

# Warwickshire School Health & Wellbeing Service

Annual Report for the academic year 2015/2016 – Year 1



Compass



Warwickshire  
County Council

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# INTRODUCTION FROM PUBLIC HEALTH:

School nurses play a crucial role in improving the health and wellbeing of children and young people. In Warwickshire we want to maximise the impact of this workforce, ensuring we have a high quality, visible, accessible, confidential service designed around local need and using evidence based interventions.

During 2015, Warwickshire Public Health led the procurement of the "School Health & Wellbeing Service" based on a re-designed service specification. The development of the new service was informed by an audit of the school nursing service and engagement with children, young people, parents, schools and a broad range of professionals.

The procurement exercise resulted in the new contract being awarded to Compass, a third sector charity. Compass already successfully delivers an Early Intervention service in Coventry and Warwickshire's Young People's Substance Misuse service (as well as other health and wellbeing services across the country).

The new service commenced on the 1st November 2015 and colleagues from Compass have been working with parents, children and young people, schools, GPs, local hospitals, health visitors and other partners as part of the service transformation.

**Kate Sahota**, Commissioning Lead



## THE NEW SERVICE

The service is centred on the delivery of the Healthy Child Programme, which includes a number of key activities, including:

Annual height and weight measurements of Reception and Year 6 pupils as part of the National Childhood Measurement Programme

Annual Health Needs Assessments for: Reception, Year 6, Year 9, Post 16 pupils

Annual health reviews for 'Children Looked After' in partnership with the LAC Health team and Children's Social Care

Contributing to education and individual healthcare plans for children and young people with long-term health conditions or complex medical needs

Support for schools in developing annual school public health plans and reviewing health-related policies, including the delivery of PSHE in the curriculum

# SERVICE OBJECTIVES

- Focus on reducing inequalities and improving outcomes
- Use prevention and early help approaches
- Evaluate preventative and public health programmes in school and community settings
- Identify and support children and young people in need of early help
- Deliver evidenced based approaches that contribute to children and young people's health, wellbeing and behaviour
- Co-ordinate care and refer on to other services
- Support children and young people who have complex and/or additional needs via co-ordination, advocacy, education and training
- Contribute as part of a multi-agency team for children, young people and families with multiple problems
- Support transition from pre-school and primary through to secondary school and further education

# PUBLIC HEALTH WARWICKSHIRE — IDENTIFIED PRIORITIES

Mental Health & Wellbeing	Physical Health & Wellbeing	Positive Lifestyle Choices
Promoting good mental and emotional well-being to enhance resilience	Supporting long term conditions (e.g. diabetes, asthma, epilepsy)	Smoking, drugs and alcohol misuse
Bullying, including physical/on line, peer pressure	Screening and immunisation coverage	Relationships, sexual health, contraception and parenthood
Focussing on early identification and support	Promoting safety and reducing accidental injuries	Maintaining a healthy weight including physical activity and health eating
	Promoting good oral health	

# KEY STRUCTURAL CHANGES

At the start of the contract Compass commenced delivery of a phased transformation plan that focused on reviewing and revising structures, systems and processes to ensure foundations were built for a sustainable future. The service is developing to ensure delivery of a modern, safe, effective, efficient and equitable service to all children, young people, families and stakeholders across Warwickshire.

## Transformation 1 – Staffing structure and skill mix

In order to deliver a public health offer to a wide range of stakeholders focusing on prevention, targeted support and early intervention based on evidenced need:

- Compass school health teams are led locally by qualified specialist community public health (SCPHN) nurses
- Each school (primary, secondary and special) has a named school nurse (SCPHN) and supporting skill mix team
- Each team operates within a locality and works flexibly across the county
- Each local team has a skill mix that reflects local population needs

## Transformation 2 – Streamlining of service provision

To make access and engagement as easy as possible for all stakeholders:

- One telephone number for the service 03300 245 204 is in place including access to a duty worker for emergency queries and referrals
- 3 locality teams are in place – North (Nuneaton), Central (Rugby) and South (Stratford); each team led by a Team Leader and specialist community public health nurses
- Secure emails arrangements set up with partners spanning health, education, local authority and police to enable timely sharing of information and professional liaison

## Transformation 3 – Integrated systems

Ensuring parity of service across the three locality teams so children, young people, families and partner agencies receive the same high quality service irrespective of location:

