

COUNCIL
26 MARCH 2026

OVERVIEW OF HEALTH AND HOUSING SCRUTINY COMMITTEE

1. Since the last meeting of the Council, the following are the main areas of work the Health and Housing Scrutiny Committee has undertaken.

Healthcare Associated Infections Update

2. We welcomed a report and presentation explaining what healthcare-associated infections (HCAIs) are, how they occur, and the key measures used to prevent them and how infections spread within healthcare environments. We were provided with details of the roles of the organisations responsible for preventing and managing HCAIs and an overview of some of the work taking place locally in relation to HCAIs.
3. The presentation provided figures for NHS antibiotic consumption and antimicrobial resistance for Carbapenemase-producing Enterobacterales (CPE), MRSA, MSSA and C.difficile infections for 2025/26 and Members were provided with details of County Durham and Darlington NHS Foundation Trust's actions to reduce HCAI's, with particular reference made to examples of collaborative working to address CPE outbreaks. Members were also provided with details of the work undertaken in relation to antimicrobial stewardship, including a rolling programme of audit compliance, reducing the use of high risk antibiotics and education of staff.
4. We discussed the risk assessment approach in relation to bathing, with Members being assured that these are based on the individual, and in relation to MRSA infections Executive-led patient infection reviews have been implemented and policy has been changed to introduce universal screening to allow early identification of infections and inform a targeted screening programme in the future.
5. We have requested further information regarding the impact of HCAI of CPE within care home settings and we discussed the learning from the CPE outbreak within the Trust. Members noted that audits had previously shown poor compliance in relation to infection prevention control, including handwashing, and that this has been addressed over a three-year period through direct conversations and continued engagement with staff in relation to their roles and responsibilities and expectations regarding the Trust's policy for hand hygiene. External auditors have also supported this process and the Trust continues to undertake validation audits.
6. Members were advised that nationally work is being undertaken by a group of specialists to help inform the NHS new hospital programme and this included a review of risks associated with wastewater, drainage and ventilation.
7. We held a further discussion on CPE with Members being advised that discharge summaries would include information for those patients identified as carrying CPE and the patient would also be informed, however no further actions are required by care homes

beyond usual IPC practice and in relation to the ward refresh, the work is ongoing and will happen over a period of time, to manage the financial and logistical requirements.

Preventing Homelessness and Rough Sleeping Strategy 2025-2030

8. We received a presentation providing Members with an annual review of the Preventing Homelessness and Rough Sleeping Strategy.
9. The presentation outlined the key aims of the strategy, provided details of the number of homeless presentations, total number of days spent in temporary accommodation and the number of people sleeping rough across the Northeast region. Figures were also provided for the number of households with children in temporary accommodation. We recognised the pressures on the Council and its partners in dealing with increased levels of homeless presentations, the demand for temporary accommodation, and the difficulty in sourcing good quality move on accommodation.
10. Members were provided with details of the good progress on the strategy and the work undertaken since the strategy was implemented, including setting up a new Homeless Forum, a multi-agency partnership which had been established to help drive improvements and enhance partnership working, the recruitment of a dedicated housing options officer (domestic abuse) and increased temporary accommodation units, including the Single Homeless Accommodation Programme and the 700 Club's Forever Homes project. Members also noted that Task and Finish groups had been established as part of the forum to look at a range of specific areas, including improving information available for the public and professionals, sourcing more move-on accommodation and increasing specialist accommodation for people with complex needs.
11. We were also informed that the new National Plan to End Homelessness was published on 11 December 2025 which outlined a requirement for each local authority to produce a new action plan by October 2026 with sign off by the Ministry of Housing, Communities and Local Government and that actions must be based on local need and link in with the Council's homeless strategy.
12. We welcomed the next steps for the next 12 months, including improving information available for the public and professionals, sourcing more move-on accommodation and increasing specialist accommodation for people with complex needs. Following a question about the numbers of homeless presentations, we were advised that these figures included repeat presentations for homelessness with Members noting the work undertaken to address these; and following a question, we were advised that improved engagement with private landlords was needed with the introduction of the Renters Rights Act and what incentives could be made available.
13. Following a question, we were informed that there had been an increase in the number of families presenting as homeless; that this was thought to be as a result of Section 21 notices being served; and that given the numbers on the waiting list, there was a lack of move-on properties. Confirmation was given that, whilst bed and breakfast accommodation was sometimes used to house families temporarily in emergencies, the Council has never exceeded the 6-week limit. We noted that additional properties were also being sought from other regulated social housing providers.

14. Further discussion ensued regarding hidden homelessness, and we were assured that work was undertaken to identify those at risk of rough sleeping. However, we noted the positive impact outreach support was having on rough sleeping.

Work Programme

15. We have given consideration to the Work Programme for this Committee for the remainder of the Municipal Year 2025/26 and to any additional areas that Members would like to be included.
16. A number of items were suggested for inclusion on the work programme for the next municipal year, including Playing Pitch and Built Facilities Strategy, Housing Services Rent Setting Policy, Housing Services Annual Report 2025-26 and Oral Health Promotion Strategy.

Councillor Neil Johnson
Chair of the Health and Housing Scrutiny Committee