

Report of: Head of Public Health – Long Term Conditions

Report to: Director of Public Health

Date: 10th February 2021

Subject: Blood Pressure Wise Project

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|---|---|
| Are specific electoral wards affected? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If yes, name(s) of ward(s): | |
| Has consultation been carried out? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there implications for equality and diversity and cohesion and integration? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Will the decision be open for call-in? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Does the report contain confidential or exempt information? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If relevant, access to information procedure rule number: | |
| Appendix number: | |

Summary

1. Main issues

- In November 2019 a successful application to secure funding for the Blood Pressure Wise programme was made to Leeds Clinical Commissioning Group to deliver blood pressure checks across Anchor organisations in Leeds.
- Anchor institutions are big and locally rooted organisations like councils, colleges, universities, hospitals and big businesses with local HQs. Together they employ hundreds of thousands of people; spend hundreds of millions of pounds; own and manage land and assets; and deliver vital services. They have a long history in their places and are unlikely to move. They have a big impact on local communities and economies and are pivotal to their success and wellbeing.
- This report sets out a proposal to finalise a direct award contract with Leeds Community Healthcare NHS Trust (LCH), for the provision of Blood Pressure Wise. The contract will provide blood pressure checks to the eligible workforce population across Anchor organisations in Leeds, via targeted workplace settings.
- The Covid-19 pandemic and subsequent lockdown from March 2020 has had some impact on the delivery of planned provision and the programme implementation was suspended in mid-March 2020.
- The reset and recovery planning for this programme has now commenced and the role of early identification and prevention for long term conditions (LTC) remains an ambition and

priority of the city and this programme can contribute to reduce risk of adverse outcomes from COVID-19.

2. Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

- Leeds has a clear vision to be a healthy and caring city for all ages, reduce health inequalities and improve the health of the poorest the fastest, with an outcome that people will enjoy happy, healthy and active lives. Leeds has made a commitment to a stronger focus on prevention including increasing both the detection of high blood pressure and management of people living with hypertension. We know that high blood pressure rarely causes symptoms, and detection generally relies on opportunistic testing or systematically as part of the NHS Health Check. Following the impact of COVID-19, a key priority is ensuring support for the health and social care sector to respond to and recover from COVID-19 and this programme can help contribute to this by supporting the health and wellbeing of the NHS workforce

3. Resource Implications

- Public Health has successfully secured Leeds CCG Commissioning for Value, non-recurrent funding up to the value of £70.000, to deliver blood pressure checks across Anchor organisations in Leeds. The contract value to deliver this service for 12 months is for £40.000. Further financial enhancements to the contract value shall not be required and will not have an implication on the council's budget.
- The contract will be managed by officers in the Leeds City Council's Adults and Health Directorate.

Recommendations

The Director of Public Health is recommended to authorise the Consultant in Public Health to enter into a 12 month contractual agreement with Leeds Community Healthcare (LCH) to continue delivery of the Blood Pressure Wise programme without entering into a competitive tender process due to the unique delivery model (undertaken within the pilot) and clinical pathway in place. The contract shall commence on 1st April 2021 for the total sum up to a value of £40.000.00

This decision is guided by the relevant extract from the Contracts Procedure Rules (CPRs) as below-

8.3 Where the relevant Chief Officer considers there is genuinely no competition such that only a particular organisation or provider can meet the Council's specific requirements (e.g. when commissioning a unique product or service) a waiver of CPRs 8.1 and 8.2 need not be obtained. However, the lack of competition must be formally evidenced in writing and approved by the relevant Chief Officer as part of a Delegated Decision before the contract is entered into.

4. Purpose of this report

4.1. Public Health has successfully secured Leeds CCG Commissioning for Value, non-recurrent funding of £70.000, to deliver blood pressure checks across Anchor organisations in Leeds.

4.2. This document seeks approval for the Consultant in Public Health to approve a contractual agreement with Leeds Community Healthcare (LCH) to continue delivery of the Blood Pressure Wise programme under a new contract, without entering into a competitive tender process due to the unique work they have carried out during the pilot and delivery model

they have implemented alongside the clinical pathway in place. The contract duration will be 12 months commencing 1st April 2021.

