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# **Hypertension prevention and case-finding**

Health and Wellbeing Board

Date of meeting: 4th June 2026

Lead Director/Officer: Rob Howard, Director of Public  
Health

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### Useful information

- Ward(s) affected: All
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- Report version number: 1

## 1. Summary

1. Hypertension prevention and case finding is a current Leicester Health and Wellbeing Board priority. This report is to provide a summary of public health work to address undiagnosed hypertension amongst adults in Leicester City, where this work is aligned with other programmes to detect and manage hypertension locally and nationally, and future proposed work.

### 1.1 Background

Hypertension is the medical term for persistent high blood pressure. It is the primary risk factor for deaths and illness related to cardiovascular disease (CVD). Amongst Leicester residents, it is the most common CVD condition, and it contributes to Leicester's higher-than-average under-75 mortality rate.<sup>1</sup>

Unlike many health conditions, hypertension often presents no symptoms but if left untreated can lead to very serious health outcomes such as heart attack or stroke. For this reason, it is often called "the silent killer". Leicester's Joint Strategic Needs Assessment states that, in addition to approximately 50,000 people on hypertension registers in Leicester, it is estimated that a further 24,000 Leicester adults are unknowingly living with hypertension. Finding this hidden population to enable timely diagnosis and management of hypertension is vital for preventing poor health outcomes.

High blood pressure can be detected by a quick, simple and non-intrusive blood pressure check. Whilst a single high blood pressure reading is not enough to diagnose hypertension, it does provide an instant reading which can be used to inform appropriate follow up action. This includes signposting or referral to services where further testing can be carried out and, when appropriate, diagnosis, or to services who can help people to manage risk factors.

Many of the risk factors for developing hypertension are preventable, and are similar to those for many other diseases, such as smoking, physical inactivity, diets high in salt, fat and sugar, excessive alcohol consumption, and excess weight<sup>2</sup>. Any activity which aims to reach people at risk of hypertension presents an added opportunity for health promotion around other preventable health conditions.

### 1.2 Current hypertension prevention and case-finding activity

#### 1.2.1. National services, delivered locally

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<sup>1</sup> [Cardiovascular disease in leicester adults - jsna](#)

<sup>2</sup> [Hypertension](#)

The NHS Health Check<sup>3</sup> is a nationwide statutory service which is commissioned locally by the local authority. It is a check-up of cardiovascular health which aims to spot early signs of cardiovascular conditions, such as high blood pressure and type 2 diabetes, and either help to prevent them or manage them to reduce potential future harm. Eligibility for this service is defined nationally; it is offered to people aged between 40 and 74, who do not have certain pre-existing health conditions, once every 5 years.

NHS England commission the community pharmacy hypertension case-finding service as an 'advanced' pharmacy service<sup>4</sup>. The aim of this service is for community pharmacies to identify people aged 40+ with high blood pressure (with no prior diagnosis of hypertension) and refer them to GP practice for confirmatory diagnosis.

### 1.2.2. Local partnership work

Alongside these locally delivered national services, and any other local primary care led initiatives, the Leicester Prevention and Health Inequalities Steering Group selected hypertension prevention and case finding as a priority area to be addressed throughout 2025. A multi-partner task and finish group was set up in December 2024, with a primary aim of identifying and addressing hypertension-related health inequalities. The proposed approach was to use community outreach methods to reach individuals or groups where data indicated highest risk. For example, people who were not actively engaged with or reached by other services offering blood pressure checks or were not aware of the need to have periodic blood pressure checks.

During 2025 the task and finish group have:

- Used data to identify which groups/geographical areas of the city for initial focus. City Central, Westcotes and Braunstone were identified as key areas, but with recognition that the risk factors for developing hypertension are seen widely across the city and that activity in other areas would also address the aims of the group.
- Developed a standard operating procedure (SOP) to enable appropriate PH staff to be trained to conduct BP checks alongside health promotion work, with the intention of broadening capacity to reach the target audience.
- Worked with the NHS Health Check commissioner to explore opportunities for targeted invitation to the NHS Health Checks programme, to increase opportunities to engage with individuals at greater risk of developing hypertension.
- Developed a plan to reach higher risk groups in different ways, working with partners. This has included:
  - working with the Roving Health Unit, who have implemented blood pressure testing on the unit alongside the vaccination programme and exploring ways to reach priority groups with this offer.
  - working with Community Pharmacy to develop an off-site delivery model for the case-finding service which aligns with the hypertension prevention and case-finding group aims.
  - actively seeking health promotion opportunities with communities at higher risk of hypertension-related health inequalities, or staff/volunteer groups working with those communities – examples include providing information and advice on blood pressure at a Mosque during Ramadan, attending city events such as the Caribbean Carnival and Leading Better Lives and talking to members of the public about blood pressure, and presenting on high blood pressure at the

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<sup>3</sup> [NHS Health Check - NHS](#)

<sup>4</sup> [Hypertension Case-Finding Service - Community Pharmacy England](#)

annual Community Wellbeing Champions Public Health Conference (November 2025) to engage the local voluntary and community sector in health promotion activity.

- working with GP registrars on placement with public health to offer healthy lifestyle advice and BP checks at community services serving the at-risk population, such as food hubs, men's sports groups, and local health events.

### 1.2.3. Outcomes to date

The NHS Health Check service in Leicester performs strongly with a 55.9% uptake compared to 34.4% nationally<sup>5</sup>. During 2025-2026, 10,083 individuals were screened for hypertension. When high blood pressure is detected, it triggers a structured pathway for diagnosis and management.

