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D1.2 Research report on case studies

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Executive Summary

This report analyses data from eight case studies collected across seven European countries in the areas of social welfare, care for the elderly and health. It seeks to explore the concept of value, how it is created (or destroyed) during public service design and delivery and who is involved in the processes of value creation.

The analysis shows that value is a subjective term with multiple dimensions. However, across the cases, there was greater emphasis on value to individual service users and social value, as opposed to value for the organisation. The dimensions of value were created to varying degrees by public service staff, stakeholders, policymakers and service users. The role of frontline service staff in managing the service relationship to create value for individuals was emphasised across the data. Service users themselves were also described as playing a fundamental role in the value creation processes. In particular, their personal experience of services could be shared for the purposes of service improvement.

The analysis further suggests that value is created throughout the service cycle and specifically during three points: accessing the service; the service relationship; and extrinsic involvement. Examples of value creation at these points were found across the case studies. Another key finding was the importance of organisational culture in shaping the extent to which service users are valued as contributors, which has related implications for the extent to which they are involved.

An important finding that was demonstrated across the cases was that value in its various dimensions can also be destroyed at any point in the service cycle by any actor. The analysis suggests that value destruction is prevalent at two points: during service design, and particularly when service processes and procedures are not structured effectively to support value creation; and during the service interactions, that are influenced both by the effectiveness of the service processes and the calibre of frontline staff.

This research suggests implications for both research and practice. In terms of research, further investigation around the role of the service user in value creation is required, with emphasis on the service experience and how the expertise of the service user may be drawn on to create value. In addition, this work suggests that value to individual service users, organisations and society are linked, but this requires further exploration, particularly around where the dimensions of value are in conflict. In relation to practice, the research suggests that organisational cultures, processes and approach and calibre of staff must reflect and enforce value creation.

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1 Introduction

This reports analyses data from eight case studies collected across seven European countries in the areas of social welfare, care for the elderly and health. Two case studies were conducted in Scotland, and one each in Belgium, Denmark, France, Italy, Norway and Spain.

1.1 Purpose and scope

The case study develops and builds upon the theoretical work that was conducted in D.1.1, which called for an examination of the concept of value and how it might be differentiated and understood by various actors. It also recommended that the processes of value creation be explored, with particular reference to the intrinsic and extrinsic processes of service user participation. The main research questions for this work was therefore: what is understood by the term value, how is it created during public service design and delivery and who is involved in the processes of value creation?

This focus was investigated through eight case studies in the areas of social welfare, care for the elderly and health. Two case studies were conducted in Scotland, and one each in Belgium, Denmark, France, Italy, Norway and Spain. The case studies adopted a mixed method, mainly qualitative approach and included: face-to-face interviews with policymakers/strategic managers, service managers, frontline staff and stakeholders; focus groups and interviews with service users; direct observations; and document analysis.

1.2 Structure of the deliverable

The report starts by detailing the case studies conducted and the methods used to collect the data, as well as the limitations and reflections of the study to ensure the data analysis is reported in a rigorous manner. It then presents the analysis under six key themes.

First, the concept of value is discussed. Based on the analysis, value is presented as a multi-dimensional concept that is created for individual service users, organisations and wider society. The second theme focuses on the locus of value creation with a view to examining where value creation takes place. The report presents four sub themes to support this investigation, namely: service design; operational planning; the service relationship; and extrinsic involvement. Third, the report presents the analysis on who creates value. This includes an examination of the role of public service staff, policy makers/strategic managers, public service users and other stakeholders. The fourth theme explores additional factors that influence value creation, focusing specifically on organizational processes and culture. The penultimate theme presents data on the factors that influence public service users' perceptions of value and the final theme presents the analysis on whether value is measured effectively through current performance measurement approaches.

The report concludes with a discussion of the findings in relation to the Public Service Logic (PSL) and draws the analysis together to understand what constitutes value, which actors create value and when they create it. It closes on the issue of value destruction, before presenting the implications for research and practice.

2 Case studies

Case studies from seven countries across Europe, conducted in the areas of social welfare, care for the elderly and health were carried out between May and September 2018. They explored the following: what is understood by the term value, how is it created during public service design and delivery and who is involved in the processes of value creation?

Two case studies were conducted in Scotland, and one each in Belgium, Denmark, France, Italy, Norway and Spain. Table 1 below provides a brief description of each case.

Table 1 Case study descriptions

Elderly	Social Welfare	Health
SCOTA: For profit housing and care provider for older people and people with disabilities. Organisation provides care at home, housing support, care homes and responder-type services in ten local authorities in Scotland.	SCOTB: Design of the new Social Security Agency in Scotland and experience of the current system which was being provided by the UK government.	ITA: Specialised medical centre for those affected by neuromuscular diseases, which aims to improve patient quality of life.
DEN: Project called 'Quality of life for elderly people in non-profit housing areas' targeting loneliness amongst elderly people living in their own homes.	NOR: Norwegian Labour and Welfare (NAV) social welfare services that are delivered through a partnership model between central government and local authorities.	SPA: The provision of health services for elderly and chronic patients.
BEL: Living lab that aims to allow elderly people to live at home independently through the development of innovative solutions.		
FRA: MAIA Method (method of action for the integration of healthcare and support services in the field of autonomy) which involves collaborative decision making for healthcare and support services to help elderly people stay at home.		

3 Methods

A mixed method, mainly qualitative approach, was adopted in order to provide methodological rigour through cross-checking and data triangulation (Tjora, 2006; Downward and Mearman, 2007).

Face-to-face interviews were conducted with policy makers/strategic managers, service managers, frontline staff and stakeholders. *Focus groups* and *interviews* were conducted with service users. Semi-structured interviews were used to accommodate the various perspectives that were likely to emerge from the study, but shared interview schedules were developed to ensure comparability across cases.

Direct observations of the service relationship or instances of service user/citizen participation were performed. Document analysis was conducted as a complementary element of the research design, adding both to the contextual understanding of the case studies and permitting the exploration of organisational discourses on value creation. The types of documentation included organisational information from websites, minutes of meetings, annual reports and policy documentation. These were analysed using content analysis, by quantifying the content of predetermined categories, such as engagement, co-production and participation, in a systematic and structured manner and then conducting deeper contextual analysis. Table 2 below details the methods used in each case study.

Table 2 Methods used across cases

Country	Policy Maker/Strategic Manager	Operational Manager	Stakeholder	Front-line staff	Service users		Observation	Document Analysis
					FG	Int.		
SCOTA	1	2	2	4	1	2	1	3
SCOTB	3	1	3	3	-	6	1	3
NOR	3	3	-	6	2	-	3	2
ITA	2	5	-	3*	1		2	4
FRA	2	2	1	1	-	1	-	3
BEL	1**	1**	-	1	1	-	1	9
SPA	3	3	-	5	2	-	-	-
DEN	2	2	-	5	3	24	2	3
TOTAL	**17**	**19**	**6**	**28**	**10**	**33**	**9**	**27**

*Included one focus group with front-line staff.

**These interviews were conducted as duos with two respondents being interviewed at the same time.

Each of the seven partners were responsible for collecting data in their own country and reported individual data reports on a case level. The data was subsequently collated and thematically analysed by the report author, but partners had input in ensuring that the data from each case was accurately reflected.

3.1 Limitations and reflections

The challenges experienced when conducting the case studies are important to clarify and understand to ensure the data is analysed and reported in a rigorous manner.

