

## Background Briefing: Personalisation and the ILF – the need for major reform

### ***Independent Living Funds (ILFs): The independent review***

- 1.1 In 2006 we (Melanie Henwood & Bob Hudson) were commissioned by the DWP to undertake an external strategic review of the Independent Living Fund. The terms of reference were those laid down for the review of non-Departmental Public Bodies, i.e.:
- Should the ILFs continue to exist, and if not what would replace them? (Stage1)
  - If they should exist, to identify any required changes to the groups funded by the NDPB, policies, processes, funding level and relationships of the ILFs and how can their service be improved?
- 1.2 The review began in June 2006 and was completed within six months, as required by the DWP. The review invited written evidence (and all ILF users were informed of the review); a series of consultative meetings took place with ILF service users and their families; and a programme of one to one interviews was held with central government and other national level stakeholders. This included interviews with the then ministers in the Department of Health (Ivan Lewis) and Department for Work and Pensions (Anne McGuire).
- 1.3 The report of the review was published in 2007<sup>1</sup>. Almost 70 recommendations were made (and these are reproduced in Annex 1 to this briefing). Some of these were focused on the immediate future and with improving the equity, transparency, accountability and accessibility of the ILF. We recommended that in the interests of stability for people using its support, the ILF should retain NDPB status until 2009/10 *“at which point a further decision should be made in the light of wider developments, and with a presumption of full incorporation into the Individual Budgets programme.”*
- 1.4 In a Written Statement to the House of Commons (March 15<sup>th</sup> 2007), the Minister for Disabled People, Anne McGuire, welcomed the *‘thorough review’* and noted the recommendation that there should be a smooth transition towards full integration within a system of personalised budgets. In a subsequent Written Statement (July 23<sup>rd</sup> 2007) she further said:

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<sup>1</sup> Melanie Henwood and Bob Hudson (2007) *Review of the Independent Living Funds*, DWP.

*“A full response to all the recommendations will be published once we have considered the lessons from the individual budget pilots and the timescale required to ensure they become a mainstream part of the support system.”*

1.5 At the time of writing, no decision on the future of the ILF has yet been taken. The report on the individual budget pilots (IBSEN) was published in October 2008.<sup>2</sup> The Government published its own response. The majority of interviewees in the IBSEN study had expressed disappointment at the slow progress towards integration of funding streams. IBSEN recommended that national policy decisions should be made about the removal of barriers and the inclusion of NHS resources in IBs (particularly for NHS continuing healthcare and mental health expenditure).

1.6 The DH response stated that:

*“Ministers will carefully consider the IBSEN findings and advice in making their decisions on the development of individual budgets (...) despite difficulties, some sites have reported improvements in the experiences of individuals’ assessment where more than one funding stream had been aligned, meaning people experience a more streamlined process without multiple forms or assessments.”*<sup>3</sup>

1.7 The Department of Health further stated that *“decisions by Ministers on which income streams will form individual budgets are awaited”*. In making their decisions, we would urge Ministers to revisit the recommendations we made on the integration of the Independent Living Fund.

1.8 The evidence from other work we have undertaken for the Commission for Social Care Inspection,<sup>4 5</sup> and from others’ work on the IBSEN evaluation, alongside the planned roll-out of personal budgets following the publication of *Putting People First*, suggests that the need for fundamental reform is more critical than ever, for the reasons we set out below.

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<sup>2</sup> Glendinning C., Challis D., Fernandez J L., Jacobs S., Jones K., Knapp M., Manthorpe J., Moran N., Netten A., Stevens M., Wilberforce M (2008), *Evaluation of the Individual Budgets Pilot Programme Final Report*, Social Policy Research Unit, University of York; Personal Social Services Research Unit, Universities of Manchester, Kent, and London School of Economics; Social Care Workforce Research Unit, King’s College, London

<sup>3</sup> Department of Health (2008), *Moving Forward: Using the learning from the individual budget pilots: Response to the IBSEN evaluation from the Department of Health*, P.15.

<sup>4</sup> Commission for Social Care Inspection (2009), *The State of Social Care in England 2007/08*, Part Two. London, Commission for Social Care Inspection.

<sup>5</sup> Melanie Henwood & Bob Hudson (2009), *Keeping it Personal: Supporting people with multiple and complex needs*, London: Commission for Social Care Inspection.

