

## Appendix 2 – Future Model of Direct Payment Support Service

### Options Appraisal

Shortcut to option appraisal summary

#### Purpose

This briefing seeks to explore options and make a recommendation for the longer-term arrangements for the provision of a Direct Payment Support Service (DPSS).

#### Issue

In October 2021, the Executive Member for Health and Social Care approved the decision to tender for a Direct Payment Support Service for an interim 2 year period, with the option to extend, at a cost of £170k per annum.

During this interim period a full options appraisal was to be undertaken to explore the longer-term solution for the provision of Direct Payment Support.

The options to be considered included:

- *Continuing with a procured service*
- *Building a community-led, user-led consortium*
- *Creating a free market of several providers*
- *Creating an in-house support option.*

#### Background

The Care Act (2014) and the Children and Families Act (2014) requires local authorities to offer adults and children who are eligible for funded care and support in line with the relevant eligibility criteria to take all or some of their personal budget as a Direct Payment.

The Care and Support (Direct Payments) Regulations (2014) – as part of the Care Act duties, outlines that it is the role of the Local Authority to ensure that people have access to the support and infrastructure they need to manage their Direct Payments.

The provision of the Direct Payment Support Service aligns with Sheffield's Adult Social Care Strategy (2022-2030), *Living the life you want to live*, in particular support the following commitments:

- Commitment 4: Make sure support is led by 'what matters to you', with helpful information and easier to understand steps.
- Commitment 6: Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.

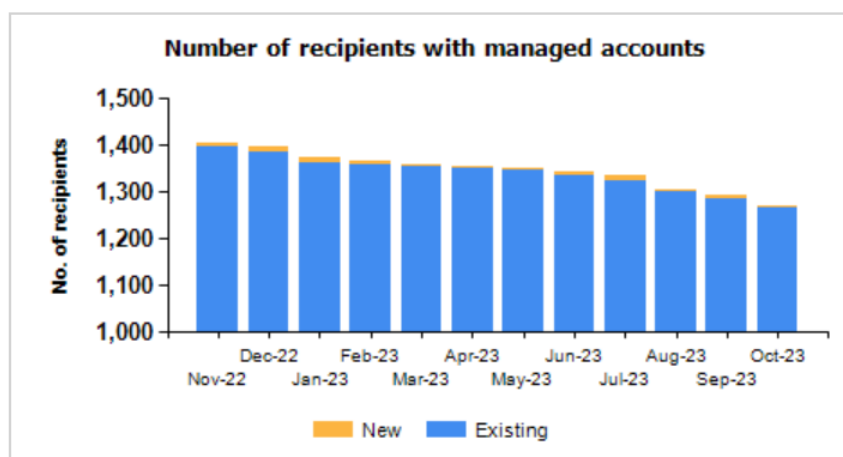
Sheffield's Personalisation and Direct Payments Strategy (2022-2028) outlines the Council's commitment to increase and further develop approaches and practice around personalisation over the next 5 years. As part of this Strategy's Delivery Plan, there is a Direct Payment Support Workstream which sets out the timeline and milestones for the options appraisal and seeking approval for the recommended future options for Direct Payment support and subsequent development and implementation of the recommended option.

Following a competitive tendering process Penderels Trust was awarded the contract and began delivery of the Sheffield Direct Payment Support Service (DPSS) in September 2022. The 2 year contract is due to end on 31/08/2024.

