



Department
of Health &
Social Care

Grant Specification: Workplace Cardiovascular Disease Health Checks Pilot

20th March 2024

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1. Pilot Overview

This pilot aims to deliver up to 150,000 cardiovascular disease (CVD) checks in workplaces by end of March 2025. These checks will spot the early signs of heart disease and provide people with the information they need to reduce their risk of having a heart attack, stroke or developing diabetes.

The pilot will gather evidence on the feasibility and impact of workplace CVD checks. It will encourage employers to support people to stay well in work, by gathering and sharing learning on delivering CVD checks in the workplace.

Grant funding is now available for local authorities who wish to take part in this pilot, subject to the criteria set out below.

This pilot complements wider government activity to promote workplace health; this includes the WorkWell service that will link employment and health support at a local level, the expansion of access to NHS talking therapies and the expansion of MSK Hubs.

2. Programme Objectives

The objectives of this pilot are to:

1. Understand the benefit to business of delivering checks in workplace settings.
2. Test the feasibility of delivering NHS Health Checks or similar in workplaces and identify successful implementation approaches.
3. Detect more people at risk of CVD who are:
 - Eligible for an NHS Health Check but less likely to take it up (e.g. men and younger age groups).¹
 - Outside of the 40 to 74 year old age range for the NHS Health Check Programme.
4. Compare the relative reported experience of different delivery approaches to inform future interventions.

3. Overview of Grant Requirements

Local authorities taking part in this pilot will deliver CVD checks in workplace settings in their local areas up until 31 March 2025. These checks can either be NHS Health Checks or an alternative assessment of cardiovascular disease, delivered either to a specific cohort of people or to the whole working age population (as set out in Section 4).

¹ <https://www.gov.uk/government/publications/nhs-health-check-programme-review/annex-b-a-summary-of-analyses-and-evidence-on-the-current-nhs-health-check-programme>

Local authorities can commission the delivery of checks in any workplace settings; from large public sector and private organisations to small and medium-sized enterprises (SMEs) and micro-enterprises. The delivery of CVD checks in workplaces where there is an overrepresentation of people less likely to take up an NHS Health Check is of particular interest.

Local authorities already delivering CVD checks in workplace settings will be considered, but they must demonstrate how they plan to scale up or enhance existing activity. The grant funding cannot be used to subsidise existing activity.

All workplace CVD checks delivered through this programme should either be:

- ✓ **An NHS Health Check** – as set out in the [NHS Health Check Programme Standards](#) and [Best Practice guidance](#); or
- ✓ **An alternative assessment of cardiovascular disease**

Local authorities can also deliver a combination of NHS Health Checks and an alternative assessment of cardiovascular disease as part of this programme.

For evaluation purposes, ideally all interventions across the pilot would be the same i.e. an NHS Health Check. However, we recognise that some aspects of the NHS Health Check such as blood tests may be challenging for some to deliver in workplace settings, so we will consider alternative workplace CVD checks that do not include every element of an NHS Health Check. As a minimum, alternative checks will need to include:

- Blood pressure.
- Body Mass Index (BMI) or waist circumference if BMI assessment is not possible.
- Questions on health behaviour including smoking status.

Checks should include appropriate communication of results to participants, which might include use of validated risk assessment tools.

4. Costs

Evidence suggests that NHS Health Checks on average cost around £40 each.² We would therefore expect the direct cost associated with delivering checks in this pilot to be around that amount; we recognise, though, that costs may vary depending on target population, geographical location and/or workplace setting. If the estimated cost per check significantly exceeds £40, robust rationale will be required. 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 total direct delivery costs.

² <https://www.healthcheck.nhs.uk/seecmsfile/?id=1603>

5. Collection and Reporting of Data

Local authorities will need to commission their CVD check providers to collect data for sharing with the Department of Health and Social Care (DHSC) on a quarterly basis for the purposes of grant monitoring and programme evaluation (to be determined by DHSC and set out in the memorandum of understanding).

The minimum data set (Annex A) will need to be processed by local authorities and / or providers prior to submission to DHSC.

If NHS Health Checks are delivered, local authorities should also consider how they will feed back patient information into primary care.

Local authorities will be asked to provide a named programme lead on the application form who can be contacted by evaluators. Local authorities will be invited to support evaluation, including by participating in two interviews between April 2024 and March 2025.

6. Sifting and Selection Criteria

We will assess bids according to the following criteria:

Step 1: Sifting applications based on lead qualification criteria

Sift Criteria	How Assessed
1.1 Demonstration of existing workplace/community health check programme(s) or ability to establish quickly.	Demonstrated/Not Demonstrated

Applicants who do not demonstrate this criterion will not progress to shortlisting.

Step 2: Shortlisting applications based on remaining qualification criteria

Qualification Criteria	How Assessed
2.1 Has an indicative plan for delivery, including plans for identifying and collaborating with workplaces, any risks identified and planned mitigations.	Demonstrated/Not Demonstrated
2.2 Confirmation there will be provision for signposting, or referral to services as appropriate	Confirmed/Not Confirmed
2.3 Confirmation that they will monitor, process, collect and submit the required minimum dataset to the evaluator and/or DHSC to support the evaluation of the pilot.	Confirmed/Not Confirmed

Applicants who do not demonstrate or confirm the above criteria will not be shortlisted for scoring.

Step 3: Scoring applications against selection criteria

Applications will be ranked according to the following criteria, which will be weighted and scored according to the table below. A score of 0 does not disqualify applicants.

