



HEALTH & CARE CONSULTANCY

MAKE CHANGE WORK FOR PEOPLE.

Strategic leadership. Practical delivery.
Progress your organisation can see and sustain.

PEOPLE. PARTNERSHIPS. LASTING CHANGE.

taylormadepmltd.co.uk

COMPLEXITY NEEDS A HUMAN RESPONSE.

Good people can work incredibly hard and still struggle to move a system forward.

Competing priorities, fragmented pathways and slow decisions can consume the energy needed for change. TPM helps leaders find the real problem, create shared direction and turn it into practical action.

We combine strategic leadership with the discipline to deliver: clear governance, credible plans, useful evidence and strong relationships. We work alongside your team and build the capability to sustain progress.



OUR CONVICTION

“THE HARDEST PART OF
TRANSFORMATION IS
RARELY WRITING THE PLAN.”

Listening well, building trust and navigating difficult decisions are part of the delivery work. Our focus stays on the people delivering services and the people relying on them.

FOUNDED BY

Christopher Taylor

Chief Executive Officer

20+ years in transformation

Trust / Teamwork / Transparency
Integrity / Inclusivity / Compassion

PRESSURE IS IMMEDIATE. THE CHANGE MUST LAST.

Four conversations shaping the next phase of health and care. Our view: each needs an achievable route from policy and ambition to delivery.

01 CARE CLOSER TO HOME

Neighbourhood health asks partners to organise care around people and communities. The practical task is to agree the model, responsibilities and resources. [1]

Turn a shared ambition into a working neighbourhood model.

02 ACCESS, FLOW AND PRODUCTIVITY

The NHS planning framework prioritises better access, shorter waits and reduced bureaucracy. Leaders need to understand where demand, delay and rework arise. [2]

Identify the constraints and build a focused improvement plan.

03 EVIDENCE THAT STANDS UP

Local authority assurance considers people's experience, support, safety and leadership. Readiness needs to connect evidence with day-to-day practice. [3]

Build an honest view of strengths, gaps and improvement.

04 THE CAPACITY TO FOLLOW THROUGH

Delivery depends on people having the time, skills and authority to act. A credible plan needs clear ownership, timely decisions and usable information.

Add experienced leadership and delivery support where it matters.

Policy context: England. References [1]–[3] and links on page 19.

WHAT NEEDS TO CHANGE FIRST?

Start with the challenge. Choose a focused work package, combine specialist support or bring in an experienced delivery lead.



ASSURANCE

Can we show that we are ready?

Readiness, improvement and sustained assurance for leaders facing scrutiny or seeking a clearer view of risk and quality.

01

[EXPLORE ON PAGE 05](#)

PERFORMANCE

Why are we still under pressure?

Demand and flow diagnostics, a practical system reset and capability transfer to strengthen everyday performance.

02

[EXPLORE ON PAGE 06](#)

TRANSFORMATION

How do we make the new model work?

Life-course design, community-led neighbourhoods and primary care integration shaped around people and place.

03

[EXPLORE ON PAGES 07-08](#)

Need delivery capacity as well as a solution?

Commissioning, programme recovery, interim leadership and virtual PMO support can sit alongside any package. See pages 09 and 18.

CONFIDENCE BUILT ON EVIDENCE.

Know where you stand. Focus the improvement effort.
Give leaders a clear line of sight.

01 READINESS

Bring together self-assessment, evidence, leadership insight and the experience of people using services.

02 IMPROVEMENT

Turn findings into targeted action. Resolve gaps in governance, practice and delivery with named owners.

03 ASSURANCE

Establish a repeatable review cycle so progress can be evidenced and emerging issues acted on.

DESIGNED FOR

Directors of Adult Social Care; quality, governance and performance leads; senior leaders accountable for improvement.

Start with a focused readiness conversation

WHAT YOU GAIN

An honest baseline

Strengths, gaps and risks made visible.

A clear evidence map

Information aligned to the relevant assessment expectations.

An owned action plan

Priorities, responsibilities and review points.

Stronger oversight

A clear account of progress and remaining risk.

For NHS trust leaders

Ask about the targeted Risk & Assurance Diagnostic with Beechwood Risk Advisory. [6]

FIND THE FRICTION. RESTORE THE FLOW.

Understand what is creating pressure, act on the constraints and equip teams to sustain improvement.

01

6 WEEKS

DEMAND & FLOW DIAGNOSTIC

A shared view of demand, bottlenecks, hand-offs and avoidable activity.

WHAT YOU LEAVE WITH

Validated baseline; priority interventions; a 90-day plan with owners and measures.

