



DARLINGTON

Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 4 March 2026

Council Chamber, Town Hall, Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introduction/Attendance at Meeting
2. Declarations of Interest
3. To approve the Minutes of the meeting of this Scrutiny held on 7 January 2026 (Pages 3 - 10)
4. Healthcare Associated Infections –
Report of the Director of Public Health
(Pages 11 - 28)
5. Preventing Homelessness and Rough Sleeping Strategy 2025-2030 –
Presentation by the Assistant Director Housing and Revenue
(Pages 29 - 40)
6. Work Programme –
Report of the Assistant Director Law and Governance
(Pages 41 - 56)
7. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are of an urgent nature and can be discussed at the meeting.
8. Questions

A handwritten signature in black ink, reading 'A. C. Wennington'. The signature is fluid and cursive, with a long horizontal stroke extending from the bottom of the 'n'.

Amy Wennington
Assistant Director Law and Governance

Tuesday, 24 February 2026

Town Hall
Darlington.

Membership

Councillors Anderson, Beckett, Crudass, Holroyd, Johnson, Layton, M Nicholson, Pease,
Mrs Scott and Vacancy

If you need this information in a different language or format or you have any other queries on this agenda please contact Hannah Miller, Democratic Officer, Resources and Governance Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays email: hannah.miller@darlington.gov.uk or telephone 01325 405801

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 7 January 2026

PRESENT – Councillors Johnson (Chair), Anderson, Crudass, Holroyd, Layton and M Nicholson

APOLOGIES – Councillors Beckett, Pease and Mrs Scott

ALSO IN ATTENDANCE – Councillors Roche

OFFICERS IN ATTENDANCE – Brett Nielsen (Assistant Director Resources), Lorraine Hughes (Director of Public Health), Rebecca Morgan (Public Health Portfolio Lead), Anthony Sandys (Assistant Director - Housing and Revenues), Claire Gardner-Queen (Head of Housing), Sarah Williams (Housing Manager – Income Management), Steven Campbell (Head of Assurance and Compliance), Warren Edge (Senior Associate Director of Assurance and Compliance), Chris Morton (Lived Experience Manager), Beverley Murphy (Chief Nurse & Deputy CEO), Sarah Paxton (Head of communications) and Hannah Miller (Democratic Officer)

HH30 DECLARATIONS OF INTEREST

Councillor Anderson declared an interest in Minute HH33 and left the meeting during the consideration of this item. There were no further declarations of interest reported at the meeting.

HH31 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 29 OCTOBER 2025

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 29 October 2025.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 29 October 2025 be approved as a correct record.

HH32 COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST - Q2 QUALITY ACCOUNT UPDATE

The Senior Associate Director of Assurance and Compliance, County Durham and Darlington NHS Foundation Trust submitted a report (previously circulated) updating Members on the Trust's progress against its Quality Accounts for 2025/26. A presentation (also previously circulated) accompanied the report.

It was reported that the priorities for 2025/26 reflected the priorities in the 'Quality Matters' strategy and those priorities brought forward from 2024/25 where further work was required; and that the Breast Service review remained a key focus, with a significant programme of work underway.

The submitted report outlined the aims/progress, current position, RAG rating and further actions for each quality indicator with particular reference being made to those areas of under-achievement where urgent and focussed action was needed.

It was reported that the quality strategy would be reset going forward and that sustaining improvements in the Breast Service and undertaking the improvement actions from the Aubrey report would be a key focus.

In relation to the priority 'reducing harm from healthcare associated infections' Members sought further information regarding the timescales for reducing infections, in particular CPE and further clarification in respect of waterless bathing for patients. Members were assured that monthly audits of all fundamental practices took place, with focused work on departments needing improvement. The Director of Public Health informed Members that a CPE leaflet and poster was being developed and that a blended approach was still in place, depending on the needs of the patient. Discussion also ensued regarding Martha's rule, with Members noting that audits were undertaken on a quarterly basis.

RESOLVED – That the progress against the Trust's priorities be noted.

HH33 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNT QUALITY PRIORITIES PROGRESS (Q3 25/26)

The Lived Experience Care Group Director and Associate Director of Quality Governance, Compliance and Quality Data, Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) submitted a presentation (previously circulated) outlining progress on the Trust's Quality Account Quality Priorities for Quarter 3 2025/26, including key updates on delivery of the established measures.

It was reported that in April 2024, the Trust's Quality Assurance Committee endorsed a new approach to development of the Quality Priorities whereby the priorities were co-created and led by people with lived experience; and that this approach enabled the voice of service users, relatives and carers to be at the heart of quality improvement across the organisation.

The three key priorities for 2025/26, Promoting education using lived experience, Relapse prevention and Improving personalisation in urgent care were outlined; Members were informed of the measures developed to deliver the priorities; and welcomed key updates for the priorities.

Discussion ensued regarding the capacity and wait times for services within the Trust. Members were informed that there was variance across services, with a rapid response to urgent care and longer wait times for services such as neurodevelopment assessments.

Following a query regarding the voice of service Members were assured that voices of services users were being captured, with 60 peer support workers and clear established forums and networks for service users; and in relation to relapse prevention, training was offered to empower service users alongside their carers.

Reference was made to the public inquiry and the Chief Nurse and Deputy CEO, TEWV advised Members that the Trust recognised the importance of the inquiry; that they were awaiting the scope of the inquiry, which would be developed with the families involved; and that the Trust continued to support and offer their sincere and heartfelt condolences to the families who had lost loved ones.

RESOLVED – That the Trust’s progress on the Quality Priorities measures for 2025/26 be noted.

HH34 MEDIUM TERM FINANCIAL PLAN 2026/27 - 2029/30

The Assistant Director Resources submitted a report (previously circulated) requesting that Members give consideration to the Medium Term Financial Plan (MTFP) for 2026/27 to 2029/30, which had been approved by Cabinet at its meeting on 2 December, as a basis for consultation.

The submitted report stated that an MTFP Briefing that was delivered to Members on 15 December outlining the overall contents of the MTFP, and requested that Members of this Scrutiny Committee now consider contents in relation to the services and finances within the remit of this Scrutiny Committee to enable a response to be formulated and forwarded to the Economy and Resources Scrutiny Committee for consideration at its meeting scheduled to be held on 20 January 2026.

The Assistant Director of Resources provided an update on the draft Local Government finance settlement, which had been received on 17 December, subsequent to the approval of the draft MTFP by Cabinet and advised on the impact this draft settlement had on the assumptions made within that approved draft MTFP.

Following a question regarding the Public Health Grant, Members were informed that this is ring-fenced and there are conditions for expenditure; that nationally there had been a real-term reduction in this grant of 24 per cent since 2015/16, however there was a welcome uplift to the grant in 25/26 and the continuation of additional grant funding relating to stopping smoking, supervised toothbrushing and drug and alcohol services has been confirmed as part of the most recent grant allocations. Members also noted that around 32 per cent of the grant was invested across other Council departments to support health and wellbeing. Members requested a detailed breakdown of Public Health spend.

Discussion ensued regarding the range of grant funding schemes, with Members questioning whether these were ring fenced grants. Members were informed that there was some discretion in relation to how the grants were allocated within the Council; and following a comment regarding a move to more in house services, Members were advised of the cross department working that existed within the Council.

Following a query regarding fees and charges, Members were informed that individual officers were responsible for reviewing and setting their fees and charges and that a suggestion had been put forward by the Members of the Communities and Local Services Scrutiny Committee to increase those fees and charges that were staff based in line with the Consumer Price Index.

RESOLVED – (a) That the Economy and Resources Scrutiny Committee be advised that the Health and Housing Scrutiny Committee has no comment to make on the MTFP 2026/27 to 2029/30.

(b) That the Chair, in consultation with the Lead Scrutiny Officers supporting this Scrutiny

Committee, be given authority to agree the Minutes of this Scrutiny Committee, to enable the Minutes to be considered at a Special Meeting of the Economy and Resources Scrutiny Committee scheduled to be held on 20 January 2026.

HH35 HOUSING REVENUE ACCOUNT - MTFP 2026-27 TO 2029-30

The Assistant Director – Housing and Revenues submitted a report (previously circulated) requesting that consideration be given to the Housing Revenue Account (HRA) – Medium Term Financial Plan (MTFP) for 2026-27 to 2029-30 (also previously circulated) prior to recommendation by Cabinet on 3 February 2026 and Council on 19 February 2026.

The submitted report requested that Members give consideration the recommendations agreed by Cabinet in relation to the revenue budget, capital programme, rent levels and service charges for the Council's HRA for the financial year 2026-27 in the context of the HRA MTFP to 2029-30 and the 30-year business plan.

The Head of Housing provided an update on the consultation exercise undertaken with Council tenants and Members were pleased to note a response rate of 24.9 per cent.

Following a query regarding the proposed meal charges for Extra Care Schemes, Members were informed that in previous years the Council had subsidised the costs by 40 per cent and it was agreed last year to spread those cost increases over 2 years. This resulted in the meals charge being increased by 20 per cent in 2025/26, with the remaining 20 per cent proposed to be increased in 2026/27, to ensure the full cost is covered.

Members entered into a discussion regarding right to buy with Members noting that demand had decreased significantly from the previous year; and in relation to the housing waiting list, Members were advised that the Band 1 waiting list had reduced significantly over the last year. It was reported that the demand for homelessness services was still high and temporary accommodation remained full however stays in temporary accommodation were shorter.

Following a question, Members were informed that to date £1M had been spent by the Council to acquire properties, with 12 purchased in the previous year; the majority of properties purchased were former council homes and were undergoing refurbishment. Members noted the intention for half of the properties to be used as temporary accommodation for residents.