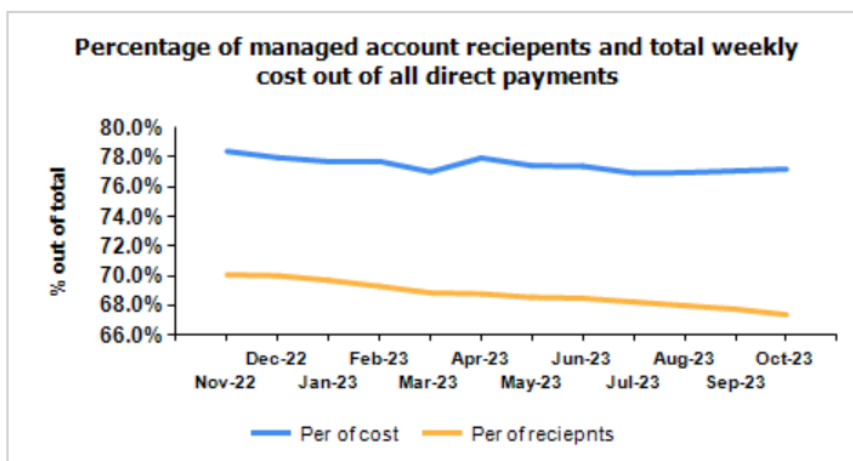
Between 01/09/2022 – 30/09/2023 (13 months) the DPSS has received 268 referrals for support comprising of both new and existing Direct Payment recipients. The service has supported 198 adults and 70 families (children). Themes of support provided has included:

- Introducing people to Direct Payments and helping them set-up and get started
- Support to find and recruit Personal Assistants (PAs)
- Supporting people in their role as individual employers
- Helping people to resolve problems/issues they are experiencing
- Supporting people to liaise with providers/agencies and other third parties
- Support people to understand their roles and responsibilities around Direct Payments.

Since the introduction of dedicated Direct Payment support, people have received greater support to organise and manage their own Direct Payments from the service. Previously people may have been more likely to opt to purchase an additional managed account service to support them. People now have the information and support they need to hold and manage their budgets themselves which has seen a reduction in the number of managed accounts being provided in Sheffield over the past 12 months as seen in the graph below:



As seen in the graph below, data is also indicating that since the introduction of the Direct Payment Support Service, in addition to the number of people with a managed account service reducing, the total weekly cost of Direct Payments is also reducing due to a combination of lower financial fees to support people to manage their Direct Payments and budgets being calculated and utilised more effectively.



### Factors to consider

Factors, issues and matters that have been identified during the first year of the service delivery and contract management that need to be considered when exploring options for the future model for Direct Payment Support are as follows:

#### Confusion over the scope of services provided

- The incumbent provider of the DPSS is well known in the Sheffield Direct Payment market by Direct Payment recipients and social care for providing other services outside of the scope and remit of the DPSS e.g. managed account services and payroll services.
- The Council maintains a Money Management Recognised Provider List (RPL) which is a number of organisations who can provide managed account services who meet the Council's minimum requirements and expectations. People who have a Direct Payment who need a managed account service can choose from the providers on the RPL.
- There has been confusion caused for Direct Payment recipients and social care teams that these are all the same service and despite being called the Direct Payment Support Service and ongoing communications/explanations to try and resolve this, the service is incorrectly referred to and known as 'Penderels Trust' which makes it difficult for people and stakeholders to differentiate between the DPSS and other, different services provided by Penderels Trust e.g. managed accounts, payroll.

#### Confusion over who is able to access the DPSS

- Some people and social care teams have incorrectly assumed that people are only able to access information, advice and support from the DPSS if they are a customer of Penderels Trust (for managed account and/or payroll services). This is not the case and the DPSS is available for all new and existing Direct Payment recipients.
- Due to the provider being well known for providing other services e.g. managed accounts, some social workers are not referring people to the DPSS as they may not require a managed account (the DPSS does not provide this). This may mean people do not have access to the range of support offered by the DPSS e.g. getting started with Direct Payments, understanding roles and responsibilities, problem solving.

### Potential unfair advantage over other providers in the market

- When choosing a managed account provider from the Money Management RPL or payroll services from the open market, despite being encouraged by the DPSS to make an informed choice about the best provider for them, often people are selecting services provided by Penderels Trust as they consider themselves already receiving support from the same organisation (although the DPSS is separate and distinct and provided by a dedicated Sheffield team). This may create an unfair advantage for the provider of the DPSS over other providers/organisations in the market and could present a conflict of interest when supporting people to choose providers(s).

