

Thames Valley Mental Health Provider Collaborative Executive Position Statement | June 2026

The Thames Valley Mental Health Provider Collaborative (TV MHPC) brings together Berkshire Healthcare NHS Foundation Trust, Oxford Health NHS Foundation Trust, NHS Thames Valley Integrated Care Board, VCSE partners and Experts by Experience to support the planning, improvement and delivery of mental health services across the Thames Valley. Working alongside the ICB in its role as strategic commissioner, the Collaborative provides a forum for partners to identify shared priorities, develop system solutions and oversee programmes that are best delivered at scale across organisational boundaries.

In 2026/27, the focus is on delivering a small number of high-impact programmes that improve access, reduce unwarranted variation, strengthen pathways and ensure consistent, best value use of system resources. This paper sets out the key programmes, delivery milestones and expected impact.

Programme	Delivery 2026/27	Timeline	Impact
Female PICU	Reset specification; benchmark providers; test costs; shape procurement model.	Summer: Specification and route agreed. Autumn 2026: Procurement launched. Winter 2026/27: Award and mobilisation.	Improved quality and consistency of specialist inpatient care, safer and more therapeutic environments, clearer standards for providers, and a better experience for patients and carers through more responsive, compassionate and well-governed provision, with stronger value for money.
Secure Transport	Procure a single system-wide framework with fixed standards for quality, pricing and oversight, including future Section 136 provision.	Jul 2026: Tender issued. Aug–Sep 2026: Evaluation. Autumn/Winter 2026/27: Award and mobilisation	A single, quality-assured approach across the system, with clearer responsibilities for conveyance, stronger oversight and escalation, improved patient safety and dignity during transfers, and a more consistent patient experience, scalable for future Section 136 use if funded.
Adult ADHD Programme	Transform the Adult ADHD pathway across the Thames Valley by reducing waiting times, enabling the safe re-opening of paused waiting lists, improving the quality and consistency of care	2026/27 - programme transformation plan in progress with process measures agreed and monitored through robust governance	Reduced waiting times, restored local access to assessment and treatment, improved quality and consistency through the whole pathway, reduced variation across the

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	through the patient pathway.		Thames Valley, and a better patient experience through clearer communication, timely support and more reliable access to care.
Mental Health Investment Standard (MHIS)	Develop investment proposals during autumn 2026 and recommend priority investment areas for approval through appropriate governance processes.	2026/27: Joint governance and decision-making in operation; funding decisions taken within year.	More transparent and timely use of MHIS funding, with investment better aligned to agreed mental health priorities, clearer governance and accountability, and stronger evidence that resources are improving quality, access and experience for patients across priority pathways.
Mental Health Rehabilitation Pathways	System review of rehabilitation pathways; co-design with Experts by Experience, VCSE partners and providers; develop future model of care with partners and ICB.	Autumn 2026: Following scoping exercise potential system workshop with ICB and VCSE partners. 2026/27: Model development and pathway design.	More care delivered closer to home, reduced reliance on inpatient rehabilitation, stronger recovery and independence outcomes, improved quality and continuity of support, and a better experience for patients through more personalised, community-focused pathways.

Collectively, these programmes represent a shift towards a more joined-up and consistent approach to mental health provision across the Thames Valley. Delivery in 2026/27 will focus on establishing clearer standards, stronger governance and more transparent use of resources, alongside improved access and experience for patients.

Beyond this immediate delivery phase, the Collaborative's intent is to move further towards a genuinely system-led model of working. This includes looking inward across partner organisations to identify stronger or more efficient models of care and actively adopting and scaling best practice across the footprint. The ambition is to move from organisations working alongside each other to a model where services are shaped and improved collectively, with shared accountability for outcomes and a stronger sense of one system ownership.