# Workplace Cardiovascular Disease Checks Pilot - Grant Scheme

## Local Authority Application Form

Published 20 March 2024

**Please note:** Application forms should be submitted to [NHSHealthCheck@dhsc.gov.uk](mailto:NHSHealthCheck@dhsc.gov.uk) in Word document format by 23:59 on 12 April 2024.

Please send a completed form as a single document (with no attachments, except is providing a draft plan as per Section 2.1) from a recognised local authority email address.

The subject line of your email should be: ‘Workplace CVD Checks Grant Scheme – Application – <LA name>’. (Please insert the name of your local authority in place of <LA name>.)

## Pre-submission checklist

Before submitting this form, please ensure you have:

* Read and understood the full grant specification document.
* Confirmed that your local authority meets the eligibility criteria as set out in the grant specification (all upper tier local authorities in England – including unitary authorities)

## Section 0: Local authority details

|  |  |
| --- | --- |
| Name of local authority submitting application | Insert here |
| **Name of application author** | Insert here |
| **Job title / position of application author** | Insert here |
| **Contact details for application author** | Insert here |
| **Email** | Insert here. If possible, please also include a generic team inbox in the event the application author is on leave. |

## Section 1: Sift criteria

Local authorities must meet the following initial sift criteria to be considered for this grant funding.

### 1.1: The local authority can demonstrate existing workplace / community health check programmes or the ability to establish these quickly.

#### Rationale

Timelines for delivery of CVD checks in workplaces as part of this pilot are tight. All checks delivered as part of this pilot must be delivered by end March 2025.

#### Assessment

Please indicate how your local authority meets this criteria. For example, please provide details on the number of workplace / community CVD checks currently being delivered or evidence that this could be set up quickly to meet pilot objectives (Max 300 words)

Insert here.

## Section 2: Qualification criteria

### 2.1: Indicative plan for delivery

Please provide your initial delivery plan for this pilot, including plans for identifying and collaborating with workplaces, any risks identified and planned mitigations.

Plans can be attached separately in the cover email, or alternatively, supply an overview in the box below (Max 500 words)

Insert here.

### 2.2: Provision for signposting/referrals

Please confirm there will be provision for signposting or referral to onward services for participants, as appropriate.

Yes

No

Please supply a short description (max 50 words) of the provision that will be made.

Insert here.

### 2.3: Confirmation of data collection and reporting

Please confirm that the LA will undertake monitoring, processing, and collection of data, and submit the required minimum dataset to the evaluator and/or DHSC to support the evaluation of the pilot. (*Please note: details on this process will be agreed at MoU stage)*

Yes

No

## Section 3: Assessed criteria

### 3.1: Cost per check and overall / additional costs.

Please provide the expected direct delivery cost per check to be delivered. Please also include an estimated value of additional costs. *(Grant funding can also be used for set up, data collection / processing, and other associated project costs. We would expect these additional costs not to exceed 20% of direct delivery costs.)* (Maximum 250 words).

Insert here.

### 3.2 Number of checks to be delivered

Please provide an estimate of the number of workplace CVD checks to be delivered as part of this pilot. This should include a breakdown of the number of NHS Health Checks / number of alternative CVD checks should a combination of both be delivered. (Maximum 250 words)

Insert here.

### 3.3: Whether the check offered is an NHS Health Check or alternative CVD check

Please provide a description on the type of check being offered, including if the check is a full NHS Health Check, and/or which risk factors will be assessed as part of the check (Max 150 words)

Insert here.

### 3.4: Representation of groups less likely to take up an NHSHC

Please provide an overview of the groups you will be targeting by workplace, and the supporting evidence on why these groups have been selected, and how your targeting will reach them. (Max 250 words)

Insert here.

## Section 4: Signatures

### Local authority NHS Health Check / alternative CVD check commissioning lead

Please note, local authority leads will be contacted to participate in evaluation activity, including surveys. Please provide the most appropriate contact for this work.

|  |  |
| --- | --- |
| Signature | Insert here |
| **Name** | Insert here |
| **Email** | Insert here |
| **Telephone** | Insert here |

### Director of Public Health

|  |  |
| --- | --- |
| Signature | Insert here |
| **Name** | Insert here |
| **Email** | Insert here |
| **Telephone** | Insert here |