



## **TELECARE DEVELOPMENT PROGRAMME**

### **GUIDANCE AND APPLICATION FOR FUNDING**

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SCOTTISH EXECUTIVE



# **TELECARE DEVELOPMENT PROGRAMME**

## **GUIDANCE and APPLICATION FOR FUNDING**

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## **GUIDANCE**

### **Background**

1. There is a growing body of evidence that telecare services provide people with greater safety and security while maintaining independence for longer. As a result there is a reduction in the need for admission to care homes and other more institutional forms of care, as well as a reduction in the need for, or length of, hospital stays.
2. The pace of development of telecare services has been slow. In order to enable faster development of these services, a two-year Development Programme fund totalling £8m has been established. Funding is available to local health, social care and housing partnerships based on a submission that must be endorsed by the local Community Planning Partnership.
3. The Telecare Development Programme is being managed by a Programme Board, led by the Joint Improvement Team. The Board includes representatives from local authorities, Communities Scotland, NHS Boards, service users and carers, and other departments within the Scottish Executive.
4. This guidance provides some information on how the telecare funding can be accessed, and includes a template for the initial submission, which should be made to the Programme Board **by 31 October 2006**.

### **What is Telecare?**

5. Telecare is as much about the philosophy of dignity and independence as it is about equipment and services. Equipment is provided to support the individual (and their carer) in their home and tailored to meet their needs. It can include detectors or monitors activated, for example by motion, falls, fire or gas, triggering a warning to a response centre.
6. As well as responding to an immediate need, telecare can work in a preventative mode, with services programmed to monitor an individual's health or well-being. Often known as life-style monitoring, this can provide early warning of deterioration, prompting a response from family or professionals.
7. Telecare can be used in a multitude of different ways to best meet the needs of the individual and get best fit with local services, including support provided by family and friends, helping to relieve pressure on carers. All telecare packages need to balance technology with other forms of care and support.
8. Telecare is not new. There is now a body of experience on many aspects of telecare within England, Wales and Scotland. Within Scotland, West Lothian Council has been in the vanguard of national developments in telecare services. Its service is credited with reducing the level of delayed discharge and cutting the average length of stay in care homes. Further information

relating to telecare initiatives is available on the JIT web site – <http://www.jitScotland.org.uk/action-areas/themes/telecare.html>

9. For the benefits of telecare to be maximised, it is important to recognise the role of local response services. The telecare devices installed provide opportunities for technology to replace people in certain roles, but it is critical that at the point at which the device is activated there is rapid and effective response from an appropriate care and support service, such as a call centre that can make direct contact with the person concerned and arrange appropriate follow up response, either from a family member, carer or local support service.
10. Evidence from areas where both service improvements and savings have been achieved with investment in telecare also shows that realignment of services, particularly those delivered by social care, health and housing services, is usually required. These services need to work together in a ‘whole systems’ approach to deliver independent living, using telecare as part of an integrated package of services. Service improvements, savings, and other benefits are unlikely to be maximised where investment in telecare is done as a single service initiative in isolation from other related services.

### **Telecare Development Programme Objectives**

11. The overall aim of the Development Programme is to help more people to live at home for longer with safety and security by promoting the use of telecare in Scotland through the provision of a development fund and associated support. This is expected to provide the foundation on which telecare systems can become an integral part of community care services across Scotland.
12. The specific objectives of the programme are to
  - Improve the quality of life for a range of people who benefit from telecare services, mainly older people but also including people with physical disabilities, people with learning disabilities and people with long term medical conditions.
  - Reduce the number of avoidable admissions to care homes, and of admissions and re-admissions to hospital
  - Reduce the pressure on carers
  - Reduce the need for other more expensive interventions

### **Benefits & Efficiencies of Telecare**

13. The Development Programme aims to support national objectives to enable more people to live independently, in control and with dignity, for longer. Specific benefits are expected to include:
  - Reducing the need for residential and nursing care
  - Unlocking resources and redirecting them elsewhere in the system
  - Increasing choice and independence for service users

