Northern Health and Social Care Trust Board Meeting in Public - Cover Sheet

Subject:	Update from Committee in Common	**Date of Meeting:** 28th May 2026	
Prepared By:	Regional Committee in Common		
Approved By:	Chair and Chief Executive		
Presented By:	Anne O'Reilly, Chair		
Purpose			
To provide Trust Board with an update on the establishment and operation of the regional Committee in Common, including its governance, oversight of Provider Collaboratives, and role in supporting system level coordination and alignment with Ministerial priorities.		**Approval**	
		Assurance	✓
		Update	
		Noting	

Strategic Objectives				
Build Northern Partnerships and Integrate Care	***Continue to improve Outcomes & Experience***	***Deliver value by optimising Resources***	***Nurture our People, Enable our Talent & Build Our Teams***	***Improve population Health & address health & social care inequalities***
✓	✓	✓	✓	✓

Risk – please note if links to any principal, corporate or divisional risk		
N/A		

Committees/groups where this item has been presented before
N/A

Acronyms

Executive Summary

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.