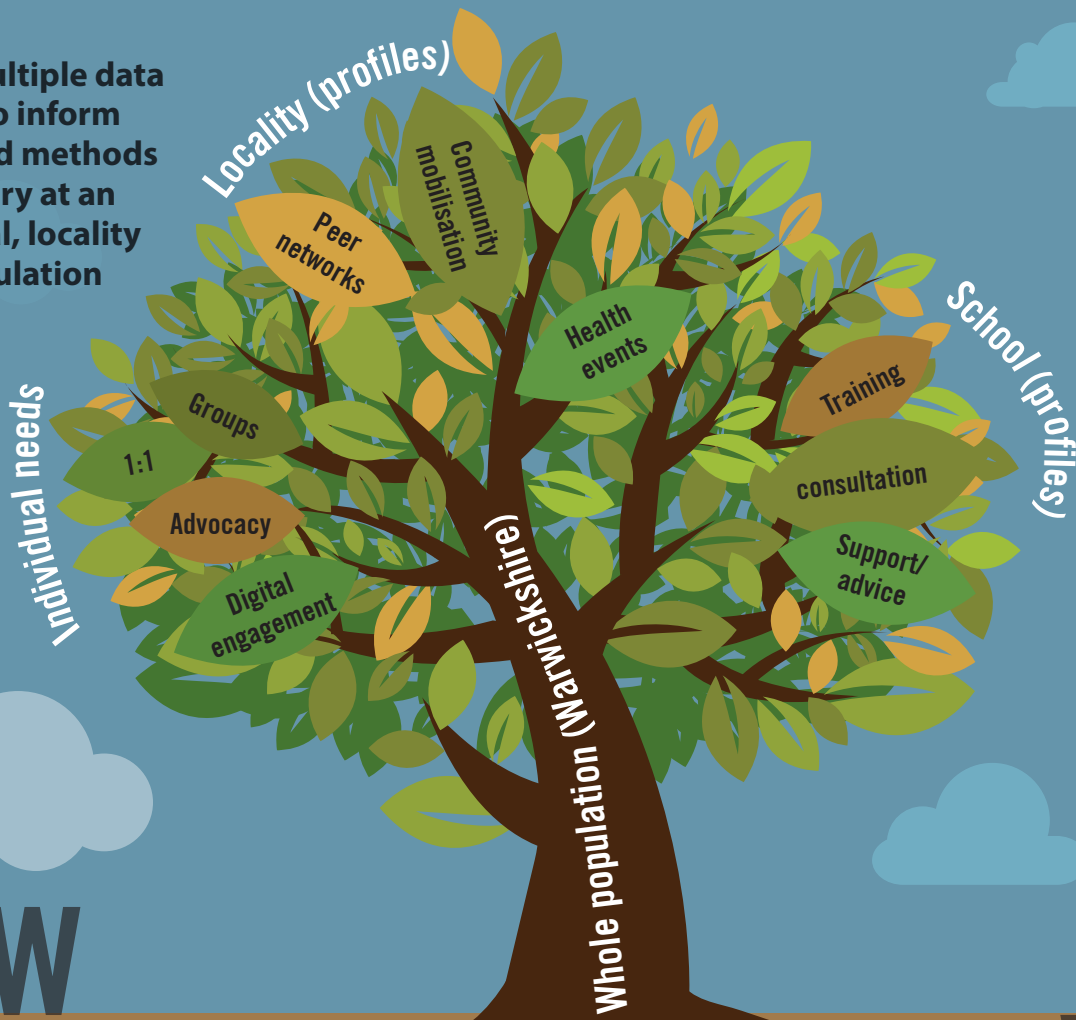
- Standard operating guidance in place to ensure equitable access and service provision across the locality teams
- Integrated referral and care pathways in place with MASH, MARAC and Priority Families to contribute to multi agency assessments and reviews supporting those families most at risk
- Building on the expertise of Compass special needs nurses within each locality team to develop care pathways with specialist health partners for CYP with special educational needs and disabilities

## Transformation 4 – Building community capacity

Enabling the service to become embedded within local communities:

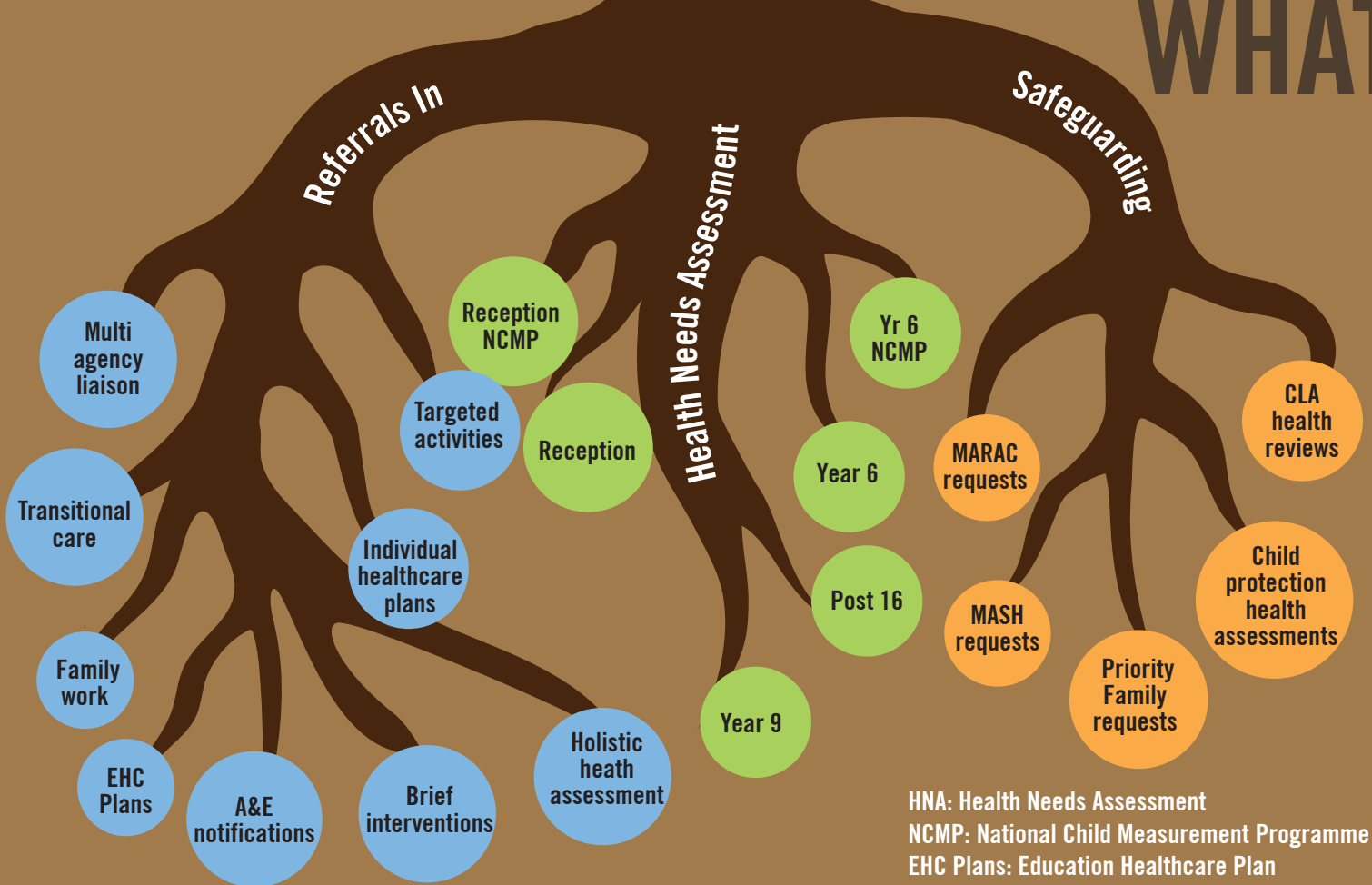
- Each staff member has a specialism e.g. young carers, to better understand and respond to the needs of individuals
- We use the data derived from the universal contacts to identify priority areas and groups, including communities and agencies, with a shared interest e.g. underweight children and provision of Foodbanks
- In addition to schools, use of local communities and established networks to promote the core service and deliver public health interventions e.g. Children Centres

