Housing Enablement Team (HET)

Condensed Business Case 2026 – 2029

Housing Enablement Team

NHS Leicester, Leicestershire and Rutland Integrated Care Board

Blaby District Council the heart of Leicestershire

NHS Leicestershire Partnership NHS Trust

1. Executive Summary

The Housing Enablement Team (HET) provides specialist housing support for patients across Leicester, Leicestershire and Rutland whose discharge is delayed or at risk due to unsafe, unsuitable or unstable housing. Operating across acute, community and mental health settings, the team resolves issues such as homelessness, disrepair, hoarding, safeguarding concerns and lack of essential utilities or furniture. This enables safe discharge, reduces readmissions and releases significant clinical time.

Established at the Bradgate Mental Health Unit in 2014, HET is now a fully integrated, system-wide pathway covering all UHL hospitals, community hospitals, mental health wards, rehabilitation settings and cross-boundary cases. Demand and complexity have grown significantly, and HET is now a core part of multidisciplinary discharge planning across the system.

In 2024/25, the team supported 2,033 patients, its highest activity level to date, while continuing to deliver strong performance, rapid response times and effective multi-agency coordination.

The business case seeks continued system funding for HET from April 2026 to March 2029. The proposed requirement is £889,000 per year, a 13.5% uplift on the 2023–26 baseline, set against a 38% growth in referrals across the same period. The uplift is proportionate, reflects rising demand and complexity, and supports:

- Consistent coverage across acute, mental health and community sites
- Workforce resilience and safe caseload levels
- Hospital flow, prevention and early intervention
- Statutory compliance with the Homelessness Reduction Act
- Reduced health inequalities
- Better Care Fund objectives

HET Performance Summary (2024 – 2025)

Performance Metric	**Result**
Number of patients supported	2,033
Average referral to contact time	0.26 days
Average resolution time (all settings)	3.79 days
UHL resolution time	2.79 days
Mental health time (BMHU, MHSOP, Rehab)	11.47 days (highest complexity cohort)

2. Strategic Context, History & Evolution

HET was created to address delays in mental health discharge caused by housing issues and has evolved into a system-wide specialist function. The expansion reflects

the clear links between housing, recovery and safe discharge, and the increasing number of patients whose non-clinical circumstances impact their ability to leave hospital safely.

The service has progressed from a small team managing isolated cases to a fully embedded discharge pathway working alongside bed management, discharge coordinators, social care, councils and voluntary organisations.

As pressures on flow, acuity and workforce capacity have grown, HET has increasingly taken on responsibilities that clinical teams cannot deliver.

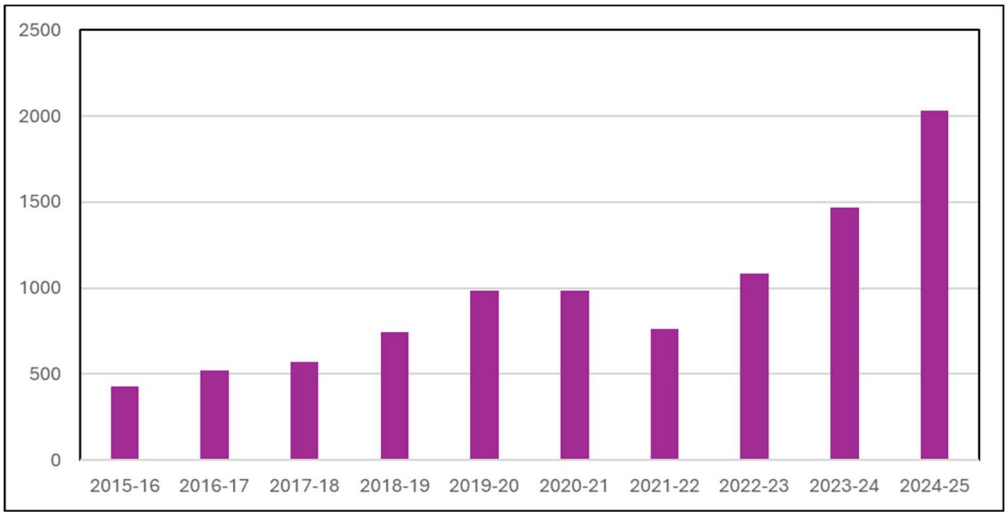

Figure 1: HET's Annual Referrals (2015-2025) * Data for 2021–2022 were impacted by COVID-19 emergency legislation ("Everyone In"), which required councils to accommodate all rough sleepers. This resulted in atypical trends and some missing data.

