REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **E**
DATE OF MEETING:	**25 July 2024**	
REPORT TITLE:	**Population Health Transformation Programme: Hypertension – Progress Update**	
REPORT AUTHOR:	**Prof Trudi Grant, Executive Director of Public and Population Health**	
EXECUTIVE SPONSOR:	**Prof Trudi Grant, Executive Director of Public and Population Health**	
PRESENTED BY:	**Prof Trudi Grant, Executive Director of Public and Population Health** **Charlotte Callen, Director of Communications, Engagement and Marketing**	

PURPOSE	DESCRIPTION	SELECT
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	☐
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	☐
Discuss	To discuss, in depth, a report noting its implications	☒
Note	To note, without the need for discussion	☒
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	☐

LINKS TO STRATEGIC OBJECTIVES
(Please select any which are impacted on / relevant to this paper)

- ☒ Objective 1: Improve the health and wellbeing of the population
- ☒ Objective 2: Reduce inequalities
- ☒ Objective 3: Provide the best care and support to children and adults
- ☐ Objective 4: Strengthen care and support in local communities
- ☐ Objective 5: Respond well to complex needs
- ☐ Objective 6: Enable broader social and economic development
- ☐ Objective 7: Enhance productivity and value for money

PREVIOUS CONSIDERATION / ENGAGEMENT

Regular reporting on the Hypertension project has been provided to the Hypertension Project Group and the Population Health Transformation Board.

Staff, clinical and patient and public engagement has been used to inform the programme throughout, along with timely outcomes data. Engagement with the target population has been critical in order to ensure the campaign materials and approach used is attracting people to be tested. The topic of hypertension remains a focal point for 'The Big Conversations' currently being undertaken and the project continues to be committed to listening and learning to improve the effectiveness of the messages and opportunities to improve health and tackle inequalities.

1. Introduction

As agreed by the ICB Board, a system-wide Hypertension Project ('Take the Pressure Off') has been developed as part of the Population Health Transformation Programme. The programme has 3 aims:

- 80% of expected hypertensive population are diagnosed by 2030 – QOF would suggest we are currently on approximately 71% (n=104,740) = 49,000 missing (13,500 to find + growth)
- 80% of people diagnosed are treated to target – currently 67.6%,
- To reduce inequalities in diagnosis and optimisation of hypertension

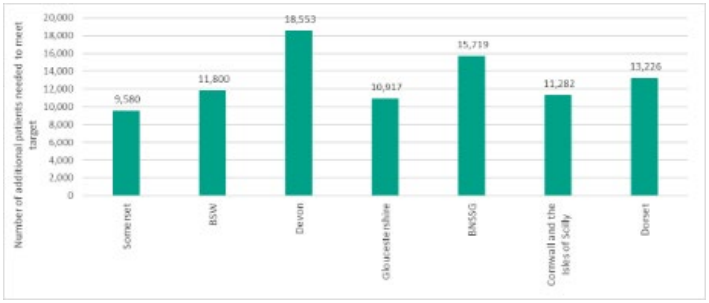
2. Size of the Prize

Size of the Prize data can be extracted from the CVDPREVENT data set (Data Extract | CVDPREVENT was used to identify the distribution of UTLA registered populations within an ICB. The South West NHSE have done further analysis on this data to model the number of patients needing to be identified and treated to target in order to achieve 77% of people (the DHSC has set the target of 80% treated to target by 2030) for each ICB and upper tier local authority.

As can be seen from the graphs below, achievement of the 77% target is modelled to prevent 56 heart attacks and 86 strokes in Somerset.

Size of the Prize for Hypertension in the South West
To June 2023

Number of patients in each ICB in the South West needed to be identified and treated to meet the NHS England target



546 heart attacks prevented in SW

Potential cost of heart attacks £4,079,000

816 strokes prevented in SW

Potential cost of strokes £11,360,000

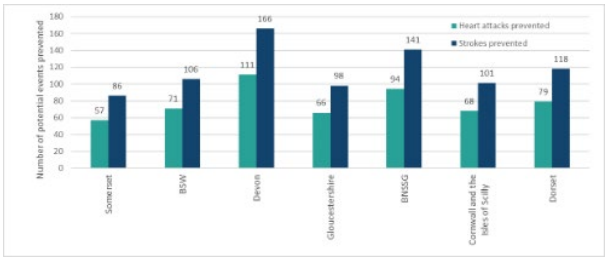
This represents an additional **91,100** patients in the South West to **June 2023**

Data extracted from UCL Partners Size of the Prize . South West Region is sum of all ICBs.

