

## Blaby District Council

### Cabinet Executive

<b>Date of Meeting</b>	23 February 2025
<b>Title of Report</b>	<b>Housing Enablement Team Contract Extension</b> This is a Key Decision and is on the Forward Plan.
<b>Lead Member</b>	<b>Cllr. Les Phillimore - Housing, Community Safety and Environmental Services</b>
<b>Report Author</b>	Lightbulb Service Manager
<b>Strategic Themes</b>	Enabling our communities and supporting our vulnerable residents

#### 1. What is this report about?

- 1.1 To seek Cabinet approval for the proposed extension of the Housing Enablement Team (HET) agreement for a further 3-year period, from 1 April 2026 to 31 March 2029.
- 1.2 To seek Cabinet approval for Blaby District Council to continue to host the Housing Enablement Team on behalf of health and system partners for the duration of the proposed extension.

#### 2. Recommendation(s) to Cabinet Executive

- 2.1 To approve a 3-year extension to the Housing Enablement Team (HET) agreement until 31 March 2029.
- 2.2 That Blaby District Council continues to act as the host authority for the Housing Enablement Team for the duration of the extension.
- 2.3 That delegated authority is given to the Environmental Health, Housing & Community Services Group Manager in consultation with the Portfolio Holder to monitor progress, review delivery methods and make any minor changes to ensure effective delivery.

#### 3. Reason for Decisions Recommended

- 3.1 The Housing Enablement Team has become a core component of the Leicester, Leicestershire and Rutland health and care system, supporting safe and timely hospital discharge by resolving housing, tenancy and environmental barriers that would otherwise delay recovery and discharge.
- 3.2 A three-year extension provides sufficient time to manage increasing demand and complexity, embed and evaluate service developments and

pilots, and align future commissioning decisions with a wider system change, including devolution changes and the proposed local government reorganisation.

## **4. Matters to consider**

### **4.1 Background**

The Housing Enablement Team (HET) was established in 2014 in response to growing recognition that housing-related issues were a significant cause of delayed hospital discharge. Since then, the service has evolved from a small pilot into a fully embedded, system-wide function operating across acute hospitals, community hospitals and mental health settings.

HET provides specialist housing support within discharge pathways, addressing non-clinical barriers such as homelessness, unsafe or unsuitable accommodation, hoarding, safeguarding concerns, lack of essential furniture and tenancy issues. By embedding housing officers directly into hospital environments, the service releases clinical capacity, reduces delays and supports safer, more sustainable discharge outcomes.

The current funding agreement for HET runs until 31 March 2026. Given the scale of demand growth, the increasing complexity of cases and the strategic importance of the service to system flow and prevention, this represents an appropriate point to seek approval for a further three-year extension.

Over the last decade, referrals to HET have increased significantly, with over 2,000 patients supported in 2024/25 alone. Independent evaluation has consistently demonstrated strong performance, rapid response times and a positive return on investment for system partners.

The publication of the Government's Devolution White Paper and the emerging direction of Local Government Reorganisation (LGR) introduce potential future changes to governance and delivery structures. Partners therefore support a three-year extension to maintain continuity while allowing sufficient time to assess longer-term options and align future commissioning with system reform.

### **4.2 Proposal(s)**

It is proposed that partners agree to extend the Housing Enablement Team agreement for a further 3-year period, up to 31 March 2029.

The proposed extension will:

- Maintain continuity of a proven, high-performing service.

- Ensure hospitals continue to meet statutory duties under the Homelessness Reduction Act (2017), including the Duty to Refer fulfilled by HET.
- Protect patient safety and dignity by preventing unsafe or delayed discharge linked to housing barriers.
- Provide sufficient time to embed and evaluate service developments and commissioned pilots.
- Allow a full review of the future service model, with recommendations brought forward prior to the end of the extension period.

It is also proposed that the Service Manager for the Housing Enablement Team (HET) holds joint responsibility for both Lightbulb and HET on a 50/50 funding basis providing integrated leadership across housing and health pathways.