Since initiation of the hypertension prevention and case-finding task and finish group, at least 413 BP checks have been carried out across the range of mechanisms described in section 1.2.2. Approximately 30% of these BP results have been above the 'normal' range. Approximately 5-10% of those having a BP check had never had their BP checked previously. Five high footfall events have been attended with opportunities to engage with a large number of members of the public and staff/volunteers. Whilst it is harder to quantify outcomes from these conversations, several organisations have subsequently engaged with public health to explore how they can work collaboratively on raising awareness around high blood pressure within the populations they serve, presenting future opportunities to reach people at greatest risk.

### 1.3. Future plans

The hypertension prevention and case-finding group activity so far has demonstrated that members of the public are amenable to engaging in conversations about blood pressure and having their blood pressure checked through a range of mechanisms, and across a variety of settings. It has also demonstrated that individuals who have never previously had a blood pressure test can be reached through such activity. There is scope to now explore how this approach can be expanded to reach greater numbers and through different avenues, such as workplaces, and to build a more systematic approach to delivery of testing opportunities. Work is currently ongoing to consider how the current task and finish group approach should transition to enable this.

Training for public health staff, in line with the SOP described in 1.2.2 is due to take place in June 2026. It is anticipated that this will significantly boost capacity to embed health promotion relating to blood pressure into existing and future public health activity carried out across the department.

Working with primary care partners, further exploration of how targeted invitation to the NHS Health Check can be conducted will take place. The aim will be to identify how those at greatest risk of hypertension-related health inequalities can be identified through GP practice data, to understand any barriers which may be present for this population to attending a health check, and to explore how behaviour science can be applied to addressing any identified barriers.

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<sup>5</sup> [NHS Health Check - Data | Fingertips | Department of Health and Social Care](#)

A blood pressure monitor loan scheme is currently in the initial stages of development. This scheme will enable library members to borrow a validated blood pressure monitor for a period of up to three weeks, and to use it to check or monitor their own blood pressure at home. The intended outcomes of this scheme are to increase access to blood pressure monitors, particularly for those who may not be able to afford to own a home blood pressure monitor, the benefits of which are threefold: 1) it may lead to opportunistic detection of high blood pressure, and encourage those individuals to take positive action by following up with their GP or seeking support to manage risk factors; 2) home blood pressure monitoring has a strong evidence base for managing hypertension, and: 3) the scheme may bring people to libraries who are not currently members, enabling them to access wider library service offers. It is proposed that the scheme will be available at all libraries in the city.

Finally, opportunities to align with local and national campaigns will be investigated, such as the annual Blood Pressure UK 'Know Your Numbers' campaign, with a view to delivering awareness raising health promotion activity.

## **2. Recommended actions/decision**

2.1. For health and wellbeing board members partners to support and endorse the collaborative, multi-partner approaches to hypertension prevention and case-finding which have been described in this report.

2.2. For members to support with addressing any gaps in partnership representation by identifying appropriate personnel who can influence and contribute to the delivery of this work.

## **3. Stakeholder engagement**

3.1. Evaluation of the broader Prevention and Health Inequalities Steering Group approach included engagement with hypertension prevention and case-finding group members to understand the perceived impact of the work, key successes, and areas for development.

3.2 An overview of the work of the hypertension prevention and case-finding group was shared at the annual Community Wellbeing Champions public health conference (November 2026). Partners were invited to engage with public health to help shape how this work is delivered within the communities they serve.

## **5. Financial, legal, equalities, climate emergency and other implications**

### 5.1 Financial implications

This report is not requesting any funding at this stage. If funding is required, then implications will need to be sought again to ensure that suitable budget can be identified.

Signed: Mohammed Irfan, Head of finance

Date: 21 May 2026

### 5.2 Legal implications

There are no direct legal implications arising from this report.

Signed: Susan Holmes, Head of Law, Social Care and Safeguarding

Dated: 21/05/2026

### 5.3 Equalities implications

he Public Sector Equality Duty (PSED) requires the Council, in the exercise of its functions, to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people who share a protected characteristic and those who do not. Hypertension is more prevalent in some groups, including older people, some ethnic minority communities and residents experiencing deprivation. The proposed work seeks to address these inequalities by targeting outreach to communities and areas identified through data as being at higher risk, and by offering blood pressure checks in accessible community settings. The proposed library loan scheme may particularly benefit residents on lower incomes who may not be able to afford their own home blood pressure monitor. It is important that all activity is monitored to ensure it remains accessible and inclusive, with appropriate consideration given to language, culture and health literacy. Overall, the proposals are expected to have a positive equality impact by improving early detection and access to preventative support for under-represented and higher-risk groups.

Signed: Equalities Officer, Surinder Singh, Ext 37 4148

Dated: 21 May 2026

### 5.4 Climate Emergency implications

Whilst there are no significant climate emergency implications associated directly with the report, work to promote healthy lifestyles and walking may have a positive impact through enabling increased levels of active travel, which could help to reduce travel-related carbon emissions within the city.

Service delivery by the council and partners generally contributes to the council's carbon footprint. Any impacts could be considered within delivery of future action plans, such as encouraging the use of sustainable travel options, using buildings and materials efficiently and following the council's sustainable procurement guidance, as appropriate and relevant.

Signed: Phil Ball, Sustainability Officer, Ext 372246

Dated: 19<sup>th</sup> May 2026

### 5.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

#### **6. Background information and other papers:**

#### **7. Summary of appendices:**

#### **8. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?**

#### **9. Is this a “key decision”? If so, why?**