- Reducing the burden on carers and providing them with more personal freedom
  - Reducing acute hospital admissions
  - Reducing accidents and falls in the home
  - Supporting hospital discharge
  - Contributing to the development of a range of preventative services
  - Helping those who wish to die at home to do so with dignity
  - Contributing to care and support for people with long term health conditions
14. Benefits in terms of greater efficiency are expected to result from this investment in telecare services. These efficiency gains may be either in terms of ‘cash releasing’ (those that produce the same outputs with fewer inputs) or ‘time releasing’ (those that produce more or better outputs for the same inputs) savings. The submission made by local partnerships will be expected to identify the types of savings which are expected to flow from the local project proposals.
15. An important part of the Development Programme is to support effective procurement of telecare services to ensure that they grow as quickly and cost effectively as possible. As a general principle, local partnerships will be expected to follow best practice in procuring telecare services. They should seek economies of scale and lower unit costs for equipment, perhaps through working in partnerships across local authority boundaries, combined procurement of IT equipment or through shared integrated contact centres. Given the importance of this aspect of the Development Programme, local partnerships will be required in the initial submission to agree to participate in opportunities to achieve efficiencies.
16. Whilst there is growing evidence of the effectiveness of telecare services in helping people to live independently for longer and with a better quality of life, it is also recognised that there are initial development costs in establishing services, with financial benefits from the investment in preventative services not producing savings in other expenditure heads until later years. There is also limited knowledge amongst partnerships in Scotland about the scope and potential of the developing technology, of the appropriate business models, and of procurement methods.
17. Therefore, the Development Programme funding will be made available to assist with transitional costs and to enable efficient and effective business models to develop to meet defined local needs. It is also intended to assist the development of a whole systems approach, supporting the move from individual telecare projects to integrated programmes of services, which should offer better value.

## Allocation of Funding

18. This is a two-year capital funding programme covering 2006/07 and 2007/08. Of the £8m funding, £7.25m is available for allocation to health, social care and housing partnerships based on the GAE total estimated service expenditure for older people. Details of the allocations based on this formula are attached at Appendix (i). Please note that these are indicative allocations only, subject to partnerships' submissions being successful.
19. The remaining £0.75m will be used to resource the central team function, national monitoring evaluation of the programme and, where appropriate, to provide an additional supplement to ensure all partnerships receive at least £75,000 (see note <sup>1</sup> to Appendix (i), and note that (by coincidence) £75,000 is the amount required to uplift the allocation amounts to £75,000 for the four local authorities below the £75,000 threshold).
20. Allocations are payable over the two-year period. It has been assumed that 30% of the allocation will be payable in 2006/07 and 70% in 2007/08; however, alternative distributions across the two years will be considered. Allocations in the first year will be available as soon as submissions have met the criteria. (The deadline for initial submissions is 31 October 2006, but funding allocations may be made before that date should sufficiently detailed submissions be received.)
21. Partnerships should note that this funding will be ring-fenced for the purposes set out in this guidance. Agreed allocations may be payable on a staged basis and subject to the provision of information confirming that payments already made have been used in accordance with this guidance. The Executive reserves the right to withhold payment during the period of funding if a partnership is unable to demonstrate sufficient progress.
22. Partnerships should also note that this is capital funding and can be used to cover purchase of telecare and associated equipment, premises and alterations for premises, and other development costs (including project management and consultancy costs, initiating and commissioning costs).
23. Some items of expenditure will not be met by the Development Programme funding. These are listed below:
  - Substitution of expenditure already committed to telecare service development
  - Initiatives which have already received funding under other programmes
  - General feasibility or piloting work, for example on the advantages/disadvantages of telecare; there is a body of evidence already available
  - Ongoing revenue costs of a telecare project, programme or system.