### **Problems with the ILF**

- 1.9 The Independent Living Fund (ILF) long pre-dates the emergence of Individual Budgets, having been in existence since 1988, and unlike the other Individual Budget funding streams it consists solely of social care monies and might therefore be expected to dovetail closely with council adult social care funds.
- 1.10 Although front-line ILF assessors are generally well regarded, there is also a widespread view that ILF is problematic in two respects – a tightening up on the permitted extent of flexibility and (more fundamentally) a structural incongruence with the personalisation agenda.
- 1.11 Essentially the ILF is an ad hoc, non-governmental body dispensing a large tranche of social care funding in a similar way and for similar purposes to local councils. The need for such parallel (and duplicative) activity, especially in the light of the emergence of Individual Budgets, was frequently questioned in the IBSEN evaluation and in our own study.<sup>6</sup> The IBSEN evaluation found that the constraints of the ILF Trust Deeds meant that integration with social care funding during the duration of the pilot was not possible. Instead, the ILF and the pilot sites attempted to align and fast-track some of their processes, but Individual Budget leads remained frustrated at the time taken for an ILF application to be turned around.
- 1.12 Most Individual Budget leads in the IBSEN study reported feeling deeply frustrated at the restrictions surrounding ILF funding, in particular that:
- Only that portion of adult social care monies spent on personal care counts towards the £200 per week threshold for the ILF (indeed this has become more difficult with the increase in the threshold to £320 a week since April 2008);
  - ILF monies have to be spent wholly on ‘personal care and domestic assistance’ and cannot, for example, be used towards purchasing pieces of equipment or support for social inclusion (e.g. leisure activities). Such restrictions significantly reduce the flexibility of how an Individual Budget could be used in more creative ways.
- 1.13 Not only does the ILF operate a *minimum* eligibility threshold of £320 a week local authority spending on social care, but it also operates a *maximum ceiling* on the amount it will contribute to care. The ILF will fund a maximum of £455 per week on top of the social services contribution, *subject to the combined social services and ILF contribution not exceeding £785 per week*. As our independent review of the ILF remarked, “the people

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<sup>6</sup> Melanie Henwood and Bob Hudson (2007) *Op Cit.*

*whom ILF might have been most expected to help – people needing very high levels of support – are effectively excluded from even applying.*<sup>7</sup>

- 1.14 None of the Individual Budget pilot sites had managed to include ILF resources in its Resource Allocation System (RAS), even on a recharge basis, as there was no way of guaranteeing that the ILF would make a contribution to an Individual Budget or what the level of that contribution might be. Lead officers in several sites reported ‘second-guessing’ what the outcome of an ILF application might be when calculating an indicative Individual Budget allocation, but sites differed as to how far they were willing to honour an indicative budget that included a predicted ILF contribution that might fail to materialise. Most lead officers and senior managers argued that if the Individual Budget assessment had identified a need then the local authority had a duty to meet that need, although this did not necessarily involve funding the entire ILF shortfall. However, the lack of certainty about the ILF contribution was considered incompatible with the transparency at the heart of the Individual Budget process. Indeed, in some sites service users were asked to devise two support plans, one that included a ‘guesstimate’ of a potential ILF contribution and one that did not.
- 1.15 The ILF itself reported difficulties in working with different RAS models across the pilot sites and has advocated a consistent national approach to resource allocation should Individual Budgets be mainstreamed<sup>8</sup>. This is consistent with the recommendation made in our independent review<sup>9</sup> and it offers a way of integrating ILF and council funds into a national framework that provides consistency and portability. Indeed, in such a scenario there would be no need to retain the ILF as an ad hoc commissioner of social care or a separate administrative organisation.

### ***Our Central Recommendation***

- 1.16 In the review of the ILFs we recommended fundamental change on the basis of thorough analysis of evidence submitted to the review. We concluded that it is highly anomalous for significant amounts of public money for social care to be placed in the hands of a cash-limited, discretionary fund administered by a Board of Trustees which results in inequity, lack of accountability, overlap and duplication of functions, and major confusion for disabled people seeking support for independent living. We recommended that the ILF should be

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<sup>7</sup> Henwood and Hudson (2007), Op Cit, para 2.19.

<sup>8</sup> Independent Living Funds (2006) *Pilot Protocol Version 1*, Strategic Policy Directorate, Independent Living Funds, Nottingham, March 2006.

