



9 April 2026

Thank you for the opportunity to comment on the proposed Thames Valley ICB Operating Model. We are responding jointly as the three care associations representing the independent sector across Berkshire, Oxfordshire and Buckinghamshire.

While we welcome the commitment to prevention, population health, and place-based collaboration, there are several important considerations from an Adult Social Care (ASC) perspective that we believe must be addressed to ensure the model is genuinely effective and sustainable across the whole system.

Representation of the Adult Social Care provider sector

Our main concern is the ICB's strong focus on NHS providers, with limited opportunity for ASC providers to be meaningfully included in wider strategic conversations. As things stand, it appears that ASC providers will not have a direct role in shaping the design of pathways, workforce planning, or collaboration frameworks, all of which significantly impact the adults we support, the staff we employ, and the resilience of our local care markets.

We ask for clarity on how the voice of ASC providers will be represented within system governance. If our voice is expected to be channelled solely through Local Authorities, this raises several risks:

- Local Authorities do not contract with, nor represent the whole of the independent ASC sector: the self-funder market can be reasonably estimated as between 13,000-15,000 people, or 45% of funding (£620m of £1.3 – 1.5bn pa) spent on ASC with parts of our tri-county considerably higher.
- Local Authorities do not always fully understand the operational realities of ASC providers, particularly in relation to workforce fragility, regulatory constraints, financial pressures, and day-to-day delivery challenges.
- By relying on LAs as intermediaries, the ASC provider voice may be diluted or misinterpreted, leaving system design not reflective of the full care ecosystem.

Given these risks, it seems more appropriate, and more effective, to establish a dedicated ASC Provider Forum with a formal link into ICB governance. This would ensure that ASC providers can proactively shape discussions at system and place level, rather than being consulted reactively or indirectly.

Risks associated with the large geographical footprint

The scale of a Thames Valley-wide ICB raises further concerns. A footprint of this size risks becoming so large and complex that it loses the ability to drive meaningful local change. Adult Social Care markets, costs, workforce conditions, and population needs vary significantly across Berkshire, Buckinghamshire and Oxfordshire.

Without a strong, direct ASC provider voice, there is a real danger of:

- System-level decisions creating unintended consequences for local care markets.
- Inconsistent discharge, flow, and community support arrangements across counties.
- NHS-driven redesign assuming ASC capacity that may not exist—especially around reablement, homecare availability, dementia support, and community-based alternatives to admission.

Place-based working will be essential, but it cannot compensate for structural gaps in representation at system level. We would encourage the ICB to consider formal mechanisms that ensure ASC intelligence informs system-wide priorities, rather than relying exclusively on NHS trusts and Local Authorities.

Ensuring collaboration reflects the whole sector

The operating model describes “provider collaboration,” but this appears to relate only to NHS trusts. By excluding ASC providers from provider networks, pathway redesign forums, and workforce planning, the ICB risks creating models of care that are well-designed for NHS flow but poorly aligned with the realities of community delivery.

To avoid this, we recommend establishing:

- A standing ASC Provider Advisory Group feeding into senior level system governance.
- A clear expectation that place-level partnerships include structured ASC provider engagement, not only LA representation.
- A commitment to co-design neighbourhood and prevention-focused models with ASC providers, who deliver the majority of community-based care.

Conclusion and recommendations

Adult Social Care is fundamental to prevention, flow, community capacity and long-term sustainability across the system. For the proposed operating model to succeed, ASC providers must be partners, not observers.

We would welcome the opportunity to work with the ICB to co-develop an approach that ensures our sector is fully integrated into system design, rather than relying on indirect representation. This will be critical in ensuring that the operating model reflects the realities of both health and social care, and that it delivers meaningful improvements for local people.

Yours sincerely,

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On behalf of

Berkshire Care Association

Oxfordshire Association of Care Providers

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