




Hypertension Heroes



Phase two evaluation
January 2023–
July 2023

"I was stopped in the street by a lady and asked if I remembered her, at first I didn't but then she said I'd taken her blood pressure some weeks earlier. I'd advised she go straight to the surgery and take the reading from the 3 tests, she did this and is now on medication. She was so grateful but if we hadn't passed each other that day we would never have known we may have saved her life."

A Hypertension Hero

September 2023

Background

Hypertension Heroes is a project started in 2022. The project has been an iterative learning model, and this report focuses on the second phase activity and learning.

The project is supported by a multiagency working group, including representatives from Kent & Medway ICS, South East Regional Public Health Group, Medway Public Health and Kent and Medway Community Health Trust.

Working with community partners, the project aims to address health inequalities around self management of hypertension, using a community approach that builds a social capital of motivated, skilled volunteers and community organisations with an interest in supporting health promotion activities.

The aims of this second phase were:

1. To reach targeted communities
 - Working proactively to identify under represented target cohorts and develop community champions within communities and reach people who don't access primary care as well as increasing support to those who may be in touch with primary care but not getting equitable support to self manage their hypertension.
 - To increase people reporting their readings with greater regularity to primary care and accessing alternative wellbeing and lifestyle supports.
2. Foster joined up working across VCSE and primary care
 - To understand primary care's existing systems and processes, be they digital or more low tech, so that we can help people report readings whether through app, online, phone, text or even handing in a bit of paper at reception.
3. Embed a personalised care approach
 - Health checks. Ensuring target communities, underrepresented in NHS Healthchecks and LD & SMI annual health checks, are given information about eligibility for health checks, which are the primary care pathway for ARS roles and further health coaching.
 - Accessibility. Work with Healthwatch to ensure people can access information about their rights and accessibility routes to elements identified within their self care plans.
4. Community capacity development.
 - Build on capacity created in pilot phase, shifting ownership of the Hypertension hubs and events from EK360 to the VCSE organisations involved thus ensuring sustainable, affordable and cost effective model of partnership working that aims to:
 - To increase the range and volumes of people volunteering to become champions
 - To increase the range and volume of people identified with HT and undertaking self management within their communities as a result of the work of volunteer champions with focus on targeted communities

Evaluation context

Phase 2 ran for 6 months, starting in January 2023 and ending in July 2023.

This report evaluates the activities and outcomes of the second phase against the objectives as well as a review of the model and the flow of people through the pathways created.

This project evaluation report focuses on process, systems and outcomes of the second phase. It sits alongside a Social Return on Investment report that focuses on the impact of the second phase.

Summary

Over 6 months in the second phase, Hypertension Heroes supported 1,638 sessions for 990 unique individuals to take their blood pressure:



358 Hypertension Hero sessions, for 302 unique individuals in Medway focused on Medway Central and Gillingham South PCN area



1,280 Hypertension Hero sessions in Kent,



863 sessions, for 395 unique individuals in Folkestone, focused on Folkestone, Hythe and Rural PCN area



417 sessions, for 293 unique individuals in Gravesend, focused on Gravesend Central PCN area



35 Volunteers; who have trained as hypertension Heroes, and who directly support people within their community to take their own blood pressure readings.



17 Co-ordinators; who oversee each Hypertension Hero session, ensuring quality and consistency of approach and offering direct support if needed to a Hypertension Hero. Co-ordinators are also trained as Hypertension Heroes and so often support members of their community directly in taking their own blood pressure readings. Some of these co-ordinators are existing staff (12) within community hub organisations and are remunerated for their time. Some co-ordinators are volunteers (5) who have built their confidence and skills from being a Hypertension Hero in Phase 1.



2 Student Placements; who have trained as hypertension Heroes and who directly support people within their community to take their own blood pressure readings. They are often undertaking this placement to build practice hours while completing a related college course.

Hypertension Hero Area		Yellow Pathway	Green Pathway	Orange Pathway	Access to BP monitors	Red Pathway
Medway Central and Gillingham South 358 sessions	302 unique individuals	1.6% 6 people	66.7% 239 people	19.8% 71 people	96% 68 people	1.3% 6 people
Gravesend Central 417 sessions	293 unique individuals	1.9% 8 people	59.7% 249 people	11.9% 50 people	78% 39 people	1.2% 5 people
Folkestone Hythe and Rural 863 sessions	395 unique individuals	0.7% 6 people	62.3% 538 people	34.1% 294 people	58% 171 people	1% 9 people

Table 1. Comparison of volumes across each area by pathway.

It is interesting to note that the highest proportion of people identified on the orange pathway is Folkestone, Hythe and Rural PCN area. This can be explained by the Folkestone Nepalese Centre having the highest return rate (**93%**) and (**57%**) of those identified on the orange pathway being of Asian background. This cohort also have the lowest levels of reported access to BP monitors (**58%**).

