

PORTFOLIO / SELECTED EXPERIENCE

EXPERIENCE THAT INFORMS BETTER DELIVERY.

36 anonymised programme examples across health, care and wider public services.

This collection brings together the five compact sector packs. It includes work led or supported by the TMPM founder and team, including earlier roles. Case numbers and reported outcomes are retained from the source collection.

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Results reflect their original programme context. Funding secured, budgets overseen, targets and savings are different measures; none guarantees future outcomes.

[Explore the live portfolio](#)

PORTFOLIO / PRIMARY CARE

PRIMARY CARE CASE STUDIES

Selected programme experience, including earlier roles.

CASE 22**GP out-of-hours mobilisation****THE CHALLENGE**

A new provider needed a safe, coordinated transition with operational arrangements ready for launch.

THE WORK

Coordinated mobilisation, dependencies, readiness tracking, communication and escalation across provider and commissioning teams.

REPORTED CHANGE

A controlled route to safe mobilisation across five localities, with delivery risks visible and continuity protected.

CASE 23**National digital blueprinting****THE CHALLENGE**

Capture local innovation so other primary and social care systems could learn from practical experience.

THE WORK

Supported partner engagement, model development and translation of service learning into national blueprinting materials.

REPORTED CHANGE

National blueprints and an online knowledge-sharing platform created a clearer route to share, adapt and scale digital learning.

Published, anonymised programme examples. Results reflect their original context and are not forecasts for a new engagement.

[Explore TMPM's portfolio and discuss your priorities](#)

PORTFOLIO / SECONDARY CARE

SECONDARY CARE CASE STUDIES

Selected programme experience, including earlier roles.

CASE 24**Urgent and emergency care review****THE CHALLENGE**

System pressures needed a structured review, shared priorities and a practical improvement plan.

THE WORK

Reviewed activity, gathered stakeholder input and shaped a sequenced delivery plan with clear governance and ownership.

REPORTED CHANGE

Sharper priorities, stronger partner alignment and a shared route into implementation across urgent care.

CASE 25**Hyper acute stroke reconfiguration****THE CHALLENGE**

Stroke services faced insufficient patient volumes, specialist staffing gaps and delays in diagnostics and treatment.

THE WORK

Coordinated workshops, risk management and five programme workstreams: Finance; Quality; Rehabilitation; Mimics and Repatriation; IT and Communications.

REPORTED CHANGE

Stronger evidence and operational planning for clinically credible reconfiguration decisions, considering clinical, financial and operational risks together.

PORTFOLIO / SECONDARY CARE

EXPERIENCE IN PRACTICE

CASE 26

Acute leadership programme

THE CHALLENGE

Embed a consistent management approach across a large acute trust.

THE WORK

Supported stakeholder coordination, programme structure, delivery planning and governance.

REPORTED CHANGE

A clearer delivery rhythm and stronger alignment around sustainable management and improvement practices.

CASE 27

Gastroenterology pathway review

THE CHALLENGE

Provide structured project management for pathway review and better use of clinical resources.

THE WORK

Coordinated stakeholders and created a framework for actions, risks, decisions and improvement opportunities.

REPORTED CHANGE

Clearer clinical ownership, stronger delivery control and better visibility of Right Care priorities.

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[Explore TMPM's portfolio and discuss your priorities](#)

PORTFOLIO / MENTAL HEALTH

MENTAL HEALTH CASE STUDIES

Selected programme experience, including earlier roles.

CASE 01**All-age crisis care transformation****THE CHALLENGE**

The system needed clearer crisis access and coordination across ages, pathways and partner organisations.

THE WORK

Led redesign, stakeholder engagement, programme planning and governance for a whole-system approach.

REPORTED CHANGE

£1.044m programme funding secured; 120+ stakeholders engaged. Five workstreams, three consultations and four workshops supported a clearer model and shared delivery.

CASE 02**Digital therapy service design****THE CHALLENGE**

A commissioning opportunity required scalable, trauma-informed psychological assistance for victims of modern slavery.