RESOLVED – That this Scrutiny Committee has no comment to make on the Housing Revenue Account (HRA) – Medium Term Financial Plan (MTFP) for 2026-27 to 2029-30.

HH36 DEEP DIVE: SUICIDE PREVENTION

The Director of Public Health submitted a report (previously circulated) updating Members in relation to the priority of reducing suicide rates in Darlington; an update on the current data, work currently underway and planned next steps and challenges; and an overview of the different services available locally to support good mental health, including specific suicide prevention services.

The submitted report stated that rates of suicide in Darlington were higher than the England average and the third highest in the North East; that rates were higher in men in particular aged 45-64; and that local authorities had a lead responsibility for coordinating local action to support suicide prevention, working alongside other statutory partners and local community organisations in order to be effective and reduce duplication.

It was reported that suicidal thoughts and actions rarely occurred in isolation but were the result of a complex interactions of people's individual factors, social and economic circumstances and cultural expectations; and therefore, a system-wide approach was needed to address the wider challenges facing those in suicidal crisis. The report outlined the key actions and opportunities.

Details were provided on statistics relating to suicide including inequalities by age and sex, self harm admission and the report outlined the suicide prevention approach and the associated areas for action. Particular reference was made to the work being undertaken in respect of men's mental health support, including a task and finish group that had been established to develop a marketing campaign to highlight the specific support available in Darlington for men experiencing suicidal crisis.

Reference was also made to training as a key area for action. Members were advised that community based training was being commissioned by the local authority which would be open to people within the borough and that training dates would be shared with Members. Details were also provided on the post-vention support after suicide (commissioned by the ICB) which includes practical and emotional support to those affected by suicide or suspected suicide and is provided by If U Care Share Foundation.

Discussion ensued regarding the suicide statistics; and Members sought clarification regarding the follow-up within 48 hours for those discharged from mental health in-patient admissions and implications of organisations practicing the 72 hour time frame in line with NHS guidelines.

Further discussion ensued regarding the support services in place for adults; and Members raised concern regarding the impact of gambling on mental health and queried the availability of grants and education programmes to address this. The Director of Public Health advised Members that there was increasing evidence to suggest gambling was a risk factor for suicide; that a regional gambling public health network had been established and work was ongoing in this area including gambling now being part of the Make Every Contact Count training offer; and a gambling health needs assessment had been developed by public health and was awaiting publication.

A Member in attendance at the meeting extended their thanks, recognising the work undertaken in relation to suicide prevention in the past year.

RESOLVED – That Members of the Health and Housing Scrutiny Committee: -

- a) Accept the content of the report
- b) Consider the recommendations and key actions set out in the report, and the role of elected members and scrutiny in supporting them.
- c) Identify any further opportunities to address the important issue of suicide

prevention.

HH37 PERFORMANCE INDICATORS - QUARTER 2 - 2025/26

The Assistant Director – Housing and Revenues, Head of Leisure and Director of Public Health submitted a report (previously circulated) providing Members with performance data against key performance indicators for Quarter 2 2025/26.

It was reported that 35 indicators were reported to this Scrutiny Committee, nine were updated on a six-monthly basis and twenty-six annually, with annual indicators updated throughout the year. Members were informed that there were six Housing and Culture indicators and twenty-three Public Health indicators.

The report stated that, when taking into consideration what was the best performance for each indicator and comparing against the same period from the previous year, that three of the six housing indicators had improved and three were not as good; that four of the six leisure indicators had improved and 2 indicators were not as good; and 12 of the 23 indicators for Public Health had improved and 11 indicators were not as good.

Particular discussion ensued regarding letting times, which had seen an increase due to resource challenges, and recruitment of tradespeople. Members were advised that additional resources were being brought in which was resulting in an improvement in letting times.

RESOLVED – That the submitted report be noted.

HH38 WORK PROGRAMME

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme and to consider any additional areas which Members would like to suggest for inclusion in the previously approved work programme.

Discussion ensued on the current work programme with Members noting the request to defer the item 'Healthy Weight Plan'.

RESOLVED – That the work programme be updated to reflect the decisions of this Scrutiny Committee.

HH39 HEALTH AND WELLBEING BOARD

It was reported that the Board last met on 4 December 2025 and that the next meeting of the Board was scheduled for 19 March 2026.

RESOLVED – That Members of this Scrutiny Committee continue to receive the Minutes of the Health and Wellbeing Board.

HH40 REGIONAL HEALTH SCRUTINY

The Tees Valley Joint Health Scrutiny Committee last met on 11 December 2025 and the next meeting of the Tees Valley Joint Health Scrutiny Committee was scheduled for 12 March 2026.

Members noted the approved Minutes from the meeting held on 17 July 2025 and 2 October 2025 (previously circulated).

RESOLVED – That Members look forward to receiving an update of the work of the Tees Valley Joint Health Scrutiny Committee at a future meeting of Scrutiny Committee

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HEALTH & HOUSING SCRUTINY COMMITTEE 4 MARCH 2026

HEALTHCARE ASSOCIATED INFECTIONS UPDATE

SUMMARY REPORT

Purpose of the Report

1. This report, and the accompanying presentation, will explain what healthcare-associated infections (HCAIs) are, how they occur, and the key measures used to prevent them, including good hand hygiene, effective cleaning, safe procedures and responsible antibiotic use. It will describe how infections spread within healthcare environments and outline the essential steps needed to break the chain of infection.
2. It will also set out the roles of the organisations responsible for preventing and managing HCAIs, including NHS England, Integrated Care Boards (ICBs), the UK Health Security Agency (UKHSA) and the local authority. It will explain how each contributes through national guidance, surveillance, outbreak support, system leadership and regulation.
3. Finally, this report will outline some of the work taking place locally in relation to HCAIs, including collaborative efforts between the local authority, ICB and UKHSA to support care providers, respond to outbreaks, strengthen training, improve adherence to guidance and use surveillance data to identify risks and drive targeted action across the system.

Summary

4. Healthcare-associated infections (HCAIs) remain a preventable risk across health and care settings, arising from the spread of microorganisms in environments where patients are vulnerable. The report highlights that reducing these infections depends on consistent application of key infection-prevention measures such as hand hygiene, safe clinical practice, environmental cleanliness and effective antibiotic stewardship supported by early recognition of risks and rapid response to emerging issues.
5. Tackling HCAIs requires coordinated action across national, regional and local systems. While national bodies provide leadership and standards, local partners translate this into practical action through surveillance, provider support and targeted improvement work. Locally, joint efforts between the local authority, ICB and UKHSA have strengthened guidance implementation, enhanced training and improved outbreak response, contributing to safer care and more resilient infection-prevention systems.

Recommendation

6. It is recommended that members of Health and Housing Scrutiny Committee:-

- (a) Note the contents of the report and the range of local and national responsibilities for preventing and managing HCAs.
- (b) Recognise the complex nature of HCAs and the multi-layered system of organisations involved in their prevention and control.
- (c) Acknowledge the significant work and actions already undertaken across the system, including by the local authority, ICB, UKHSA and County Durham and Darlington NHS Foundation Trust, to reduce HCAI risks.
- (d) Continue to seek assurance through Quality Accounts, regular surveillance reports and routine updates from system partners on ongoing infection-prevention performance.

LORRAINE HUGHES
DIRECTOR OF PUBLIC HEALTH

Background Papers

Presentation to be tabled.

KEN ROSS
Extension: 6200

Council Plan	Supports the “Living Well and Staying Healthy” ambition and contributes to reducing health inequalities.
Addressing inequalities	Health inequalities such as: socioeconomic deprivation, ethnicity, and limited access to care, significantly increase the risk and burden of healthcare-associated infections.
Tackling Climate Change	None
Efficient and effective use of resources	Contributes to preventing people needing long term support from council services.
Health and Wellbeing	Preventing avoidable ill health.
S17 Crime and Disorder	None
Wards Affected	All Wards
Groups Affected	All groups in Darlington.
Budget and Policy Framework	None
Key Decision	None
Urgent Decision	None
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

MAIN REPORT

Information and Analysis

7. HCAs are infections acquired during the provision of health or social care, including in hospitals, care homes, primary care and community services. These infections can occur when microorganisms are transferred between people, equipment, surfaces or through clinical procedures that breach the body's natural defences. Individuals receiving care are often more susceptible due to existing illness or reduced immunity, making infection-prevention measures critical to maintaining patient safety.
8. Preventing HCAs requires consistently interrupting the chain of infection. Key measures include effective hand hygiene, appropriate use of personal protective equipment, safe waste handling, thorough environmental cleaning and correct sterilisation of instruments. Strong staff training, assurance processes and adherence to infection-control policies are essential. Early identification and isolation of infectious patients, alongside responsible use of antibiotics, also help reduce transmission and limit antimicrobial resistance, including organisms such as MRSA and *Clostridioides difficile*.

System Responsibilities

9. NHS England provides national leadership by setting infection-prevention and control (IPC) standards, monitoring provider performance and analysing surveillance data supplied through UKHSA's mandatory reporting systems. This includes publication of the HCAI Compendium and support for national reduction programmes, such as those targeting Gram-negative bloodstream infections. Integrated Care Boards (ICBs) hold system-level responsibility for ensuring commissioned services meet statutory IPC requirements, improving provider performance, supporting outbreak response and embedding antimicrobial stewardship.
10. The UK Health Security Agency (UKHSA) has a central role in the prevention and control of healthcare-associated infections (HCAs) across England. UKHSA undertakes comprehensive national surveillance, collecting and analysing data on key organisms such as *Clostridioides difficile*, *E. coli*, *Klebsiella*, *Pseudomonas aeruginosa* and *Staphylococcus aureus* through mandatory reporting systems. The information captured through the HCAI Data Capture System provides insight into where infections are occurring, how incidence is changing over time and the factors influencing these trends. This surveillance underpins national epidemiological reporting and supports the development of policies and interventions across the health system.
11. In addition to surveillance, UKHSA produces evidence-based guidance for preventing and managing HCAs in hospitals, social care settings and community services. The agency also monitors antimicrobial resistance trends and supports responsible antibiotic use, recognising antimicrobial resistance as a significant and growing risk to effective healthcare.
12. UKHSA also advances scientific understanding of infection transmission through research into environmental and behavioural factors that influence the spread of pathogens. This includes work undertaken in controlled settings, such as a modular ward that simulates a

hospital environment and allows safe study of infection pathways. Findings from this research inform national guidance and contribute to improvements in infection-prevention practice and healthcare design.