<sup>9</sup> Henwood, M and Hudson, B (2007) *Review of the Independent Living Funds*, Department for Work and Pensions, 2007.

fully integrated into personalised budgets rather than existing as a parallel system of social care funding. This remains our central recommendation.

- 1.17 Since our report was submitted some of the minor recommendations (in improving ILF systems and processes) have been enacted. The more fundamental question about the future role of the ILF remains unanswered. In 2008 a new interim Chief Executive (Gary Stephenson) was appointed following the retirement of the previous incumbent (Elaine Morton). Patrick Boyle was subsequently appointed Chief Executive and joined the ILF in January 2009. However, we would argue that this would have been the ideal time to look again at the future of the ILF and the appointment of a new Chief Executive could make fundamental change more difficult to achieve.
- 1.18 We observed in our review that the ILF was a creature of its time. It was established in 1988 to deal with some of the consequences of the reorganisation of the social security system which introduced Income Support in place of Supplementary Benefit. The new simplified system did not replicate the arrangements for domestic assistance allowances that had existed under Supplementary Benefit to support severely disabled people living at home. Transitional arrangements were introduced for the estimated 300 people affected by the change, and this led to the establishment of a discretionary charitable trust under the auspices of the Disablement Income Group (DIG). This was the first ILF which was seen as a temporary body with a lifespan of no more than five years. However, the ILF proved highly popular and applications in its first year of life were received at a rate of 900 per month, and rising to more than 2000. In the light of this popularity and the apparent need for support the Government made a commitment to maintain a fund to support this group of people rather than simply transferring all the money to local authority social services. This saw the creation of a second fund and since 1993 two Independent Living Funds have operated.
- 1.19 The ILF was created in haste to solve a specific problem at a particular point in time; what might have been appropriate for the 1980s is not necessarily the right model more than two decades later, and in a changed context. The continued existence of dual systems of support is puzzling, anachronistic and a waste of resources. We do not believe that two separate systems for allocating cash to people using social care, and using overlapping but often incompatible criteria makes any sense. This is not something that can be dealt with by administrative tidying up.
- 1.20 In the conclusions to our review we took the line that there should not be radical change to the ILF unless and until a better alternative exists. The central objective here was to protect people using the ILF from any disruption. However, we also assumed that there

would be a clear timescale for fundamental organisational change and that the future of the ILF would not simply be kicked into the political long grass. Our fear now is that there has been considerable drift since our review and recommendations and no such strategic reform has been put in place.

- 1.21 We considered carefully whether there was a case for retaining the ILF in its current form. The main arguments against doing so are the issues of overlap and duplication that we have identified previously. We also believe, and this was a strong theme in the evidence submitted to us, that the ILF is an anomalous hybrid that no longer has a place in a 21<sup>st</sup> century model of social care. Significant public monies for social care *should not* be in the hands of a cash-limited, discretionary fund administered by a charitable organisation and Board of Trustees. We were cautious about simply recommending that all the ILF resources should simply be transferred to local government (because of the difficulties of ensuring that this would reach people needing social care support). However, we *did* conclude that the development of individual or personal budgets for social care provides the perfect opportunity for making this transfer.
- 1.22 Whether or not ministers decide to incorporate other funding streams within personal budgets, the case for amalgamating ILF resources into mainstream social care funding is self-evident. Maintaining a separate system for ILF assessment and funding is wasteful, inequitable, and – most importantly – is hindering the development of personalisation because of the constraints on how its money can be used.
- 1.23 Our central concern in undertaking the review of the ILF was to understand what sort of arrangements would be of most benefit to all disabled people seeking to live independent lives. These interests must take precedence over issues of organisational interest. We believe that full integration of ILF resources into personal budgets, and the removal of a separate NDPB with responsibility for a large amount of social care expenditure offers the best prospect of achieving these aims.

RECOMMENDATION	ACTION	TIMEFRAME
<b><i>EQUITY RECOMMENDATIONS</i></b>		
1. Work should begin immediately on an inter-departmental basis to estimate the cost of extending ILF to older people and planning to implement this extended access.	DWP to lead in consultation with the Treasury, and DH.	Work should begin immediately and extended access for older people should be accomplished within five years.
2. Work should begin immediately on an inter-departmental basis to estimate the cost of extending ILF to residents of long-stay hospitals and campus accommodation and former residents living in the community.	DWP to lead in consultation with the Treasury, DH and ILF.	Work should begin immediately and extended access for these currently excluded groups should be accomplished within five years.
3. Work should begin immediately on an inter-departmental basis to estimate the cost of removing the joint ceiling cap of £785.	DWP to lead in consultation with the Treasury, DH and ILF.	Work should begin immediately and full access for people with very high support needs who are currently excluded from ILF should be achieved within five years.
4. Receipt of middle rate care component of DLA should not preclude recipients from applying for ILF funding.	DWP in consultation with ILF.	Immediate.
5. ILF funding should be available to support disabled people in their parenting roles and local authority support should be considered as eligible expenditure.	DWP in consultation with ILF.	Immediate.

