The Southend Approach: EVALUATION FRAMEWORK

Evaluating in an Integrated Context to create Evidence and Impact

To be used for providing evidence and impact of early years' preventions and early interventions

Better Start Southend
our children our community our future

PRE SCHOOL LEARNING ALLIANCE

BIG LOTTERY FUND
NATIONAL LOTTERY FUNDED

Version	Annual Review	Author
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Contents

"I keep six honest serving-men (They taught me all I knew);
Their names are What and Why and When
And How and Where and Who"

– Rudyard Kipling (1865-1936), The Elephant's Child

1 Executive Summary

"We want Southend to be known as the best place in this country to bring up a child and be a parent. We can create a community that welcomes every baby and ensures they have the best deal possible."

– Strategy meeting (2014)

"Through major system change and delivery of science and evidence–based interventions, we will transform maternity care, parental support, and ultimately children's and families' lives, with higher aspirations, better education and greater employment chances."

– A Better Start Southend Strategy, 2014, p8

The overall aims of the Big Lottery for A Better Start are ambitious. Its aim is to improve the life chances of young children across England and beyond. In order to do this investment will deliver evidence and science based services and activities. In addition to this all A Better Start sites will be using innovation to support key child developmental outcomes and impact.

This Evaluation Framework is a standardised integrated approach to providing evidence and impact. It has been co-designed by the Southend team in conjunction with parents, stakeholders and partners.

The framework consists of three stages in a cycle:

- **Process evaluation** – on-going routine process of monitoring implementation
- **Formative evaluation** – method for evaluating effectiveness, impact and making recommendations for improvement. This takes place whilst the service or activity is forming and in its early stages
- **Independent summative evaluation** – method for independently evaluating the effectiveness and impact in order to make a decision as to whether to expand, scale or mainstream.

All test and learn services and activities will be evaluated and governed through this process. This will support our overall evaluation of the Southend programme (short, medium and long-term outcomes), and well as the **national evaluation** of A Better Start.

It should be read in conjunction with the ABSS Service Design Framework.

This process and guidance documents provides an overview of the evaluation process which is supported by more detailed guidance.

2 A Better Start Background

"A Better Start matters because babies matter, and parents matter, and humanity and the future of society will depend on us getting it right for babies and early life."

– Kate Billingham CBE, advisor to A Better Start

Aims to improve the life chances of thousands of children across England and beyond.

The overall aim is ambitious.

There is strong evidence that the first few years of life build the foundations for future health and wellbeing, and we believe that supporting a move towards science-and evidence-based preventions, and interventions and innovations can make a significant impact on child outcomes.

So far such preventions, and early interventions haven't been tested at scale – and that's what we want to do – by investing heavily in a small number of local areas to test 'what works', and use that learning to promote a shift in public policy, funding and agency culture away from remedial services to greater investment in prevention in pregnancy and the first few years of life.

Aims to invest heavily in a small number of local areas over a long period of time.

Each area partnership will use the funding, not just to support healthy child outcomes, but to achieve a shift in culture and spending across children and families' agencies towards prevention. The changes deliver less bureaucratic, more joined-up services; services that are needs and demand led; that work with a whole family and that get it right for families first time.

Aims to focus on three child development outcomes:

Over the next ten years, each area will deliver evidence and science based preventative activities and innovations, policies and services with a focus on the most disadvantaged families. Each of the funded areas has developed local strategies which work towards three key child development outcome priorities:

- Social and Emotional
- Communications and Language
- Diet and Nutrition

In addition, in Southend we have chosen to focus on:

- Community resilience
- Systems change

Characteristics of A Better Start approach

"Ultimately, 'A Better Start' will change the way Southend works, lives and thrives. By focusing on the foundations of development, which are the birthright of every child, it will build a community for the future"

– A Better Start Southend Strategy, 2014, p8

3 Introduction to the Evaluation Framework

Evaluation is a systematic way of testing and learning as to whether a programme, service or activity 'works' in terms of effectiveness, and value in terms of prevention and early intervention. It is a vital systematic process in our aim of improving child outcomes.