'I have used the hypertension hero hub many times. I have high blood pressure so coming into the hub means that I can monitor it weekly' – Attendee at the Folkestone Nepalese Centre Hypertension Hero hub.

	Medway Central, Gillingham South Hypertension Hero area	Gravesend Central Hypertension Hero area	Folkestone Hythe and Rural Hypertension Hero area
Opportunistic	62%	18%	37%
'Word of mouth'	18%	33%	21%
GP referral	0%	1%	<1%
Signposted from community organisation	18%	22%	36%
Social media/leaflets	0.5%	0%	0%
Repeat visitors	16%	30%	54%

Table 2. Comparison of how people accessed Hypertension Hero hub.

In general there has been decrease in the volume of people accessing a Hypertension hero 'opportunistically' and an overall increase in the levels of people coming having heard through 'word of mouth' from someone, or signposted by a trusted community group.

This would suggest that the Hypertension hero hubs are becoming more rooted in their communities.

An objective of the project is to link with Primary Care to offer a pathway for people not self monitoring or reporting their blood pressure readings to their GP surgery. Evidence suggest that this is not being as effective as hoped. 23 people who attended a Hypertension hub were not registered with a GP. Healthwatch Kent and Healthwatch Medway supported people to register if they wished to.

The project is designed to reduce health inequalities within targeted communities. The project has been successful in engaging these communities. In particular, the demographic data suggested that the project is reaching deeper into African/Caribbean communities in Gravesend and Nepalese communities in Folkestone.

An average of **59%** of people accessing the Hypertension Heroes identified as from a non white British background, an average of **46%** gave residential postcodes that include some of the most deprived wards in the local area.

An average of **16%** of sessions were delivered in a language other than English and an average of **2%** of people accessing the Hypertension Heroes were not registered with a GP.

Hypertension Hero Area		Non White British	Postcode in area of recognised deprivation	Sessions delivered in other language (not English)	People not registered with a GP.
Medway Central and Gillingham South 358 sessions	302 unique individuals	48%	35%	6%	4%
Gravesend Central 417 sessions	293 unique individuals	73%	75%	6%	2%
Folkestone Hythe and Rural 863 sessions	395 unique individuals	56%	29%	38%	1%

Table 3. Comparison of demographic profile of targeted communities by area.

The project is based on the principles of personalised care, in particular the core themes of shared decision making and self management. Feedback from participants suggests that people identified on the orange pathway are getting information and signposting to inform their treatment and self management choices.

Hypertension Hero Area		Getting information about Hypertension and self management	Signposting for support lifestyle changes	Signposting for ambulatory monitoring at Pharmacies
Medway Central and Gillingham South 358 sessions	302 unique individuals	100%	76%	86%
Gravesend Central 417 sessions	293 unique individuals	88%	68%	66%
Folkestone Hythe and Rural 863 sessions	395 unique individuals	38%	67%	74%

Table 4. Comparison of demographic profile of targeted communities by area.

Hypertension Hero Area		Increased confidence to Self-Monitor	Overcoming barrier to self monitoring	Making behaviour changes (Orange pathway)
Medway Central and Gillingham South 358 sessions	302 unique individuals	80%	33% Would like assistance 26% Will purchase a monitor 22% Cost of monitor prohibitive	34% made changes 42% Diet 39% Exercise 18% Monitoring/Meds 5% Smoking/Alcohol
Gravesend Central 417 sessions	293 unique individuals	91%	35% Would like assistance 15% Will purchase a monitor 2% Cost of monitor prohibitive	85% made changes 39% Exercise 33% Diet 19% Monitoring/Meds 14% Smoking/Alcohol 4% Sleep/stress
Folkestone Hythe and Rural 863 sessions	395 unique individuals	86%	43% Would like assistance	9% made changes 35% Exercise 22% Diet 17% Monitoring/Meds 6% Sleep/stress 4% Smoking/Alcohol

Table 5. Comparison of demographic profile of targeted communities by area.

An average of **86%** of people report that they feel an increased level of confidence in being able to monitor them selves at home.

The most frequently mentioned barrier to self monitoring is that people feel that they need an degree of assistance in taking their blood pressure readings. In two areas people stated that the cost of buying a monitor for use at home was a barrier.



The Hypertension Heroes and the supporting community Hypertension Hero Hubs appear to be having an impact on helping people make behaviour changes. The levels of people that reported having made changes to their behaviour vary greatly. We will explore this further in phase 3.

Phase 2 of the project wanted to build capacity within community hubs, embedding the project in local communities and foster longer term sustainability. Hypertension Hero

hubs all reported that they were proud of having had an impact on people within their community and that this the main motivation for being part of the project. Feedback indicates that empowering community groups in this community asset based approach has been beneficial to the delivery of the project and equally importantly, to the community organisations.