### Recognising the role of the DPSS

- There have been occasions where the DPSS has requested information, requires clarification on a situation/issue or has provided advice to social care teams and/or other providers/organisations but there has been a delay in receiving information or the advice provided has been queried as the role and responsibilities of the DPSS has not been recognised or understood. Commissioning and/or social care colleagues have then been involved to confirm the role of the DPSS and that advice being provided is correct. This has led to delays in support being provided.

### **How have people been involved**

People who access the Direct Payment Support Service are invited to provide evaluation feedback after 12 weeks of support being provided. Feedback received by the service has largely been very positive with people advising they have received good quality support, staff have been supportive and compassionate and feel their individual needs were met. Some of the feedback has indicated there has been some confusion about the services the DPSS provides as there has been some frustration from some people where payroll queries have been unable to have been picked up or resolved by the DPSS (as are dealt with by other teams within Penderels, separate to the DPSS).

Commissioning have also contacted people who have accessed the DPSS by email to invite them to give feedback on the service and to ask for their thoughts or ideas about how the service might work in the future. Feedback received so far has indicated that although people access the service for a variety of reasons, there is greater demand for support to find and recruit PAs. A summary of feedback is follows:

- People report that the service works well, however there are some delays to getting started with Direct Payments indicating we need to develop closer working between the DPSS and social care teams to streamline and improve these processes.
- When asked what could be improved, people have suggested better co-ordination between the Council and the DPSS. People also suggest the service could be faster, which may be due to delays in passing information between the DPSS and the Council. It has also been suggested that it needs to be clearer about all the services being offered and that a different name needs to be used e.g. Support Service, not Penderels Trust.

- Feedback indicates there is confusion about the DPSS and other services provided by Penderels Trust e.g. managed accounts, payroll. Some people did not realise there were separate services and what organisations provide what parts of the service.
- When asked if they would have any concerns if the DPSS was hosted by the Council in the future, the majority of feedback from people was that they wouldn't have any concerns. However, there was some feedback indicating a preference for an 'independent' organisation.
- The importance of offering peer-support around Direct Payments, where people with lived experience coach and/or mentor people needing support. This is an element within the existing contract which continues to develop. This can also be included in the future service model offering people different options for receiving support should they prefer not to speak to the provider of the DPSS directly.

Feedback and consultation with people who use the Direct Payment Support Service and people with lived experience of Direct Payments will continue during the remainder of the interim contract period, which will inform and influence improvements and developments of the service.

Following the approval of recommended option, the Council will continue to work collaboratively with people with lived experience, their families and carers, partners and stakeholders to develop and mobilise the future model of the Direct Payment Support Service.

### Options Appraisal

It is the role of the Local Authority to ensure people have access to the support and infrastructure they need to manage their Direct Payments. There was agreement for an interim 2 year Direct Payment Support Service whilst an options appraisal was undertaken to explore the longer-term solution for the provision of Direct Payment support. Following the Cabinet decision in October 2021, options for the future approach for Direct Payment support have been appraised.

The options are:

1. Do nothing.
2. Reprocure and continue with a Direct Payment Support Service provided by a third party organisation.
3. Building a consortium of community-led and user-led organisations or groups who work collectively to provide a Direct Payment Support Service.
4. Include provision within individual Direct Payment budgets that enables people to arrange and purchase their own Direct Payment support from an open market of providers.
5. Provide a Direct Payment Support Service as an in-house service offer.

The detailed options appraisal analysis can be seen in the Options Analysis below.

### Recommendation

The preferred option is option 5 - Provide a Direct Payment Support Service as an in-house service offer.