Use of multiple data strands to inform needs and methods for delivery at an individual, locality and population level.



HOW

WHAT



HNA: Health Needs Assessment  
 NCMP: National Child Measurement Programme  
 EHC Plans: Education Healthcare Plan  
 MASH: Multi Agency Safeguarding Hub  
 MARAC: Multi Agency Risk Assessment Conference  
 CLA: Children Looked After

# CHAPTER 1: NEEDS-LED SERVICE DELIVERY

The data from the health needs assessments will inform the local priorities for each school through a tailored School Health and Wellbeing Plan. The service will support schools by delivering targeted interventions that have been designed to meet locally evidenced need alongside acting as the conduit between schools and health to involve the most appropriately commissioned health providers to ensure a 'joined up' coordinated approach.

As part of a phased transformation plan, this report outlines the key challenges and achievements in Year 1 (academic year 2015/2016) and its impact and benefits the changes brings to children, young people and their families.

## **There are early indicators that the changes to the new service offer are beginning to take effect:**

- Positive feedback from families of children supported by the service following the identification of needs through the Year 6 questionnaire;
- Support from teachers about the use of 'themed' drop ins within their school for Year 6 children shaped by the emerging themes resulting from the health needs assessment process;
- Support from parents as a result of incorporating individual child results of the National Child Measurement Programme alongside the health needs assessment, allowing the service to intervene early when children have concerns about body image;
- School health teams being welcomed by schools at new intake parents evenings to promote the service and the health needs assessment questionnaire for school entry;
- Work with the County Council admissions team to pro-actively promote the service and the health needs assessment in the weeks prior to children starting in reception;
- Embracing technology, the service is now using electronic records to manage patient information and the health needs assessments are completed online.

## **Service aim:**



**The School Health and Wellbeing Service is a high quality, visible, accessible and confidential service that improves the health and wellbeing of and reduces health inequalities for school-aged children and young people in Warwickshire (aged 5-19 years/up to 25 years for special educational needs and/or disabilities).**

# LOCAL POPULATION NEEDS:

The service supports approximately 78,000 children and young people in Warwickshire attending one of our:

# 191

primary schools



# 36

secondary schools



# 10

special schools



# 1

all-through primary and secondary school



Of those, approximately  
**11,800**  
are identified as  
having special  
educational needs  
and/or disabilities.

**As well as children and young people attending Warwickshire schools:**

- In 2015, there were approximately 600 children educated at home, and this number is rising
- There are approximately 5,600 children attending schools in Warwickshire that live out of county

## JSNA KEY DATA:

- Approximately 26,000 children (25%) require support for emotional and mental health issues, with the number of hospital admissions as a result of self-harm being higher than the England average
- Almost 1 in 10 children are obese when they start school, by the time they are 11 years old this increases to 1 in 6
- The hospital admission rates for injuries in children and young people is higher than the England average
- The rate of Children Looked After (CLA) is 62 per 10,000. This is significantly higher than our statistical neighbours
- 12,470 children (12.9%) were considered to be living in poverty in 2013
- There is a 32% point difference between the proportion of 'disadvantaged children' and other children, in terms of those achieving more than 5 A\*-C GCSEs, including English and Maths.

The School Health and Wellbeing Service is required to identify additional health needs and provide a service for these children.



# CHAPTER 2 – HEALTH NEEDS ASSESSMENT

An integral part of the service is the universal contacts the service has with every school aged child, including parents/carers. These are delivered via health questionnaires: at school entry (aged 4 to 5 years); and Year 6 (aged 10 to 11 years) to identify health related needs at individual, school, locality and population levels.

School entry children – parents/carers are sent an online questionnaire to complete on behalf of their child covering topics such as: Universal Health, Risk & Protective Factors, Family Health, Emotional Health & Wellbeing, Lifestyle Choices, Services & Choices.

Year 6 children – complete the questionnaire individually (with parental consent) and online in a classroom setting supported by the school health team. Topics are the same as school entry and also include a lifestyle behaviours section covering alcohol, smoking, drug use, solvent use and transition & feelings.

