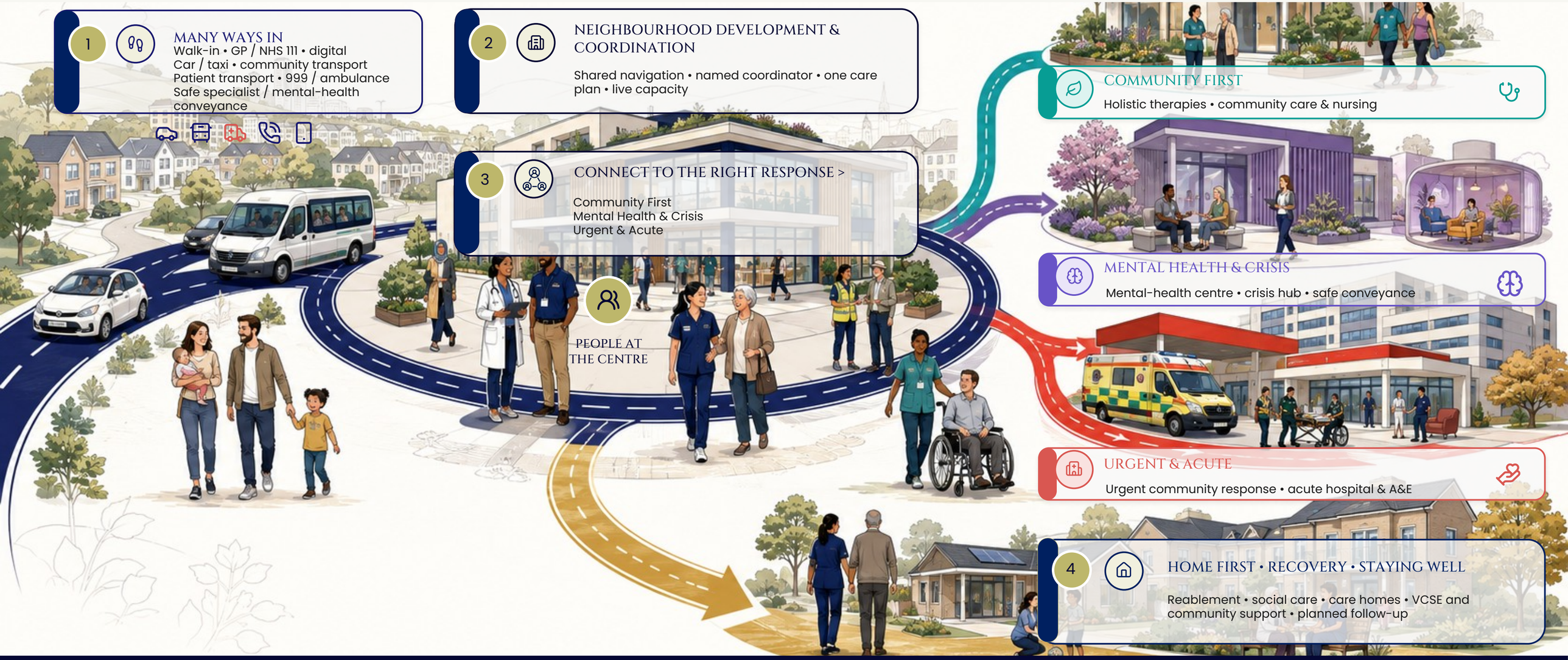
A NEIGHBOURHOOD BUILT AROUND PEOPLE

Many ways in. One coordinated response. Community first — with safe escalation and home-first recovery.

TMPM
HEALTHCARE TRANSFORMATION

LESS NOISE • MORE GRIP • PROGRESS PEOPLE CAN FEEL



1 MANY WAYS IN

Walk-in • GP / NHS 111 • digital
Car / taxi • community transport
Patient transport • 999 / ambulance
Safe specialist / mental-health conveyance

2 NEIGHBOURHOOD DEVELOPMENT & COORDINATION

Shared navigation • named coordinator • one care plan • live capacity

3 CONNECT TO THE RIGHT RESPONSE >

Community First
Mental Health & Crisis
Urgent & Acute

PEOPLE AT THE CENTRE

COMMUNITY FIRST

Holistic therapies • community care & nursing

MENTAL HEALTH & CRISIS

Mental-health centre • crisis hub • safe conveyance

URGENT & ACUTE

Urgent community response • acute hospital & A&E

4 HOME FIRST • RECOVERY • STAYING WELL

Reablement • social care • care homes • VCSE and community support • planned follow-up

NO WRONG DOOR • ACCEPTED TRANSFER • SHARED RECORD • SAFETY-NETTING • STEP UP OR DOWN WITHOUT STARTING AGAIN

WHAT THIS VISION MEANS IN PRACTICE

A neighbourhood is not a building. It is a way of organising people, pathways, information and decisions around local lives.