In some cases, less fieldwork was undertaken and there was also some disparity in terms of the questions asked; this has implications for the extent to which these findings are comparable to the

other cases and this will be reflected in the analysis and reporting. The document analysis part of the research also presented some challenges given that the documents were not in the English language and as such the keyword that were searched for were not always easily translatable; the analysis from this element of the fieldwork is therefore limited.

There was also some difference in the focus of the research by partners, which again limits the comparability of the data and the potential to draw definitive conclusions. In **FRA** there was a greater focus on relationships between partners rather than on the role of the service user; isolated elderly service users in complex situations were unable to play an active part in the process of their care. In the case of **BEL** some questions were not asked and additional questions were included during the fieldwork. In **DEN** the interviews and group interviews with service users were conducted for an earlier research study and the focus does not therefore follow the shared protocol developed for the CoVAL research. Only one interview was conducted with a **SCOTA** strategic manager; policy makers in the field of care for older people were approached, as were other strategic managers within the organisation, but they were not willing/able to participate.

Access was granted to study the development of the new Social Security Agency for Scotland for **SCOTB,** but access did not include the Experience Panels that were being conducted because participants had agreed to be involved in a longitudinal study it was felt that, for ethical reasons, they could not be invited to participate in additional research. The views of service users were therefore captured through a snowballing approach. Access issues made it difficult to conduct focus groups and potential respondents were often wary of being involved for fear that the research may negatively impact their benefit claim. It is also important to note that the service users' experience of the social welfare system is of the current system administered by the Department of Work and Pensions. Likewise, front-line staff mainly spoke of their experience with the current social security system, rather than the new service being developed in Scotland.

4 Value

4.1 Multi-dimensional concept

Value was perceived as a subjective term with multiple dimensions across the cases (except **FRA)**: *"I think it's different for everybody… at different times, [it means] different things."* (SCOTA Stakeholder). Its subjective character meant it was an ambiguous concept for respondents, particularly in **NOR, SCOTA** and **DEN.** In **NOR,** managers and frontline staff displayed some confusion, with value being entwined with many aspects of the service work. In **SCOTA**, similarly, there was a tendency among front-line staff to conflate value with the values of the organization. Uncertainty over the meaning of value was also portrayed in **DEN,** particularly among frontline staff: "*I have a hard time understanding the concept of value in this context"*.

However, in **DEN, NOR** and **SCOTA**, those working on the strategic level provided an understanding of value. In **DEN**, for example, policymakers repeatedly referred to three strategic dimensions: *"The elderly policy has three dimensions: create greater freedom, i.e. freedom of choice and flexibility, enable the citizens to manage their life as long as possible ... this creates more quality of life ... and to create safety and co-citizenship."* (DEN Policymaker)

The multi-dimensional nature was also articulated in the two health cases, **ITA** and **SPA**. Frontline staff in **ITA** addressed the concept of value at different phases of the healthcare process and according to different stakeholders' standpoints. Value was perceived as the disease treatment and healing/cure process, meeting the demands of a community by providing the medical services themselves and also offering a highly specialized treatment which is not available elsewhere. Policy makers and frontline staff in **SPA** also noted the tripartite goal of value creation in the health context: "*efficiency in the individual care of the person, improvement of health for the dependent society, and the financial or economic sustainability of both social and health systems"* (SPA Policymaker).

Although value was an ambiguous concept, it was widely regarded an important goal: *"I'm just thinking about this concept of value. It's absolutely brilliant… if only everybody in government worked towards value…"* (SCOTB Policy Maker). The analysis presents value on three dimensions in terms of who value is created for: individual service users; organisations; and wider society.

4.1.1 Value for service users

Value for service users was evidenced to differing extents across the cases. In **NOR**, for example, all respondents, regardless of positioning, perceived value of the service as the difference it could make to clients' life. In **SCOTB** the service was being designed in order to create value primarily to the service user: *"it's got to be about the service users… So, it's not with [my] agenda, or the [organisation's agenda]"* (SCOTB Public Manager).

Value to service users was perceived both as part of the process of delivery and an outcome of the service and across the seven case studies. The accessibility and responsiveness of services were described as important elements of value that came from the service. Both social welfare cases, **NOR** and **SCOTB**, evidenced the perception that value can be created simply through accessing appropriate services, even in instances where a satisfactory resolution was not forthcoming; the value here was in the service interaction. Frontline staff discussed the one-stop-shop approach in **ITA** as creating value as an outcome through the accessibility and responsiveness of the service: *"our patients admitted here*

can access interventions, investigations, in short everything. (…) and quickly get to us or have our doctors who go to them of course in time zero." (ITA Frontline).

In terms of service outcomes, value was also repeatedly discussed as having tangible and intangible dimensions. Service users and operational staff spoke of the *tangible value* received from public services, in terms of the physical care provided through care packages in **SCOTA** or health services in **ITA,** or in terms of the benefit payment they receive and how it is used to purchase necessities to sustain quality of life in the case of **SCOTB**: *"somebody said to me, well, why don't you get a mobility car? … so we applied for that and that's been a godsend"* (SCOTB Service User)

Intangible value was often referred to as service user wellbeing/quality of life or the feeling of efficacy among service users: *"So, I suppose again the value is around the human value… it's not always to do with the money they get in their bank account, but it was what did it feel like..."* (SCOTB Policymaker). Examples of intangible value included reducing loneliness, increasing dignity, improving mental wellbeing, enabling a sense of normality and greater independence. This was expressed particularly by those working on the operational level and service users: *"My life quality has improved, because I get see other people. I leave as a happier person and that is what counts to me." (*DEN Service user). Fostering independence to increase service user wellbeing was a recurring theme throughout the case studies on the elderly. Respondents working on the operational level in **BEL, DEN** and **NOR** spoke of the importance of developing and supporting independence. Independence was a core element of value for *all* respondents in **SCOTA.** Developing independence was a core value of the organisation in the sense that it was embedded into the approach to care, which was perhaps why it was emphasized so convincingly by respondents: *"I think that is real value…we encourage them to be as independent but also to try and keep what independence they have"* (Service Manager).

Social capital was another element of value that was experienced by individual service users, but was less evident, being found only in **ITA** and **SCOTB**. It was expressed as being created through the service interactions or via extrinsic participation. Public service users in **ITA** said that the regained ownership through the novel approach to healthcare provided by NEMO, enabling them to take control over their own lives and participate in the community: *"now I do things that even before I would not have thought of doing".* In **SCOTB** respondents working on the frontline discussed value as social capital that was generated during service interactions: "*The person would maybe still feel empowered, the person would be appreciative that someone actually listened"*. Social capital was also described as being created through the involvement of service users in the design of the service and was linked to giving service users ownership. Policy respondents remarked on service user involvement in developing the Charter which sets out the values of the new service and Agency: *"I suppose the ultimate value is… about the feeling that this belongs to us, this charter is our charter… it's this ownership of that that creates the most value"*.

4.1.2 Value to the organisation

Value for the organisation was discussed in **SCOTA** and **SCOTB** and to a lesser extent in **ITA, FRA** and **NOR**. It was discussed in terms of value for money, efficiency through responsiveness and value to employees.

Given that **SCOTA** was a for-profit organisation, value for money was an important factor: "*We have to, it's a business at the end of the day… my responsibility is to make sure the staff are doing their hours, we're not putting in too much money, we use as little agency as possible"* (Service Manager). This was

supported by the document analysis conducted in this case where the overwhelming inclusion of the term value was in relation to value for money.