Casework has become significantly more complex. The team now supports patients experiencing homelessness, disrepair, self-neglect, hoarding, safeguarding concerns, NRPF issues and unsuitable homes due to illness or disability. Many cases involve overlapping risks requiring rapid, coordinated intervention from multiple agencies.

The service reflects national moves towards integrated care where housing and wider determinants of health are central to safe discharge. Operational demand, clinical feedback and external audits have shaped its development.

2.1 Mental Health Integration

Within the Bradgate Mental Health Unit, MHSOP wards and rehabilitation sites, HET addresses some of the most complex cases across the system, including entrenched homelessness, hoarding, safeguarding and individuals with no recourse to public funds. Despite the complexity, the team maintains an average resolution time of 11.47 days significantly faster than the typical 65-day inpatient stay for mental health wards.

The Housing Enablement Team has been nationally recognised by NHS England as best practice, with the Mental Health Discharge Deep Dive (2025) highlighting that

embedding dedicated housing professionals within inpatient settings reduces delays and improves recovery outcomes.

HET's flexible, solutions-focused model was highlighted for its dual focus on supporting patients during admission and providing continuity after discharge to prevent readmission.

HET has contributed to Department of Health and Social Care learning events and NHSE deep dives, sharing insights and best practice. Weekly attendance at DTOC meetings, active involvement in MDTs and strong clinical partnerships ensure housing-related barriers are identified early and resolved collaboratively, reducing delays and safeguarding vulnerable patients.

Tuberculosis Pathway & HET

The HET TB pathway provides a critical system response when homelessness or no recourse to public funds (NRPF) would otherwise prevent safe discharge for a patient diagnosed with TB. Guided by the NICE Quality Statement 6, which states that people with active pulmonary TB who are homeless must be offered accommodation for the duration of treatment, the service bridges a major public health and operational gap.

HET sources, commissions and maintains suitable accommodation including utilities, cleaning and food and provides ongoing coordination with clinical and public health teams. This includes liaising with the TB nursing team, securing accommodation for the full treatment period and monitoring stability. These actions reduce transmission risk, prevent treatment failure and avoid extended hospital stays. Evidence shows that dedicated housing models significantly improve treatment completion rates for homeless TB patients.

At UHL, HET resolves over 1,300 acute referrals a year, with an average resolution time of 2.79 days and most "clean and clear" cases completed within 72 hours. The team releases 277 NHS staff hours per week, ensures Duty-to-Refer compliance and has been nominated for the UHL Outstanding Contribution (Non-Clinical Team) award. HET's embedded presence ensures housing is treated as a central discharge factor, not a peripheral issue.

3. Case for change, rising demand & increasing complexity

HET has delivered measurable impact and system savings for over a decade. However, rising demand and deepening complexity mean the current model is no longer sustainable without further investment.

Demand has grown every year since 2015/16. In 2024/25, HET managed 2,033 patients across acute, mental health and community settings — the highest on record. Earlier cases tended to be lower complexity; today, most involve multiple issues such as homelessness, hoarding, NRPF, safeguarding or severe disrepair. These require specialist expertise and coordinated multi-agency action.

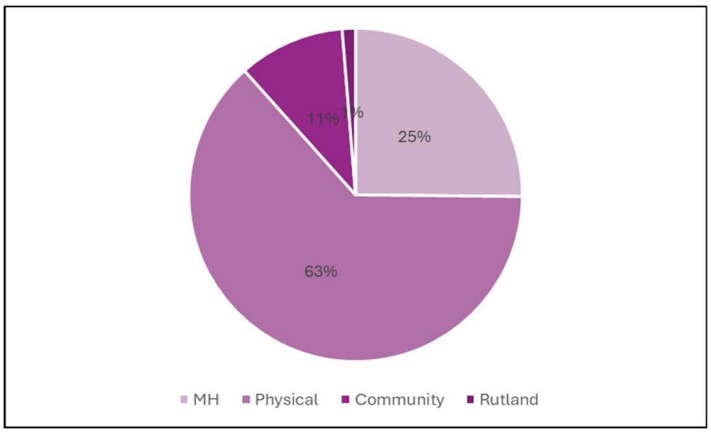

Figure 2: HET Referrals by Setting (2024–2025)

Chart element: Illustrates the distribution of referrals across Mental Health, Physical Health (UHL), Community, and Rutland settings, highlighting the diverse system coverage of HET.