#### Next Steps

- Recommended Option to be approved
- Further financial modelling
- Development and co-production of future model

## Options Analysis

Option 1	Do nothing – Option Rejected
<b>Description:</b> No action to be taken, the Direct Payment Support Service will end on 31/08/2024.	
<b>Advantages</b> > No changes or actions are required.	<b>Disadvantages</b> > Direct Payment recipients would not have access to dedicated Direct Payment support. > Support may be offered by social care teams in areas in which they are not trained. > Would not address concerns from people who use Direct Payments who advised support was needed. > Direct Payments may not be set-up, arranged or managed appropriately. > Reliance for support and advice by Direct Payment recipients would revert back to social work teams and individual workers causing pressures on work capacity
<b>Risks</b> > Risk of Care Act obligations not being met. > People may not have the access to advice and support they need to enable them to organise and manage their Direct Payments effectively or appropriately. > Social care workers may give advice or provide support in areas such as employment, financial or legal obligations which are not areas workers are trained or skilled. > Would not satisfy the priorities or commitments of the Personalisation and Direct Payments Strategy. > Puts people who use Direct Payments at risk e.g. when undertaking role as an employer	
<b>Dependencies</b> > Personalisation & Direct Payments Strategy > Childrens & Young People Service > ICB > Social work teams	
<b>Costs / Resource</b> No cost in delivery of a service, however there may be higher costs of Direct Payments due to ineffective or inappropriate use or increased reliance on money management companies again.	
<b>Timeframe</b> Current contract will end 31/08/2024.	
<b>Comments</b> > This option is rejected as Care Act obligations would not be met and there is a need for ongoing provision of information, advice and support around Direct Payment.	

<b>Option 2</b>	<b>Reprocure and continue with a Direct Payment Support Service provided by a third party organisation – Option Rejected</b>	
<b>Description:</b> Review and update service and undertake a competitive tendering process. Contract awarded to successful provider. Direct Payment Support Service continues to be provided by a third party organisation.		
<p><b>Advantages</b></p> <ul style="list-style-type: none"> <li>&gt; Continued dedicated support for people and social care workers around Direct Payments.</li> <li>&gt; Information, advice and support provided independently of the Council.</li> <li>&gt; Support provided tailored to the needs of those accessing.</li> <li>&gt; Continuous support with no gaps in provision.</li> <li>&gt; Competitive tendering process with focus on service quality.</li> <li>&gt; Access to specialised expertise around Direct Payments, employment, budget management knowledge, mentoring and coaching etc.</li> <li>&gt; Council will be meeting its Care Act responsibilities.</li> <li>&gt; Block contract means set cost for contracting period.</li> </ul>	<p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>&gt; If provided by an organisation that also provides other services in Sheffield e.g. managed accounts, payroll, there will continue to be confusion about what services the DPSS offers and provides.</li> <li>&gt; If the provider also offers other services e.g. managed account, payroll, they may gain an unfair advantage over other providers in Sheffield (which the Council needs to treat equally and fairly), due to the association of the DPSS.</li> <li>&gt; To counter the above, if the DPSS provider was precluded from offering other services e.g. managed accounts, this may limit interest/ability to provide the DPSS service.</li> <li>&gt; If an individual has had a negative previous experience of the provider (even for services out of scope), this may mean they are reluctant to access the DPSS.</li> <li>&gt; Third party provider does not have access to internal Council systems which slows access to information required to support people accessing support. People may have to repeat their story several times.</li> <li>&gt; DPSS viewed as an external ‘provider’ with a vested interest rather than a service on behalf of the Council – should feel like one team.</li> <li>&gt; Provider experience and processes may not align with Council’s specific processes or approaches.</li> </ul>	
<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>&gt; Organisation separately providing other services could be a conflict of interest.</li> <li>&gt; Risk some people may not believe they can access the DPSS as do not purchase other services from the provider.</li> <li>&gt; Stakeholders do not recognise the authority of the DPSS due to not being provided by the Council, so direct queries or check advice provided with social care teams.</li> <li>&gt; Being external of the Council may mean advice/support offered is not aligned to Council processes or approaches.</li> <li>&gt; If preclude provider from offering other services e.g. managed accounts payroll, this may significantly reduce the number of providers able and/or willing to tender for the DPSS service.</li> </ul>		
<b>Dependencies</b>		



- > Market interest in providing the service (with or without the ability to offer separate services with a connected interest).
- > Procurement rules and timescales
- > TUPE regulations
- > Personalisation & Direct Payments Strategy
- > Childrens & Young People Service
- > ICB

**Costs / Resources**

To be developed, current cost for contracted service = £170k per year.  
 Procurement – involvement from Procurement and Commissioning  
 Ongoing contract management to be provided by Commissioning

**Timeframe**

9-12 months timescale for procurement and award process following approval, timescale needed for TUPE consultation and process.

