

# **Hypertension Heroes in Kent**

**Empowering Communities to  
address Hypertension in Kent**



**October 2022**

## Executive Summary

Kent and Medway Integrated Care Board secured funding for a six-month pilot scheme to support blood pressure management within the community.

Working with community partners, the British Heart Foundation and engagement experts EK360; an innovative project was created that focused on personalisation for patients.

The model will work to address health inequalities around self-management of hypertension, using an asset-based approach that sought to build a social capital of motivated, skilled volunteers and community organisations with an interest in supporting health promotion activities.

### The aims of the project were:

- to reach a range of people from identified communities in line with NHS Core20PLUS5
- raise awareness of the importance of personal management of Hypertension
- encourage people who have already been issued with BP monitors to use them and report results to their GPs (5,700 machines have already been issued in Kent)
- encourage & empower people to identify risk factors around Hypertension and seek diagnosis where required
- to support primary care to address health inequalities and increase personalised approaches in its levels of BP monitoring and identification
- to build a skilled and motivated community champion resource that can establish linkages and create entry points for other public / patient involvement initiatives across the system.

**With an investment of £50,000, this project has generated a total of £155,253 worth of social value, with impact lasting for a period of up to five years, making the return on investment £3.11 for every £1 spent.**

## Section 1: Background

Over 2.1 million people under the age of 45 had high blood pressure in England in 2015. That translates to more than one in four adults in England are affected by Hypertension. (1)

The Global Burden of Disease 2015 (2) highlights that high blood pressure is the second biggest known global risk factor for disease after poor diet. In the UK, high blood pressure is the third biggest risk factor for disease after tobacco smoking and poor diet. High blood pressure is, however, the largest single known risk factor for cardiovascular disease and related disability. Studies have shown that high blood pressure increases the risk of heart failure, coronary artery disease and stroke. Due to these health risks linked to high blood pressure, it is fair to suggest improved monitoring of blood pressure can lead to overall improved health. (3)

It is also worth noting that some studies show people living in the most deprived areas in England are 30% more likely than those living in the least deprived areas, to have high blood pressure. High blood pressure is often described as a silent killer because it rarely presents notable symptoms.

It has been estimated that reducing the UK population's average blood pressure by 5mmHg through improved prevention, detection and management could save £850m on related health and social care costs. (1)

This project, delivered by EK360, held the aim of contributing to the reduction of risk to overall population health, by increasing awareness of blood pressure monitoring, and actively providing a monitoring service. In doing so, the project has increased knowledge of hypertension throughout the community and signposted those in need of medical intervention to the right place.

This report seeks to evaluate the outcomes of the project, capture the impact it had on the individuals involved, and measure the value of investment made. The total social return on investment figure is a calculation of the minimum social value generated by the project that we have been able to evidence and does not account for further impact experienced by individuals once they have left the parameters of the project, unless stated. The return-on-investment figures produced through the analysis within the report can be used as a future guideline to compare effectiveness of spending, as well as to demonstrate potential deliverables of further funding and investments.

This report seeks to follow the seven principles of social value as provided by Social Value UK, as well as embed framework and tools provided by Social Value UK to complete Social Return on Investment calculations. This analysis has been produced upon completion of SROI (Social Return on Investment) practitioner training and incorporates a wide range of research sources.

## Section 2 : Mapping outcomes

Prior to the launch, Healthwatch Kent worked together with EK360 and the commissioners of this project, to map intended and desirable outcomes associated with the project scope. A Theory of Change diagram was produced and shared between stakeholders at an early stage, to ensure the project was focused on activity that could lead towards change. The theory of diagram is shared below.



Completing this Theory of Change not only gave direction to project scoping and aims, but suggested avenues for landing data as a tool of influence once the project has been completed. Using data and insights from project work to approach stakeholders across the system in positions of influence is a key aspect of Healthwatch Kent’s role.