The responsiveness of services was also of value to the organisation in **SCOTA** and **SCOTB**. The Strategic Manager in **SCOTA** said that the digital system allowed staff to better understand need and therefore react more appropriately to service user needs creating organisational efficiency: "*we can separate alarm from ask for, so ask for can be things like I want to go to the bathroom, I want to get out of bed now… So immediately it enables the staff to triage what it is they're dealing with."* Frontline employees also spoke of the value resulting from the involvement of service users in the recruitment of staff as resulting in greater operational efficiency through the selection of suitable care staff.

In **SCOTB,** the starting point for service design was the lived experience of current service users. Their involvement impacted value in its various dimensions, including the organisational level: *"the best value is the people that we serve on a day-to-day basis and the value add we can give to them, that brings you your business improvement, that brings you service design improvement, that brings you value for money because you are actually doing this the most efficient way"* (SCOTB Policymaker). The observation of a stakeholder meeting confirmed this; capturing lived experience was perceived to create value primarily for service users, but also for administrators. It allowed, for example, IT systems and processes to be developed in a way that reduced service user fear, while also creating greater efficiency in the system by allowing the organisation to collect appropriate information in order to process benefit claims: *"It's easier for us and it's easier for claimants"*. By contrast, public service staff working on the operational level in **NOR** expressed concern around an increased focus on economic value in the administration of social benefits, pointing to increased pressure to reduce the public spending of social benefits from a strategic level. They perceived that this pressure was based on a poor understanding of the mechanisms that affect the number of people granted social benefits.

In **ITA**, value to the organisation was expressed by frontline staff in terms of professional development: *"the added value for me from the professional point of view was the multi-disciplinarity, not only with the medical figures, but within the areas, with their professionals… and knowledge of roles and jobs that… it is certainly a value*". (ITA Frontline). They also reflected that value could be destroyed when staff members become too involved in their jobs and ultimately lose their sense of personal life.

Some respondents from **SCOTB** discussed value for money in its traditional sense as value for the organisation and emphasized its problematic nature: "*I quite often think that value for money is a red herring… sometimes it fundamentally destroys – not destroys – weakens service provision, which impacts on … the most vulnerable service users.*" (Public Manager). Data from **SCOTB** and **FRA** highlight that value for money was framed as achieving value for individual service users and wider society, within the constraints of public money: *"it will provide value for money because it will be person-centred so that will give you value one, on spend but also on the value of how we treat our people of Scotland and the public services we provide for them going forward…"* (SCOTB Policymaker). In **FRA,** frontline staff focused on the capacity of the project to improve efficiency, but with a focus on the service users and responsiveness to avoid service disruption and to ensure that people benefit from the right service at the right time: *"When I think of value creation, it is something like that, both value creation for the user and for the citizen and for the taxpayer"* (FRA Public Manager).

4.1.3 Value to society

Social value was further evidenced in six cases and included economic impact (BEL), inclusion (NOR), improved health (ITA, SCOTA, SCOTB, SPA), reduced homelessness and poverty (SCOTB) and increased employment (NOR). **SCOTB** also demonstrated the connectivity between value for the individual service user and wider society. This was reflected during service delivery and design; policymakers and public managers perceived value creation as occurring through interrelated processes: "*So we have one client who we've managed to keep a roof over his head, or one family, and that's one statistic; but the saving to a local authority because you have social work involved where there are children, you have potential mental health issues for the adults – and for the children – you have the education issues, and the cost of all that upheaval; so there's a value to the service user. What I don't think there's enough cognisance of is the wider community benefit.*" (Public Manager)

5 Locus of value creation

Respondents from across the cases found it difficult to pinpoint the exact point of value creation. Indeed, six cases (**DEN, ITA, NOR, SCOTA, SCOTB** and **SPA)** found that value was created at every point in the service cycle, with the analysis stressing four key points: service design; operational planning; service interactions; and extrinsic involvement. Interestingly, value creation after service delivery was less prominent. In **ITA**, for example, service managers described value creation as occurring during *"planning, structuring and service delivery"* but not *"when patients go home, as we are not completely well structured for that yet"*. **NOR** respondents, by contrast perceived it as taking place after service delivery: *"Mainly afterwards, if users receive services that they actually need"* (NOR Policymaker). This was also reflected in **SCOTB,** particularly during service user interviews, when they discussed how their benefits payment was spent to create both tangible and intangible forms of value.

5.1 Service design

Service design was a key point of value creation in five cases and particularly in **BEL** and **SCOTB.** Public managers in **BEL** perceived that value was created during service design: *"engaging them in an early stage to think about solutions. In that way, bottom-up solutions are created, that fit the needs of the citizen."* This is perhaps a reflection of the Living Labs that were studied in this case. Value creation during service design was also evidenced strongly in **SCOTB**. Service design was viewed as critical to value creation among those working on the operational and strategic levels: *"If the Scottish Government can design a service and implement it that reduces stress, reduces inefficiency etcetera, then that has an impact which could last a generation."* (SCOTB Stakeholder). The document analysis reinforced this, with services being designed around service user need and experience. Despite this, the term co-design was not widely used, being counted only once in one document analysis.

Respondents from **SCOTA** agreed that the strategic direction of the organisation and input customers have during the design stage was important. Speaking of digital innovations, the strategic manager spoke at length about the importance of involving service users to ensure: "*I think we've always had that kind of customer focus in terms of services designed around the individual and their life choices*." (SCOTA Strategic Manager). The document analysis corroborated the argument that service users were involved in the development of the digital system; their involvement was in the look, feel and functionality of the system. However, the service users said they were less likely to be involved in the design stage of services and while frontline staff noted the importance of service design, they spoke mainly of the role of strategic managers in creating value during this process.

There was some recognition among respondents in **DEN, ITA** and **SPA** that value was created both during service design and in the interactions with service users: *"It's about planning, creating value in advance. But it is obvious that there is also a value in the meeting with the citizen"* (DEN Policymaker);*"the first point would be the design of the service… also on the patient, that is, since it is an integral part… that participates, in the sense that the association participates in this thing."* (ITA Frontline).

5.2 Operational planning

Operational service planning, including evaluation, was also described as an important point of value creation in **BEL, ITA, SCOTA** and **SPA**.

In **SCOTA** there was an overwhelming agreement among operational staff that value was created through every interaction from the very start when the care package was being developed with individual service users: *"planning is a big part of it … To get a care plan, when we take on a client… [we] find out everything about them..."* (SCOTA Frontline). Public service staff respondents in **BEL** agreed that value was created during service planning, with service users playing a key role in developing, testing and then evaluating new services: *"it's important to get relevant information from them and it helps to really listen carefully and understand exactly what they need, here is where the value [creation] really goes on."* (BEL Public Manager). **SPA** public managers also pointed to the importance of operational planning and the collection of contextual information: "*the approach is integral, looking at the capacities of the patient, but also to the family and the situation before the health event*".

All respondents in **ITA** agreed that a critical point of value creation was the evaluation of services, as it allowed professionals to redesign and adapt their service through an integral approach with service users and other stakeholders: *"if I do not collaborate with everyone, automatically, my assessment, my service, which is the most important part, is negative."* (ITA Frontline).

5.3 Service relationship

The service relationship was described as a key point of value creation in all eight cases. In **DEN** and **NOR**, there was a strong focus on service delivery. Frontline staff said face-to-face meetings, in comparison to collecting digital information or telephone conversations, facilitated trust building and helped them to fully understand service users' needs: *"It's in the process where a change is happening for that person – when the service is received."* (NOR Frontline). Respondents from across **SPA** and **SCOTB** also spoke about the importance of building trust to increase cooperation from the service user: "*first visits of the patient to the professional are very important to build the bond of trust*" (SPA Frontline).