## **Requirements**

24. Local partnership proposals will be expected to comply with a number of requirements, set out below. Advice and assistance will be available from a central team in the JIT and partnerships are encouraged to open discussions about these requirements at an early date.
25. The submission should
  - (a) Show how the proposed telecare development (potentially small-scale and limited to a particular client group or service area) links into, and will be extended to support, a whole systems approach to the delivery of local objectives in relation to independent living.
  - (b) Indicate in broad terms the current use of telecare services within the Partnership and set out the development proposals to extend the range and/or volume and/or customer base of telecare within your area.
  - (c) Demonstrate how the newly developed services will be sustained as part of the range of mainstream community care or associated services beyond the life of the allocation.
  - (d) Identify how service users have been involved in the development of the proposal, and how they will be involved in the delivery of the service.
  - (e) Provide key outcomes which will be delivered and related outcome measures. (These may most usefully be set out in a format consistent with the criteria in Local Improvement Targets.)
  - (f) Show how the management and governance arrangements will support the telecare development programme in delivering the project objectives.
  - (g) Commit to participate in the national monitoring and evaluation of the impact of telecare service developments, to share information and experiences, and to collaborate in opportunities for gaining efficiencies through commissioning/procurement activities.
  - (h) Commit to re-investing savings generated as a result of the Development Programme funding in the further extension of telecare services.
  - (i) Be endorsed by the relevant Community Planning Partnership, or Partnerships where a joint proposal is involved, and be submitted as a health, housing and social care proposal.

## **The Application Process**

26. Partnerships are asked to complete the attached submission form. This form seeks information about the focus and scope of the proposal along with an indication of the level of funding sought from the Development Programme.

This information will provide a basis on which discussion between the local partnership and the JIT can begin.

27. Additional, more detailed information may be required, particularly in relation to the financial aspects, approaches to procurement and the anticipated efficiencies before the proposal can be given full approval and the full allocation agreed. If this information is already available to support the initial submission, it would be helpful if partnerships could include it at that stage.
28. Initial submissions should be submitted as soon as possible, **and no later than 31 October 2006.**
29. Final submissions will be assessed by the Telecare Development Programme Board. Partnerships will be given full details where their proposal requires additional development or amendment before approval and release of funding can be agreed.

### **Monitoring, Evaluation and Reporting**

30. Monitoring and evaluation of the impact of the Development Programme funding will be undertaken through the JIT, such as in relation to reductions in delayed discharge and the average length of stays in care homes. Local partnerships will be required to collaborate in this monitoring and evaluation, specifically through collecting a standard set of information. The specific requirements will be issued to partnerships in separate guidance in the near future so that this can inform the structures and processes put in place.
31. In addition partnerships will be required to monitor and report to the Executive on progress in relation to their proposal by completing short output reports for which the JIT will provide a template.

### **Programme Management and Support**

32. The Development Fund is being managed by a Programme Board led by the Joint Improvement Team and with representatives from local authorities, Communities Scotland, NHS Boards, service users and carers, and other departments within the Executive. The JIT will appoint a programme manager to provide ongoing support and advice to local partnerships.
33. The JIT web site [www.jitscotland.org.uk](http://www.jitscotland.org.uk) contains information relating to telecare, including useful links and an electronic version of this guidance and submission form. Further information and guidance will be added to the website as the programme develops. JIT's online [discussion forum](#) can be used to facilitate shared learning, and partnerships are encouraged to share their views via the forum. Examples of good practice and innovative developments will be posted on the site for everyone to access.

34. For further information about this guidance, the submission process, the information available on the JIT website, or any other aspect of the Development Programme, please contact either:

Nicola Lynch

Tel: 0131-244-3715

E-mail: [nicola.lynch@scotland.gsi.gov.uk](mailto:nicola.lynch@scotland.gsi.gov.uk)

OR

Grant Hughes

Tel: 0131-244-3588

Email: [grant.hughes@scotland.gsi.gov.uk](mailto:grant.hughes@scotland.gsi.gov.uk)

## **TELECARE FUNDING SUBMISSION**

1. Partnerships are asked to complete the form included in this section. This form sets out the initial information required for all submissions.

