to account for delivery, progress and impact.

The SEND Impact and Analysis Group will focus on performance and intelligence information; carry out reviews on completed actions, monitoring complaints, customer experiences, contract updates and closing the loop

The Local Area SEND Board is accountable to The Health and Wellbeing Board, Children Families and Learners Board, Children's Joined up Care Derbyshire Board and DFE/NHSE.

**APPENDIX 1**

**Local accountability (extract from SEND Code of Practice section 3)**

3.70 The roles and responsibilities of bodies is aligned to joint commissioning arrangements and requirements and are summarised below:

<b>Agency</b>	<b>Key responsibilities for SEN or Disability</b>	<b>Accountability</b>
Local authority	Leading integration arrangements for Children and Young People with SEN or disabilities	Lead Member for Children's Services and Director for Children's Services (DCS)
Children's and adult social care	Children's and adult social care services <b>must</b> co-operate with those leading the integration arrangements for children and young people with SEN or disabilities to ensure the delivery of care and support is effectively integrated in the new SEN system.	Lead Member for Children and Adult Social Care, and Director for Children's Services (DCS), Director for Adult Social Services (DASS).



Health and Wellbeing Board	<p>The Health and Wellbeing Board <b>must</b> ensure a joint strategic needs assessment (JSNA) of the current and future needs of the whole local population is developed. The JSNA will form the basis of NHS and local authorities' own commissioning plans, across health, social care, public health and children's services.</p> <p>This is likely to include specific needs of children and young people with SEN or disabilities.</p>	<p>Membership of the Health and Wellbeing Board <b>must</b> include at least one local elected councillor, as well as a representative of the local Healthwatch organisation. It <b>must</b> also include the local DCS, DASS, and a senior CCG representative and the Director of Public Health.</p> <p>In practice, most Health and Wellbeing Boards include more local councillors, and many are chaired by cabinet members.</p>
Clinical Commissioning Group	<p>To co-operate with the local authority in jointly commissioning services, ensuring there is sufficient capacity contracted to deliver necessary services, drawing the attention of the local authority to groups and individual children and young people with SEN or disabilities, supporting diagnosis and assessment, and delivering interventions and review.</p>	<p>CCGs will be held to account by NHS England.</p> <p>CCGs are also subject to local accountability, for example, to the Health and Wellbeing Board for how well they contribute to delivering the local Health and Wellbeing Strategy.</p> <p>Each CCG has a governing body and an Accountable Officer who are responsible for ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically and to improve the quality of services and the health of the local population whilst maintaining value for money.</p>
NHS England	<p>NHS England commissions specialist services which need to be reflected in local joint commissioning arrangements (for example augmentative and alternative communication systems, or provision for detained children and young people in relevant youth accommodation).</p>	Secretary of State for Health
Healthwatch	<p>Local Healthwatch organisations are a key mechanism for enabling people to share their views and concerns – to ensure that commissioners have a clear picture of local</p>	<p>Local Healthwatch organisations represent the voice of people who use health and social care on the Health and Wellbeing Board. They</p>