- 4.3.** LCH have effectively delivered this unique programme for 2 years and the contract expired on 30th April 2020. Under CPRs 8.3 it is impractical to introduce a potentially new provider under a competitive process at this stage because it would result further in a delay in programme delivery. The Covid-19 pandemic and subsequent lockdown from March 2020 has already impacted on the delivery of planned provision from 1st May 2020 due to implementation being suspended in response to Anchor organisations working from home where possible. A new provider would be unfamiliar with the programme and would require a significant period of time to become equated to the programme. IT systems would need to be reviewed and processes updated to ensure effective communication with primary care and delivery staff would need to be trained and/or recruited which is not efficient for the time and resource available for implementation.
- 4.4.** The contract is of low value and is for a period of 12 months from non-recurrent funding. LCH have all the processes in place to deliver the model i.e. are able to access Systmone (the GP clinical system), staff fully engaged with the programme, staff trained, clinical supervision in place, service delivery has been developed in conjunction with LCH, staff fully competent to use clinical template and pathway and staff competent in signposting to appropriate services. Advertising the service to other providers may result in limited capability to deliver the programme and a further delay in continuation of service.
- 4.5.** Awarding this contract to LCH is due to the uniqueness and historical work of the service that has been produced thus far, and if a new provider was introduced (at this stage) either the council would have to repeat elements of the work previously undertaken to get the new provider “up to speed” or we would have to start all over again (which is not efficient).
- 4.6.** Public Health shall award the contract and contract manage the provider for the duration of the contract (12 months). Due to the level of uncertainty associated with the current covid-19 pandemic and how this may impact on numbers of people accessing the service, the intention is to adopt a flexible approach to this commission. Activity may vary over the 12 months and there maybe periods where the service is paused.

5. Background information

- 5.1.** The recently released [NHS Long Term Plan](#) identifies [cardiovascular disease \(CVD\) as a clinical priority](#) and the single biggest condition where lives can be saved by the NHS over the next 10 years. The Plan sets the ambition for the NHS to help prevent over 150,000 heart attacks, strokes and dementia cases over the next 10 years and outlines how we and partners in the voluntary and community sector and in other national organisations will meet this ambition.
- 5.2.** Approximately 102,000 people registered with a Leeds GP have a formal diagnosis for Hypertension with just over 82,000 of these having their condition managed. There is a large gap between the number of expected diagnoses for Hypertension (190,000 people) and the number with a formal diagnosis, suggesting approximately 90,000 undiagnosed cases in the City.
- 5.3.** In January 2017 Leeds City Council and the 3 Leeds CCGs submitted a successful application to the British Heart Foundation (BHF) to implement a community blood pressure programme. The aim of the programme is to provide efficient and easily accessible opportunities for blood pressure (BP) testing and detection, particularly

amongst deprived populations, BAME communities and those identified as being less likely to attend a GP Practice.

5.4. The innovative model was to test and implement alternative approaches to the testing and detection of high blood pressure and Atrial Fibrillation by the development and use of a clinical pathway following NICE guidance and using Home Blood Pressure Monitoring (HBPM). It also provided an opportunity to utilise a remote working digital solution which integrated with the GP clinical system. This ensured a seamless pathway which reduced General Practice workload and patient contacts.

5.5. There were two approaches to the community BP programme:

- Testing within 6 Pharmacies situated within the most deprived part of the city, with a target of 2,400 blood pressures to be undertaken across of the pharmacies in a 2 year period. The blood pressures were carried out by a pharmacy technician skilled in behavior change techniques.
- Blood Pressures to be carried out in the workplace, specifically targeting Leeds City Council front line manual workers, with a target of 7,600 over a 2 year period and Leeds Community Healthcare were commissioned to provide a blood pressure champion to undertake the checks and offer lifestyle advice and signpost to healthy living opportunities

5.6. The programme was launched in February 2018 and up until September 2019 a total of 1950 participants have had their Blood Pressure checked. Over 90% of people were recruited to the service by the workplace blood pressure champion. The service identified 87 participants with raised blood pressure after home blood pressure monitoring (HBPM), 41 with possible severely/accelerated high blood. This equates to a near 6.5% conversation rate which is higher than the NHS Health Check rate. 47 people have been formally diagnosed with hypertension, however there may be a delay in coding in primary care therefore we expect this number to be significantly higher. One participant was found to have atrial fibrillation.

5.7. The interim evaluation carried out in October 2018 reported participant satisfaction with the workplace work stream of the service is high and has successfully supported working age males and groups who are resident in deprived communities. Participants in the service rated themselves unlikely to have a reading taken in a primary care setting, with over 45% rating themselves not likely to be tested in a GP Practice at all.

5.8. An in house evaluation conducted out by Health & Care and Evaluation Service (HaCES) has been undertaken and a commissioned , in-depth qualitative evaluation was carried out by QA research concluded that the BPW service has been extremely positive for Leeds City Council. It was perceived that there is leadership investment in the health and wellbeing of staff and that their employer cares about their wellbeing and there was expressed interest for the service to be retained in some capacity so staff have the opportunity for checks in the future.