THE WORK

Combined clinical therapy, technology, solution design, partner interviews and commercial planning.

REPORTED CHANGE

A credible offer aligned with sensitive user needs and contractual requirements. Rough-order-of-magnitude costings tested feasibility before the bid.

PORTFOLIO / MENTAL HEALTH

EXPERIENCE IN PRACTICE

CASE 03**Ethnic mental health implementation****THE CHALLENGE**

Turn equity priorities into practical implementation with stronger community voice and culturally responsive support.

THE WORK

Connected community insight with programme planning, stakeholder coordination, governance and delivery.

REPORTED CHANGE

Clearer delivery structure, more visible equity priorities and a coordinated route to improvement.

CASE 04**Crisis alternatives****THE CHALLENGE**

The system needed timely alternatives to acute crisis pathways and more responsive mental health support.

THE WORK

Coordinated partners, delivery plans and the design and implementation of alternative crisis provision.

REPORTED CHANGE

A stronger offer included a seven-day Crisis Cafe, 6pm–midnight, and dedicated provision for 16–17-year-olds. Delivery plans and partner coordination supported readiness.

PORTFOLIO / MENTAL HEALTH

EXPERIENCE IN PRACTICE

CASE 05

Primary and community mental health

THE CHALLENGE

A stalled programme needed renewed direction, stronger governance and aligned partners.

THE WORK

Reset governance, co-produced a shared vision, refined hub-model options and prepared a structured handover.

REPORTED CHANGE

Renewed momentum, clearer escalation and workstream roles, and better-informed options and a roadmap for the incoming Programme Lead.

CASE 06

Adult mental health liaison

THE CHALLENGE

The business case needed clearer patient journeys and a stronger account of early intervention.

THE WORK

Developed patient scenarios, visual service maps and supporting narrative across mental and physical health stakeholders.

REPORTED CHANGE

A stronger investment case helped secure funding for liaison service continuation and expansion.

PORTFOLIO / MENTAL HEALTH

EXPERIENCE IN PRACTICE

CASE 07

Section 117 rapid improvement

THE CHALLENGE

Unforecast high spend required clearer processes, better case data and more informed commissioning.

THE WORK

Redesigned the process, introduced a joint Power BI dashboard and coordinated high-cost case reviews.

REPORTED CHANGE

Reported savings of £54,000 from top-cost case reviews, better data accuracy and financial visibility, and stronger joint working and person-centred review.

CASE 08

Demand and capacity communications

THE CHALLENGE

A trust needed clear communication to support cultural change and a new demand and capacity model.

THE WORK

Co-produced a four-phase campaign using infographics, champions, staff channels and community show-and-tell sessions.

REPORTED CHANGE

Staff better understood the model, dashboard, toolkit and virtual community, supporting adoption and more informed decisions.

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PORTFOLIO / ADULT SOCIAL CARE

ADULT SOCIAL CARE CASE STUDIES

Selected programme experience, including earlier roles.

CASE 09**Innovation and inclusion****THE CHALLENGE**

A regional programme needed a practical workforce offer grounded in frontline realities, inclusion and system priorities.

THE WORK

Shaped the curriculum, coaching, action learning, quality assurance and resources alongside peer communities of practice.

REPORTED CHANGE

Stronger capability and confidence to identify, share and use digital innovation. Toolkits, operating procedures and masterclasses supported practical learning.

CASE 10**Customer journey transformation****THE CHALLENGE**

Reduce reliance on formal care while enabling independence through strengths-based, community-led support.

THE WORK

Led customer journey redesign, practice change, supporting infrastructure and community capacity building.

REPORTED CHANGE

Reported 14% reduction in social care costs and £1.5m programme savings. Three permanent and 27 pop-up hubs widened access. A £500k capital bid supported community infrastructure.

PORTFOLIO / ADULT SOCIAL CARE

EXPERIENCE IN PRACTICE

CASE 11

Adult social care transformation

THE CHALLENGE

A complex transformation portfolio needed senior leadership, clearer governance and consistent oversight.

THE WORK

Strengthened planning, decision routes and reporting, and built relationships across leaders and delivery teams.