13. At a local level the UKHSA provides direct support to NHS trusts and local authority public health teams through the North East Health Protection Team. Through close partnership working, UKHSA offers expert input on outbreak management, risk assessment and targeted actions where infection trends cause concern.
14. The North East Health Protection Team supports frontline services with timely, practical advice that enables them to respond effectively to increased infection pressures and implement appropriate control measures. This collaborative approach strengthens the overall resilience of local systems and contributes to improved patient safety.
15. County Durham and Darlington NHS Foundation Trust (CDDFT) has an agreed framework for preventing and managing healthcare-associated infections, which shapes the way care is delivered across its hospital sites every day.
16. The Trust sets clear infection-prevention priorities in its Quality Accounts, focusing on reducing infections such as MRSA and *Clostridioides difficile* through measures including routine hand-hygiene auditing, enhanced environmental cleanliness, antimicrobial stewardship, and consistent staff training.
17. The Trust has in place governance arrangements, including regular reporting to the Trust Board, and works closely in collaboration with partners across the wider health and care system. This joint working helps ensure that infection-prevention activity is aligned across organisations and that emerging issues are identified and addressed promptly. This approach aims to create a responsive framework that enables the Trust to detect, investigate and act on infection risks in a timely and coordinated way.
18. This robust framework enables the Trust to respond effectively whenever infection-prevention concerns arise. In recent years the Trust has strengthened monitoring, enhanced clinical practice and worked closely with partners to ensure appropriate, proportionate actions are taken in response to emerging risks. Where specific issues have been identified, whether related to environmental factors, patient pathways or staff practice, the Trust has implemented targeted measures such as increased auditing, additional staff competency work, focused cleaning regimes and improved communication with patients and partners. These actions all support early detection and prompt intervention while maintaining safe, high-quality care.
19. The local authority has a statutory responsibility to protect and improve the health of its population, which includes contributing to the prevention and management of HCAs. Through the Director of Public Health, the authority maintains oversight of local health-protection arrangements and ensures that appropriate systems are in place across community settings, including care homes. This work is undertaken in close partnership with the UKHSA, which monitors infection patterns and provides expert advice, enabling the local authority to respond promptly to emerging risks and coordinate action with NHS and system partners.

20. Within the care-home sector, the local authority provides an important supportive and advisory function alongside the regulatory activity of the Care Quality Commission (CQC). While CQC inspections assess hygiene, staff practice and the effectiveness of infection-prevention measures, the local authority complements this by helping providers understand and implement national guidance, facilitating staff training and offering practical advice during outbreaks or areas of concern.
21. To maintain oversight of infection-prevention standards, the local authority draws on a range of intelligence, including CQC inspection outcomes, local surveillance data, outbreak reports and feedback from providers, residents and the public. Where issues are identified, the authority works closely with UKHSA, the NHS, Commissioning and Contracting teams and care homes to agree and monitor improvement actions, ensuring that key practices, such as hand hygiene, environmental cleaning and appropriate use of personal protective equipment, are consistently applied. Through this coordinated partnership approach, the local authority contributes to sustaining high standards of infection prevention and supporting safe, high-quality care across local services.
22. The prevention and control of healthcare-associated infections depends on effective collaboration across the whole health and care system. National bodies such as NHS England and UKHSA set standards, carry out surveillance and provide guidance and expertise, while local partners, including CDDFT, the ICB and the local authority, work within these standards to deliver a coordinated approach.
23. Through application of infection-prevention and control measures, effective outbreak identification and management, guidance and advice and ongoing quality improvement, this approach aims to collectively to reduce infection risks, for patients, across all care settings.

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UK Health
Security
Agency

Healthcare associated infection- system approach and working in partnership

Dr Joanne Darke UKHSA

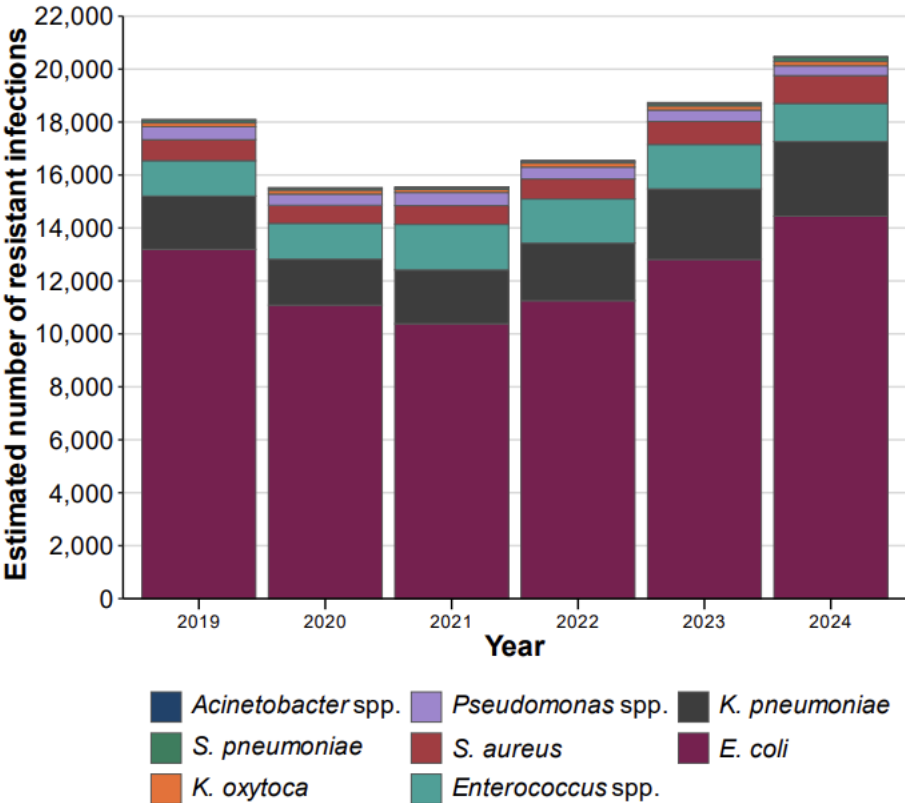
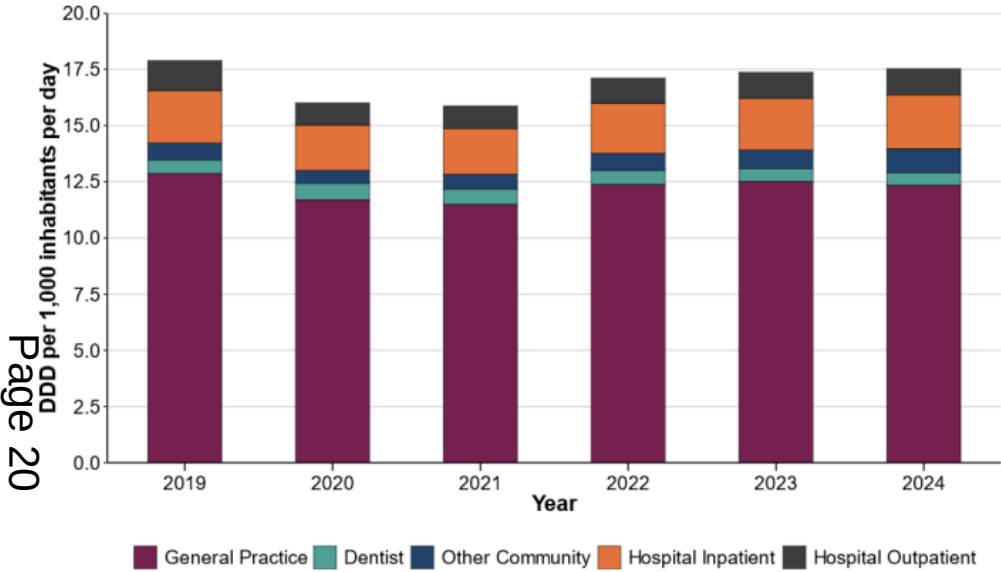
Roles and responsibilities

- Healthcare associated infections (HCAs) remain a preventable risk across health and care settings, arising from the spread of microorganisms in environments where patients are potentially vulnerable.
- Tackling HCAs requires coordinated action across national, regional and local systems.
- While national bodies provide leadership and standards, local partners have to translate this into practical action through surveillance, provider support and targeted improvement work
- NHS England provides national leadership by setting infection prevention and control (IPC) standards, monitoring provider performance and analysing surveillance data supplied through UKHSA's mandatory reporting systems
- Integrated Care Boards (ICBs) hold system level responsibility for ensuring commissioned services meet statutory IPC requirements, improving provider performance, supporting outbreak response and embedding antimicrobial stewardship