6. Main issues

6.1. As part of the successful British Heart Foundation (BHF) bid process, the commissioning organisation had to provide evidence of a commitment to sustaining the service from year 2 and beyond. In July, a Blood Pressure Wise Sustainability Position Paper to agree a Leeds approach to the identification of undetected blood pressures across Leeds outside of the GP Practice setting was taken to the LTC Board which approved the preferred option to exploring offering the current provision wider with Anchor organisations in the

city. Public Health presented at Anchor Institutions Healthy Workplace meeting and some organisations have registered their interest in participating the BPW service.

6.2. As part of the agreed funding from the CCG this service is specifically targeted towards the Anchor organisations and their staff (including LCH staff) with a view to the future sustainability of this project (post 12 months contract) being owned and delivered by the Anchor organisations themselves, ideally as a collective partnership.

6.3. In November 2019 a successful application to secure funding for the programme was made to Leeds Clinical Commissioning Group (Commissioning for Value non-recurrent funding). To widen the original approach to Anchor organisations, the programme will be targeting in the first instance areas of inequality reaching those people who are less likely to attend primary care and those people who have other things that may have affect their risk of get seriously ill from coronavirus which can include age, gender, where you live, BAME and your job role, for example non clinical staff, predominantly catering staff, porters, domestic staff, admin workers.

6.4. The model shall incorporate the key requirements identified as part of the programme delivery:

- Clinical pathway followed by the service delivery provider.
- GP Practice Clinical system integration enabling automatic transfer of outputs from the interventions.
- Utilisation of “Better Conversation” principles which are aligned to personalised care across all providers.
- Signposting to the appropriate providers associated with choice, lifestyle and NHS Health Check if appropriate.
- Home Blood Pressure monitoring

6.5. The community blood pressure programme will be delivered within Anchor organisations, delivering new blood pressure checks (and follow up appointments where appropriate). Due to the COVID-19 Pandemic, a flexible approach will need to be taken in terms of activity. Activity may vary over the 12 months.

6.6. As a result of COVID-19 the delivery model will need to be adapted to ensure that social distancing measures are in place and that infection prevention and control measures are followed to ensure safety of the provider and workforce.

6.7. The healthcare practitioner will require appropriate knowledge around physical activity, nutrition and behaviour change approaches as well as the skills and knowledge to undertake blood pressure readings. The healthcare practitioner will need to have the facility to transfer blood pressure results and associated confidential patient data to the patients GP provider via a secure digital mechanism. This is achievable under the current provision provided by LCH.

6.8. Leeds Community Health Care have effectively delivered the BPW service over a two year period with a full understanding of the BPW programme, programme outcomes, programme delivery and impact. LCH have also attended a number of meetings including stakeholder meetings in order to support with the effective delivery and design of the

programme. LCH have been informed of potential contract extension and have shown a keen interest to continue delivery of the service.

6.9. Commissioning for value will be achieved via LCH. LCH have the capacity to provide blood pressure champions to undertake the checks and offer lifestyle advice and signpost to healthy living opportunities. Further staff have the knowledge and expertise of using clinical systems that is an integral part of the service delivery.

6.10. Once approval to award the contract has been obtained a contact shall be entered into with LCH using the council's standard tender documentation.

7. Corporate considerations

7.1. Consultation and engagement

Internal and external consultation has been completed in the following arenas:

- Blood Pressure Wise Project Board considered and endorsed the options.
- Sustainability position paper was drafted to agree a Leeds approach to the identification of undetected blood pressures across Leeds outside of the GP Practice setting was taken to the LTC Board.
- LTC board approved the preferred option to exploring offering the current provision wider with Anchor organisations in the city.
- Public Health presented at Anchor Institutions Healthy Workplace meeting and the following organisations agreed to participate: Leeds City College, Leeds Trinity, Leeds Beckett University, University of Leeds, Leeds Teaching Hospital Trust, Leeds Community Health Care and Leeds College of Building)

7.1.1 This engagement has been revisited with the Anchor Institutions Healthy Workplace group following the impact of COVID-19 and although all still interested in progressing, staged implementation shall be undertaken commencing with LTHT, LCH and Leeds City College and re engagement to be planned with education organisations in 2021 to see if they are in a positon to progress but shall be determined by Government guidelines and work from home policies.

7.2. Equality and diversity / cohesion and integration

7.2.1 As part of the strategic procurement process, each new public health contract will complete an Equality Impact Assessment. There are no issues with respect to this report.

7.3. Council policies and the Best Council Plan

The vision for Leeds is to be the best city in the UK, by 2030 all Leeds communities will be successful, and Leeds will be a city where healthy choices are easier to make, our children choose healthy lifestyles and health inequalities are reduced.