02

12 WEEKS

SYSTEM RESET SPRINT

Practical changes to critical pathways, decision points, capacity and operating routines.

WHAT YOU LEAVE WITH

A delivery rhythm; focused performance measures; visible action on flow and delay.

03

3-6 MONTHS

CAPABILITY TRANSFER

Coaching, tools and working routines built into everyday management.

WHAT YOU LEAVE WITH

Confident local ownership; a structured handover; capability to sustain and scale.

Track the difference: waiting time, throughput, repeat contact, rework and people's experience – with measures agreed to fit your service.

Package durations reflect the published offer; scope and milestones are agreed for each engagement.

CONNECT THE SYSTEM AROUND PEOPLE.

A clear model for prevention, integration and sustainable services – with a practical route into delivery.

T1 LIFE-COURSE SYSTEM DESIGN

8-12 WEEKS

Define what living well looks like across life stages. Connect health, social care, community assets and investment priorities.

Outcome of the work

A whole-system model, shared outcomes and a sequenced roadmap.

T2 COMMUNITY-LED NEIGHBOURHOOD TRANSFORMATION

12-16 WEEKS

Build local partnerships around a defined population. Bring community strengths, primary care and social care into a shared model.

Outcome of the work

Local governance, delivery ownership and a route from testing to scale.

T3 PRIMARY CARE INTEGRATION ACCELERATOR

8-12 WEEKS

Clarify the interface between primary care, social care and community services, including access, triage and prevention.

Outcome of the work

Practical pathways, clearer responsibilities and opportunities to prevent escalation.

START WITH ONE PATHWAY. DESIGN FOR THE WHOLE PLACE.

The opportunity is to make joined-up care real in the places people live. Start where local need, readiness and a credible benefit come together.

BUILD THE MODEL TOGETHER

01 Listen locally

Map community strengths, lived experience, unmet need and access barriers.

02 Agree the essentials

Set outcomes, decision rights, commissioning responsibilities and a realistic financial basis.

03 Test a priority pathway

Define the cohort, referral routes, hand-offs, workforce and measures. Learn before scaling.

04 Make it sustainable

Resolve dependencies, review costs and benefits, and build the capability for wider adoption.



CHOOSE YOUR FIRST TEST

Frailty and independence

Mental health pathways

Long-term conditions

Primary care access

Select with local data,
community insight and delivery
readiness.

IT'S TIME TO TALK NEIGHBOURHOODS.

Community conversations feed into frontline design and leadership decisions. We support the negotiation and relationship work needed to turn a shared vision into a viable service.

GOOD INTENTIONS NEED CLEAR DECISIONS.

Bring structure to complex programmes, strengthen the case for change and keep delivery moving across organisational boundaries.



COMMISSIONING CLARITY

Align need, service design, affordability and outcomes. Work through options with partners and establish what the chosen model requires to operate.

Practical support

Needs and pathway reviews
 Options and business cases
 Partner and provider engagement
 Service mobilisation and evaluation



DELIVERY CONTROL

Create a useful programme management office, with clear governance, decision routes, dependencies, milestones and benefits tracking.

Practical support

Programme recovery
 Interim leadership and delivery
 Virtual PMO and board reporting
 Risk, issues and benefits oversight

£43M

Better Care Fund pooled budget under programme oversight

Experience connecting joint planning, governance, risk and performance reporting across health and care partners. [4]

Make information work harder. Data, reporting and targeted automation can support these disciplines where they reduce administrative effort and improve decisions.

BETTER SUPPORT. STRONGER VALUE.

Two programmes showing how practical redesign and disciplined oversight can support financial improvement. [4]

01 / COMMUNITY-LED SUPPORT

BUILD INDEPENDENCE CLOSER TO HOME

The challenge

Reduce reliance on formal care while enabling people to stay independent through strengths-based, community-led support.

The work

Led customer journey redesign, practice change and community capacity building, with infrastructure to support local access.

What changed

The programme reported lower social care costs and wider community support, strengthening opportunities for prevention.

14%

reported reduction
in social care costs

£1.5M

reported programme
savings

3 permanent hubs
27 pop-up hubs

02 / CONTINUING HEALTHCARE

TURN A SAVINGS AMBITION INTO DELIVERY

An ambitious efficiency programme needed clearer control and visibility of risks. Governance, reporting routes and a delivery dashboard supported scrutiny and stakeholder engagement.

The result: the savings target was surpassed, with stronger ongoing financial oversight and benefits tracking.

£1.5M

savings target
surpassed

CONFIDENCE IN THE SERVICE. CLARITY ACROSS THE PATHWAY.