This Theory of Change identifies the possibility of using data to shape development to programmes focusing on blood pressure monitoring, improve primary care engagement and communication strategies, and increase outreach to newly identified groups that pose risk of suffering health inequalities. These actions all contain a wealth of potential long-term outcomes and impacts within their own right, meaning the impact of the Hypertension Heroes project poses longevity in delivering a difference to the local community. This is not reflected in current SROI calculations, as we do not feel there is robust enough data to support this hypothesis, however there is scope for a re-evaluation of social value created by this singular project in the future.

## Section 3 : Stakeholders & Engagement

This project was led by one full time staff member at EK360. They completed 87.5 hours of face-to-face engagement and provided blood pressure checks to the public. 28 volunteers also worked on the project. Together these volunteers contributed 183 hours of face-to-face engagement and provided blood pressure checks to 346 people.

**In total, 510 people were directly engaged with in their community. All of them received a blood pressure reading and learnt about the importance of a health blood pressure.**

The project was focused on addressing geographical areas that are affected by health inequalities. The ICB (who funded the project) selected Folkestone & Gravesend as the target communities as data evidenced higher levels of undetected Hypertension amongst residents. There was also target engagement carried out amongst Asian, African and Caribbean communities, as research suggests these groups are at higher risk of suffering from hypertension.

Engagement methods involved outreach to local community organisations or groups, where the blood pressure checks could be carried out from. Social media and local media were then used to promote these services and encourage attendance. EK360 partnered with nine community organisations in the focus areas of Gravesend and Folkestone.

These organisations were Rethink Sahayak, North Kent Caribbean Network, Youth Ngage, City Praise Centre (Gravesend), Royal British Legion, Age UK Hythe and Lyminge, Folkestone Nepalese Community Centre, Sunflower House, Kent Coast Volunteering. Below is a list of all locations used to carry out the project.

City Praise Centre, Folkestone Nepalese Centre, Folkestone Sports Centre, Gravesend Methodist Church, Hawkinge Community Centre, Hawkinge Music Festival, Age UK Hythe and Lyminge, Hythe Dementia café, Marigold Centre, Methodist Church, North Kent Caribbean Network, Punjab United FC, Rethink Sahayak, South Kent Mind Folkestone, Sunday Funday – City Praise Centre, Sunflower House, Woodville Hall Civic Centre, Youth Ngage.

People were supported to take their own blood pressure readings, with residents that live in the following areas:

Ashford including rural Ashford, Canterbury, Dartford, Folkestone and Hythe, Garden City, Gillingham, Gravesend, Malling, Medway, Mid Kent, Maidstone, Rochester, Sevenoaks, Strood, The Marsh and Tonbridge.

## Demographics of people reached by the project

### Gender

Female	Male	Transgender	Self-describing	Prefer not to say
331	174	1	3	1

### Age

0-15	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94	95+	Prefer not to say
1	24	35	65	68	72	106	101	32	2	1

Identified Ethnicity	
Afghan	1
African	35
African Caribbean	1
Other Asian Background	5
Other Black / African / Caribbean background	8
Other White Background	5
Bangladeshi	1
Black African	1
British Asian	3
Caribbean	20
English/Welsh/Scottish/Northern Irish/British	291
Indian	18
Irish	1
Latvian	1
Lithuanian	1
Mixed Caribbean	1
Nepalese	97
Pakistani	2
Filipino	1
Slovakian	1
Sri Lankan	1
Vietnamese	1
White & Asian	2
White & Black African	6
White & Black Caribbean	3
Prefer not to say	3
	510

## Section 4 : Data review & outcome capture

Aside from capturing specific data, the team running the project welcomed open comments from people involved in the project. Here are some comments we heard six months into the project, which helped us to define and categorise our outcomes for valuation. We used our Theory of Change, combined with qualitative data from the interim report to identify change experienced by stakeholders.

### Increased awareness of hypertension

- “Now I know it can cause a lot of other problems”
- “I didn’t know much about Blood pressure, so it was good to learn new information”

### Reduced risk to health complications

- “I want to get my BP down now”
- “I’ll keep monitoring it and check that it is in the normal range”
- “I am happy doing it now, I ought to do it once a fortnight, I think it’s just getting used to the idea”
- “I’ll keep an eye on my reading and try to do more exercise’ ‘I’m going to try to lose weight”
- “Excellent because people won’t go to their GP but are more likely to come here”
- “Really excellent, I don’t drive so if you weren’t here, I wouldn’t be able to get to the doctors to get it checked, this makes it extremely accessible!”