1

START ANYWHERE

People should not need to understand organisational boundaries to get help. Whether they enter through general practice, NHS 111, a pharmacy, a community organisation, digital access or emergency services, they reach the same coordinated neighbourhood response.

2

ONE TEAM AROUND THE PERSON

Primary care, community health, mental health, social care, public health and VCSE partners combine their capacity. Shared navigation, a named coordinator, one care plan and a live view of capacity guide the response.

3

COMMUNITY FIRST — ACUTE WHEN NEEDED

Prevention, holistic therapies, community nursing, crisis support and urgent community response are available close to home. Acute or A&E care is used when clinically required, with direct transfer and clear responsibility.

4

RECOVERY CONTINUES AT HOME

Discharge reconnects people with reablement, social care, care-home and community support. Planned follow-up, feedback and outcomes help the neighbourhood learn, adapt and improve.

LOCALLY DESIGNED — BUILT THROUGH CO-PRODUCTION

Residents, carers, staff, PCNs, providers, local authorities and VCSE partners shape access, priorities and future iterations.

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LESS NOISE • MORE GRIP • PROGRESS PEOPLE CAN FEEL

"THE RIGHT HELP, THROUGH THE RIGHT ROUTE — WITHOUT STARTING AGAIN."

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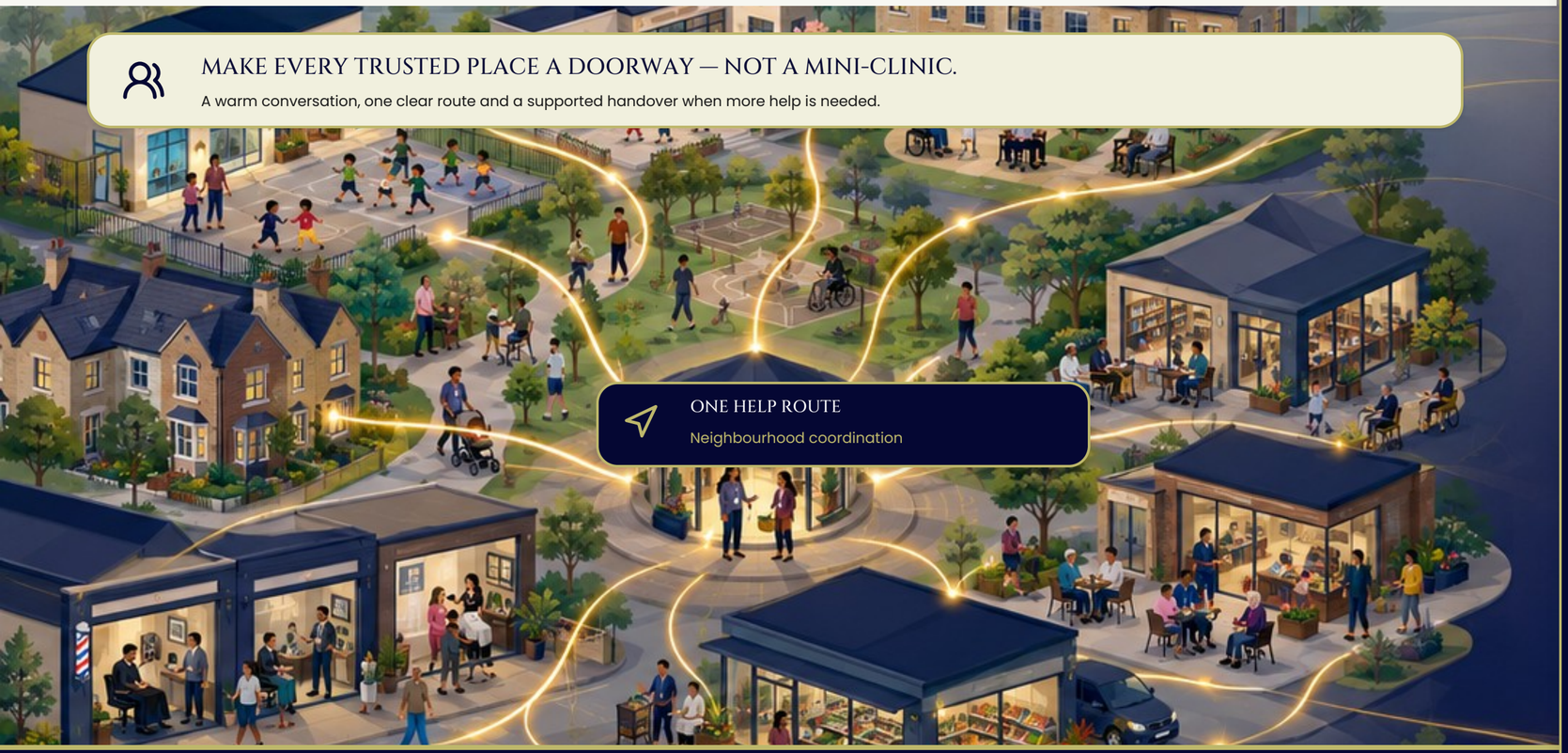
THE NEIGHBOURHOOD IS THE NETWORK

Everyday places become trusted doorways to support — while clinical care stays with trained teams.