## 2015/2016 – Year 1 results (individual alerts from health questionnaires):

- 1,638 completed out of 6,405 eligible children completing school entry (25%)
- 4,653 completed out of 5,757 eligible children completing Year 6 (80%)
- 27,000 individual alerts ranging from information and advice to follow up screening and assessment

	North locality	Central locality	South locality	Total
<b>5 Pathways of care</b>				
• Risk & Protective	474	430	340	1244
• Emotional Health & Wellbeing	614	482	379	1475
• Holistic Health Interview	855	683	435	1973
• Follow Up	6554	5085	3763	15402
• Information & Advice	3004	2318	1539	6861
Vision Screening	40	47	41	128
Hearing Screening	20	28	22	70

The health needs assessment results do not include children in special schools. This will be a priority for the service to work in partnership with special school heads, pupils and parents/carers as to how best to implement the Healthy Child Programme for children and families with special educational needs and disabilities.

## School public health reports

The data from the health questionnaires is collated and analysed and themed topics are identified for each school. These are included in an anonymised individual school aggregated report to evidence the health needs of their pupils (school entry and year 6).

Many schools will know their pupils and families well and will already have a good understanding of their needs, however this report provides the evidence of need at a school population level that will contribute to the annual planning cycle and setting of priorities.

In addition to the report, schools receive a public health plan from the service which identifies three priority topic areas resulting from the questionnaires including suggestions of how interventions can be delivered as part of an integrated whole school approach.

## Public health priorities

The key public health priorities resulting from the health questionnaires in 2015/2016 encompass all areas of need ranging from requests for information and advice through to follow up support.

## Warwickshire population

Priority	Number of schools	% of schools
Healthy eating	94	61
Transition	90	59
Smoking	58	38
Substance misuse	39	25
Drugs	37	24
Bullying	34	22
Alcohol	18	12
Puberty	7	5
Parenting	6	4
Weight management	5	3
Solvent	4	3
Oral hygiene	3	2
Physical activity	1	1
Family disability	1	1
After school activities	1	1

## South locality:

Priority	Number of schools	% of schools
Transition	45	82
Healthy eating	34	62
Bullying	32	58
Substance misuse	31	56
Smoking	7	13
Drugs	4	7
Weight management	2	4
Alcohol	1	2
Solvent	1	2
Family disability	1	2
Puberty	0	0
Oral hygiene	0	0
Parenting	0	0
Physical activity	0	0
After school activities	0	0

## North locality:

Priority	Number of schools	% of schools
Transition	41	69
Smoking	38	64
Drugs	28	47
Healthy eating	24	41
Alcohol	17	29
Solvent	3	5
Bullying	0	0
Weight management	0	0
Substance Misuse	0	0
Family disability	0	0
Puberty	0	0
Oral Hygiene	0	0
Parenting	0	0
Physical Activity	0	0
After school activities	0	0

## Central locality:

Priority	Number of schools	% of schools
Healthy eating	36	92
Smoking	13	33
Substance misuse	8	21
Puberty	7	18
Parenting	6	15
Drugs	5	13
Transition	4	10
Weight management	3	8
Oral Hygiene	3	8
Bullying	2	5
Physical activity	1	3
After school activities	1	3
Solvent	0	0
Family disability	0	0
Alcohol	0	0

Please note priorities are determined based on the type of information and support children have requested and not as a result of an identified problem. This approach is consistent with the service's responsibility to deliver a universal and preventative child health service.

The named School Nurse for the school uses the report to analyse the results of the aggregated health questionnaires to identify three priority public health areas. These areas are decided upon in partnership with each school and will inform the preventative and early intervention work the school health team focuses upon through a variety of methods: health promotion events; themed drop ins; assemblies; and providing age appropriate information, advice and advocacy.

The public health plans will support how schools can incorporate priority themed topics within their curriculum and PSHE activities.

## Case Study

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Historically the 'school nursing' service delivered puberty sessions to year 6 pupils annually. To support schools in moving away from this approach and towards a more evidenced based needs led approach, school nurses reviewed the year 6 health questionnaire results to inform the types of targeted sessions that pupils in each school were requesting.

A local school in Stratford requested their previous puberty session for their year 6 pupils. The school nurse reviewed the health questionnaire results and identified that year 6 children were asking for support on bullying, transition and managing relationships, as well as information on puberty. As a result, the school nurse responded by delivering targeted group sessions focusing on building emotional resilience and preparing for change (transition to secondary school); and also used health promotion boards to impart age appropriate child development information.