To support this arrangement and respond to increased demand and complexity, the revised staffing model includes the introduction of additional frontline capacity, a dedicated triage function and streamlined team leadership, as set out in the Housing Enablement Team Business Case 2026–2029.

No other structural changes are proposed beyond these agreed adjustments and standard annual pay and inflationary uplifts.

An Annual Review will be undertaken with regard to Partner funding to ensure sustainability of the service.

#### 4.3 Relevant Consultations

Extensive consultation has been undertaken with system partners, including NHS organisations, commissioners and internal stakeholders. The development of the proposed extension has been informed by operational performance data, independent evaluation, and feedback from discharge teams and partner organisations.

The Housing Enablement Team Business Case 2026–2029 (Appendix A) has been shared with partners and provides the strategic and financial evidence underpinning this proposal.

#### 4.4 Significant Issues

The primary issues associated with the service relate to rising demand, increasing case complexity and workforce resilience. These are addressed through the proposed extension by maintaining staffing stability.

#### 4.5 In preparing this report, the author has considered issues related to Human Rights, Legal Matters, Human Resources, Equalities, Public Health Inequalities and there are no areas of concern and the service provides real benefits and support to those most vulnerable in our communities.

## 5. Environmental impact

- 5.1 Any key decisions will continue to be made with the climate change agenda in mind such as procurement processes and future service design.

## 6 What will it cost and are there opportunities for savings?

- 6.1 The Housing Enablement Team operates as a jointly funded partnership between NHS and system partners, with contributions reflecting referral volumes and system benefit.

The total annual cost of delivering the Housing Enablement Team service from 2026/27 is £889,000 per year.

This represents a 13.5% increase on the previous funding cycle, despite a 38% increase in referrals over the same period, demonstrating a strong value-for-money approach.

Independent evaluation confirms that the service delivers a return on investment of approximately £1.90 for every £1 invested, through avoided bed days, reduced length of stay and the release of clinical time back into frontline care.

The cost of hosting the service is fully recovered through agreed partner contributions, and no additional overhead costs fall to Blaby District Council as a result of hosting the Housing Enablement Team.

## 7. What are the risks and how can they be reduced?

7.1

<b>Current Risk</b>	<b>Actions to reduce the risks</b>
Failure to extend the service leads to unsafe/delayed discharges and non compliance with Duty to Refer, reflecting poorly on BDC and NHS partners	These risks are mitigated through approval of a three-year extension, providing stability for partners, protecting patient flow and safeguarding workforce capacity.
Annual funding uncertainty creates instability in joint plans and may disrupt service continuity.	Annual Review of funding
Loss of specialist housing support increases delayed transfers of care (DTOCs), impeding patient flow and bed capacity	These risks are mitigated through approval of a three-year extension, providing stability for partners, protecting patient flow and safeguarding workforce capacity.

Without housing enablement, clinical teams shoulder non-clinical tasks, reducing clinical capacity and affecting patient outcomes.	These risks are mitigated through approval of a three-year extension, providing stability for partners, protecting patient flow and safeguarding workforce capacity.
Service gap risks breaches of statutory obligations and associated scrutiny.	These risks are mitigated through approval of a three-year extension, providing stability for partners, protecting patient flow and safeguarding workforce capacity.
Funding uncertainty drives attrition and potential redundancies, eroding capacity and expertise.	These risks are mitigated through approval of a three-year extension, providing stability for partners, protecting patient flow and safeguarding workforce capacity.
Departure of experienced staff reduces pathway effectiveness and partner confidence.	These risks are mitigated through approval of a three-year extension, providing stability for partners, protecting patient flow and safeguarding workforce capacity.

## 8. Other options considered

- 8.1 Alternative options include decommissioning or significantly reducing the Housing Enablement Team service. These options were not recommended, as they would result in increased delayed discharges, greater pressure on clinical teams, reduced compliance with statutory duties and poorer outcomes for vulnerable residents.

## 9. Appendix

- 9.1 Appendix A - Housing Enablement Team Business Case 2026–2029

## 10. Background paper(s)

- 10.1 None.

## 11. Report author's contact details

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