In **SCOTB,** policymakers also described face-to-face interactions as crucial to creating value for individual service users: *"for me if you came to have an appointment my staff member may fill out your application form digitally, but you would feel you've had a face-to-face service… it gives you that value … but we got that form back in the most efficient way to the organisation… [it's] really, really important because that has saved us the time lag of having to post and return things back in and lots of paper work… But you feel like you've had a supported service which I think is the important part."* (SCOTB Policymaker). Service users also spoke of developing positive relationships with staff and frontline staff perceived interactions as key to creating the intangible dimension of value: *"you can often send someone away feeling better than when they came in. And I think that, sometimes even if it's just to get it off their chest, even if no resolution comes, then I think that is of value."* (SCOTB Frontline)

In **SCOTA** respondents unanimously agreed over the importance of the continuous process of care that existed through service interactions: *"It (the service relationship) is very important… they're not going to voice their opinion or their worries to you, you've got to have a relationship with them."* (SCOTA Frontline). Frontline staff also reflected on how much they learned through service interactions, which enabled them to perform their job more effectively: *"I learned a lot more off the residents… you go into the room shadowing someone, but when you're going in yourself, completely different, and they'll tell you how they like things."* (SCOTA Frontline).

Personalized treatment in **ITA** through the service relationship was portrayed as a core locus for value creation. According to patients, value was created during positive interactions with medical professionals who were sensitive to their situation and offered support and personalized care: *"there was the doctor who knelt before me… The other doctors, where you go to other hospitals, treat you like ... why the hell did you come here? Here instead, he has been with me, he knelt… but not as a patient, as a friend"* (ITA service user). This was substantiated in **BEL** and **DEN,** where the personalized service experiences and relationships were described as critical to value creation**:** *"Services tailored to the users have a clear impact on value creation."* (BEL Frontline).

Given the importance of the service relationship across the cases, it is unsurprising that it was also a key point of value destruction, particularly in **DEN, NOR, SCOTA, SCOTB** and **SPA.** The destructive potential was evidenced in four ways: a lack of continuity in care to foster relationship building; personality clashes; a lack of resources; and a lack of knowledgeable or appropriately trained staff.

In **SCOTA** and **SCOTB** service users unanimously agreed about the importance of having the same member of staff to provide care; this was particularly discussed in relation to staff members who were attentive to and familiar with their needs, which reduced the need for any explanation that would potentially encroach on time that could be spent providing care or advice: *"There's nothing worse than your consultant is not there and you have to speak to somebody new and you have to tell them the story all over again, because it's kind of like a friendship you build, there's a trust, trust is vital*." (SCOTB Service User). A lack of resources or financial cutbacks were described as impacting the extent to which a personalized service could be provided in **DEN** (and to a lesser extent in **SCOTB**) and was therefore deemed to destroy value during service interactions.

The potential for conflicting personalities to destroy value for service users was discussed by frontline staff in **NOR, SCOTA** and **SCOTB.** Respondents highlighted that the service relationship was shaped and influenced by those delivering the service and their interactions with service users and a level of divergence was therefore likely: *"Chemistry can destroy the quality of the service – the personal chemistry matters."* (NOR Frontline). In **SCOTB**, however, value destruction during service interactions was largely attributed to a lack of knowledge and expertise among frontline staff, such as assessors, who make critical decisions that impacted individuals: *"there's people behind the counter that have no experience of dealing with people… And they're probably dealing with the most difficult thing that this family is going to put up with in their life… no empathy, no compassion, nothing."* (Service User). The importance of knowledgeable staff was also evidenced in **NOR**, but interestingly, respondents spoke of the importance of staff not taking a rigid approach to the interpretation of rules which would destroy value: *"When someone does that little extra, it can have a significant impact for how you perceive the whole system. If they don't just go by the book one hundred percent, and are all rigid, and just behave like a person meeting another person."* (NOR Service User).

5.4 Extrinsic involvement

Extrinsic forms of involvement were noted to differing extents in **FRA, ITA, SCOTA, SCOTB** and **SPA.** Although the experience panels were not investigated as part of the SCOTB case study, policy and stakeholder respondents spoke at length regarding their capacity to tailor effective services. Experience panels of 2,400 service users were being used to inform service design and a core group of 40 service users from 'seldom heard' social groups were designing the Charter for the new Agency. The design process was described by policy makers as iterative, with service users developing solutions

based on their experiences, along with stakeholder influence*: "if we did it separately or if people with lived experience did it separately, we could come up with a perfectly good thing, but it wouldn't be as valuable as what we've got."* (SCOTB Policymaker). An important point is that it was not consultative in the sense that ideas were formulated and presented to service users to discuss and provide their opinion. Rather, service users developed solutions, which were later passed to Scottish Ministers for final approval: *"So it's not just a consultative thing… they're actually gonna decide. Now, we have to be honest with people, about the boundaries around that."* (SCOTB Policymaker).

The value of involving individuals, who had direct experienced services, was described as immeasurable. Policymakers spoke at length of how a lived experience-based approach outweighed any value they could create by professionally designing the service: "*if we decide in here, in our ivory tower, then, well (a) we'll probably get it wrong, (b) nobody will look at it because we'll… do a 45-page document nobody reads. And (c), the folk that are using the system know better than anyone, what are the right things to do."* (SCOTB Policymaker). Only one service user spoke of involvement in experience panels; she corroborated the idea that the service design was experience-led and suggested that there was a genuine desire to involve service users: *"...so I thought they're going to ask us all this and then do whatever they want in any case. So, I was, kind of, quite surprised that they took a lot of it … which made me want to help on like the more personal level."* (SCOTB Service User).

Extrinsic involvement was also found in other cases. In the case of **NOR** service user involvement was a core element of the strategic approach to service delivery and took various forms including formal service complaints, feedback and a physical lab for user testing digital solutions. The document analysis uncovered extrinsic involvement in **ITA** through satisfaction surveys that were used to redesign, adapt and evolve services according to patients' perception. In **SCOTA,** a Tenants' group and complaints procedure was in operation and the organisation invited customers to the AGM and conducted questionnaires. Public service staff also described the involvement of service users in recruitment, but this had mixed results: *"there's one or two [where] they've been sitting sleeping through an interview… But there is one or two people will come and help interview, and they're very good."* (SCOTA Frontline).

Involving service users out with service interactions was perceived as challenging in **DEN, FRA, SCOTA** and **SPA.** Although the document analysis referred to citizens as 'active partners' in the project, the impact of cognitive and physical deterioration was regarded as a barrier to involvement in **DEN** and although there was interest in service user involvement at the strategic level, it was not realized in a systematic way in practice: *"Let go the reins and making real user involvement in the sense that you are also willing to customize their offerings according to the inputs that come – we are not there yet."* (DEN Policymaker). In contrast with **DEN**, low levels of involvement were perceived by various **SCOTA** respondents both as the result of service user apathy: *"They just like to moan about everything; and when someone presents them with an idea, and they're like, well, what's your input, and just sit there and say, well, I don't have anything."* (SCOTA Frontline). In **FRA** service users could be involved in consultative bodies to aid the evaluative process of making service improvements, but service users were generally viewed as lacking the required knowledge to understand the system and propose solutions.