Additional information will be required as the proposal is developed, particularly on the financial aspects, including savings anticipated, and the proposed approach to procurement. If this detailed information is available to support the initial submission, please include it.

2. Applications should be sent either electronically to [jit@scotland.gsi.gov.uk](mailto:jit@scotland.gsi.gov.uk) or by post to:

Joint Improvement Team  
Area 3ER  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

## Telecare Development Programme Funding Submission

<b>Section 1 Partnership Details</b>	
<b>Q1</b>	<p><b>Name of partnership(s)</b></p>  <p><i>Organisations involved in partnership (list separately for each partnership, where relevant)</i></p>
<b>Q2</b>	<p><b>Contact Details</b></p> <p><i>Name of Main Contact</i></p> <hr/> <p><i>Position/Designation</i></p> <hr/> <p><i>Address</i></p> <hr/> <p><i>Telephone Number</i></p> <hr/> <p><i>Email address</i></p>
<b>Q3</b>	<p><b>Governance and Management Arrangements</b></p> <p><i>Scope and remit of partnership</i></p>    <hr/> <p><i>Decision making arrangements, including any delegated powers</i></p>    <hr/> <p><i>Partnership funding, identifying any pooled or aligned budgets (sources and £s)</i></p>

<b>Section 2 Your Proposal</b>	
<b>Q4</b>	<b>Description of Proposed Project</b>
	<i>Project focus and purpose</i>
	<i>Care/client group</i>
	<i>Area of operation</i>
	<i>Telecare devices used</i>
	<i>Expected number of customers</i>
	<i>Proposals in relation to response service</i>
	<i>How have service users and carers been involved in the development of the proposal? How will they be involved in the delivery of the proposal?</i>
<b>Q5</b>	<b>Funding of Telecare Developments</b>
	<i>Use of telecare development funding</i>
	<i>Approach to sustaining telecare services</i>

<b>Q6</b>	<b>Expected Outcomes</b>	
	<i>Key outcome 1</i>	<i>Related outcome measures 1</i>
	<i>Key outcome 2</i>	<i>Related outcome measures 2</i>
	<i>Key outcome 3</i>	<i>Related outcome measures 3</i>
	<i>Efficiency savings expected from the development of telecare services</i>	
<b>Q7</b>	<b>Risks</b>	
	<i>What are the main risks to the achievement of the outcomes?</i>	
	<i>How is the partnership planning to address these risks?</i>	
	<i>Why does the partnership consider that the potential benefits outweigh the risks?</i>	

Section 3 Context					
<b>Q8</b>	<b>Current Telecare Services in Partnership Area</b>				
	<b>Telecare Service</b>	<b>Management Arrangements</b>	<b>Links to Other Services</b>		
	<i>Service 1</i>				
	<i>Service 2</i>				
<b>Q9</b>	<b>Funding of Current Telecare Services</b>				
	<b>Telecare Service</b>	<b>Number of Customers</b>	<b>Annual Expenditure 2005/06</b>	<b>Annual Budget 2006/07</b>	<b>Funding Sources</b>
	<i>Service 1</i>				
	<i>Service 2</i>				
<b>Q10</b>	<b>Vision for Telecare in Partnership Area</b>				
	<i>What are the partnership's overall aims for the development of telecare within the partnership area over the planning period to 2011?</i>				
	<i>What is the thinking behind using the Development Fund allocation for the project? How will this assist the achievement of this vision?</i>				
<i>How will the proposed project be extended so that telecare becomes available to all service users?</i>					

<b>Section 4 Declaration</b>	
<b>Q11</b>	<p><b>This submission was considered and approved by the Community Planning Partnership on....</b></p> <p><i>Date</i></p>
<b>Q12</b>	<p><b>Please sign here to indicate that the Community Planning Partnership will participate in national monitoring and in commissioning/procurement activities to share learning and to achieve efficiencies</b></p> <p><i>Signed</i></p> <p><i>Date</i></p>

## **Explanatory Notes for Initial Submission Form**

These notes provide an explanation of the type of information which is being sought in the submission form. It is a guide only and partnerships should contact JIT with any queries or for further information.