UKHSA roles and responsibilities

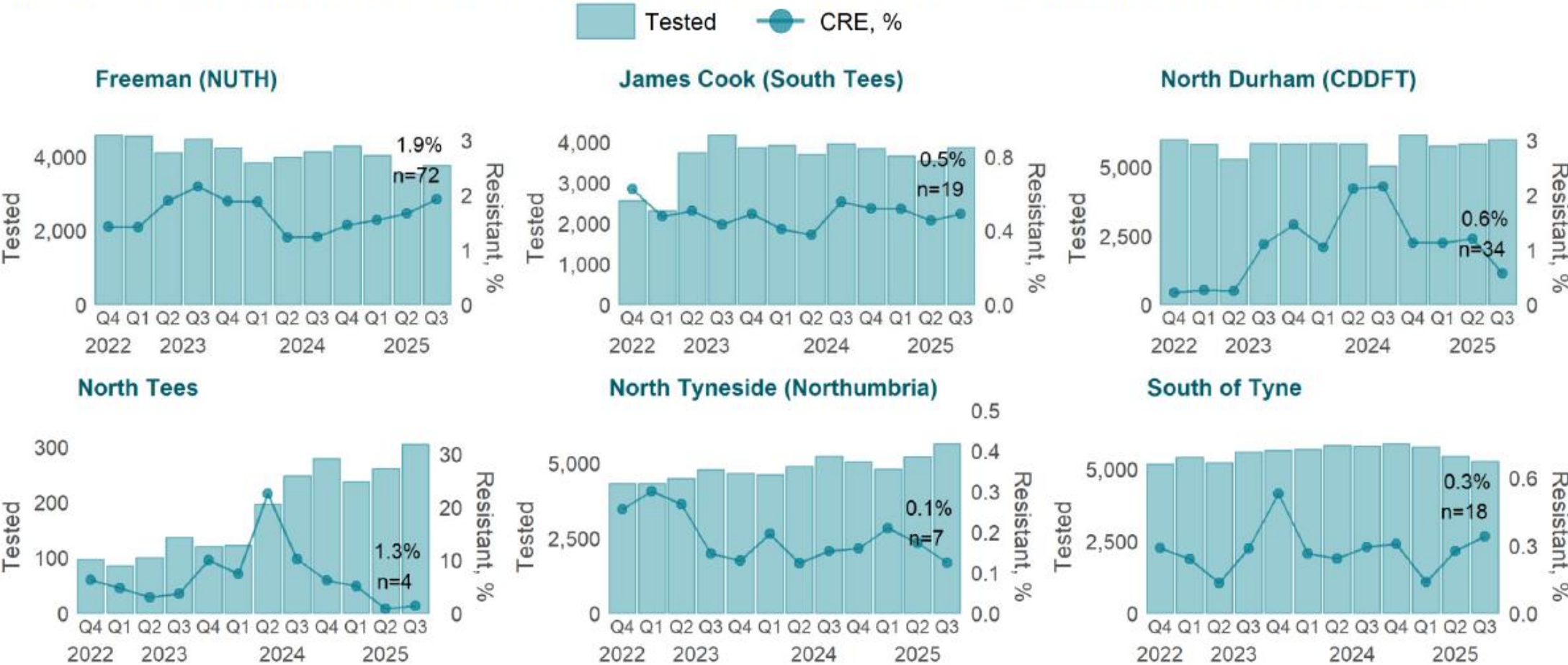
- UKHSA undertakes comprehensive national surveillance, collecting and analysing data on key organisms such as *Clostridioides difficile*, *E. coli*, *Klebsiella*, *Pseudomonas aeruginosa* and *Staphylococcus aureus* through mandatory reporting systems
- This information provides insight into where infections are occurring, how incidence is changing over time and the factors influencing these trends
- At a local level, healthcare organisations use this data to respond effectively to increased infection pressures and implement appropriate control measures
- Local health protection teams provide the link between local healthcare organisations and national experts where required
- UKHSA works with NHS England to produce evidence-based guidance for preventing and managing HCAs in hospitals, social care settings and community services
- The agency also monitors antimicrobial resistance trends and supports responsible antibiotic use, recognising antimicrobial resistance as a significant and growing risk to effective healthcare.
- UKHSA also advances scientific understanding of infection transmission through research into environmental and behavioural factors that influence the spread of pathogens

ESPAUR Report: total NHS antibiotic consumption and increasing burden of antibiotic resistant bacteraemia nationally

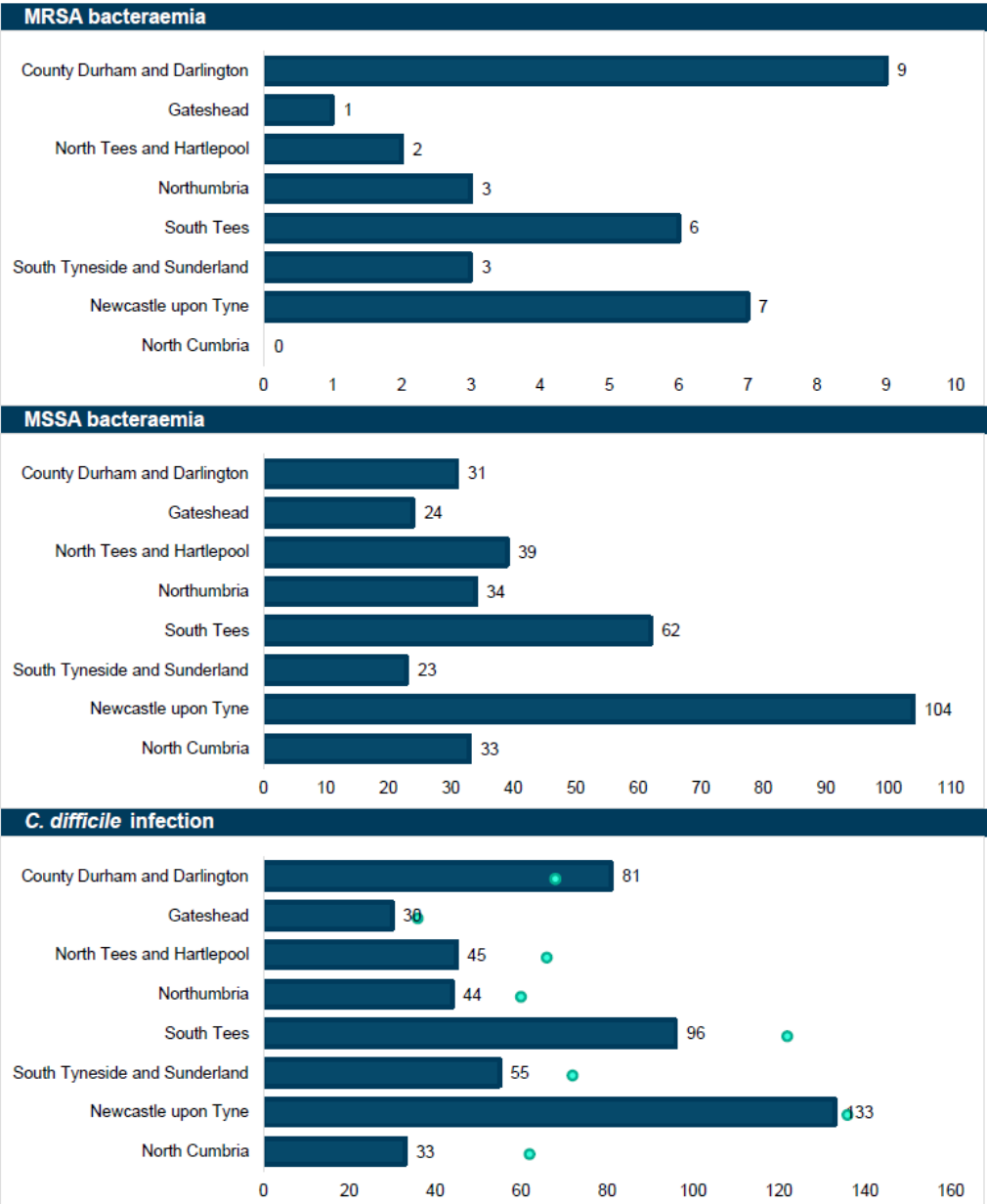


Antimicrobial resistance data: CPE

Figure 1: Number of Enterobacterales cases reported and proportion suspected by NHS laboratory and quarter, October 2022 to September 2025



Surveillance data: MRSA, MSSA and C.difficile infection- 2025/26 to date



This document was classified as: OFFICIAL

County Durham and Darlington NHS Foundation Trust, Healthcare Associated Infection Reduction Actions:

Page 3

- The Trust undertakes systematic reviews of national frameworks and guidelines to ensure incorporated into Trust policy.
- Reducing healthcare-associated infections (HCAIs) remains a key Trust priority, with acknowledgement of ongoing improvement initiatives.
- An IV Working Group has been established to support implementation of best practice and will transition into the HCAI Reduction Meeting to strengthen senior leadership engagement.
- An executive-led HCAI Reduction Meeting has been introduced, involving Care Group triumvirate leads, to enhance engagement, accountability, and ownership of infection prevention and control (IPC) practice.
- Executive-led patient infection reviews have been implemented for all HCAI MRSA bloodstream infections (BSI) and Clostridioides difficile infections (CDI). Learning and outcomes from these reviews are escalated through Care Group governance meetings to ensure oversight and monitoring of agreed actions, with thematic learning
- The Trust governance framework includes routine reporting of HCAI performance to the Quality Committee and the Trust Board.
- A refreshed 2026 HCAI Reduction Action Plan has been developed, encompassing clinical practice, estates, and environmental cleanliness.
- The Infection Prevention and Control Team (IPCT) has proactively implemented a range of nursing-led initiatives, including Building Relations with Infection Control & Clinical Staff (BRICCs)



Diarrhoea?

BE-ASSURED, that you are doing the right thing for our patients!

B Bristol stool chart

E EPR documentation

A Assess patient – any other cause?