Evaluation means thinking about:

- What kinds of information are needed for learning and improvement; and
- Reflecting together on findings to learn lessons, applying them in future decision making, and taking action where necessary.

Its main goals are to assess, improve and to provide information for organisations to make strategic and operational decisions on how outcomes will be achieved.

This can be achieved in the following ways:

Evaluation (service, improves, determines value, is it working?)	Explores why a service or activity works or does not work as an effective prevention or early intervention, and whether it is able to be further scaled. It also looks at whether the sequence of events in the service design in terms of the theory of change, and logic model are likely to achieve the predicted outcome (s). The quality is determined by those who use the findings, and make decisions based on it. Uses observational methods and opinion (see levels of evidence).
Monitoring	A approach to collecting and reviewing data, data quality against measurable key performance indicators, inputs, and outputs.
Research (target population, proves, value-free, did it work?)	A systematic academic approach to testing theories and producing generalizable findings. Is judged by peer review, and contributes to knowledge and evidence. Uses experimental methods e.g. Randomised Controlled Trials (see levels of evidence).

This is informed by levels of evidence that include opinion, observation, experiments and systematic reviews (for Levels of Evidence see Appendix C). Research informs both service and evaluation design.

The cycle of Evaluation

Our service design and evaluation process is as follows:

There are three stages in the evaluation cycle (as above):

- Process evaluation (on-going monitoring);
- Formative evaluation report (mid-way test and learn); and
- Independent Summative report (test and learn end). Informs the decision as to whether to expand, scale or mainstream.

It will also support the monitoring and evaluation of our progress against our short, medium and long term outcomes (impact) – See Appendix A.

How will we know that we have been successful?

- We have evidence that we have made a difference, impact and have achieved the outcomes;
- We have evidence that we are dealing with issues or problems related to the early years;
- That we have made a positive difference to the agreed percentage of the defined population;
- That a sustained solution has been evidenced;
- That the service or activity has shown efficiency with savings in time and money;
- That quality of the content has been sustained or enhanced;
- That a model has been produced that can be replicated or scaled elsewhere.

3.1 Process Evaluation

Process evaluation is an on-going monitoring process which examines and analyses the way that a service or activity is being implemented.

It helps gain:

- A greater understanding of how the service or activity is actually being delivered;
- Greater accountability in terms of decision and policy making;
- An understanding of whether the test and learn is good value for money;
- Provides an early warning that the service or activity may not be scalable or sustainable in going forward;
- A greater understanding as to whether the service or activity is likely to achieve its outcomes as a prevention or early intervention.

Information for this process can be found in the following:

- Service (e.g. quarterly) reviews;
- Data dashboard and submissions in terms of reach, inputs, outputs, outcomes monitoring (against targets as set down in the service design e.g. theory of change and the logic model);
- Service design test and learn logs; and
- Delivery partner monitoring processes.

3.2 Formative Evaluation

Formative evaluation is a process that looks at the effectiveness of a service or activity whilst it is forming, or in the early stages of testing and learning (e.g. mid-way). It allows for modifications to be made to the service design and provides for judgements, and recommendations for improvement.

It will be co-designed by all those that are involved in its development. It will report on both process and implementation in terms of:

- What seems to be working and what does not?
- What are the services strengths and weaknesses?
- What's the feedback from participants and what should be improved?
- How do different needs groups respond – that is, what works for whom in what ways and under what conditions?
- How can outcomes and impacts be increased?
- What were the demographics of the families that were reached?
- How many of the families reached completion?
- Were families satisfied with the services that they received?
- How were families recruited and engaged?
- How have families been involved in the design and development of the service or activity?
- Were any barriers to recruitment and engagement identified?
- Were there any factors that may have affected the implementation?
- How can costs be reduced?
- How can quality and fidelity of the content be enhanced?