REPORTED CHANGE

Clearer escalation and accountability, with strategic priorities visible through a more consistent delivery rhythm.

CASE 12

CQC readiness: evidence and leadership

THE CHALLENGE

Prepare evidence, documentation and teams for the adult social care assessment.

THE WORK

Coordinated the IRI self-assessment, supporting evidence, leadership reviews, staff champions, focus groups and briefings.

REPORTED CHANGE

An organised readiness position, aligned teams and clearer evidence. Weekly leadership reviews connected findings with existing governance.

PORTFOLIO / ADULT SOCIAL CARE

EXPERIENCE IN PRACTICE

CASE 13

Front door improvement

THE CHALLENGE

Adult social care needed clearer access, consistent responses and a better understanding of demand.

THE WORK

Combined pathway mapping, stakeholder workshops, demand analysis and improvement planning.

REPORTED CHANGE

A clearer access model and a stronger basis for consistent, timely responses, with pressure and improvement priorities visible.

CASE 14

Technology-enabled independence

THE CHALLENGE

National partners needed evidence on how technology could support independence, prevention and care outcomes.

THE WORK

Combined research, stakeholder engagement, option development and synthesis of learning.

REPORTED CHANGE

Usable insight strengthened policy, commissioning and implementation discussions, connecting technology choices to real-world care outcomes.

PORTFOLIO / ADULT SOCIAL CARE

EXPERIENCE IN PRACTICE

CASE 15**National assessment research****THE CHALLENGE**

Understand variation, promising practice and improvement opportunities in social care assessment.

THE WORK

Supported research design, evidence gathering, engagement and synthesis of assessment approaches.

REPORTED CHANGE

Clearer national insight and practical messages to inform future assessment improvements.

CASE 16**Personal budgets and provider lists****THE CHALLENGE**

Support choice and control while maintaining safe, consistent personal-budget and provider arrangements.

THE WORK

Reviewed processes, clarified options and shaped provider-list, governance, communication and implementation arrangements.

REPORTED CHANGE

Clearer information for staff, providers and people using services, supporting assurance and person-led decisions.

PORTFOLIO / ADULT SOCIAL CARE

EXPERIENCE IN PRACTICE

CASE 17

Social worker alignment

THE CHALLENGE

Clarify roles and improve coordination between council and mental health social-work services.

THE WORK

Mapped roles and interfaces, facilitated partner discussions and clarified operating and implementation arrangements.

REPORTED CHANGE

Stronger joint working, role clarity and a more consistent basis for practice across organisational boundaries.

CASE 18

CQC readiness: whole-service assurance

THE CHALLENGE

Prepare the workforce, evidence and governance for adult social care inspection.

THE WORK

Directed the first self-assessment, aligned data and communications, established governance and coordinated all-staff engagement.

REPORTED CHANGE

A clearer account of strengths, risks and development actions, with joined-up assurance and stronger readiness.

PORTFOLIO / ADULT SOCIAL CARE

EXPERIENCE IN PRACTICE

CASE 19

Learning disability transformation

THE CHALLENGE

A longstanding overspend and savings target required sensitive changes to pathways, practice and commissioning.

THE WORK

Led deep-dive reviews and open dialogue with staff, providers, carers and people with lived experience.

REPORTED CHANGE

Identified opportunities to strengthen independence, redesign pathways and improve financial and market sustainability. Opportunities were considered alongside outcomes and strengths-based practice.

CASE 20

Practice development

THE CHALLENGE

Practice change needed clear planning, governance and implementation control to become part of everyday delivery.

THE WORK

Strengthened project planning, reporting and implementation controls, aligned to operational requirements.

REPORTED CHANGE

Key policies and infrastructure became integrated into operations, with clearer expectations for leaders and practitioners.

PORTFOLIO / ADULT SOCIAL CARE

EXPERIENCE IN PRACTICE

CASE 21

Capital fund programme

THE CHALLENGE

Capital activity needed effective chairing, coordinated partners and clearer decisions and escalation.