### ***Section 1 Partnership Details***

This section seeks information about the local partnership which is submitting the submission for telecare development funding. **This partnership must include social care, health and housing as full partners.**

Submissions may be made either from an existing partnership, or a proposed new partnership. In the case of a new partnership, this may be a consortium of existing partnerships (for example across local authorities). In some instances there may be a case for the establishment of a new partnership to lead the local development of telecare services, but the resource implications will usually make this a less attractive option.

#### **Q1 Name of Partnership(s)**

Where a consortium is involved, provide the names of all the organisations and agencies involved in each partnership.

#### **Q2 Contact Details**

Provide a single contact name, even where the application is being made by more than one partnership.

#### **Q3 Governance and Management Arrangements**

Describe both the governance and management arrangements for the partnership making the application, whether an existing or proposed partnership. This should set out:

- scope, role or remit of the partnership
- membership of the partnership, and whether there are different 'levels' of membership and any specific roles in relation to the development of telecare services
- decision making processes in relation to the partnership's scope and remit (including whether the partnership has delegated authority in relation to decisions)
- funding of the partnership's activities, including any pooled or shared budgets.

### ***Section 2 Your Proposal***

This section seeks information about the proposed use of the Development Programme funding to develop and extend telecare services in the local area. In this initial submission, an outline of the proposed use is requested. Additional information, particularly in relation to the financial and efficiency aspects of the proposal will be required as the proposal is developed. Partnerships will be given

further information about the nature of this additional information and the timescale for its submission as part of the response to the initial submission.

It is important to note that partnerships, and the Community Planning Partnership, are expected to have satisfied themselves that the proposal is realistic and has the potential to deliver the stated outcomes. Innovative proposals are encouraged and there is recognition that these will involve greater risk – partnerships will be expected to be aware of the risks and to explain how they propose to manage these risks.

#### **Q4 Description of Proposed Project**

This question seeks the following information about the proposed project.

- (a) **Project focus and purpose** – set out in broad terms the proposed focus and purpose of the project.
- (b) **Care/client group** – who will be eligible in terms of care/client group and any specific needs profile in relation to that care/client group?
- (c) **Area of operation** – what will the geographical coverage of the project be? Will it be for the whole of the partnership's area or targeted on particular location/settlement?
- (d) **Telecare devices** – what types of devices are likely to be used for the service?
- (e) **Expected number of customers** – this refers to service capacity. What is likely average number of customers provided for at one time during 2006/07 and then 2007/08 (rather than the total number of customers during the year)?
- (f) **Response service** – provide a brief description of the response service that will be available, specifying whether this is an existing service, a modified existing service, or a new service.
- (g) **Involvement of service users and carers** – a requirement of funding is that service users and carers have been involved in the development of the proposal and will continue to have an appropriate role in the delivery of the service. Describe the role played to date and proposals for future involvement.

#### **Q5 Funding of Telecare Developments**

The Development Programme funding is intended for initial set up and transition costs with partnerships being totally responsible for ongoing revenue costs. These ongoing revenue costs are expected to be met in part from optimising capacity from existing services (eg. out of hours services, community alarm services) and in part from the savings generated from the application of telecare programmes.

This question seeks information about how the allocation from the Development Programme will be used and how services will be sustained.

- (a) **Use of telecare development funding** – provide an indication in broad terms about what the funding will be used for (this is the element where additional information – harder edged – will be sought as the proposal develops). As noted in the guidance, the Development Programme funding is capital funding and cannot be used for ongoing revenue costs.

(b) **Sustaining telecare services** – it is important that partnerships demonstrate that they have a clear, well developed strategy for sustaining the project once the Executive’s development funding has ceased. This may link to the efficiency savings which are anticipated from the extension or introduction of telecare in the partnership’s area. There are further questions in section 3 about how the partnership plans to extend telecare services beyond that included within this proposal so that all those who would benefit from telecare will have access to it.