**Comments**

- > Potential option however feedback has highlighted the confusion caused by DPSS separate to other services offered by the provider is problematic for people who draw on the service, social care teams and stakeholders. If explore option where provider is precluded from offering other services with a connected interest e.g. managed accounts, payroll etc. this would significantly limit the number of providers who were able and interested in providing the DPSS service. Service would be more effective and efficient if more closely aligned or embedded with the Council. Option rejected.

<b>Option 3</b>	<b>Building a consortium of community-led and user-led organisations or groups who work collectively to provide a Direct Payment Support Service - Option Rejected.</b>	
<b>Description: Direct Payment Support is provided by a consortium of providers that are user-led and community-led who work together to provide the different elements of support. This would be a contracted, commissioned service.</b>		
<p><b>Advantages</b></p> <ul style="list-style-type: none"> <li>&gt; Support is provided by user-led/community-led groups/providers with lived experience.</li> <li>&gt; A number of providers able to offer different parts of the service, bringing their experience and skills – more choice for people who use Direct Payments.</li> <li>&gt; Being user-led and community-led helps provide a personalised and tailored service.</li> <li>&gt; Consortium model would enable providers to support each other and share resources i.e. more experienced provider(s) supporting and empowering other providers/groups.</li> </ul>	<p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>&gt; Likely to require a 'lead' provider for the consortium bid.</li> <li>&gt; Need time for providers to discuss, explore and plan potential consortium arrangements.</li> <li>&gt; May be more difficult to ensure consistency of information, advice and support provided across a number of groups/organisations.</li> <li>&gt; There may not be a variety of groups/organisations with experience or specialism to be interested in this opportunity.</li> <li>&gt; May cause confusion for people and stakeholders about where to access support and who provides what elements.</li> <li>&gt; If some support is provided by an organisation that also provides other services in Sheffield e.g. managed accounts, payroll, there will continue to be confusion about what services the DPSS offers and provides.</li> <li>&gt; If some of the support is provided by an organisation that also offers other services e.g. managed account, payroll, they may gain an unfair advantage over other providers in Sheffield (which the Council needs to treat equally and fairly), due to the association of the DPSS.</li> <li>&gt; To counter the above, if the DPSS provider was precluded from offering other services e.g. managed accounts, this may limit interest/ability to provide the DPSS service.</li> <li>&gt; Third party providers do not have access to internal Council systems which slows access to information required to support people accessing support. People may have to repeat their story several times.</li> <li>&gt; DPSS viewed as an external 'providers' with vested interest rather than a service on behalf of the Council – should feel like one team.</li> </ul>	
<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>&gt; Risk that there is not a variety of providers with skills and experience who would be interested in a consortium approach.</li> </ul>		

- > Should a provider withdraw from the consortium, there is a risk there may be a gap in service created.
- > Organisations providing other services outside of the DPSS could be a conflict of interest.
- > Risk some people may not believe they can access the DPSS as do not purchase other services from the providers in the consortium.
- > Stakeholders do not recognise the authority of the DPSS due to not being provided by the Council, so direct queries or check advice provided with social care teams.
- > Being external of the Council may mean advice/support offered is not aligned to Council processes or approaches.
- > If preclude providers from offering other services e.g. managed accounts payroll, this may significantly reduce the number of providers able and/or willing to tender for the DPSS service.

**Dependencies**

- > Market interest in providing the service (with or without the ability to offer separate services with a connected interest).
- > Market interest and ability to work in a consortium approach.
- > Procurement rules and timescales
- > TUPE regulations – further consideration needed if multiple providers
- > Personalisation & Direct Payments Strategy
- > Childrens & Young People Service
- > ICB

**Costs / Resources**

To be developed, current cost for contracted service = £170k per year.  
 Procurement – involvement from Procurement and Commissioning  
 Ongoing contract management to be provided by Commissioning

**Timeframe**

9-12 months timescale for procurement and award process following approval, timescale needed for TUPE consultation and process.