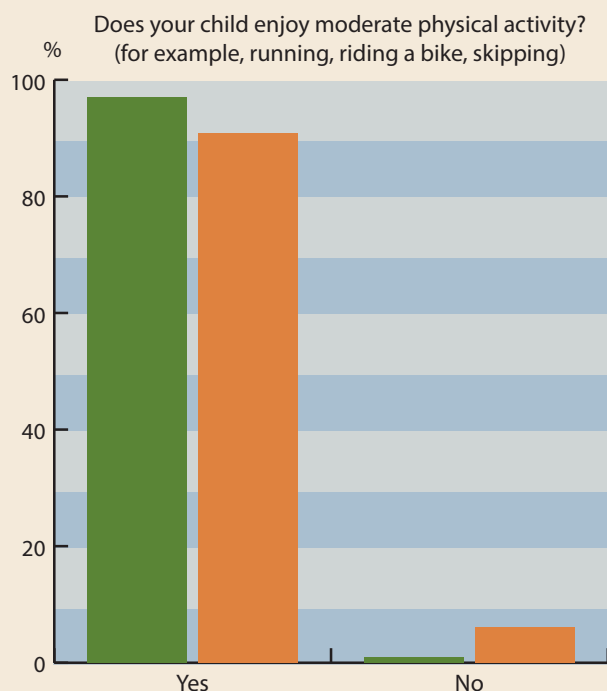
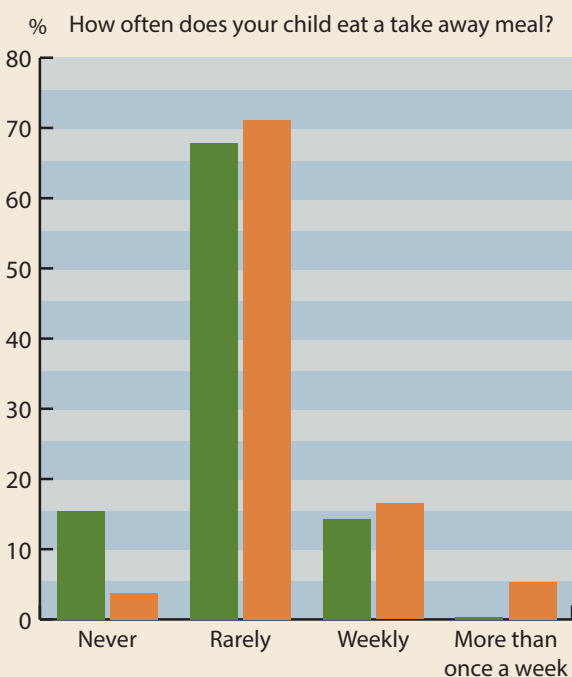
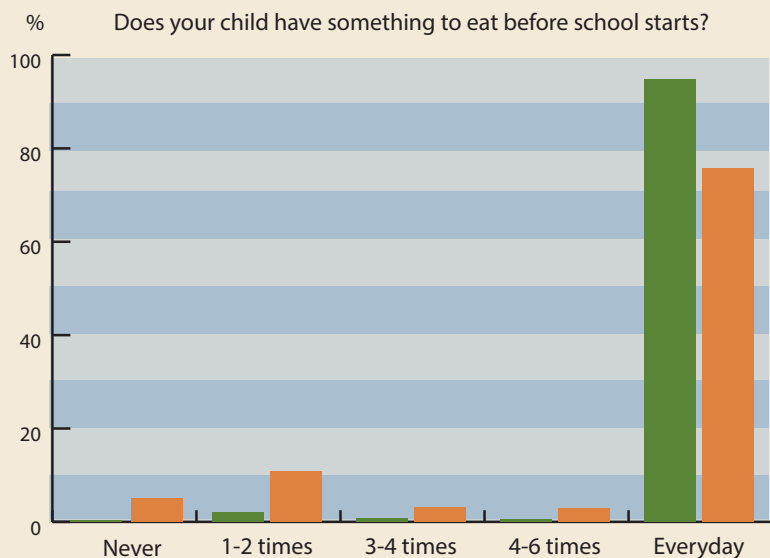
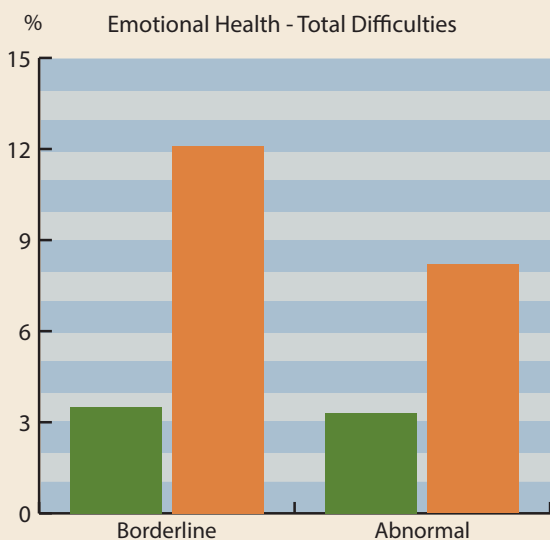
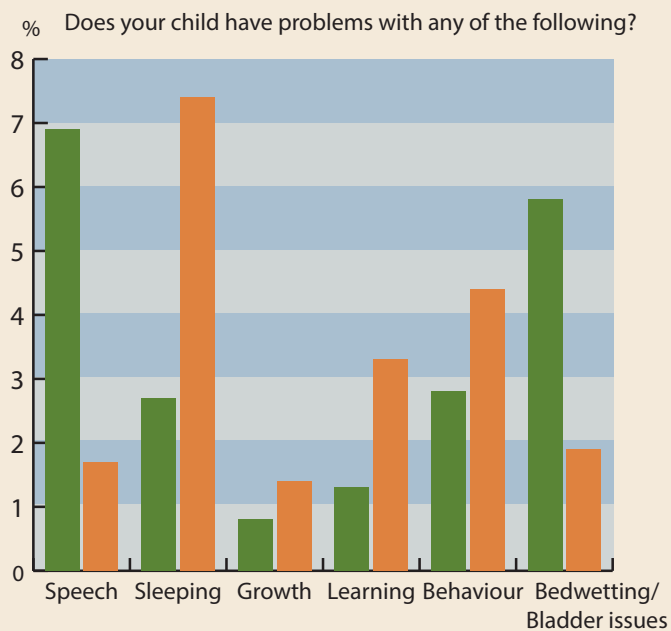
*“Good, informative session at the correct level for the age group. Approachable and willing to support individuals”*

School teacher



# Analysing the data

The following graphs show how the needs of our population changes between the ages of 5 and 11. The service uses this data to shape the offer to meet these changing needs.