The formative evaluation will report formally against the learning in terms of:

3.2.1 Quality assurance and review of the service design process and documentation;

3.2.2 Quarterly service (process) reviews and performance monitoring (inc. reach and case studies);

3.2.3 Unit (core and extended) and service cost analysis (economics of prevention). Also are funds being spent appropriately and as intended?;

3.2.4 Benefits realisation – how likely is it that further scaling could go ahead and if so what is the sustainability and scaling plan?

3.2.5 Theory of Change (inc. risk and protective factors) and Logic Model (the extent to which these appear to be holding true in local implementation);

3.2.6 Outcomes and measures, population and size of desired change;

3.2.7 Literature review and research base;

3.2.8 Emerging research questions;

3.2.9 Common measures and the **national evaluation of A Better Start** and (See Appendix F);

3.2.10 Governance and co-production;

3.2.11 Satisfaction ratings;

3.2.12 Core elements and fidelity.

Independent Summative Evaluation

The Summative Evaluation will examine the effectiveness of the service or activity at achieving its outcomes.

The process will begin prior to the end of a contractual period. It will be undertaken by an independent evaluator, and will enable strategic decisions to be made in terms of the future sustainability and scaling of the service or activity.

Against agreed research questions (developed as part of the formative evaluation) the independent evaluator will:

- Design an evaluation which is rigorous, credible, ethically sound and conforms with current data protection legislation;
- Design an evaluation which reviews the service or activity in terms of:
  - Theory of change and logic model;
  - Outcomes and impact;
  - Implementation and process (inc. formative evaluation);
  - The economics of prevention (**Preventonomics**).
- Draw on a range of methods that increase the evidence base for the service or activity;
- Identify learning and development and the opportunities for replication and scale up. This includes key contextual factors that could have affected effectiveness, sustainability and external validity;

Mixed methods (triangulation) will be used which will include information made available through process and formative evaluation e.g.

- The service design and literature review;
- Quantitative data (e.g. ward level needs analysis, monitoring returns, surveys etc.);
- Qualitative data (e.g. case studies, focus groups etc.)

In addition to the development of independently sourced data, the final summative evaluation report will formally report on the following:

- The results of independently sourced survey data from the workforce and participants;
- The results of independently sourced focus groups and interviews of the workforce and participants;
- A comparison to data sourced through process and formative evaluation;
- Case studies which illustrate the outcomes of the service or activity;
- The reach and impact of the service or activity against the theory of change, logic model and agreed outcomes;
- Recommendations that will inform the possible further development or ceasing of the service or activity.

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Appendix A

Our overall theory of change and outcomes

Our theory of change:

In the **short-term** children in our ABSS wards will have **improved key developmental outcomes**;

In the **medium-term** children in our ABSS wards will have at least the **same level of development** as Southend children;

In the **long-term** children in Southend will have **at least or exceed the national averages for key developmental outcomes**.

Our key developmental outcomes:

Social and Emotional

Communications and Language

Diet and Nutrition

Our overarching outcomes

Children achieve well because:

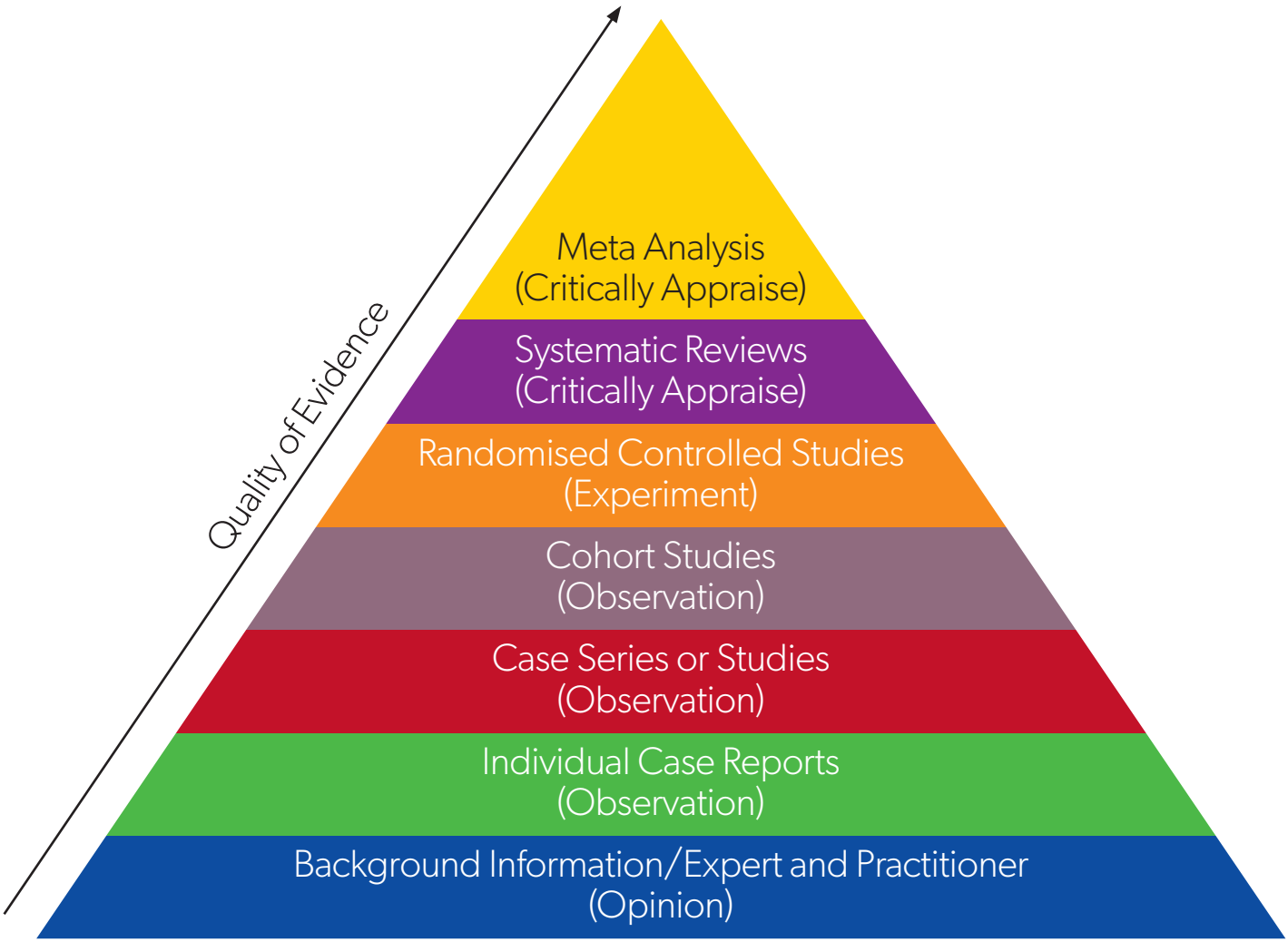
- their parents are **ready** for **parenthood**;
- they have a **positive** parent/child **relationship**;
- they are **ready** for **school**;
- they and their families receive **effective** and **consistent professional support**;
- there is **improved health** at individual, family and community levels.

Appendix B

Governance

Appendix C

Levels of Evidence



Level of Evidence	Description
Background information [Opinion)	Information based on opinion, beliefs or politics
Individual case reports (Observation)	Detailed report of a single child or family
Case series or studies (Observation)	A review of case notes detailing children or families with the same risk or protective factors
Cohort studies (Observation)	A forward looking study of a group observed over a period of time to detect any changes related to risk and protective factors
Randomised Controlled Trials (RCTs) (Experiment)	A trial in which participants are randomly allocated to treatments and a control. The current 'gold standard' for testing the effectiveness of a service or activity
Systematic Reviews (Critically appraised)	Identifies and critically appraises all research on a specific topic and combines valid studies Systematic Reviews can be located at Cochrane UK **http://www.evidentlycochrane.net/**
Meta-Analysis (Critically appraised)	A systematic review that uses quantitative methods to summarise the results

In additional the **Early Intervention Foundation** use the following in terms of levels of evidence:

Effectiveness

Evidence from at least two high-quality evaluations* demonstrating positive impacts across populations and environments lasting a year or longer. This evidence may include significant adaptations to meet the needs of different target populations.