Office for Health Improvement and Disparities

Size of the Prize for Hypertension in the South West
To June 2023

Number of heart attacks and strokes potentially prevented in each ICB in the South West if the NHS England target is achieved



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Office for Health Improvement and Disparities

3. The Somerset Campaign

The Somerset campaign is structured using the framework below with activity taking place within each if these areas.

This programme started case finding in March 2024. This paper provides the Board with an update on the progress to date.

4. Progress March – July 2024

'Real Time' CVD Dashboard – This has been led by the Public Health Team in collaboration with the GP Provider Board, the ICB and the Local Medical Committee. It has been a significant step forward in the understanding and system oversight of CHD risk to inform this project but also CVD risk overall. The data is shared monthly by almost all local general practices and has been invaluable to inform and track progress against this system priority. It provides a great example of what can be achieved in future to improve understanding of population health.

Communication and Engagement – Informed by engagement from the public and professionals, we have developed a range of physical and digital materials to support the campaign. The digital media has been particularly successful for this campaign and we continue to capture case studies and develop some very powerful videos that people can relate to and hopefully be inspired and encouraged to get their blood pressure checked.

Community Testing – Recognising that not one size fits all, we have focussed on increasing the opportunities for people to take responsibility and test within their community. We have increased testing and local capacity within Somerset libraries and have trialled some initial work with community groups such as Community Cafes. The local VCFSE sector is a really key partner in the project and is currently developing capacity to increase support for local community groups who are keen to become involved in the project as well as looking to develop volunteer champions to encourage and support people within their community to get their blood pressure tested.

'Cold' Case Finding – Using population health data we have focussed cold case finding to tackle inequalities in hypertension testing and diagnosis. Efforts have been directed primarily towards testing people and groups who experience greater disadvantage and are less likely to be able to engage with the more traditional opportunities for testing. The Cold Case finding has been a fantastic team effort across the Somerset system with a timetable of testing within workplaces, sporting events, community events, supermarkets etc. Testing capacity has been challenging with only one member of staff specifically allocated to this role. We have made great collaborations with our Further Education Colleges to gain the support of local T Level and health and social care students. It's been good experience for them with direct public contact as well as valuable capacity for the programme. Testing capacity remains a limiting factor for the programme overall as we increasingly try and focus our efforts outside of work hours to attract the people we want the campaign to reach.

Pharmacies in Somerset have also been an invaluable source of initial 'cold case finding' with many pharmacies now offering initial blood pressure testing under the new National Pharmacy Contract. A smaller number of pharmacies are also engaged in Ambulatory Blood Pressure monitoring. This is an invaluable resource, and we are looking forward to supporting the scale up of this as the project progresses. A couple of pharmacies and GP practices are working with programme to support the cold case finding in the community. This approach has been particularly effective, helping with testing capacity but also providing on the spot specialist support there and then to patients.

'Warm Case Finding' – Some General Practices are actively identifying patients who are within the target group but haven't had a blood pressure check for a time and either inviting them into the practice for testing, inviting them to test themselves through the community testing routes and report the results back to the practice or, working through pharmacies and the sharing of data inviting people into the pharmacy for a blood pressure check.

In April 2024, the ICB agreed a New Funding Framework to support Primary Care Networks (PCNs) to improve population health and take action to tackle inequalities in healthcare with a particular focus on hypertension. PCNs are actively working alongside Public Health

Consultants to identify relevant actions in line with the assessment of local need identified in the PCN Profiles that have been published by Public Health. Each PCN will be undertaking quality improvement projects focusing on:

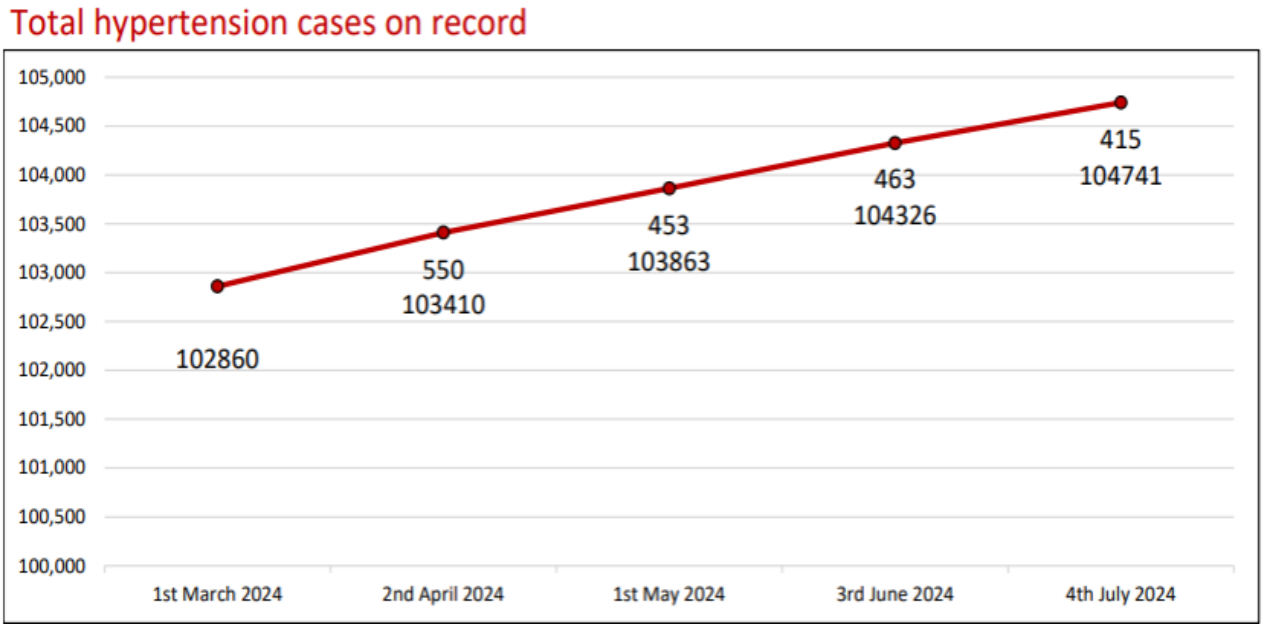
- Increasing the number of people included on practice hypertension registers.
- Increasing the number of people treated to NICE guideline targets.

Optimising Blood Pressure – This is the responsibility of General Practice and is being taken forward through routine appointments and clinics. A guide to improving hypertension treatment has been written by Public Health, Health Innovation Network, ICB and General Practice colleagues to support their efforts in moving closer to the 3 aims targets (80% prevalence, 80% optimisation, reduced health inequalities).

A number of PCNs have been developing PCN Hubs in which testing and treatment relating to hypertension has been a particular theme. A variety of approaches are being taken, including specific efforts to reach out to underserved communities, and the adoption of novel technologies which empower people to manage their own health. These are still in their infancy and we look forward to learning from these as the programme develops.