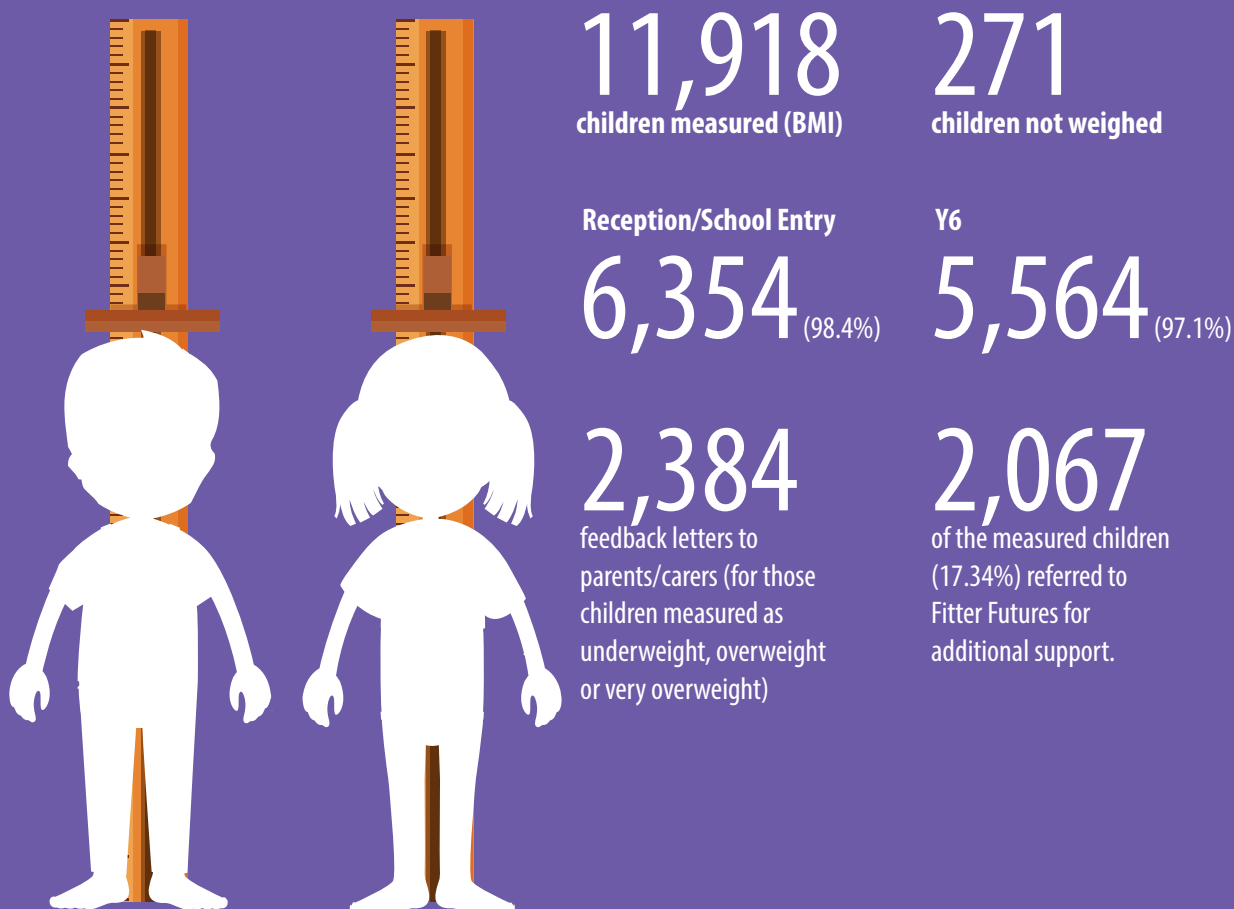
# CHAPTER 3: NATIONAL CHILD MEASUREMENT PROGRAMME

The national child measurement programme (NCMP) is a key part of the government's work programme on child obesity and measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary school.

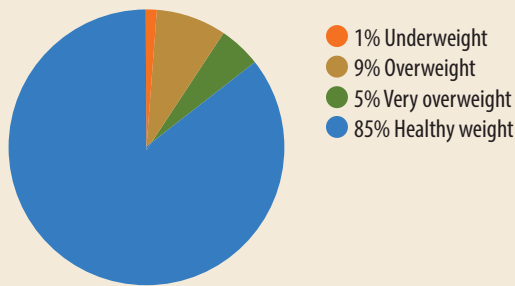
NCMP forms one of the universal contacts the service has with school aged children and contributes to the overall health needs assessment of children at individual, school, locality and population levels.

NCMP is conducted in schools by the school health team with parents/carers having the right to opt out.

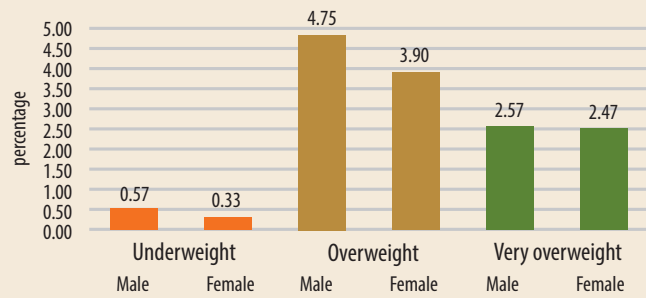
## Warwickshire population stats:



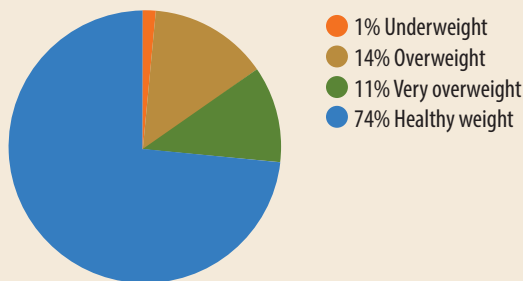
### NCMP summary for school entry children



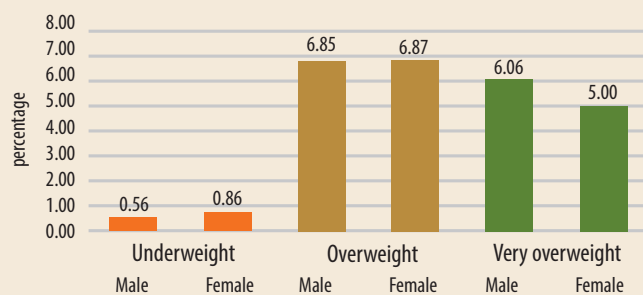
### NCMP results for school entry children



### NCMP summary for year 6 children



### NCMP results for school entry children



## Case study

The health questionnaires completed by year 6 pupils enabled contact with parents/carers for those children that considered themselves to be either underweight or overweight. The team were able to correlate the child's perception of their weight with the outcome of their NCMP results and suggest to parents ways to offer age appropriate information, advice and support and reassurance e.g. confirming whether their child was of healthy weight and key messages to impart.