THE WORK

Chaired meetings, connected stakeholders, tracked actions and risks, and strengthened reporting.

REPORTED CHANGE

Greater visibility of decisions and a more controlled basis for progressing capital delivery.

CASE 29

Localities working model

THE CHALLENGE

Move a locality-based model from concept to implementation across community and service settings.

THE WORK

Established project structure, governance, engagement planning and implementation controls.

REPORTED CHANGE

Clearer requirements, risks and next steps, with a practical route to delivery across partners.

PORTFOLIO / ADULT SOCIAL CARE

EXPERIENCE IN PRACTICE

CASE 30

Better Care Fund leadership

THE CHALLENGE

Coordinate joint planning, reporting and oversight across health and care partners.

THE WORK

Supported programme management, governance, planning cycles, risk tracking and performance reporting.

REPORTED CHANGE

Stronger accountability and assurance across a £43m pooled fund. This is the budget under programme oversight, not a saving.

CASE 31

Community services evaluation

THE CHALLENGE

Evaluate integrated provision, pathways and community beds to inform future decisions.

THE WORK

Shaped evaluation questions, evidence requirements and qualitative engagement with clinical and operational stakeholders.

REPORTED CHANGE

Evidence and feedback translated into balanced findings for planning, prioritisation and improvement.

PORTFOLIO / ADULT SOCIAL CARE

EXPERIENCE IN PRACTICE

CASE 34

Continuing Healthcare efficiency

THE CHALLENGE

An ambitious QIPP savings programme needed clearer control and visibility of delivery risks and benefits.

THE WORK

Established governance, reporting routes and a dashboard to track progress, support scrutiny and engage stakeholders.

REPORTED CHANGE

The £1.5m savings target was surpassed, alongside stronger ongoing financial oversight and benefits tracking. The source does not specify a final savings total.

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[Explore TMPPM's portfolio and discuss your priorities](#)

PORTFOLIO / WIDER PUBLIC SERVICES

WIDER PUBLIC SERVICES CASE STUDIES

Selected programme experience, including earlier roles.

CASE 28**Drug and alcohol partnership****THE CHALLENGE**

A local partnership needed a coordinated response informed by national strategy and a needs assessment.

THE WORK

Built relationships, established a strategic board and co-produced six workstreams, milestones and reporting.

REPORTED CHANGE

Clearer accountability and an evidence-led platform for harm reduction, recovery-focused action and national reporting.

CASE 32**PMO design and implementation****THE CHALLENGE**

A complex partnership needed a consistent approach to planning, oversight, reporting and assurance.

THE WORK

Designed and implemented PMO governance, templates, reporting, action tracking and risk management.

REPORTED CHANGE

Clearer accountability and visibility of progress, project budgets and impact, with stronger assurance.

PORTFOLIO / WIDER PUBLIC SERVICES

EXPERIENCE IN PRACTICE

CASE 33

Organisational development strategy

THE CHALLENGE

An integrated health board needed a multi-year strategy to improve performance and sustain change.

THE WORK

Established governance, engaged 1,800 staff (10% of the workforce), assessed 18 performance determinants and co-designed five people-strategy programmes.

REPORTED CHANGE

The target operating model was implemented, with stronger alignment, leadership visibility and coordinated improvement capability.

CASE 35

Centre for Equity proposal

THE CHALLENGE

Explain the centre's purpose, model, value and partnership opportunity in a compelling proposal.

THE WORK

Shaped the narrative, offer and delivery model, connecting evidence, governance, outcomes and stakeholder messages.

REPORTED CHANGE

A clearer basis for partner engagement and positioning the centre as a route to inclusive system change.

PORTFOLIO / WIDER PUBLIC SERVICES

EXPERIENCE IN PRACTICE

CASE 36

End-of-life hospice model

THE CHALLENGE

Rural geography and uneven provision created inequalities in access to end-of-life care.

THE WORK

Co-designed the specification, established governance and coordinated provider transition and communications.

REPORTED CHANGE

A domiciliary model improved coordination, coverage and care planning, with positive family and staff feedback.

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