Efficacy

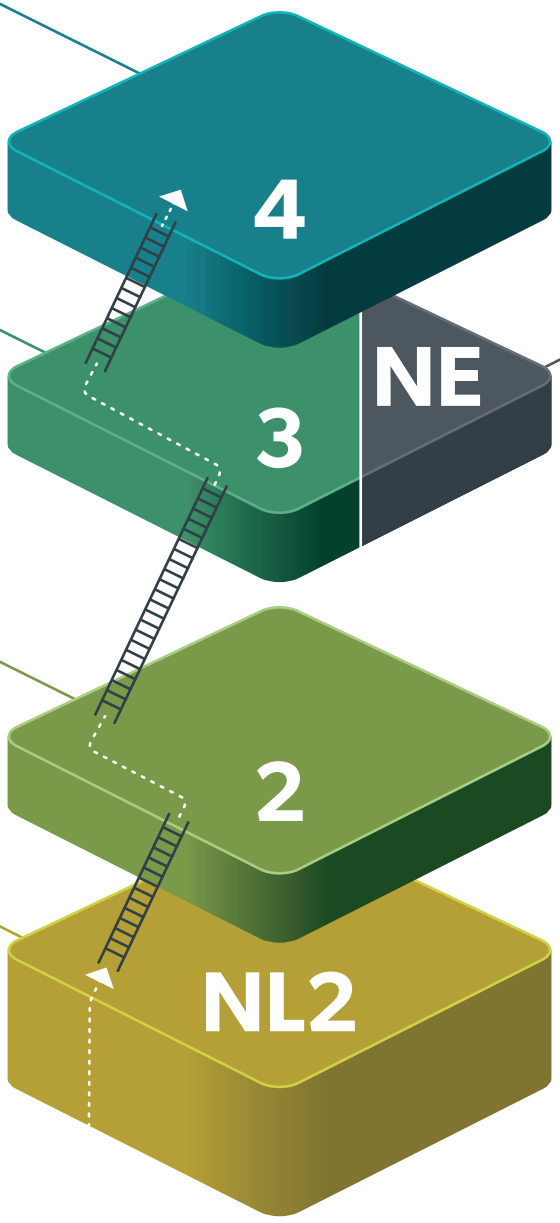
Evidence from at least one rigorously conducted evaluation* demonstrating a statistically significant positive impact on at least one child outcome.

Preliminary Evidence

Evidence of improving child outcome from a study involving at least 20 participants, representing 60% of the sample using validated instruments.

Logic Model

Key elements of the logic model are being confirmed and verified in relation to practice and the underpinning scientific evidence. Testing of impact is underway but evidence of impact at Level 2 not yet achieved.



Effectiveness

A finding of no effect on measured child outcomes in a high quality impact evaluation.* The next step is to return to the verification and confirmation of the logic model.

*High quality evaluations do not need to be randomised control trials if a relevant and robust counter-factual can be provided in other ways.

Appendix D

Types of Evidence

Quantitative (Validation)	Concerned with discovering facts about social phenomena in the form of numerical and measurable data. Can be statistically analysed and inferred from e.g. surveys, observations e.g. counting and secondary date e.g. accounts
Qualitative (Enquiry)	Tells us what the numbers mean, and concerned with understanding human behavior from the person's point of view. Can be analysed in themes of descriptions e.g. interviews, focus. groups, secondary data e.g. diaries and written accounts
Mixed Methods (Triangulation)	Integration and interaction of qualitative (enquiry) and quantitative (validation) methods. Different kinds of data can reveal different aspects of a project, service or activity. Studies that use only one method can be seen to be more vulnerable to errors