### School public health reports and priorities

Included within the public health reports, the service sends each school an aggregated NCMP report which outlines the weight profile of their pupils in comparison to the Warwickshire average. This contributes to the overall assessment of public health priorities agreed by the service and the school.

2015/2016 NCMP results do not include children in special schools. This will be a priority for the service to work in partnership with special school heads, pupils and parents/carers to consider how best to incorporate NCMP into existing health reviews of children with special educational needs and disabilities.

# CHAPTER 4: OTHER ACTIVITIES

In addition to the universal Health Needs Assessments and NCMP contacts, the service contributes to a range of other universal plus (additional help) and partnership plus (more help) interventions.

**These include:**

- Annual health reviews for Children Looked After
- Health assessments for children on a child protection plan
- Information requests to the Multi Agency Safeguarding Hub (MASH)
- Contributing to individual healthcare plans and education healthcare plans
- Responding to A&E notifications
- Supporting schools with medical conditions awareness training.

*'I just wanted to let you know that Harry is a different child! He has thoroughly enjoyed his first week of secondary school and its' great to see him burst through the door with a smile on his face when he comes home. He is making new friends, enjoying his school work and even getting organised with homework! Much happier and he seems more able to cope with arguments with his elder brother not allowing them to get him worked up or flustered.*

*He is getting into his football now and has been keen to get back to athletics training on a Thursday night. We in turn have listened, been more patient with him and his brothers have also been a little more sympathetic to his concerns and worries he has from time to time. Still some anxieties but talking through has helped no end. I really do support your team and so pleased to have received your help and guidance.'*

**Parent of a 12 year old boy**

*'Thank you for your letter regarding my son's health care plan. I really wanted to express my sincere gratitude at the excellent and professional service you provide for children and their parents. As a parent of a child with a nut allergy, it is immensely reassuring for me to know that his health care is monitored and constantly updated and that you ensure that the school is aware of any changes in treatment. It is very reassuring for me to know my child's health is looked after in this way and it means I can go to work and not worry when he is not in my care. I am really very grateful. Once again thank you to you and all your colleagues for the excellent and highly professional health service you continue to provide for my family.'*

Parent

## Key stats:

Total number of referrals received = **3,431**

### Population data:

Age band	Number	%
4 - 9	1647	48%
10 - 14	1269	37%
15 - 18	515	15%

Gender	Number	%
Male	1784	52%
Female	1647	48%

Referral source	Number	%
Children & Family Services	664	19%
Education	651	19%
Hospital/A&E	438	13%
Relative	332	10%
GP/Primary Care	160	4%
Children's Social Care	148	4%
School Nurse	102	3%
Self	79	2%
Concerned Others	31	1%
Others	826	23%

Emotional Health	Number
Mental health & emotional wellbeing	388
Body Image	43
Bullying	37
Relationships	28
Parenting	174
	<b>670</b>

### Number of children receiving brief interventions to address:

Physical Health	Number
Physical activity	19
Physical health (medical condition)	443
Oral health	13
Accident/safety prevention	10
	<b>485</b>

Lifestyle Behaviours	Number
Smoking	9
Substance misuse	5
Weight management	80
Sexual health	12
Contraception	3
PSHE	30
Peer pressure	9
Healthy Eating	79
	<b>227</b>
<b>TOTAL</b>	<b>1382</b>



## Number of safeguarding interventions:

CAF	Number
CAF attended	109
CAF – contributed to	50
	<b>159</b>

CLA	Number
CLA health assessment review	122
CLA review meetings attended	63
	<b>185</b>

Child Protection	Number
Child Protection meetings - attended	408
Child Protection meetings – contributed to	261
	<b>669</b>

MASH	Number
Total information requests received	295
Number of cases information provided	303
Cumulative number of children	475
<ul style="list-style-type: none"> <li>• North: 225</li> <li>• Central: 149</li> <li>• South: 80</li> <li>• Other: 21</li> </ul>	

## Case study

The service receives daily requests for information from Warwickshire MASH to inform multi agency risk assessments in response to safeguarding referrals received.

The service received a request for information about a year 6 child from the MASH as a result of receiving a referral concerning potential domestic abuse. Whilst the school health service had no on going involvement with the child or family, the health questionnaire results were checked. The child and family had consented to completing the questionnaire and the child's responses raised alerts in relation to knowing someone being bullied and having concerns and worries about bullying. This information was able to be included as part of the multi agency risk assessment.



# CHAPTER 5: PRIORITIES FOR YEAR 2

## (ACADEMIC YEAR 2016/2017)

The priorities resulting from the 2015/2016 (Year 1) universal contacts will inform the types of activities and themed areas the service will focus on in conjunction with schools. This shift in approach will enable the service to evidence the actual needs of children and young people and prioritise resources effectively where most needed.