**Comments**

- > Current indication is that there may be limited interest from providers with skills and experience to develop a consortium approach. Informal discussions with a prominent user-led organisation has indicated that they have no current interest in providing a Direct Payment Support Service. People may be confused as where to access support and maintaining consistency of information will be more challenging. If providers in the consortium also offer separate (but connected) services, there will continue to be confusion caused about what the service provides and who can access. If explore option where provider is precluded from offering other services with a connected interest e.g. managed accounts, payroll etc. this would significantly limit the number of providers who were able and interested in providing the DPSS service. Service would be more effective and efficient if more closely aligned or embedded with the Council. Option rejected.

<b>Option 4</b>	<b>Include provision within individual Direct Payment budgets that enables people to arrange and purchase their own Direct Payment support from an open market of providers – Option Rejected.</b>
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**Description:** People who have a Direct Payment will have provision built into their Direct Payment budget to enable them to arrange and purchase Direct Payment support as and when they require from a provider or providers they choose to meet their needs.

**Advantages**

- > Personalised and tailored support for individuals as and when they require this.
- > Flexibility to purchase Direct Payment support from different providers/groups/organisations.
- > People have greater choice and control over their Direct Payment support.
- > People are able to choose who they want to have support provided and able to ‘shop around’ for the best support for them and their needs.

**Disadvantages**

- > Allocating or calculating a budget for Direct Payment support is not straightforward – how much does each person need and will this vary?
- > Provision within someone’s Direct Payment budget limits the amount of support people can purchase (before contacting social care), whereas service purchased/arranged on a block means that people can access as much as they need within capacity of the service.
- > Some aspects/themes of support may be easier to source and arrange than others. Some aspects may not be available in the open market.
- > No specification of the support and outcomes to be provided, difficult to have assurance of quality or accuracy of information, advice and support.
- > Different providers/organisations will have different charges/fees for support, not consistent for different people arranging their own support.
- > No guarantee of volume of work/demand may limit the number of providers able to offer Direct Payment Support – not a sustainable offer.
- > Difficult to forecast as provision will be included in all Direct Payment budgets, some people may not need all their allocation (unrequired unspent funds returned at annual audit) or some people may need more (increase to budget).

**Risks**

- > Risk that people are unable to have their support needs met effectively due to an (anticipated) provision included in budget and/or the availability of support.
- > Risk that information, advice and support provided may not be accurate or consistent. Difficulty in ensuring quality and appropriateness of services.
- > Stakeholders do not recognise the authority of Direct Payment support offers due to not being arranged or provided by the Council, so direct queries or check advice provided with social care teams.

- > Being external of the Council may mean advice/support offered is not aligned to Council processes or approaches.
- > Not a fixed budget, calculating an appropriate provision for Direct Payment Support for each Direct Payment recipient is not straightforward.

**Dependencies**

- > Market interest in providing all elements of Direct Payment support
- > Personalisation & Direct Payments Strategy
- > Childrens & Young People Service
- > ICB
- > Finance

**Costs / resources**

To be developed, current cost for contracted service = £170k per year, however each Direct Payment recipient will require an allocation in their Direct Payment budget sufficient to arrange and purchase their own support service(s).

Any unrequired, unspent funds would be returned at annual audit. Some people may require more support than others.

Market shaping and oversight - Commissioning

**Timeframe**

Would need to be in place by end of current DPSS contract.

**Comments**

- > Although this option would offer people greater choice and control over the provision of their Direct Payment support, this is reliant on their being a variety of providers with skills, experience and interest in offering all aspects/themes of Direct Payment support, over which the Council would have less control or oversight meaning difficult to assure the quality of the support. It would be difficult to ensure consistency, accuracy and appropriateness of information, advice and support being arranged and purchased. There is a risk that people are unable to have their support needs met effectively. Calculating/allocating provision for Direct Payment support to be included in each budget is not straightforward and difficult to forecast and manage effectively. Option rejected.