Appendix E

Realising Ambition's Confidence Framework

www.theconfidenceframework.org.uk/

www.catch-22.org.uk/services/realising-ambition/

This can be used to support the evaluation and quality assurance of the service design and documentation:

A tightly defined service	Supported by a strong logic model	The "core" of the service is well defined	There are clearly specified activities	Delivery supported by manuals and training
That is effectively delivered to those that need it	Eligible individuals in need are served	Realistic delivery targets can be met	The "core" is delivered with fidelity	Service delivered by motivated and qualified staff
Evidence is used to learn and adapt, as required	Outcomes are routinely monitored	Engagement and retention are routinely monitored	Flexible components are identified and adaptations tested	Learning is translated across the delivery organisation
There is confidence that outcomes will improve	Evidence from elsewhere that outcomes improved	Delivery organisation able to effectively gather, analyse and communicate evidence	Evidence from current replication area that outcomes improved	Evidence of wider positive impact
The service is cost-beneficial and sustainable	Analysis of costs and likely financial return on investment	Compelling business case supporting replication	Service fully integrated into core business	Financial and organisational structures sufficiently robust to support replication

Appendix F

Common measures for the ABS sites:

www.biglotteryfund.org.uk/research/a-better-start/systems-change/common-outcomes-framework

Level	Description
1	Represents the 'Common Core', the minimum data collection recommended to those wishing to adopt the ABS COF (Common Outcomes Framework)
2	Includes additional routine data that are recommended for inclusion if this is appropriate to local circumstances. Level 2 also provides an opportunity to set local priorities beyond Level 1
3	Represents the 'test and learn' element of the framework, highlighting outcome areas where further development work is needed to establish a suitable indicator or measure

THE COMMON CORE OUTCOMES (LEVEL 1) ARE AS FOLLOWS:

Outcome	Description
Maternal Mental Health	
Perinatal maternal mental health – depression and anxiety	GAD-7, PHQ-9 Whooley screening, followed by – GAD-2 and PHQ-9, GAD-7 and PHQ-9, EPDS Booking at 8-6 weeks
Health Behaviours in Pregnancy	
Smoking in Pregnancy	MAT 101 booking appointment details Smoking status ★ Current smoker ★ Ex-smoker ★ Non-smoker – history unknown ★ New smoked Cigarettes per day
Alcohol use in Pregnancy	MAT 101 booking appointment details Weekly alcohol units
Substance abuse in Pregnancy	MAT 101 booking appointment details Substance abuse status
Birth outcome – low birth weight of term babies	Numerator: Number of live births at term (>=37 weeks gestation) with low birth weight (<2500g). Denominator: Number of live births at term Delivery

Outcome	Description
Birth outcome – Gestational age	Numerator: Number of live births at term at <37 weeks gestation. Denominator: Number of live births Delivery
Breastfeeding initiation	Proportion of women initiating breastfeeding; Numerator: Number of women who initiate breastfeeding in the first 48 hours after delivery. Denominator: Number of total maternities Delivery PHOF Indicator 2.2
Breastfeeding at 6-8 weeks	Numerator: Number of infants totally breastfeeding at 6-8 weeks and / or number of infants partially breastfeeding at 6-8 weeks. Denominator: number of infants due a 6-8 week check 6-8 weeks PHOF indicator 2.2
School Readiness	Proportion of all eligible children achieving a 'good level of development', defined as achieving at least the expected level within the areas of communication and language development, physical development, personal, social and emotional development, literacy, and mathematics, measured using the Early Years Foundation Stage Profile (EYFSP) End of EYFS, normally the final term of the academic year when the child reaches the age of five
Key Stage 1 attainment	Numerator: Percentage of pupils achieving level 2 or above in reading, writing, mathematics. Denominator: Pupils at end of key stage 1
Key Stage 2 attainment	Numerator: Percentage of pupils achieving the expected standard (scaled score of 100 or above) in reading, grammar, punctuation and spelling, mathematics. Denominator: Pupils at the end of key stage 2
Diet and Nutrition	
Weight and height	Numerator: Number of children at Reception and Year 6 with valid weight and weight recorded who are classified as overweight or obese (.=85th centile of UK90 growth reference). Denominator: Total number of children at reception with valid height and weight recorded Reception Year 6
Communications and Language Development	
Overall language development	Proportion of children in monitoring zone and proportion below cut-off on 'communication' domain at ASQ-3 2-2.5 years
Social and Emotional Development	
Overall social and emotional development	Proportion of children in the monitoring zone and proportion above cut-off on ASQ-SE (30 months questionnaire). Note that currently in some locations the ASQ:SE is only used after the ASQ:3 indicates a potential problem. It is recommended that the ASQ-SE be routinely used alongside the ASQ-3, as this alone is not thought to adequately reflect social emotional development 2-2.5 years