The shift in complexity is clear. 28.2% of all referrals relate to homelessness, with further significant demand linked to clean-and-clear interventions, essential furniture/utilities and properties that are no longer safe or suitable. Disrepair, domestic abuse, harassment, and cases where friends or family refuse a return also feature prominently. Many patients face a combination of these issues, increasing risk and requiring specialist housing expertise that clinical teams cannot provide.

Despite this rising demand and complexity, HET continues to deliver exceptional performance. Independent evaluation shows an average referral-to-contact time of 0.26 days, meaning most patients are contacted the same day they are referred. The overall average resolution time is 3.79 days, with consistently strong results across settings. At UHL, cases are resolved in 2.79 days, with most clean-and-clear interventions completed within 72 hours. At BMHU, where cases involve entrenched homelessness, hoarding, safeguarding concerns and NRPF, HET resolves cases in 11.47 days, compared to the typical 65-day inpatient stay. Community hospitals perform equally strongly, with an average resolution time of 3.46 days.

Duty to Refer – Protecting Patients and Partners

Under the Homelessness Reduction Act (2017), all NHS Trusts have a legal Duty to Refer patients who are homeless or at risk of homelessness before discharge. Across Leicester, Leicestershire and Rutland, this requirement is fully delivered by HET on behalf of UHL and LPT. In 2024/25, the team processed over 400 Duty-to-Refer notifications, safeguarding patients from unsafe or unlawful discharge.

This is not a simple administrative process; it requires specialist housing knowledge, strong links with district and borough councils, and rapid coordination across discharge pathways. Without HET, this legal responsibility would fall to clinical staff who do not have the time, expertise or system connections to deliver it effectively, exposing partners to compliance, operational and

reputational risk. HET ensures statutory duties are met with consistency, compassion and competence — protecting both patients and the system.

Demand shows no sign of slowing. Hospitals are busier than ever, homelessness is rising, and more patients are caught at the interface between health and housing. Without additional capacity, the risk not just longer waits it is the erosion of the progress made over the past decade. Investment in HET is therefore not about expanding the service for its own sake; it is about protecting system value, maintaining flow, meeting statutory duties and ensuring a critical service remains stable for the thousands of vulnerable patients who depend on it.

4. Propose model, financial case & value

The proposed model for 2026–2029 ensures HET remains safe, sustainable and effective as demand and complexity grow. The structure supports timely coordination across acute, mental health and community settings.

Role	2022-2025	2026-2029	Change	Why?
Service Manager	1.0	0.5 (Shared with Lightbulb)	-0.5 FTE	Integrates leadership across housing and health pathways delivers strategic alignment and cost efficiency.
Team Leader	2.0	1.0 (Over Arching)	- 1.0 FTE	Simplifies oversight one accountable lead for all sites savings reinvested in front-line roles.
Housing Enablement Officers	3.0	5.0 (+2 FTE)	+2.0 FTE (1 re-profiled + 1 new)	Increases capacity by 67 % to meet growth in complex cases.
Housing Support Officers	4.0	4.0	-	Retains post-discharge prevention and tenancy-sustainment capability.
Triage Officer	-	1.0	+1.0 FTE	Creates single entry point for all referrals and reduces delays in updates.
Admin Officer	0.5	0.5	**-**	Maintains core administrative and data-reporting function.

Figure 3: Proposed Staffing Model Changes (2022–2029)
Source: Housing Enablement Team Business Case Modelling, Blaby District Council, 2025.

Total: 11 → 12.5 FTE (+1.5 net) — a targeted uplift that redirects management savings into patient-facing delivery.