S Sample – timely (to lab within 4 hours)

S Segregate/isolate (within 2 hours)

U Ulysses – failure to isolate

R Risk assess – infectious cause?

E Escalate to patient flow (if required)

D Door sign – Contact precautions

Bristol Stool Chart – types
First consider the patients normal bowel habits

Type 1		Separate hard lumps, like nuts
Type 2		Sausage shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces, entirely liquid

Samples should be taken as soon as possible and should be received in the lab within 4 hours of taking.

Discuss with microbiology regarding treatment plans where required.

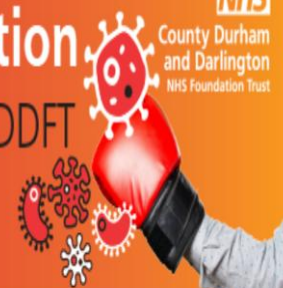
safe • compassionate • joined-up care



Fight Back Infection

We need you Team CDDFT

[CLICK HERE](#)





Transmission Based Precautions

Contact

PPE

Apron
Eye/face protection - Risk assess
Gloves – Risk assess

Droplet

PPE

Apron
Fluid resistant surgical Mask or FFP3 mask
Eye/face protection
Gloves – Risk assess

Airborne

PPE

Gown
FFP3 mask
Eye/face protection
Gloves – Risk assess

If you have any questions, please see nursing staff for more information

safe • compassionate • joined-up care

#TeamCDDFT



Carbapenemase Producing Enterobacterales (CPE) e.g. of collaborate working :

Previous Trust position with ongoing outbreaks	Current Trust position – no outbreaks
73 collaborative CPE outbreak meetings with CDDFT / ICB / local authority / UKHSA	Monthly collaborative CPE assurance meetings
Broader expert support from other experts, including from NHS New Hospital Programme	Continued patient testing and surveillance – monitoring of CPE prevalence & escalation process
Extended patient testing and surveillance – monitoring of CPE prevalence	Monitoring of compliance to IPC practices with monthly audit programme
Support for external auditing, for compliance with IPC clinical practices	Review of actions implemented in outbreaks
Development of patient information, including engagement with move to water light outbreak management approach	Moved from water light bathing to risk assessment approach to enable patient showering
If patient detected with CPE, this is included in discharge summary for partnership working with community teams	Decant facilities to enable ward refresh programmes and periodic environmental deep cleaning is included in HCAI reduction action plan

Antimicrobial Stewardship Actions



Rolling program of audit
compliance and
intravenous route



Antibiotics



Education

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Public Health Oversight

- Partnership working paired with statutory responsibility to protect and improve health.
- Offer support and advisory function across provider settings.
- Help providers understand and implement national guidance, facilitate training, provide advice, support outbreak response.
- Lead innovative research to protect health.
- Co-ordinated response within wider DBC teams for system wide support for our population.
- Future planning – the unknown burden of future threats to health.



Effective partnership based co-ordinated approach requires:

- Robust infection prevention practice in all settings.
- Good awareness and education ranging from public to professionals.
- Effective prescription and management of antibiotics.
- Global, national and local surveillance.
- Well resourced infection prevention and health protection support for all settings including capacity for outbreak response.
- Regulatory agency oversight – NHSE, ICB, CQC.
- Addressing social and health inequalities: communities lacking resources face disparities in infection related outcomes.
- Duty of Candour.



Preventing Homelessness & Rough Sleeping Strategy

Annual Review March 2026



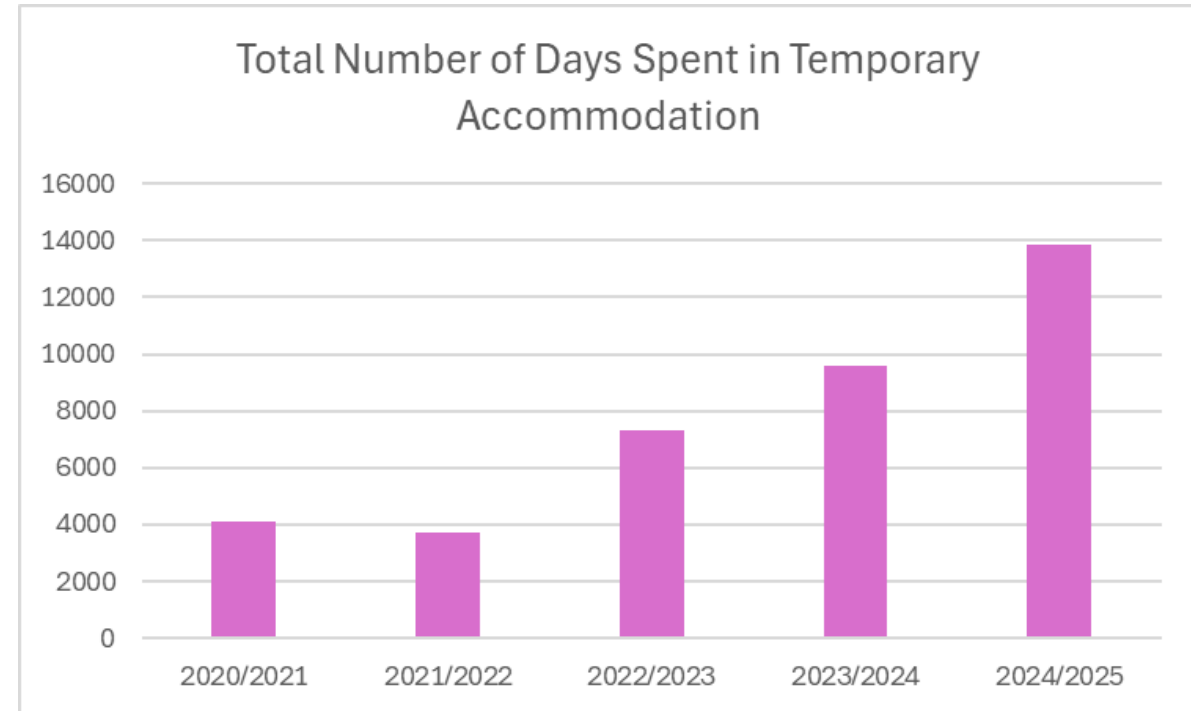
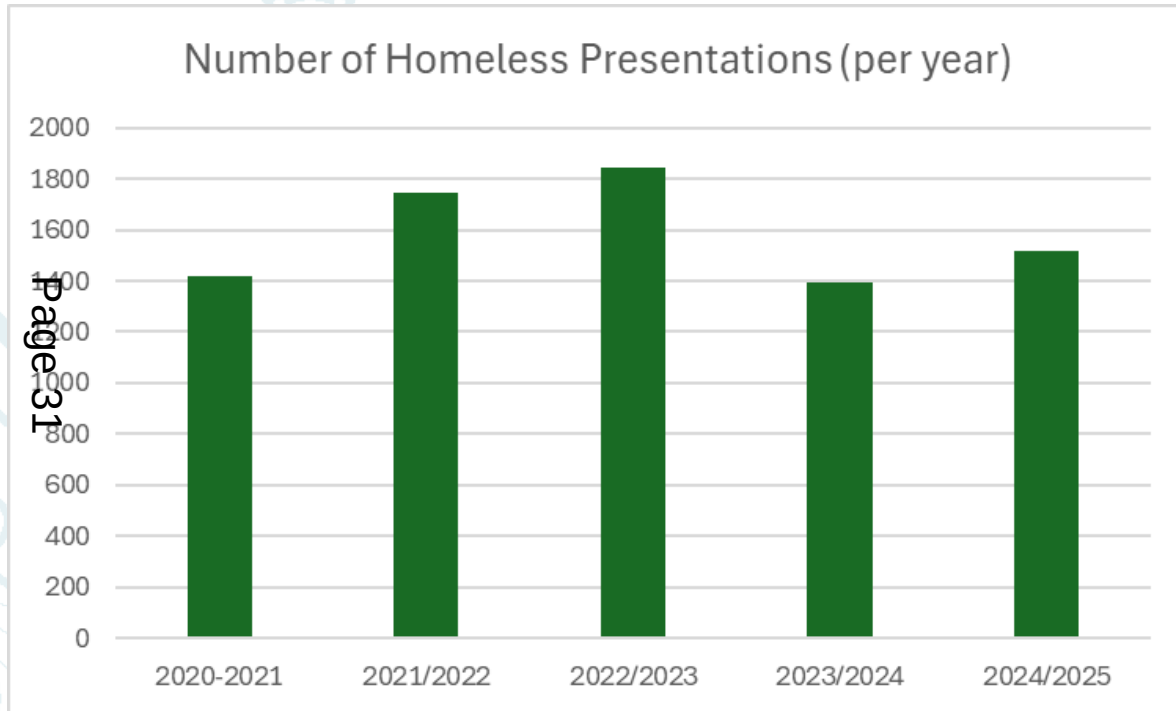
What were the key aims of the strategy?

Vision

- To work in partnership to end homelessness in Darlington
- Every resident in Darlington has a secure, affordable place to call home
- The right support is in place at the right time
- Where homelessness occurs it is rare, brief and non-recurring



What is the data telling us about homelessness in Darlington?