In line with our transformation timetable whilst much has been achieved there is still much to do. The service priorities for Year 2 are:

### **Priority 1 – Strengthen communications with key stakeholders**

- Launch ChatHealth – adolescent messaging service
- Develop local service website specifically for schools and partner agencies
- Establish HNA and NCMP focus groups.

### **Priority 2 – Extend access and engagement including with vulnerable and hard to reach groups**

- Implement Year 9 health questionnaire
- Develop youth health champions within schools
- Improve access for vulnerable learners e.g. home schooled, NEET
- Contribute to young carer health assessments

### **Priority 3 – Measure impact and effectiveness of service interventions**

- Implement 'My Star' – a children and young people friendly outcome tool
- Implement thematic questionnaires to obtain stakeholder feedback
- Work collaboratively with Warwickshire Observatory to conduct annual analysis of the HNA population data to monitor and identify new and emerging trends.

### **Priority 4 – Continue to review and revise our role within the safeguarding arena**

- Revise and implement a fit for purpose A&E referral pathway with Warwick Hospital, UHCW and George Elliot to replace the existing A&E notification scheme
- Implement tagging and flagging system to record and monitor a wider range of vulnerable groups of children and young people.

### **Priority 5 – Increased integration and joined up partnership working**

- Development of the HCP core offer within special schools in collaboration with heads, pupils and families
- Improve referral and care pathways with substance misuse, sexual health and mental health services.

# GLOSSARY

## **Healthy Child Programme (5-19 years)**

Good practice guidance which sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health 2009. Healthy Child Programme: From 5–19 years old.

## **Health Needs Assessment (HNA)**

A method of ensuring that the allocation of staffing, resources and interventions are underpinned by a systematic assessment of individual and population needs. It is delivered using the Lancaster Model (TLM); a structured and empirically tested set of questionnaires completed online via a web based application (HAPI).

## **National Child Measurement Programme (NCMP)**

An annual programme to tackle child obesity and delivered by local authorities on behalf of Public Health England. NCMP involves measuring the height and weight of all school aged children in reception and year 6. Over 99% of eligible state-maintained schools across England, including academies, participate in the NCMP.

## **Specialist Community Public Health Nurse (School Nurse)**

Qualified nurses or midwives with specialist graduate level education in community health and the health needs of children and young people. The SCPHN qualification is recordable with the Nursing and Midwifery Council (DH, 2012).

## **Public Health plans**

Developed from the Health Needs Assessment and NCMP data to form school plans and identified public health priorities using the data as evidenced need. Public health plans are developed on an annual basis in conjunction with schools.

## **Population reports**

Data derived from the health needs assessment (health questionnaires) covering a range of topics specific to the universal contacts with children and young people: reception (aged 4 to 5 years); year 6 (aged 10 to 11 years); year 9 (aged 13 to 14 years); and post 16s. Population reports are a summary of aggregated data that encompasses school populations, locality populations and county wide population.

# CONTACTS

Telephone number: 03300 245 204

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Email: [warwickshireSH&WBService@compass-uk.org](mailto:warwickshireSH&WBService@compass-uk.org)

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Service Manager: Matt Conibere, The Mansley Business Centre, Timothy's Bridge Road, Stratford upon Avon CV37 9NQ. Telephone: 03300 245 204 Option 2

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## Locality hubs:

### Central hub - covering schools in Rugby, Leamington Spa, Warwick and Southam

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Team Leader: Jane Wild

Address: Valiant Office Suites, Lumonics House, Valley Drive, Rugby CV21 1TQ. Telephone: 03300 245 204 Option 1

Secure emails: [WarwickshireSH&WBService@compass-uk.org](mailto:WarwickshireSH&WBService@compass-uk.org) (using an Egress account)  
[COMPASS.WarwickshireSHWS-Rugby@nhs.net](mailto:COMPASS.WarwickshireSHWS-Rugby@nhs.net)  
[WSHWS\\_Rugby@welearn365.com](mailto:WSHWS_Rugby@welearn365.com)  
[warwickshireswb.service@compassuk.cjsm.net](mailto:warwickshireswb.service@compassuk.cjsm.net)

### South hub – covering schools in Stratford, Kenilworth, Alcester, Shipston and Kineton

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Team Leader: Tracy Bainton

Address: The Mansley Business Centre, Timothy's Bridge Road, Stratford upon Avon CV37 9NQ. Telephone: 03300 245 204 Option 2

Secure emails: [WarwickshireSH&WBService@compass-uk.org](mailto:WarwickshireSH&WBService@compass-uk.org) (using an Egress account)  
[COMPASS.WarwickshireSHWS-Stratford@nhs.net](mailto:COMPASS.WarwickshireSHWS-Stratford@nhs.net)  
[WSHWS\\_Stratford@welearn365.com](mailto:WSHWS_Stratford@welearn365.com)  
[warwickshireswb.service@compassuk.cjsm.net](mailto:warwickshireswb.service@compassuk.cjsm.net)

### North hub – covering schools in Nuneaton, Bedworth, Atherstone and Keresley

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Team Leader: Karen Cornick

Address: 2 The Courtyard, Caldecote, CV10 0AS

Telephone: 03300 245 204 Option 3

Secure emails: [WarwickshireSH&WBService@compass-uk.org](mailto:WarwickshireSH&WBService@compass-uk.org) (using an Egress account)  
[COMPASS.WarwickshireSHWS-Nuneaton@nhs.net](mailto:COMPASS.WarwickshireSHWS-Nuneaton@nhs.net)  
[WSHWS\\_Nuneaton@welearn365.com](mailto:WSHWS_Nuneaton@welearn365.com)  
[warwickshireswb.service@compassuk.cjsm.net](mailto:warwickshireswb.service@compassuk.cjsm.net)