**Q6 Expected Outcomes**

A national monitoring framework will be put in place. This question seeks the partnership’s views on the anticipated outcomes from the proposed project and related suggestions for outcome measures. Illustrations of the types of outcomes and related outcome measures are given below.

<b>Q6</b>	<b>Expected Outcomes</b>	
	<p><i>Key outcome 1</i> Frail, older people who wish to/are able to remain in their own home for longer, avoiding the need for either admission/re-admission to hospital or to a care home</p>	<p><i>Potential outcome measures 1</i></p> <ul style="list-style-type: none"> <li>- measure the numbers of emergency and repeat admissions</li> <li>- measure the length of stay in care homes</li> <li>- numbers of interventions triggered by telecare</li> </ul>
	<p><i>Key outcome 2</i> Relatives/carers feel more confident and able to provide ongoing support with the reassurance that assistance is available when required</p>	<p><i>Outcome measure 2</i></p> <ul style="list-style-type: none"> <li>- use of information held on carers assessments and updated on assessment reviews</li> <li>- reduction in numbers of care home admissions (directly or via hospital) as a result of carers feeling ‘unable to cope’</li> <li>- telecare usage as a promote for rehabilitation, intermediate care or respite services</li> </ul>

In terms of **efficiency savings expected from the development of telecare services**, partnerships should set out the type, and an initial indication of the level or the range, of efficiency savings which are anticipated.

In terms of types of efficiency savings, these should be described in terms of ‘cash releasing’, ‘time releasing’ or ‘cash and time releasing’. Some examples are:

- *Cash releasing* The telecare substitutes for more expensive inputs to deliver the same standard of care (e.g. it substitutes for the labour time of a carer otherwise needed to physically be with someone.)
- *Time releasing* It leads to superior types of care than can otherwise be provided (e.g. a night movement monitor picks up a changed pattern of

behaviour that indicates an underlying health issue that would otherwise have gone undetected).

- *Cash & time releasing* It prevents expensive ‘crisis events’ such as hospitalisation (e.g. a gas valve safety that automatically shut off and prevents an accident occurring)

It is anticipated that the benefits are more likely to be time releasing savings rather than cash releasing.

**Q7 Risks**

There will be risks associated with the proposal; these are likely to be higher where the proposal is more innovative, such as where it is testing out new approaches to procurement. It is important that as part of the development of the proposal, the partnership has identified the most likely risks, has a strategy for managing them and has concluded that the potential benefits are worth the risks. This question therefore seeks information about these risks and how the partnership plans to address them.

**Section 3 Context**

One of the requirements for Development Funding is that partnerships have in place a strategy for enabling telecare services to become an integral part of local care and support services for people with disabilities. This section seeks information about the area’s current telecare services, including community alarm systems, and on the partnership’s vision for telecare in the area.

**Q8 Current Telecare Services in Partnership Area**

This question is seeking the following information

- (a) **Telecare service** – name of service, such as ‘community alarm service’
- (b) **Management arrangements** – how the service is managed, ‘led by service manager, responsible to head of x service’
- (c) **Links to Other Services** – details of any arrangements with other services for the delivery of the service, such as shared staffing, shared offices, out of hours service, etc.

Q8	Service Details		
	Telecare Service	Management Arrangements	Links to Other Services
	<i>Service 1</i>		
	<i>Service 2</i>		

**Q9 Funding of Current Telecare Services**

This question is seeking the following information

- (a) **Telecare Service** – as in Q8
- (b) **Number of customers** – provide the average number of customers provided for at one time during 2005/06 (rather than the total number of customers during 2005/06)

- (c) **Annual expenditure** – expenditure on revenue and capital (separately identified) for the telecare service in 2005/06. If the telecare service is not a cost centre, please provide a derived expenditure figure and make clear that this is the case.
- (d) **Annual budget** – budget allocation for revenue and capital (separately identified) for the telecare service in 2006/07. As for (c), if the telecare service is not a cost centre, please provide a derived expenditure figure and make clear that this is the case.
- (e) **Funding sources** – identify the funding sources for the telecare service in terms of agency (such as local authority, health RSL's etc), department/section (such as social services, housing etc) and budget heading (such as General Fund, Private Sector Housing Grant etc).