RECOMMENDATION	ACTION	TIMEFRAME
6. The requirement to take a partner's benefits and capital into account in assessing an ILF recipient's means should be removed.	DWP in consultation with ILF.	Immediate.
7. The apparently low take-up of ILF by black and minority ethnic groups should be investigated and any necessary action put in place. The ILF should review its current approach to working with Black and Minority Ethnic Users as part of its Disability Equality Strategy.	ILF.	Immediate.
8. The Disabled Students Grant and any student loan should be disregarded in calculating an ILF award.	DWP in consultation with ILF.	Immediate.
9. The ILF should take account of the costs which disabled parents face if their children are in further or higher education, and assessment of capital should make adequate disregard of savings for this purpose.	DWP and ILF.	Immediate.
10. Disabled people with a terminal illness and a life expectancy of less than six months should be able to apply to the ILF.	DWP and ILF	Immediate.

RECOMMENDATION	ACTION	TIMEFRAME
11. Consistency of ILF take-up should be promoted across all local authorities and parts of the UK.	DWP in consultation with ILF.	Immediate and on-going.
12. People receiving higher rate DLA should automatically be given information in appropriate formats about applying to the ILF.	DWP	Immediate.
<b>TRANSPARENCY RECOMMENDATIONS</b>		
13. The ILF should review and simplify its processes and information for service users, and develop meaningful performance indicators to drive improvements in responsiveness to new and existing clients.	ILF	Within 12 months.
14. The ILF should make explicit the basis for its judgements so that service users and their advisors have greater certainty about the outcome of claims.	ILF	Immediate
15. The ILF should review its training for all staff in basic customer care.	ILF	Immediate.

RECOMMENDATION	ACTION	TIMEFRAME
<b>ACCESSIBILITY RECOMMENDATIONS</b>		
16. When eligibility for higher rate DLA is under review ILF should continue to be paid until the review and appeal procedure are complete.	DWP and ILF	Immediate.
17. DWP should investigate the implications of de-coupling ILF eligibility from higher rate DLA entitlement, and should explore the simplification of ILF eligibility criteria.	DWP	Within 12 months.
18. Arrangements should be put in place to integrate the financial assessments of ILF and local authorities. In the interim, the charging system of the ILF should be brought into alignment with the approach of LAs and the guidance on Fairer Charging.	DH, ILF and LAs and IB pilots.	Within 12 months.
19. Occupational pensions should be disregarded from financial assessment for the ILF.	DWP and ILF.	Within 12 months.
20. Capital limits on savings should immediately be brought into alignment with those of LAs. This would raise the upper limit to	DWP and ILF.	Immediate.

RECOMMENDATION	ACTION	TIMEFRAME
<p>£21,000 and the lower limit to £12,750. These limits should be subject to automatic annual uprating and should continue to match the residential care capital limits. ILF payments should also be automatically uprated in line with inflation, consistent with the Income Support system.</p>		
<p>21. The local authority threshold contribution should remain at £200.</p>	<p>No Action Required.</p>	
<p>22. ILF and LA partners should examine data on cost distribution of care packages and determine a fair percentage cost allocation for care packages over £575 per week.</p>	<p>DWP, ILF and LAs</p>	<p>Immediate.</p>
<p>23. The ILF should revisit the design and appearance of its website, and in consultation with a wide and diverse group of ILF users it should initiate appropriate redesign.</p>	<p>ILF</p>	<p>Immediate.</p>
<p>24. The ILF should reconsider its review of literature in consultation with a wide and diverse group of ILF users and explore whether further changes are required to improve accessibility.</p>	<p>ILF</p>	<p>Within 12 months.</p>