Challenges include:

- Recruiting and working with the volunteer Hypertension Heroes. (8 mentions)
- Engaging with targeted communities was also raised as a challenge (7 mentions)
- Finding the capacity to delivering Hypertension Hero sessions alongside other funded projects (5 mentions)
- Empowering people accessing the hypertension Heroes to take the next steps in their personal care was seen as a challenge (5 mentions)

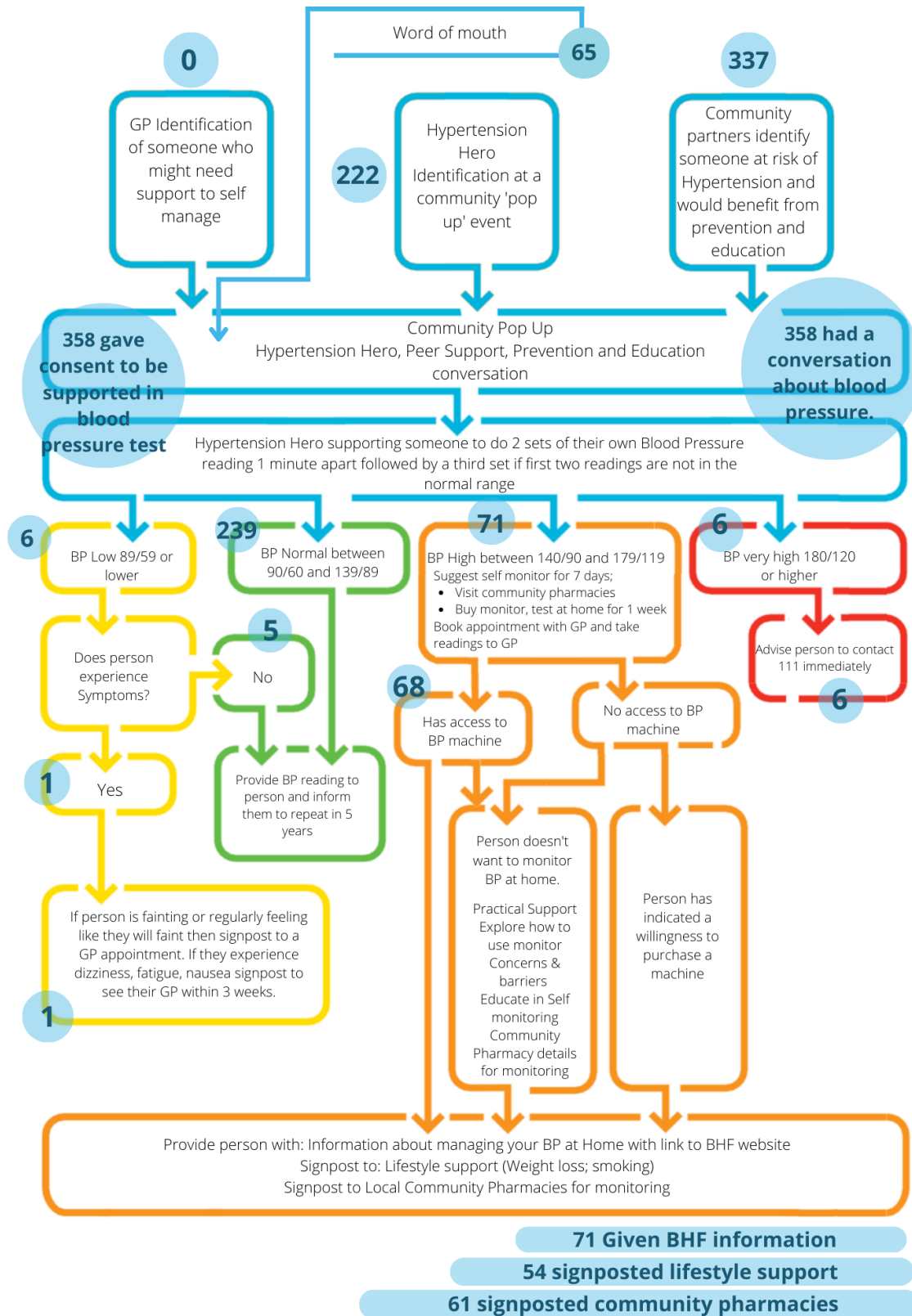
Positive outcomes that organisations reported as a result of hosting a Hypertension hub:

- Ability to engage people attending Hypertension Hubs in other areas of their work. (16 mentions)
- Increased networking and forming new links with other community organisations (7 mentions)
- Hypertension Heroes training and delivery had created opportunities for growth within their organisation (7 mentions)
- Development of volunteers and the transferable skills that Hypertension Heroes had developed and how that offered opportunities for capacity building and personal growth. (5 mentions)