Health and Wellbeing Strategy under the leadership of the Health and Wellbeing Board, Leeds will become a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest. The strategy will ensure that everyone in Leeds:

- Be Safe and feel Safe

- Enjoy happy, Healthy and active lives
- Live in good quality, affordable homes in clean and well cared for places
- Do well at all levels of learning and have the skills they need for life
- Enjoy greater access to green spaces, leisure and the arts
- Earn enough to support themselves and their families
- Move around a well-planned city easily
- Live with dignity and stay independent for as long as possible

Climate Emergency

7.3.1 As part of the scoping, the programme planning has been exploring a hub working model. The hub location would allow staff from across Anchor organisations to access the service without the use of or reduction in the use of public/private transport. This will support the reduction in travel and carbon emission.

7.4. Resources, procurement and value for money

7.4.1 The options appraisal process has taken into considerations the need to drive improvements in service quality and value for money. The application process ensures work can be resourced effectively in order to obtain the best quality services and value for money solution for the Council and the citizens of Leeds

7.4.2 The cost of this service will be met from the Leeds CCG Commissioning for Value, non-recurrent funding. Further financial enhancements to the contract value shall not be required and will not have an implication on the council's budget.

7.5. Legal implications, access to information, and call-in

7.5.1 As the value of this decision is below £100,000 this is an administrative decision and is therefore not subject to call in. The report does not contain any exempt or confidential information under the Access to Information Rules.

7.5.2 A new contract will be entered into using the Council's Low Tender documentation contract for providers, appropriate specification, terms and conditions and performance measures will be included.

7.5.3 Awarding this contract directly to LCH in this way could leave the Council open to a potential claim from other providers, to whom this contract could be of interest, that it has not been wholly transparent. However, awarding this contract to LCH is due to the uniqueness and historical work of the service that has been produced thus far, and if a new provider was introduced (at this stage) either the council would have to repeat elements of the work previously undertaken to get the new provider "up to speed" or we would have to start all over again (which is not efficient).

7.6. Risk Management

7.6.1 The contract will be managed by officers in the Leeds City Council's Adults and Health section.

7.6.2 If the recommendation is not approved the service may be subject to competitive tender and delivery would be further delayed. This would have significant resource implications for the council. There would be disruption to the service implementation and delivery within the Anchor organisations.

7.6.3 As per paragraph 1.4, LCH have all the processes in place to deliver the model i.e. are able to access Systmone (the GP clinical system), staff fully engaged with the programme, staff trained, clinical supervision in place, service delivery has been developed in conjunction with LCH, staff fully competent to use clinical template and pathway and staff competent in signposting to appropriate services.

8. Conclusions

- 8.1.** Following a successful application to BHF, a blood pressure programme has been implemented. The aim of the programme is to provide efficient and easily accessible opportunities for blood pressure (BP) testing and detection, particularly amongst deprived populations, BAME communities and those identified as being less likely to attend a GP Practice.
- 8.2.** Current contract to deliver BP checks terminated on 30 April 2020. Public Health has successfully secured Leeds CCG Commissioning for Value, non-recurrent funding of £70.000, to deliver further blood pressure checks across Anchor organisations in Leeds.
- 8.3.** LCH would be the optimum provider to continue delivery of the service due to current experience of service delivery, ability to employ relevant trained staff and knowledge of service delivery/outcomes.
- 8.4.** A change in provider at this stage would result in significant delay in programme delivery and resource implications for the council.

9. Recommendations

- 9.1.** The Director of Public Health is recommended to authorise the Consultant in Public Health to enter into a one year contractual agreement with Leeds Community Healthcare (LCH) the current provider, to continue delivery of the Blood Pressure Wise programme without entering into a competitive tender process due to the unique delivery model (undertaken within the pilot) and clinical pathway in place. The contract shall commence on 1st April 2021 and not exceed the sum of £40.000.
- 9.2.** This decision is guided by the relevant extract from the Contracts Procedure Rules (CPRs) as below-

8.3 Where the relevant Chief Officer considers there is genuinely no competition such that only a particular organisation or provider can meet the Council's specific requirements (e.g. when commissioning a unique product or service) a waiver of CPRs 8.1 and 8.2 need not be obtained. However, the lack of competition must be formally evidenced in writing and approved by the relevant Chief Officer as part of a Delegated Decision before the contract is entered into.

10. Background documents

- 10.1.** [NHS Long Term Plan](#)
- 10.2.** [cardiovascular disease \(CVD\) as a clinical priority](#)

¹ The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.