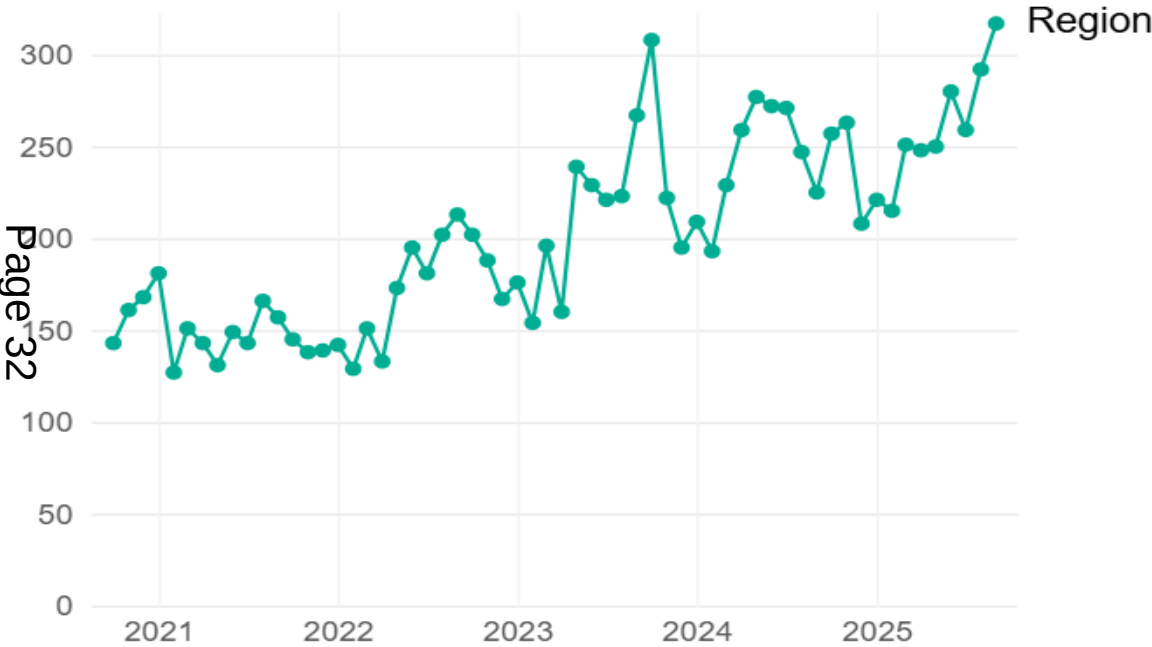


The number of people presenting as homeless is slightly higher than pre-Covid, however clients are spending longer in temporary accommodation due to lower numbers of suitable move-on accommodation and due to clients housing and health needs

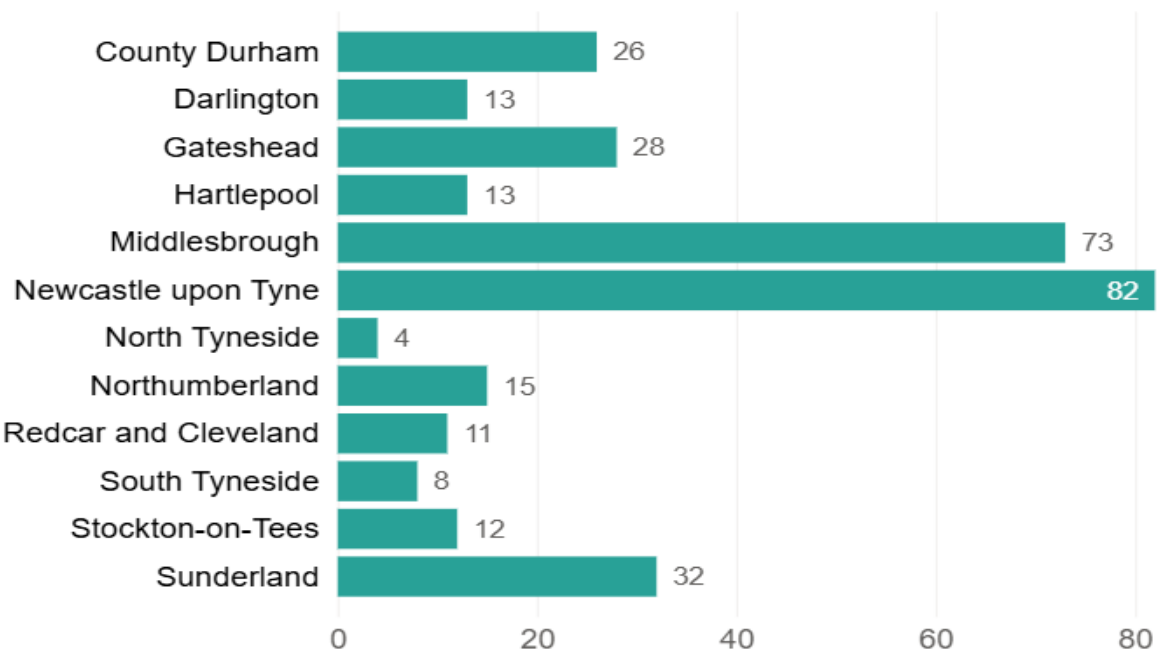


What is the data telling us? (cont)

Count of people sleeping rough
October 2020 to September 2025



Count of people sleeping rough
September 2025

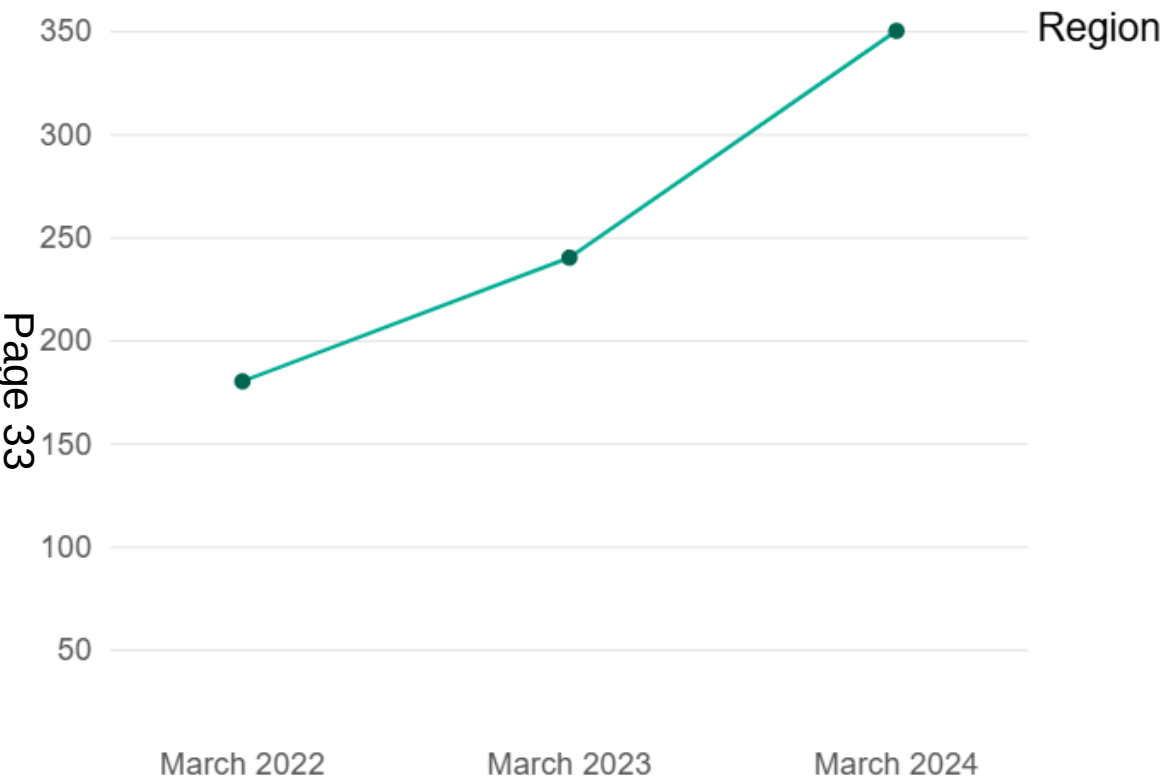


- MHCLG data shows us in Sept 2025 there were 13 people sleeping rough across the month. This is an increase on 2024

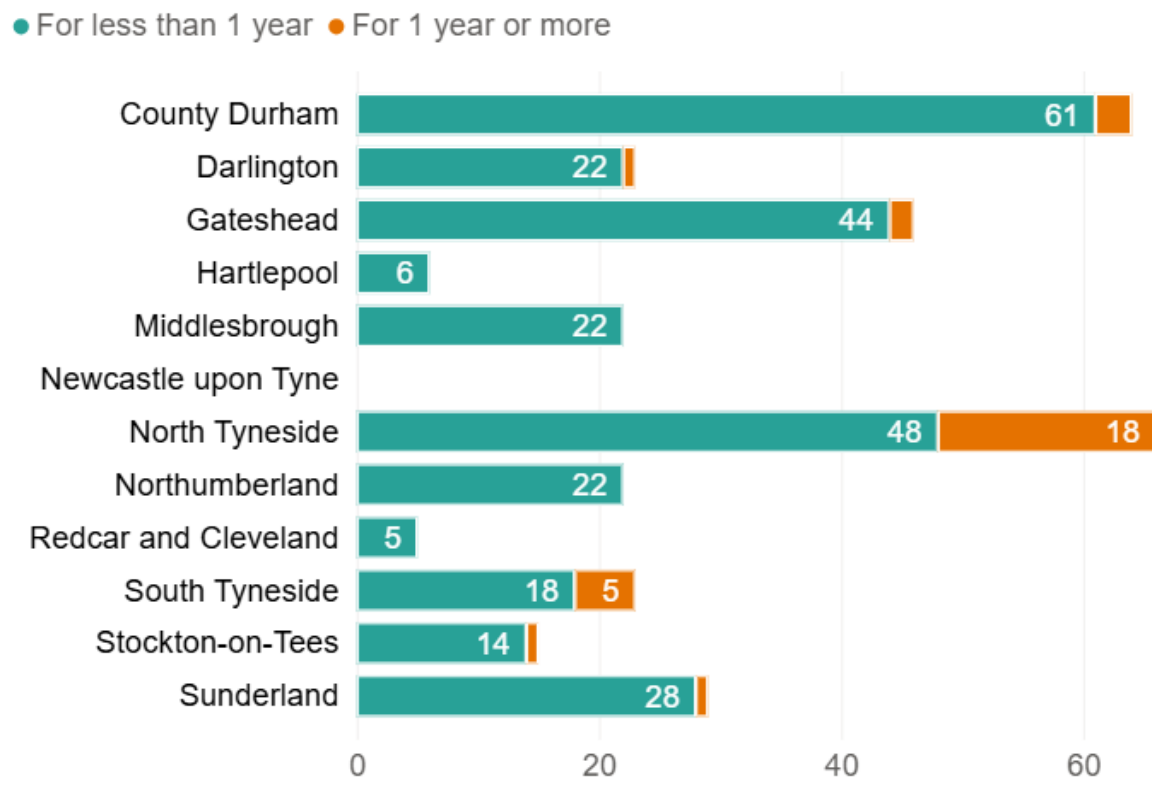


What is the data telling us? (cont)

Count of households with children in temporary accommodation
March 2022 to March 2024



Count of households with children in temporary accommodation
March 2024



- There has been an increase across all north-east local authorities of families in temporary accommodation.