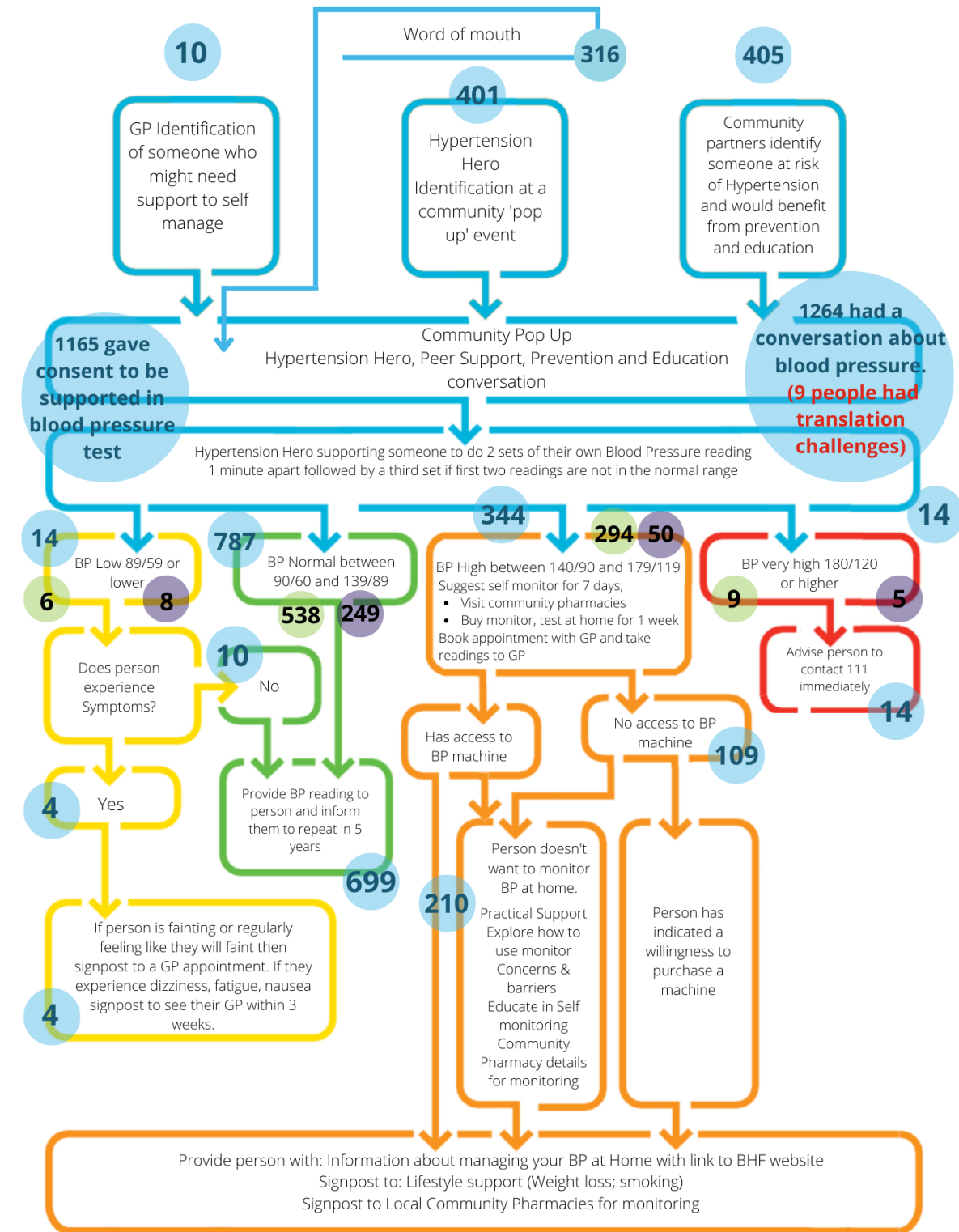
The Hypertension Hero volunteer pool has grown from Phase 1. 54 people were involved in delivering of the sessions in Phase 2. Some volunteers involved in Phase 1 have undertaken further training and are now taking on co-ordinator roles, supervising other volunteer Hypertension Heroes. This has built sustainable capacity directly within targeted communities.

Finally, the Hypertension Hero volunteers themselves have reported that being involved in the project has given them skills, information, and an ability to help others within their community. This has been seen as a positive experience.

Pathway flow in Medway



Pathway flow in Kent



- Total
 - Folkestone and Hythe
 - Gravesend
- 298 Given BHF information**
- 232 signposted lifestyle support**
- 251 signposted community pharmacies**

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We engage
We reflect
We improve peoples
lives