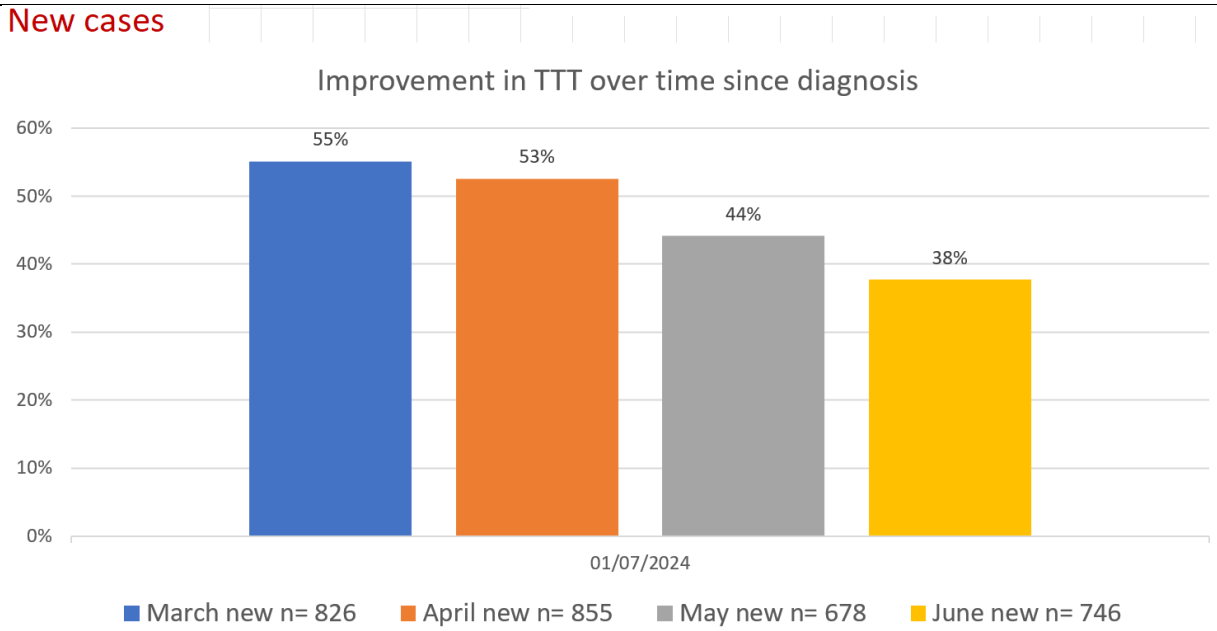
5. Progress So Far

The CVD Dashboard allows us to monitor progress against this project on a monthly basis. Before March 2023, the Somerset system identified an average of 150 net new cases of hypertension per month. Since the launch of this project in March 2024, the average diagnosed new cases has more than doubled to an average of 470 net new cases each month.



Overall for the system, the new cases since March show a relatively even split between males and females found. The cold case finding element of this project is successfully targeting and testing more of the male population.

It should be noted that an increase in the number of people diagnosed will reduce the overall percentage of people treated to target, until optimisation is complete, which can take some months. This time lag can be seen in the graph below showing the position of the new cases found in the earlier months of the project, many of which are still becoming optimised.



It is important to understand that a dip in overall optimisation is likely to be an artefact rather than a true finding. However, over time we expect to see overall optimisation climb towards the 80% target.

6. Next Steps

For a campaign which is set to span the financial year, the challenge will be maintaining and continuing to build this improvement. To keep the campaign high in the minds of the public and the health and care workforce, we are in the process of developing a boost for the campaign in the **'Know Your Numbers Week!' 2-8th September 2024.** We are currently working with Somerset Foundation Trust to launch a staff testing campaign which we are hoping will launch during Know Your Numbers Week.

Continuing to grow and spread the campaign will be our focus over the next 3 months. We have many workplaces who are keen to host testing events for their workforce and we are just starting to run the campaign in supermarkets. Hypertension will also continue to be a focus for the 'The Big Conversation' events throughout the summer.

Understanding the ambitions and aspirations of pharmacies in relation to hypertension will be important for us. We would be keen to support as many pharmacies as possible to undertake the ambulatory blood pressure monitoring. Scaling this up is a key element of the local campaign, ambulatory blood pressure monitoring through pharmacies allows us to identify people with established hypertension rather than just initial high readings, it is that we make this part of the pathway as convenient, effective and efficient for the public and general practice as possible.

We are aiming to give additional focus on optimisation over the next 3 months, seeking to understand how we can support Primary Care Networks and practices further.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	The cold case finding hypertension work has been specifically focussed on taking opportunities for blood pressure testing to people who may be less likely to be able to come forward through more traditional routes. We are actively working to tackle

	inequalities in case finding and optimisation and are keen to learn about what works for specific groups and populations.
Quality	We have worked with local Hypertension clinical leads to develop a Standard Operating Procedure (SOP) for community and workplace testing. This SOP has been developed in line with NICE guidance and national age-related Blood Pressure thresholds.
Safeguarding	N/A
Financial/Resource/ Value for Money	£150,000 was allocated to this campaign in 2023/24. This has been primarily used to develop campaign materials. Staffing for the campaign has been primarily carved out of existing workforce throughout the partner agencies. As can be seen in the paper, the savings that can be achieved through prevention of heart attacks and strokes by reducing risk through hypertension is significant, making this campaign excellent value for money after a period of 3 years.
Sustainability	This campaign has used largely digital resources and focusses on making blood pressure monitoring easily accessible, taking measurement to workplaces, supermarkets etc and reducing the need for people to travel for specific purposes.
Governance/Legal/ Privacy	N/A
Confidentiality	N/A
Risk Description	Hypertension has been described by the 'silent killer'. The risk of not finding and optimising high blood pressure will lead to increased heart attacks and strokes. Cardiovascular disease is a significant driver of health inequalities, there is a risk of extending inequalities through this campaign. To mitigate this risk, the campaign has used population health data to look at unwarranted variation in testing and optimisation and has used this to inform very targeted actions to seek to reverse inequalities rather than extend them.