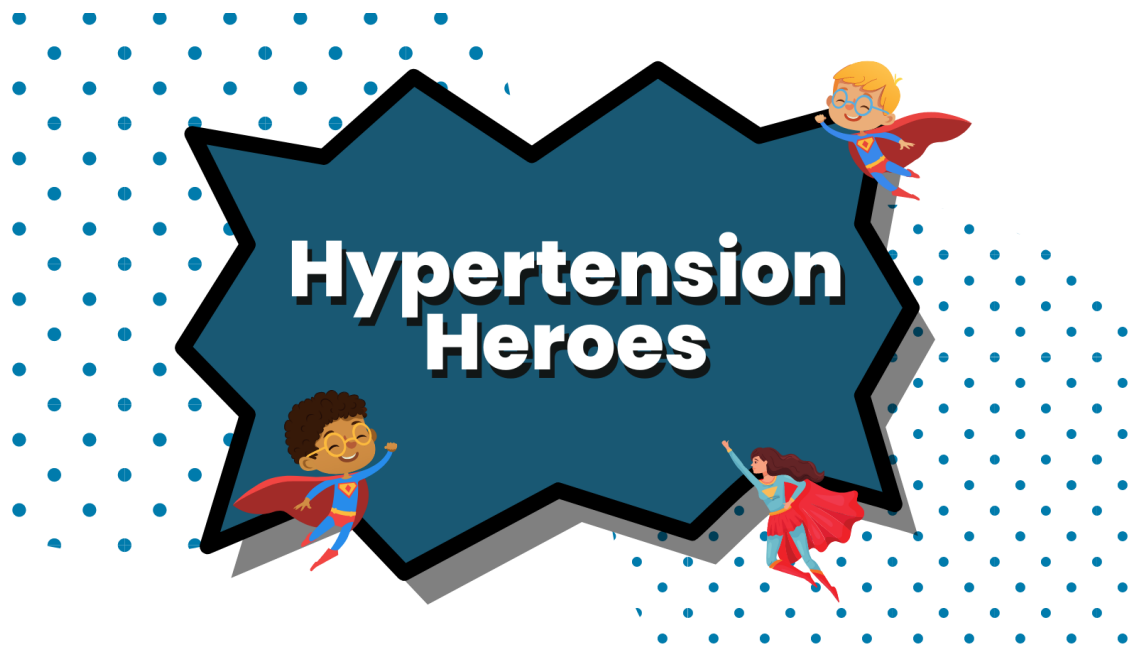


Hypertension Heroes in Medway

Empowering communities to address Hypertension in Medway

**A Social Return on Investment Analysis
by Healthwatch Kent**



November 2022







Executive Summary

Medway Public Health funded a six-month pilot 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 people.

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
-  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 £17,000, this project has generated a total of £160,358.22 worth of social value, with impact lasting for a period of up to five years, making the return on investment £9.43 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.

Section 1 : Background

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 and Healthwatch Medway 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 change 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 and Healthwatch Medway's role.

Section 2 : Mapping outcomes

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 67 hours of face-to-face engagement and provided blood pressure checks to the public. 10 volunteers also worked on the project. Together they contributed 161 hours of face-to-face engagement and provided blood pressure checks to the public.

In total, 320 people were directly engaged with in their community. All of them received a blood pressure reading and learnt about the importance of a healthy blood pressure.

Importantly the model was designed to reach people within geographical areas who may not traditionally be engaging with health services and GPs. Around 60% of people who received a blood pressure reading from the project, lived in post codes of the three most deprived areas in Medway; River, Gillingham North and Chatham Central.

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.

Section 3 : Stakeholders & Engagement

EK360 partnered with community organisations and attended various events to carry out blood pressure checks, including Medway African and Caribbean Association, Gillingham Street Angels, Sunlight Centre, Kent Ramgarhia Darbar & Community Centre, Sunlight Women’s Mental Health Group, Medway Gillingham High Street, Kent Ghanaian Association, Osborn Pharmacy and Armed Forces Day.

Demographics of people reached by the project

Gender

Female	Male	Transgender	Self-describing	Prefer not to say
170	148	1	0	0

Age

0-15	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94	95-99	Prefer not to say
9	13	20	53	52	54	60	51	8	0	0

Identified Ethnicity	
African	20
Armenian	1
Other Black / African / Caribbean background	5
Other White Background	3
British Asian	1
Bulgarian	1
Caribbean	31
English/Welsh/Scottish/Northern Irish/British	169
German	1
Gypsy / Roma / Irish Traveller	2
Indian	36
Irish	4
Italian	2
Latvian	2
Lithuanian	3
Nepalese	3
Pakistani	4
Polish	1
Romanian	6
Russian	1
White & Black African	17
White & Black Caribbean	5
Prefer not to say	2
	320

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

"I didn't know you could have high risk of other stuff too if your blood pressure was high"

"It was good being able to take my BP, I feel I understand more now"

"It was helpful and useful. It's good to have more awareness and thanks for identifying my high BP"

"It was educational, nobody knows how to do it. Could save a life"

Reduced risk to health complications

"My Dr has asked me by letter to have a blood pressure reading done"