LEVEL 2 OUTCOMES ARE AS FOLLOWS:

Outcome	Description
Diet and Nutrition	
Oral Health	Percentage of 5 year olds who are free from obvious dental decay (PHOF indicator 4.02) Numerator: total number of 5 year olds examined who are free from obvious dental decay in an area. Denominator: Total number of examined five year old children in area Age 5 to align with PHOF (data collection currently every 4 years), age 3 also available Oral health survey of 3/5 year old children, Public Health England
Social and Emotional Development	
Child abuse and neglect	Children in need due to abuse and neglect at 31 March. Numerator: Number of children aged 0-4 assessed to be in need of social care services as the result of, or at risk or, abuse and neglect (also includes children at risk due to domestic violence)> Denominator: Mid-year population estimates for a single year (ages 0-4 years) Ages 0-4 (annual data) DfE statistics: Children in need and child protection (COLLECT system, submitted by local authorities)
Child abuse and neglect	Children in care / looked after due to abuse at 31 March. Numerator: Number of children aged 0-4 looked after as a result of, or at risk of, abuse and neglect, including adoption and care leavers. Denominator: Mid-year population estimates for a single year (ages 0-4 years). Ages 0-4 (annual data) DfE statistics: children looked after in England including adoption (based on SSDA903 returns, submitted by Local Authorities
Child abuse and neglect	Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years per 100,000 resident population. Numerator: Number of finished emergency admissions (episode number = 1, admission method starts with 2) with one or more codes for injuries and other adverse effects of external causes (ICD 10: S))-T79 and / or V)1-Y36) in any diagnostic field position, in children (aged 0-4 years). Denominator: mid-year population estimates for a single year (aged 0-4 years) Ages 0-4 (annual data) Hospital Episode Statistics (HES), PHE injury profiles tool, linked to PHOF indicator 2.7

Appendix G

Evaluation Framework Glossary

Term	Description
Adaptation	Offers principles and guidance in terms of content. Implementation can be adapted in determined ways to the local context
Ages and Stages Questionnaire (ASQ/ ASQ:SE)	Measure of child development. Developmentally appropriate questionnaires for children aged 1-66 months. It forms part of the 2-2.5 year check. There are two versions ASQ and ASQ: SE which focuses on social and emotional development
Baseline	This is the point in time or period before the service or activity starts. Sometimes known as pre-intervention
Benefits Realisation	The part of the service design and evaluation processes which looks at how a service can become sustainable and go to scale using cost efficiency savings from elsewhere
Common measures / indicators	Common measures that have been agreed across all five A Better Start Sites (See Appendix F)
Completer	A person who has completed a pre-defined amount of a service or activity (sometimes known as 'dose')
Confidence Framework	A means by which services and activities can be quality assured. Many thanks to www.catch-22.org.uk/services/realising-ambition/ for making this available for adaptation
Data Dashboard	A tool for visualizing key information about a service or activity
Denominator	The bottom number in a fraction e.g. total population needed to be reached
Doseage	Those who engage with our projects, services and activities will do so with varying intensity. This will be set down in the service design process and will determine what it means to be a completer. This may be expressed as a percentage or a number of sessions
Early Years Foundation Stage Profile (EYFSP)	The EYFS Profile is an assessment of children's achievements at the end of the Reception year – the last year of the early years' foundation stage. Children are assessed against 17 early learning goals. The child's profile will include whether children are below, at or above these goals – known as emerging, expected or exceeding the level expected by the end of reception year
Edinburgh Postnatal Depression Scale (EPDS)	A self-rating screening tool that measures emotional distress and depression
Evidence based	Service or activity which is tested and found to be effective using robust comparison studies. These are usually in the form of Randomised Controlled Trials (RCTs). Some assessments of evidence based services are classified in terms of preliminary, promising or strong
Fidelity	The extent to which a service or activity is implemented in accordance with intentions, or as designed. Provides best practices and standard operating procedures
Follow-up	An assessment made after a service or activity has been completed
Generalised Anxiety Disorder Scale (GAD -2/7)	Questionnaire that is used for screening and assessing anxiety. There are two versions GAD-2 which has two questions and GAD-7 which has seven
Impact	Long term outcome of a service or activity. An impact evaluation assesses the changes that can be attributed to a project, service or activity
Innovation	When service designers develop a new service or activity, drawing on a mixture of evidence, theory of change and logic
Key Performance Indicator (KPI)	A measure of performance management that assesses a measurable value of performance