Evidence, engagement and delivery structure working together to support change. [4, 5]

03 / ADULT SOCIAL CARE ASSURANCE

MAKE READINESS A SHARED ENDEAVOUR

The challenge

Prepare the service's evidence, documentation and teams for CQC assessment.

The work

Coordinated self-assessment, evidence and leadership reviews, with staff champions, focus groups and briefings.

What changed

A more organised readiness position, clearer evidence and aligned teams ahead of assessment.

EVIDENCE

Self-assessment aligned

PEOPLE

Champions and focus groups

OVERSIGHT

Weekly leadership reviews

04 / ALL-AGE MENTAL HEALTH CRISIS CARE

CONNECT CRISIS CARE AROUND THE PERSON

The system needed clearer access and coordination across ages and partner organisations. Redesign, stakeholder engagement, programme planning and governance established a clearer crisis care model.

Delivery scope: five workstreams, three consultations and four workshops, with stronger partner alignment and a structured basis for improvement.

£1.044M

programme funding secured

120+

stakeholders engaged

A CLEAR ROUTE FROM INSIGHT TO OWNERSHIP.

The approach is tailored. The essentials remain consistent: understand the problem, agree the decisions, deliver the change and transfer capability.

01

ALIGN

Agree the problem, sponsor, intended outcomes and boundaries.

A focused brief and clear decision route.

02

UNDERSTAND

Combine data, lived experience and frontline insight to establish the real starting point.

A shared baseline and prioritised findings.

03

DESIGN

Co-produce the model and test options against quality, feasibility, affordability and equity.

An agreed design and deliverable plan.

04

DELIVER

Mobilise owners, manage dependencies and review progress with proportionate governance.

Visible action, resolved issues and tracked benefits.

05

EMBED

Coach teams, document the operating model and agree the handover and review cycle.

Local ownership and the tools to sustain progress.

MEASURE WHAT MATTERS: PEOPLE / QUALITY / TIME / VALUE

THE RIGHT PEOPLE. AROUND YOUR PRIORITIES.

Experienced leadership and specialist expertise, organised around the work you need to deliver.

22 PEOPLE / FOUR COMPLEMENTARY GROUPS

04	DIRECTORS	14
	Strategic leadership, governance, operational insight and organisational stewardship.	
04	SENIOR	15
	Experienced programme leadership, workforce transformation and practical delivery.	
08	TECHNICAL	16
	Commissioning, clinical insight, data, digital, service design and funding expertise.	
06	ADVISORY	17
	Specialist perspective on strategy, risk, co-production, automation and communications.	

ONE TEAM, SHAPED AROUND THE BRIEF.

Explore every director, senior consultant, technical specialist and advisory colleague on the following pages.

DIRECTORS

Leadership with perspective.

Accountable leadership across strategy, people, operations and intelligence.



CHRIS

CEO

20+ years leading transformation across the NHS, local government and public health. Strategic leadership, commissioning, mental health, adult social care and hands-on programme delivery.



CAROLYN

NED

30+ years in the NHS, including senior management. Executive coaching, leadership development, organisational change, resilience and practical support through complex leadership challenges.



ROB

NED

27+ years in operational and facilities leadership. Complex service portfolios, mobilisation and stakeholder engagement, with a strong focus on patient voice, lived experience and equity.



EMMA

NED

25+ years in NHS business intelligence, performance and informatics. Data strategy, Power BI, system intelligence and leadership of transformation and analytics programmes.

SENIOR CONSULTANTS

Experienced people. Practical delivery.

Programme leadership, workforce change and delivery that works in practice.



KIRSTY

Consultant

15+ years in strategic HR, workforce transformation and programme management. Workforce design, organisational change, governance and collaborative delivery across health and care.



ANDREW

Consultant

32 years of NHS experience in complex transformation. Programme delivery, strategic development, partnership working, coaching and team capability, with a focus on outcomes.



SIMON

Consultant

Transformation experience across NHS England, commissioners and trusts. Process improvement, programme governance and systems integration, supported by Lean Six Sigma, PRINCE2 and MSP expertise.



JON

Consultant

15+ years delivering NHS and public-sector transformation. Strategic planning, system development, digital transformation and patient access, with calm leadership in high-pressure environments.

TECHNICAL SPECIALISTS

The expertise behind the detail.

Practical depth across commissioning, data, clinical insight, technology and funding.



IMRAN

Consultant

15+ years in NHS programmes. Commissioning support, contracts, supplier management, governance and service improvement.



WARI

Consultant

15+ years in NHS transformation. Lean improvement, benefits realisation, data, governance and elective service improvement.