### Increased sense of independence

- “I am happy to monitor my BP at home, I’m aware that when someone else does it the readings are often high, so I can check at home and keep an eye on it”
- “I didn’t understand how to use the blood pressure device before this, not how to understand what the readings mean, thanks for explaining it!”
- “The paper copy of the results we give adds to the person confidence to deal with the GP surgery or Ill as appropriate”

### People having more control over their own health

- “Just knowing about my general health is interesting”
- “I have come back to have it taken again as I had a high reading last week”
- “I am really happy to know and understand my readings”
- “It’s good to know that my blood pressure is ok”



## Reduced anxiety

- “It was good doing it here (community group setting), I felt more relaxed”
- “A service available on a regular basis not staffed by people in “white coats” and in a more relaxed setting must be beneficial to the community.”
- “Allowing people to have their blood pressure checked without having to visit a doctor and in a very informal setting when they hopefully feel more relaxed”
- “Some people don't like going to the Doctors they feel stressed going there, this is good for them here”
- “I relaxed better than going to a pharmacy or Doctors. Can I come back here?”

## Sense of achievement

- “I think it's a good idea, really worthwhile”
- “I understand the need for it, I think it's a good thing”
- “Brilliant project. A simple thing to do that could potentially save lives”
- “Brilliant. Informative. Felt helpful and good to educate people” “Very good health initiative”
- “I have enjoyed meeting the public and showing them how to use monitors. I feel confident in what I am doing”
- “Yes, I loved interacting with people and knowing I helped them”



## Section 5 : Valuation & Monetisation of Outcomes

Outcome	Indicator of change	Valuation approach	Monetary valuation (£)
A) Reduced health inequality	Blood pressure readings completed with interpreter	Financial proxy – Average cost of interpreter in local area for minimum time charge	19.40
B) Reduced risk to health complications	People are told they have low blood pressure	Financial proxy – 15-minute private nurse appointment	40.00
C) Reduced risk to health complications	Anyone with very high blood pressure is signposted to NHS111	Financial proxy – 15-minute private GP appointment	95.00
D) Increased confidence of health management	People are given a blood pressure reading as normal	Financial proxy – 15-minute private nurse appointment	40.00
E) Increased autonomy and sense of control over health	People are given a blood pressure reading as high or very high	Financial proxy – 15-minute private nurse appointment	95.00
F) Reduced risk to population health	Signposting provided to individuals	Financial proxy – 15-minute private nurse appointment	95.00
G) Sense of achievement and improved employable skillset	Completion of X weeks work experience on the project	HACT Value Bank UK research figure – Based on WELLBY research. This source shows social values associated with employed and work experience, based off WTP life satisfaction figures. For 'regular volunteering' it provides that for 25-year-olds and under the valuation is £2,003, £1,850 for people aged between 25 and 49 and £2,432 for people aged 50 and over. They list an average value of £2,357 for unknown ages so we are using this figure.	2,357
H) Improved health	People have received care/ medical intervention by way of our signposting	QALY valuation A person undiagnosed with hypertension could live 2 years in a health state of 0.4, whereas with the right medical support, they will live those 2 years in a health state of 0.8. This means that the QALY difference by way of given intervention is 0.8 and has a value of 24,000 based on the NICE guidelines of a QALY valued at £30,000.	24,000

## Section 6 : Calculating the SROI

### Deadweight

When calculating the social value generated by project work and claiming credit for outcomes, it is important to consider how much of the activity might have happened anyway, if the intervention had not taken place. This is called measuring 'deadweight.' When looking at the Hypertension Heroes project, deadweight has been measured by using research statistics paired with our own data, regarding general blood pressure monitoring.

52 people were identified as having high blood pressure between 140/90 and 179/119. Of these, 58% (30 people) already had access to a blood pressure monitor, but 90% (27 people) of this group said that they did not feel confident about monitoring at home. We have listed 10% of success related to outcome (E) as deadweight, as from our surveys, we found that only 10% of people were confident in monitoring their own blood pressure at home. This insight shows those that should be regularly monitoring their own blood pressure, might not be doing so due to a lack of confidence in taking the reading.