<b>Option 5</b>	<b>Provide a Direct Payment Support Service as an in-house service offer – Preferred Option</b>
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**Description:** Review and update service and develop the Direct Payment Support Service as an in-house service, hosted and delivered by Sheffield City Council within Commissioning & Partnerships.

**Advantages**

- > Continued dedicated support for people and social care workers around Direct Payments.
- > Information, advice and support provided in line with Council processes and approaches.
- > Service hosted within Commissioning & Partnerships so aligned to Personalisation & Direct Payments Strategy.
- > Support provided tailored to the needs of those accessing.
- > Continuous support with no gaps in provision.
- > Dedicated service team to have experience, knowledge and skills to provide specialised expertise around Direct Payments, employment, budget management knowledge, mentoring and coaching etc.
- > Existing staff team would be in situ as they transfer directly from the current provider.
- > Council will be meeting its Care Act responsibilities.
- > Dedicated team to provide all required support within DPSS service structure.
- > No confusion over services the DPSS offers and other Direct Payment services provided in the market e.g. managed accounts, payroll.
- > Providers on the money management recognised provider list are not an unfair advantage over other providers in Sheffield (which the Council needs to treat equally and fairly).
- > DPSS team would have access to internal Council systems which would enable quicker and more efficient access to support. People less likely to have to repeat their story.
- > DPSS would be an in-house service with greater connections to social care teams and external providers.
- > Greater linkages to existing in-house support offer (dedicated Direct Payment social worker providing training and support to social care teams).

**Disadvantages**

- > People would need to be assured that information, advice and support is independent (of social care teams) and promotes and enables personalisation and self-directed support principles.
- > Some people may be reluctant to seek support from a Council service when encountering problems/issues with their Direct Payment – worry/fear they have done something wrong. People may prefer to access peer-led support – can this still be provided and made available with links to user-led groups.
- > Need to ensure quality management is maintained, outcomes and impact continues to be undertaken and monitored – how is this different for an in-house service?
- > May miss out on learning/experience gained from providing Direct Payment support in other areas/for different local authorities – experience that may come from a service provided by a third party organisation.
- > Need to ensure clear guidelines and processes to resolve/escalate issues or concerns if these relate to Council practices or decisions.
- > May cause confusion to Direct Payment recipients about what teams/services in the Council are responsible for e.g. audits, payments, financial assessment, commissioning.

**Risks**

- > Risk some people are not comfortable or do not wish to access a support service provided by the Council or concerns over independence of the service. If this option is recommended, would need to work with people to address any concerns or worries and provide reassurance. Also explore option for peer-led support if people did not want to seek support from the Council.
- > Risk of people being unsure or confused about different Council services/teams relating to Direct Payments and social care, how each are different and how these connect e.g. audits, financial assessment, social care, commissioning.
- > Risk that service offer could be reduced by service team contributing to other Council service areas, plans or workstreams – need to ensure dedicated DP Support.

**Dependencies**

- > In-house service development – Commissioning and related service areas
- > TUPE regulations
- > Personalisation & Direct Payments Strategy
- > Childrens & Young People Service
- > ICB

**Costs / resources**

To be developed and explored - current cost for contracted service = £170k per year, what is possible as an in-house service linking with existing Direct Payment staff roles.

**Timeframe**

9-12 months timescale for consultation and development following approval, timescale needed for TUPE consultation and process.

**Comments**

- > People who have a Direct Payment will continue to have dedicated and all-encompassing Direct Payment support. Operating as an in-house service removes confusion and potential conflicts of interest that may arise from provider(s) that also provide/offer other separate services e.g. managed accounts and payroll. Need to ensure information, advice and support is independent and where people prefer a peer-support option should be included. Service will be aligned directly with Council processes and approaches – particularly developments/improvements arising from the Personalisation and Direct Payments strategy. Option recommended.