Criterion	1- Cost	2- Number of Checks (or for existing programmes, additional checks) to be delivered	3 – Whether the check offered is an NHSHC or mini-check	4 – Representation of groups less likely to take up an NHSHC
Weight	15%	25%	30%	30%
Scoring matrix	<p>100 – within expected (up to £40/check + 20% additional costs)</p> <p>50 – Higher than expected (up to 60%), but won't impact other bids.</p> <p>0 – Cost much higher than expected (>60%) and not achievable within maximum pot, or would limit award to other successful bidders</p>	<p>100 – 4000+ checks</p> <p>80 – 2000 + checks</p> <p>60 – 1500+ checks</p> <p>40 – 1000+ checks</p> <p>20 – 300+ checks</p> <p>0 – <300 checks</p>	<p>100 – Full NHSHC</p> <p>50 – Minimum requirement only</p>	<p>100 – Strong/quantified evidence that checks targets industry / businesses employing population groups less likely to take up an NHSHC</p> <p>50 – Some evidence/logical rationale for how activity will be targeted</p> <p>0 - Not specified/no evidence of representation of groups less likely to take up a check.</p>

Step 4: Geographical Spread (Tie breaker)

In the event DHSC receives more applications than funding available, or volume of bidders exceeds evaluation capacity, we will consider geographical spread across regions in England as a tie-breaker between LAs who score the same in step 3.

7. Allocation of funding

A total fund of £6.67 million is available for this grant scheme and local authorities can bid for grants ranging from £15,000 (fifteen thousand pounds) to £200,000 (two hundred thousand pounds).

The grants will be awarded under Section 31 of the Local Government Act 2003.

Once each criterion has been scored, and the relevant weightings applied, a total overall score will be given to each application (Total Score). Applications will be ranked based on Total Scores, with priority given to those with the highest Total Score.

8. Timescales

Action	Dates
Launch of the grant application process	20 March 2024
Deadline for grant applications	12 April 2024
Local Authority informed of outcome	30 April 2024
First tranche of funding delivered	From May 2024 <i>(subject to MoU sign-off)</i>
Second tranche of funding delivered	February 2025
End of grant funding	31 March 2025

Annex A - Minimum Dataset Requirement

This is the data that local authorities will need to collect and return to DHSC. There may be adjustments to this requirement subject to confirmation by the organisation appointed to undertake the evaluation, which will be discussed with local authorities

and set out in the memorandum of understanding which will accompany the grant determination letter.

Aggregated data: by local authority, by workplace, by intervention

Data	Rationale for data collection
Type of workplace	Monitoring and evaluation by workplace type
Type of intervention (NHS Health Check or other. If other, CVD risk factors covered)	Monitoring and evaluation by intervention type
Eligibility criteria (If different from NHS Health Check)	Monitoring and evaluation by eligibility criteria / target population
Total number of employees	Monitoring and evaluation by workplace size
Total number offered a check	Evaluation of programme size
Total number completing a check	Evaluation of overall uptake
Total number consented/not consented to data sharing	Figure needed to evaluate overall uptake, even in absence of more detailed person-level data
Service provider (LA / NHS or other)	Monitoring and evaluation by service provider
Financial: Cost / unit (per check)	Financial reporting and cost-benefit
Financial: Set up costs	Financial reporting and cost-benefit

Data variable (and rationale for monitoring purposes)	Count of workforce
Age (in 5-year age bands) Understand variation in uptake and risk factor detection by age group	Number of employees eligible for the intervention Number of employees offered the intervention
Gender Understand variation in uptake and risk factor detection by age group	Number of employees eligible for the intervention Number of employees offered the intervention
LA IMD score Understand variation in uptake and risk factor detection by deprivation level	Number of employees eligible for the intervention Number of employees offered the intervention
Ethnic group Understand variation in uptake and risk factor detection by ethnicity	Number of employees eligible for the intervention Number of employees offered the intervention
Occupational group Understand variation in uptake and risk factor detection by occupational group	Number of employees eligible for the intervention Number of employees offered the intervention

Personal-level data: for those who received the intervention (and consented to data collection and sharing)

ESSENTIAL

Data variable	Rationale for evaluation purposes
Demographic: Age	Understand variation in uptake and risk factor detection by age group
Demographic: Gender	Understand variation in uptake and risk factor detection by gender
Demographic: Ethnic group	Understand variation in uptake and risk factor detection by ethnicity
Demographic: LSOA (of residence, derived from postcode)	Understand variation in uptake and risk factor detection by deprivation level (link postcode to IMD)
Demographic: NS-SEC	Understand variation in uptake and risk factor by socio-economic group
Clinical: Measurement or value obtained for CVD risk factor 1 (to be determined in MOU) measurement (BMI, blood pressure, cholesterol, smoking status, physical activity, alcohol consumption, CVD QRISK score, diabetes risk score, blood sugar level, other?)	Understand variation in the detection of CVD risk factors by demographic and workplace characteristics
Clinical: CVD risk factor 2 (to be determined in MOU) measurement BMI, blood pressure, cholesterol, smoking status, physical activity, alcohol consumption, CVD QRISK score, diabetes risk score, blood sugar level, other?)	Understand variation in the detection of CVD risk factors by demographic and workplace characteristics
Clinical: CVD risk factor n (to be determined in MOU) measurement BMI, blood pressure, cholesterol, smoking status, physical activity, alcohol consumption, CVD QRISK score, diabetes risk score, blood sugar level, other?)	Understand variation in the detection of CVD risk factors by demographic and workplace characteristics

DESIRABLE

Data variable	Rationale for evaluation purposes
Advice for ongoing services (signposted/referred/none)	Understand further action requirement and ongoing services
Advice given to talk to health professional (Y/N)	Understand further action requirement