The model adds capacity through two additional Housing Enablement Officers and introduces a dedicated Triage Officer to provide a single referral point, improve communication and maintain same-day responsiveness. Leadership has been

streamlined to direct more funding to frontline delivery and essential operational functions.

4.1. Financial Case

Funding Partner	2023–26 Contribution (£ p.a.)	% Share	2026–29 Proposed Contribution (£ p.a.)	% Share Maintained	Change (£)	Approx Referral Share
Leicester City ICB	419,640	54%	**480,060**	54 %	+60,420	55 -56% (City patients)
Leicestershire County ICB	279,760	36 %	**320,040**	36%	+40,280	35 – 38% % (County patients)
Leicestershire Partnership Trust (LPT)	84,000	10%	**88,900**	10 %	+4,900	10 – 12% % (Mental Health & Rehab)
Total	£783,400	100%	**£889,000**	100%	**+ £ 105,600 (+ 13.5 %)**	

Figure 4: Proposed Partner Contributions 2026–2029 Compared to 2023–2026 Baseline
Source: Housing Enablement Team Business Case Financial Model, Blaby District Council (2025).

The total financial requirement for the next three years is £889,000 per year. This represents a modest uplift when set against rising demand, increased complexity and the need to maintain safe caseloads across all sites. The investment supports staffing, essential supplies and services, travel, operational costs and the immediate practical interventions required to enable safe discharge (e.g., cleans, clears, furniture, utilities and essential works). It ensures that high performance can be sustained and prevents housing-related delays that would otherwise add cost and operational pressure to NHS and local authority partners.

Funding has grown in line with the expanding scale and complexity of the service. In 2022/23, investment reached £601,620 as the team expanded into mental health rehabilitation, community hospitals and MHSOP, alongside increasing demand for cleans, clears and essential utilities. The 2023–2026 agreement established a recurrent budget of £783,400 per year, stabilising the service during a period of significant referral growth.

By 2024/25, demand had increased by 38% from the point of the last agreement, with higher complexity and a growing proportion of cases involving homelessness, safeguarding, self-neglect and unsafe housing conditions. Against this backdrop, the proposed £889,000 per year for 2026–2029 represents a measured 13.5% uplift, proportionate to the team's expanded statutory responsibilities and its wider role across acute, community and mental health pathways.

HET delivers a strong and proven return on investment, generating £1.90 in system savings for every £1 invested. By resolving housing barriers quickly and preventing discharge delays, the service delivers £1.6–£2.4 million in annual savings through avoided bed days, reduced readmissions and the release of thousands of hours of clinical time. With an average cost of £386 per case, compared to an acute bed-day cost of £768, even short delays avoided translate into significant financial benefit. This means the proposed investment not only pays for itself but directly protects hospital flow, reduces pressure on clinical teams and prevents the much higher costs associated with unsafe or delayed discharge.

Metric	Result / Benchmark
Average cost per HET case	£386
Average UHL bed-day cost	£768
Average Bradgate (LPT) bed-day cost	£450
ROI (MEL Research 2025)	£1.90 saved for every £1 spent
Clinical hours released	10,673 per year (≈ 277 hours/week)
Average resolution time (UHL)**	2.79 days
Annual system savings	£1.6 – £2.4 million

Figure 5: Housing Enablement Team – Key Metrics and System Impact (2024/25)
Source: Housing Enablement Team Performance Dashboard & MEL Research Independent Evaluation (2025).

5. Closing summary

The Housing Enablement Team is now a critical component of how Leicester, Leicestershire and Rutland manage safe, timely and effective discharge. Demand and complexity continue to rise, and the system depends on HET's specialist intervention to prevent delays, protect vulnerable patients and maintain flow across acute, community and mental health pathways.

The proposed model for 2026–2029 strengthens frontline capacity, introduces dedicated triage and provides the stability required to sustain performance. The annual requirement of £889,000 is a balanced, value-for-money investment that maintains system performance, fulfils statutory duties and safeguards a service that delivers measurable impact.

Without this investment, the risks include longer hospital stays, increased clinical pressure and erosion of the coordinated pathway that has taken a decade to build. With it, partners secure a proven, high-performing service that keeps patients safe and supports system-wide flow and financial sustainability.