RECOMMENDATION	ACTION	TIMEFRAME
25. ILF should set a target of a maximum of 8 weeks from the date of an application to reaching a decision. When this is not possible, a clear explanation must be provided to the applicant.	ILF	Within 12 months.
26. ILF clients should have their needs reviewed at least annually, and more frequently if the need arises or if requested.	DWP and ILFs	Within 12 months.
27. ILF and LA partners should address how to jointly manage reviews to remove duplication of effort and inconvenience for clients. Documentation should be simplified and suitable for on-line completion.	DH, ILF, LAs & IB pilots.	Within 12 months.
28. ILF should be payable from the date that a properly completed application form is received.	DWP and ILF	Immediate.
<b>SELF-DETERMINATION RECOMMENDATIONS</b>		
29. The ILF should urgently develop a strategy for supporting life planning for all its customers in partnership with local authorities and independent brokerage support organisations.	DWP, DH, ILF, LAs and IB pilots.	Within 12 months.

RECOMMENDATION	ACTION	TIMEFRAME
30. The commitment in the <i>Life Chances report</i> to creating user-led organisations modelled on CILs in each locality by 2010 should be firmly implemented.	ODI and DH	Fully implemented by 2010.
31. ILF should build on its protocol with NCIL to support capacity building of CILs in partnership with LAs via local government representative bodies.	ILF, Local government representative bodies.	Immediately.
32. Only one assessment of support needs should be undertaken. The ILF and partner agencies must identify the most appropriate way of removing duplication.	ILF. LAs	Fully implemented by end of December 2008.
33. ILF should develop a strategy to promote a culture of self-assessment among its users.	ILF, DWP & ODI.	Within 12 months.
34. ILF should undertake a review of the role and function of ILF Assessors in self-assessment.	ILF.	Within 12 months.
35. ILF should develop, in conjunction with In Control and CSIP, a strategy for identifying and addressing the obstacles to adopting RAS.	DWP, DH, ODI, IB Pilots, LAs ILF, CSIP, In Control.	Within 12 months.

RECOMMENDATION	ACTION	TIMEFRAME
36. ILF income stream should be fully incorporated into rolled out Individual Budgets.	DWP, DH, ODI	From 2009/10.
37. Government should prepare the ground for a national RAS and identify the implications for local authorities and the ILF.	DWP, DH, ILF and Local government representative bodies.	End of 2008.
<b><i>FLEXIBILITY RECOMMENDATIONS</i></b>		
38. The ILF should work with IB partners and other LAs to build on the lessons from IB pilots and build a protocol for a shared accounting system across ILF and Direct Payments.	DH, DWP, ILF, LAs, CSIP.	End of 2008.
39. Light touch approach to auditing ILF customers should be maintained, but greater attention needs to be paid to supporting people with the administration and management of finance.	ILF	Immediate.
40. Limitations on the use of ILF for personal care and domestic assistance must be revised to take full account of the wider objectives	DWP.	Within 12 months.

RECOMMENDATION	ACTION	TIMEFRAME
of supporting independent living.		
41. ILF should as a matter of policy recognise the on-costs of employing PAs, and of being responsible employers.	ILF & DWP	Within 12 months.
42. ILF should examine the possibility of paying a start up grant to new users to recognise the additional costs incurred in recruitment and beginning to use PAs, and in paying for advice.	DWP & ILF	Within 12 months.
43. Flexibility should be allowed in the roll-over of funds recognising people's fluctuating needs and the value of a small contingency fund. At minimum these roll-over arrangements should match those for Direct Payments.	DWP, DH, ILF	Immediate.
44. ILF should move to a system of payments four weekly in advance, instead of in arrears, at the earliest opportunity.	Treasury, DWP & ILF	Within 12 months.
45. ILF should be payable from the date that a properly completed application form is received.	Treasury DWP & ILF	Within 12 months

RECOMMENDATION	ACTION	TIMEFRAME
46. DWP and ILF should be more flexible in payments around hospital admissions and should support requests from ILF users where there is a case for their needs being met by a PA while they are an in-patient. The four week period of support should also be applied more flexibly depending on individual circumstances.	DWP & ILF	Immediate.
47. The ILF should, in general, retain its policy of not allowing payments to relatives within the same household. However, we recommend that discretion continues to be exercised in exceptional circumstances.	No action required.	Immediate.
<b>LINKS &amp; PARTNERSHIPS RECOMMENDATIONS</b>		
48. The ILF should continue to develop customised links with LAs.	ILF	Immediate and on-going.
49. The ILF LA Liaison Team and LA Contact Officers should draw up a clear strategy (within the Data Protection Act) to maximise synergy between ILF and LAs, including coordination within LAs between Contact Officers and	ILF LA Liaison Team and LA Contact Officers.	Within 12 months.