Value destruction during extrinsic involvement was reflected in two cases. Services users in **BEL** discussed the issue at length, recognizing the destructive potential of tokenistic involvement*: "From the administration we get little response, we have impression that they are not interested in us anymore."*

(BEL Service User). This was also discussed by various respondents in **SCOTB,** but unanimously referred to the consultations previously performed at the UK level: *"I've taken part in a number of DWP consultations …We never felt that …we made one iota of difference… They'd already made up their minds."* (Stakeholder). However, policymakers recognized the risk of value destruction if there was a failure to continually engage according to how the service was initially designed and the principles upon which it is based: *we are listening, and we are designing everything collaboratively but if you stop doing that you will lose any of that kind of value that you built up."* (SCOTB Policymaker).

6 Value creators

Various actors were considered to create value or at least, contribute to the process of value creation: *"we all contribute in our own way"* (NOR Frontline). The role of public service staff, policymakers, service users and stakeholders was uncovered to differing extents in the analysis.

6.1 Public service staff

Service managers were perceived as playing a key role in value creation in **NOR**, particularly among operational staff: *"What mangers focus on are decisive for how we meet clients… How the managers talk about value is important."* (NOR Frontline). In **SCOTA** and **FRA**, value creation commenced during the collection of information about service users, highlighting the role of service managers in operational planning.

All eight case studies emphasised the central role of frontline employees in value creation. In **DEN** the role of the frontline staff in service interactions was crucial and was tied closely to their competencies and enthusiasm. The competency of carers was also discussed at length by a Service Managers in **SCOTA,** who spoke of the importance of having knowledgeable, skilled staff, with a caring approach to their work**:** *"value comes with calibre of staff."* Evidence from the **ITA** observation and document analysis also highlighted the critical role of frontline staff in the whole process of care.

SCOTB service users, in particular, spoke of the importance of the accessibility of trained frontline staff, who possessed the relevant knowledge and necessary soft skills to ease the process of claiming benefits: *"Eventually I had to get my clinical nurse specialist and my psychiatrist's involvement, and once they got involved, that is where…but only when it became a little bit more personal … Once I had it from them I was fine, it was much, much easier…So I think it is just the right empathy and the right person to understand."*

The analysis showed some variation with regards to the centrality of the role of frontline staff in value creation, with their role spanning a continuum from high to low importance. In **FRA,** value was perceived as being articulated by professionals and delivered to citizens, who were viewed as incapable of contributing to the process due to deteriorating health conditions. Frontline staff were considered essential to the service production process, exercising the necessary skill, knowledge and professionalism to identify need and deliver services. The critical role of frontline staff was also noted in **SPA**, but respondents emphasized greater equality with service users and less professional dominance: *"currently, there is equity among both health professionals and aged patients, and the doctor needs to ask for permission for everything, so that many times, his provision is based on recommendations more than actual provision"* (SPA Public Manager). At the other end of the spectrum was **BEL** and **DEN**, where the role of frontline staff was described as secondary, with service users placed in a more prominent position. Here, their role was to facilitate value creation: *"We give the elderly an offer – I would not refer to it as a service. I believe service to be something I give the elderly and our main focus is on what the elderly themselves can contribute with"* (DEN Frontline). However, a **DEN** policymaker noted the continuation of the professional-led approach: "*One has had a more patronizing approach to what is the best of the citizen. Now you are more responsive to the citizen being an expert in his/her own life. The appreciative approach is more widespread. But historically, one has also seen the creation of value for the citizen through a good meeting. Then the good meeting was just defined as something else: it was about cleanings sores, whether or not it hurts Mrs Smith ... the perspective has shifted ..."* (Policymaker)

The destructive potential of frontline staff was also evidenced, particularly in **NOR, ITA**, **SCOTA** and **SCOTB**. In **NOR, ITA** and **SCOTA** too much support from staff was described as resulting in unrealistic service user expectations. Value creation, particularly around increasing independence and dignity of service users, could be destroyed where "too much care" was provided, or where there was a disparity in care offered by different members of staff which can result in confused expectations: *"we sometimes have to reiterate that on the other side there is an active role and it is not that they have to wait for the baby food ready… sometimes we might take way some of their initiative".* (ITA Frontline). By contrast, the analysis suggests value destruction in **SCOTB** occurs where frontline staff are not adequately trained and knowledgeable and therefore not capable of providing support and advice.

6.2 Policymakers and strategic managers

The role of policy makers and strategic managers in value creation was mentioned in **DEN, NOR, SCOTA** and **SCOTB** but to a lesser extent than operational staff.

In **NOR** and **DEN** policymakers described the process of value creation as starting with politicians during the development of laws, but leaving substantial versatility and flexibility for value to be created at the ground level by frontline staff: "*It is difficult for the front-line employee to create value that politicians and organisations demand if there is no management that can back up or can create the frameworks and structures that make it possible."* (DEN Policymaker). Leadership from senior managers and policy makers was described as fundamental to value creation during service design in the two Scottish cases. In **SCOTB** strong leadership was described as facilitating the experience-based approach that had been adopted for service design: *"the risk aversion of the public sector is, I think, broken down... Leadership is absolutely key. And leadership at all levels"* (SCOTB Policymaker).

6.3 Public Service Users

The significant role of public service users was expressed across the case studies, mainly by frontline staff and by policymakers in **SCOTB** and **DEN**. Their role was generally more ambiguous for service user respondents themselves, with the exception of those who participated in **BEL** again perhaps a reflection of the focus on a living lab. When asked who the most important people were in creating the project the **BEL** service users said: "*Probably us, the testers*." (BEL Service User). The group interviews with **NOR** service users, by contrast, provided less clarity. Here, respondents felt they were not valued by the process which meant they found it difficult to perceive how they might create value within the process. Public service staff, by contrast, perceived service users as playing a core role in the value creation process through service interactions: *"It's in the meeting and interactions, it's the user creating it, we are just contributors."* (NOR Service Manager).

Various respondents from **DEN, NOR, SCOTA** and **SPA** also spoke about the importance of the context of the individual and what that person brings to the relationship, which was subjective and constantly changing, and influenced the extent to which the relationship could be built and developed: *"books give information about health conditions, but they are not patient-centered. Elderly patients are usually quite complex and each patient is different. Thus, experience helps the professional to identify patients' needs".* (SPA Public Manager). The observation of a client meeting in **NOR** highlighted the centrality of service users' past experience in *negatively* impacting value creation. In this example, the service user had lived on social benefits for 14 years and had refused medical examination to formally diagnose a medical condition due to a fear over misdiagnosis and an unwillingness to discuss a childhood incident that had most probably caused the condition. Instead of receiving mental health counselling or other

medical treatment, the service user was therefore prescribed strong medication that gave side effects such as anxiety.

The role of service users was also influenced by the degree to which they were perceived as knowledgeable and capable of contributing to the value creation process effectively. This was reflected in the observation in **SCOTB** and was also highlighted in interviews with policymakers who noted that the status of service users impacts the expectation of their in value creation: *"[The] huge theme that comes up all the time is the client's status. And the difference in status between the client and the member of staff... So the member of staff … in the agency has the power to give them money or not… So how do we even that out a bit? And how…what is the role? And they have expressed very, very articulately what that looks like if they have better status. And one of the words that they wanted to use for … this, kind of, description of their role is engagement between two people."* (SCOTB Policy Maker). In contrast, the case of **FRA** portrayed a professionally-led approach; a user-led approach was deemed something for the future, because elderly people in a complex situation were perceived as unable to understand issues in terms of efficiency of the patient-care pathway.