What have we done since the strategy was implemented?

- Set up the new Homeless Forum which is a multi-agency partnership group to help drive improvements and enhance partnership working.
- Recruited a dedicated Housing Options Officer (Domestic Abuse) and brought 2 dedicated domestic abuse properties online.
- Increased temporary accommodation numbers:
 - 3 additional temporary accommodation units (buying back properties)
 - Single Homeless Accommodation Programme (SHAP) working with partners way through to bring 12 units online for 18–25-year-olds
 - Forever Homes Project working with partners 700 Club to bring online 12 homes for families
 - Procured additional bed and breakfast accommodation
 - Probation CAS3 Accommodation
 - Rough Sleeper Bed



What have we done since the strategy was implemented? (cont)

- Agreed a Severe Weather Protocol across the Tees Valley to provide a consistent approach to homeless presentations in times of severe weather.
- Set up Task and Finish Groups with the members of the Forum to look at specific areas:
 - Improve information available for public and professionals
 - Source additional move on accommodation. Nomination Agreements are in place and working with Registered Providers to use their stock for temporary accommodation. START and STEP projects
 - Increase specialist accommodation such as sit up services, accommodation for multi-complex needs
 - Identify funding opportunities
 - Rough Sleeping – pathways/ outreach / early morning sweeps /support



A National Plan to End Homelessness

- On 11 Dec 2025 the new National Plan to End Homelessness was published.
- At its core it recognises that local authorities cannot end homelessness alone or overnight and partnership working and local action plans are key.
- It focuses on change across the whole homeless level:
 - Long-term sustainable solutions such as building more homes, reforming renters rights.
 - Medium-term improvements to shift from a crisis and reactive stance to a preventative model.
 - Immediate action to end long-term use of B&Bs for families and to improve temporary accommodation.



A National Plan to End Homelessness (cont)

- Grant funding is available and has been included in the new consolidated local authority finance agreements.
- A new action plan must be produced by each local authority by October 2026 and agreed by MHCLG.
- Actions must be based on local need and link in with new or existing homeless strategies.
- A review of our existing action plan is under-way and the new Homeless Forum and Task and Finish Groups will be involved in this work.
- New action plans must include clear targets.



The next 12 months

- Agree and implement the new action plan in line with A National Plan to End Homelessness.
- Agree and set local targets and performance indicators in line with the new National Plan.
- Continue to seek opportunities to increase good quality temporary accommodation within the Borough.
- Implement an agreed temporary accommodation standard which will help to ensure all temporary accommodation is good quality, safe and clean for clients.
- Commence a review of nomination agreements between DBC and other registered providers to ensure they adhere to these and assist in housing homeless clients.



The next 12 months (cont)

- Improve communication and engagement with private landlords
- Explore landlord incentives.
- Renter Rights Act – May 2026, work with other teams to understand and prepare.
- Identify higher risk groups with partner agencies to understand and improve support available.
- Continue work around rough sleeping.
- Review staffing resource internally to ensure adequate focus is towards prevention of homelessness in line with new National Plan.



Questions?



DARLINGTON
Borough Council

HEALTH AND HOUSING SCRUTINY COMMITTEE
4 MARCH 2026

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider the work programme items scheduled to be considered by this Scrutiny Committee during the 2025/26 Municipal Year and to consider any additional areas which Members would like to suggest should be included.

Summary

2. Members are requested to consider the attached work programme (**Appendix 1**) for the remainder of the 2025/26 Municipal Year which has been prepared based on Officers recommendations and discussions held at the Health and Housing Scrutiny Committee Annual Briefing which took place on 27 May 2025.
3. Any additional areas of work which Members wish to add to the agreed work programme will require the completion of a quad of aims in accordance with the previously approved procedure (**Appendix 2**).

Recommendation

4. It is recommended that Members note the current status of the Work Programme and consider any additional areas of work they would like to include.

Amy Wennington
Assistant Director Law and Governance

Background Papers

No background papers were used in the preparation of this report.

Author : Hannah Miller 5801

Council Plan	The report contributes to the Council Plan in a number of ways through the involvement of Members in contributing to the delivery of the Plan. The Work Programme contains items which enable Members to scrutinise those areas that contribute the priority of 'Homes' - affordable and secure homes that meet the current and future needs of residents and 'Living Well' – a healthier and better quality of life for longer, supporting those who need it most.
Addressing inequalities	There are no issues relating to diversity which this report needs to address.
Tackling Climate Change	There are no issues which this report needs to address.
Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme.
Health and Wellbeing	This report has no direct implications to the Health and Well Being of residents of Darlington.
S17 Crime and Disorder	This report has no implications for Crime and Disorder.
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

5. The format of the work programme has been reviewed to enable Members of this Scrutiny Committee to provide a rigorous and informed challenge to the areas for discussion.
6. The Council Plan was adopted on 18 July 2024, and outlines Darlington Borough Council's long-term ambitions for Darlington and priorities for action over the next three years. It gives strategic direction to the Council and Council services, defining priorities, identifying key actions, and shaping delivery.
7. The Council Plan identifies six priorities, including 'Homes', which states that good housing should be affordable, safe, secure and of decent quality and that good housing is important for the health and wellbeing of residents and communities, it revitalises communities and encourages businesses to locate and create jobs; and 'Living Well', which states that more years in good health leads to more fulfilling lives, and a better standard of living, however the Plan highlights that are inequalities in Darlington across all stages of life which are influenced by broader social factors including education, employment, housing and income. These priorities are supported by eight and seven key deliverables respectively.

Forward Plan and Additional Items

8. Once the Work Programme has been agreed by this Scrutiny Committee, any Member seeking to add a new item to the work programme will need to complete a quad of aims.
9. A copy of the Forward Plan has been attached at **Appendix 3** for information.

Climate Considerations

10. Tackling climate change is a shared responsibility. Climate change as a stand-alone issue sits within the remit of the Economy and Resources Scrutiny Committee, however everything the Council does either has an impact on, or is impacted by, climate change so it is important that all Scrutiny Committees ensure that everything that comes before them has considered this. The Council Plan now includes climate change as a key principle underpinning everything the Council does.
11. The Sustainability and Climate Change Lead Officer has provided questions for Members of this Committee to consider when scrutinising reports. These questions will also form part of any submitted quad of aims. A copy of the questions has been attached at **Appendix 4**.

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HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Preventing Homelessness and Rough Sleeping Strategy 2025-2030	4 March 2026 Last considered 15/01/2025	Janette McMain		Annual Review
Healthcare Associated Infections	4 March 2026	Lorraine Hughes		
Housing Services Climate Change Strategy update	15 April 2026	Anthony Sandys		Annual update
Director of Public Health Annual Report	15 April 2026	Lorraine Hughes		Annual Update
Quality Accounts – 6 Monthly Update	7 January 2026	TEWV/ CDDFT		
Year End Update	May/June 2026			
Performance Management and Regulation/ Management of Change	7 January 2026	Relevant AD		To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
Regular Performance Reports to be Programmed	August 2026			
Physical Activity Strategy	August 2026	Lisa Soderman		Annual Update