Q9	Telecare Service	Number of Customers	Annual Expenditure 2005/06	Annual Budget 2006/07	Funding Sources
	<i>Service 1</i>				
	<i>Service 2</i>				

#### Q10 – Vision for Telecare in Partnership Area

As set out in the guidance, partnerships are required to show how the proposed telecare development links into, and will be extended to support, a whole systems approach to the delivery of local objectives in relation to independent living.

This question therefore seeks information on

- (a) **Overall aims for the development of telecare** – the partnership should set out what role it intends telecare to play in the provision of care and support services in the local area.
- (b) **Reasons for proposed use of funding and link to overall aims/vision** – Partnerships should set out why they have selected the proposed project for the use of the development programme allocation and, linked to this, how this use of the funding is considered to have the best fit with the local vision and objectives.
- (c) **Future extension of telecare services** – the Development Programme is intended to support the transitional costs of developing telecare services whilst efficiency savings are generated. As such, partnerships are expected to use these efficiency savings for investment in additional telecare services for other client groups or other areas.

#### *Section 4 Declaration*

This final section requires details about the approval of the proposal by the Community Planning Partnership, and a commitment to participate in national monitoring and in commissioning/procurement activities to share learning and to achieve efficiencies. By signing this, the CPP agrees to the proposal as set out; to provide active support to the local social care, health and housing partnership to deliver the proposal; and, where delays or problems arise, to help overcome these barriers.

## Appendix (i)

### TELECARE ALLOCATIONS – INDICATIVE DISTRIBUTION SCHEDULE

Allocations based on total estimated service expenditure for older people, with a minimum allocation of £75,000

Local Authority Area	Total Estimated Service Expenditure (£000s)	Allocation Share	Telecare allocation based on total ESE
Aberdeen City	332,415	3.7%	266,174
Aberdeenshire	394,151	4.4%	316,248
Angus	192,859	2.1%	154,741
Argyll & Bute	176,921	2.0%	141,953
Clackmannanshire	82,401	0.9%	66,115
Dumfries & Galloway	274,149	3.0%	219,964
Dundee City	265,163	2.9%	212,755
East Ayrshire	211,838	2.3%	169,969
East Dunbartonshire	178,550	2.0%	143,260
East Lothian	153,799	1.7%	123,401
East Renfrewshire	156,011	1.7%	125,176
Edinburgh (City of)	705,066	7.8%	565,711
Eilean Siar	75,770	0.8%	60,794
Falkirk	245,730	2.7%	197,162
Fife	604,941	6.7%	485,376
Glasgow City	1,135,539	12.6%	911,102
Highland	413,194	4.6%	331,527
Inverclyde	154,449	1.7%	123,922
Midlothian	139,397	1.5%	111,845
Moray	151,155	1.7%	121,280
North Ayrshire	244,456	2.7%	196,140
North Lanarkshire	563,502	6.2%	452,127
Orkney Islands	54,371	0.6%	43,624
Perth & Kinross	237,832	2.6%	190,825
Renfrewshire	300,426	3.3%	241,048
Scottish Borders	199,329	2.2%	159,932
Shetland Islands	68,602	0.8%	55,043
South Ayrshire	196,173	2.2%	157,400
South Lanarkshire	523,121	5.8%	419,728
Stirling	152,709	1.7%	122,527
West Dunbartonshire	177,514	2.0%	142,429
West Lothian	274,397	3.0%	220,163
Scotland	9,035,931	100.0%	7,250,000 75,000 <sup>1</sup> 675,000 <sup>2</sup>
			<b>TOTAL £8,000,000</b>

<sup>1</sup> Supplement to enhance allocation to £75k for those partnerships whose allocation based on total ESE is below £75k

<sup>2</sup> Programme management, evaluation and contingency allowance