The analysis highlighted the service users' role on three levels: accessing services; service interactions; and service design.

6.3.1 Accessing and Engaging with Services

Service users were viewed as contributing to value creation by their mere participation in the service; this was facilitated by frontline staff: *"The personnel are to a large degree creators of the settings that enable value creation, but if there is no approval to the activities we initiate nothing happens."* (DEN Frontline). In **SCOTB**, respondents spoke of the capacity of service users to help themselves; this was something that was deemed highly variable and dependent upon the individual: *"a service-user creates value by engaging with the service in the first place…"* (SCOTB Frontline). Limited service user knowledge was a challenge recognised by respondents on the operational level and by service users themselves, but their lack of competence was often related to the complexity of the administrative processes used in the current system: *"I mean a health professional could read this, but a normal person can't read it."* (SCOTB Service User).

Respondents in **SPA** recognized the role of service users in taking responsibility for their own healthcare, following the advice of professionals. Public managers emphasized the role of service users engaging with services and creating value for themselves in the context of their own lives: "*about 70% of the quality of life of the elderly has to do with their lifestyles (diet and habits), which are much more important than genetics. Therefore, it is very important that the elderly takes a leading role in the provision of public service provision through prevention".* (SPA Public Manager).

6.3.2 Service interactions

Although there was a strong emphasis in **SCOTA** on the role of operational staff in value creation, the service user was also understood as a key player in the process of creating value. The day-to-day involvement of service users in service interactions and operational planning (e.g. care plans) was of importance to the process of value creation. This was described by various respondents as impacting the value individual service users receive from the care services through service improvement at the micro level: *"They are a big part of it because if they're not going to put in what we're putting in, then they're not really going to get much out of it…"* (SCOTA Frontline). Service users were also regarded to contribute to value destruction at this level, particularly where their expectations were not matched by

the service delivered or where they are not willing to contribute to aim of the service. This was found in both **SCOTA** and **DEN**: "*if they're not willing to do what they can do by themselves, then there's no point building it up, in the first place, because they're just destroying it for themselves.*" (SCOTA Frontline).

All frontline staff in **ITA** described service users as playing a central participatory role in value creation, during the treatment of and coping with diseases on a daily basis, reflecting their chronic nature. This suggests a highly personalized approach that is shaped by the service user in receipt of the services. Nevertheless, there were certain times when professional expertise came to the forefront of value creation, due to an inability of patients to contribute during the critical stages of the disease that lessened their capacity, rather than an inability or lack of knowledge: "*In the critical phase, the patient is sick and, taking into account what I do, of course… the consensus is necessary but I do not need their cooperation, right? But in the management of chronicity, yes".* (ITA Frontline). Patients also reflected on the importance of their role in their treatment process, describing themselves as playing an equal role to professionals in planning services: *"a system like Nemo is not only about the patient's participation, but (...) these can be proposals, what do you think? What do we do?"* (ITA Service User).

6.3.3 Service design

SCOTB service users were described as 'driving' the design of the new Agency and its services. Despite a recognition of their vulnerability and difficulties in accessing services, service user knowledge and their experiences of the problems and positives of the current system made them important contributors in the process of value creation: *"I find that people understand it really quickly. And if actually, they don't understand it, then maybe it's the wrong idea that you're pursuing in the first place."* (SCOTB Policymaker). Service users were described as having a 'unique perspective' and therefore capable of making novel solutions. One respondent also detailed how capacity building sessions to support the effective contribution of service users had to be balanced against ensuring that their unique viewpoint was not lost because this would bypass an important opportunity for value creation: *"They must not have my perspective. They must not have our perspective. They must…keep their own perspective"* (SCOTB Policymaker).

6.4 Stakeholders

The role of stakeholders was discussed in five cases: **DEN, FRA, ITA, NOR** and **SCOTB**. In **FRA,** policymakers said value was created by the various professional partners who participated in designing and developing the service; they played an active role in delivering and signposting to the service. By contrast, associations, which provided financial support and research and represented service users both as citizens and healthcare recipients, were emphasised in **ITA**: *"Without the help of others, patients cannot do anything, because they have a great brain but no muscular conditions to exercise their social functions. So, if they are helped, they create a huge potential for development."* (ITA Public Manager). In **NOR** and **DEN**, third sector organisations were mentioned as particularly important collaborators during value creation. There was also a reliance on collaboration with employers for providing vocational training, internships, practical language training and for supporting employment opportunities.

During the design stage, stakeholders were placed in a key position in **SCOTB,** although the predominant focus was on service users and how their experiences could shape the service. Policymakers described stakeholders as experts and partners, with an important perspective and knowledge that could contribute to shaping service improvement: "*the value is about the experience*

they bring with them. So, they all come from a viewpoint of having to do service delivery on a day-to-day basis. They understand our client base, they understand the different amount of organisations people have to interact with, they understand the complexity of the locality they come from." (SCOTB Policy). The document analysis and observation also highlighted the core role played by stakeholders in contributing to the design of social security services and reinforced how that role was framed in connection with those who had lived experience of the services.

Interestingly, service users' families and friends were described as important to the process of value creation in **BEL, FRA, ITA** and **SCOTB**. In **BEL**, for example, the public manager described the interactions with stakeholders as looking "*at the whole customer journey"* including the adequacy of their living space (e.g. furniture) and *"the people who take care of them - family, professionals, etc.)".* **FRA** also referred to the role of elderly people's neighbors in contributing to the process of value creation. The importance of the families' participation in the process is highlighted by respondents across **ITA** and **SCOTB** service users: "*it is not just the doctor who dictates the rhythms and choice, but all interested parties involved (patients, family, 23 professional roles) decide which road to take, which treatment, which therapy and so on."* (ITA Public Manager).

7 Factors influencing value creation

Two additional factors were uncovered in the analysis as influencing value creation: organisational systems and processes, including technology; and the culture supporting these processes and influencing the actions of staff.

7.1 Supporting processes

In the two social welfare cases, service processes were critical to the smooth running of the service which had a substantial impact on the value experienced by service users at the individual level. The speed and flexibility of decision making was an important factor for service users: *"In the office I used to belong to, they were so rigid. Four weeks for processing an application no matter what. Here they look at what you apply for and they can make faster decisions when needed"* (NOR Service User). Respondents in both cases also spoke of the need for simplified procedures and processes to promote accessibility and ease of use for service users. **SCOTB** respondents, in particular, recognised that simple changes would create value for service users: "*One of the first things that came out of the Experience Panels was that people are really frightened of brown envelopes. So we just put our stuff in white envelopes and double spaced the letters. That's literally it and people love it!"* (SCOTB Policymaker).

In **SCOTA**, supporting processes and technology were also described as important for value creation. Speaking about the emergency alarm system, one service manager said "*I think it's better for the person using it. I think for the family as well it must be great to have it."* (SCOTA Service Manager). The technology was described by the Strategic Manager as an interactive system which is "customised to the individual", giving them "more control". Despite initial teething problems, particularly regarding the connectivity of the system, the strategic manager and some operational staff discussed how the technology had enriched the experience of service users and helped staff to better understand need, handle emergencies more effectively and increase social contact for service users (e.g. by skyping their family/friends): "*if you've dropped a hanky you can tell somebody you've dropped a hanky, but if you really need to go to the toilet…"* (SCOTA Service Manager). However, the interviews with front-line staff and service users also recorded a degree of ambivalence towards the digital system, mainly due to digital illiteracy. The low uptake among service users was the perceived consequence of this. Service users also discussed the positives of technology in supporting their care, but recognized there was often a reluctance to use it: "*But they can give her a bracelet… Of course I've not got it on! Because I've had a lot of falls, blackouts…. And if you fall, it goes off."*

The ineffectiveness of processes was also discussed as a key dimension in value destruction in each of the three cases. Service users in **SCOTA** frequently discussed value destruction through the ineffectiveness of technology or processes: "*And she hasn't had the sense to pull the cord when she's needed it. And she's battered down a few times."* (SCOTA Service User). When asked for a solution, respondents generally suggested that more personal face-to-face or over the telephone interactions were preferable.