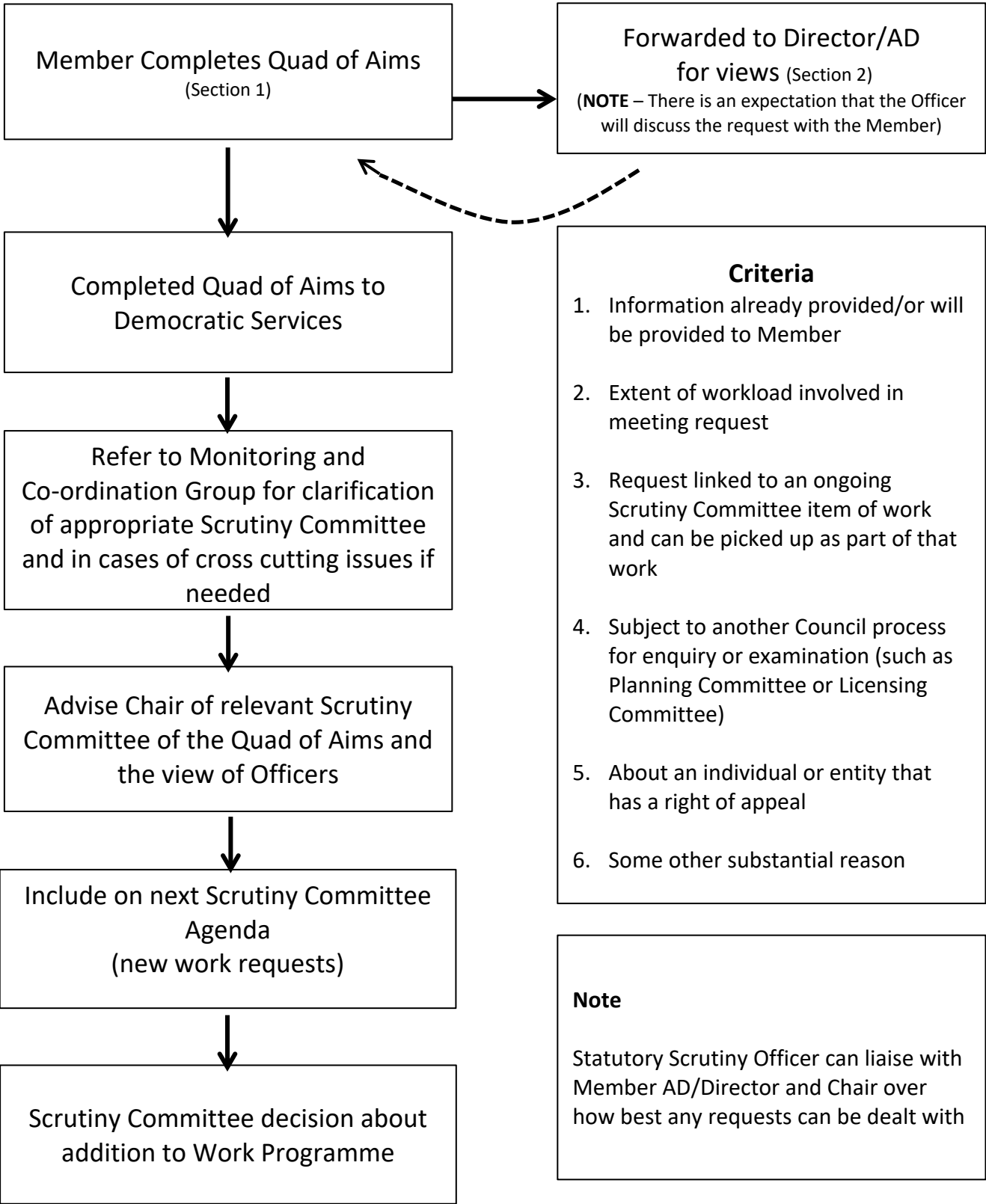
Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Housing Services Anti-Social Behaviour Policy	October 2026	Anthony Sandys/ Claire Gardner- Queen		Prior to submission to Cabinet
Housing Services – Housing Management Policy	October 2026	Anthony Sandys/ Claire Gardner- Queen		Prior to submission to Cabinet
Healthy Weight Plan	TBC	TBC		
Better Care Fund	Last considered 3 September 2025	Paul Neil		Annual Report
Health and Safety Compliance in Council Housing update	Last considered 3 September 2025	Cheryl Williams / Anthony Sandys		Annual Update
Health Protection Assurance Report	Last considered 29 October 2025	Ken Ross / Cherry Stephenson		Annual Update
Housing Services Tenant Involvement Strategy 2024-2029	Last considered 29 October 2025 Last considered 23/10/2024	Claire Gardner- Queen		Annual Update

Archived Items

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Waiting lists for NHS services	Last considered 18/06/2025			
Fire Safety Policy for purpose built blocks of flats, Sheltered and Extra Care Schemes 2025 – 2030	Last considered 18/06/2025			
Chronic Illness Prevention	3 September 2025	Ken Ross		
Homes Strategy	3 September 2025	David Hand		
ICB and expected changes	Informal Briefing 16 October 2025	Martin Short		
Housing Services Tenancy Policy 2025- 2030	29 October 2025	Claire Turnbull		
Child Accident Prevention	29 October 2025	Jane Sutcliffe Victoria Cooling, CDDFT		
Suicide Prevention	7 January 2026	Rebecca Morgan		

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PROCESS FOR ADDING AN ITEM TO SCRUTINY COMMITTEE’S
PREVIOUSLY APPROVED WORK PROGRAMME



PLEASE RETURN TO DEMOCRATIC SERVICES

QUAD OF AIMS (MEMBERS' REQUEST FOR ITEM TO BE CONSIDERED BY SCRUTINY)

SECTION 1 TO BE COMPLETED BY MEMBERS

NOTE – This document should only be completed if there is a clearly defined and significant outcome from any potential further work. This document should **not** be completed as a request for or understanding of information.

REASON FOR REQUEST?	RESOURCE (WHAT OFFICER SUPPORT WOULD YOU REQUIRE?)
PROCESS (HOW CAN SCRUTINY ACHIEVE THE ANTICIPATED OUTCOME?)	HOW WILL THE OUTCOME MAKE A DIFFERENCE?

Signed Councillor

Date

SECTION 2 TO BE COMPLETED BY DIRECTORS/ASSISTANT DIRECTORS
(NOTE – There is an expectation that Officers will discuss the request with the Member)

1. (a) Is the information available elsewhere? Yes No If yes, please indicate where the information can be found (attach if possible and return with this document to Democratic Services) (b) Have you already provided the information to the Member or will you shortly be doing so? 2. If the request is included in the Scrutiny Committee work programme what are the likely workload implications for you/your staff? 3. Can the request be included in an ongoing Scrutiny Committee item of work and picked up as part of that? 4. Is there another Council process for enquiry or examination about the matter currently underway? 5. Has the individual or entity some other right of appeal? 6. Is there any substantial reason (other than the above) why you feel it should not be included on the work programme? 	Criteria 1. Information already provided/or will be provided to Member 2. Extent of workload involved in meeting request 3. Request linked to an ongoing Scrutiny Committee item of work and can be picked up as part of that work 4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee) 5. About an individual or entity that has a right of appeal 6. Some other substantial reason
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Signed **Position** **Date**

PLEASE RETURN TO DEMOCRATIC SERVICES

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**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**



DARLINGTON

Borough Council

**FORWARD PLAN
FOR THE PERIOD: 3 FEBRUARY 2026 – 30 JUNE 2026**

Title	Decision Maker and Date
Capital Strategy	Cabinet 3 Feb 2026
Land at Salters Lane, Cummins - Proposed sale of plot	Cabinet 3 Feb 2026
MTFP 2025/26 - Final Version Post Consultation	Cabinet 3 Feb 2026
Project Position Statement and Capital Programme Monitoring - Quarter 3	Cabinet 3 Feb 2026
Housing Revenue Account - MTFP 2026-27 To 2029-30	Cabinet 3 Feb 2026
Prudential Indicators and Treasury Management Strategy	Cabinet 3 Feb 2026
Revenue Budget Monitoring - Quarter 3	Cabinet 3 Feb 2026
Schools Admissions 2027/28	Cabinet 3 Feb 2026
Special Free School	Cabinet 3 Feb 2026
Biodiversity Duty Reporting	Cabinet 3 Mar 2026
Calendar of Council and Committee Meetings	Cabinet 3 Mar 2026
Consultation on Local Plan Review	Cabinet 3 Mar 2026
Darlington Transport Plan	Cabinet 3 Mar 2026
Delivery of the Stem Centre	Cabinet 3 Mar 2026
Annual Procurement Plan	Cabinet 7 Apr 2026
Annual Statement of Accounts 2025/26	Cabinet 7 Apr 2026
Blackwell Parkland - Proposed Village Green Registration	Cabinet 7 Apr 2026
Crisis and Resilience Fund	Cabinet 7 Apr 2026
Darlington Community Safety Plan 2026-2029	Cabinet 7 Apr 2026
Introduction of the Renters Rights Act 2025	Cabinet 7 Apr 2026
Land at Ingenium Parc and Morton Palms - Development Proposal	Cabinet 7 Apr 2026
Schedule of Transactions	7 Apr 2026
Town Centre Regeneration and East Street Development	Cabinet 7 Apr 2026

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Climate Considerations

Questions for scrutiny committee members to ask

1. Will the proposal/project result in an increase in carbon emissions?
 - How have you ensured that energy is not wasted or lost through poor insulation, heating the wrong areas or inefficient lighting?
 - Will there be an increase in business travel or commuting?
 - How easy will it be for people to travel by public transport, bicycle or walking?
 - Is there a need for travel at all?
 - Will there be an increase in waste disposal?
2. How will you reduce emissions?
 - How can you reduce energy use?
 - How can you reduce use of natural resources?
 - How can you ensure suppliers are working in a sustainable way?
 - How can you reduce waste?
 - How can you improve energy efficiency?
3. Will the proposal have any impacts on biodiversity (positive or negative)?
 - Will there be a net reduction in trees?
 - Are there opportunities for planting?
 - Are there other habitats or wildlife considerations?
4. Does the proposal incorporate/promote the development of renewable energy?
 - How can you increase the use of renewable energy in your project?
5. How can you minimise emissions from transport?
 - How can your project enable and encourage active travel?
 - How can you reduce the need for travel at all?
6. How will you make the proposal/project resilient to the impacts of climate change, such as more frequent severe weather, floods and heatwaves?
 - How can your project be designed to be resilient to these occurrences?
 - How can you ensure the building does not overheat in summer?
 - How will your service travel during these events?
 - How can communities using your service be protected?

Supplementary questions

- Does any procurement consider the impact on the environment?
- How does the project/proposal support the climate change strategy, tree and woodland strategy and sustainable communities strategy?
- How does the project/proposal support local businesses and employers to be sustainable?
- How can the project/proposal help develop local skills?

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