MAKE EVERY TRUSTED PLACE A DOORWAY — NOT A MINI-CLINIC.

A warm conversation, one clear route and a supported handover when more help is needed.



EVERYDAY TRUSTED PLACES

A network people already know, use and trust

EARLY YEARS & EDUCATION
Nurseries • schools • colleges

EVERYDAY PLACES
Local shops • supermarkets • cafés

TRUSTED CONVERSATIONS
Barbers • hairdressers • faith leaders

HOME & CARE
Neighbours • carers • housing • care homes

COMMUNITY LIFE
Hubs • libraries • parks • leisure • work

HEALTH & CARE
Pharmacy • GP / PCN • community & MH teams

THE INNOVATION LAYER

SIX BOLD MOVES

Simple enough to mobilise quickly. Strong enough to scale.

1. **TRUSTED TOUCHPOINTS**
   Opt-in local connectors who notice, listen, signpost and safeguard.
2. **ONE HELP ROUTE**
   QR / NFC, phone and paper — the same answer from any doorway.
3. **MOBILE & POP-UP TEAM**
   Rotating outreach for rural, underserved and low-footfall places.
4. **LIVE LOCAL DIRECTORY**
   Current services, access, capacity, languages and transport.
5. **COMMUNITY PULSE + MICRO-GRANTS**
   Resident insight translated into rapid, practical local action.
6. **CLOSED-LOOP NAVIGATION**
   Accepted transfer, named ownership and feedback to the person.

CO-PRODUCE • TEST • LEARN • ITERATE
Cradle to grave. Digital and human. Urban and rural.

NOT DIAGNOSIS.

NOTICE • LISTEN • CONNECT • SAFEGUARD

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NEXT STEPS: VISION TO WORKING MODEL

We understand the depth of work required. Achieving the vision means challenging commissioning, financial and political conversations about resources, control, accountability and changes to existing services.

01 SHARED MANDATE

Confirm the vision with residents, carers and partners. Agree the population, outcomes, scope and decision rights. Establish sponsorship, governance and a funded development team.

Decision: partners endorse the brief and ownership.

02 CO-PRODUCED DESIGN

Map need, demand, inequalities and existing assets. Use workshops and two-way feedback to design pathways, access, workforce and hub options, including rural outreach and transport.

Decision: agree the preferred operating model.

03 AGREEMENTS & INVESTMENT

Test affordability, recurrent and transition costs. Negotiate commissioning responsibilities, funding contributions, risk sharing and provider roles. Resolve political concerns and agree procurement and approval routes.

Decision: approve the business case and agreements.

04 MOBILISATION

Secure premises and equip hubs. Recruit or redeploy staff, agree contracts and data sharing, configure systems and referral routes, and establish clinical and safeguarding accountability. Train teams and test readiness.

Decision: authorise a safe pilot launch.

05 LIVE PILOT & LEARNING

Operate the model in a defined neighbourhood. Track access, experience, equity, outcomes, costs and workforce pressures. Use resident and staff feedback to resolve gaps and adjust delivery.

Decision: continue, adapt or pause based on evidence.

06 SUSTAIN & EXTEND

Evaluate impact and affordability against the baseline. Agree sustainable funding and accountable service ownership. Refine the model before phased expansion, with ongoing assurance and benefits tracking.

Decision: approve continuation and staged expansion.

NEGOTIATION & RELATIONSHIP MANAGEMENT THROUGHOUT

From shared vision to a physical working model, TMPM recognises the need to build trust, manage competing priorities and broker workable agreements. Maintain resident co-production, regular partner dialogue, transparent decisions and a clear route to resolve disputes at every phase.

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THE DELIVERY TEAM

Experience to support the development and delivery of the neighbourhood model.

CHRIS

Senior Consultant

20+ years leading NHS, local government and public health transformation. Expertise in commissioning, mental health, adult social care and governance, with 25+ major programmes delivered.

KIRSTY

Senior Consultant

15+ years in strategic HR, workforce transformation and programme management. Experience includes a £75m workforce expansion programme, with strengths in workforce design, organisational change and stakeholder engagement.

CAROLYN

Senior Consultant

30+ years in the NHS, including 12 in senior management. Executive coaching and leadership development expertise, supporting resilience, workforce retention and leaders navigating cultural, political and operational challenges.

SIMON

Senior Consultant

Transformation experience across NHS England, CCGs and NHS trusts. Lean Six Sigma Green Belt Trainer and PRINCE2/MSP practitioner, specialising in process improvement, programme governance and systems integration.

ANDREW

Senior Consultant

32 years in the NHS, specialising in complex change. Brings programme management, strategic development, community engagement and partnership working, alongside coaching and mentoring to support sustainable improvement.