

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.

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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.

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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.

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

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