

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 4 March 2026

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

APOLOGIES – Councillor Pease

ALSO IN ATTENDANCE – Councillors Roche, Stuart Brown (County Durham and Darlington NHS Foundation Trust), Angela Cobb (County Durham and Darlington NHS Foundation Trust) and Joanne Darke (UK Health Security Agency)

OFFICERS IN ATTENDANCE – Lorraine Hughes (Director of Public Health), Anthony Sandys (Assistant Director - Housing and Revenues), Janette McMain (Housing Manager - Options and Lifeline), Claire Gardner-Queen (Head of Housing) and Hannah Miller (Democratic Officer)

HH41 DECLARATIONS OF INTEREST

Councillor Beckett declared an interest in Minute HH43 and left the meeting during the consideration of this item and Councillor Johnson declared a non-pecuniary interest in Minute HH44. There were no further declarations of interest reported at the meeting.

HH42 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 7 JANUARY 2026

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 7 January 2026.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 7 January 2026 be approved as a correct record.

HH43 HEALTHCARE ASSOCIATED INFECTIONS

The Director of Public Health submitted a report (previously circulated) 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. The submitted report also sets out the roles of the organisations responsible for preventing and managing HCAIs and outlines some of the work taking place locally in relation to HCAIs. A presentation (also previously circulated) accompanied the report.

It was reported that HCAIs remain a preventable risk across health and care setting; that reducing these infections depends on consistent application of key infection-prevention measures; and that tackling HCAI's requires coordinated action across national, regional and local systems.

The submitted report outlined the system responsibilities in relation to infection prevention and control (IPC), with NHS England providing national leadership by setting IPC standards, monitoring provider performance and analysing surveillance data supplied through the UK Health Security Agency's (UKHSA) mandatory reporting systems

Details were provided of the role of the UKHSA in the prevention and control of HCAs across England, with Members noting that at a local level, support is provided to NHS trusts and local authority health teams through the North East Health Protection Team.

It was reported County Durham and Darlington NHS Foundation Trust has an agreed framework for preventing and managing HCAs; that the Trusts Quality Accounts sets clear infection-prevention priorities; and that the Trust has governance arrangements in place and works closely in collaboration with partners across the wider health and care system to ensure the infection-prevention activity is aligned across organisations.

Reference was made to the statutory responsibility of the local authority to protect and improve the health of its population; that the local authority maintains oversight of local health protection arrangements and ensures that appropriate systems are in place across community settings including care homes; and in order 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.

A presentation provided figures for NHS antibiotic consumption and antimicrobial resistance for CPE, MRSA, MSSA and C.difficile infections for 2025/26; and Members were provided with details of CDDFT'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.

Discussion ensued regarding the risk assessment approach in relation to bathing, with Members being assured that these were based on the individual; that in relation to MRSA infections, Executive-led patient infection reviews have been implemented for all bloodstream infections and that policy had been changed to introduce universal screening to allow early identification of infections, which will inform future targeted screening approaches.

Members requested further information regarding the impact of HCAI of CPE within care home settings; and further discussion ensued regarding 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.

Following a question, Members were advised that work was being undertaken nationally by a group of specialists to help inform the NHS new hospital programme; this included a review of risks associated with wastewater, drainage and ventilation.

Further discussion ensued regarding 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 take place over a period of time, to manage the financial and logistical requirements.

RESOLVED – (a) That the contents of the report and the range of local and national responsibilities for preventing and managing HCAs, be noted.

(b) That the complex nature of HCAs and the multi-layered system of organisations involved in their prevention and control be recognised.

(c) That 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 HCA risks be acknowledged.

(d) That Members continue to seek assurance through Quality Accounts, regular surveillance reports and routine updates from system partners on ongoing infection-prevention performance.

HH44 PREVENTING HOMELESSNESS AND ROUGH SLEEPING STRATEGY 2025-2030

The Assistant Director Housing and Revenues submitted a presentation (previously circulated) providing Members with an annual review of the Preventing Homelessness and Rough Sleeping Strategy and in doing so outlined the key aims of the strategy.

The presentation provided details of the number of homeless presentations, total number of days spent in temporary accommodation and the number of people sleeping rough in Darlington and across the Northeast region. Figures were also provided for the number of households with children in temporary accommodation.

Details were provided of 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.

It was reported that the new National Plan to End Homelessness was published on 11 December 2025; that this recognised that local authorities cannot end homelessness alone or overnight, and that partnership working and local action plans are key; the plan focuses on change across the whole homeless level; and as part of the plan, grant funding is available and has been included in the new consolidated local authority finance agreements. Members were also informed that each local authority must 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.

The presentation outlined the planned work for the next 12 months, with particular

reference made to the implementation of the new action plan in line with A National Plan to End Homelessness, agreement of local targets and performance indicators in line with the new national plan, increasing the amount of good quality temporary accommodation, preparing for the Renters Rights Act and continued work around reducing rough sleeping.

Following a question about the numbers of homeless presentations, Members were advised that these figures included repeat presentations for homelessness with Members noting the work undertaken to address these; and following a question, Members 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.

Following a question, Members 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. Members noted that additional properties were also being sought from other regulated social housing providers.

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

RESOLVED – That the presentation be noted.

HH45 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 and a number of items were suggested for inclusion on the work programme for the next municipal year, including Playing Pitch and Built Facilities Strategy, Rent Setting Policy, Housing Annual Report and Oral Health Promotion Strategy.

RESOLVED – That the work programme be noted.

HH46 QUESTIONS

Members expressed their thanks to Lesley Excell, Housing Options Officer and Ken Ross, Public Health Principal for their work and support during their time at Darlington Borough Council.

RESOLVED – That the thanks of this Committee be extended to the Housing Options Officer and Public Health Principal.