Ineffective processes were widely discussed in **SCOTB** as negatively impacting value creation. They were linked to the adversarial system, which has underpinned current social security services administered centrally by the UK Government. There was unanimity among service user respondents that the processes of making enquiries, claiming benefits and undertaking assessments in the current system were deficient, with the balance of power tipping towards the government. The processes were described as "impersonal" and "robotic" and therefore failed to support a positive service interaction

and served to destroy trust. Service users and respondents working on the operational level described the onus as being placed on service users to understand the process and have the capacity to effectively fill out forms and answer questions appropriately to make successful claims; respondents were at pains to add that particularly vulnerable service users did not have the capacity to do so. In addition, the assessment process was criticized for design for computers rather than for service users. The inaccessibility of the processes stopped people interacting with the benefits system, negatively impacting value: *"I know some people who refuse to make another claim because of the way they're treated on the first one"* (SCOTB Frontline). In **NOR**, service users and frontline staff also spoke of the challenges in accessing and operating within the welfare system: *"we contribute to create losers that become dependent on benefits, because we don't have sufficient follow-up intervals. In order to make people cope we need (time) to mobilize other actors. It's too easy to end up at NAV."* (NOR Frontline).

7.2 Culture

Culture was perceived as crucial to value creation in **ITA, NOR, SCOTA** and **SCOTB**. It was translated from the very top of the organisation down to the operational level, through both processes and service interactions: *"the actual ethos is what gives it added value. If they come in the door and they feel welcomed and valued"* (SCOTB Frontline).

Frontline staff discussed the importance of culture in **SCOTA**, referring to the importance of the values espoused centrally and how these were translated on the ground. In **ITA**, the idea of values was also discussed by frontline staff, but this was on a personal level, in terms of the values espoused by the professionals in their lives outside work and the impact these had on the service: *"my role in teaching and extrapolating to my daily life values that are exercised in Nemo's working environment … you must have respect for the person in front of you, for your partner. I think this creates further value."* (ITA Frontline). Culture, in terms of how service users are positioned in the process, was reflected strongly in **NOR.** As discussed previously, service users did not feel valued by the system, its processes or the professionals delivering services, so therefore do not feel that they create value.

Culture was discussed by all respondents in **SCOTB** as influencing value creation. Respondents reflected on the defensive stance of the current system, which had been designed to limit support and reduce uptake of benefits. The new service was being designed to shift away from prevailing experience, which was generally perceived as "stigmatising, inhumane and adversarial", towards principles of "dignity and respect" in order to support service users: *"local delivery is about how are we going to deliver face-to-face services to support people around the pre-claim support of applications. So, how do you know what to apply for, how do we help you, that income maximisation to know that you're applying to all that you're entitled to, how do we help you gather your evidence, what evidence you need, how do you get a correctly completed form."* (SCOTB Policy). The observation reinforced this culture shift: *"The DWP asks really intrusive questions… that wouldn't be a good approach that fits with our approach of dignity and respect".* Service users also detailed the extent to which the culture of the organisation was translated on the ground level, through administrative processes and the approach of frontline staff, to create or destroy value. While they described the disposition of frontline staff as critical to the value creation process, they reflected upon the bigger picture and recognized that the approach of staff was shaped by the underpinning values and related goals of the welfare system: "*if you have the whole environment where everybody's maybe a little bit more enthusiastic and positive, you get a better overall".* (SCOTB Service User).

8 What influences public service users' perceptions of value

What influences service users' perceptions of value was not covered in all cases and the data analysis presented here therefore relates only to **ITA, NOR, SCOTA, SCOTB** and **SPA**.

There was broad consensus among service users in all five cases that personal experiences of services and the experience of others was the most important factor in influencing their perception of value: *"I think NAV has a bad reputation because there is a lot of people that actually have bad experiences with it - I don't think these things just comes from nowhere."* (NOR Service User). As such, frontline staff were described as playing a key role. In **SCOTB** the service experience, reflected particularly in terms of how much help service users received in navigating through administrative processes, shaped the perception of value. Those who had had no experience of assessments found the experience more positive than those who had: *"If you're over 63 I think it is you don't have to worry about that, so that might have a lot to do with it [the positive experience]."* (SCOTB Service User).

Service users in **ITA** also mentioned that associations of people with neuromuscular diseases played a core part in shaping their perceptions because they represent and support patients. In **NOR** and **SCOTA** service users mentioned the media as an important factor in influencing their perceptions of value, despite recognizing that it may not provide an accurate portrayal of circumstances.

9 Performance measurement

Performance measurement was discussed in seven of the eight cases as an important, but challenging factor in the public service cycle. Its significance was articulately described by a **SCOTB** policymaker:

"The philosophy of measurement in itself can add value… you can use measurement to change people's values. You can use measurement to change the way people behave. So if you measure something, people start to value it… If something is openly and transparently measured… then I think it in itself will keep the value going." (SCOTB Policymaker).

Although performance measurement was conducted across the cases, there was agreement among respondents that it was inadequate in measuring the qualitative and multi-dimensional nature of value. Indeed, performance measurement was generally conducted through satisfaction surveys or by recording numbers. Satisfaction surveys were used in **DEN, FRA, ITA, SCOTA SCOTB** and **SPA** to measure the quality of facilities and services, but were generally perceived as deficient: *"We cannot quite measure the effect [of a project on users]… Because it is social relationships we are talking about, and quality of life and loneliness and other soft concept."* (DEN Policymaker). The data from **NOR, SCOTB** and **SPA** reinforced the challenge in finding the correct measures to adequately capture the various dimensions of value and its intangible dimensions: *"To agree on one common, shared set of values is difficult because there are so many contradictions"* (NOR Local Manager); *"But when we talk about what's less tangible – self-esteem, confidence, empowerment, self-worth – then I think it's a big, big part of what we do; but I have no way of measuring it."* (SCOTB Public Manager).

Some respondents discussed a solution to more effectively measuring value. In **SCOTB**, policymaker and stakeholder respondents agreed that the continuation of the experience panels would be an effective approach to measuring value "*because they would be a very useful barometer of the more personal impacts of how the system's being administered. Do you feel you're being treated with dignity and respect? Do you feel you were listened to?"* (Stakeholder). **NOR** reported one instance of the development of an internal system for capturing qualitative stories of successful service encounters, which was used for staff development/ learning and for reporting. A frontline employee in **ITA** also described a novel approach to performance measurement, through which she redesigned her approach to service delivery based on the extent to which she collaborated with others and importantly, individual service user outcomes: *"I realize there are now indicators that after two years always come back to me: the return of the patient, the return of calls, a thousand emails, difficulties, the services that call you… The patient's discharge comes back to me … and the local services contact me, so I know that something went wrong, or if everything went well I do not hear from them anymore."* (ITA Frontline).

10 Discussion, conclusions and implications

This section will situate the case study findings in the PSL, with a view to better understand the concept of value in public service design and delivery, and how and by whom it is created.