Term	Description
Learning	Analysing and evaluating the outcomes of a service so that you can identify 'what works' and whether the size of the effect is sufficient to determine the economics of prevention or early intervention
Logic Model	A graphical way of presenting the relationships between inputs, outputs, outcomes and impact
MAT 101	Maternity booking information
Measures / indicators	A piece of routinely collected data that at an area level can identify a change over time in an operational outcome. Sometimes referred to as a key performance indicator
Numerator	The top number in a fraction (e.g. number of the population reached)
Outcomes	A topic where we are aiming for an improvement or change. Examples of change are circumstances, status, behaviour, functionality, attitude and knowledge. Strategic / key developmental outcomes: These are the key areas that we are seeking to improve. These are standard across the A Better Start sites. Overarching outcomes: These are the outcomes which support the strategic / key developmental outcomes Operational outcomes: Items within the strategic / key developmental outcomes which can effect change. They must be measurable and quantifiable. We are interested in measuring changes in these operational outcomes that result from one or more service or activities provided to our children and families
Outputs	This is a way of describing what is produced with the available or a specified level. This might include: ★ Number of activities in a service; ★ Number of children reached
Patient Health Questionnaire (PHQ-9)	A questionnaire that looks at the severity of depression as well as response to treatment
Post intervention	A time-point at the end of a service or activity
Pre-School Language Scale	Standardised and validated measure of communications and language development
Preventonomics	The economics of prevention as expressed in unit and service costs. Shows potential costs savings and benefits
Prototype / test and learn	A scaled down service or activity which is constructed in a short time, tested, and improved in successive scale ups or revisions
Reach	The extent to which people are participating in a service or activity
Science based	Service or activity based in the best possible evidence, but have not yet met the evidence based standards (e.g. Randomised Controlled Trial)
Standardised	An assessment that is completed in a standardised and consistent manner. Are also scored in a predetermined way
Theory of Change	A graphical or narrative description of how a service or activity is expected to lead to outcomes. It also is used to explain a possible chain of events that contribute to this
Trajectory	The overall direction of travel towards a change
Validated	A test which has been determined to be accurate in measuring what it is supposed to. This means that it is underpinned by theory and evidence
Wellcomm	A developmentally appropriate communications and language tool that can be used on a universal scale. Can be used from 6 months to 6 years. www.gl-assessment.co.uk/products/wellcomm/
Whooley Postnatal Depression Scale	Assesses levels of postnatal depression

A Better Start Southend, working in partnership with:

Essex Partnership University NHS Foundation Trust (EPUT)
Essex Police
Pre-school Learning Alliance
Southend-on-Sea Borough Council
Southend Association of Voluntary Services (SAVS)
Southend Clinical Commissioning Group
Southend University Hospital
University of Essex

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