RECOMMENDATION	ACTION	TIMEFRAME
individual social workers.		
50. No immediate transfer of ILF funding and remit should be given to local government.	No action required.	
51. ILF should synchronise its system of funding as closely as possible with LAs in the IB pilot sites, making maximum use of new flexibilities in the 2007 Trust Deed.	DWP, DH, ILF, CSIP.	Within 12 months.
52. Relationship of NHS funding to IBs should be re-appraised by Department of Health with a view to incorporating community health services within IBs.	DH.	Within 12 months.
53. ILF users who become eligible for NHS continuing care should not automatically cease to be eligible for ILF support.	ILF, DH, DWP.	Contingent upon implementation of the national framework for NHS continuing care.
<b>OPENNESS &amp; ACCOUNTABILITY RECOMMENDATIONS</b>		
54. ILF should improve the accessibility of the Board of Trustees and provide regular opportunities for ILF customers to meet Board members.	ILF	Immediate and on-going.

RECOMMENDATION	ACTION	TIMEFRAME
55. ILF Board meetings should generally be conducted in public, and include opportunities for questions from the public, and minutes of meetings should be published.	ILF	Immediate and on-going.
56. The ILF should commission a user-led organisation (such as <i>Shaping Our Lives</i> ) to advise on the establishment of a comprehensive and multi-faceted user involvement and consultation strategy.	DWP, ODI, ILF.	Within 12 months.
57. ILF should improve its wider customer engagement and accountability by consulting with the ODI and working more closely with the National Centre for Independent Living and local CILs as appropriate.	DWP, ODI, ILF.	Immediate and on-going.
<b>LEGAL FRAMEWORK RECOMMENDATIONS</b>		
58. At the earliest opportunity the Board of Trustees should have a majority of disabled people.	DWP.	Within 12 months.
59. ILF should prepare and disseminate a strategy for making use of the piloting powers that	ILF	Immediate.

RECOMMENDATION	ACTION	TIMEFRAME
should be available during 2007. The strategy should explore issues where piloting could be beneficial and prioritise those it wishes to pursue via a business case.		
60. Conditions of Grant Agreement should expand the definitions of qualifying support and services.	DWP in consultation with ILF.	Within 12 months
<b>CORPORATE GOVERNANCE RECOMMENDATIONS</b>		
61. Central accountability for the ILF should remain with the DWP.	No action required.	
62. The findings from this review should be considered alongside those of the ODI review of Independent Living and the recommendations taken forward jointly.	DWP. ODI.	Immediate and on-going.
63. ILF should review its documentation to ensure it is appropriate to the different national contexts across the UK.	ILF	Immediate.
64. The ILF should urgently progress the establishment of a presence across the English regions and within the other parts of the UK.	DWP & ILF	Immediate and on-going.

RECOMMENDATION	ACTION	TIMEFRAME
65. Individual Budgets should be piloted in Scotland, Wales, and Northern Ireland.	Scottish Executive Health Department. National Assembly for Wales, Department of Health. Northern Ireland Executive, Department of Health, Social Services and Public Safety (DHSSPS).	Commenced within 12 months.
66. A quadrilateral Ministerial group should be established across the four nations to address the coherent development of policy on disability and independent living throughout the UK.	DH, ODI, Scottish Executive Health Department. National Assembly for Wales, Department of Health. Northern Ireland Executive, DHSSPS.	Immediate set up and report within 12 months.
<b>THE FUTURE ORGANISATION RECOMMENDATIONS</b>		
67. ILF should retain its current structure until at least 2009/10 when a further decision should be made in the light of developments, but with a presumption of full incorporation into the Individual Budgets programme.	DWP, DH, ILF, Cabinet Office.	No later than 2012, contingent upon IB roll-out.
68. A national framework should be developed for the local administration of personalised budgets.	DH. DWP.	No later than 2012, contingent upon IB roll-out.
69. ILF and CSIP should draw up a strategy for maximising synchronicity of ILF resources and	DWP, DH, ILF. CSIP.	Immediate and on-going.

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<b>RECOMMENDATION</b>	<b>ACTION</b>	<b>TIMEFRAME</b>
personalised budgets, pending incorporation into a national framework.		