LEIGH

Consultant

19+ years across healthcare settings. Clinical and operational leadership, governance, digital innovation and health inequalities.



JASON

Consultant

Cross-sector change and implementation. System configuration, staff training and instructional design using PRINCE2, ADKAR and ADDIE.



JEREMY

Consultant

10+ years in health and local-government analytics. Population health intelligence, strategic reporting, governance and policy insight.



BRIAN

Consultant

Public health, policy and research expertise. Statistical analysis, urgent care insight and leadership of analytical teams.



TIM

Consultant

12+ years in service design and digital transformation. User experience, co-production, digital inclusion and community engagement.



GARETH

Bid Writer

20+ years in funding and public-sector programmes. Bid writing, funding strategy, commissioning and social value.

ADVISORY COLLEAGUES

Specialist insight. Wider perspective.

Independent perspective and focused support for complex decisions.



MICHAEL

Strategy

21 years leading NHS improvement. Organisational redesign, process improvement, behavioural change and digital transformation across health systems.



ANDY

Strategy

30+ years in healthcare. General practice, primary care networks, operational leadership, patient access and sustainable service improvement.



DANIEL

Risk

25 years across risk, analytics and transformation. Risk frameworks, appetite and regulatory change, with board and executive experience.



DANNY

Co-production

14+ years embedding lived experience. Co-production, engagement, inclusion and service-user leadership across public, private and voluntary sectors.



ELDON

AI/Automation

Founder of Auto Everything. Microsoft Power Platform, workflow automation and digital solutions that reduce administration and improve productivity.



JAMES

Social Media

Social media strategy, content creation and brand communications. Turning complex messages into clear, engaging content that builds visibility.

START FOCUSED. BUILD FROM THERE.

You do not need to arrive with a finished brief.
Bring the challenge, the pressure and the decision you need to make.



A FOCUSED DIAGNOSTIC

When the problem is visible but the causes or priorities are not yet clear.



A DEFINED WORK PACKAGE

When you need a specific model, pathway, assurance review or improvement plan.



DELIVERY AND RECOVERY SUPPORT

When a programme needs momentum, stronger control or help through a critical phase.



INTERIM CAPABILITY AND CAPACITY

When you need an experienced lead, a small delivery team or a virtual PMO.

A PROPOSAL YOU CAN ASSESS

Clear scope and deliverables. Named leadership. Agreed milestones, fees and responsibilities. Practical success measures and a planned handover.

TELL US WHAT NEEDS TO BE DIFFERENT. 

EXPLORE THE EVIDENCE. CONTINUE THE CONVERSATION.

Our case studies describe programme experience led or supported by TMPPM's founder and team, including earlier roles. The selected examples are anonymised and drawn from TMPPM's published portfolio.

Figures are reported programme results: the community-led support case reports both a 14% reduction and £1.5m savings; the CHC case states that its £1.5m target was surpassed without specifying a final total. Funding and budgets are identified separately.

- 1 **Neighbourhood health framework**
 Department of Health and Social Care / 17 March 2026
[GOV.UK / Read the framework](#)
- 2 **Medium Term Planning Framework 2026/27-2028/29**
 NHS England / published October 2025, updated December 2025
[NHS England / Explore the guidance](#)
- 3 **Assessment framework for local authority assurance**
 Care Quality Commission / updated 8 April 2026
[CQC / Read the assessment framework](#)
- 4 **Adult Social Care Case Study Pack**
 TMPPM portfolio / cases 10, 12, 30 and 34
[TMPPM / Browse case studies](#)
- 5 **Mental Health Case Study Pack**
 TMPPM portfolio / case 01: Mental Health Crisis Care Transformation
[TMPPM / Browse case studies](#)
- 6 **Risk & Assurance Diagnostic partnership**
 Beechwood Risk Advisory + TMPPM
[TMPPM / Read the partnership announcement](#)
- 7 **Our team, approach and solution suites**
 TMPPM / complete team and published work packages
[TMPPM / Meet the team](#)

Brochure edition: September 2026. Published offers and policy context reviewed for this edition.

LET'S TALK

WHAT WOULD MEANINGFUL PROGRESS LOOK LIKE IN YOUR ORGANISATION?

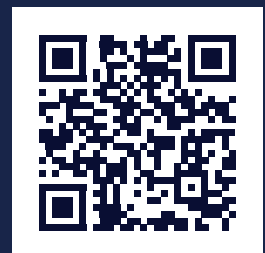
Bring us the challenge. Together, we can define the next useful step and the support needed to deliver it.

START A CONVERSATION

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Scan to contact TMPM

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