"I am having some personal problems and I'm very stressed and getting headaches, I wanted to check my blood pressure was ok"

"It's up to myself, exercise and a clean diet"

Reduced health inequality

"This is really good, as you can get to people who wouldn't usually bother going to a clinic "

"It's more accessible and helpful being here. It's spur of the moment, people come to you rather than psyching themselves up to go to an appointment, it's less stressful"

"It's a good idea, it will help people who wouldn't usually bother to go and ask for help'pful and useful. It's good to have more awareness and thanks for identifying my high BP"

"Can never get into a GP so I'm thankful for the awareness and the idea of taking blood pressure at home. Never thought about it before"

People having more control over their own health

"I need to lose weight to get blood pressure down"

"I didn't realise that my BP was high! This has been really informative so I can now think about what to do next"

"I can do it myself now. You taught me well!"

"I think it's incredibly valuable at the moment. People are struggling to get to see a GP and getting a blood pressure check is not something you would usually think to get done. It can indicate underlying issues and encourage people to make positive changes to their overall health"

"I felt lazy about doing it before, but I'm getting older. Now I feel happy doing it myself"

Reduced anxiety

"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 "

"The atmosphere is more relaxed here than in a medical settings"

"Some people don't like going to the Doctors they feel stressed going there, this is good for them here, like the lady we had in today"

"Value to the community I would say is the ease at which people can check their blood pressure without fighting through the rigors of the current GP system. I have heard so many times that the difficulty of seeing or even speaking to a GP these days is so bad that people no longer bother to try"

"I don't like Doctors, this is friendly and safe... Drs are scary"

Sense of achievement

"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"

"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 GP appointment	95.00
F) Reduced risk to population health	Signposting provided to individuals	Financial proxy – 15-minute private GP appointment	95.00

Outcome	Indicator of change	Valuation approach	Monetary valuation (£)
<p>G) Sense of achievement and improved employable skillset</p>	<p>Completion of X weeks work experience on the project</p>	<p>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.</p>	<p>2.357</p>
<p>H) Improved health</p>	<p>People have received care/ medical intervention by way of our signposting</p>	<p>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.</p>	<p>24.000</p>
		<p>QALY valuation Someone identified as having undiagnosed very high blood pressure living in a health state of 0.2 for one year, and experiences a health state of 0.8 for the year after medical intervention. This means the QALY difference is 0.6 for the year term. This has a value of £18,000 based on the NICE guidelines of a QALY valued at £30,000.</p>	<p>18.000</p>

Section 5 : 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 the individuals themselves 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 outcomes (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 three individuals experiences, we were confident in evidencing enough impact to complete a QALY calculation.

We have used an alias to protect the participants identities.

"I'll never forget what you have done for me, I cannot thank you enough!"

Frank came to visit the Hypertension Heroes in August. He had high blood pressure but told us he would not be monitoring his blood pressure or taking his own readings going forward, because his poor vision prevented him from reading the numbers on the blood pressure monitor. The Hypertension Hero spoke to Kent Association for the Blind to find out what support was available to him. As a result, Frank has had an assessment and been given a blood pressure monitor that can speak out loud the pressure readings. This will mean he is more confident to monitor his blood pressure going forward.

When visiting the Hypertension Heroes, **Michelle** discovered her blood pressure reading varied when she was standing compared to when she was sitting down. Michelle didn't realise that this was a concern, but the Hypertension Hero gave her information from the British Heart Foundation and signposted her to the GP for some further help and support. When Michelle visited her GP, she was told she needed to have an ECG. Michelle was so thankful that she had visited the Hypertension Heroes otherwise she would never have got the medical assistance she needed

"You have made a real difference to my life and I did not realise I had dangerously high blood pressure at all. If you weren't here, I wouldn't have known until it was too late"

When **Jenny** came to visit the Hypertension Heroes, her blood pressure was showing as very high. Hypertension Heroes suggested that Jenny contacted NHS 111 right away, so she did. Jenny was taken by an ambulance to see a doctor at the hospital and was given medication to reduce her blood pressure, something she never knew she needed. Since taking the medication, Jenny has already seen an improvement in her blood pressure by 50 mmHg systolic measurements.

Jenny also told us about some lifestyle changes she has made since seeing the doctor, such as exercising more and trying to stay stress free. Whilst chatting to Jenny, she told the Hypertension Heroes that she'd been struggling to deal with problems with her eye sight, so they signposted her to Kent Association for the Blind who have been able to support her to remain independent. She told us this has been brilliant, and that she is confident her health is improving.

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

Medway Public Health funded £17,000 towards this project. This was the only funding made.

SROI figures

Total Value generated within initial project delivery period (6 months)	£96,167.80
Total Present Value generated by project including duration of outcomes (5-year period)	£160,358.22
Net Present Value (Present Value minus the investment)	£143,358.22
Social Return Value (Value per amount invested)	£9.43

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

High Blood Pressure - [A British Heart Foundation Resource for All Primary Care Staff - HBP Sample Practice \(bhf.org.uk\)](http://bhf.org.uk)

[Hypertension Prevalence and Management - October 2020 Update](#)

[UK Social Value Bank | HACT](#)

[Green Book supplementary guidance: wellbeing - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

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



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