10.1 What is value?

Value was perceived as a subjective term with multiple dimensions; the understanding of value was dependent upon who the anticipated beneficiary was. Across the cases, there was greater emphasis on value to individual service users and social value, as opposed to value for the organisation.

Value to service users was perceived both an outcome of the service and part of the process of delivery and was found to have tangible and intangible dimensions. Tangible value came in the form of physical care and benefit payments, whereas intangible value was described broadly as service user wellbeing or efficacy. Social value included goals of increased inclusion and better health and the findings suggest its achievement was interconnected with value to individual service users. Commencing with the service user was highlighted as a means of enhancing service design and organisational processes, which supported the creation of value at the individual, organisational and societal levels.

10.2 Who creates value?

Value was created by various actors, including public service staff, stakeholders, policymakers and service users. The extent of their roles varied across the cases, with three service approaches being uncovered by the analysis: paternalistic value creation; shared value creation; and user-led value creation. A paternalistic approach to value creation was demonstrated through professionally-led services where frontline staff were viewed as controlling and shaping the process of value creation, while the service user was portrayed as playing a more passive role (e.g. FRA). Shared value creation was uncovered through professionally-led services which placed the service user at the centre, recognizing their role in value creation due to the subjective nature of value while also emphasising the professional knowledge and expertise required to create value (e.g. DEN, ITA, NOR, SCOTA, SPA). The user-led approach to value creation was demonstrated where the user experience (past and current) was facilitated by professionals to shape services tailored to create value for individual service users (e.g. BEL, SCOTB). Here, professionals retained some control, but appreciated the capacity of service users to propose novel solutions and contribute to service transformation. The suggestion implicit in these categorizations is that public service staff co-create value, to differing extents, through their role in service production. Indeed, frontline staff, were found to play a critical role in managing the service relationship and building trust to create value for individual service users. This supports the PSL assertion that frontline staff can shape value-in-use through service interactions (Gronroos and Voima, 2013), but the evidence suggests they play three roles, which reflect different relationships with service users.

The categorizations also suggest a principal role for service users in value creation, through their use, evaluation and contextualization of services (Osborne and Strokosch, 2013; Skalen et al, 2018). While service users were not found to be proficient in administrative processes, they were often positioned as having valuable knowledge and understanding of their experience (positive or negative) of services, which could be shared for the purposes of service improvement. Their expertise was demonstrated through three levels of involvement. First, in accessing and engaging with services, service users had to navigate the service system effectively; this could involve simply knowing where to seek advice. However, their experience of access was also found to be a potential source of information for service

improvement. Second, during service interactions and through personalized services, service users were perceived to have vital knowledge of their own needs which influenced the personalization of care and supported planning at the operational level. The findings highlight that during service interactions, the service user builds a sense of value, which can be either positive or negative, but that the perception of value is also influenced by the experience of friends and family, highlighting the contextual nature of value creation. There was also some evidence to suggest that value is created outwith the service relationship by service users in the context of their own lives, but there was unanimous agreement that public service staff play an indispensable role in the value creation process, both during service planning and delivery. Finally, through service design, service user knowledge and expertise were invaluable, enabling them to develop novel solutions for service improvement. The important point here was that frontline staff facilitated their involvement in the design process but avoided disproportionate capacity building to ensure services users were capable of offering fresh solutions based on their experiences.

The organisational culture, the calibre of frontline staff to translate that culture in practice and the effectiveness of procedures and processes supporting that translation were critical to the value creation. A key finding was the importance of organisational culture in shaping the extent to which service users are valued as contributors, which has related implications for the extent to which they are involved in the design and planning of services. Indeed, there was a strong perception across the cases that if service users are valued, their status was strengthened. In cases where the organisational culture centred around positive themes, the service user was valued and perceived as having knowledge and expertise: they were positioned as value creators. By contrast, adversarial systems, based on negativity and suspicion clearly conceptualized service users as (unwanted) dependents. The goal of value creation in these two polarizations was also different. The former, started with value for individual service users and recognized the potential culminative effect for value for wider society. The latter focused on value for the organisation in terms of efficiency and cutting costs.

10.3 When is value created?

The analysis suggests that the locus value creation was at three points: accessibility of the service; the service relationship; extrinsic involvement. The effectiveness of service processes and procedures in facilitating the accessibility of service was a key point of value creation; where the services were inaccessible value was destroyed. Value was also created intrinsically during the service relationship through both individual interactions and operational planning (e.g. the development of care plans). The findings emphasized the importance of face-to-face interactions and the ‘moment of truth’ (Normann, 1991) and as such frontline staff are critical to the process of value creation. Those service users who had experienced positive service interactions spoke of value creation on the personal level and conversely, negative interactions resulted in value destruction. The service relationship and its management were therefore a critical opportunity for service providers to contribute to and influence the process of value creation, confirming the assertions of the PSL (Gronroos, 2007; Gronroos and Voima, 2013). Such experiences were influenced not only by adequately trained and knowledgeable staff, as is argued by the PSL, but also the effectiveness of service procedures and processes. Value was also created during extrinsic participation, although this was demonstrated less widely across the cases. Although five cases found examples of extrinsic participation, only **SCOTB** clearly demonstrated the value creation potential of the approach which framed service users as experts in their experiences, with the capacity to transform services.

10.4 Value destruction

Just as value can be created by various actors at different points in the service cycle, it can also be destroyed in its various dimensions at any point and by any actor. Knowing where and how value is destroyed is an important part of transforming services in order to create value and the service user's role in providing their experience of current services is critical here. In accord with the PSL (e.g. see Echeverri and Skalen, 2011; Gronroos and Voima, 2013), the findings suggest that value can be destroyed at two points: during service design, and particularly when service processes and procedures are not structured effectively to support value creation; and during the service interactions, that are influenced both by the effectiveness of the service processes and the calibre of frontline staff. Value to individual service users can for example be destroyed when administrative processes do not support value creation and instead induce feelings of stress or fear, as in the current system of welfare benefits in SCOTB. The findings also highlighted that value can be destroyed during service interactions, when trust is lost and effective relationships that facilitate information sharing and support cannot be established (e.g. NOR and SCOTA).

10.5 Implications for research and practice

The research suggests implications for research and practice. In terms of practice, the empirical findings suggest four implications. First, the indispensable role of frontline staff in co-creating value during service interactions was reinforced. The analysis emphasises the need for appropriately trained and knowledgeable staff who can effectively manage the service relationship, engage with and understand service users' narratives to co-create value. Second, service processes need to be accessible and support value creation for individuals; the findings suggest that when they do not, they create value destruction on the individual and societal levels. Third, the organisational culture is translated through both the approach of frontline staff and the supporting service processes and has implications for the extent to which service users view themselves and public service staff view service users as capable of contributing to value creation processes. Finally, the research suggests that qualitative performance management tools should be developed to capture the multi-dimensional, subjective nature of value.

The analysis also illustrates four areas that require further exploration through research. First, the replication of the case studies in different fields across Europe would serve to examine the extent to which there has been a shift towards the PSL. Second, further research is necessary to better understand how the service experience and the expertise of service users might be used to create the various dimensions of value. Third, the research suggests that value to individual service users, organisations and society are linked, but this requires further exploration, particularly around where the dimensions of value are in conflict. Finally, the transformative potential of viewing service users as value creators should be examined and might involve a comparative analysis where value creation led by professionals is compared to that led by service users as experts in their own lives.

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