For outcome (B&D), we have listed deadweight as 52%. This comes from the statistic that 52% of the population across the UK consistently monitor their blood pressure and know what their reading is (1). Although we have actively provided blood pressure monitoring as a service, there is the assumption that 52% of people we provided this for with a NORMAL reading, would have accessed the service elsewhere if we had not provided our service.

For outcome (G), we have listed deadweight as 10% as 90% of people we signposted told us they had not received this information before.

For outcome (H), we have listed deadweight at 33% as we feel this is a fair reflection of the proactive contributions made by Diane herself, and the medical professionals involved to achieve the outcome.

For other outcomes, we have not identified any success that would have taken place, had it not been for the intervention of the project.

## The use of QALYs

For outcome (H), we have used a QALY (4) as the valuation. This is due to the unique nature of the outcome, where we were able to complete an individual case study on a participant's experience. Due to the detail and insight, we had into Ruth's experience, we were confident in evidencing enough impact to complete a QALY calculation.

We have used an alias to protect the participants identity.

Ruth met with the Hypertension Heroes in September and was advised to monitor her blood pressure for a week and then provide her GP with the results. She diligently followed this advice but had not been registered with a local GP for several years. The Hypertension Heroes gave her information about how to register with a GP and encouraged her to do so. On production of her Hypertension Heroes paperwork, a local surgery registered her straight away and the GP sent Ruth for further tests.

As a result, Ruth has learnt that she is potentially diabetic and needs medication to control her blood pressure.

Two weeks on and Ruth is extraordinarily grateful for the advice she received when meeting with the Hypertension Heroes and cannot express her gratitude enough. She said, "You don't know what you have done - you may have saved my life!"

## Duration of outcomes

We have identified that outcomes (B) and (D) have a duration period of five years, in which there is no drop-off of impact. This is due to the advice given to people with a NORMAL blood pressure reading, or a LOW blood pressure reading without symptoms, to re-take their reading in five years' time.

## Initial funding

Kent and Medway ICB funded £50,000 towards this project. This was the only funding made.

## SROI figures

Total Value generated within initial project delivery period (6 months)	£129,298.30
Total Present Value generated by project including duration of outcomes (5-year period)	£155,253.35
Net Present Value (Present Value minus the investment)	£105,253.35
Social Return Value (Value per amount invested)	£3.11

## Section 7 : Research and References

### References

1. Health matters: combating high blood pressure Published 24 January 2017 Public Health England - Health matters: combating high blood pressure - GOV.UK ([www.gov.uk](http://www.gov.uk))
2. Global, regional, and national comparative risk assessment of 79 behavioural, environmental, and occupational, and metabolic risks or clusters of risks in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013 - The Lancet
3. Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis ([thelancet.com](http://thelancet.com))
4. The use of QALYs Cost utility analysis: health economic studies - GOV.UK ([www.gov.uk](http://www.gov.uk))

### Other research

1. High Blood Pressure - A British Heart Foundation Resource for All Primary Care Staff - HBP\_Sample\_Practice ([bhf.org.uk](http://bhf.org.uk))
2. Hypertension Prevalence and Management - October 2020 Update
3. UK Social Value Bank | HACT
4. Green Book supplementary guidance: wellbeing - GOV.UK ([www.gov.uk](http://www.gov.uk))

**Author:**  
**Lucie Price**  
**Impact & Evaluation Officer**

If you would like to chat with us about the report you can reach us through the following routes:



**Online:**  
[www.healthwatchkent.co.uk](http://www.healthwatchkent.co.uk)



**By Telephone:**  
Healthwatch Kent Freephone  
0808 801 01 02



**By Email:**  
[Info@healthwatchkent.co.uk](mailto:Info@healthwatchkent.co.uk)



**By Text:**  
Text us on 07525 861 639. By  
texting 'NEED BSL', Healthwatch's  
British Sign Language interpreter  
will make contact

 @HealthwatchKent

 @healthwatch\_kent

 @hwkent