Committee in Common - Ministerial Brief
27 April 2026

Purpose

This paper updates on the establishment and operation of the Committee in Common, including its governance, oversight of Provider Collaboratives, and role in supporting system-level coordination and alignment with Ministerial priorities.

Context

Health and Social Care in Northern Ireland continues to face sustained pressures, including rising demand, workforce constraints, financial challenges, and persistent inequalities. These challenges are systemic and require a coordinated approach across organisational boundaries.

In response, the six Health and Social Care Trusts have established a more structured approach to collaborative working, aligned with the Health and Social Care Reset Plan (July 2025) and the Three-Year Strategic Plan: Stabilise, Reform, Deliver (December 2024). The Reset Plan emphasises strong leadership at local and regional levels and identifies the Committee in Common as a key mechanism for coordinated planning and oversight at a system level.

Governance

The Committee in Common is a formal collaborative governance arrangement established by the six Health and Social Care Trusts to address shared priorities that are more effectively delivered through collaboration across organisations. It operates as an advisory forum, bringing together senior leaders to support strategic alignment, system-level oversight, and collective problem-solving. It does not hold executive authority or commit resources; statutory accountability remains with individual Trust Boards.

The Committee identifies shared risks and interdependencies and supports alignment across programmes, with recommendations considered through established Trust governance processes. It is chaired by the Non-Executive Chair of the Southern Health and Social Care Trust, with the Chief Executive of the South Eastern Health and Social Care Trust as Chief Executive Lead for Provider Collaboration. It has no independent budget; work is supported through existing Trust resources and governance arrangements.

Operating Model

The Committee in Common operates within a system structure linking strategy, coordination and delivery:

- The Committee in Common provides strategic, system-level oversight of the collaborative portfolio, supporting alignment across programmes, reviewing progress and risks, and enabling shared learning
- Provider Collaboratives act as delivery mechanisms for agreed programmes of work at scale, through partnerships between two or more Trusts. They remain accountable to their respective Trust Boards

- Trust Boards retain statutory responsibility for strategic direction, approval of participation in collaborative programmes, and oversight of delivery.

This approach supports coherent system delivery without creating new statutory bodies or additional layers of decision-making.

Provider Collaboratives: Current Position and Progress

The Committee in Common oversees a portfolio of Provider Collaboratives focused on agreed priority areas, supporting more consistent service delivery, improved coordination of clinical expertise, and early progress in reducing variation across Trusts.

Priority areas:

Current Provider Collaboratives	Emerging Provider Collaboratives
Enhanced Care	Psychiatry
Gynaecology Elective Care	Haematology
Candidate Passport (including Mandatory Training)	Head and Neck / Ear, Nose and Throat / Oral and Maxillofacial Surgery
Regional Agency Reduction	
Regional Coordination Centre	
Virtual Wards	

Progress to date (selected examples):

- Gynaecology Elective Care: The first clinical system priority has focused on standardising enhanced red-flag triage processes. Work with primary care is progressing to develop pathways that support care closer to home, aligned with the neighbourhood model. Outcomes: Outpatient waits over three years have reduced by approximately 85% and inpatient/day case waits by approximately 86% since September 2025.
- Enhanced Care: Progress in improving discharge pathways and care home capacity to reduce delays in acute settings, where over 200 patients are awaiting placement; 246 bed offers identified, with 118 under active consideration
- Regional Agency Reduction: Continued reduction in off-framework agency usage and associated costs
- Virtual Wards: Design and implementation are underway; first admissions anticipated in Belfast Trust in Autumn 2026, with work progressing to develop pilot sites in rural areas.

Learning to date highlights the importance of clear senior ownership, strong clinical leadership, system partner involvement, and sufficient programme capacity, informing future prioritisation.

Priority areas for 2026-27 are in development, with initial areas of focus including Care Homes, Procurement and Information Governance.

Ministerial Considerations

The Committee in Common supports delivery of Ministerial priorities by enabling coordinated action across the six Health and Social Care Trusts. It strengthens oversight of shared programmes and supports a more coordinated approach to their delivery across Trusts, within existing statutory arrangements.

Oral Assembly Question

Committee in Common - Key Line

The Committee in Common is a formal collaborative governance arrangement that brings together the six Health and Social Care Trusts to address shared priorities through strategic alignment, oversight and collective problem-solving, while maintaining the statutory accountability of individual Trust Boards.

Supporting Points

- It is an advisory forum that enables Trusts to align priorities, share system-level insight, and oversee collaborative programmes
- It does not have decision-making authority, does not direct operational delivery, and has no independent budget or funding stream; all decisions remain with individual Trust Boards
- It focuses on shared priorities that are more effectively addressed through collaboration across Trusts, rather than by individual organisations acting alone
- Provider Collaboratives deliver agreed programmes at scale and remain accountable to their respective Trust Boards, with the Committee in Common providing oversight, alignment, and shared learning
- The model aligns with the Health and Social Care Reset Plan, which supports Committees in Common as a mechanism for addressing regional challenges through collaboration
- A structured communication and engagement approach is in development, supported by strong clinical leadership and staff involvement. Service user involvement is being developed through Provider Collaboratives.

Likely Supplementary Questions

Who is responsible for it?
The Committee is chaired by the Non-Executive Chair of the Southern Health and Social Care Trust, with the Chief Executive of the South Eastern Health and Social Care Trust as Chief Executive Lead for Provider Collaboration. However, all formal decisions remain with individual Trust Boards.

Does it remove accountability from Trusts?
No. Each Trust Board remains fully accountable in law for its decisions, performance, and the services it provides. The Committee in Common is advisory and supports, rather than replaces, existing governance arrangements.

Is this creating another layer of bureaucracy?
No. It brings existing Trust leadership together to coordinate action on shared priorities more effectively. It does not create a new statutory body or additional decision-making layer, and accountability remains with individual Trust Boards.

Does the Committee Chair or the Chief Executive Lead for Provider Collaboration receive any additional remuneration for undertaking these roles?
No. These roles are undertaken as part of existing statutory responsibilities and within existing remuneration arrangements. No additional payment, allowance, or enhancement is provided.

What does it cost?
The Committee in Common has no independent budget or funding stream. Activity is delivered through existing Trust resources and governance arrangements.

How does the Committee in Common support collaboration across Trusts?
It supports collaboration by bringing Trusts together around shared priorities, with the Committee providing oversight of progress and Provider Collaboratives coordinating delivery across participating Trusts. This enables a more coordinated approach and better sharing of expertise.

What difference is it making?
The Committee is supporting more coordinated action across Trusts to address shared priorities. This is contributing to measurable improvements, including reductions in long waiting times, for example, significant reductions in the longest gynaecology waits since September 2025. It also improves visibility of system-wide risks and supports shared learning across Trusts.

How are staff and clinicians involved?
Engagement with staff and clinicians is central. Clinical leadership is a core part of Provider Collaboratives, with clinicians directly involved in designing and delivering programmes. This is supported through Trust governance, clinical networks, and wider staff engagement.